

## 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

Glasgow City Council SNP Group agree that the proposal to focus initially on improving outcomes for older people, before extending to the integration of all areas of adult health and social care is both practical, helpful and appropriate. Replacing silos with genuinely integrated organisations and budgets, charged with delivering genuinely integrated care and improved outcomes for all service-users, must be the ultimate aim, however it is sensible to recognise that this will not be immediately achievable in all parts of Scotland.

We believe that a clear, overarching structure with a solid legislative underpinning is the essential foundation that will empower – as well as require - local authorities and NHS boards to work together to find the most effective ways of responding to the particular needs of their local populations. Once effective seamless service delivery is in place for older people – the largest and fastest growing group of service-users – that learning can be adapted, extended and applied to all client groups, including younger adults with learning and physical disabilities, mental health needs and long-term medical conditions.

The speed of progress towards integration for all areas of adult health and social care will no doubt vary across Scotland and there may well be areas where partners feel that they will be able to extend their focus beyond older people at an early stage after legislation is enacted, but for those areas where existing partnerships are less well developed – such as in Glasgow – we believe that it makes sense for the focus to begin with care for older people.

It is essential, however, that the continued momentum towards integration for all areas of adult health and social care is maintained. To that end, it may be useful to set out in guidance a timetable for Health and Social Care Partnerships, once their formal establishment is complete, to produce a clear forward plan for extending integration locally.

The acknowledgement that any legislation will require to be supported by further guidance and regulation is to be welcomed, as is the commitment to continued consultation with stakeholders, patients and service users.

### 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

Glasgow City Council SNP Group welcome the proposal to introduce a structure of Health and Social Care Partnerships, which will work in partnership with the third and independent sector.

Governance proposals, for joint accountability, on agreed outcomes and integrated within local Single Outcome Agreements is a positive steps toward co-operative working between interested stakeholders.

Baselines for integrated budgets will provide a clear and unambiguous foundation for the work of the Health and Social Care Partnerships, and will ensure that patients and service users will no longer be concerned with the source of funding – be it from health, social care, housing or other budgets. This welcome development will improve the experience of both service users and patients.

Glasgow City Council SNP Group broadly welcomes the proposal to appoint “jointly accountable officers”. There are currently examples of positions within existing Community Health and Care Partnerships.

Proposals to consider strengthening the commissioning role of clinicians, social care professionals, and the third and independent sectors, are a positive suggestion and are welcomed by the Glasgow City Council SNP Group.

Glasgow City Council SNP Group agrees with proposals to move resources increasingly away from institutional care and more towards community provision and capacity building.

On the issue of delivery mechanisms and organisational structures, the Glasgow City Council SNP Group welcomes the statement at paragraph 2.7 of the consultation document that: “local leaders will be free to decide upon delivery mechanisms and organisational structures that best suit local needs and priorities”.

We also note that the consultation acknowledges that any proposals which are implemented are part of the answer, rather than the whole solution. This is a welcome development, as it allows for

local innovation as well as further improvements at national level in due course.

### 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 Glasgow City Council SNP Group agrees with the Scottish Government view that “the underlying principle of these proposals is to provide national leadership in relation to what is required...and to leave to local determination how best to achieve these outcomes – the delivery mechanisms that will best suit different local needs”.

Experience from Glasgow, where the previous Community Health and Care Partnerships collapsed, largely as a result of a failure on the side of Glasgow City Council (as evidenced by Audit Scotland in their report, entitled “Review of Community Health Partnerships”), demonstrate that there is a clear requirement for a legislative foundation to ensure that the integration of health and social care services.

This position does not impinge on the ability of local authorities and health boards to find joint working solutions which work best in their locality, but it does provide a formal requirement for interested stakeholders to participate in the best interests of service users.

**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

Glasgow City Council SNP Group support the proposal to include nationally agreed outcomes in Single Outcome Agreements (SOAs). The inclusion of nationally agreed outcomes for adult health and social care would be a welcome development in the evolution of SOAs and the provision of integrated health and social care.

### Governance and joint accountability

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**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?

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Yes  No

Given the varying geographies of the partner agencies in question, and their reporting lines at present, the Glasgow SNP Group feels that the proposals provide an adequate level of democratic accountability both locally and to central government.

Glasgow, in partnership with many of the Councils in the Clyde Valley, recently engaged in an extensive exercise to consider joint working and shared services. Whilst much of the report at the time was not implemented, it demonstrated a willingness to work across geographic boundaries and to pool democratic accountability.

