
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

The Fife Independent Disability Network (FIDN) supports the integration of health and social care. We hope that it might provide seamless, preventative care in a more efficient way than is being delivered currently. We hope, also, that, as an organisation of disabled people, who are more likely to use such services than able bodied people, the Scottish Government, recognises, from the outset, the need, to involve disabled people in the planning of the integration process. Disabled peoples' needs must be considered at all times and they should be respected and supported as key stakeholders in the development and delivery of integrated health and social care. As an organisation well placed to represent the needs of Fife's disabled people, FIDN is ready, willing and able to work with both Fife Health Board, its associated partners, and Fife Council to ensure that users' needs are met in full.

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

No comments.

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

FIDN believes that the present plans for nationally agreed outcomes are too focussed on health rather than social care outcomes and, more importantly, are focussed too heavily on organisational outcomes rather than ensuring that the users' needs are met properly. We are encouraged to note that independent living is one of the outcomes in the proposals for integration. A large part of the practical assistance which disabled people need to live independently emanates from their health and social care services and, therefore, the integration of health and social care should be underpinned by principles of human rights, independent living and citizenship with outputs and outcomes which support these principles for the end user.

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

Once agreed, national outcomes should be an integral part of setting local outcomes. FIDN considers that Single Outcome Agreements would be a suitable place for local outcomes provided that these are pursued actively and are monitored as part of the arrangements for Single Outcome Agreements.

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

FIDN believes that it is important that joint accountability recognises the views of all users of health and social care and not only the views of older people are considered during the early stages of integration. In this regard, local democratic accountability need to ensure that the needs of disabled people are taken into account properly since some may be young and working and their requirements, views aspirations and expectations are somewhat different to those of older people whose health and social care needs may arise from an age related impairment or long term condition.

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

Yes No

Whilst FIDN considers that there should be single Health and Social Care Partnership for Fife, we recognise that for some smaller local authority areas it may be appropriate for a Partnership to cover more than one Local Authority.

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

Yes No

FIDN, like many other disabled peoples' organisation, has many members who, as citizens and users of health and social care can help to ensure that the governance of the Health and Social Care Partnerships is fit for purpose. In doing so, this will ensure that services are designed with and for all adults and if disabled people are involved from the outset, we are more confident that the provided services will be equally appropriate to them. It is paramount that the integration recognizes that, even if the younger disabled adults are not the initial beneficiaries, the services can meet their needs. Service user representation on committees should be supported to be involved fully and this will require an increased role for advocacy services to support understanding in providing appropriate responses to complex matters.

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

No comments.

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

No comments.

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

FIDN believes that the two models have the potential to integrate resources in a manner which ensures that joint spending is directed to where it is required. However, in light of the reductions in local authorities' social care budgets, disabled people are keen that money is directed to community care budgets where it is needed urgently.

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

Through its Helpline, FIDN has many examples of disabled people receiving services which did not meet their needs. There are too many occasions on which social services address the basic needs such as feeding, washing, dressing etc but fail to provide opportunities for the disabled person to participate actively in their local community. Putting in place the most appropriate

services designed to meet the disabled person's self-identified needs would provide greater satisfaction and reassurance that the system was addressing their needs. Providing good quality independent advocacy services would ensure that disabled people receive the necessary support to help them ask for changes to their services as and when required.

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

No comments.

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

There should be an onus on joint accountability officers to demonstrate that there have been sufficient transfers of funding from the NHS to local authorities to enable the latter to support, through their social care budgets, people in the community.

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

Yes No

No comments

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

FIDN considers that the increase in professional leadership should be balanced with an increase in service user leadership. There is a danger that professionally led integration will perpetuate the continued existence of arrangements which need to change to reflect the new landscape. For integration to be effective, we recommend that there is real co-operation with service users participate fully in the decision- making process at every level and are not consulted after key personnel have taken key decisions.

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

No comments.

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?

No comments.

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

No comments.

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

FIDN considers that, to a large extent, responsibility and decision making should be devolved to locality planning groups to ensure that integrated services meet the needs of local people and there is no “one size fits all approach”. It is imperative that the needs of disabled people and particularly younger disabled people are recognised from the outset and not relegated below those of older people by which

time funding constraints might impact, also, upon them.

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

No comments.

Do you have any further comments regarding the consultation proposals?

No comments.

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

No comments.

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

No comments.