

Respondents details

- i) Mr J H Evans, Ladybank Panel. Yes ok to contact via Fife Elderly Forum.
- ii) Rosyth Panel Member. No contact details to be shared.
- iii) Mrs June Steen, 11 Scotsraig Appts, Boat Road, Newport on Tay, DD6 8EU. Newport Panel
- iv) Ladybank Panel Member. Yes ok to contact via Fife Elderly Forum
- v) Anstruther Panel Member, No contact details to be shared.
- vi) Anstruther Panel Member. No contact details to be shared.
- vii) Anstruther Panel Member. Yes ok to contact via Fife Elderly Forum.
- viii) Mr Charles C McLachlan, 31 Buchan Gardens, Buckhaven, Fife. Yes ok to contact via Fife Elderly Forum.
- ix) Kirkcaldy Panel Member, Yes ok to contact via Fife Elderly Forum.
- x) Newport Panel Member, Yes ok to contact via daughter, Mrs Stirling 01786 480972 (discussed & scribed answers) or via Fife Elderly Forum.
- xi) Williamina Auld, 11 School Road, Balmullo, Newport Panel Member
- xii) Nancy McMillan, West Fife Panel Member, Yes ok, to contact via Fife Elderly Forum
- xiii) West Fife Panel Member, Yes ok to contact via Fife Elderly Forum
- xiv) Kirkcaldy panel Member.

Q1) The Scottish Government would like to make health & 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?

i) Yes it is a good IDEA? Why? 1) The elderly population is increasing swiftly. 2) Provision of services currently is all "wind and water". No single authority is apparently responsible. 3)The elderly are becoming the main voters, so if you want in, act responsibly now.

ii) It is a very good thing.

iii) What areas require improvement! I need to know before giving an opinion. Be more specific, after all, why start with the elderly?

iv) The 'older population' is a growing number - along with their carers within the family group who need to be included in consultation. Integration might improve communication.

v) If as you say the elderly are sent to 'Homes' or other places, it would surely be a good thing to work together and sort this out, to the benefit of the sick person.

vi) I think this is a good thing. Older people to have priority.

vii) Yes

viii) This is a good idea, it would save some folk from going into hospital or home.

ix) Any improvement which creates efficiency is surely a good move.

x) Yes it is a good thing especially where elderly have mobility issues or are isolated.

xi) Yes. Health visitor should make periodical visit

xii) By singling out older people, this would cause an uproar from other groups who quite rightly feel that their needs are just as valid so I don't agree with the proposal.

xiii) Yes, I think this is a very worthwhile service. I expect more people could stay at home given the correct treatment. Knowing there will always be someone there for them.

xiv) Older people should be put first - we are all living longer. They should be given the respect they deserve as they have worked hard all our lives and deserve quality healthcare in our later years.

Q2) 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?

i) I thought that this was for "Elderly" services:- what is this Adult Health and Social Services money?

ii) To give us better pensions.

iii) Neither Health & Social care can manage their current budgets. What benefit will there be? The items outlined should already be in place.

iv) Hopefully in joining up care provision, we would avoid job duplication. 'Customers' need to be able to contribute much more to decisions on what the money is used for.

v) There will always be mistakes surely the best people to decide this are the elderly themselves, especially if they need lots of help.

vi) Yes.

vii) No.

viii) No

ix) This appears as being 'well' thought out and put together.

x) Good local community facilities eg. Lunch clubs, and health facilities eg. Chiropody and transport are vital. A one point contact would be very useful and less confusing than current arrangements.

xi) Very happy with care at the Leng Resource Centre, Newport

xii) To answer this it would take up a much bigger space which has been allotted to us. This also applies to all the questions. 1-20 of them.

xiii) If this can work it sounds just perfect. I feel elderly people, in their own home 24/7 can get very lonely, even although they have carers as the carers only give them 10-15 minutes. They need to know someone really cares. Not someone dashing in and out. Valuing friendships. Not several different carers.

xiv) Chiropody, dietetics, transport, Initial response teams, from hospital discharge, should overlap with Home Care more smoothly and IRT teams should train Home Care as they have a better standard of care. Keep consulting Fife Elderly Forum Panel Members every step of the way!