Other examples of joint working – in each case across local authority boundaries – are Strathclyde Partnership for Transport, Strathclyde Police Authority and Strathclyde Fire Board.

In the specific case of Glasgow, where a number of Arms Length External Organisations (ALEOs) have been created, there is clear experience of representatives holding joint responsibility.

Elected members of ALEO boards have a duty to work in the interests of the companies upon whose boards they sit, while maintaining their interests as elected members. The boards of ALEOs report to Council Scrutiny Committees, one step removed from public scrutiny. This is an example of elected members balancing accountability to citizens, as well as to the Council/ALEOs, and is a practical example of working in a way which extends accountability to deliver services in a form which the Council deems to be more efficient.

In Glasgow, the Leader of the Council is accountable to Full Council, the Executive Committee and Scrutiny Committees. This provides ample opportunity for elected members to publicly scrutinise the performance of any proposed Health and Social Care Partnership which is introduced.

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

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Yes  No

Yes, the Glasgow SNP Group believes that there should be provision made for the potential to create Health and Social Care Partnerships which cover more than one local authority.

However, any decision on whether such partnerships should be created should be made locally and in partnership with all interested partner agencies and stakeholders.

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

Yes  No

The Glasgow SNP Group agrees with the view of the Scottish Government, as stated at paragraph 4.3 of the consultation, that “A partnership Committee is a mechanism for governing a Partnership; it is not an end in itself.” The precise form of any committee should be decided locally to best meet the requirements for effective local service delivery.

Following the collapse of Glasgow’s Community Health and Care Partnerships in 2010, the Council and Greater Glasgow and Clyde NHS Board have been working to develop a model in of joint working in Glasgow. The form of these new arrangements does bear comparison with the proposals in the consultation and could conceivably be refined to support potential legislation and improve local partnership working accordingly, from a position of clarity between partner agencies.

Turning to scrutiny of decisions made by the Health and Social Care Partnerships, there are a number of additional local avenues which could be considered. In Glasgow, Arms Length External Organisations present themselves for scrutiny to Scrutiny Committees of the Council. Elected representatives on the Board could potentially be called to answer questions at Scrutiny Committees, Policy Development Committees or Full Council. This could provide ample opportunity for decisions of the Health and Social Care Partnership to be given over to public scrutiny.

**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 Glasgow SNP Group is satisfied that, alongside existing professional scrutiny channels monitoring current service provision (including but not limited to the local authority and NHS Board/ Ministerial arrangements), there are sufficiently robust performance management arrangements proposed and already in place to ensure public confidence in Health and Social Care Partnerships.

**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 Glasgow SNP Group agrees that the principle of whether local arrangements within Health and Social Care Partnerships are extended should be provided to local authorities, Health Boards and other partner agencies which may be required to participate.

Provision could be made to ensure that there is scope, should extending the remit of Health and Social Care Partnerships require it, to include representatives from other partner agencies in the decision-making process. This could be accommodated by providing localities with the flexibility to alter governance arrangements to suit current requirements.

### 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 Glasgow SNP Group agrees that either of the two models proposed could successfully health or social care support, maximising the objective of making best use of available resources.

Should the Scottish Government choose to legislate around either or both of the options outlined in the consultation, it should be possible for partners to work collaboratively to achieve the intended goal of providing the best and most integrated care for service users with the best use of resources.

Any decision on the final model applied in Glasgow should properly be made by the partner agencies following consideration of the available options.

**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

In the previous Council session the Glasgow SNP Group had numerous members on each of Glasgow’s five Community Health and Care Partnerships.

In general terms, the consensus of opinion was that the CHCP model in Glasgow was moving towards effective delivery of integrated services, but was hamstrung in some cases by financial considerations.

Examination of reports to CHCPs clearly shows that the Health Board were able to make accurate and timely financial predictions, which were close to the final financial out-turn. In contrast, Council-led social care budgets were frequently over budget or under-resourced, which had in impact both on service delivery and relations between key partner agencies.

**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

The Glasgow SNP Group agrees that providing a minimum framework for spending within defined categories will provide a sound basis from which local arrangements can be developed.

This will provide a basic level of clarity for all partners and ensure a firm starting point for building Health and Social Care Partnerships.

### 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 Glasgow SNP Group recognises the difficulties posed for local democratic accountability in the proposal to create a Joint Accountable Officer for Health and Social Care Partnerships, but appreciates the potential benefits to be gained from the creation of such posts. As outlined at Question 5, there are examples of Glasgow City Council reducing or sharing democratic accountability in a number of areas to either make financial savings or to improve services, or both.

