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

We would support the importance of improving processes and outcomes for older people. The challenges set out in Reshaping Care for Older People merit the highest level of commitment and focus. We would also support the intention that integrated arrangements should encompass all adult services.

The desire to focus initially on older people's outcomes is understandable given the particular challenges in this area. It is important that the needs of other groups are not overlooked or compromised because of the focus on older people. We would welcome careful consideration as to the potential implications of different local models emerging within the context of this initial prioritisation on older people's outcomes.

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

We recognise that the framework is in the early stages of development, with the intention to undertake further work across a range of detailed workstreams. The overall expectation is clear but there are a number of issues that we would ask form part of these detailed considerations:

- How we balance local determination and national consistency of process,

prioritisation and consequential outcomes?

- How we establish a clear relationship between the new integrated 'body corporate' (or delegated arrangements) with future community planning arrangements and the SOA?

- What acute services / resources would be included in the integrated budget, how would these be distributed across Board areas and how would these contribute to a shift in the balance of care?

- How would the involvement of clinicians and other professionals change from current arrangements and how would this contribute to the overall proposals for accountability and governance?

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 proposed shared outcomes are helpful in terms of providing an overall framework. It is understood that a detailed workstream will be invested in developing indicators of success, and the effectiveness of these will be crucial in ensuring the achievement of these outcomes will be measurable. We would ask that consideration is given to the following:

- Can capacity and consistency with management information systems for jointly recording & reporting at local partnership level quickly and accurately be assured?

- Can we ensure that performance measures/indicators are SMART, a mix of quantitative and qualitative and properly validated to ensure they are meaningful,

achievable and capture whole system processes and outcomes?

- Could the quality audits and inspections generated by social and health care inspection agencies contribute to the success measures, in order to join up the evaluation processes and deliver added value?

- Should an outcome relating to effective delivery of pre-existing statutory duties of the local authority and NHS be included to preserve their importance as the principal accountability?

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

We would broadly welcome reference to the nationally agreed outcomes in the SOA. In relation to the practical implications, we would ask for clarification on the following points:

- How a clear relationship is established between the new integrated 'body corporate' (or delegated arrangements) with future community planning arrangements and the SOA?

- How the relationship would be established between the high-level national outcomes and the service-specific integration outcomes, within the overall balance of the SOA's terms of reference?

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 importance of establishing the correct governance and accountability arrangements will be absolutely essential, and we support the level of attention given to this within the consultation document. We also recognise that further detailed work is to be undertaken to develop proposals further. Unquestionably what is proposed represents considerable change in current accountability arrangements. In this respect, we would ask:

- Will direct accountability to ministers on predetermined targets preserve the role of locally elected leaders to take local decisions?

- Within a single NHS Board area can we ensure a proportionate influence by larger Health & Social Care Partnerships (or collegiate partnerships within the same Local authority), or by the central planning, professional and secretariat interests of the NHS Board, that will preserve genuine local accountability and devolved authority in smaller partnership areas?

- Are oversight arrangements sufficiently well defined to ensure proper accountability to the Health & Social Care Partnership committees?

- Can consideration be given to increase the number of local elected members on H&SC partnership committees, to preserve local democratic decision-making and accountability for statutory Local Authority obligations?

- Can greater clarification be provided on the accountability arrangements to Council, and the extent of the governance powers of Council meetings in this respect?

- Can further clarity be provided on the association between the proposed integrated partnerships and future Community Planning arrangements?

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

Yes   No

Whilst we acknowledge that some partnerships may have already taken a shared services approach to some of the functions impacted upon by integration, East Dunbartonshire Council is strongly of the view that developing a Health and Social Care Partnership that covers more than one local authority area is likely to undermine the determination of local priorities and jeopardise local democratic accountability. East Dunbartonshire Council believes firmly that these local priorities and accountabilities need to take precedence.

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

Yes   No

The importance of establishing effective joint committees is essential to the success of integrated partnerships, so we would wish to have full confidence that all aspects of local democracy, governance and decision-making are preserved. It is recognised that the proposed arrangements will undergo considerable further detailed development, so it is too early to comment fully on the proposed model. However, as part of these further detailed developments, we would ask that the following points are considered:

● Would the proposal for a rotating chair introduce the potential to influence the consistency of the change process and undermine settled prioritisation?

● Will the involvement NHS non-executive directors who are likely to have a strong professional background in health services; and local elected members who may not have an equivalent professional background in social work services create an imbalance of influence at the governance level?

● Is the number of local elected members on H&SC partnership committees adequate to preserve local democratic decision-making and accountability for statutory local authority obligations?

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

We would welcome the intention to establish strong performance management arrangements. The measures relevant to the performance management arrangements have not yet been developed, so it is too early to comment fully on them. However, we would ask that the following points are included in the considerations of the Outcomes and Indicators Sub-group:

- A target-led approach can be beneficial as a component part of an overall performance management framework, but in isolation can result in compartmentalisation and contradictory incentives. Can there be an emphasis in developing a balanced whole-systems approach to this framework?

- Responses to Question 3 are equally relevant here.

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

This is a complicated issue and an important one to include in the consultative process.

- Can we be confident that the principal role of a Jointly Accountable Officer would be unaffected if their remit includes responsibilities that are not 'joint', or relate to jointly accountable outcomes?

- In addition to the operational alignment issues, it would be important to consider the implications of having single-agency elements to the overall governance and accountability arrangements and to ensure clarity for service-users.

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

We support the principle of making the most effective use of the total resource envelope to deliver the best possible care and support. The attractions of an integrated budget to support this aim are evident and would be essential to deliver fully integrated services.

