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 **X** No ☐

We wholeheartedly endorse change that will improve outcomes for people through integrated professional practice. In our view, the case for specific changes proposed is not adequately articulated in the consultation. The Scottish Government's aims for integration are not consistently articulated and are variously expressed in terms of reductions in emergency admissions; the financial impact of demographic change; delayed discharges; improved outcomes, which leads to a lack of clarity of purpose in describing how public services can best be organised.

It is important to reflect, in an integrated model, the distinctive contribution that social work makes to the lives of people. It is not solely concerned with delivering social care to meet a person's presenting needs based on their age or condition but, through intervention, improving the social relations of individuals and the society around them to enhance safety, wellbeing and capacity. It safeguards people who may be vulnerable for a number of reasons, not just in terms of health. It is critically important that the definitions of integration and the process that flows therefrom is risk managed to ensure that integration of some aspects of our business does not simultaneously disconnect the crucial contribution of other elements of social work to a well functioning society. The consultation understates the important statutory public protection functions of social work, and the need to ensure this is not diluted in any future delivery model.

Integrated care comes in many shapes and sizes and the route to integration should be a matter for local determination in light of local needs and circumstances. Nevertheless, in Aberdeenshire we would consider it pragmatic to focus on integration of older people's services initially. This is a substantial area of business in itself, that will require careful and detailed attention in order to ensure the transition process is properly managed and can set the context for further integration.

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 X

The equal and significant contribution of the acute sector, culturally as well as financially, needs greater emphasis within this process.

In addition, the core principle of maintaining local flexibility and determination is vital to ensure the new model is fit for purpose and endorsed by local communities and stakeholders.

The connections to Christie Commission recommendations, community planning and public protection, for example, are equally important and should be given due weight in shaping the framework.

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 ☐

We have not answered definitively yes or no because the extent of change envisaged relies on a number of crucial elements, of which a joint performance framework is but one. Others are highlighted in the course of Aberdeenshire's response.

The good performance delivered to date could not have been achieved without the joint commitment of each statutory partner. Existing suites of performance indicators and outcome measures already provide a platform for joint improvement and delivery (eg through the Single Outcome Agreement, community care outcomes framework and change plan core indicators) and there needs to be a clear statement that a new joint performance framework will replace, rather than augment, existing arrangements and will be fully embedded in these existing joint frameworks, ie SOA etc.

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 **X** No ▢

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 **X**

Guiding principles should reflect the proportionate and streamlined approach to managing a simplified landscape of public services envisioned by the Christie Review. Existing arrangements (including the SOA) provide accountability in terms of local, multi-agency service delivery linked to national priorities. We recognise that the proposal to create a Health & Social Care Partnership, the format of which should be locally defined in order to be relevant, can add value to integrated working and performance management. The key outcomes delivered through this partnership should feature in the SOA.

The issue of joint accountability, beyond that which is currently in place in many parts of Scotland, is one which requires further careful consideration. It is not evident that the introduction of a triad of accountability through statute is a necessary or effective way to enhance the joint commitment of partners to deliver best outcomes for local people.

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

Yes **X** No ☐

Flexibility is important and local determination as to "best fit" is crucial.

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

Yes ☐ No **X**

We welcome the intention to bring further transparency to the delivery of some health services. However, existing accountability arrangements for a significant range of social work functions may be compromised by the disproportionate arrangements described in the consultation. As currently outlined, the proposals do not, in our view, adequately reflect local accountability and the need to address the democratic deficit, or the voice of users and carers. Again further detailed consideration of how this might be addressed is essential and we are happy to offer ideas to inform this work.

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 ☐

It is difficult to respond to this question at this point in time. It is particularly important that patients and service users feel any new arrangements bring about improvements in their wellbeing and these are not just process-related.

It would be wrong to design a national system based on a deficit model. If, in some areas, services are failing to deliver, there is in place enabling legislation that allows for intervention at various levels to address this. Performance Management is not just about meeting targets but is about ensuring that local care and health services reflect what matters most to local people. The voices of service users, patients or staff are generally not well acknowledged in this consultation process.

Furthermore, a key element of demonstrating performance relies on our capacity for electronic information sharing and creative use of IT which, thus far, has eluded us nationally. The consultation does not address itself to this and other national barriers to effective service delivery, such as the GP contract.

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 **X** No ☐

Flexibility here is welcomed. However, broad parameters indicating functions that should be included would be helpful, eg independent contractors in primary care

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 **X**

We acknowledge that the impetus of the Government's integration agenda may be helpful in driving forward improvements in process and outcomes within mainstream health and care. However, the model and the consultation paper fail to clearly articulate a real vision for health and social care integration and how it could be achieved. This needs to be done in the context of other transformational change taking place, eg self directed support and personalisation that will much greater choice and control to service users and patients on matters relating to budgets.

