

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 the aspiration to improve services is to be welcomed. Although the unintended consequence of starting with older people first could be to further stigmatise this group.

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?

One of my concerns about this work is that in integrating health and social care also requires housing services to be involved in supporting the development of new models of housing and they are not specifically noted in the document.

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?

Yes and the focus on outcomes is to be welcomed my concern would be that outcomes will be subsumed within existing service delivery and transformational change will be impeded. Sharing a vision of outcomes is also required to help support moving away from work based silos.

The document also notes the role of Health Boards, Councils and Voluntary services but fails to acknowledge the role on the Independent sector in supporting the required changes.

Question 4

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

They should but only in consultation with those who use services and with reference to the demographic information which supports commissioning at very local levels to ensure that these services will meet the needs of local populations. In ensuring this change is of relevance to the needs of the population, we also have to capture the impact of new integrated methods of working. It would be helpful if a body which stands apart from the new Integrated services which is able to measure the impact of the new method of working including how to attribute an input to outcome. The role of Voluntary and Independent sector providers has to be seen as integral within these two bodies in helping to shape how to make things better.

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?

Yes if the reporting mechanisms afford the opportunity for transparency but how do you build in reporting to the people the councils and health board serve.

Question 6

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

Yes if it will better deliver the services required and it is what is wanted by those who use services and if voluntary and independent sector are involved in the development of these partnerships.

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?

No as the groups appear to reflect the present situation and this new means of working is also an opportunity to build new partnerships. The groups also do not consider the role of the independent sector and this is a missed opportunity.

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?

Not necessarily as they do not include means of ensuring that accountability is built into the services with plans which deliver what is required for the population being served.

Question 9

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

Yes if it fits well with the needs of the people being served by the plan.

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?

Pooling budgets is a necessary minimum step but it does not guarantee the monies will be better spent.

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, accessing reviews of care for over 60 year olds. Attempting to gain services for people with multiple and complex needs. Use of pharmacy services on discharge from hospital, information sharing across disciplines.

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 this may help given that there may be reticence to share budgets willingly. This would be a necessary minimum for the delivery of outcomes.

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 they have the right amount of say, but it will be difficult to have all this control,

Question 14

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

Yes

Question 15

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

Government should ensure that plans are in place to deliver on local plans which take account of the demographics of locality whilst ensuring equity across the country.

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?

It is not strong enough as long as GP's and other professionals are engaging with local people to ensure what is being planned is what is required and desired. It also requires engagement of a wider variety of professionals not just those who have been delivering services to date.

Question 17

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

How to use the statistical data to support commissioning of required services, how to commission services in a fashion which supports engagement with your community. How do you use legislation such as Self Directed Support to ensure that what resident/ patients are receiving what they wish.

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?

Rather than use existing GP practices could we not take the opportunity to be innovative and look at existing community groupings and attempt to engage with them to help support the development of partnership across all of the community. In using GP practices you are taking the risk that groupings with powerful interests become embedded within then new structures and lose the opportunity for radical new methods of developing partnership.

Question 19

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

Yes, by scoping which community organisations exist and reaching out to them and showing that you are transparent in your thinking about how future partnerships may develop.

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?

Rather than a set percentage of people would it not be more meaningful to say that you require representation from across the various sections of your population; from providers of services, advocacy groups, commissioners, etc. and develop an Index of what good partnership should look like and measure the success of engagement by measuring how well you have consulted with your population and went on to develop your community engagement strategy.