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 children's services and family 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: Patients/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 in future will be help accountable. Health and Local authorities working 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 ☑

Comments: *Feel 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 quick early response is taken public should have confidence* 

**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 ☑

*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 ☑ 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 ☐

*Comments*
Professional 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: Feel direction of some sort should come from the Scottish Govt even if it only "light touch" kind.

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: Having GPs local professionals on board can only improve things from public perspective. Partnership 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 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 practical and safe to do with the right people from all areas involved to make it work but in place all the right people must work for the good of all.

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 ☐

Comments: 15 thousand 25 thousand seems about right to me.
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<th>Question</th>
<th>Comments</th>
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<tr>
<td>Do you have any further comments regarding the consultation proposals?</td>
<td>No further comments to make. Your comments prove useful.</td>
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<tr>
<td>Do you have any comments regarding the partial EQIA? (see Annex D)</td>
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Comments: No comment.

Do you have any comments regarding the partial BRIA? (see Annex E)
Comments: No comment.