

A summary report on the recent consultation exercise for the Integration Scheme for Health and Social Care Integration in Angus and the comments received

I would like to take this opportunity to thank everyone who has completed questionnaires, online and in hard copy, attended one of our open events or staff briefings. In short given us their comments and asked their questions. The Integration Scheme is now going through due process and your comments will have an important part to play in helping us to develop the accompanying operational detail over the coming months.

Purpose of the consultation and methods used

The purpose of the consultation exercise was to provide people living and /or working in Angus with opportunities to make comment and give their opinions on the draft Angus Integration Scheme.

The Integration Scheme is the legally binding contract that ensures the formation of the new partnership that will become the Integration Joint Board (IJB). The scheme details the duties and responsibilities of NHS Tayside and Angus Council in the establishment and ongoing support of an IJB. It also describes the duties of the Integration Joint Board in delivering health and social care support to Angus citizens.

It was therefore vitally important that we engaged with those who use services, their families, carers, the public, and staff from partner agencies including independent practitioners.

We aimed to provide genuine opportunities for people to comment on the draft Integration scheme and we asked for your views using a range of methods that included:

A core briefing that was prepared outlining the main elements of the integration scheme; what it is and what can be influenced and a public and staff consultation questionnaire (survey monkey) was made available on the "Have your say" section of the Angus.gov website on 23 December 2014 and the HSCI page of NHST in early January 2015.

Where to access the integration scheme and how to make comment was publicised through social media and the NHS, Angus Council and other websites such as Voluntary Action Angus and Angus Carers. Paper copies were available from and returnable to Angus Council ACCESS Offices.

Letters of invitation to complete the online survey, attend one of the open events or complete a hard copy questionnaire were sent out by email and hard copy to a newly established reference group, all community councils, third sector organisations, private providers, carers, patients, service users and staff from partner agencies. Included with the letter were copies of the briefing, the questionnaire and the Integration Scheme.

Formal events have been held across Angus for the public, staff at all levels and an invited audience from the list of persons who must be consulted as detailed in the regulations. A total of eleven events were held between 21 January and 27 February 2015. These events have also created opportunities to further engage with individuals and groups and provided the platform needed to launch the consultation for the strategic plan.

The majority of you, who responded by using the questionnaire, have said that you understand all or most of the Integration Scheme. A report detailing all comments received through the questionnaires both online and hard copy is appended to this summary.

Some of the common themes which have emerged from the consultation include:

- Integration is a great idea and about time;
- If one person can do the job why have two people going in;
- Clear and user friendly communication and information is required to explain how Integration will make a difference;
- Further events are required to brief staff;
- Clarity required around locality boundaries;
- How will the money be allocated and is it based on what we have now;
- Build on the good work that is already happening as Integration will formalise what we already do;
- The capability for information sharing/data collection to avoid duplication and improve communication and safety is a priority for many;
- The locality model was supported, especially the idea of local resource hubs and one-stop shops;
- Many people identified the very close relationship with Self-Directed Support;
- Skills and capacity to deliver new models of care in the community was regularly explored.

These themes, although not directly influencing major change to the Integration Scheme, will be used to inform ongoing strategic planning activity, where significant continued engagement will be a feature.

What happens next?

We will prepare a frequently asked questions and answer summary and, where identifiable comment has been received, we will provide specific answers.

The Integrated Joint Board must develop a strategic commissioning plan. This is a document that sets out the arrangements for providing services and how these services are intended to achieve the national and local health and wellbeing outcomes.

The plan must cover a period of at least three years and be subject to a continual cycle of analysis, review and where necessary update. Planning arrangements must be decided in partnership as part of the strategic planning process, and the IJB must:

- Make sure that users of services and their carers are involved in all stages of the decision making process;
- Treat the third and independent sectors as key partners;
- Involve GPs, other clinicians and social care professionals in all stages of the planning work, from the initial stages to the final draft; and
- Establish a strategic planning group, which must be involved in all stages of developing and reviewing plans.

Conclusion

In the near future we will be holding open events in a variety of ways from the structured and more formal to the 'pop-up' on the high street, providing you with information online and in other formats and inviting you to be involved in influencing the development of a strategic plan in the way that suits you best. This will be your opportunity to shape services and support for your community.

