

## 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

Comments While we agree that this is a practical approach, we are disappointed that implementation for other service users will be delayed. We suggest that there should be a clear timetable for extension to other user groups.

### 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

Comments The document lacks information about means testing and payment by service users for services currently provided by social work.

### 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 anticipate that nationally agreed outcomes will be at a macro level (eg reduction in emergency admissions to hospital for those aged 75+). However, we would also like to see 'person centred' outcomes that take account of the satisfaction and well-being of patients/service users. Such outcomes will need to be developed with patients/service users, the Care Inspectorate and Health Improvement Scotland; and staff will then require to understand them and

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communicate them clearly.

**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 Also any high level locally agreed outcomes

### **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

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

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Yes  No

Comments This would be our preferred arrangement for NHS Lothian and the Local Authorities of Edinburgh, East, Mid and West Lothian. It should also be possible for a number of other Health Board areas but might be more difficult for Greater Glasgow and Clyde. The option should be available but the decision should be a local one.

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

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Yes  No

Comments But we recognise that there will need to be considerable effort and

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good will to develop effective 'person centred' 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?

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Yes  No

Comments Subject to the Care Inspectorate and Health Improvement Scotland having 'real teeth' and being adequately resourced to investigate disputes arising, particularly in relation to the 'assessment of need'.

We wonder if it would not be better to have a single performance management arrangement.

**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

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?

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Yes  No

Comments In theory the proposals make 'best use of the money' .

However, the very use of the terms 'patient' and 'service user' and the references to 'health' or 'social care ' support suggest that genuine integration is going to be difficult to achieve

**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 As both a 'patient' and a 'service user' one of us has had a very different experience of the NHS and Social Care services. In relation to the NHS the experience is clearly 'person centred' both in terms of long term support and emergency responses. In relation to Social Care there has been lack of communication; allocation of 'standard' levels of support' that take little or no account of need; claims of communication with the GP of which there are no records; and a generally negative experience.

Since the NHS is most likely to 'trigger' the need for integrated care (either to prevent admission or to prevent a delayed discharge), we trust that the NHS will continue to be actively involved with assessing the ongoing needs of individuals and that the arrangements for the assessment are mutually agreed.

**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 This is a technical question that we cannot answer.

Does the Care Inspectorate have a role to offer advice?

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### 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

Comments As far as we can see – but we recognise that this is a major challenge.

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

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Yes  No

Comments Yes – but he/she should also have direct right of access to the Health Board and Designated Councillor.

### 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  YES & NO

Comments Scottish Government should set a broad outline, taking account of the Care Inspectorate Standards, and leave detailed planning for local decision

**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

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Comments It is absolutely critical to engage actively with 'front line' professionals in planning services

**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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Comments This will not be easy – but it is vitally important.

We suggest the establishment of 'facilitated' sessions of health and social care staff, working through real life examples. They would need to be planned well in advance to allow for practicalities of availability (e.g. GPs) and be adequately resourced. It would be essential to involve

patients/service users and carers in such training sessions

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

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Yes  No

Comments Ideally, yes – but it should take account of local circumstances

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

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Comments This should be for local decision depending on local circumstances – and may evolve over time

**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?

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Yes  No

Comments For local decision – taking account of local services and geography. City / urban /rural needs will be different

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

## Comments

We recognise that this is a huge challenge to integrate the two cultures.

There will be a need for on-going review, training and amendment.

We wonder if it would be possible to look for a new shared terminology for patients./ service users as an overt 'marker' of the integrated service?

In, say, 3 years time we would hope that the majority of users will report that they are receiving a single integrated PERSON CENTRED service

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

Comments We would have expected rather more detail about the cryptic comment about 'means testing' in the section on 'People in different social classes'

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

Comments We were surprised by the absence of reference to commissioning from independent or third sector providers