
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

It is believed that the approach being taken is correct. Our experience of this area of provision is that a major project is more likely to be successful if it starts in a core area and then expands. Since the particular response here is done on behalf of the Ayrshire & Arran Data Sharing Partnership we would also advocate that the same approach should be taken with regard to systems integration and that first it should be established what can be achieved in technical areas and then expand out from that start point to look at wider business processes.

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

From a Data Sharing Partnership perspective we do believe that the framework for integration is sufficiently comprehensive. However, we would particularly draw attention to the third bullet point in section 2.6 (page 17) of the consultative document. Although concerned fundamentally with some of the logistical aspects of what is a very much service user oriented consultation, we believe that the challenges that are implicit in this particular sub paragraph on budgets and commissioning should not be underestimated. Indeed, further, very close thought requires to be given to all of the issues that are contained either explicitly or implicitly within this paragraph. In particular, consideration requires to be given to some of the artificial barriers that presently exist towards true integration in the logistical area, particularly as regards issues such as confidentiality, data sharing and the related cultures. Significant opportunities exist to remove these barriers with this proposal and this opportunity should be seized.

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

No comment.

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

No comment.

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

No comment.

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

Yes No

The Data Sharing Partnership believes there should be scope within the legislation to establish the health and social care partnership that covers more than one local authority. Whilst not taking a formal position on whether such an arrangement would best meet the needs of the population of Ayrshire and & Arran, since such comment is more appropriate for other respondents, it is the feeling of the group that this possibility should at least be allowed for. In stating this we are recognising that there is a balance between the economies of scale and

efficiencies that would come from a bigger and more integrated unit, as balanced against some of the issues around more locally managed governance and accountability.

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

Yes No

No comment.

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

No comment.

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

Again it was felt that there required to be scope to include wider functions to suit both local need and the stage of partnership development. Such a measure would effectively future-proof the development.

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

No comment.

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 Ayrshire & Arran Data Sharing Partnership has been in existence for many years and therefore has significant experience of working across Health and Social Care systems. Our work has been characterised on the positive side by extensive good will and commitment focussed on users of our respective services. This has been complemented by positive and effective working relationships underpinned by an increasing understanding of respective professional roles and pressures. All of this work is further cemented by a recognition of resource constraint across public sector services and the need to work together to secure positive outcomes for service users in a more cost effective way. All of this given, the group does not underestimate the challenges of integrated working and these should be borne carefully in mind in the creation of the systems of the future.

The first issue is that of complexity on the part of both local authority and NHS Services. Both have monolithic structures of professional standards, management structures, protocols and inter-agency working relationships. This complexity is further exacerbated by the macro and micro politics of the organisations, particularly since the political governance between the NHS and Councils is significantly different. The balance of this difference will vary according to location and through time. Against this background of organisational complexity, actually technical differences are relatively minor, it is therefore the macro factors of Councils and Health Services that need to be recognised and account taken of them.

Neither should the challenges be underestimated with regard to both the time and resource that is necessary to bring complex organisations together in a way that both preserves effective working and insures that there is comprehensive service coverage. A simple example of this effect is that there is still some way to go in identifying a single unique identifier for service users that can be adopted across all areas of public service provision. (The obvious use of the CHI number has thus far been inhibited by assertions of professional confidentiality and data security, with the result that any individual in our society actually possesses a range of unique identifiers: the CHI number, SQA number, universal pupil identifier, NHS number, drivers reference number, passport number and so on.

All of this given, considerable experience has now been built up as the basis for joint working and this experience now requires to be developed through the legislative base and its associated guidance and if this can be achieved it will be welcomed. Moreover, a significant opportunity exists to remove some of the artificial barriers that have been highlighted above. With determined and positive thought with support from the government these can be swept away, so assisting service improvement. Of particular importance here is the area of information governance and the need to preserve adequate levels of security without impeding the integration process. Specific thought requires to be given to this in planning for change.

Based on its experience, the DSP also advocates that close examination should be given to matters such as the funding, staffing, general resourcing, and commissioning strategies that require to be in place in order to ensure that proper integrated working, supported by modern systems, can be developed. The key to this is by the appropriate and timeous involvement of practitioners in order that strategic decisions have an operational and practical reality. This needs to be factored into the overall plan.

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

There is a real need to understand the financial complexity of this problem. Presently the way local authority and health services are financed is different and the methods of allocating costs vary. There requires to be a complete understanding of this in order that a workable solution can be found. Certainly, the Scottish Government require to provide direction to localities in order that an equitable, fair and transparent method of centralising and integrating resources can be developed.

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

No comment.

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

Yes No

No comment.

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

It is perceived that guidance on this matter is needed otherwise too many options will develop allowing a patchwork quilt of arrangements and postcode lottery of provision across Scotland.

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

No comment.

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?

The belief is that it is vital to get this aspect right to ensure appropriate engagement. In order to facilitate this the Scottish Government needs to draw on the experiences, which will vary nationally, at local level to better inform models of engagement.

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?

No comment.

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

It was felt that the geographic requirements will vary across Scotland according to levels of remoteness and issues such as the island factor which requires a different model of support to where, for example, there may be mainland urban concentrations of population.

Do you have any further comments regarding the consultation proposals?

The Ayrshire and Arran Data Sharing Partnership has a vision of the development of one single integrated system supporting service delivery from the data sharing point of view and which could be central to Health and Social Care integration. It is recognised that this is however aspirational and there may require to be a staged development of provision in order to secure this which may take several years. It was thought that the E-health, Integrated IT Strategy and the Scottish Public Service Network all have the potential to assist in solving problems.

It was also felt that the remit and locus of accountability for the single accountable officer requires to be set out both in some detail and with some thought. Therefore, in the logistical area, which would include the integration of information and data sharing systems, there would require to be clarity about the degree to which the single accountable officer was master of his or her own destiny, as against the reliance that would be placed on officers in the parent organisations of the NHS and local Councils. His/her position would require to be supported by carefully thought out information sharing protocols. Critical to this would be a clarity on the legality of the owning of data in the context of data protection legislation. This should not be confused as being a technical problem since this aspect of the issue could be readily overcome, it is much more about information governance. This area requires very detailed and early thought.

Overall, it is thought that the resources that are required to ensure genuine integration to the required timescale needs to be thought through with some care. There needs to be explicit and clear provision of adequate resources to effect and deliver the necessary changes. Guidance also needs to be provided on the levels of local support that are necessary for the development of effective systems.

Perhaps last but not least, given the national focus that there has been in the past on data sharing and data sharing partnerships, it is perhaps worth some national thought as to what data sharing partnerships would look like in the future under the new arrangements, and particularly where the locus of accountability would lie for what has been a feature of the joint Health and Social Care landscape now for the past decade.

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