

## Have your say

### Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

YES. OLDER PEOPLE ARE MORE LIKELY TO BE ADMITTED TO HOSPITAL IF THERE IS INSUFFICIENT CARE AT HOME / IN THE COMMUNITY.

### Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

MANY COUNCILS OUTSOURCE CARE TO PRIVATE CARE AGENCIES. HOW WILL YOU ENSURE THIS OFFERS GOOD VALUE & GOOD CARE. I RECEIVE DIRECT PAYMENTS ON MY MOTHER'S BEHALF. HER CURRENT CARE PROVIDER RECENTLY INCREASED RATES BETWEEN 40-60% WITHOUT NOTICE!!!

### Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

WHO WILL BE RESPONSIBLE FOR SCRUTINY. WILL IT BE CARE INSPECTORATE OR HEALTHCARE IMPROVEMENT SCOTLAND?

### Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

THERE SHOULD BE AGREEMENT BETWEEN THE TWO AND THEY SHOULD WORK TOWARDS ACHIEVING NATIONALLY AGREED OUTCOMES.

### Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

WILL THEY BE EQUAL PARTNERS?  
COUNCIL LEADERS ARE ELECTED, MOST  
HEALTH BOARD REPS ARE NOT.

### Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

YES

### Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

YOU MUST INCLUDE PRIVATE CARE  
AGENCY PROVIDERS REPRESENTATIVES.  
IN MY EXPERIENCE COUNCILS EMPLOY FEW  
CARE STAFF. CARERS SHOULD ALSO BE  
INVOLVED.

### Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

I AM NOT SURE. IN MY EXPERIENCE  
NEITHER HEALTH NOR COUNCIL SERVICES  
CHANGE QUICKLY. IT IS MORE LIKELY  
TO DEPEND ON HOW QUICKLY MONEY  
BECOMES AVAILABLE. WILL THIS BE  
FROM HEALTH BOARD FUNDING IF  
FEWER PEOPLE ARE ADMITTED TO  
HOSPITAL? (PREVENTATIVE SPENDING).

### Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

IT IS NOT CLEAR WHAT IS MEANT. IF THIS IS BETTER POST DIAGNOSTIC HELP + SUPPORT (E.G. DEMENTIA), THEN YES.

### Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

YES. PEOPLE WOULD RATHER BE AT HOME OR IN COMMUNITY

### Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

VERY, VERY DIFFICULT - HEALTH + SOCIAL CARE DUE TO LACK OF CAPACITY. MORE OUTPATIENT APPOINTMENTS (MEMORY CLINIC) ETC SHOULD BE AT GP SURGERIES NOT IN HOSPITALS WITH NO/POOR PARKING.

MORE INFORMATION-SHARING REQUIRED - POA DETAILS DEMENTIA DIAGNOSIS ETC.

### Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

IT WOULD APPEAR THAT HEALTH BUDGETS WILL HAVE TO BE REDUCED TO FUND LOCAL CARE. THIS WILL VARY WITHIN & BETWEEN DIFFERENT AREAS / REGIONS

\* POA = POWER OF ATTORNEY. IDEALLY WE COULD GIVE AUTHORITIES A CODE TO VIEW POA TO CHECK THAT IT EXISTS, RATHER THAN HAVING TO COPY IT TO EVERYONE FROM HEALTH + SOCIAL WORK TO ENERGY SUPPLIERS, ETC.....

### Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

WOULD THIS BE A NEW APPOINTMENT?  
OR CONCERNED THAT ADDITIONAL LAYERS  
OF MANAGEMENT ARE BEING ADDED.  
BOTH ORGANISATIONS CAN BE WASTEFUL.

### Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

IT NEEDS TO BE A SINGLE PERSON

### Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

THERE NEED TO BE NATIONAL MINIMUM  
SERVICE LEVELS BUT LOCAL AREAS WILL  
KNOW BETTER ABOUT THE SERVICES  
REQUIRED. CARE VISITS SHOULD BE  
MINIMUM 30 MINUTES, AS IS

OR 20 MINUTE VISITS ARE NO GOOD FOR CARE GIVERS  
OR SERVICE USERS.

### Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

GPs + SURGERIES COULD BE USED MORE  
EFFECTIVELY. I WOULD LIKE TO SEE MORE  
LOCAL CARE SERVICES PROVIDED BY THIRD  
SECTOR ORGANISATIONS, RATHER THAN PRIVATE

ORGANISATIONS THAT ARE MOTIVATED BY  
PROFIT ONLY

### Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

LOOK AT REDUCING WAITING TIMES FOR SOCIAL WORK ASSESSMENT. IT WAS SIX MONTHS FROM DIAGNOSIS OF DEMENTIA BEFORE MY MOTHER WAS APPOINTED A SOCIAL WORKER + THERE WAS NO INFORMATION ABOUT HOW LONG IT MIGHT BE. I WAS QUOTED 'PENDING' ON NUMEROUS OCCASIONS

### Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

YES BUT ONLY IF THE SURGERIES ARE MORE INVOLVED IN COMMUNITY / OUT PATIENT CARE PROVISION; NOT JUST AS AN ADDITIONAL REVENUE STREAM FOR GPs.

### Question 19

Should the partnerships talk to people in their communities? How might this be done?

YES. LOCAL MEETINGS. MORE NEEDS TO BE DONE TO ENCOURAGE LOCAL PEOPLE TO BECOME CARERS. AGENCY STAFF OFTEN SPEND LOTS OF TIME TRAVELLING TO + FROM CLIENTS HOWEVER THE RATES PAID FOR SELF-DIRECTED PERSONAL ASSISTANTS ARE NOT CONDUCTIVE TO ENCOURAGE LOCAL PEOPLE TO WORK. AN INCREASE TO 40 X HOUR WOULD BE BETTER QUALITY + VALUE

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

PROBABLY IN THE SAME WAY THAT PUBLIC PARTNERS ARE INVOLVED IN NHS BOARDS. HOWEVER NOT ALL CARERS ARE LOCAL! AT PRESENT THIS MEANS THEY ARE EXCLUDED FROM PARTICIPATING IN COUNCIL OLDER PEOPLE'S FORA.