
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

The reasons for prioritising services for older people are understandable. There is much room for improvement in existing services. As numbers grow there is a danger that community services, already over-stretched, will be unable to cope. Blocking of beds in acute services is not good for the individual or the service. However, Without a timescale that says when the process will roll out to other services, or guarantees that gains made in recent years for other user groups (e.g. people with learning disability) will not be eroded by diverting resources to older people's services, this has to be seen as a high risk strategy for other client groups. Will their interests be represented in decision-making processes at all levels? If the Jointly Accountable Officer is charged with delivering outcomes solely for older people, and has control of the integrated community care budget with authority to spend to deliver those outcomes, what will happen to strategies and services for mental health, learning disability, autism, physical disability etc, and in particular to the preventative elements of those strategies? It would be ironic if people with a learning or other disability need to return to a model of shared living so older people can be supported to stay 'at home'.

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

The framework for integration needs to address the need for integration at all levels and across many current boundaries. The person who sits at the interface between statutory services is often excluded from the communication between acute and primary care, and between health and social care. Information between statutory services and third sector providers can be patchy, sometimes by accident, sometimes by design.

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

But hopefully this will establish outcomes for all affected client groups, not just older people . These outcomes should reflect the positive work done on developing outcomes in recent years in other services e.g. learning disability

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

Comments

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

Comments

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

Yes No

Some local authorities have struggled with large agendas but small resources since the abolition of the regions. Also there are many local authorities that are not coterminous with a health authority

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

Yes No

Depends on the extent to which they include and represent interests other than those of older people and services for older people

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

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

Not without appropriate consultation

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

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

1. ELCAP operated a very successful scheme using psychology assistants

(psychology graduates interested in a career in clinical psychology) as support workers where the consultant psychologist provided one day a week supervision and the student/worker functioned as part of the support team for the rest of the week. While the person being supported was under 16 part of the additional cost was borne by health. After 16 this was withdrawn and the arrangement was ended. While it functioned it delivered close management of a complex service, raised the skills level in the support service and provided good and experienced recruits for the clinical psychology training scheme.

2. Adults with learning disability admitted to hospital for 'assessment and treatment' can spend extremely long periods as inpatients, often because clinicians are not satisfied that community services are suitably robust to support the person outside of hospital, because there are inadequate arrangements in place for joint funding of a community support and because there is no strategy for supporting the development of 'robust' services (see example 1 above.) There may also be a cultural problem in that health may see their skills and methods as the only ones that can adequately support someone who presents significant challenges and these may not be available or deliverable in a community setting.

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

It will help

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

May depend on who holds the post – it will not be an easy outcome to deliver. What supports will be available to the JAO?

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

Yes No

Yes

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

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

Would be stronger if it included local providers

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

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

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

Comments

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

Do you have any further comments regarding the consultation proposals?

Comments

Do you have any comments regarding the partial EQIA? (see Annex D)

The only recognised impact on disabled people seems to be around the potential for an increased liability for charges. The larger concern should be about the impact on budgets and services if resources are diverted away from other services to deliver the outcomes for older people.

Do you have any comments regarding the partial BRIA? (see Annex E)

Comments