
Annex G Consultation Questionnaire

The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Yes No

You have got to start somewhere and this area is the most suitable as there is greater input. However, dismantling the CHPs leaves many services for other groups adrift. It may be better not to do it for 'older' people on the basis of age but of disability and therefore deal with other age groups too

Outline of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes No

Probably OK but very waffly and vague

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes No

Joint accountability essential

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes x No

Yes

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes X No

Yes

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes No X

Probably not

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes X No

Probably is the best we can say

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes x No

Probably OK

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes X No

As CHPs are dismantled, their other functions such as children services Mental Health Dietetic SALT District nurses etc etc need to be managed (although only a little) Some of these things should go to Secondary Care; some to a Primary Care Depts and some to the new HSCP. The main thing is you can't pluck a single service out and let the rest unravel

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need "health" or "social care" support?

Yes x No

Comments

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes X No

Trying to arrange respite care to avoid hospital admission is close to impossible. GPs see people in one to two hours, the hospital sees patients in 4-6 hours and Social Work in 6 weeks. Hopefully all this would even out

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes No

Don't know

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes No

Comments

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes No

Will need to be senior and able to make decisions

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes No

Central control will need to give some direction

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes No

General Practice should have a statutory membership of the HSCP both in the initial planning and when it is up and running

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

For GPs there will be enthusiasm to engage but payment to be used as backfill

such as locum payment will be needed. General Practice is under such constant strain that time out of the practice is very difficult

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes No

It is probably the best way but we do not want a return to the monolithic 'jobs for the lads' CHPs that really only administered themselves rather like Jim Hacker's department in 'Yes Minister'

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

We think it would depend on the local situation and should not be etched in stone

Question 20: Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

Yes No

Probably larger; 35,000 to 50,000 as smaller numbers not be flexible enough

Do you have any further comments regarding the consultation proposals?

Comments

Do you have any comments regarding the partial EQIA? (see Annex D)

Comments

Do you have any comments regarding the partial BRIA? (see Annex E)

Comments