

The Division of Clinical Psychology Scotland ("the Division") of the British Psychological Society thanks the Scottish Government for the opportunity to respond to this consultation.

The British Psychological Society ("the Society") is the learned and professional body, incorporated by Royal Charter, for psychologists in the United Kingdom. The Society is a registered charity with a total membership approaching 50,000, almost 3500 of whom are based in Scotland.

Under its Royal Charter, the objective of the Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge".

The Society is committed to providing and disseminating evidence-based expertise and advice, engaging with policy and decision makers, and promoting the highest standards in learning and teaching, professional practice and research. The Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

We are content for our response, as well as our name and address, to be made public. We are also content for the Scottish Government to contact us in the future in relation to this consultation response. Please direct all queries to:-

Policy Support Unit, The British Psychological Society, 48 Princess Road East, Leicester, LE1 7DR.

Email: [psu@bps.org.uk](mailto:psu@bps.org.uk) Tel: (0116) 252 9926/9577 Fax: 0116 227 1314

This response was prepared on behalf of the Division of Clinical Psychology Scotland by:

Dr Belinda Hacking  
Consultant Clinical Psychologist  
Chair, Division of Clinical Psychology Scotland

## 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?

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Yes  No

The Division welcomes the emphasis on improving outcomes for older people in the context of this legislation. When we have had an opportunity to learn from this integration process, there is an opportunity to improve outcomes in other areas of adult health and social care.

### 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?

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Yes  No

The Division would like to see a more explicit explanation of where Allied Health Professionals (AHP) and Applied Psychologists fit-in to the reforms, and how integrated budgets will affect the provision of AHP and Applied Psychology services.

### 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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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

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Yes  No

The Division has no comment to make on this aspect of the consultation.

### **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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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

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Yes  No

The Division would like to see more clarity. For example, there is no specific mention of who the “appropriate stakeholders” will be, how they will be engaged, and what mechanism will be used for ensuring they are involved. For example will this group include applied psychologists, and what processes will there be for input from psychologists?

The Division would also like to know if the additional time it will take to consult with “appropriate stakeholders” has been considered. In our experience, incorporating a broad range of different representatives can slow down decision making.

Most of all, the Division believe that clear professional leadership for the different staff groups is required, and that there must be clear lines of accountability within the HSCPs.

**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

The Division has no comment to make on this aspect of the consultation.

**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

The Division would like to see clarity on what will happen with different HR contracts and systems for the different professions within the HSCPs. We believe that patients will be best served by clear professional leadership for the staff groups.

### 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

The Division has no comment to make on this aspect of the consultation.

**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

The Division has no comment to make on this aspect of the consultation.

**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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

### **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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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

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Yes  No

The Division has no comment to make on this aspect of the consultation.

### **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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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**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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

**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?

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The Division has no comment to make on this aspect of the consultation.

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

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Yes  No

The Division has no comment to make on this aspect of the consultation.

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

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The Division has no comment to make on this aspect of the consultation.

**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?

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Yes  No

The Division has no comment to make on this aspect of the consultation.

**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