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 X No ▢

Yes better economies of scope and scale should be achievable, leading to more cost effective integrated service provision with better outcomes.

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 ▢

Comments

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

Comments

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 ▢ No ▢

Comments

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 ☐ No ☐

Comments

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

Yes ☐ No ☐

Comments

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

Yes ☐ No ☐

Comments

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 ☐ No ☐

Comments

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 ☐

Yes in some settings better economies of scope and scale should be achievable if other CHP functions are included within scope, leading to more cost effective integrated service provision.

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 ☐ No X

The overarching framework proposed is clear, however the way in which local Health and Social Care Partnerships will organise to 'use money to best effect for the patient or service user, whether they need "health" or "social care" support', will be a matter for local decision within that framework. Some significant variations are to be expected, and may in fact be desirable at least from the point of view of the patient or service user. Support mechanisms to ensure that best value approaches are in fact adopted locally are likely to be needed.

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 ☐

Sopra Group would champion a more inclusive and incremental approach to integration which engages users. We are currently managing a project to share data between health and social care professionals securely, appropriately and within an agreed consent framework. There are clear practice benefits from data-sharing and supporting policy that underpins this approach.
This data-sharing programme will deliver a production system that supports integration and more specifically data-sharing between NHS and Council counterparts. It is enabled by technology but not seen as an IT project, as process and cultural change should be the main focus in order for this to deliver real value..

This is a follow on from another piece of work which carried out a proof of concept that demonstrated the technical feasibility of a data-sharing approach and have gathered evidence from practitioners that demonstrated that electronic data-sharing would help them to deliver care.

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 X

The health and social care sectors are well known for their tendancy to resist change. Ministerial direction is certainly one pre-requisite for introducing the sort of change envisaged.

However it is unlikely to be sufficient: assistance in making the case for and implementing changes locally will be required. The logic for an existing pattern of apparently duplicated support service provision in a locality is often complex. The business case for sharing services needs to be informed by a detailed understanding of the existing pattern of service provision as well as applicable constraints (e.g. legislation applicable to data sharing, handling etc.). If change is not effectively implemented, significant local resistance can be expected when shared services are introduced, and sub optimal subsequent service provision can result. Practical support will be needed in dealing with difficult (even wicked) issues especially in 'failing' localities.

The best guarantor of better outcomes in provision of shared services would be a framework within achievement of the Objectives set out becomes a matter of matter of self- interest / self-preservation for the local integrated organisation. At a local level, this is likely to be a more reliable incentive to change than Ministerial direction.

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 X

The proposals described for the financial authority of the Jointly

Accountable Officer will certainly help in enabling the shift in investment that is required to achieve the shift in the balance of care. However the targeted shift will not occur solely as a result of this change.

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

Yes ▢ No ▢

Comments

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 X

A mixed approach seems optimal, with one aspect of the national level effort focused on identifying regulatory or other national level obstacles to change and supporting initiatives to reduce their impact. Such obstacles could include staff terms and conditions and professional practice of key groups (clinicians, social workers).
There may also be an economy of effort in central co-ordination of locality planning, especially as some of the required skills are scarce and expensive (e.g. demographic and epidemiological expertise, health economics, data mining, business intelligence)

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 ▢

Comments

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?

Support should be provided on:

- Building governance and performance management systems
- Making and developing the local business case for integrated care
- Changing attitudes and behaviours
- Developing the necessary Infrastructure (including IT)
- Establishing supportive financial systems and incentives

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 ☐

Comments

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

Comments

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 X

A 'one size fits all' approach may not be optimal. The Business and Regulatory Impact Assessment identifies potential costs associated with IT and data sharing and also lists a number of potential benefits / savings. In general terms, it would seem realistic to expect the IT and data costs to be less if for this purpose at least, localities are organised around significantly larger population grouping (e.g. major conurbations or large geographical territories). This is because the available economies in ICT service provision could be reduced if there was a requirement to customise solutions for relatively small populations.
Another consideration is that targeted rates of reduction in rates of acute bed use etc and reduced cost shunting may similarly be difficult to optimise.

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)*

See Response to Q 20 above