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 x No

There is a strong case for greater integration in the provision of services, and the prioritisation of improving outcomes for older people however, if health and social care integration is to be undertaken effectively and efficiently, it will be essential that all parties have ownership and that there is a consensus on the way forward in achieving collaborative solutions based on sound planning assumptions rather than organisational and structural solutions to practice problems and limited resources.

The State Hospitals Board for Scotland believes an extended focus that includes mental health, addictions, and criminal justice social work (as well as general NHS and social care adult services) should be within the initial scope. The option for Partnerships to include other services, such as children's services, should also be available.

It may be beneficial to agree and prioritise a limited number of high level outcomes applicable to both older people and adults taking account of the differing needs within the population of adults and older people and adopt a rights based approach to meeting their needs.

There are currently concerns around The Community Care (Joint Working etc) (Scotland) Amendment Regulation 2012, the Community Care and Health (Scotland) Act 2002 (Incidental Provision), and Adult Support and Protection Order 2012(SSI/2012/65 and SSI/2012/66) which came in to force on 31 March 2012.

There has been a consistent theme in the three major pieces of social welfare legislation (ASP, Mental Health Act, AWI) affected by these changes – all have

greatly extended the protective, monitoring and investigative responsibilities of local authorities in respect of people who may be vulnerable as a result of mental disorder, all three Acts are inter-related. These changes, in particular with Section 33 of the Mental Health Act (Duty to Enquire) and Section 1 of the Adult Support and Protection Act (Local Authority Responsibilities), threaten to undermine this clarity of function and responsibility.

With the enactment of these statutory instruments there has been an effective change in national strategy which no longer has a single direction of travel. Where the protection of vulnerable adults had clearly been the responsibility of local authorities across the country, this is now a responsibility which can be delegated to the NHS wherever local authorities and their health partners are minded

There is a danger that the clarity of operational and organisational responsibility and accountability and critical issues of professional standards for the protection of adults vulnerable through mental disorder will be lost by these changes – particularly if the delegation of responsibilities allowed in these instruments is acted upon by a number of local authorities.

Within the State Hospitals Board for Scotland, social work services are provided by a single local authority through a service level agreement, an arrangement which has worked well for the provision of services to the patient population. The social work service is managed by the local authority and accountable to the Chief Executive of The State Hospitals Board. The social work service adheres to the local authority policies on staff governance, professional development and standards.

In addition to performing the range of prescribed functions outlined within the SLA, social work contributes to a range of operational and strategic forums within the hospital and is represented on the Hospitals Board and Senior Management Team. There are a range of required and optional joint training opportunities for all disciplines within the hospital and shared procedures for many of the operational functions. More recently, with the development of the new IT system ‘RIO’, agreement has also been reached for the deployment of a single IT system across the site where shared records will in time become the norm.

Through the development of the Forensic Mental Health Services Managed Care Network and the School of Forensic Mental Health, opportunities also exist for joint research activity which will contribute to the ongoing improvement in service standards to improve the patient experience within the hospital and the patient journey as they move between services, both locally and nationally. Indeed the Forensic Network already has a range of multi agency forums whose purpose is to contribute to the ongoing development and improvement of forensic services nationally.

As a national resource, it will be essential that The State Hospitals Board for Scotland has clarity on the strategic direction and levels of integration being developed within both territorial boards and local authorities in order to maintain effective partnerships to ensure continuity of seamless service delivery for patients throughout their journey of care.

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 x No

Whilst existing arrangements between The State Hospitals Board for Scotland and the local authority service level agreement work well, it would be beneficial to have some reference within the document to the unique position of this national service and clarity on the Scottish Governments vision in this area.

It should be noted that the State Hospitals Board for Scotland relationship with territorial boards and local authorities is essentially cross cutting covering a range of care groups. The State Hospitals Board for Scotland also has a population that covers both Scotland and Northern Ireland

It would therefore be beneficial for the proposed framework to include reference to the communication strategy to be adopted by all parties to ensure national organisations such as The State Hospitals Board for Scotland are effectively informed on the development and progress of the integration agenda across territorial boards and local authorities in order to maintain effective partnerships to ensure continuity of seamless service delivery.

Consideration will need to be given to how the third sector are successfully engaged as Partners as both commissioners and providers of services. In addition ensuring carers continue to play an active Partnership role by supporting them to build capacity and sustainability to support their relatives, friends and communities will be vital.

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 x No

This could be further supported by a nationally agreed dataset and metrics that can measure progress towards improvements in the specified outcomes which would also facilitate benchmarking and comparisons within and across areas.