Q3) Council's 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?

i) No

ii) I think they should work together.

iii) Do you think what we want to do is a good way to make the change?...How would anyone know!! What does this mean? We would do better with less Chiefs and more Indians. No more bureaucracy please.

iv) It would be useful and more efficient if staff of Council's and Health Boards could communicate and co-operate more easily to provide the most appropriate care.

v) I can't understand Council's and Health Boards not working together, as it is all to do with frail elderly. Each should have equal say.

vi) Yes

vii) Yes

viii) Yes

ix) Definitely.

x) Why not allow local communities to decide how to spend funds locally and respond to particular issues for their area rather than central decisions being made.

xi) Yes

xii) Why is it only now the Government want to work together? Surely all the Departments aren't opposing the management of issues calling it a fancy name is not the answer.

xiii) This is difficult even at the moment. It can be so difficult to meet a Doctor as appointments are hard to arrange so where will have to be big changes. Elderly people find it difficult to understand all that is happening around them and can feel do lonely, neglected and isolated by not understanding what is happening.

xvi) Possibly this is already underway with meetings? They are two separate entities with two very different cultures and perhaps a Change Team panel with members who are required to attend - no excuses! The Given the Change Fund and the 3 year allocation of funds? Fife Elderly Forum Panel Members should be given a representative with a casting vote on the Executive panel & consulted regularly for opinions and customer feedback.

Q4) Should Health Boards and Councils both agree on how they will make things better for adult health and social care?

i) Adult Health and Social services - again. Make your minds up what it is you are promising.

ii) I think they should make better.

iii) In an ideal world, yes, if they both agree. Will any elderly people be involved in this process?

iv) Yes - but as a former carer, I found help on offer rarely covered my needs e.g. help with lifting and at night or weekends. They need to consult us as well as agreeing.

v) Yes. Arguments are so time-wasting.

vi) Yes.

vii) Yes.

viii) Yes.

ix) Yes.

x) They may not agree on priorities - so a third party may need to resolve disputes. How will local priorities be identified?

xi) Yes.

xii) Why is it only now the Government want to work together? Surely all the Departments aren't opposing the management of issues calling it a fancy name is not the answer.

xiii) Yes, someone like a Health Visitor would be excellent for the housebound. Someone who can visit regularly even once a month, really getting to know them, to listen and to make them feel wanted.

xvi) Yes but keep the elderly informed and give them a voice via Fife Elderly Forum and be clearer about your objectives.

Q5) If health & social care services have to report to Ministers and Council leaders, is there the right balance of local and national responsibility?

i) This is a NATIONAL responsibility not a local authority one.

ii) They should report to Ministers and Council.

iii) This has been tried before eg T.R.C.

iv) I think a basic level of national responsibility is necessary but local needs vary and local flexibility is important, right down to individual community level.

v) There should be a right balance. Get the right people at the top of each, good results always come from good leadership.

vi) Yes

vii) Yes.

viii) I think the right balance could be reached.

ix) Probably, yes.

x) Local responsibility should be the main focus with some supervision from National Governments (No Quangos!) (eg Care Commission)

xi) Yes.

xii) All this is pure speculation!

xiii) The persons concerned, will have to meet regularly to report all details for it to become a success.

xvi) There should be accountability and reports made available to elderly groups. It is a national responsibility.

Q6) Should it be possible to create a new Partnership that covers more than one Council area? For example, a Lothian Regional Partnership?

i) No

ii) Yes

iii) As question 5, this has been tried before eg T.R.C. The results of bad management became very clear when all our local authorities became 'Tayside Regional Council'

iv) I think this would make units too difficult to manage and out of touch with local needs. My area already lacks local contacts within Fife.

v) It should be possible but probably rather difficult, it is leadership that counts again.

vi) Yes

vii) Yes

viii) I don't think so. Some of the regions are large.

ix) Not very sure on how this would be run?

x) As long as the areas is not too big it could work but still need local autonomy (eg some Health Board areas = Huge!!)

xi) No.

xii) More Departments - more complications!

xiii) I agree it will have to be split into areas for this to work.

xvi) I don't think so. People in the location should be responsible for their area and are well aware of the local issues.

