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 □
Comments It is to be hoped that integration of childrens services and furnily services can be at a future date be included
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 putients/peoples experience should be a good one
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 it is great that all infuture will be held assumptible Health as from auxorities surshing in partnership should make a difference
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 No
Comments Teel one for one LA should be adequate
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 as long as quich lasty response is taken public should
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 ☑ No □
Comments

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 🗆
Comments It is an effective use of monies
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 No No
Comments
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 I No
Comments
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 □

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 ☑
Comments Veel Direction of some nort should come from the feetlish Goot light touch sind
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 Howing GP, local molessimals on board ran only improve things from public perspective proximenship working is always good. 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?
Comments No comment do not feel I have enough expertise
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 as much as is pratical and sufe to do with the night people from all areas required to make it work put inplove and they must be compared around a given size of local population
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 V No 🗆
Comments 15 thusand 25 thusand seems about right to me managelle

Do you nave	any further comments regarding the consultation proposals?
Comments	no further compress to make however useful
Do you have	any comments regarding the partial EQIA? (see Annex D)
Comments	no romment
Do you have	any comments regarding the partial BRIA? (see Annex E)
Comments	no romment

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