Integration of Moray Adult Health and Social Care
Consultation Feedback Report

1.0   Purpose

1.1   The purpose of this paper is to report on the outcome of the consultation on the Draft Integration Scheme and Localities Model for Moray Adult Health and Social Care. This is part of the wider Scottish Government Initiative under the terms of the Public Bodies (Joint Working) Scotland Act 2014 to integrate Health and Social care Services.

2.0   Key Points

2.1   The total number of consultation feedback forms received was 92.

2.2   In terms of the survey questions on the actual integration Scheme document, the approval rating combining those who support all or part of the document was approximately 81% (about 74) with uncertainty or disapproval averaging out at 7%. The variance from 100% is due to some forms not having responses recorded to all questions.

2.3   The areas of greatest approval were the Vision Statement, Our Purpose and Our Values which scored about 85% (78) support or partial support.

2.4   The area of least approval was Governance with 5% (5) respondents not supporting and 12% (12) who were not sure. It should be noted that the combined support and partial support amounted to 68%. Information Sharing and the Claims and Liability sections also had uncertainty level of around 10% (8 forms and 10 forms) but approval ratings of 78% and 79%.

2.5 In terms of the survey on Locality models, 4 (4%) have supported an east-west split, 6 (7%) have suggested other models, with two of these suggesting Moray should stay as one area. Option 2, the 4 GP Cluster split amounts to 29 (32%) support and Option 3, the revised GP Cluster model accounts for 42 (46)%. Option 3 was presented as part of the consultation exercise as the preferred option by the Transitional Leadership Group. Further details and the rationale behind this option can be found at Appendix 4 below.

2.6 It is important to note that while some of the responses to the consultation exercise have resulted in amendments and additions the Integration Scheme, other comments have not required changes to be made. These comments have however been helpful in terms of informing us of the key concerns of both the joint workforce and public and will be discussed at the forthcoming workforce and public consultation feedback events. Many of these comments will also help us inform the development of the Moray Integration Strategic Plan.

It should also be noted that the Scheme is still subject to the Scottish Government's approval and so further changes may be demanded by the Scottish Government.

Emerging themes from the comments received and the Partnership's response to these comments are noted as follows

Vision Statement – There was strong recognition that education of public and work force will be required and some minor wording changes were proposed.	Amendments to the vision statement have been made to the Integration Scheme document.
Purpose –a third of comments were supportive. The theme here was largely around concerns about the budget being too small and also some reminders to include third and independent sectors in solutions.	These points are considered important and will help inform the approach undertaken to engage with representatives from these sectors when developing the Strategic Plan.

Principles – Themes emerging in this section were around the challenges of effectively sharing information but retaining confidentiality and also concerns about whether there will be enough staff in place to meet the statement.	Information Sharing will be a key element of work in relation to the development of the strategic plan and these concerns will need to be addressed in future engagement events with the workforce and the public. The wording of the relevant section of the Integration Scheme document will also be reflected to change this concern.
Values – This generated a lot of comments; however general themes emerging were around the increased expectations on unpaid carers and also some doubtful comments about the challenges in changing to a culture that listens to patients and acts while the majority of supportive comments were around welcoming the promotion of a listening culture and strong values to aspire to.	The Partnership acknowledges that there is work to be done in terms of creating an organisational culture that listens to the people who access health and social care services in Moray. We also recognise that we will be judged by our actions. In line with the national standards for community engagement, we therefore intend to organise a series of consultation feedback events to report back on the findings of this exercise and maintain a relationship with the people who took time to attend the previous consultation events and who submitted consultation responses.
Governance – there were some concerns that this could lead to an excuse to appoint more managers at the expense of the front line and also a number of staff worried about the impact of having a manager from a different profession supervising their work.	The national health and well-being Outcome 9 relates to the cost of delivering health and social care services. In the annual performance report submitted to both parent bodies and available to the public, we will ensure that financial information in relation to this concern is available for scrutiny.
Information Sharing – this generated strong support although this was tempered by concerns about the enormity of the task and differing cultural values on information sharing and data control could impede progress.	These concerns are noted and we will be mindful of these issues when developing the strategic plan for Moray.