We also understand that significant further work will be undertaken as part of a dedicated workstream supporting the ministerial Delivery Group. We would request that the following issues be considered by the proposed working group:

- The proposals indicate that resources allocated to the integrated budget by partners will lose their source identity. While this would be important in terms of partnership flexibility and accountability, can detailed guidance be provided in terms of the implications for the governance of the respective statutory responsibilities of Local Authorities and the NHS?

- We would welcome further clarity on the implications for ring-fencing of resource allocations to the Partnership, in terms of overall local government budget setting and prioritisation, virements, and handling of over/underspends.

- The impact of the total resource allocation associated with integrating services is not fully explored in relation to existing centralised/shared support services and their contribution to front-line service delivery. Can further clarity and guidance be provided on this?

- The disincentives caused by separate budgets outlined at 5.9 are relevant to pathways and outcomes, resolution of which would be absolutely dependent upon the engagement with acute health service planning and resources. This aspect is not clear in terms of the powers and influence of the proposed H&SC Partnerships – can further clarity be provided on this?

- The report refers to shifting the balance of care in terms of budget use, but this is invariably used to describe the balance between hospital and non-hospital care. Whilst this is essential, can the importance of balancing institutional vs home-based care more broadly (particularly the need to avoid unnecessary admission to care home) be given proportionate profile given the higher costs, both financial and personal?

- There is an implicit assumption that the overall, combined resource envelope across the care community is adequate to meet the needs of the population.

Can further detail be provided on the financial assumptions that accompany the integration proposals, particularly with respect to the scope for resource transfer from acute services?

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

We would welcome the opportunity to be involved directly or indirectly in any reference or consultation exercises associated with the various national workstreams, in order to build up a resource of experience-based evidence, to help inform the way forward.

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

We would welcome detailed direction on the minimum categories of spend. We would also ask that additional consultative engagement takes place to ensure that any such direction is informed by stakeholder views.

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

It will be essential that the Jointly Accountable Officer operates with a balance of direct authority and accountability and we would welcome further clarity on this, via the dedicated workstream developing the detail on governance and accountability. With respect to the proposals as they stand we would ask that specific consideration is given to the following areas:

- Can guidance be provided to ensure strong oversight by the Partnership Committee

in terms of major investment decisions?

- What will be the operational accountability associations between the Joint Accountable officer and the Chief Social Work Officer and their respective accountability to the Partnership Committee?

- What will be the accountability link between the Joint Accountable Officer and the SOA and Community Planning – and in what capacity?

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

Yes   No

The structural equivalence of seniority between Council and NHS Boards is hard to gauge. Greater clarity and guidance would be welcomed to ensure consistent and appropriate levels of seniority are established between Councils and NHS organisational structures.

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

Some broad guidance would be helpful to promote national consistency, for the benefit of national/regional third sector stakeholders, to ensure minimum standards of participation and to clarify accountability/governance aspects. Beyond that, some local discretion would be important to reflect positive local engagement arrangements and existing relationships.

We would welcome further clarity over the proposed locality planning arrangements, the expectations and limitations associated with the involvement of clinicians and other professionals, and the association with existing community planning partnership arrangements.

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

We would encourage an obligation to appropriately consult and involve all relevant stakeholders. In pursuance of this aim, we would ask:

- Can there be further clarity over the expectations and limitations associated with the consultation and involvement of clinicians and other professionals, and the association with existing community planning partnership arrangements? This would be relevant to define the relationship between locality planning, consultation with professionals / clinicians, community planning and the new accountabilities that will be constituted within the new H&SC partnerships.

- Can Social Work professionals, who currently plan, manage and deliver the preponderance of community-based services within the system being considered, be assured of proportionate influence through this process?

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?

This question is important as different models have been tried, with varying degrees of success. It would be important to draw on this experience when developing models with which we can have some confidence from the outset. We would ask that the following points be considered:

- Might this objective be assisted by a reduction/ conflation of some organisational structures that have separate strategic and operational responsibilities – with an

increase in operational managers who have additional strategic lead for their areas of discipline?

- How do we engender the commitment of relevant professional staff over and beyond their specified functions and with potential consequences for backfill?

It is our experience that there is a positive role for staff responsible for operational service delivery in planning services, as there is for staff in performance management, commissioning and strategic roles; all of these perspectives and skills working together maximise the effectiveness of planning to meet local need.

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

We would propose that locality planning should be determined by natural communities, rather than organisational constructs.

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

We would welcome careful consideration of this issue, to ensure that accountability and governance arrangements are clear.

- Would there be value in defining further the role of locality planning, in the context of the differentarrangements for consultation and engagement with Local Authorities and Health Boards – is this consistently understood?

- What would the implications be for the proposed levels of autonomy of the Jointly Accountable Officer, should locality planning include devolved authority?

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

We would suggest that this should be for local determination, based on the nature and size of local communities.

Do you have any further comments regarding the consultation proposals?

We would welcome further reference to models of integration that have been developed elsewhere and have delivered their desired outcomes. This would assist in the process of implementing models and processes that have delivered demonstrably better outcomes.

Do you have any comments regarding the partial EQIA

It is important to emphasise the difference between Health services which are free at the point of need and Social Care services which potentially are chargeable. This means that there is always a danger that as the balance of care shifts progressively into the community, the pressure to pay for services increases. It may be appropriate to consider the extent to which this may affect some groups in society more than others.

Do you have any comments regarding the partial BRIA

Comment is made under the heading 'Costs – Potential benefits / savings' that 'we expect that the amount of commissioned social care will increase and therefore the amount spent on social care will increase. The proposal places a degree of confidence on the transfer of resource from the acute part of the system to the community. Further exploration of this transfer arrangement would be welcomed.