
Glasgow Public Partnership Forum Joint Submission

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?

Comments

- Integration of health and social care services should not be limited to improving just older peoples services if it is to work effectively it has to be extended to cover other groups of service users. For example transition services for young people to adult services and acute services for young people with serious health conditions should be included.
- With a greater number of older people living longer – we need to plan for the future. We need to look at early intervention strategies with a ‘younger’ age group in order to prevent reliance on the health services as they get older.
- The definition of adult services is not given
- Transition services for young people – especially in acute regarding services for young people with serious health conditions

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?

Comments

We need to look at early intervention and health improvement strategies with a ‘younger’ age group in order to prevent less reliance

on the health services as they get older. Including younger service users will help plan future provision.

GP's and hospital staff need to be included in the integrated structure to promote continuity of care. We also need to involve housing agencies, voluntary organisations and 'arms length' Council organisations (Cordia) in the new set up.

Need to look at the broader context of who provides care – housing providers, independent care sector and Cordia.

Housing Services should be represented on the committee integration won't work unless Housing are partners. For example when the warden service was cut there was a reduction of referrals to Social Work

- Integration should improve communication and information sharing.
- There are no new resources and integration will not bring back the staff that has been lost over the recent years it will just manage services in a different way.
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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?

Comments

- How can you guarantee that Social Work Services and Health will work in partnership – they didn't the last time when we were a CHCP (Glasgow)?
- When there is difficult decision to be taken the consultation document does not spell out how this will happen – will there be a need for some form of arbitration.
- Questions asked about the model that is being suggested – how was decided and is there evidence of this model being successful elsewhere?

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

- Glasgow City has very specific health and social care issues, it needs a locally determined response but with the assurance of a nationally agreed quality and monitoring framework

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?

Comments

- It's a worry the changing structure of Local Government – another

responsibility (Social Work Services) taken off the Council and less accountability.

- Restructuring of Local Government is being talked about – this is a bigger issue and will mean more change. We need a period of stability and all this focus on restructuring distracts everyone from concentrating on health and social care issues that affect people in our communities.

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

Comments

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

Comments

The unanimous view from all three workshops was that the proposals in there draft form represent a dilution of community

involvement in the planning and delivery of local health services.

The current arrangement in Glasgow CHP has a good level of public involvement and community participation.

Local people now receive much more information from access

to the CHP committee reports which has enabled them to make

informed comment on what is being planned in their area.

Senior health managers regularly attend PPF executive meetings

providing members with the opportunity ask questions and sometimes challenge those responsible for taking decisions which impact on the local community.

At present all three PPFs have nominated representatives with full voting rights on the Community Health Partnership committee

in addition they have designated places on the Governance and Scrutiny committees.

The draft proposals appear to limit the number of committee places available to the PPF and voluntary sector representatives would also be denied voting rights. Meaningful involvement requires equality between the partners, this cannot be achieved if the service user/patient/voluntary sector representatives do not have voting rights alongside other partners.

The Scottish Governments Community Engagement and Renewal Bill aims to significantly improve community participation in the design and delivery of public services. Any proposals regarding service user involvement in the new HSCP's would need to sit within the proposals being outlined in the draft Community Empowerment Bill.

How are the community and voluntary representative elected onto the committee – what is their term of office?

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?

- No voting rights for PPF or the public or the voluntary sector very tokenistic involvement.
- Needs to be public involvement to ensure there is scrutiny
- Committee has to be evenly balanced with equal numbers of NHS and Councillors.
- The public needs to be involved and heard.
- Meaningful involvement requires equality between the partners, this cannot be achieved by if the service user/patient/vol representatives do not have the same voting rights as other partners

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?

Comments

- What other acute services budgets and services will be transferred into this new organisation – how and when will that happen. More detail is needed.

- How will NHS and S.W funding be pooled?

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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?

Comments

- Integration is a good thing but this is another significant change in structure which is distracting us from the real issue of services and improving services.
- Need to be able to measure joint resources

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?

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?

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?

Comments

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

Comments

- Is there too much responsibility on the Joint Accountable Officer with little monitoring and scrutiny? Who is going to appoint the Joint Accountable Officer and is there a fixed term of office?

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?

Comments

Glasgow as a city has very specific health and social care issues, it needs a locally determined response but with the assurance of a nationally agreed quality and monitoring framework. The Scottish Government should be informed by information gained through local groups – not the other way round.

There needs to be more detailed information about the type of structure under the main management group common

consensus was that it should still be three sectors in Glasgow

“Why change something if it’s working”

We need acute sector/hospital representation at locality planning groups in order to improve the continuity of care between hospital services and services in the community. The Joint Implementation Planning Group – Adult Service is a good example of joint working and resolving issues and improving services.

There is increasing development of ‘arms length’ organisations to deliver care services, where is the accountability to the service users and carers in these structures?

Effective public involvement needs to be adequately resourced. Will there be a specific finance allocated to provide support and training for community representatives?

Restructuring of Local Government is being talked about and presently there are major changes to the Welfare Benefits System and a review of Community Planning Structures. We need a period of stability as all this focus on restructuring distracts everyone from concentrating on day to day delivery health and social care services that affect people in our communities.

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?

Comments

- Its difficult to involve GP in locality planning – N.W. Sector, Glasgow City Locality Group we had 5 GP's at the start of Locality Groups and now that has dropped to one GP as the issues raised by the other 4 GP's have been resolved they have stopped attending.
- GP's need to get to know their patients and be part of finding solutions to local issues and concerns – locality groups are a good forum to be able to do this IF we can get GP's to attend. Good practice example was the NE Addiction event which GP's from the area attended.
- How can we make GP's attend planning groups and get involved in their local area. How can we make them more accountable?
 - Who is going to monitor the level of community involvement at a locality level – there is a perception that GPs are not interested in engaging with their patients or working in partnership with communities

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

- With more focus on the health statistics/concerns of a local area should be beneficial in trying to tackle local issues.
- Sharing information is beneficial and the Scottish Government should be informed by information gained through Locality groups – not the other way about
- Concern that, under the current structure, the Clinical Directors do not have time to prioritise public involvement
- Effective public involvement needs resources – support for members, training etc

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

Comments

- The proposals refer to a locality how big is a locality?

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

Comments

- Locality planning has identified the needs of each area. Local planning is a good thing as we can have local solutions for local problems.
 - One size does not fit all, and local needs require a local approach

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?

