

Have your say

Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

Yes – we think this a good idea but should include everyone with a stake in the services. A seamless service would increase efficiency and effectiveness and would be the best use of scarce resources.

Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

We feel at this stage that this is an unevidenced concept. It should be a dynamic process with the aim of improvement. There should be meaningful involvement of people who use the services, Carers, the community and the Third Sector.

Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

What is an outcome? We feel that this should have been explained better-

outcomes are not about Councils and Health Boards working together to make things better. A definition would have been helpful. This does not add to the clarity, or otherwise, of the consultation.

Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

It shouldn't be just the Councils and Health Boards. Genuine, meaningful involvement of everyone with a stake in the services should be the order of the day.

There should be objective scrutiny.

Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

We are unfortunately unable to answer this due to the lack of information in this version.

Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

Yes.

Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

People who use services and Carers should be appropriately and meaningfully involved on the committee and positions should be rotational. There should be a forum for people who use services and Carers.

Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

We are unsure what this question is trying to ask. It doesn't make sense to us.

Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

This should be appropriate to the needs of the people who use the services and their Carers – not primarily the needs of the Partnerships.

Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

Yes – it should.

Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

Yes. It has been difficult for us to access services within both services let alone across both services. We have experience repeating and reiterating personal information and experiences which can lead to some / all of current / intermittent mental health issues. Each time we are admitted, even if only a week or two has elapsed, a re-diagnosis is made on admission with 2 staff which can take over an hour.

It has been difficult to access psychological services. When they have been accessed staff have not read the notes so are not prepared at the appointment and start reading notes and not focusing on you. The GP has not been difficult to access.

Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

We are unclear about what outcomes are – no definition has been given.

This should be up to the professionals with appropriate meaningful involvement of people who use services, Carers, community and the voluntary sector.

Ministers are political so should not have a say and have minimal involvement – work should not stop around election time. There should be independent scrutiny across Partnerships and across Scotland.

Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

There is not information in the paper to form a reasoned opinion. It would rely on the person – their background, experience and personality. We are unsure if / how the Director of Integration fits into the picture.

Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

Again insufficient information Questions raised about responsibility and autonomy. What if other people disagree? However we do recognise that the senior officer should be able to make decisions.

Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

There should be some central guidance / guidelines so that people / groups are not left out of the process.

Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

It should be mandatory – but wider than just GPs.

There should be a focus on wellbeing and independence.

Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

We don't feel this is a question for us to offer an answer.

Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

No – it should be much wider and involve health professionals who are not based in doctors' surgeries such as allied health professionals.

Question 19

Should the partnerships talk to people in their communities? How might this be done?

Yes – should be talking with and truly hearing and heeding – not “ talking to “. This could be done via forums / online / citizen’s panels etc. Needs to attract a wide audience and people of all ages and abilities.

Question 20

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

Definitely not – should depend on the quality and the representative group of people.