Q7) 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?

i) No. A Minister should be appointed and call on whom s/he requires when necessary.

ii) Yes

iii) Definitely not. I want people who have experience (hands on) to make up any Committee, who will in time, make major decisions that will affect my life.

iv) No. There is no direct voice here for actual users and their families. That needs to be an active inclusion so as to provide services really needed - not just a paper exercise.

v) Partnerships should be of doctors, or workers in the NHS, they should understand, and the best of the voluntary members. Less talking more action.

vi) Yes

vii) More local representation needed.

viii) Yes.

ix) Yes!

x) Obviously Doctors, Social Workers, Voluntary Staff and Elderly reps need to be involved. Why are elected Council members necessary on such a committee? Leave it to the professionals!

xi) Yes.

xii) No, they have their own commitments.

xiii) Yes it is people who already know the districts.

xvi) No, people from charities such as Fife Elderly Forum, AgeUK, nurses 'operational people' have the best grasp of what's going on and should be given a casting vote on the panel.

Q8) 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?

i) The "new plan" is not yet a "new plan" ask again, when it is.

ii) I hope so.

iii) Stop spending money on 'crap' like this. If you have spare cash, give it to the Services who desperately need it.

iv) The biggest gap in services is 'the weekend'. In my experience help during the weekend has to be pre-arranged and hospital help waits until Monday. When dealing with the elderly - this could be fatal. The new plan needs to do more to improve this and provide immediate help at weekends/holidays and at short notice.

v) The changes will certainly not take place quickly if 'history' is anything to go by.

vi) Yes

vii) It all depends on the people involved - will they act quickly enough?

viii) Changes will not be easy as it will take time to work.

ix) Yes please and investigate thoroughly!

x) Find good examples of practice and share ideas to improve services (why are services not working properly? Is it lack of money? Mis-management? You could investigate why this is not working

xi) Yes.

xii) No.

xiii) Going ahead with what you plan is good but it won't happen quickly.

xvi) The biggest problem is continuity in Home carers. Particularly getting the same one consistently. Fife Council are using Agency workers and costing the tax payer dearly. The IRT teams should be training the Home carers as the quality of care is better and the 10-15 minutes per person isn't ideal. Also weekend care/holiday care is sparse.

Q9) Do you think the new Partnerships should be able to include other areas of health and social care, if they want to?

i) No.

ii) Yes.

iii) What partnerships? Is this not meant to be a Consultation paper. Have decisions already been made?

iv) What areas? Can they afford it without neglecting basics?

v) Yes

vi) Yes

vii) Yes

viii) I think the partnerships should deal with their own area.

ix) Don't make it too Big!

x) Yes, should be responsive to the needs of the individual(s).

xi) Yes

xii) No.

xiii) No comment.

xvi) No. They should concentrate their efforts on the matter concerned.

Q10) If the money is put together, do you think our proposals will allow money to be spent better for the patient or service user?

i) Are you now calling the elderly "patients?" What does "Service user" mean? Local Authority have already made a total shambles of their responsibilities.

ii) Yes it should be spent better.

iii) Dream on

iv) I think inclusion and ongoing consultation with people who use the services is vital.

v) Yes, as long as all is planned properly.

vi) Yes

vii) I'm afraid I have no idea.

viii) Yes.

ix) Hopefully.

x) Definitely, eg Elderly getting to medical appointments etc. More joint working needed especially when Elderly leave hospital to return home after accident/illness.

xi) Yes

xii) If? Is the money available?!!

xiii) I would like to think so.

xvi) Ongoing consultation and consultation with the elderly whom use Fife Council and Social services is extremely important.

Q11) Do you have experience of how easy or difficult it is to access services across both health & social care systems? If you have, would you like to tell us?

i) Yes. GPs are concerned with their own prosperity (generally speaking). The NHS is poorly supervised and is almost a club for "The boys".

ii) It has been good.

iii) It is not easy to access any or either service. How would bringing them together improve things?

iv) As a former carer (for 9 years), I found it physically hard to survive: the types of help I needed - not on the 'list'. Carers are a cheap option and need support and inclusion in consultation.

v) I have no complaints, but a separate region will not co-operate very well, they all want to dictate. Not easy for the patient if out to a Hospital in another Region.

vi) No.

vii) All my recent experience has been good.

viii) No comment.

ix) None yet.

x) Returning home from hospital after a fall. I had very frequent home support for an allotted time then this ended quickly with then no support! (Not judged on individuals need but on policy)

xi) Social care is very good. Also blind association. I think health visits needs to be upgraded.

xii) It would take a lot more space than is allocated to this question.

xiii) Making appointments with local Doctors - it really puts you off trying simply because the Centres keep changing rules and it's very frustrating.

