

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?

No it's not good and shows Lack of understanding of matters on the ground and discriminates, doing it first for adults is an error, and will lead to further fragmentation in both NHS and LA organisation who struggle to measure and manage their resources staff and outcomes as it is.

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?

You have indicated local flexibility which will not work, and lead to dispute and lack of responsibility and accountability. Funding for prevention strategies which is not a paper exercise include all services.

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, but it will not work because of no robust role and responsibility secured and flexibility allowed which will be abused to promote the interests of staff rather than patients and customers. And politic and personalities will prevail.

Question 4

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

Council and boards should be instructed in a national consistent manner without qualification to exercise measurable strategies with the patient outcome the think that counts there should not be separate strategy for young people but robust measurable outcomes for all, and don't say its complex, it tends to mean you don't know what to do.

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?

Not if they are political reports indicating success when patient experience is failure. Business management not political management.

Question 6

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

Without coterminous
You will get excuses and dilution of role and responsibility, I would be careful about that approach, however if there is a consistent management approach across the nation it should be possible.

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 because they talk to themselves and agree with themselves and are detached from realty and responsibility and turkeys don't vote for

Christmas. You chose who you want to listen to which is not sensible of sustainable.

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?

Yes, robust role and responsibility, removal of slow ombudsman with quick robust inspectorate with teeth.

Question 9

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

should tackle all ages for strategy integration as well as service integration
All partnerships must have the same structure and remit, and any change introduced consistently across the nation, otherwise you have unaccountable fragmented chaos.

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?

Yes if it spent on frontline staff and patients, and consumption prevention.
That will require leadership.

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?

I have experience, of organisations and as a volunteer, it has become a paper exercise were the thresholds level have been raised to provide perception of success while removing legitimate demand it not working and staff don't want to accept it because they would have address the turkey and Christmas sinario.

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, and yes, cut out confusion and excuses and identify role and responsibility inconsistency across the nation as well locally and deal with it robustly even to points of contact.

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 to senior, no one person could do it if exercised without fear or favour, politics or personality or position, in short if they make future proof business decisions.

Question 14

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

Not if there is flexibility in service provision locally.

Question 15

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

All issues and conditions should have a consistent service guarantee across the nation only flexibility should be demanded.

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?

They should be asked they should be told or remove themselves from public contracts, the system of work for patients outcome is important staff is secondary.

Question 17

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

Reality, measured robust accountable role and responsibility

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?

Yes that is integrated, also It and social media to ensure an inclusive approach

Question 19

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

By removing politics position and personality and ensuring user impute directly and public generally continual rotation of engagement staff and impute sources.

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?

No, Relevant service users, not just support groups. Stop talking to your selfs.