

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

Comments It is not practical to focus outcomes on older people. Priority should be based on need, irrespective of the age of patients.

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?

Comments Accountability of Health and Social Care Partnerships via the Chief Executives of the Local Authority and Local Health Board will not provide the clear and unambiguous accountability required for an integrated service.

Yes ☐ ☒ No

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

Comments Joint and equal accountability encourages delay and compromise. There should be a single channel of accountability to government ministers. Nationally agreed outcomes should be quantifiable whenever practical.

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

Comments

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

Comments Joint accountability will not work satisfactorily in practice.

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

☒ Yes ☐ No

Comments There should be flexibility to meet the circumstances of each geographical area but normally the area covered by a partnership should coincide with that of one Local Authority.

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

Yes ☐ ☒ No

Comments A committee of equal numbers of Local Authority Councillors and Health Board non-executive Directors will provide balance at the expense of clear authority for 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

Comments It is not clear how performance support and external scrutiny of the partnership will ensure that effective action is taken. Failure to deliver can only be identified if the outcomes are quantifiable.

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

Comments If Local Authorities and Local Health Boards are prepared to include the budgets of other CHP functions they should be allowed to do so.

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

Comments The models are flawed in principle as they are based on joint accountability and joint decision making. There is a need for a unified management structure with a senior manager accountable through a clear single channel to government ministers for delivery of national outcomes.

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

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

Comments Minimum categories should be decided by ministers but the extent of delegation within these categories should be for local discretion.

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

Comments The financial authority of the Jointly Accountable Officer is crucial to success. This officer should be given the maximum practical authority to achieve the agreed outcomes.

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

Yes ☐ ☒ No

Comments It is not clear what level of seniority is envisaged but a similar level of authority to that of a Local Authority Chief Executive is justified. It is unlikely that officers of the required calibre will be willing to fill these posts unless the title Jointly Accountable Officer is changed to one more easily associated with senior management in the public and private sectors.

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

Comments Locality planning should be for local determination.

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

Comments The duty should be to consult and agree with local professionals. Their agreement is crucial to effective implementation.

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?

Comments IT facilities in surgeries to allow GPs to participate in discussions with staff of Health and Social Care Partnerships without leaving surgeries.

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

Comments Organisation around clusters of GP practices is logical and practical.

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

Comments As much as practicable. Local responsibility and decision making is key to effective planning.

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 Local geography should also be taken into account, particularly in sparsely populated rural areas.

Do you have any further comments regarding the consultation proposals?

Comments No.

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

Comments No.

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

Comments No.