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## Consultation Questionnaire – Service User & Carer Reference Group, North Ayrshire

### 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?

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No

It should be all adults, other groups feel that it is not helpful for them. There is already a focus on older people with the Change Fund. It should be across the services, not dependent on age.

### 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?

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Proposed framework -No  
Anything to add - Yes

We have concerns regarding how fair and equitable the integrated budget would be in practice. Ring fencing within the bounds of practicalities re: ensuring funding delivers the agreed outcomes and ensure accurate and adequate monitoring.

We also have issues around how the money will be distributed across the Ayrshire local authorities particularly for the rural areas.

### 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?

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Yes

It means that organisations can't pass blame, they will be made to work together more effectively. They need to be fully accountable, transparent and monitored robustly and independently with results published annually.

**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

If it still allows for local variations to reflect local needs.

### **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?

No

There is not sufficient local accountability to reflect local democracy and communities of interest, etc. e.g. non-exec/non-voting service users, carers and 3<sup>rd</sup> sector are not able to effect scrutiny and influence change etc.

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

Yes

Particularly for the three Ayrshires – it makes more sense financially and should prevent duplication.

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

No

The hierarchy is good but there should be more Service User and Carer representation, i.e. 3 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

Partners and the wider community are required to be notified and information published.

**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?

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Yes Particularly for Ayrshire, and where it demonstrates good practice and contributes to achieving the agreed 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?

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Yes

Where there is effective partnership working, there will be less people getting ‘sent from pillar to post’ – better service when someone needs both ‘health’ and ‘social care’ – and the opportunity to ensure bureaucracy is reduced and outcomes successfully achieved.

**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?

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Yes

Flexible use is almost impossible, due to poor communication, interdepartmental rivalry, conflict of professional interests, i.e. Health/Social Services/Education/Housing, etc.

**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?

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Yes, providing it is effectively monitored and reviewed regularly.

**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?

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No

One person should not have that much authority, without referring to the relevant committee and governance arrangements.

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

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No

This person should not be made so senior that they make decisions alone. Decisions should be made by committee to be fully accountable and representative.

**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?

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Yes

Government should direct and therefore avoid postcode lotteries.

**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?

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Yes, but all frontline staff should be consulted, along with service users, carers and the 3<sup>rd</sup> sector. This should be effectively planned, managed and organised.

**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?

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Speak to the public actively involved at grass roots level. No-one knows better than service users and carers about what they need. Not just case studies, speak to each other. These people should do Citizen Leadership Training! (21C Review of Social Work) Professionals need hours freed up from doing admin to be used

instead to speak to people. This can't be an add-on, it should be an integral part of people's work.

**Question 18:** Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

No

It would be better to let areas decide what's best for them. It would be better for us in N Ayrshire to use Social Work areas, based on natural geographic clusters, e.g. Irvine & Kilwinning, Three Towns, Garnock Valley, etc. No need to reinvent the wheel.

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

The Locality Planning Group should address the nationally agreed outcomes and have influence over spend where needs are identified.

**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?

See Q18's answer

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

We have continued concerns around meaningful service user and carer involvement and the need to reflect and review the actual practice.

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

Insufficient time available to reflect and respond to this aspect.

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

Insufficient time available to reflect and respond to this aspect.