Susan Wilson
Interim Chief Officer
Health and Social Care Integration

ANGUS DRAFT INTEGRATION SCHEME

PUBLIC CONSULTATION

| Question 1: Definitions and Interpretation - Do you understand this section? | | | |
|---|--|----|-------|
| Total Responses: 49 | YES | 48 | 97.9% |
| | NO | 1 | 2.1% |
| Comments | 1. It may be clearer set out as a table with the term on the left and the definition in the right hand column. | | |

| Question 2: Choice of Integration Model - Do you understand this section? | | | |
|--|--|----|-------|
| Total Responses: 49 | YES | 47 | 95.9% |
| | NO | 2 | 4.1% |
| Comments | 1. The terms used may be a requirement - however an additional paragraph in non-legal terms may be helpful or add some more of the legal terms to the definitions section. | | |

Question 3: Delegation of Functions - Do you understand this section?

| | | | |
|---------------------|---|----|-------|
| Total Responses: 46 | YES | 41 | 89.1% |
| | NO | 5 | 10.9% |
| Comments | <ol style="list-style-type: none"> 1. Too much jargon. 2. This could be simplified to use the same expression in each paragraph - in one it refers to the schedule and in the other it leaves this out. Consider rewording along the lines of Annexe 1 sets out the functions delegated to the Board by the Council in Part 1 and describes those services prior to the Board being established in Part 2. 3. Too complicated for member of public to understand. 4. Re Social Care Services 'Aspects of housing support including aids and adaptations and those areas of housing support that involve an indistinguishable overlap between personal care and housing support.' We are not sure what this entails. Is it in respect to adapted bathrooms etc? Also the only mention of equipment is when discussing re-ablement services. is this only in regard to elderly care etc. or will provision of equipment by local authorities include provision for people with profound and multiple learning disabilities (PMLD) who require specialised equipment to maintain their health and wellbeing and achieve their social outcomes? If supplying a person with PMLD appropriate equipment is not within the remit of the local authority should it not be identified as within the remit of health? When a piece of equipment is in place to improve or maintain the health and wellbeing of a person with PMLD, who will ultimately be held responsible for providing any necessary equipment identified? 5. Re Health Service delegated functions. PAMIS would hope that palliative care and bereavement services for people with PMLD and their carers would be considered under palliative care. Will this be included under the programme of improvement work to create a Tayside Wide Palliative care service? 6. Incorrect Appendixes noted at top of page 7. 7. Going back and forward to Annexes is a bit confusing though - it would be better listing what isn't being transferred. | | |

Question 4: Local Governance Arrangements - Do you understand this section?

| | | | |
|---------------------|--|----|-------|
| Total Responses: 48 | YES | 44 | 91.6% |
| | NO | 4 | 8.4% |
| Comments | <ol style="list-style-type: none">1. While we are pleased there is the potential for third sector providers, carers and service users to be co-opted onto the integration joint board, we realise that having only one representative for all third sector providers could well be perceived as not being a true representation of the multiple client groups. How will you ensure that the views of all providers are taken into account?2. 4.3 - Would hope that voting would be the exception rather than the norm and that agreement can be reached around the IJB table.3. There needs to be a distinction between the 6 voting members and the non voting members - currently these non voting members initially appear to be nominated by the Council. With three voting members from each party there is the risk of a tied vote - presumably this is addressed in Annex 5? It would be helpful to include a citizen who is neither service user nor unpaid carer in the non voting members; this helps to establish unbiased governance since we are all potential service users but do not get involved until we actually receive service or care for someone who does.4. But quite complicated in constructing Board members from a vast range of operational bodies.5. Re 4.1 - If Locality based (see Vision 2.4) there should be 4 representatives for c. and d. | | |

| Question 5: Local Operational Delivery Arrangements - Do you understand this section? | | | |
|--|---|----|-------|
| Total Responses: 48 | YES | 41 | 85.4% |
| | NO | 7 | 14.6% |
| Comments | <ol style="list-style-type: none"> 1. Not sure what is meant by 5.7. 2. With massive frontline budget costs, how on earth are they going to deliver this new scheme, is there a separate budget for local delivery? 3. There is still detailed work to complete here clearly and so it is lacking in information to aid full understanding - the high level principles seem to be addressed. 4. Further information required. 5. Who are the Angus strategic planning group mentioned in 5.7 (and 6.18). No details given. | | |

| Question 6: Clinical Care Governance and Professional Governance - Do you understand this section? | | | |
|---|---|----|-------|
| Total Responses: 42 | YES | 40 | 95.2% |
| | NO | 2 | 4.8% |
| Comments | <ol style="list-style-type: none"> 1. Heavy reading. | | |