Complaints – This section generated more positive comment than negative with strong support for a single speedy and effective process. Negative comments were largely around the need for a single system to be in place as quickly as possible.	These comments are noted and we will endeavour to have a joint complaints procedure in place by April 2016.
Claims and Liability – No strong theme emerged in this section which did not generate many comments. Some welcomed the clear statement and others thought it "muddled". There was some emphasis that any process should be transparent.	In light of these comments, the relevant section of the Moray Scheme document has been reworded.
Localities – This generated abundant comments with the strong favourites being based around GP clusters and also emphasising the negative effect that rurality plays in accessing health and social care services in Moray.	This is why the preferred option for the IJB is the split that recognises the impact of rurality.

3.0   Background

3.1   As part of the process of developing an Integration Scheme for Moray, it was agreed by both The Moray Council and NHS Grampian that the draft Integration Scheme would be subjected to a robust consultation exercise before being resubmitted to both parent bodies for final approval. The consultation period ran through January and February 2015 and any changes to the document emerging from the consultation will be incorporated in the final version to be laid before both Moray Council Full Committee on 4 March 2014 and the NHS Grampian Board on 5 March 2015.

4.0   Timescale

4.1   Commencing planning in Mid-November 2014, the timescale was exceedingly tight for the preparation and implementation of a consultation exercise and it is recognised this may have had some impact on the level of returns received and the number of events run. However the knowledge built up in the process will be invaluable going forward into the strategic planning of services.

5.0   Approach

5.1   Based on the National Standards for Community Engagement and through adopting the Scottish Governments VOICE tool, a consultation plan was developed to ensure that the consultation exercise was as accessible as possible. The Engagement and Communication Officer made available the full draft scheme, an easy read version and a feedback form that contained the key statements for reference. Social media, press relations, direct mail, and the internet and intranet sites of NHS Grampian, The Moray Council and Tsi Moray were utilized as part of this consultation. Press coverage was received in the Press and Journal of 6 January 2015, Northern Scot of 9 January 2015 and on BBC Radio Scotland on 6 January 2015.

6.0   Stakeholder Organisations

6.1   130 stakeholder organisations operating in Moray were directly sent these documents along with offers to deliver presentations to them and detailing open events planned throughout Moray during January and February.

6.2   Consultation Groups that received the documentation are listed below with an asterisk indicating if they attended a briefing session or and/or submitted a feedback form:-

Organisation	Attended briefing or received a presentation	Submitted Feedback Form
Abbeyside Nursing Home		
Aberlour Health Centre	*	
Aberlour Library		
Advocacy North East	*	
Allied Health professionals	*	
Allied Health Care		
Alzheimer's		
Anderson's Residential Home		
Ardach health Centre	*	
Ark Housing		
Be Active, Live Longer		
BRAG		
British Red Cross Befriending Service		
Buckie Area Forum		
Buckie Community Council		
Buckie Library		
Burghead Community Council		
Burghead Library		
Burnie Day Centre		
Cameron Court Day Care		
Cancer Support Services		
Carers' Forum		
Carers' Service Provider Network		
Castlehill Sheltered Housing		*
Cathay Nursing Home		
Catholic Church in Moray		
Cedarwood		

Chandler's Court		
Church of Scotland	*	
Citizens' Panel		
Joint Community Councils		
Cornerstone		
Craigard Care		
Crossroads Care		
Cullen Community Council		
Cullen Library		
Cullen Medical Centre	*	
Dufftown Library		
Dufftown and Tomintoul Medical Group	*	*
Dyke Community Council		
Elected members of TMC	*	
Elgin Community Council		
Elgin Community Surgery		
Elgin Library		
Enable		
Findhorn Foundation		
Findhorn Community Council		
Findochty Community Council		
Fire Service		*
Fochabers Library		
Fochabers Medical Practice		
Forres Area Forum		
Forres Community Council		
Forres Health Centre	*	
Forres Library		
Fleming Hospital	*	

Garmouth Amenities Association		
Glenlivet Medical practice		
GP Forum	*	
Hanover Housing		
Heldon Community Council		*
Hopeman Community Association		
Innes Community Council		
Inspire		
Jewish Community of Grampian		
Keith Library		
Keith Medical Group	*	
LD Care providers		
Lead Scotland		
Lennox Community Council		
LGBT Moray		
Lhanbryde Community Challenge		
Linkwood Medical Practice	*	
Lochpark Care Solutions		*
Lossiemouth Community Council		
Lossiemouth Library		
Marie Curie Cancer Care		*
Maryhill and Rothes Practices		
MDF		
Medico		
ME Support Group		
Meadowlark Nursing Home		
Micro and social enterprises		
Milne's Area Forum		
Momentum Care		

