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## 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?

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Yes  No

There is clearly an imperative articulated in Reshaping Care for Older People in integrating health and social care services for this age group, and we support efforts to improve outcomes for older people. However, our experience is that needs do not suddenly change on reaching an arbitrary age, and the needs of older adults can be complex and not just related to their age. In the more deprived areas of Glasgow where life expectancy is low, issues normally associated with much older individuals in less deprived areas are evident. Older adults can also be receiving in their home and community settings service interventions around their mental health needs, learning disabilities, homelessness, alcohol and drug addictions. Separating service integration based on age alone is a disconnect, even if only in the interim, and there is a risk of individuals falling through the gaps between services. It may also practically make sense for some elements of adult and older services to be integrated immediately (depending on how services are configured) or to be defined less by age than risk/vulnerability to ensure the best outcomes for individuals. Local flexibility would be helpful to reflect demographic and geographic differences and ensure outcomes are improved for 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?

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Yes  No

We agree that the proposals are necessary but not sufficient by themselves to improve health and social care in Scotland. We are also in agreement around the engagement of the third and independent sectors in the commissioning and planning of services. However, as housing providers play a vital preventative role in housing and supporting older people (for example, GHA's Handypersons and Silver Deal programmes, environment/neighbourhood engagement), more specific detail on the relationship between health and social care integration and housing provision would be welcomed, as we set out in our opening remarks

### 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

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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  No

We agree with the need for statutory partners to be held jointly and equally accountable and for engaging statutory partners such as housing. Community Planning accountability should also be considered as well as other local effective partnership arrangements. A jointly agreed performance measurement framework including provisions for monitoring is required to drive cultural and operational integration. The current performance framework doesn't work, as one framework focuses on people coming out of hospital as quickly as possible, another on reducing care costs, and we see the results of that everyday for our customers caught between services. How other services such as housing and the low level of support services that they provide in neighbourhoods, which can be crucial to positive outcomes in that interface between hospital discharge and social care provision, fits into that framework needs to be considered, especially in the light of the Social Housing Charter and specific regulatory requirements. We think there is a need to link this to community 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?

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Yes  No

This would support joint ownership of improved outcomes for residents. We need effective monitoring, and a range of interventions and levers for change, which take account of local circumstances. Glasgow's Community Planning Partnership, of which we are a member, has already begun work on refreshing its SOA for the deadline of March 2013, therefore early guidance on this for CPPs is required. It is critical that there are locally agreed outcome measures for individuals that shape provision and give a clear framework for providers to work to, particularly in support of evidence-based preventative and community based provision. Further guidance on this for both providers and commissioners of services would be helpful.

### **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?

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Yes  No

However, we are also very aware of the need for community accountability and we strongly believe that this in itself helps build community capacity. So we would like to see some move towards community accountability. We suggest that there is a potential link with the Community Empowerment Bill where some community anchor organisations can help with demonstrating local accountability on some key outcomes, such as maintaining people in their community, ensuring people are engaged in decision-making, and in supporting carers as a critical role in the community.

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

Yes  No

We see no problem with this so long as it enables the right level of local focus and accountability too.

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

Yes  No

We would suggest, because of the critical relationship between housing and successful outcomes for health and social care, that there should be housing representation on the Committee. Non voting members of the Committee should include senior housing experience.

**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

Third sector representation, and service user/carer experience of care input should help with this, however we need more detail on the proposals to comment fully. Again, as outlined above, we are very aware of the need for community accountability.

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**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  No

We would support flexibility in the approach, especially where this helps to shift budgets from acute to community services.

### **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  No

More clarity is required around “Delegation between partners”. We agree that information and evidence is critical in planning and service design. Housing providers need to be involved in information sharing approaches to enable and evidence improvement. The proposals do not currently say enough on this for us to judge whether the integration proposals will be successful.

We support the idea of using positive industrial relations. GHA’s ‘Think Yes’ approach encourages staff to challenge policies and procedures to empower them to better serve customers. Our relations with Unions is fundamental to good service delivery and good outcomes for customers. We would like to see a strong leadership programme promoting a culture of getting to the best solution with the customer where this involves where and how they live.

The discussion on the integrated budget at 5.14 doesn’t mention housing support, which is perhaps the biggest spend item. We would welcome more commentary around this to help shape future service models.

5.19 refers to joint commissioning and references as the model the Reshaping Care for Older People approach. Housing’s involvement in that model has begun to be recognised but is still in early stages across the country. We have some good examples in Glasgow, where that role is being explored in the coming year, and the potential we have as Community Anchor Organisations to support co-production models that ensure that the services provided derive real benefit for individuals, their families and their carers. However, the critical role of housing in improving

outcomes for older people has not been sufficiently recognised. Stronger direction is needed on the role of the housing sector in joint strategic commissioning and the relationship to the Local Housing Strategy and SHIP.

**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

A significant number of GHA households contain someone with a long-term illness or disability. Consequently, we have a joint Statement of Best Practice with Glasgow City Council on adaptations which outlines the arrangements for the effective joint working on the delivery of equipment and adaptations. Tenants can either self-refer to the Occupational Therapy Service direct (where forms are forwarded to the relevant Community Health and Care Partnership office) or our local housing Office staff may identify a need for adaptations. Social Work Services assess referrals, which will determine whether an Occupational Therapy assessment is required. Tenants may self-assess their own needs for minor adaptations (eg grab rails, lever taps, handrails, lower light switches, raise sockets) and this is carried out as part of the GHA Repairs and Maintenance Service. Funding for temporary adaptations is the responsibility of GCC Social Work Services; permanent adaptations are funded by GHA. The requirements of our £1.2 billion investment programme put significant pressure on OT resources and delays for households requesting an adaptation, however, through joint working we continue to see improvements in the end to end process and faster responses for households, aided by the introduction of self-referrals. Part of this work includes work through the Change Fund to explore a new housing OT model that will improve adaptations, remove some of barriers to medical priority allocations and informing maintenance, development and regeneration programmes.

