

# 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?

This seems like a good group to start with provided it does not reduce the services available to those under this age group.

People have asked for this kind of working together for a long time.

When people leave hospital or are ready to leave hospital, for many years packages have not been put together well because arguments over who pays for what have caused delays in people moving on. Health and Social Care being integrated should improve this.

## 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?

There is not much detail on what would be different about budgets. Commenting on whether budgets would work is too difficult when there are no real plans to comment on.

**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?

It is important to look at the outcome for someone, what was their experience and what did they think of what they got. Independent advocacy would be very helpful with supporting someone to give their view, this should be encouraged and supported.

**Question 4**

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

Yes, if they do not, how will things get better.

**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?

National and local governments should be working together to make sure that Health and Social Care services are as good as they can be.

### Question 6

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

If this means there would be a wider range of services then this could be a good thing, if it means that you have to travel further to get the service you need then it would not be good.

We wonder whether the National Eligibility Criteria would apply to everything. If it does, there is a risk that someone who has previously received a service may not get one in the future if the criteria is not the same as it is now. Services that people already get should be protected if changes are made.

How would this work if one area had a lot of expensive care packages, there might be a risk that other services would suffer, would extra money be available if this was the case? Otherwise people with low needs may lose out.

### 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?

There should be these sorts of people but it is also very important that there are also representatives from people with learning difficulties and other users of services.

**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?

It should do as Health and Social should be able to talk to each other better.

**Question 9**

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

Not sure what other areas is meant by this

**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?

It should mean that the money can be better used, but there are worries that people who qualify for a lot medical care might lose out on social care because a lot of money is being spent on the health side. Will there be

limits on the total budget for a person, if there is, then this would be bad.

### **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?

It can be difficult to know what services are available if the information is not available in an Easy Read format and is not available in the GP surgery and other places like library.

It can be difficult to understand what the doctor or nurse is telling you if they do not take the time to explain it properly and check with you that you understand. GP appointments should be longer for people with learning difficulties to make sure that the GP has time to explain things properly. Support should be available to go with you to an appointment if you need support to understand what is going on.

It can be very stressful going to the hospital or the GP and this can make it harder to understand what is being said to you.

### **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?

It should be the same in all areas of Scotland.

### **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?

Don't know how much "say" the senior has, so it is difficult to answer this.

### **Question 14**

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

Don't know.

### **Question 15**

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

The Scottish Government should have a role to play in making sure that the partnerships are doing their job properly. The government should make sure that people with learning difficulties and other service users and the voluntary sector are involved in the planning and in the “partnerships”.

### **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?

There should be input from local professionals, but they should not be taken away from their main role of supplying their services.

### **Question 17**

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

Help to provide better staffing to allow staff time to be involved without services being affected.

### 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?

Don't know

### Question 19

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

The partnerships should be talking to the people in their communities as much as possible, feedback will help improve services. There should be lots of accessible ways to give your comments. There should be representatives from local communities on the "partnerships"

### 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?

Organisations that represent others, like People First, would be able to bring the views of a large number of their members who are all people with learning difficulties. People First (Scotland) is run by its members.

It is important that the right people are involved in the planning, it must include people who know a lot about providing services and people who know a lot about getting services.



