

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

Focusing initially on elderly care would seem a logical step given the demographics of the population and the increasing elderly population. Many of the links are there, but there is no integrated service. Care will have to be taken to prevent the infighting and disagreements which characterised the "joint futures" program in Glasgow, where the project was abandoned due to a breakdown in the relationship between NHS Greater Glasgow and Clyde and Glasgow City Council.

One of the problems which was noted in the above program was reluctance of NHS staff to be managed by the Council and the reluctance of Council staff to be managed by the Health Board. Terms and Conditions for both sets of staff are quite different and neither wanted to relinquish their own in favour of the other.

In extending the focus to other areas of adult health and social care, it will be important to learn the lessons of the elderly care integration and avoid the pitfalls encountered.

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 creation of Health and Social Care Partnerships can be seen as the latest in a long line of reorganisations of primary care. Some have been more successful than others and it is hoped that the experience of these changes will be brought to bear in plans for the new bodies. It will, of course, be a source of anxiety for staff, especially where there is potentially duplication of roles.

We can foresee a considerable amount of discussion and wrangling over budgets between the new HSCPs, Councils and Health Boards.

The process of moving resources from institutional care to community care must be done carefully in order to maintain services to patients. In the past, moving from a centralised method of care provision to a more widespread area has resulted in resources being stretched to breaking point and services having to be temporarily or permanently withdrawn due to lack of cover.

The general assumption tends to be that care in an institution can be converted to care in the community without additional resources. The necessity of travelling between patients' homes adds in travelling time which was not an issue in the institution. This will be most evident in remote or rural areas.

Careful decisions must be made about what services can be moved from institutions to community as it will not be possible with all services. Care should also be taken not to undermine the viability of services remaining in the institution.

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

We suspect that there may be considerable difficulties in changing mindsets on either side to achieve this. Working in this way will be a significant change to the previous environment and teething difficulties can be expected. Some partnerships will be easier to set up than others and some method of enforcement may be required in the more reluctant ones.

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

This would be similar to current objective setting for individual staff, whereby departmental or organisational objectives are included in individual staff members' annual objectives. This would help to ensure that there was equity across Scotland.

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

As the HSCPs are subcommittees of Health Boards and Local Authorities, we would have thought that they would be accountable to the NHS board and the local authority of the area. Although the consultation document states that they are the "joint and equal responsibility of the NHS and local government", this question suggests that the Health Board is not involved in the accountability structure. This would be of concern as the Health Board would be responsible for the HSCP, but the HSCP would not be accountable to it? We are unsure of whether this would provide the right balance of local accountability and central accountability.

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

Yes No

As the boundaries of local authorities and health boards are not the same, with one health board spanning several different local authorities, it would make sense to an HSCP to cover more than one local authority.

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

Yes No

We would hope that the appropriateness of the membership of the committee would be one of the first items to be confirmed and other governments arrangements. There is no information on how the non-voting members providing patient or service user's representation and third sector representation will be appointed to the HSCP.

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

Certainly the arrangements should ensure that national outcomes are delivered. Will the same assistance be available to ensure that local outcome targets are achieved?

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

There should be agreement between Health Boards, Local authorities and the HSCP as to whether other budgets should fall within the HSCP scope. This should be open and transparent.

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 above models have the potential to do so as long as wranglings between the Health Boards and the Local Authorities are minimised. Staff terms and conditions issues will need to be addressed otherwise precious resources will be used in sorting them out subsequently. Many of the current difficulties are caused by lack of communication between health and social care staff. Improved communication must form part of these changes. If not addressed prior to the creation of the HSCP, it must be one of its first priorities once in existence.

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

Problems encountered within the NHS Greater Glasgow and Glasgow City Council "Joint Futures" project leading to its abandonment were well reported in the press and should be known to the Scottish Government.

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 are unsure. In theory, it should but, in practice, we shall have to wait to find out.

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

Yes.

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

On the basis that there are already examples of professionally led localism and the admission that different local solutions will work in different localities, it would seem best to leave this to local determination

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

That should be strong enough. If not, additional measures can be introduced to ensure that proper consultation takes place.

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?

There needs to be a culture shift away from the "them and us" gulf between clinicians/social care professionals and management. Proper discussion rather than "consultation" should take place and the clinicians/social care professionals must be able to take full part in them. Meetings to drive planning at local level should be organised well in advance of the meeting to ensure that the clinicians/social care professionals are able to reschedule patient/client appointments to allow attendance at the meetings. Too often, meetings are arranged at short notice and do not permit clinicians/professionals time to rearrange the diaries in order to attend. It must be possible for individual professionals to request that planning decisions be reviewed if it becomes obvious that it will not be possible to achieve the required outcomes for any reason.

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 likely to be the most appropriate method of organisation.

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

It is likely to sap morale if the locality planning group has to refer every decision

to the HSCP for approval. Likewise, if these decisions are continually overturned. It is important that the locality planning group does have proper responsibility and accountability and is able to make decisions. The limits of their authority should be explicit and agreed between the locality planning group and HSCP. All members should be aware of these limits and understand the necessity of working with them.

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

Organising HSCPs around a given size of local population will lead to great disparity in the geographical area for which the HSCP is responsible. Cities with high populations may have a relatively small geographical area, whilst the Highlands and Islands may have a significantly large geographical area. The remote and rural nature of many areas in Scotland may mean that a wider range than 15,000 to 25,000 people is necessary.

Do you have any further comments regarding the consultation proposals?

No

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

Experience of the Glasgow "Joint Futures" project suggests that staff in both Health Board and Local Authority employment are extremely reluctant to give up the terms and conditions of their current employer. Resolving these issues may be more complicated and take longer than envisioned.

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

Comments