Moray Access Panel		
Moray Handypersons Service		*
Moray Anchor projects		
Moray CAB		
Moray Carers' Forum		
Moray Coast Medical practice	*	
Moray College Care students	*	*
Moray Council on Addiction		
Moray Council Care Homes		
Moray Disability Forum		
Moray Equalities Forum		
Moray Reachout: Waste Watchers, Buckie Yarns, Start to Knit		
Moray Women's Aid		
MRC - user groups, client champions		
Muslim Community		
NESS	*	*
NEST Support Transgender Director		
NHS Moray Partnership Forum	*	
Old Age Psychiatry/Physiotherapy	*	*
OP Day Services Steering Group		
OP Ref Group	*	
Out of the Darkness Theatre Co. Ltd.		
Patient Participation Forum	*	
Parklands Group		
Phoenix		
Physiotherapy Dr Gray's	*	*
Polish Philanthropic Society		
Portknockie Community Council		

Quarriers Carers Service		
Quarriers Epilepsy Fieldwork Service		
Quest		
Real Life Options Local Office		
Richmond Fellowship		
RNID		
SAMH – Main Office		
SCISWIS/SWIA		
Scottish Episcopal Church Moray		
Shieldcare Services		
Shopmobility Moray		
Speyside Area Forum		
Spynie Nursing Home		
Strathisla Community Council		
Studio 8		
The Grove		
The Oaks		
Tomintoul Library		
Turning Point Scotland, (Greyfriars Close & Outreach)		
West View		
Whinnybank		
RVS MOW		

7.0   Workforce

7.1   The entire NHS workforce in Moray and The Moray Council workforce were also directly sent the documents in two rounds of emails, backed up by prominent internal communications.

8.0   Service Users, Families and Carers

8.1   Copies of the documents were made available on the Moray Council Internet site, with links from Tsi Moray and NHSG websites as well. Press releases were issued to further widen the awareness of the consultation. In the latter stages Social media accounts were also used to bring the public attention to the consultation. Briefings were held in a variety of GP surgeries to access patients' views. Public events were held at Elgin Library on 12 January 2015 (lunch time), Elgin Town Hall on 26 January 2015, Longmore Hall, Keith on 27 January 2015 and Forres Community centre on 29 January 2015 (all evening events) and Dr Gray's Hospital main reception on 6 February 2015 during the afternoon.

9.0   Equality of Access

9.1   Copies of the forms were converted into appropriate formats, including braille, by North East Sensory Services and these were used to facilitate their clients submitting a combined response to the consultation. Briefings were held to allow consultees to make informed decisions.

10.0 Assumptions

10.1   Each response has been given equal weighting regardless if it was from a stakeholder organisation, member of staff or a member of the public.

11.0   Findings

11.1   In total 92 responses have been received. It should be noted that some respondents did not divulge their work details. The breakdown for each category is as follows:

Table 1

Consultee Category	Number of Responses
Stakeholder organisations	10
Workforce (NHS and TMC)	33
Health Professionals	7
Social care professionals	4
3rd Sector staff	5

11.2   Consultation responses were submitted by using the feedback form provided or by letter or email.

Table 2

Feedback Form	76
Letter/Email	6

11.3   Table 3 provides a summary of the number and percentage levels of agreement or disagreement in relation to each of the questions in the feedback form.

Table 3

Question	I support it	I support some of it	I do not support it	I am not sure
Thinking about the vision statement, do you	63 (68%)	14 (15%)	3 (3%)	0
Thinking about our purpose, do you	60 (65%)	18 (20%)	1 (1%)	2 (2%)
Thinking about our principles, do you	57 (62%)	18 (20%)	0	4 (4%)
Thinking about our values, do you	66 (72%)	14 (15%)	1 (1%)	2 (2%)
Thinking about Governance, do you	49 (53%)	14 (15%)	5 (5%)	12 (13%)
Thinking about Information Sharing, do you	59 (64%)	13 (14%)	2 (2%)	6(6%)
Thinking about Complaints, do you	65 (71%)	10 (11%)	2 (2%)	3 (2%)
Thinking about Claims and Liability, do you	63 (67%)	10 (11%)	2 (2%)	8 (9%)
Question	**Option 1**	**Option 2**	**Option 3**	**Option 4**
Thinking about Localities do you support	4 (4%)	29 (32%)	42 (46%)	6 (7%)

12.0   Overview of Consultation Responses

12.1   This section details each question from the Consultation Form, how each consultee responded and also the comments made with any responses by the Project Team.

