

# 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?

Respondents agreed that this was a strategy which would lead to a better use of resources for service users with an emphasis on prevention, improving life styles and general fitness for all

Suggestions included starting this process with older people services since they form an increasingly significant proportion of the population and then roll this out to improve services for all adults.

Need to allow services to focus on broader demographic and long term preventative measures.

Third sector should be involved in providing services.

Improvements should be measured to ensure they happen and outcomes are achieved.

## 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?

While there is general agreement on the way forward, and a welcome for an holistic approach as opposed to a more prescriptive one it should be emphasised that there needs to be true participation by all stakeholders eg older people, their families, and individual carers.

There is concern that although there may be community involvement, their commitment and opinions may be ignored on the basis of cost when it comes to decision making.

Respondents would like to see more involvement from the third sector at planning and delivery levels as well as in the decision making process.

There was a plea to involve schools and sports, for example linking into local sports clubs and focusing on sporting activity after school.

### **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?

As long as the care of the individual is not lost along the way, there should be attention to ‘soft’ outcome indicators in measuring the effectiveness of services.

A degree of decision making should come from Scottish Government level, but it is crucial that local authority and Health Boards (both large organisations) have some say – these 2 groups should work together to overcome cultural differences in order to deliver a better service overall. This process will however need to take account with more emphasis on outcomes.

### **Question 4**

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

It is important that the end user is not overlooked when Health Boards and Councils meet to agree plans – better to have a consensus.

### **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?

Although a certain amount of authority should be retained by the Scottish Government and local statutory authorities, there should also be local accountability, creating a balance of power with the Health and Social Care Partnerships.

Need to consider how local lessons and best practice will be adopted at a national level.

There is concern that Council and NHS projects will continue at the expense of third sector and independent delivery agents at local and national levels.

### **Question 6**

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

Although this may lead to economies of scale it should not be to the detriment of local services. A mixed approach may be best.

### **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?

Respondents generally agree with the proposed structure but however there would need to be involvement from end users and their representatives. It is vital that people from the voluntary sector are part of the committee as they are on occasion providing support before the involvement of either Health Boards or Councils.

Health Boards and Councils should embrace the services available from the third sector in a far more real and positive manner.

Senior officials should agree on policy and then make sure that the front line has enough resources to do the job and not continually change the goal posts

If decision making and agreement takes place at too high a level then others further down the chain of command may not appreciate the need for a change or recognise that there may be other ways around problems. The involvement of more "middle" level staff would be appropriate.

## 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?

NHS has appeared to be very slow at implementing new policies -even slower than the Councils - therefore a new mind set is required.

It does appear that the current system does not work, due to inherent inefficiencies contained in both Health Boards and Councils.

Respondents urged more and better consultation and highlighted the need to provide cost effective alternatives to statutory services.

Respondents suggested that a more streamlined approach to service delivery may improve progress.

Excellent communication should be implemented at all levels.

## Question 9

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

It would be particularly helpful to see a more joined up approach when it comes to the provision of care for those suffering from mild to moderate mental health issues, as this would alleviate pressure from an overstretched NHS.

Areas should only be included where it is proven to be suitable and effective.

## 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?

Overall not convinced that it would be better; this may well be the intention but needs to be managed correctly and only time will tell if this is achieved.

## 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?

Our consultation found vastly differing experiences;

Most of my dealings with the NHS have been positive. Front line staff have been very good.

It was my experience as an Accountant in Local Government that opened my eyes to the bureaucracy. People on high salaries being seconded with no outcome and a complete waste of time and effort in joint working groups.

As a Cognitive Behavioural Therapist working in the third / private sector, I regularly hear of the obstacles that my clients encounter. When dealing with a mental health issue, no matter how mild, the client needs the support of their GP, and local NHS. They need to be met with compassion and empathy. They need to feel their issue is important, not trivial. They have taken time to speak of their issue, which takes a lot of courage, and yet they are often met by professionals with little or no knowledge of available services (NHS, Charity & Private). They are then offered a pharmacological intervention as the waiting list for inadequate therapy (several clients have told me sessions last less than 15 minutes with the NHS) appears to range from 12 - 24 months.

## 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?

Local democracy should prevail.

Not convinced that it has been evidenced that joining the money together will have a positive impact on the end user. It is not about how you "join up" the money; it is about how wisely it is spent.

### **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?

Overall control must be clearly identified however it may be more appropriate for this to sit within a collective of senior managers. However there criteria in relation to competencies and skills should be applied when appointing this responsibility, with a clear line of accountability and monitoring of outcomes.

Effective and efficient communication is essential.

### **Question 14**

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

Do not have sufficient information to comment

**Question 15**

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

Local areas should decide on local services and outcomes with guidance from Scottish Government.

**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?

GPs do have a part to play since they should be aware of local available services, however they are not the only 'professionals' or people who should be involved.

The third sector should be involved as they often have a better understanding of the level of local services and any gaps in provision.

**Question 17**

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

Should offer on-going training, information sessions and workshops to ensure that it is not finance driven but meets the needs of the end users. In other words services should be demand led.

Respondents highlighted the need for on-going consultation and communication between all partners.

It would be good for Scottish Government and local statutory organisations to produce guidelines and then

let the people responsible get on with the job.

### 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 may vary depending on the number of GP practices in the area; most effective in an area with a small number – perhaps consider one per community council area. Very much depends on the population spread.

It is more important to engage with the end user and that person is best placed to evaluate the service.

Concerned that other partners have not been considered for this role.

### Question 19

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

Feedback is essential to the process without this could lead to failure to engage with the users of the service.

Methods should include on-going engagement and communication with the third sector and community council contact, local newspapers, quarterly focus groups, contacting existing groups eg lunch clubs, household questionnaires and community events.

However it is essential that there is engagement at the proposal and planning stages.

### 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?

General agreement for a representative involvement, not necessarily strictly proportional.



This should ensure input from a cross section of the population – listening to people from all walks of life is more important than ensuring a certain percentage is involved.

Please fill in this form and send it back with the **Have Your Say** pages.

**Your name: Voluntary Action East Ayrshire**

**Your address: Belford Mill, 16 Brewery Road, Kilmarnock, KA1 3G**

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