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 bigger, longer term picture needs to be considered here. It is difficult to address the need for better outcomes for all if older people are prioritised in isolation. For instance, the paper makes significant reference to the importance of investing in preventative services and approaches. This will require a commitment and investment from Health and Social Care across all client groups in order to achieve these outcomes for all, including outcomes for the older population in the mid-to-longer term. It will require new systems and ways of working together, and significant cultural shifts in both sectors, to be truly successful.

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 ▢

It would be helpful to have more specific reference to the involvement of community development, housing and the voluntary sector with these partnerships. In supporting individuals to live longer healthier lives we need to ensure that people are coming from, contributing to and benefitting from robust communities and have the opportunity to live in good quality homes that are fit for purpose. There is, for example, no specific reference in the paper about joined-up approaches to making homes that are fit for purpose and accessing aids and adaptations. This is a basic and fundamental way of supporting people to live at home for much longer periods and reducing the burden on the Health and Social Care monies.

There is also no reference in this paper to significant pieces of legislation that will impact on any partnership approaches e.g. the Self Directed Support Bill.

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 ▢

Whilst the proposal establishes the requirement for joint delivery and accountability of services through health and social care it does not propose mechanisms and approaches that will ensure a cohesive and co-ordinated approach from all partners concerned. There is a lack of clarity of how these partnerships will respond to local need and be accountable not just at local authority and ministerial level but at the level of the local community. There needs to be a cultural shift in the delivery of services and a shift of power – aims that have proven problematic in the past in some areas where this has been piloted.

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 ▢

Yes, It will require joint working and strategic development across health, social care, housing and community development to achieve these nationally agreed outcomes.

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 needs to be investment in partnerships areas to an ongoing and meaningful dialogue with the communities they serve – a sense of accountability to local people that goes beyond the formality of local political accountability. There is also an opportunity that could be missed by not having a forum for local Heath and Social Care Partnerships across Scotland to come together and share good practice and creativity in their approaches.

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

Yes ▢ No ▢

Yes, such arrangements need to take account of what makes sense locally and tradional boundaries may need to be looked at to make this happen and avoid postcode lotteries when it comes to services.

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

Yes ▢ No ▢

There needs to more consideration about such committees being accountable to the communities they serve.

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 ▢

More robust Forums need to be in place for local communities to react and respond if they feel that services are failing to deliver.

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. It is important that any actions in relation to this need to be monitored carefully for the outcomes they achieve. This requires transparency and openness about any results that are achieved. If effectively monitored and evaluated this may determine good practice across communities in Scotland

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 ▢

There is a concern arising from past of experiences of health and social care partnerships that the agenda of health professionals will dominate and lead to more medicalised models of health and disability. These may treat the symptoms and illness but fail to look or consider the variety of factors that affect people’s overall wellbeing. An unequivocal commitment to the “social” model of disability across health and social care is required, and would provide an important bulwark against such dangers. Scotland needs strong resilient communities where people’s contributions are valued and recognised, irrespective of age or lifecycle stage.

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 ▢

Comments

We have experienced both health and social care services that become focused on the label that someone has rather than the person’s underlying need.

Gatekeeping mechanisms around such services often exclude those with the most need. Services are often inaccessible to harder to reach groups such as people with learning disabilities who have traditionally a poor uptake of health care.

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 ▢ ?

This will require wholesale systems changes and cultural shifts among local authorities and health boards to work together. This has proved to be problematic in the past, and thus significant time and energy will be required to engage with local communities and the professionals in those areas, and ensure that any monies are spent wisely.

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 ▢ ?

This depends on the skills and expertise and background of the Jointly Accountable Officer. The skills required of someone in this position seem to relate to an ability to engage with local communities and professionals to inform local planning decision-making and arrangements and allow for careful subsequent monitoring. This requires an ability to facilitate a radical shift of power.

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

Yes ▢ No ▢ ?

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 ▢

Some direction in terms of good practice will be required. Some models of good practice and experiences of joint health and social care approaches may be found in other parts of the UK for example Health and Social Care Boards and Patient and Client Councils in Northern Ireland. What has the Scottish Government learned from other areas? The Scottish Government should have a responsibility to promote good practice and incentivise this within Health and Social Care Partnerships to avoid tokenistic or ineffective interventions.

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 ▢

Whilst the input of local GP's could be valuable, this input will naturally lean towards a more medical response to local need. It is important that a cross-section of local professionals is achieved at local level and that work is done to engage with harder-to-reach people in order that the partnerships are responsive to diversity in communities.

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?

Incentivise good practice in this area and create a Scottish platform where good practice can be shared. Some flexibility around budgets and planning will also be helpful, as would the avoidance of language such as “clinician”.

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 ▢

The development of services must not be solely focused on the structures associated with medical models of care and support. It needs to be structured in such a way that conflicts of interests are minimised.

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

A model of co-production with communities is essential to deliver better outcomes for individuals. People are the experts in terms of needs, both individually and collectively. Individual and communities need to have a commitment to this agenda and meaningful dialogue and involvement in decision-making. This is especially true of harder to reach groups with a poor uptake of health care, e.g people with learning disabilities. Any local forums need to be widely publicised and made as accessible as possible. The third sector has a part to play here in determining good practice in any partnership areas and ensuring that diversity is valued and considered in any decision making.

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 ▢?

Comments

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