Ref	Thinking about our Vision, do you			
	Support it	Support some of it	Do not support it	I am not sure
001				
002	1			
003		1		
004	1			
006	1			
007	1			
008	1			
009	1			
010	1			
011		1		
012	1			
013		1		
014	1			
015	1			
017	1			
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036		1		
037	1			
038	1			
040		1		
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042	1			
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068	1		
069	1		
070	1		
072		1	
073	1		
074	1		
075	1		
076	1		
077	1		
078		1	
079	1		
080	1		
081			1
083		1	
084	1		
085	1		
087		1	
088		1	
089	1		

090	1			
092				

Ref	Organisation/Individual	Feedback type	Comment		Response (if negative)
			Positive	Negative	
001	TMC Equality officer	Email			
002	Individual	Form	Most people wish to remain independent for as long as possible		
003	I	F		If you want an inclusive community then you need to somehow change the attitudes of the youth and wider population of Moray, not just the people and staff using the service	Comments noted – there is a recognition that workforce and public education will be critical to ensuring a successful integration
004	Marie Curie cancer Care	Letter	Believe that Integration provides Scotland with an opportunity to provide better person centred care. Marie Curie wish to offer support in the design and delivery of integration plans in Moray		

005	A non-commercial provider of care	F			
006	Employee of NHS Grampian or The Moray Council	F			
007	I	Email	Basically I support the vision statement but whose vision is it supposed to be, the IJB's or every junior and senior resident in Moray?		
008	Employee of NHS Grampian or The Moray Council	F			
009	Employee of NHS Grampian or The Moray Council	F			
010	A social care professional	F			
011	Employee of NHS Grampian or The Moray Council	F			
012	Employee of NHS Grampian or The Moray Council	F			
013	A health professional	F		There is always inequality in society it is unavoidable	Comments noted – there is a recognition that workforce and public education will be critical to ensuring a successful integration
014	A member of the public Living in Moray	F	Looks good on paper will not be easy in the present financial situation to live up to.		

015	A member of the public Living in Moray	F			
016	A member of the public Living in Moray	F	Good vision but there are people who fall through the net.		
017	A member of the public Living in Moray	F	It's hard to argue with this statement as written so I support it with the qualification that it still has to be made reality.		
018	A member of the public Living in Moray	F			
019	A member of the public Living in Moray	F	Moray has a very high number of voluntary groups. These could have even more involvement in helping people live active, health lives in their own communities.		
020	A Social Care Professional	F			
021	Employee of NHS Grampian or The Moray Council	F			
022	A member of the public Living in Moray	F	A short and easy to understand statement.		
023	A member of the public Living in Moray	F	With a growing elderly population, this is a good idea.		
024	Third Sector Group working in health or social care	F			
025	A member of the public	F			

026	Living in Moray				
026	Employee of NHS Grampian or The Moray Council	F			
027	A member of the public Living in Moray	F		I support the idea but have doubts about outcomes. I hope you all have experience of illness, isolation, deprivation and what is required of caring in the community. The way things have been both for Moray Council and the NHS you have a lot of convincing to do. Good design but probably what I expect of a constitution. Best of luck. I hope it works.	Comments noted.
028	A health professional	F			
029	A Third Sector Group working in health and social care	F	People need quality information about their conditions, medication and how best to stay well and health for as long as possible		
030	An Employee of NHS Grampian or of The Moray Council	F		Interesting choice of words, but I cannot not see how these aims would be achievable. The 'will' suggests a degree of enforcement; what happens when someone 'won't'?	This statement is what we are aim to strive to achieve. It is nevertheless a personal choice if an individual does not wish, for example, to live a healthy fulfilling life.
031	A health professional	F			