Experience from other areas demonstrates that the creation of a Joint Accountable Officer post – or similar – does have a positive effect on investment decisions and efficiencies of service delivery and cost.

Examples from Highland, East Renfrewshire, Aberdeen, Aberdeenshire and Moray all indicate that

the Joint Accountable Officer is able to drive investment in Health and Social Care more effectively than where 'ownership' of budgets remains with individual partner organisations. Again, the evidence of the Glasgow CHCPs – where the experience was that one partner organisation was more committed than the other to devolving the necessary financial resources to the Partnerships – suggests that it is essential that an individual officer located within the Partnership structure is able to take the ultimate lead in ensuring that spending decisions support the necessary care balance shift.

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

Yes  No

The SNP Group agrees with the proposal to create a post of Joint Accountable Officer (JAO) at senior executive level within the Health and Social Care Partnership.

Experience from areas such as East Renfrewshire and Highland demonstrate that such posts can improve decision making and strengthen financial accountability. Given the proposed Health and Social Care structures, the JAO could potentially be called to account by Council Scrutiny Committees. In this way there would be a further layer of democratic oversight of financial decisions and their impact on budgets.

### 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

It is the view of the Glasgow SNP Group that decisions on locality planning should be made locally. Glasgow already has community planning arrangements in place, which can be reviewed locally and altered as appropriate.

Guidance from central government would be welcomed; however the strong preference would be for decision-making in this area to remain wholly at the local level.

**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

The Glasgow SNP Group agree that the provision of a duty to consult local professionals will not only help to underpin the work of Health and Social Care Partnerships, it will be essential to securing early 'buy-in' from professionals to the new structures, by demonstrating that the partnership envisaged is between professionals, as well as between organisations. However, the ongoing relationship between clinical and social care professionals and the Health and Social Care Partnership will require constant management to ensure the highest levels of input from professionals to the planning, implementation and review of service provision.

**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 Glasgow SNP Group feels that this is a question best answered by practitioners. It is not for politicians – local or national – to dictate how best health and social care professionals should participate, but rather one which should be determined by local circumstances, as the consultation recognises.

Glasgow has a particular set of circumstances in many areas of the city, which the consultation recognises may play a role in the ability of GPs to engage fully with any new arrangements. The Glasgow SNP Group remain committed to working with health clinicians and others to ensure that all stakeholders are involved in planning at a local level.

**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 Glasgow SNP Group believes that locality planning could well be organised around clusters of GP practices – NHS Greater Glasgow and Clyde already uses GP practice clusters as a basis for some locality planning. However, other geographies, such as former CHCP areas, local authority ward boundaries or polling districts or other examples could also be considered.

The Group feels that what is important is to consider the local dimension to organising locality planning: what works well in one authority may not in others, but equally, what may work well in the east end of Glasgow may not suit the west of the city. It may require flexibility within Partnership areas to ensure the best locality planning arrangements.

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

The Glasgow SNP Group feels that, in order to have effective local planning and delivery of services, as much decision-making as possible – particularly on service provision and budget management – should be devolved to locality planning groups. This should be considered on an area-by-area basis and regularly reviewed. In many respects, the success of a Partnership will be measurable by the extent of devolution of power to local level that takes place, however this must be contingent on shared expectations and absolute clarity of lines of reporting and accountability

that are replicated across each locality group.

In addition to the potential benefits to be found from the passing of budget management and local decisions to the local level, the recognition at paragraph 7.5 of the consultation - that local elected members should be involved with locality planning groups - is welcome in providing a further opportunity for democratic scrutiny of the work of Partnerships. Members of the Glasgow SNP Group who sat on the boards of the former CHCPs valued the opportunity that provided to inform and be informed about the service planning process. The success of locality planning will be dependent on strong leadership and a clear vision emanating from the Partnership, and elected members will have an important role to play in communicating that vision within their localities.

**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 Glasgow SNP Group believes that boundaries are best set locally. In Glasgow, an example already exists, in the previous Community Health and Care Partnership boundaries. These set populations for each of the 5 CHCPs at around 100,000 to 140,000 people. Many of those involved with CHCPs in Glasgow felt that, while they did not perform perfectly, they provided a good level of integrated service for the areas they covered.

It may be that a similar boundary would suit Health and Social Care Partnerships, however alternative geographies, such as local authority wards or GP practice catchment areas may also provide suitable geographies. This decision can best be made locally, though good practice from other areas and guidance from central government could help to strengthen any decisions on this matter.

**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

