
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

It was recognised that services for older people are the largest and account for the highest user of resources. The group wondered if focussing on an a smaller population group might allow more scope for dealing with problems and issues as they may arise informing practice when extending the programme.

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

Although there was some concern that the proposals equated to a weakening of local authority services, there was generally a positive response to the thrust of the proposals. However, the group were of the opinion that proposed framework does not adequately address the detail of such a framework that would inevitably pose the greatest obstacles. The proposal suggests that local Health and Care Partnerships will be able to work out the detail themselves. However, the group felt that this does not sufficiently acknowledge and address the issues. For example, who employs staff, what their roles will be, who is responsible for care assessment and management roles

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

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

Generally, this was accepted as useful, but the potential for a conflict between locally identified priorities and national agreed outcomes was noted.

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 group did not have any specific views on this question

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

Yes No

The group had some discussion regarding this. It was felt that there were pros and cons of this. On potential downside is an exacerbation of the 'postcode' lottery where services in neighbouring authorities do not provide similar services due to different identified priorities. It also felt that there would need to be clear understanding of how patients access services in neighbouring authorities that are currently provided by the CHP. Allowing HSCPs that cover more than one local authority have the cope to develop shared specialist services that may otherwise not be possible.

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

Yes No

It was felt that the assertion that the Chair and Vice Chair of the HSCP committee would represent the organisation, rather than their respective organisations was overly optimistic. Particularly since once is employed through central government and the other is directly elected and likely to be party political.

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

The group did not have any specific views on this question

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

This seems reasonable, although it may be useful to have clarity as to what is expected of each organisation involved in the HSCP to avoid disagreement.

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

It was felt that the delegation of funds to a HSCP was preferable to a delegation between partners which may give rise to an ambiguity and

confusion the resources shift, but responsibilities do not.

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 group is acutely aware of the difficulty of patients remaining in hospital longer than necessary because of the lack of funding/resources available in the community to facilitate discharge.

The group heard of specialist professionals such as OT not being consistently available to patients in community hospitals due to the geographic location of their home.

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

It was appreciated that the proposals will see a joint approach to service provision where money is no longer attached to health or local authority services. The question as to whether or not the same outcomes could be achieved by re-assigning resources within current systems was raised. For example, redistributing resources from hospital based services to existing CHPs and Local Authorities.

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

The group did not have any specific views on this question

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

Yes No

The group did not have any specific views on this question

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

Some direction from the Scottish Government would be useful in this area to avoid vast differences in the approach and delivery of services in local areas.

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 could be beneficial, but depends on the context within which it is set-up and how much credence is given to the views of local professionals and who this might include.

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?

The group felt that it would be more beneficial to have greater flexibility in service delivery, rather than service planning per se. For example, several services rely on referral by a GP when other professionals and the patient may be better placed to make a referral. For example, it would be beneficial for an OT to be able to refer to a physiotherapist directly.

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

The group did not have any specific views on this question

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

The group did not have any specific views on this question

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

The group did not have any specific views on this question

Do you have any further comments regarding the consultation proposals?

There were some general points raised by the group particularly around the need for finer details to be explained.

How will issues of file recording/case note and access to/sharing of information be dealt with. This could cause a major obstacle to the proposals and result in confusion and a duplication of services.

How will the proposals affect individuals in transition from children's to adult services. For example, children's services in local authorities have a duty up to the age of 19, sometime 21 but the NHS considers a 16 year to be in adult's services.

There appears to be an ambiguity between community health and acute hospital services that would need to be addressed.

There was concern that the Social Work role and identity will be eroded by the arrangements proposed.

With regard to practice and employment of workers who currently operate within either the Local Authority or NHS. If the service they provide is being funded through the HSCP then who will they be employed by.

With regard to social care workers currently employed by the Local Authority it was questioned if their posts will be in jeopardy as the HSCP may commission services from a different organisation.

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