

## 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

Lead Scotland welcomes the integration of adult health and social care, and the move towards a system that is outcomes focused and invested in the provision of preventative and community services.

There are legitimate concerns over uncertainty in some of the process and details of integration as it relates to covering different age groups. As the consultation document states: "People with disabilities also have requirements for care across all age groups. A focus on older people alone would create an artificial divide within adult services, with people at transition from children's services, and with younger adults with physical and learning difficulties."

Lead Scotland is concerned that the partnerships and wider system that are legislated to provide for "all areas of adult health and social care", but incentivised to focus on delivering outcomes for older people, may not adequately support younger service users, particularly those receiving care under arrangements, such as at college, that are different to those of a typical older service user.

### 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

There are two aspects of the framework for integration where we would like to see more detail.

The first is an increased recognition and planned involvement of the third sector and community organisations in delivering community care and contributing to national outcomes. Lead Scotland and other third sector organisations provide the type of "upstream", preventative services advocated for in the Christie Commission. Third sector support and involvement in the integrated partnerships will be important to both achieving national outcomes and delivering services that are truly integrated from the user's perspective.

**Learner Case Study:** Lead Scotland was approached by a local employer looking for

support for a member of staff who had recently been diagnosed with Attention Deficit Disorder (ADD) and was considering quitting her job. She had displayed many of the common traits of ADD, such as a lack of organisation, difficulty staying on task, prioritising or completing work on time, etc, which had all contributed to a lack of self belief and self esteem as well as a poor attendance record at work.

Lead Scotland worked with the learner to look at her existing coping strategies and together looked at ways in which these could be developed to allow her to feel more in control and able to cope with her work load effectively. Routines were identified and strategies put in place allowed the learner to gain confidence that she was in control and to enable her to realise that she was in fact capable of doing her job well and effectively.

The learner reported that she thinks this is the longest period she has ever, in her working life, gone without having a period of sickness. As a result of her improved general health and well-being her mood is higher, her work outputs are higher and her sickness levels are down. Her line manager is very pleased with the results. The learner is no longer considering quitting her job.

The second issue is the expansion of integration through other age groups. While the work of the Chief Social Work Adviser is welcome, Annex B provides only a cursory description of the range of interests that will be affected by integration of adult health and social care. There is some concern about the lack of detail regarding the new partnerships' roles and relations with other institutions and policy initiatives, such as education, self directed support and welfare reform.

Looking at education, adult social services play a key role in the Government's Partnership Matters framework and provision for students with additional support needs. The new partnerships must be aligned to work within the existing arrangement of Partnership Matters, as well as alongside the reform of post-16 education, which includes regionalised colleges and engaging with Community Planning Partnerships in the new Guidance on Community Learning and Development.

This means HSCPs will have to negotiate an increasing range of stakeholders. For instance, a 2012 report from Scotland's Colleges considers the types of care and institutional arrangements, currently between students, parents, colleges, health boards, social care departments and community organisations, required by learners with profound and complex needs. The report states:

*"Learners with profound and complex needs are resource heavy and require intensive support. For this learner group there is often not a clear distinction between the different types of support that an individual requires i.e. personal care support, social support, communication support and educational support. For example, a learner may require physical and/or specialist communication support to operate in a class setting; another learner may require social support between classes; other learners may require behavioural support, medical support or personal care support. Colleges are not funded to cover all support requirements. Ensuring that all the necessary and appropriate supports are in place prior to a learner starting a programme of study will necessitate partnership working. This will involve negotiation with all relevant parties to clarify who is responsible for each and every type of support required."*

Successful integration will not only depend on its influences on health and social care for older people, but also on successfully extending integration through other groups and fostering engagement and alignment in the public, third and private sectors with integration. Towards these goals, Lead Scotland advocates that the Scottish Government publish its definitions of an adult, older person, child/young person for the purposes of the proposals, set out specific time scales for extending integration through other groups, and commit to engaging with stakeholders and interested parties on proposals to extend integration as they are developed.

## 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

Integrated accountability for national outcomes is a welcome development, but not sufficient to achieve the Government's, and Scotland's, ambitions.

There are two more technical issues that are insufficiently covered in the consultation proposals but are crucial to delivering outcomes and to successfully expanding integration to other groups.

Firstly, it is important that integration not only encompass budgets and partnerships, but also the services users' experience. There are a range of policy proposals that would foster a seamless service/user interface. These include sharing data, sharing infrastructure, collaborating with the third sector, or using a single (named) contact. While the exact specifics of integration from the users' perspective should be left to the local level, detailing a robust system of standards or scrutiny would ensure a minimum level of quality across the country.

Secondly, a national system for monitoring, evaluating and promoting best practice across local authorities will be key to meeting national outcomes, promoting transparency and expanding integration to other groups. The Government has invested considerable resources in the currently ongoing Change Fund. A system for analysing and replicating practice would help the Government capitalise on lessons learned from the programmes and partnerships supported by the Change Fund, as well as other, innovative pilots and programmes delivered asymmetrically across Scotland.

**Programme Case Study:** Lead Scotland's Get Connected and Lead programme is working with Local Authorities in Scotland to deliver a customised SQA award to disabled people

and carers throughout parts of Scotland. The programme is building leaders and decision makers in the community and maximising the voice of this underrepresented group to contribute to areas, such as health care provision and adult social services, that most affect their lives. You can find more information here:

<http://www.getconnectedandlead.org.uk/about/index.php>

Please also see question 5 on accountability.

**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 this alone is not enough provision for ensuring partnerships deliver on national outcomes. See answers to questions on assessing need and question 5 on accountability.