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 x No

Agreed targets for joint commissioning plans should be built into the SOA for each community planning area to ensure sign up of all key partners to the delivery of improved services which would form an agreement for the delivery of these targets between the Scottish Government and each locality.

However, much more work is needed in this area and the requirement for

appropriate linkages and accountabilities at Board, Council and Partnership levels to ensure clarity and legality.

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 x No

Accountability meetings arranged 6 monthly or annually to enable local and national partners to be held accountable to Scottish Ministers would be beneficial ensuring that progress is robustly monitored and mutual commitments are being delivered.

However there is a requirement to have absolute clarity on levels of accountability (including for commissioning) across Ministers, Health Boards, Council Leaders and Partnerships to avoid duplication or gaps. We also assume that Boards and Councils would remain the distinct authorising bodies for plans and proposals developed by the Partnerships.

An agreement around conflict resolution, should the need arise, ought to be considered.

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

Yes x No

There is a need for further debate on what constitutes a Health and Care Partnership, the number of partnerships, their exact contribution and how they will be governed. For example, it is difficult to see how one Clinical Professional Advisor could act as the sole expert opinion on the full spectrum of health matters.

Joint commissioning plans should be informed and shaped by the totality of need and expenditure on adult care across the territorial board, and social care services.

Any arrangements put in place require to embrace the plurality of joint working models across Scotland

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

Yes No

Ensuring that professionals see this new approach as exciting and worthy of engagement is crucial. Limiting and restricting involvement of said professionals will be neither helpful nor productive in the long term. Employee Directors and Nurse Directors for example have a good track record of contribution at these levels to ensure the workforce are informed, empowered, listened to, and treated in line with staff governance standards.

Any proposed framework Committees should be clear and consistent but at the same time allow for local flexibility to ensure local needs can be met.

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

Comments as noted in responses to questions 3-7.

In addition, it needs to be made clear what, if any, changes this new way of working will bring with respect to Inspection and Regulatory Bodies. Ensuring they remain supportive and facilitative to Partnerships particularly in the early development phase will be important.

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

We suspect budget setting will be a key consideration and challenge for Boards and Local Authorities and is certainly an area that requires more guidance and agreement.

In line with our response to question one, we think services beyond general heath and social adult care should be included in the initial scope and thus funded accordingly. In addition there should be flexibility within reason to provide budgets for other CHP and other services.

Joint commissioning plans should be agreed in each locality. These should be outcomes based and should contain local trends and data analysis, expenditure analysis and clear plans to commission services targeted at priority need. Targets should be agreed locally to reflect how improved outcomes are to be delivered.

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 x No

A joint financial governance framework should be agreed between territorial boards and local authorities to facilitate joint commissioning plans. Local authorities and territorial boards should ensure that joint decisions are taken around the management of mutually committed resources such that investment and disinvestment in health and community care services are effectively planned and coordinated. The mechanisms for achieving the joint financial governance framework should be developed locally and could be based on existing frameworks.

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

Response as noted to question 1, recognising the unique context of the State Hospital and our Local Authority Partners. - No further comment

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 x No

Depending on the financial modelling used this may be helpful in addressing national as well as local targets/needs and avoid geographical inequalities in service provision and availability.

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 x No

Being clear about the dual accountability to both CEO's is helpful…..Further discussion/guidance will be required on the exact and detailed remit of a single accountable officer and how the role is expected to develop as the agenda progresses.

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

Yes x No

See also response to question 13

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 x No

In line with some previous responses…. All stakeholders have to play their part at the planning stage to ensure engagement, ownership and delivery in particular GP's; Some CHP's we believe have come up short on this challenge often for understandable reasons.

Direction that allows for appropriate and proportionate local flexibility we believe is required to both meet local needs and meet national consistent standards around service planning.

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 x No

Comments as noted in response to previous questions

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?

Clear accountability and governance frameworks for individual local services would assist, supported by strong and empowering leadership, clarity of vision and a good communication strategy between the Health and Care Partnership and local operational services. Seeing their contribution making an impact and difference will enhance professionals involvement.

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 x

Comments as noted in responses to previous questions

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

In line with local planning arrangements at the discretion of the Partnerships, with clear governance arrangements in place.

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 x No

There should be upper and lower limits agreed on what constitutes a locality which takes account of the mixed demography of local authorities and territorial boards across Scotland.

Do you have any further comments regarding the consultation proposals?

No

Do you have any comments regarding the partial EQIA? *(see Annex D)*

No

Do you have any comments regarding the partial BRIA? *(see Annex E)*

No