The model and the consultation also fail to address the intrinsic differences between a universal health service and a targeted social work service for vunerable people and between a service that is free at the point of delivery and one that is means tested.

We do need to strike the right balance between a top down approach and one that emphasises and facilitates integrated practice at the front line . In Aberdeenshire

there are effective local joint teams in place, a three year joint investment plan and a culture of joint working and decision-making at all levels. There is opportunity to develop more organic, flexible, delegated responsibility to professionals and practitioners that may offer improved outcomes and are relevant to local communities.

It will be necessary in due course to consider the practical definitions and resource implications of taking forward cross agency integration. However, in advance of that we need to nurture a common vision, shared commitment, a culture amongst professionals and managers that values difference but recognises that health and care provision is mutually and inevitably interdependent.

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 **X** No ☐

Examples include Aberdeenshire Joint Equipment Service and achievements using the Change Fund – we believe that these are delivering positive joint outcomes and are nurturing a strong joint culture. We would be pleased to share more details with you separately if helpful.

There have been long standing issues associated with resource transfer which have been resolved to a great extent in recent years. There remain issues about engagement within the NHS more broadly and we do have concerns about the quality of engagement, commitment or understanding within NHS acute care in respect of integration with primary health care or social care or about planning generally on a whole system basis.

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 **X** No ☐

Yes, we would be comfortable with a minimum direction being applied in the context of the previous questions and responses. Local arrangements which focus on joint accountability for investment, cost monitoring and shared efficiencies will support an integrated approach. Common budget setting timetables, shared

information systems and development of the IRF will all contribute to achieving the objective of integrated budgets.

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 **X** ☐

The question has a narrow focus that does not address the point at issue. We are unconvinced that the Joint Accountable Officer offers a reasonable means of enabling a shift in the balance of care. Again, local circumstances may dictate how this shift can be advanced beyond that which is currently evident and how the role of a Joint Accountable Officer can best contribute, if at all. The role of the new Partnership will be more influential than a single individual in setting a common vision, securing the commitment of large and diverse workforces to delivering integrated practice, care and early intervention closer to home.

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

Yes ☐ No **X**

There is a lack of clarity of how this post will contribute to achieving joint outcomes and to what extent local circumstances may influence the nature of this post. We are unconvinced that the same post is needed across each local authority area, particularly when there is such variation in existing partnership arrangements and in those that may emerge. Outcomes should remain the focus – will a single jointly accountable officer at a senior level ensure that people who need care stay well, have greater choice and control, feel listened to by health and care professionals, experience reliable and responsive care and reduce the amount of care provided unnecessarily in hospital settings?

The proposal reflects a structural top down approach that may not always be in the best interests of enhancing joint delivery of care locally. Some flexibility is required about how best these outcomes can be achieved in local communities.

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 **X**

This must be local determined albeit we will be working to common principles.

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 **X** No ☐

Yes, in many areas including Aberdeenshire there is already strong evidence of GP involvement in strategic and operational planning forums. We would be keen to emphasise the importance of a whole system approach to planning. Service users, patients, workforce and community planning partners should also be consulted and involved routinely.

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?

Local strategic planning mechanisms that feed in through joint community planning arrangements would be effective. Links to the response at question 16.

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 **X**

Possibly but not necessarily. While this offers one obvious option, there are others that may be more relevant in some places. We would argue that the model of locality planning should be locally determined by the key community planning partners.

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

We support the principle of empowerment and devolved decision making as close to the front line as possible. Equally, we need to ensure equity of access to care and related public services across the partnership area by recognising those

elements that may best be determined on a pan-Aberdeenshire basis.

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 **X**

This depends on the geography and demography of the area.

Do you have any further comments regarding the consultation proposals?

It is vitally important that the rationale for this significant change in delivering health and social care services is clearly expressed. This shapes our view about the importance of local determination and flexibility. Any change, while of national significance, must be locally relevant. Aberdeenshire is committed to delivering integrated practice to people who need care. We regard this as a priority – our focus is firmly on outcomes and local relevance and we will continue to work in partnership to achieve this. Creating a genuine integrated environment requires significant cultural change and commitment within and across workforces and yet there appears limited reference to staff in these proposals, or to the time and skill needed to achieve cultural congruity and inter-professional trust and esteem across the whole local system. Having effective leadership for integration in place at all levels will be essential. The consultation does not address itself to this issue

Finally, change of this magnitude must be planned on the basis of evidence. We must understand the consequences, intended and unintended, of the changes proposed. Evidence of similar integration initiatives from other parts of UK, and supported by early change fund performance, is that we may not be able to reduce emergency admissions; that while length of stay could be reduced, there will be no evident resource release from secondary care; that despite process improvements for staff, patient experience remains the same from their perception; that the greatest gains from integration are in healthcare processes.

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