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## 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?

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Yes  No

Comments: Over 70% of Scottish prostate cancer cases are diagnosed in men aged 65 and over, so the initial focus on improving outcomes for older people is relevant and helpful to many men who have living with and beyond prostate cancer. However, it will also be important to ensure that any improvements in integration for older men do not mean that younger men with prostate cancer are disadvantaged and therefore experience worse care and outcomes, purely as a result of their age. Younger men with prostate cancer, who are of working age, often have specific support needs to enable them to return to work and/or obtain financial assistance and these should not be overlooked.

### 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?

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Yes  No

Comments: Further clarification is required on how consistency of outcomes across Scotland will be achieved. It is important that men with prostate cancer and their carers and families can be guaranteed the same access to and quality of services, treatments and support no matter where they live. This includes primary, secondary and tertiary healthcare, as well as services to support men living with the after-effects of cancer and its treatment, as well as men at the end of their lives. When men are ill, they tell us they do not want to be fighting for access to the services and care they need, so it is vital that they experience a joined-up system.

### 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

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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?

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Yes  No

Comments: Lessons must be learned from attempts to achieve the same outcome through past initiatives, such as the Joint Futures arrangements. Furthermore, the barriers to integration must be removed. For example, it will be important to ensure that Health Boards and Local Authorities have shared performance management and fiscal reporting systems. The current differences in these systems and their priorities have significantly contributed to the current gaps between health care and social care arrangements for men who have prostate cancer. Men with prostate cancer tell us they would like integrated and co-ordinated health and social care services throughout their treatment and aftercare with clear information easily available on where to get the services they need. If providers share the same goals, it will be easier to achieve this important aspect of care for the men who need it most.

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

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Yes  No

Comments: The nationally agreed outcomes for adult health and social care must be informed by the people who will receive the services. There needs to be a clear and transparent process for continually seeking genuine, meaningful input from people who use services to ensure the outcomes take account of the changing environment, needs and expectations. As the population of older men increases, and prostate cancer treatments improve, it is likely that there will be a growing number of men living with prostate cancer and/or significant side effects of treatment, along with other co-morbidities. It is essential that an integrated system has the capacity to provide good quality care for these men, and respond to changing impact of new treatments on the support they require.

### **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?

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Yes  No

Comments: People who receive services have the opportunity to elect members to their Local Authority, but there is no similar opportunity to elect accountable leaders of their health services. There need to be greater opportunities to engage with people who receive health as well as social services and ensure both services are of high quality and responsive to their needs. If Community Health Partnerships are taken off the statute book, it will be necessary to ensure that the Health and Social Care Partnerships that replace them are effectively legislated for so that no services are “missed off” as a result, and to ensure consistency of implementation. Whatever approach is taken, it must lead to meaningful engagement with service users, such as men with prostate cancer and their families, be accountable for the services provided and ensure consistent quality of care is achieved throughout the country.

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

Yes  No

Comments: Where Local Authority and Health Board boundaries are not coterminous there will be a need to create Health and Social Care Partnerships covering more than one Local Authority or Health Board area. Boundaries should ensure that the quality and relevant services are provided and that there is capacity and ability to meet local identified needs as close to home as possible. Arrangements need to be put in place to ensure that the relevant partners share similar priorities in terms of outcomes, performance and budgets and that all barriers to integrated working are removed.

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

Yes  No

Comments: 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

Comments: Further clarification is required on how people who receive services can contribute to the development of national outcomes and be involved in performance management, performance improvement and scrutiny arrangements. Men with prostate cancer have specific health and support needs and there must be a mechanism to enable them to feed back to providers when their needs are not being met, or where care is not of sufficient quality.

**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?

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Yes  No

Comments: While this approach may lead to even better integration of a wide range of services, and therefore possibly improve quality of life for service users, if it goes ahead it will be important to ensure that core health and social care services are not reduced by a focus on such additional 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?

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Yes  No

Comments: Men living with and beyond prostate cancer have concerns about the current gap between health and social care, such as services delivered to men in their own homes. It is therefore important that “best effect” is not interpreted as “cheapest available service”. The primary objective for all services must be to deliver the most appropriate, high quality care, in the way which best meets the needs of the individual service user, and their carer/family. More expensive services may provide better value if they lead to improved outcomes for men (such as reduced reliance on support services through better self management, or reduced use of care through more effective treatment and/or support). Furthermore, it will be vitally important to ensure that integrated budgets do not lead to money being reduced from some services to “shore up” those areas that need greater investment. This could also lead to reduced quality of care across

the board and would not achieve the outcomes sought.

**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: We may be able to provide case studies if required. We are in contact with many men with prostate cancer and their families, a significant portion of whom would be happy to share their experiences.

**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: There must be a core set of high quality health and social care services that are delivered in each location. However, direction on the level of budget spent in each region must also take account of locally identified needs, with sufficient flexibility to respond to variances in demand. For example, there may be differing requirements for support services in rural locations or in regions where there are a greater number of older people. Men with prostate cancer must not be denied vital health, support and social services because unused funding cannot be spent in a different way.

### 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: No comment

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

Yes  No

Comments: 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?

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Yes  No

Comments: It is important that any approach to planning services ensures that there is a consistency of outcomes across Scotland. Men with prostate cancer and their carers/families must have equal access to the high quality health and support services they need. This may be approached or achieved in different ways in each location, but measures must be in place to make sure that men's care and experiences are equitable.

**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?

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Yes  No

Comments; There should also be a duty to consult people who receive services in a meaningful and effective way. Service users have a unique experience of the care provided and their views are as vital to service planning as those of healthcare professionals and health commissioners. Such involvement cannot be tokenistic and should be expected of all Partnerships.

**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?

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Comments: It will be important to have in place mechanisms that allow clinicians and other professionals the time they require to effectively deliver quality care, while being provided opportunities to feed in their expertise and experience of providing care and services. There should be a duty on Partnerships to seek relevant input from a wide range of health and social care professionals, as well as patients and other service users. Easy to use mechanisms that seek these views and opinions should be considered, such as the use of social media and other technology. GPs should not be the only health professionals involved – provision must be made to allow secondary and tertiary care professionals, including specialist nurses, to share their experience and expertise, as they will often have

a unique view on the needs of patients with complex or long term conditions, such as men with prostate cancer. Other organisations with such expertise, such as charities and patient organisations, can also have considerable expertise and should also be able to feed in their experience as appropriate.

**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 should take into account local circumstances such as population size and demographics, urban and rural settings, and current health and social care provision. These will vary considerably across Scotland. Location of GP practices should not be the only determining factor. It is important that the location and availability of all services (including secondary and tertiary care) are considered when planning local provision and that access to specialist treatment centres or support services are also considered.

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

Comments: Although we cannot comment on the proportion of responsibility and decision-making that is devolved, it will be important to ensure that all men with prostate cancer are able to access high quality, effective care and support no matter where they live.

**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; Locality planning should take into account local circumstances such as population demographics, urban and rural settings, and current health and social care provision. These will vary considerably across Scotland: population size should not be the only determining factor. See also answer to question 18.

**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