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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

*Comments Given the pressures and priorities associated with demographic changes and building on the achievements of reshaping care for older people, the initial focus on older people's services is inevitable but the vast majority of services we provide are for all age groups. All age groups should be considered part of the partnership arrangements in the first instance. There must therefore ultimately be joint outcomes measures for all adult services. The level of integration across the services and timescales should be agreed locally.*

*In line with the need to tackle health inequalities and shift in emphasis towards preventative measures, the partnership should have an explicit role to play in health improvement with explicit outcomes.*

*Partnerships should agree what is within the scope of the new partnership organisation at the start of the process. Setting the direction of travel early will be crucial in establishing a structure in the partnership that will ultimately be able to deliver a fully integrated service.*

### 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

*Comments There is some concern that the work with primary care could become more difficult in a large and potentially more complex organisation. There needs to*

*be more clarity on how independent contractors, in particular general practitioners, are to be included and involved in the partnership.*

*Outcomes must reflect the expectation that the integration work covers primary care and secondary care services, not just between adult social work and community health services.*

*The role of the third sector will be important to the success of the partnership. Consideration needs to be given to how that will happen with the third sector as commissioners as well as providers of services.*

*The role of the partnership in relation to health improvement needs to given careful consideration.*

### **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 We are supportive of the nationally agreed outcomes and agree that statutory partners should be jointly accountable. The difference between the Chief Executive of the Board as well as the Chief Executive of the Council in terms of their accountabilities could be seen as an impediment but they must, jointly, have responsibility for making sure the partnership meets its objectives. This needs further clarification*

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**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

*Comments Outcomes should reflect clear benefits to services users and the nationally agreed outcomes should be part of the SOA. This is crucial to strategic sign up across local partnership arrangements. Many of the issues need to be tackled across the whole partnership, not just health and social care.*

*There has to be clarity of responsibility in terms of what the integrated partnership is able to deliver as part of the wider system.*

### **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

*Comments Further work needs to take place to consider the issues relating to the differing accountabilities between the Chief Executives of the Council and the Health Board. There could be a tension between local and national expectations. A single performance framework will be crucial and help clarify local expectations. The role of the partnership committee in monitoring this locally is important.*

*Boards often provide services outside their Board area, thought will need to be given as to the equity of service provision in that context.*

*Consideration should be given to any issues resulting from the elected Health*

*Board pilot areas. The potential implications should be considered in the next phase.*

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

Yes  No

*Comments NHS Fife and Fife Council have the advantage of being coterminous so we will be building on the strength of existing partnership arrangements to take forward service integration*

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

Yes  No

*Comments CHPs have experience of large committees with a very wide ranging of membership. It may be more appropriate, as suggested, to keep the partnership committee smaller ensuring appropriate governance. If the partnership committee becomes too big, it could appear to be a competing or separate entity. The central governing bodies must be the Council and the Health Board.*

*The Health Boards have Employee Directors and there is a strong track record of staff governance arrangements which have a positive impact on service provision. Consideration needs to be given to the inclusion of staff side representatives in the Health and Social Care Partnership to ensure this joint work is continued. There is concern from Nursing representatives that they are not included as mandatory committee members and this needs to be taken into account given the scale of the services they deliver directly to patients. However, to avoid a 'tick box' approach to inclusivity at committee level, a wider set of professional groups and partner agencies could be involved through other means of governance or partnership working potentially at a local level.*

*There must be a clear connection between the partnership committee and the local groups/local community planning structure to ensure the committee does not become too remote. Accountability and performance management need to be clear and well articulated at a local as well as strategically at the partnership level.*

*There may be national guidelines on the establishment of a partnership arrangement but there also needs to be local flexibility to ensure local needs can be met. The agreements must be stretching but realistic to take into account growing demand and increasing expectations at a time of resource constraints.*

*The unique nature of the clinical governance framework NHS Boards operate within, will need to be clearly articulated in the partnership governance arrangements.*

**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 Patient and public involvement should be part of the statute to establish the new integrated partnerships.*

*Council scrutiny and health board performance will need to be set in a single collective framework and proportionate to the range of services delivered through the partnership. The public should not be aware of gaps between two different set of performance measures. We will need to understand the relationship and cooperation between the different inspection and regulation bodies at a national level to ensure this work supports and does not create difficulties for the partnership.*

**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 Yes, in the best interests of the individuals and communities we service, we need an integrated service in the context of the whole system and an integrated pathway of care. We expect all adult social care and existing CHP services to be included, that is an assumption we support. If not, then the reporting arrangement through other routes would be complex. We need the least disruption to existing structures; otherwise there may be more complexity and more transactions across the system preventing us from focusing on service delivery.*

### **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 The Financial arrangements will be designed in the light of the preferred model but collectively the partnership should be held to account, on the assumption that the Health Board and Council will enable full delegation to the partnership committee. This will help ensure the partnership has the ability to redesign, be flexible and improve service delivery.*

*The existing separate ‘health’ and ‘social’ care budgets should lose their identity in an integrated budget which can be used flexibly to benefit service provision.*

**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 There are many good examples in Fife where we have used resources flexibly across the system including some jointly managed learning disability services and the equipment store. They are limited to specific and small scale services so we look forward to being able to use the integrated partnership arrangements to be really flexible across a wider range of services with the aim of improving service 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

*Comments For clarity and consistency, Ministers should provide direction on the minimum categories of spend. The boundaries of spend overall should be set by local partners who will agree the scope of the partnership and the boundaries of the formal integrated arrangements*

### **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 We fully support the proposed role of the jointly accountable officer as outlined in the consultation with the responsibility for the full range of partnership resources and services reporting to the Council Chief Executive and the NHS Board Chief Executive.*

*Whilst the level of delegated authority should be a matter for local determination it may nevertheless be helpful to develop model partnership agreements and rules of financial engagement at a national level as a framework which can be customised to fit with local circumstances.*

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

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Yes  No

Comments *Yes, this is a key role with delegated authority, clarity and simplicity of structures and management arrangements are essential.*

*In the context of the new partnership, we seek clarification on the impact the Jointly Accountable Officer role will have on existing statutory roles such as the Chief Social Work Officer and guidance is sought on the NHS rules of displacement in relation to senior Board officers.*

### **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  No

Comments *It would be helpful if the Scottish Government provided an overall framework but the detail of how needs to be determined locally. This is a real opportunity to bring together the locality planning framework in a local delivery context.*

**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  No

Comments *Yes, there is already an obligation in the NHS existing arrangements and this should be expanded upon to fit the new partnership arrangements. In any consideration of the GP contract arrangements, it would be helpful if we could see*



*an alignment with the aims and expectations of integration.*

**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 Capacity, time and finance are sometimes barriers in the engagement of clinicians and professional groups. Boards and Councils will need to plan this early with the relevant groups to ensure that their involvement brings maximum benefit.*

*Clinicians and professionals will need to be able to see a direct link between their input and benefits in terms of quality of service provision. They will need to see that their input is making a real difference.*

**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 Locality planning areas need to be left to each partnership to determine, dependant on what will bring the maximum benefit to local communities in a the local context*

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

*Comments In line with the local planning arrangements, this should be left to the discretion of the partners.*

**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 In Fife this could include only one or two practices. With different geographies and local arrangements and with the aim of ensuring the least structural change, the localities should be determined by the local partner organisations together in the light of different existing arrangements.*

*We should demonstrate clarity of purpose in the expectation that we are bringing together elements of the public sector for the benefit of individuals and communities, not creating an additional bureaucracy. We must demonstrate cost effectiveness.*

**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