

Annex G Consultation Questionnaire

McCarthy & Stone have only responded to questions 1, 2 and 6

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

McCarthy & Stone support the plans to focus on improving outcomes for older people in the first instance. An inclusive, person-centred approach, involving all providers of care for older people, should be seen as the catalyst to an integrated health and social care service.

It is evident that Scotland is facing huge challenges to meet the needs of an increasingly ageing population. The most recent estimates from the Registrar General for Scotland put the population of over 65's in Scotland at 1.43 million by 2035.¹ This will result in rapidly growing health and social care costs for people aged over 65 in Scotland, compounded by an 11% reduction to the total Scottish budget in real terms between now and 2015.

McCarthy & Stone's experience shows that improving outcomes for older people can have health and social benefits. The company has developed over 950 specialised retirement developments across the UK and over 3,600 units in Scotland, allowing older people to retain their independence safe in the knowledge that additional 24 hour help is available, if required, from an estate manager. In addition, our Assisted Living (Extra Care) developments provide access to tailored packages of personal care support if required. A move to specialised accommodation and the services it offers can delay the need for older people to seek longer term or permanent residential nursing care, and in turn relieving pressure on public health and social care budgets.

However, such moves are not always easy. As the consultation document highlights, services required to enable people to stay safely in their home are not always available. McCarthy & Stone's experience suggests that many older people are hesitant to move away from areas they have lived in for a number of years; in part due to the fact there is little appropriate

¹ Scotland's Population 2011, The Registrar General's Annual Review of Demographic Trends, 157th Edition

housing choice available to them.

McCarthy & Stone have over 80 specialised retirement developments across Scotland and a number of proposed developments in the planning system. Several of these have already been inundated with requests for homes, despite not starting construction, and in many cases we have long waiting lists for our completed developments.

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

It is crucial that new legislation reflects the recent consultations on planning reform and the National Housing Strategy for Older People to help encourage an environment where private sector retirement housing companies can engage with the Scottish Government to help meet the needs of an ageing population.

The most recent research² reports there are 36,000 sheltered housing units in Scotland. Together, local authorities and housing associations account for 90% of the units, with the private sector accounting for only 10%. McCarthy & Stone have approximately 3,600 units in Scotland which means that they are almost the only provider of private retirement housing for older people.

The consultation takes care to mention that partnerships will be required to integrate budgets for the commissioning and delivery of services to support national outcomes. To this end it is important that the relationship between the private sector and local government continues to develop and strengthen.

We agree with the sentiments of the consultation when it states: *“What will matter instead will be the extent to which partnerships achieve the maximum possible benefit for service users and patients”*.

McCarthy & Stone have ambitious plans to invest £91 million in Scotland in the next four years but the company could invest significantly more if the

² Review of Sheltered Housing in Scotland has been undertaken by the Centre for Housing Policy and York Health Economics

planning system improves.

At a local level, delivery of retirement housing, which can delay the need for residential nursing care, could be better supported if Scotland's local authorities reassessed their affordable housing policy and its impact on housing for older people along with a presumption in favour of this specialised form of housing.

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

There are both policy and practical advantages in developing a relationship with more than one local authority, particularly in those parts of Scotland where there is a multiplicity of local authorities, such as the Central belt.

From a policy viewpoint, a collective authority approach helps develop a shared level of service and the development of best practice.

From a practical point of view it is easier to sit down with one local authority grouping than to seek to engage with four, five or six councils on an ongoing basis.

And, from the perspective of the individual in need of care it allows for easier placement outwith the council area in which he or she resides, by removing artificial geographic boundaries.

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 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

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

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

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?

Comments

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

Comments

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