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 ☐

Yes, given the scale of the challenge this is a helpful approach. However re section 1.14 and the integration outcomes in Annex A, there are some high priority areas of adult care where the benefit of integration would not necessary lie in the older population (i.e. over 65's). Two important examples of this are patients with mental health and those with more complex disabilities. Scottish Ambulance Service (SAS) is frequently the first point of contact in a crisis for patients with a mental health conditions. Around 84% of these patients are under the age of 60. Having direct access 24/7 to integrated care pathways and alternatives to acute hospital care is often complex for this group of patients which often leads to referral routes that are not resourced appropriately to ensure patients receive the most appropriate care and subsequently sub-optimal outcomes. The needs of many disabled people (of all age groups) are often similar to those of older people.

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 ☐

Section 1.16 talks about the accountability of statutory partners i.e. Health Boards and Local Authorities and highlights the need for other partners in the delivery of health and social care to be involved in planning and decision making. Given the changing and expanding role of Scottish Ambulance Service in the delivery of care, particularly anticipatory care and treatment for the elderly population with multiple long term conditions, it is important that the duties within the legislative framework include some specific guidance on integrated working with other health and social care providers. In the case of Scottish Ambulance Service, being able to contribute to and influence the design of integrated care models will be beneficial in ensuring the service can support patients to access the right service and support older people to have their care delivered closer to home in community settings where this is appropriate. National health providers and other organisations also have a role to play in achieving better outcomes. Local

partnerships should be encouraged to engage with these organisations, with defined mechanisms to share good practice.

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 ☐

Yes assuming that performance management frameworks are measured and monitored jointly and equally across partner agencies and at Scottish Government level this should be suffice. Other partners need to be able to influence local planning in a meaningful way and have sight of the outcomes resulting from service integration.

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 but Single Outcome Agreements differ from area to area. As a national service SAS would be seeking some national standards to ensure consistency of service delivery and avoidance of post code variation.

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 ☐

This should ultimately provide greater consistency and transparency in performance management, however there is a risk that this could become less so and this will need careful management and clear direction. .

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

Yes √ No ☐

A move towards regional partnerships over time may support the de

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

Yes ☐ No ☐

Perhaps, one question that comes to mind is how the new partnerships will take forward citizen and patient engagement jointly to ensure the voice of the voice of the service user is heard. The mechanisms for this are currently quite different across health and local authorities.

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 ☐

Yes initially although some common principles around joint working and proper scrutiny of the processes post integration need to be agreed to avoid post code service variation in quality and outcomes.

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 ☐

Over the past two years, Scottish Ambulance Service has working in partnership with the Joint Improvement Team, Reshaping Care for Older People, the Long Term Conditions Collaborative and the National Unscheduled Care Group to develop improved integrated care pathways for falls patients. Scottish Ambulance Service responded to around 73,000 patients over the age of 65 who had fallen. Around 55% of these patients did not require to be conveyed to hospital but in the absence of other service provision in the health and social care sector, Scottish Ambulance were required to send an emergency response. Work is well underway in 3 of the 34 Community health Partnerships to test new model of care that would enable a more appropriate response to be provided to these non injured fallers. More importantly to have mechanism established to put preventative and supportive services in place to ensure older people maintain independence. This has been an extremely challenging piece of work and one which highlights the need for services to collaborate on an integrated approach to service planning and delivery.

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 ☐

Not sure. If the direction is clear and integrated resources and investments are audited in line with outcomes with some national benchmarking introduced.

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 √

This is less clear under Model B – Delegation between partners.

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

Yes ☐ No √

There are concerns over governance, scrutiny and transparency.

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 direction and guidance would be helpful

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 ☐

Comments

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?

Commissioning dedicated professional input to the community planning process

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 √

Perhaps this could be one mechanism but GP practices don't always reflect natural community boundaries.

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

Overall responsibility and decision making should sit at HSCP level to ensure equity and equality in resource allocation and outcomes but strong local community engagement and involvement should influence decision making.

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 ☐

Not sure – ensuring locality planning groups embrace natural communities and that engagement is proportionate to the issue is possibly more important than the size of the population within the locality.

Do you have any further comments regarding the consultation proposals?

Comments

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

Comments

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

Comments