

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?

No

It was felt amongst our group that children's services should be included from the outset, it would have better buy in if this were not excluded at the beginning as staff will feel that they have had an opportunity to shape it instead of it being a done deal after older peoples' services have been integrated

Older people occupy most of the hospital beds and it was felt that if you only go for older peoples' services then those services that are nor classed as for older people will be excluded

It was felt that in order to push for preventative services rather than reactive services there should be a Big Bang approach otherwise budget pressures on acute services may mean that preventative services will loose out. This way we would have a system fit for all

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

It would be useful to have some indication of a substructure underneath which will allow for appropriate representation, at the moment it only talks about minimum representation and only mentions medical staff, if you stipulate a minimum there is a danger that this is all that you will get. There needs to be some indication of how professional standards will be maintained. It would be really useful in order to fully comment on this question to know what the nationally agreed outcomes are and who is involved in agreeing them

NHS Glasgow had health and social care partnerships a few years ago but they fell apart because there was a lack of agreement as to what would be shared, there is a need to learn from the lessons of the past few years

If this is a mandatory framework then it would be useful to see a role for a negotiator at local level to mediate between the statutory agencies as to what would be included

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

It would be really useful to know what the nationally agreed outcomes are in the first place to be able to comment sufficiently on this questions, there was a feeling however that nationally agreed outcomes would help improve consistency among the Local Authorities

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

This is critical to its success

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

It was felt that this would help improve accountability for local authorities as health have always had to answer to ministers for their actions

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

Yes No

Health are being asked to duplicate potential posts and accountabilities between existing LAs e.g. in Forth valley we would require a minimum of 9 non-executive sessions to accommodate all 3 LA and in Glasgow 15 non execs

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

No

There needs to be a requirement to have appropriate representation from the different groups involved in providing health and social care not just medical staff and chief social worker, there needs to be minimum standards around providing leadership and professional standards within the committee structure, currently there is a potential for exclusion of major staff groups

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

It was felt that the performance management arrangements are not specified, maybe they are more implicit than explicit, we would like to know more about the sanction arrangements if the partnerships fail to deliver, this cannot be allowed to be financial penalties for partnerships as this deprives only the people they are designed to serve, there would need to be some personal penalty for the voting members if performance is not satisfactory

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

There is a danger of budgets being manipulated and targeted towards meeting national outcome agreements, taking money into reactive services rather than preventative services

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

It was felt that there was a lot more information needed before this question could be answered

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

Joint futures was supposed to deliver an integrated service but this failed miserably due to a lack of willingness to do as asked which was to give staff access to budgets if the appropriate assessment had been done, most Local Authorities refused to acknowledge assessments completed by health staff

In children’s’ services, NHS budgets were top sliced with money from local authorities into an integrated budget, there was competition then to get access to the budget, the government then decided that this was not working and gave the money to social work meaning that health lost a substantial amount of budget for children’s services

The devil is in the detail

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

All organisations will do is pool the minimum amount. How will you consult on what the minimum should be, who will say how much, is it only the current spend as there is evidence of the huge disparity spent on older peoples’ services across all Local authorities. There is also a need to take into account health inequalities per area

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

The jointly accountable Officer can be voted against by the non executive directors and locally elected members. Locally elected members will tend to vote for services that will get them re-elected not those necessarily best for the total population

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

Yes No

Comments

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

There will be some direction needed, perhaps also mediation

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?

No

This is not explicit within the consultation and needs to be made much more so. There appears to be a lack of representation of disciplines other than medical staff. Reporting mechanisms back to ministers needs to ask for evidence of consultation with these people, there is a need for an involvement plan

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?

There is a need for an involvement plan

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

No

Absolutely not, they should be around populations of people.

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

This will vary depending on local areas, the consultation doesn't mention what the sub-structures are and these need to be made explicit. It would be useful to define locality planning groups, surely you don't mean community councils, this opens the door for abuse by verbose people and services to be driven by stronger members of the community who may not be representative

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?

No

Population needs not numbers, if there are too many groups involved it will make it difficult for the Jointly Accountable Officer, this seems to be overkill and is devolved responsibility for its own sake rather than common sense

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