
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

The Council would wish to advocate for local flexibility in determining the scope of the partnerships beyond any statutory minimum prescribed by the Government.

The Council recognises the drivers identified in the consultation paper in respect of older peoples' care and the particular concerns identified around unavoidable and undesirable hospital admissions. The Council would agree with the Government that substantial progress has and continues to be made to improve care pathways and to shift the balance of care. In Stirling, there are strong partnership arrangements in place and the change fund has been a significant enabler in strengthening partnership working between Social Services, NHS, and the third and independent sector. Significant progress has been made in partnership with local health services to support older people to remain in their own homes and to consistently achieve the zero target for delayed discharge in recent years. Joint arrangements with the NHS to support more comprehensive, streamlined performance management arrangements are currently being refined.

The Council welcomes the recognition within the consultation document of the risks of focusing the proposals for integration exclusively on older people. As the consultation acknowledges, there is a risk of creating artificial divides within adult services and for those in transition from children's services. Social work covers a wide spectrum of support and one of the core benefits of social work has been to support people to assess and support people with the full range of their needs, for example, through close links with addiction, mental health and housing services.

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

Stirling Council supports in principle the proposal for integration. The Council recognises and welcomes the opportunity to extend the role and influence of local government through securing more flexible use of pooled resources across the health and social care services. However, the consultation document, while emphasising the importance of achieving positive outcomes for older people, overall places a high level of emphasis on structural change. The significant implications for the local authority, given that, as an average, 18% of expenditure is allocated to adult social care services, require closer consideration.

The Council notes that the allocation from acute sector resources to the pooled budget is not identified in the consultation document. Without clearer designation of the resources to be contributed from acute services, the resources available to secure the necessary “shift in the balance of care” are severely restricted.

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

The Council would wish to emphasise the role and contribution of wider services to the outcomes for older people, for example, housing, planning, leisure and policing services. The strategic role of community planning in providing a forum for ensuring the contributions of wider partner agencies, including the third sector and community representation, to securing improved outcomes would benefit from further attention. The proposals should be more definitive about the interaction between nationally agreed outcomes measures and any locally agreed measures to ensure sufficient account is taken of the benefits of preventative work and community-based activities that support older people to remain in their own

homes.

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 No

The Council agrees with this recommendation with the clear proviso that there continues to be flexibility to identify and agree locally defined outcomes. Clear links will be required to Community Planning Partnerships to ensure that the role and contributions of other agencies to achieving improved outcomes for older people (and other care groups as relevant) are secured.

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

The Council does not consider that this proposal provides sufficient local democratic accountability. The Council leader is the leader of the Administration and it is the Administration, which is by necessity responsible and accountable, not one individual.

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Stirling Council would therefore suggest that primary accountability of the Partnership should be to the full Council and the full Health Board rather than to particular individuals (e.g. Cabinet Secretary, Leader and Board Chair) as identified in the consultation document.

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

Yes No

Stirling and Clackmannanshire Councils have established Shared Social Services and are already working in partnership with the CHP and other partner

agencies across the two Local Authority areas. Stirling Council would therefore strongly advocate that there should be scope within the proposed legislation for establishing Health and Social Care Partnerships across more than one Local Authority.

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

Yes No

Stirling Council welcomes the opportunity for locally elected members to be able to exercise decision-making about the use of core NHS resources in their partnership area to support the delivery of improved outcomes for older people. The Council would however recommend that these arrangements require to be strengthened. Stirling Council is part of a governance partnership that has been developed over the last three years and has proven to be very effective though it is still early days to see results. It involves Elected Members, Senior Officers and the agendas tackle some of the challenging issues. The Council has significant concerns about the minimum number of members of the committee proposed in the consultation document. This would potentially equate to six individuals being accountable and scrutinising a budget that could potentially be larger than the overall budget for the local authority. Stirling Council would therefore advocate that primary accountability of the Partnership should be to the full Council and the full Health Board.

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

As noted above the minimum membership of the Committee requires further consideration to ensure sufficient scrutiny and public accountability. The relationship with the Community Planning Partnership should be clearly articulated to ensure that all relevant agencies are held to account for their role in securing the desired outcomes and that the linkages to associated initiatives such as tackling health inequalities and tackling poverty are fully recognised.

