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## **Consultation response: Integration of Adult Health and Social Care**

Please find below a response from the Scottish Borders Public Partnership Forum (PPF). The response was developed during discussion groups and reflects the views of the 25 people that contributed.

The group decided to focus their discussion on the following questions;

1. What do you think of the proposals for Health and Social Care Partnerships?
2. What can these proposals do to overcome the barriers of integrating health and social care? What are the key ingredients for making these partnerships work?
3. How can the public, users or carers be most effectively involved in the new Health and Social Care Partnership?

Below is a summary of the discussions:

### **What do you think of the proposals for health and social care partnerships?**

- The group felt that the intention to integrate health and social care is not new (Community Health and Care Partnerships) and the key challenge will be turning these intentions into practice.
- The group welcomed the proposals but concerns were expressed as to why the focus is only on specific age groups. The group felt that service delivery should be dependent on peoples needs not their chronological age. Dividing service delivery by age could create logistical problems.
- There is a risk that the Partnerships and Accountable Officer posts will require a significant resource to make operational. The group felt that at a time when public sector resources are stretched, priority should be given to patient care, not setting up new structures.
- The group felt that because Scottish Borders Council and NHS Borders share the same shared geographical area implementation it will be easier than in other areas.
- There are many examples of good partnership working in the Borders; the proposed Partnerships should build on the good work that is already happening.

**What can these proposals do to overcome the barriers of integrating health and social care? What are the key ingredients for making these partnerships work?**

- The group felt that joint training, shadowing and skill sharing are all key components for progressing the integration agenda.
- The group felt that professional bodies need to be involved at an early stage to ensure that areas of professional protectionism are addressed.
- The group felt that effective leadership will be the most important aspect of the integration agenda.
- The group felt that the direction of travel is welcomed although there was some scepticism about putting 'theory into practice'.
- The group felt that in order for the Partnerships to work, carers and users of services should be involved in the development of all services that the Partnerships are accountable for.

**There is no mention of a PPF equivalent. How can the public, users or carers be most effectively involved in the new Health and Social Care Partnership?**

- The members of the group were very disappointed that public/patient involvement got no more than a cursory mention in the development of the new Partnerships.
- The group felt that the Partnerships should have guidelines on the involvement of public, patients, carers and the Third Sector. The members felt that appropriate resources must be allocated to help develop the capacity of the service users and the Third Sector to contribute to the Partnerships on an equal basis.
- The group felt disappointed that the efforts of PPF's, supported by the Community Health and Care Partnership, to improve health and social care services had not been recognised or acknowledged.
- Many of the members felt that after years of involvement they were starting to make a difference in the design of services. Members felt that the good work should be built on and complemented through localised public involvement structures.

The group look forward to hearing how their feedback has helped shaped the Integration of Adult Health and Social Care proposals.

Yours sincerely



Andrew Leitch, PPF Chair