

Have your say

Question 1

The Scottish Government would like to make health and social care services better. We would do this first for older people and then improve services for all adults. Do you think this is a good thing and can you tell us why?

Yes,

- streamline services, improve assessment of need and patient care
- improvement required as increasing demands on services

Question 2

Have we thought about all the things we need to put the money together for adult health and social care services? Do you have anything you would like to add or change?

Improved systems,

- IT systems that can be 'integrated'
- patient notes/information sharing

Question 3

Councils and Health Boards will need to work together to make things better. We call this outcomes. This is different to how they work. Do you think what we want to do is a good way to make the change?

Outcomes may be open to interpretation.

Question 4

Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

Yes,

- clear outcomes and collaboration essential

Question 5

If health and social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

- It is important for local issues should be addressed locally
- appropriate representation will be essential in the partnerships
- involvement of carers and service users must be facilitated

Question 6

Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

It may be possible but will it be effective?

While this may seem possible or appear cost effective, it is essential

that things don't get too big, it is when things are too big that bits can get missed.

Question 7

Do you agree that it should be senior officials from Health Boards, Councils, elected Council members, professionals (such as doctors) and people from the voluntary sector that form the committee for the local Partnerships?

- clinicians should be included
- views must be collated and represented at the partnerships
- workers must be involved

Question 8

Do you think the new plan will mean changes can take place quickly if local services are not working properly? What could we do to help?

No, don't think change will be quick as planning will be important. Appropriate planning and implementation of change important to – 'get it right'.

Question 9

Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

This could be challenging, focus may be bias depending on specific outcomes or funding.

Question 10

If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

Yes

Question 11

Do you have experience of how easy or difficult it is to access services across both health and social care systems? If you have, would you like to tell us?

Yes, can be confusing and disjointed for people

Question 12

Should Ministers say in law the parts of the separate health and social care budgets that should be in the joined up budget? Would this allow the outcomes to be met locally?

Yes

Question 13

Do you think we have given the senior officer the right amount of say in how the money is spent? Do you think it will be difficult for one person to be in control of all this money?

Yes, this will be very difficult for one individual to decide, to balance varying demands at requests.

Question 14

Have the proposals given the senior officer enough authority and responsibility to take control of this money?

Question 15

Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

Yes, planning and equity essential but within local areas different pressures and demands will require 'local' procedures to ensure successful services for patients.

Question 16

We think that local professionals, including General Practitioners, should be asked to help plan local services. Is this a strong suggestion, or should it be stronger?

Yes, involvement essential

Question 17

What practical help should we offer to help health and social care staff get involved with planning services?

Information, training and time!

Question 18

Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

This is only one approach, may be of limited success for certain areas and client groups, registration is not always reflection of patients residential area or where they would like services provided.

Different community facilities should be considered, for example co-location buildings, where these already established.

Question 19

Should the partnerships talk to people in their communities? How might this be done?

Yes

- approach existing groups and forums
- seek views via different approaches questionnaire/focus group/roadshows
- ensure partnerships 'go to' communities, use of formal and informal venues

Question 20

Do you think we should say how many people need to be involved in the planning of local service? For example, a percentage of the local population?

No, there will always be willing and interested participants. But it is important to consider the requirement of 'appropriate representation' to avoid bias for one particular client group/service need