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

Yes. The Council considers that this decision should be made on a local basis. The Council would wish to retain the flexibility to extend existing arrangements and to determine the broader scope of the partnership at a local level.

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

The Council would recommend a greater emphasis on the involvement of service users, carers and potentially the third sector in service planning and commissioning activities than is contained and discussed in the consultation document.

The Council would also caution against any over-emphasis on the role of structural reform in securing improved outcomes. It is important that any reform results in a structure which is clear and understandable both to professionals, agencies and the public.

The Council would emphasise that the role of social work as an equal partner requires to be fully recognised and acknowledged in any partnership arrangements. The statutory role, responsibility and status of the Chief Social Work Officer also requires to be fully addressed in the process of planning for integration.

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

The Council recognises the benefits of making flexible use of resources across the health and social care system. The Rural North West Forth Valley Partnership has been a positive example of this in the Stirling Council area and this has given us a strong basis for progressing and extending partnership working. The planning stages of this took over two years, for example, sorting out management arrangements and employing a member of staff, therefore the timing required for integration should not be under-estimated. Developing flexible use of resources is challenging and time consuming. The Council would however wish to identify the benefits of developing integrated services in an incremental manner, taking time to build teams that can work together to achieve change, recognising and valuing the contributions of all staff. It is important that the Government allows for sufficient time for outcomes to be realised. While the potential benefits of enabling the flexible use of resources are fully recognised, the time required to secure the cultural and practice changes that will underpin improved outcomes should not be underestimated.

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

Stirling Council considers that this would be helpful. The Council is concerned at the persistence of the term 'some acute' when referring to the amount of resource to be contributed to pooled budgets from the acute sector and would wish a clearer definition of this from the Government.

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

Stirling Council has serious reservations about this. The contribution of the acute sector to the pooled budgets is not clearly identified in the consultation document. The Council considers that this is potentially a major weakness in the

proposals. There is recognition of the need for long-term strategic investment and wider cultural changes in public perceptions and expectations to support a significant shift towards prevention and health promotion to underpin this change. However, given the proportion of expenditure on older peoples care that remains within acute services and the particularly high level of expenditure on unplanned admissions, the resource contribution from acute services will be critical in securing the key objective of shifting the balance of care.

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

Yes No

The size and proportion of the pooled resource will vary in each partnership area. Stirling Council would therefore recommend that the seniority of post should be determined locally, taking into account reporting arrangements.

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

Stirling Council considers that there should be flexibility to determine this at a local level. The Council would wish to point out that communities are not necessarily identified on the basis of populations based around GP practices and that communities of interest may define themselves according to a number of different criteria. There needs to be scope for effective third sector and community involvement. The relationship with Community Planning Partnerships should be clearly defined but Stirling Council would not wish this to restrict any scope for Partnerships to be established to cover more than one Local Authority area. Further consideration is required of the implications of associated initiatives and developments, such as the Statement of Ambition for Community Planning and the proposed Community Empowerment and Renewal Bill, to determine the most appropriate mechanisms to consult, engage and involve local communities in planning and decision-making.

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

This is helpful. However, there needs to be greater emphasis on the duty of the Partnerships to consult and involve the services users, carers and other members of the public in planning and commissioning activities at a local level.

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?

Joint Strategic Commissioning and the proposed National Learning Framework for Joint Strategic Commissioning will help to support this. It will be important to ensure that there are adequate skills and capacity to support this at a local level and to enable the contribution of wider partner agencies as well as service users and carers in planning and commissioning activities.

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

Stirling Council would caution against this as a prescribed recommendation. GP practices do not necessarily represent natural communities.

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

Stirling Council would have reservations about any suggestion of diluting the democratic accountability for decision-making, notwithstanding the requirement for locality based planning.

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

Further consideration needs to be given to the existing locality arrangements including those that underpin Community Planning Partnerships. This size of localities should be determined at a local level and will be dependent on issues such as the rural constituency within partnership areas and the make-up and identification of natural communities.

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