
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 proposal to focus on older people is problematic in that not all services operate in this way and younger people often have the same needs, this approach also contradicts the themes within Sense of belonging which emphasises the need to remove the age barrier. This focus could also be seen as positive discrimination and may alienate those younger people who have long term conditions. We would favour a whole system approach that would eliminate barriers at transition stages and enable a more equitable service to be delivered. We acknowledge that implementing change across all age groups would be problematic. A more realistic approach may be to consider a long term condition that spans the age groups.

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

Please see response from COT.

We appreciate that the framework is still at consultation stage however feel that the proposal lacks significant detail to how the framework will be progressed in a practical way i.e. IT Systems, terms and conditions of employment.

Through our discussions across health and social care it has become clear that there are very different views of what is integrations entails and how this will be rolled out. An example of this is that some professionals feels that integration means co-locating however continue to have separate services. We feel that a clearer definition of integration is required.

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

Legislation is required as agencies have not done this on a voluntarily basis in the past. Nationally agreed common outcomes would enable services to work toward shared goals however as with all organisation it is essential to ensure that all departments are working toward the same goal i.e. housing, social care and education.

We are concerned that often agencies cannot agree internally, this is likely to create barriers when trying to agree outcomes across agencies.

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

National agreed outcomes are required for accountability and standardisation across the country however there need to be degree of flexibility for local variances which should be reflected in the local single outcome agreements.

There is a lack of outcome measures at front line services particularly for social work therapy staff. There is urgent need for further development of this, they need to be realistic, flexible and measurable.

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

There is a concern that local authority leaders are answerable to politicians who may lack the knowledge required with regards to health and social care services.

See COT response.

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

Yes No

There should be scope to establish partnerships over more than 1 local authority where required. If this is not considered then you could end up with 1 health board making agreements with several local authorities, in NHS Lothian this would be up to 4. Smaller local authorities would benefit from joint partnerships to provide specialist services.

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

Yes No

There is disappointment that there is not an AHP included in the committee with a casting vote, we would strongly recommend that this is considered. We would also support all members of the committee having voting rights in order to provide good decision making.

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

See COT Response

There is no information with regards to what action would be taken or what support would be provided.

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 support that there should be scope to include other budgets as this could streamline services and eliminate stress for service users and carers when moving through transitions periods. It could also streamline criteria for services across age groups.

There is no mention of Housing or Education budgets and this has a huge impact on health and social care for individuals. Again we recommend a whole systems approach.

There needs to be consideration given to long-term financial planning, presently there is different financial planning cycles across each agency.

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

We have concerns if either the local authority or health host the budget then it could become biased.

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

GP's

Our current experience is that GP's gate keep many NHS services ie access to day hospital and other specialist services. Social Staff are unable to refer directly to services and there are occasions when GP's decline to refer despite recommendation from AHP's within social work.

There are some GP practices that have access to smaller community style hospitals and result in a unfair service across the county. For example some GP admit to enable service users to recuperate when other GP's

cannot access this.

We find joint working on the ground is exceptionally successful however relies on individual practitioners pushing this forward. The lack of IT systems across health and social care significantly impacts on joint working.

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

There is not enough information on how the minimum categories of spend would be made. It is unclear how regional diversity would be managed within minimum categories of spend.

There is also a concern with regards to different criteria for services across all local authorities and perhaps criteria needs to be considered before budgets are decided.

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 is a concern that if the budget is hosted within one agency then the jointly accountable officer could be biased towards this. In view of this we recommend consideration is given for an independent jointly accountable officer that has clear understanding of both health and social care.

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

Yes No

We do not feel there is enough information to answer this.

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

See COT Response.

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

We feel that consultation is not enough and that there needs to be a duty to include local professionals and GP's. There is a concern that at present GP's are stand-alone and there should be duty placed on them to be included in this integration agenda.

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?

- Ensure they are listened to.
- Seat on the partnership committee, perhaps this seat should be rotated.
- Ensure speciality groups on the committee.
- Voting rights.
- Regular feedback to all staff, not just management.

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

As GPs are not currently part of the NHS of LA we suggest that locality planning should be around existing local council boundaries. Organising around GP's can also present problems as often they cross local authority boundaries.

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

Please see COT response

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

See question 18

Do you have any further comments regarding the consultation proposals?

There are fundamental differences between NHS & Social Work including terms and conditions of employment and statutory obligations which need to be considered in order to ensure effective integration.

For staff Terms and Conditions of Employment is significant issues, currently across our integrated team there is varied pay scales, differences with regards annual leave and flexi leave and pension. This could lead to the downfall of integration when some employees perceive the benefits on either side and could lead to disgruntled employees.

There is a urgent need to have an integrated IT System across health and social care. There is daily issues with regards to sharing of information which impacts on service user care and rehab plans. An example of this is when GP's decline to give medical information which could aid in decision making and ensuring the most appropriate service.

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