Question 7: Chief Officer - Do you understand this section?

| | | | |
|---------------------|--|----|-------|
| Total Responses: 42 | YES | 40 | 95.2% |
| | NO | 2 | 4.8% |
| Comments | <ol style="list-style-type: none">1. Clarity on interface and Roles & Responsibilities of Director of Communities would be a helpful addition in this section with regards the Chief Officer and his/her direct reports.2. Another level of management coming up!3. PAMIS is pleased to see that the Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across NHS Tayside, the Council, the third and independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations.4. item 7.7 - Are these existing staff from the 2 parties or new hires? (see also 8.7) If so, why? | | |

Question 8: Workforce - Do you understand this section?

| | | | |
|---------------------|--|----|-------|
| Total Responses: 43 | YES | 41 | 95.3% |
| | NO | 2 | 4.7% |
| Comments | <ol style="list-style-type: none">1. Not enough boots on the ground and places to put people - i.e. appropriate care facilities. | | |

| Question 9: Finance - Do you understand this section? | | | |
|--|--|----|-------|
| Total Responses: 45 | YES | 36 | 80.0% |
| | NO | 9 | 20.0% |
| Comments | <ol style="list-style-type: none"> 1. I think we need to be clearer about how overspends or underspends will be managed. The 3 year management is these as indicated in 9.29 and 9.32 seem overly complex. Can we not just have the same system from the outset? 2. Is there a contradiction between 9.7 and 9.16 bullet point 6 or do third parties and individuals mean different things? 3. Costings will be guesstimates at best, wildly under then requiring a bail out. 4. Very long winded. 5. A lot of information to take on board but it is set out as clear as possible I think. 6. This is certainly a lengthy and technical section. 7. 9.16 - Does this mean <u>all</u> relevant NHS and Council staff or only the D.R.s mentioned in 7.7? Unclear, if staff not to be transferred to a body corporate (1.3). | | |

| Question 10: Participation and Engagement - Do you understand this section? | | | |
|--|---|----|-------|
| Total Responses: 39 | YES | 35 | 89.7% |
| | NO | 4 | 10.3% |
| Comments | <ol style="list-style-type: none"> 1. So much 'jargon' it becomes unreadable - maybe that is what it needs to be but it is not clearly understandable unless one is involved in the areas that the jargon is used. 2. 10.2 - There should be links to this information. | | |

| Question 11: Information Sharing and Data Handling - Do you understand this section? | | | |
|---|---|----|-------|
| Total Responses: 39 | YES | 37 | 94.8% |
| | NO | 2 | 5.2% |
| Comments | <ol style="list-style-type: none"> 1. But not happy with my data (and it is my data) trotting off into oblivion, lost by some suit on a train. 2. Does much sharing go on as keep getting asked same questions by everyone. | | |

| Question 12: Complaints - Do you understand this section? | | | |
|--|---|----|-------|
| Total Responses: 40 | YES | 36 | 90.0% |
| | NO | 4 | 10.0% |
| Comments | <ol style="list-style-type: none"> 1. I think that there should be the same complaints handling procedure for all complaints, regardless of where the complaint originates. I am concerned about public perception of fairness if different procedures are used. 2. 12.4, 12.5 - Needs clarification on how boundaries are decided and who takes ultimate responsibility. | | |

Question 13: Claims Handling, Liability & Indemnity - Do you understand this section?

| | | | |
|---------------------|---------------|----|-------|
| Total Responses: 40 | YES | 39 | 97.5% |
| | NO | 1 | 2.5% |
| Comments | 1. Whitewash. | | |

Question 14: Risk management - Do you understand this section?

| | | | |
|---------------------|-------------------------|----|-------|
| Total Responses: 39 | YES | 38 | 97.4% |
| | NO | 1 | 2.6% |
| Comments | There are no responses. | | |

Question 15: Dispute Resolution Mechanism - Do you understand this section?

| | | | |
|---------------------|---|----|-------|
| Total Responses: 40 | YES | 38 | 95.0% |
| | NO | 2 | 5.0% |
| Comments | <ol style="list-style-type: none">1. I am concerned about the amount of time which the process outlined could take and the impact of delays on decision making which could have a detrimental effect on patients/service users.2. Whitewash as it is next big thing.3. Whole document not user-friendly.4. it would be interesting to know what action the Scottish Government would take with any unresolved dispute. | | |