

## 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

With the change fund/reshaping care for older people there is a clearer focus regarding working towards more positive outcomes for older people. However East Renfrewshire CHCP is responsible for delivery of all health and social care services and this has worked well. East Renfrewshire Public Partnership Forum (PPF) feel the initial focus on older people could be viewed as being too narrow and would be concerned about other services not progressing at the expense of older peoples services. Also people under the age of 65 can experience problems and require services more associated with older people but would be viewed seperately.

### 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

There is very little mention of the public/public involvement throughout the consultation document and a vagueness about how this involvement would be structured. The framework is focussed too much on council/NHS representation at the expense of PPF, Staff Partnership Forum, professional representation. The current structure in East Renfrewshire works well and the PPF feel involved and feel we have an influence. We cant see how the public role will necessarily be strengthened with these new proposals

### 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

The PPF agree with nationally agreed outcomes as a clearer/simpler way of operating, particularly for public members to grasp, but feel there is a need for local variance/priorities. Currently there doesn't seem to be room for health and social care issues to be fed up through local communities but instead top down from Board level through HEAT targets etc. The PPF feel this isn't always the most productive way to work to the benefit of the local community. It would be hoped that the outcomes wouldn't end up being too detailed/restrictive like the HEAT targets.

**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

Yes

### **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

The PPF feel that the proposed voting structure is unhelpful. Too much emphasis is being placed on council and NHS representation being even. In East Renfrewshire this hasn't proved to be a barrier to joint working.

The PPF are concerned that decisions could be taken "outside" meetings by the 6 members with voting rights and exclude views/opinions from other committee members.

In East Renfrewshire we have only had to use the vote once ( at the instigation of PPF members feeling uncomfortable with the choice of venue for meetings) and wouldn't envisage this process being used often but are still concerned at the equality aspect of this for other committee members.

We feel the current structure in East Renfrewshire works well.

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

Yes  No

No. we cant see any real point to considering this..

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

Yes  No

No. as previously stated the PPF feels that too much emphasis has been put on council/NHS representation to the exclusion of other representation, especially the public. We are concerned that decisions/voting rights could be made along "party" lines by council and NHS members. The current governance system/scrutiny arrangements we have in East Renfrewshire CHCP has worked well over a number of years.

**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

No. The PPF feels that the performance management arrangements raise more questions than answers. We would need to have much more clarity on how the new arrangements would operate to comment fully.

**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

Yes. Local authorities should have the flexibility to choose how they want to operate.

## 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

The PPF don't feel sufficiently knowledgeable regarding finance to answer this question .

**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

No

**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

No. The PPF feel there should be more than “direction.” There should be more detail/clarity regarding finance/categories of spend.

## 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 PPF doesn't feel sufficiently qualified to answer this question but would point to the current set up in East Renfrewshire where the CHCP Director is employed by the Council and is also has a secondary contract with the NHS. The Director belongs to the management teams of both organisations

and can carry out a corporate role for either organisation.  
This was a decision taken voluntarily by the CHCP. It was not required.

The PPF thinks this works very well and are unsure if the role of the Jointly Accountable Officer would be an improvement on this.

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

Yes  No

### 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

Yes. Minimum locality planning standards should be set by the Scottish Government. However there should also be scope go over and above these standards to work out what local communities need and deliver services that meet communities needs better.

**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

The PPF feels that it is useful/logical to involve professionals more fully in locality planning and placing a duty shows a commitment to making it happen. Whether a duty would in itself be strong enough to ensure involvement is debatable as much would depend on GP/professional capacity/time/commitment etc.

Locally the PPF have been looking to work/link in better with GP services recently and see great value in this.

**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?

Having time and the commitment to attend meetings etc.. Some staff are paid to attend meetings and the PPF are unsure whether this is the best way to encourage involvement. Having top level management seeing involvement as a priority for their service and service to the public would be welcome.

**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

This is certainly a useful approach but would depend on sizes of clusters and how they are formed. It would depend on local geography and clusters feeling like “natural” areas.

Locality planning in this manner would also need the active involvement of GPs/health professionals and a strong role for PPFs and other community organisations to make it effective.

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

The national agreed local outcomes should be the main driver for locality planning but allow for local factors which could be influenced by locality planning groups.

**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

No, shouldn't be strictly on size. It would depend on variable factors/geography - what works logically for local communities.

**Do you have any further comments regarding the consultation proposals?**

No

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

No

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

No