

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

Citizens Advice Scotland (CAS) agree that this is the most pressing need but expansion to include other groups, and in particular other adults and young people should be planned so as not to be unduly delayed. Similarly, everyone should be clear about when further integration can be expected to happen. Younger adults affected by long-term health conditions and young people making the transition from children's to adult services may be particularly badly affected if this is not done.

Citizens Advice Scotland also feel it will be important to clearly define what is meant by 'older people' and how statutory agencies can ensure that the lessons learned can be applied to the rest of the adult population and others.

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

Citizens Advice Scotland would welcome a clarification on the following points –

What will happen if local authorities fail to deliver?

How will best practice be shared between areas and agencies?

What will happen if local arrangements are ineffective?

While CAS appreciate that much of this detail will be contained in regulations and guidance, we are concerned that such a high degree of local flexibility may lead to a lack of accountability and control and there will be a significant need for monitoring or the effectiveness of local arrangements as a result.

This applies particularly to references to third sector involvement. CAS would welcome clarification on how the Scottish Government will ensure that third sector involvement is sufficient and robust and representative of

the wide number of agencies and specialisms with an interest in this field. It will be very important to avoid tokenism and to ensure that the voice of the third sector can truly be heard.

It will be very important that the Patient Advice and Support Service (PASS) is kept informed of changes to structures, decision making processes and services in order that it can assist its clients effectively, particularly in relation to voicing concerns or making complaints. CAS requests that they be kept informed of these changes.

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

CAS feels that this approach will probably provide a sufficiently strong mechanism to achieve the extent of change that is required, with the proviso that it will be important to have agreed outcomes in place. It will also be important to put agreed outcomes in place as soon as possible after the legislation is passed and for robust monitoring and evaluation of these to take place also as soon as possible.

CAS is concerned that there is no mention, in Chapter 3 of the role of the third sector in setting local outcomes - only of the two statutory agencies. CAS strongly recommend that the third sector be consulted about what should be included in setting the locally agreed outcomes as well as the national ones. The third sector will have a significant role in providing the data which statutory agencies will use to evidence whether or not local outcomes have been met.

CAS would also welcome clarification on what will happen if the national outcomes are not met and/or inappropriate local outcomes are set.

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

CAS believe that nationally agreed outcomes should be included in all SOAs.

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

CAS agree with this, provided that adequate reporting and monitoring requirements are in place and that sanctions can be applied where appropriate. Provisions will need to be put in place for dispute resolution where agreement between the two agencies cannot be reached.

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

Yes No

CAS believe that this is likely to be essential in areas such as Grampian, where three local authorities operate within the boundaries of Grampian Health Board. This will, however, complicate the accountability, authority, responsibility relationships between the Local Authorities and the Health Board and care will need to be taken that the appropriate balance is maintained.

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

Yes No

CAS are unable to comment on this question.

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

CAS are unable to comment on this question.

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

CAS believe there may be merit in this where local arrangements allow. CAS would welcome the Scottish Government providing guidance on how this should operate.

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

CAS believe that the removal of the distinction will help to develop truly joined up services.

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

CAS are unable to comment on this question.

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

CAS believe it will be important to allow sufficient local flexibility whilst ensuring minimum levels of care. It will be essential, however, to avoid postcode lotteries in terms of services available and to ensure equity of service provision.

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

CAS are unable to comment on this question.

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

Yes No

CAS are unable to comment on this question.

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

CAS believe this is probably a mixture of both. Robust guidance and/or regulation will be required to ensure consistency of approach and monitoring and reporting but at the same time, local flexibility will be essential so that local services meet local needs.

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 this is to be welcomed, it will be important that such consultation is meaningful. CAS would welcome clarification on how the Scottish Government will ensure that the views of the professionals are fully taken into account in service planning and delivery. CAS would also welcome clarification on what sanctions will be in place if professionals are a) not consulted or b) their views are not taken into account.

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?

CAS are unable to comment on this question.

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

CAS are unable to comment on this question.

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

CAS believe that this is likely to vary significantly from area to area but guidance should be provided by the government on which areas of responsibility must remain with the HSCPs and which can be devolved. It will also be essential to be clear about where, i.e. with which body, accountability will ultimately lie, even where some decisions have been devolved.

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

CAS believe that this may be a reasonable measure in some areas but may cause difficulties in remote rural communities. Some flexibility may therefore need to be built in to take account of this.

Do you have any further comments regarding the consultation proposals?

No.

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

No.

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

No.