### **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

National level accountability would be strengthened through a process of scrutiny and the presence of an organisation such as Audit Scotland, who could provide the necessary rigour, transparency and impartiality to any process around the delivery of national outcomes.

Locally, the non-voting rights of third sector organisations represents a step back from “equal partners” model of the Change Funds and deprives the new partnerships of a further, distinct source of feedback and accountability.

In regards to democratic engagement, progress could be made to further include the voice of user-led, community and third sector organisations. These groups deliver a great amount of adult health and social care services across Scotland but there are capacity issues with the expectation to engage and consult at the local level and foster democratic accountability. This is true for large, national organisations who cannot attend to 32 partnerships, and small community groups, who will be isolated from the decision making process. Involving Third Sector Interfaces (TSIs) in the partnerships or providing for a national strategic advisory group (similar to the recent proposals for Community Planning, but engaging the full range of relevant stakeholders) would help alleviate these concerns.

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

Yes  No

Comments

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

Yes  No

Comments

**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

Similar to our response to question 5, questions around performance management, particularly if the issue is failing public services, would be strengthened through the presence of an organisation such as Audit Scotland, who could provide the necessary rigour, transparency and impartiality to any scrutiny process around the delivery of national outcomes. A national advisory group, as discussed, would also make sense in this context.

**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

### **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

The models described are intended to deliver national outcomes. While delivering national outcomes will be a key and primary achievement, it is separate to using “money to best effect”. Delivering national outcomes as efficiently as possible will entail a new and strong emphasis on the reforms outlined in the Christie Commission. Programmes that deliver upstream preventative services or make innovative use of new technologies need to be identified and scaled across Scotland, regardless of whether they are third sector, local authority or NHS.

There is a strong history of variation among locally provided services in Scotland and greater consistency in the efficiency of delivery and in achieving national outcomes would involve mechanisms for evaluating local provision and promoting best practice across the country. As stated in the second half of question three, these provisions for promoting transparency and efficiency become more important as more and more groups fall under the integrated partnerships.

**Programme Case Study:** Lead Scotland, for example, has a strong track record of working with the NHS, taking patient referrals from speech and language therapists, stroke nurses and occupational therapists and helping learners regain lost literacy skills. Due to variations in local funding arrangements, the service is provided asymmetrically across Scotland.

A truly integrated service provision would be able to identify and scale up effective and efficient services, regardless of whether they are third sector, local authority or NHS.

**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

The Scottish Government’s Partnership Matters framework clarifies roles and responsibilities around providing support and care for students with additional needs in Further and Higher Education. While the framework is a step in the right direction, evidence from Lead Scotland’s national information service shows that there is still uncertainty among learners and their families on some issues. Families are often not aware of the joint duty on colleges and social services to provide adequate non-educational support and care while at college. Because it isn’t stated who ultimately provides and pays for the specific support, there is cost-shunting between the college and local authority that often leads to inadequate support provided to the learner. Similarly, transport, which is stipulated as a joint responsibility, can require lengthy negotiations between families, colleges and local authorities to allocate responsibility and to agree costs.

Integrated budgets is a useful innovation, integrated health and social care services should learn from these experiences and clarify institutional responsibility for services

where appropriate. At the very least, HSCPs will participate in the Partnership Matters framework on behalf of adult social services and need to negotiate the issues set out above.

**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

### 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

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

Yes  No

Comments

### 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

Local determination will be instrumental in delivering an effective planning process, however, the Scottish Government should direct the nature of the organisations and groups to be involved, to ensure no one or group is disenfranchised as a result of this process.

There should also be a process for reviewing locality planning as integrated services are

spread to other groups, as planning will have to grow and adapt to accommodate different users. For instance, expanding integration to cover disabled students over the age of 16, both in colleges and universities, as well as in community organisations, will require working alongside new organisations and policies: regionalised colleges and post-16 reform, third sector organisations and the strategic guidance for CPPs on CLD.

**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

Lead Scotland believes there should be a duty on HSCPs to consult with local third sector and community organisations, alongside other health care professionals such as GPs. This could be accomplished by working with TSIs, using the existing organisation and response mechanisms in the sector.

As in our response to question 15, there should be a process for reviewing locality planning as integrated services are spread to other groups.

**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?

Third sector organisations deliver a great amount of adult health and social care services across Scotland but there are capacity issues with the expectation to engage and consult at the local level and foster democratic accountability. Resources and mechanisms should be put in place to ensure adequate third sector involvement at the local level.

**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

Locality Planning must be an inclusive process and encompass all organisations delivering health and social care in the community. Lead Scotland has concerns about GPs and operating a medical model of care provision, rather than the social model of care at the heart of the third sector, and indeed much of the public sector service provision. Integrated provision of health and social care should be complemented by an integrated system for locality planning.

Looking forward, as more integration covers more groups, locality planning will have to expand to involve schools, colleges and universities, given the level of care currently delivered within and by these organisations.



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

The question of devolving decision making and responsibility from HSCPs to locality planning groups should be left to individual HSCPs and reviewed as a part of performance management. Different local authorities will have different organisational and decision making needs. It is unrealistic to expect the Highlands to operate the same responsibility structure as the City of Edinburgh.

This fact also highlights the importance of a strong third sector presence at each level of the HSCP structure – from locality planning to voting rights within the partnership, to ensure third sector representation and involvement within the different levels of responsibility, regardless of how the HSCP is uniquely organised.

**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

As with question 19, the size of the local “unit” of organisation should be left to individual HSCPs and reviewed as a part of performance management.

**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