Our pilot on Housing Options in Glasgow is also in the early stage of ensuring front-line housing officers can call on health and social care expertise to plan the best and most sustainable housing option for their customers to prevent homelessness and the need for more intensive service interventions across the public sector that results from homelessness.

We are a provider of Housing Support Services to older adults in 28 Sheltered and Very Sheltered complexes across the city. We are working with our partners to create new, more flexible models of housing, health and social care that can respond to the changing needs of our older and vulnerable customers and help them to retain independent longer. The experience of models elsewhere in the UK indicate that this will require strong partnership working, creative thinking around commissioning, integrated budgets and service planning across all three sectors to get the right services in the right place at the right time for individuals and their carers. We hope these proposals will help to create the infrastructure that will create this sort of innovation in the housing, care and support sectors.

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**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  No

Guidance to Health Boards and Local Authorities on changing the balance of expenditure to community based and preventative services would be welcomed in this context.

In addition, and inline with the proposals in the Community Empowerment and Renewal Bill, services should be decided from the customer and community point of view, rather than category of spend, and their views should be taken into account. Therefore it should be clear that these are minimum requirements only and local partnerships can go further to ensure the best outcomes for adults.

### **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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Yes  No

No comments

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

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Yes  No

No comments

**Question 15:** Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

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Yes  No

Locality planning should be directed by the local communities which they serve. Housing organisations, as community anchors, should have a key role to play in this. We think there is a key link with the review of the Community Plan and with the Community Empowerment Bill, which still needs to explore how this can be achieved.

**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

Housing professionals should also be included.

**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?

Direct involvement (including housing professionals) in the development of the locally agreed strategic commissioning plans will be key to deriving the most innovation in new models of health, social care and housing service delivery.

**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

These clusters are not meaningful for other partners. We suggest local flexibility to ensure the capacity for joint working across partners and sectors is maximised

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

This should be a matter of local flexibility.

**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

Localities should match with existing delivery structures as is locally appropriate to ensure effective joint working across relevant partners. This is in line with the principle of being accountable under the review of Community Planning.

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

GHA acknowledges and welcomes the recognition of the role of housing in the delivery of better outcomes for adults and older people.

However, we would welcome a stronger intention to integrate the value of this role with the key health and social care partners. This could, for example, include an aim to strengthen the evidence base on housing playing a key role in preventing unplanned admissions and reducing demand on services by supporting people living longer in their own homes. GHA's 'Better Lives' strategy is built on engaging with communities to ensure our contribution transforms their personal and community prospects through an increasingly challenging future. The purpose is to build capacity for people to make their own decisions in their lives and neighbourhoods. All the existing evidence from the Chief Medical Officer reports and others shows that where people feel they have choice and control over their own lives, their health benefits. A specific sub-strategy has been developed for older people whereby we will work to keep people in their homes and all the workstreams in the 'Better Lives' strategy make a critical contribution towards this.

Our scale, capacity and commitment to 'Better Lives' means we are uniquely placed to be a community anchor as we create that sense of place and belonging which leads to better and more fulfilling lives. Our partnerships, for example, with the Police and Fire services, demonstrates community engagement and responsiveness by us as a community anchor organisation, and we would like to see similar opportunities for stronger, more specifically focused partnerships aligned to the outcomes of this consultation. With the Community Empowerment Bill Consultation also underway, this would be a good time for government to demonstrate synergy on the use of community capacity for better health and social care outcomes.

GHA's Older People's Strategy (2012-2015) reflects the Scottish Government's 'Reshaping Care for Older People' and the Older Person's Housing Strategy and ensures that we fully recognise our older customers' range of needs, vulnerabilities and concerns, in developing our services and in working with our partners to support the health, wellbeing, independence and quality of life of older people in Glasgow. It demonstrates the vital role that good quality housing and responsive services has for older people, their carers and the other services that support them. Within the

strategy, GHA's commitments include:-

- A 30% increase in the percentage of older customers who feel that GHA's services have helped them remain independent
- A 20% increase in the proportion of older customers discharged from hospital receiving a GHA service intervention still at home 3 months later
- 100% of customers identified as vulnerable aged over 75 with a basic or enhanced telecare package by 2015.
- A decrease in the number of older tenants that terminate a tenancy and move to a care home or other form of institutional care.
- Improved care pathways that the majority of GHA older customers find more straightforward to access and use

GHA's role as one of the partners of Glasgow's Community Planning Partnership's 'One Glasgow' initiative (a Total Place approach for the city) is designed to contribute to improving outcomes for residents of the city. In particular, in relation to this consultation, GHA has been keen to influence the adoption of a key theme for One Glasgow relating to improving the lives of older people. There is recognition amongst our partners of the critical role a warm, dry, safe and affordable home has for ensuring independence and preventing acute service interventions for older people. Equally, a safe and attractive neighbourhood and good opportunities for engaging with the local community are essential to keeping people at home and improving their quality of life. We are working with our partners to look at the role of frontline staff present in neighbourhoods and homes as an early warning system of when older people might not be coping called 'First Through the Door'. We would suggest that the policies framework for integrating health and social care should also involve encouragement for demonstrating this kind of very local integration and accountability to communities.

We are also exploring with them how to create hub and spoke or cluster models for housing, health and social care services in neighbourhoods. The integration of health and social care would build on the close joint working in existence locally and is welcomed by GHA.

**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

