
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

Comments

Those who need care need to agree how that care is provided.

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

Comments

1. There needs to be 3 way agreement between the Local Authority (LA), NHS and the community on how care is to be provided and how the allocated budget is to be spent.
2. It will be a challenge to integrate different IT systems and staff on different terms and conditions for similar work.
3. The needs of service users, patients, family members and carers must all be taken in to account.

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

Comments

Nationally agreed outcomes for health and social care should be a benefit as it will provide a standard level of care throughout the whole country thereby removing the so called “post code lottery” of care provision.

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

Yes No

Comments

Concerted effort will be required from everyone included in the SOA to ensure that planned outcomes are achieved. The Jointly Accountable Officer (JAO) will have a key role to play in this process.

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 Not sure.

Comments

(NOTE It is presumed that Health Board Chairs have been inadvertently omitted from the list of those having joint accountability.)

1. Where does the JAO fit in this hierarchy of accountability?
2. We cannot be sure if the balance is right until we receive more clarification.

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

Yes No

Comments

1. This would take decision making beyond local council objectives.
2. It would assist in providing a unified standard for health and social care.

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

Yes No Not sure.

Comments

1. It is not clear how the non voting members of the HSCP Committee, as listed in 4.18 of the consultation document, will be able to effectively influence decisions made by the voting members.
2. Patients/service users are included in the list in 4.18 but not members of the general public. It **must** be clearly stated that the public is included in this process.

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

Comments

The arrangements will only work if patients/service users, carers and the public have an easily recognised way of feeding concerns about service provision in to the HSCP Committee. There needs to be one body, one process and one access point to make the process quick, efficient and effective.

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

Comments

The present part of the integration process must be implemented, and working effectively, before consideration is given to extending it to other CHP functions.

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

Comments

Ultimately, the success of this proposal will depend on effectively integrating professional staff, admin. staff, admin systems and IT systems.

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

Comments

1. An elderly, frail woman with care needs. When Social Work (SW) carried out an assessment of her needs her two sons were not consulted or involved in the process. It seemed to be assumed by both the woman and SW that they were both able and willing to provide support - this is not always the case. It is essential that the family members / friends / neighbours who are identified as possible carers should be consulted and should have the right to decline the role of carer. When care was put in place the care staff did not have enough time to properly wash the woman in the morning or make a proper meal in the evening. They only had about 10 mins. to microwave a ready meal. How will these proposals improve this situation?

2. Many experiences of family members needing services that cross over from health and social care. Usually resulted in a protracted discussion about whose budget was the money coming from and a significant delay in obtaining the service or equipment required.

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

Comments

This question seems to negate the fundamental principles of the integration proposals. i.e. The government sets each HSCP a set of objectives based on nationally agreed outcomes. It is the responsibility of each HSCP to achieve these objectives, within their allocated budget, by applying local solutions to local problems.

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

Comments Based on the report, it would seem that the JAO should have the necessary financial authority. However, for these proposals to work, it is essential that he or she does.

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

Yes No

Comments

More detail regarding the JAO's duties and responsibilities is required.

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

Comments

The answer here is the same as the answer to Q12 – each HSCP should be free to achieve their objectives by finding local solutions to local problems. In doing so, an emphasis will have to be placed on **effective public involvement**.

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

Comments

GP's are part of the consultation process, along with everyone else specified in 4.18. (Plus members of the public.)

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?

Comments

This is a question for medical and care professionals to answer.

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

Locality planning will be dictated by local conditions. In some areas it will be logical to organise this around GP clusters while, in other areas, a different approach will be required.

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

Comments

Executive decisions should be made by the HSCP Committee after consultation with locality planning groups and all other interested parties including the public.

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

Comments

Localities will depend on various factors such as population spread / clusters and geographical area.

Do you have any further comments regarding the consultation proposals?

CommentsCarers

In placing the emphasis on care in the community, greater responsibility is also being placed on carers. For these proposals to work effectively, it is essential that support for carers is given the same level of importance as support for patients. Carers rights must, at all times, be respected – including the right to decline to be a carer. Service providers should always include carers and family members when agreeing care plans and must never assume that a family member will want to be a carer.

Medical Model

The implementation of these proposals should be taken as an opportunity to remove the situation where health professionals only treat the symptoms and not the whole person. By combining health and social care it is to be hoped that both sides will cross the health / social care divide and treat the whole person and not just the symptoms. In treating the whole person it is also hoped that the experiences of family members and carers will also be taken into account when agreeing a treatment / care plan for a person.

Public Involvement

It is the opinion of this group that public involvement will be the key to the effective implementation of these proposals and the effective future operation of Health and Social Care Partnerships. However, there is a problem with public involvement in that the NHS and the Local Authorities (LA) approach this issue in very different ways. The NHS engage with the public via Public Partnership Forums (PPF's) which report to their local Community Health Partnership. The LA has elected members (Counsellors) who, as a result of their election, are of the opinion that they have a mandate to represent the views of their electorate. Individual groups within the LA do, on occasion, seek the views of service users when considering changes to services. However, there is not the level of public engagement and involvement provided by PPF's. This group believes that the most effective and transparent means of public involvement (i.e. engaging with the whole public, not just service users in general or the service users within a particular hospital or GP Practice) is by the use of the PPF model.

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