xvi) The lack of emergency care locally in Kirkcaldy at weekends past 5pm. The hold-ups in assessments for aids for bathroom, special chairs and delivery of same. Waiting times for home care and the use of Agency workers which must cost the Council dearly and not reflected in slightly higher salaries for those that do Home Care work and them being valued to return some passion and commitment to the ethos of care. Home care should shadow IRT teams to keep standard of service consistent. Social Workers should not have overall ruling autonomy in best route for the individual without prior family consent and the express wishes of the relatives to be taken into consideration if needs have to turn to a Care home or are they not best supported in their own environment? There should be more training in palliative care with Fife Hospitals staff in general. A Complaints procedure as things have gone wrong with hospital care and standards, in my experience much to my family's detriment, and there are no lessons learned. GPs and OT's working more closely together to ensure mobility and physio is addressed & a 'Continuing care personal plan developed' despite frequent hospital visits for instance.

Q12) 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?

i) There should be a separate Budget for this fairy tale. NHS/Social Care are and should remain separate entities.

ii) Yes.

iii) Outcomes? What are these. Currently both budgets are too small. All Government ministers are policy makers but not necessarily budget makers.

iv) Not sure if this would help, but those spending a large budget obviously need to be accountable to the public for use of moneys and decision making.

v) No comment.

vi) ?

vii) Yes.

viii) Ministers should put into law, as it would be able to share money etc and be met locally.

ix) No comment.

x) Yes probably, but allow local priorities a say.

xi) Yes.

xii) Don't know.

xiii) It is worth a try as I hear of people being turned down for help and they really would make so much easier for the clients, so unfair in fact shocking.

xiv) Unsure this would help as there are so many gaps in service, care standards etc. Constant consultation is required.

Q13) 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?

i) Budgetary control should be through a Finance Committee not an individual.

ii) Yes.

iii) How much out of the budget will it cost to pay a "Senior Officer" and, no I don't agree that s/he should decide how the money is spent. It will take a miracle to put this in place.

iv) If Health Boards & Local Authorities appoint the senior officer, he needs to follow their decisions and accountability should go right down the chain to the USER.

v) Yes, more than 1 person would be best.

vi) Could be problems?

vii) Yes/No.

viii) I think that it is too much responsibility for one man or woman. There is too many regions in Scotland.

ix) ?

x) Where all this money is concerned, need a fair and open committee, chaired by a chairperson (senior officer), so that equality is reached in e

xi) Yes.

xii) Definitely.

xiii) Someone who can handle money well, it would be no problem but I would think it should be divided into regions or areas so that the money is available at the time when needed.

xiv) Yes, it should be through a Finance committee, not just one person.

Q14) Have the proposals given the senior officer enough authority and responsibility to take control of this money?

i) Too much responsibility

ii) Yes.

iii) What a waste of time.

iv) His job should be to make decisions happen - not his personal power - but his responsibility to carry out decisions made by Boards and Authorities.

v) There will always be room for argument on this point.

vi) Would like more information.

vii) Yes.

viii) Yes, as already stated too many regions.

ix) ?

x) Yes, but remember the role of local advisers in deciding spends.

xi) No.

xii) Would this officer be qualified to do the job?

xiii) I would hope so.

xiv) Too much responsibility. There should be involvement from the Third Sector.

Q15) Should the Scottish Government tell Partnerships how to plan for local services, or should this be left to local areas to decide?

- i) Government should supervise activity and advise, with penalties awarded for failure, to Local Authority, when the local authority fails.
- ii) Scottish Government should take the local areas.
- iii) Surely this should be up to the people involved.
- iv) No doubt the Scottish Government can offer suggestions, but as they basically only represent one political party, much better if NHS and Council together make decisions.
- v) Keep the Government out of it, they usually try to make it more advantageous to themselves.
- vi) Should be left to local areas.
- vii) Local areas.
- viii) Should be left to local areas.
- ix) Local "professionals"
- x) Could promote good examples of practice but allow local areas to decide local priorities and needs as these will vary area to area. Monitor local services.
- xi) Local.
- xii) In the end the Government will have the final decision.
- xiii) This should be decided for areas.
- xiv) Government should line manage exercise accountability rights to Local Authority but monitor closely.

