# 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 x No 🗆

Comments This gives opportunity to take an incremental approach. Change Fund for Older People is already piloting innovative ways of developing and delivering services. Many of these initiatives are based on partnership working across sectors; many are heavily dependent on the contribution of volunteers who compliment and add value to the work of paid staff. These type of developments do not provide quick fix short term results.

# **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 x No 🗆

Comments The framework is comprehensive in a "technical" sense. The challenge is in winning the hearts and minds of people who will be responsible for the front line delivery of services. NHS and local authorities are massive organisations and the majority of staff, in our opinion, are focused on their own specific area of work (and in doing a good job), rather than appreciating all that needs to be considered in the "bigger picture". Staff in the Third Sector tend to be more used to changes of style and culture in how services and planned, developed and delivered so lessons could be learnt from these partners.

# 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 🗆

Comments

**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 x No 🗆

Comments

## 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 🗆

Comments

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

Yes 🗆 No 🗆

Comments

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

Yes 🗆 No 🗆

Comments

**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 🗆

Comments

## 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 🗆

Comments

**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 🗆

#### Comments

## 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 🗆

Comments

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

Yes 🗆 No 🗆

Comments

## 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 🗆

Comments

**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?

## Comments

**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 🗆

Comments

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

## Comments

**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 🗆

Comments

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

Comments We welcome the reference to the Christie Commission's call for a new style of delivering public services. We believe there is much to be gained by developing services which draw on the assets of individuals and communities, and have evidence that co-productive approaches can firmly address health inequalities and social exclusion. Volunteering is now firmly acknowledged as a means by which individuals can improve their health and wellbeing. Volunteers also contribute vastly to the body of knowledge driving through these proposals. We therefore welcome any means through the integration of health & social care services by which the role of volunteers can be better capitalised and supported.

# 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