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## 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?

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Yes  No

It will be a good thing if does what it sets out to do and is done properly. It should be more cost effective and will benefit patients in the long run. Having a phased approach will ensure learning as it progresses, but should full and independently evaluated before rolling out to all adults. Regular progress reports should be shared with all stakeholders.

### 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?

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Yes  No

It is not comprehensive and does not recognise the obvious difficulties there will be in integrating staff currently employed by both the Local Authorities and the NHS in Lanarkshire. Neither does it suggest or provide any guidance as to how this might be achieved harmoniously,

### 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?

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Yes  No

Yes, we agree, as long as legislation reflects all the positives. The new joint performance management mechanism must be clear, enforced, transparent and management should be fully accountable

**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

.It is considered essential that outcomes are incorporated in all Single Outcome agreements. It is considered a key criteria that joint delivery and performance measures are agreed locally.

### **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

Yes, but only if there is national and local agreement on key performance measures.

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

Yes  No

Yes it should be possible. However it should be carefully considered that here in Lanarkshire there are two very large local authorities. It is likely that the creation of such a large Health and Social Care Partnership will create many unnecessary complications which is likely to adversely affect the patient group we are attempting to serve.

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

Yes  No

We agree overall to the proposed committee arrangements but the voluntary

sector representatives should be decided by a PPF type organisation similar to the current set up, which represents the public, patients and carers. This should be written into statute.

**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

Yes, providing that the performance management process is strictly followed.

**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, providing it can be agreed locally.

### **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

In principle, yes.

**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

PPF Members have had or have knowledge of good and bad experiences of care packages that have been put in place.

**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

Yes, but each partner should be allowed to say what they are putting into the integrated budget (above the minimum) to achieve the objectives set locally.

### **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?

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Yes  No

Yes, we agree with the proposals. It will be difficult and there will have to be a clear, transparent and robust set of rules/financial engagement defined in the Partnership Agreement

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

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Yes  No

On paper, the Jointly Accountable Officer has been given enough authority. The appointed person will have to be very carefully selected and have the necessary skills, experience and qualifications to manage the Partnership Agreement appropriately.

### **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?

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Yes  No

It should be left to local areas to decide.

**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,

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review and maintain such arrangements. Is this duty strong enough?

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Yes  No

In North Lanarkshire, the involvement of the various named professionals in CHPs has proved to be an effective way of working. This should continue and be reinforced.

**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?

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When the new Health & Social Care Partnership Agreement is being drawn up, the current North Lanarkshire CHP structure for involvement should continue. However further engagement could take place to identify areas for improvement.

**Question 18:** Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

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Yes  No

There are currently established Community Planning Partnership in North Lanarkshire that include all relevant partners ie. NHSL NLC, Vol Orgs etc. This is the way to continue and allows everyone from the top to the bottom to have their say.

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

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The current way of working in North Lanarkshire ie. Local Planning Groups should continue and be used as an example of best practice.

**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?

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Yes  No

Services are based around towns and the size of the population is or should be irrelevant.

**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