Q16) 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?

i) Before you do this, look at the dreadful mess that these people and the Government has made of a) Local entry and NHS. Go back to square one.

ii) Yes.

iii) Definitely not. GP's need to put their own house in order.

iv) I encounter the fond feeling that GP's enjoy a cosy relationship with patients. This died with changes to out-of-hours call-outs. I now take pot-luck on which of 4 doctors I see and if I wish to choose - may have to wait a week or more to see a specific doctor. I can rarely get past the receptionist without having to explain personal details and the result is often a phone call back. Sounds more efficient but doesn't work for me. However, LOCAL involvement is vital.

v) A good suggestion.

vi) Should be stronger.

vii) Yes, local professionals are in touch with local needs.

viii) I think it is a strong suggestion.

ix) Yes - GP's need involvement for this to work properly.

x) It should be stronger as GP's are well placed to identify patient need - medical and social.

xi) Stronger.

xii) They have their own commitment.

xiii) I think we would expect this to take place and would be right.

xiv) No, they have their own remit and to replace a GP for a day with a locum would cost the area dearly.

Q17) What practical help should we offer to help health and social care staff get involved with planning services?

i) They should be asked to attend a Planning committee meeting, by the CEO of the Dept, and made to attend, (no excuses for non-attendance) and their advice etc discussed etc by the Committee only.

ii) Should do practical help.

iii) I would have thought that both health and social care staff would have been involved at the start of this Consultation before seeking opinions from the elderly.

iv) Planning of services should start firmly from the 'customer' end. The list of available services should be flexible enough to support customer need which may change.

v) I am not well enough up on these matters to give a true opinion.

vi) No comment.

vii) No comment.

viii) You would need to gather all people who are involved and try to plan things.

ix) Training 'Care Staff'

x) Provide a forum for discussing key priorities eg. For keeping Elderly in own homes with support. Involve Elderly and families to highlight issues.

xi) None.

xii) Listen more to their first line care staff.

xiii) No comment.

xiv) Planning of services should be customer focussed. Flexibility is the key here to support customer needs which invariably will change.

Q18) Should we use groups of doctor's surgeries to organise the local planning of services? If not, how could this be done better?

i) No a free-standing dept with adequate facilities should be established - not a "this will do" set-up.

ii) Yes.

iii) I'm sure you will be able to organise this without any comments from me.

iv) There is no Council office in my town but this is a group GP practice. Bearing in mind age and ability to travel - a local surgery would be a good base for 'customers'.

v) A good idea if it can be arranged.

vi) I think the doctors surgeries should be involved.

vii) Yes.

viii) I don't think you could use Doctor's surgeries as they are busy enough at the moment.

ix) Health Officers in the first place, until this is up and running efficiently.

x) As good a place as any as medical issues are important.

xi) Yes.

xii) No.

xiii) Leaflets from the Government to let us know of all the changes.

xiv) No, use local Charities.

Q19) Should the partnerships talk to people in their communities? How might this be done?

i) What Partnership?

ii) Yes

iii) Members of the public, whether elderly or not should always be involved with any major plans that may affect their lives.

iv) Of course - particularly potential customers. All those over a certain age and existing customers - need involvement. Mail? GP's won't want extra workload!

v) Very beneficial, if only more would join the Fife Elderly Forums, they are great.

vi) What about the Fife Elderly Forum?

vii) Hold public meetings at a local level.

viii) Arrange meetings in local halls etc.

ix) No comment.

x) At local lunch clubs and groups or family interviews to hear case studies.

xi) Very difficult for transporting people who are physically disabled or sight impaired. A lot of planning would be needed.

xii) Yes. By listening to their suggestions.

xiii) No comment.

xiv) Yes, absolutely, through lunch clubs, Fife Elderly Forum.

Q20) 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?

i) No - let it develop as required. See Question 7.

ii) Quite a lot.

iii) No. Surely this is up to representatives of members of the public who like me, are in contact with.

iv) Too many planners would be costly and achieve little. There should be a cap on numbers. Delivering service is what's important. If initial planning is right - only minor changes should be required later.

v) Too many people will prolong everything, there'll be too many ideas some of no benefit. The fewer the better.

vi) Yes, a percentage, too many can sometimes cause problems.

vii) No.

viii) You should say how many people are required not too many and not too little. Too many cooks spoil the broth sometimes and other times not enough cooks.

ix) No comment.

x) As long as representatives from each group are there eg. Health, Social Services, Voluntary etc. Don't need specific no's %.

xi) Yes.

xii) As many as necessary.

xiii) Volunteers could be used here.

xiv) Let it progress and develop with people feeding back to forums for accountability purposes.

Comme
i) Easy
vii) NHS