

## 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 ☐

Yes ; This is the area with the greatest problems re inappropriate acute admissions, poor social care in acute wards, the lack of local step down beds with appropriate rehab' and the need for well co-ordinated discharge and continuing rehab' at home. It is not at all clear that this type of initiative is necessary or desirable for all other adult groups using community care services.

### 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 is not clear how remaining CHP services would be managed if the CHP was abolished. Would health services not included be at danger of being centralised again by the Health Board? Integrated budgets are the essential tool lacking at present. It is also not clear how public involvement would be supported. CHP's were designed to allow local stakeholders to influence local priorities but were sabotaged by senior NHS managers. What would prevent this happening again?

### 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 ☐

Yes; It is important to have to have shared outcomes.

**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; However outcomes like the % of care provided at home versus in care homes is too simplistic to be any gauge of quality of services. The most common complaints locally are the lack of consistency of domiciliary care staff, short visits as staff are not given travel time and 'rationing' as domiciliary Free Personal Care was not fully funded. How will quality be assured, especially with 'tendering of services'?

#### **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 ☐

Probably although it is the Council as a whole which is democratically accountable to the local electorate, however influential the leader may be.

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

Yes ☐ No ☒

No Under no circumstances.

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

Yes ☐ No ☒

They seem very complicated. If relationships broke down, could become very adversarial. The designation of the Chief Social Work Officer as the professional advisor re community care may be too restricting in that this could be a Child Care specialist in some authorities. It should be the senior professional social worker in community care.



**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 ☒

How will the arrangements address 'quality'? How will views be gathered? Will users and carers be surveyed? How can the public raise concerns re local health services? Will the non-execs be more accessible to the public?

**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 ☐

If the alternative is centralisation of other services, probably yes but this will seriously muddy the water.

#### **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 ☐

Integrated budgets are the key to improved joint working and developing flexible additional services to fill identified gaps in present provision.

**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 ☐

Yes Experience of a pilot re joint teams based on GP practises which led to soaring community care waiting lists and issues re provision of professional support for staff, despite ample good will to try to make it work.

**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 ☐

Yes

#### **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 ☐

Yes; It should allow investment in the kind of 24 hr assessment and care service to deal with the sorts of crisis that often lead to emergency admissions to hospital.

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

Yes ☒ No ☐

Yes Need to get an appointment which both partners have confidence in.

#### **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 ☒

No This should be left to 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 ☒

Probably not. The local CHP never recovered from being 'consulted' about management plans for a joint management team across the CHP and its neighbour. Having overwhelmingly lost the vote, they declared it was a management decision anyway and went ahead regardless.

**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?

There needs to be forums to gather views but it is the culture that needs to change. Listening is the key skill.

**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 ☒

No Locality boundaries should be agreed locally. Here the senior school catchment areas are most often seen as the most useful but these may be too small for some purposes. These could be useful for practitioner forums.

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

This is something that needs to be negotiated locally.

**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 ☒

Geography would dictate 'locality' here. Each town and its related villages would be a locality giving a slightly wider population range than suggested.



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**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