032	A member of the public Living in Moray	F			
033	A member of the public Living in Moray	F		Leading fulfilling lives in active and inclusive communities goes beyond the integration of health and social care to the wider community e.g. accessibility.	There is now a substantial body of evidence that points to the role of communities as supporting good health and well-being, quality of life and prevention.
034	A third sector group working in health or social care	F			
035	Not stated	F			
036	A member of the public Living in Moray	F		Revised statement proposed. "To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities,, where everyone is valued, respected and helped to achieve their own goals."	Revised wording will be fully considered.
037	An Employee of NHS Grampian or of The Moray Council	F			
038	A non-commercial provider of health care			Sounds very noteworthy but will it work in practice	We will measure the impact of integration against the 9 high level health and well-being

					outcomes.
040	An Employee of NHS Grampian or of The Moray Council	F		I do not agree with the phrase to 'achieve own goals'.	Noted. We have used alternative phrases such as outcomes but it was considered that goals was more widely understood.
041	An Employee of NHS Grampian or of The Moray Council	F			
042	A social care professional	F			
043	A member of the public Living in Moray	F			
044	A health professional	F			
045	Not disclosed	F			
046	Member of the public	F	Makes sense having a situation where everyone works together to ensure that nobody's quality of life is disadvantaged just because they need additional support		
047	NHS Grampian	Letter			
048	An Employee of NHS Grampian or of The Moray Council	F			
050	An Employee of NHS Grampian or of The Moray Council	F			
051	An Employee of NHS Grampian or of The Moray	F			

	Council				
052	Castlehill Sheltered Housing Fochabers	F		Many people need to understand the importance of setting realistic and achievable goals.	Agreed. Through work to support the integration of services, a personal outcomes related training programme will be delivered.
053	An Employee of NHS Grampian or of The Moray Council	F			
054	An Employee of NHS Grampian or of The Moray Council	F			
055	Fire Service	F	Fully support the vision		
056	Not disclosed	F			
057	Employee of NHS or TMC	F		Should include "safe" along with "valued"	'Valued' is highlighted as part of the Principles and Values Statement.
058	Health professional	F		Differences in ethnicity etc will always taint some individuals views towards others unfortunately	Comment noted. As a Partnership we will strive to always ensure equality of opportunity.
059	A member of the public living in Moray	F		Achieve their own goals is too vague, should be more about health and wellbeing	We would point out that the vision statement is about health and wellbeing and setting of goals is undertaken within this context.
060	An Employee of NHS Grampian or of The Moray	F			

	Council				
061	A person who uses health care	F			
062	A member of the public living in Moray				
063	A member of the public living in Moray	F		Who will be involved in agreeing goals? What happens if a person refuses to set a sensible goal such as weight loss?	As part of a personal outcomes approach, the patient/service user is the key individual in setting their own goals. We cannot impose our professional views on anyone if they are unwilling to help themselves.
064	A member of the public living in Moray	F			
065	A 3rd sector group working in health or social care	F		Replace "will" with "should be helped to"	Noted.
066	Social care professional	F		Should be a vision for what we aspire to achieve as an organisation rather than an order to people "people in Moray are able to live improving lives through excellence in health and social care" The tag line becomes "Improving lives through excellence in health and social	Other comments have noted, that if we wish to improve health and well-being then the vision has to go beyond our own organisational boundaries. The role of communities is for example paramount to maintaining independence and

					care"	emotional well-being. To this end the vision isn't just for health and social care but must have a broader resonance.
067	A member of the public living in Moray	F			I feel this depends on whether the people have the right support to achieve their goals	Agreed. If the vision is approved, the strategic plan for Moray is then focused on developing this right kind of support.
068	An employee of NHS Grampian or the Moray Council	F				
069	An employee of NHS Grampian or the Moray Council	F				
070	An employee of NHS Grampian or the Moray Council	F				
071	An employee of NHS Grampian or the Moray Council	F				
072	A health professional	F			The second half of the statement is too ambitious and should be tempered as everyone will not be valued etc – let's be realistic	Point noted. However we feel that a vision statement should be ambitious.
073	An employee of NHS Grampian or the Moray Council	F	This is fine as a vision			

074	Physiotherapy Dr Gray's	F	This vision is in line with our ethos of self-management and encouraging patients to deliver their goals		
075	I	F		The services need to be in place to enable the population to be healthy independent and active. Those services need to be well staffed and sustainable	Comment noted – the reason for change is well documented.
076	Heldon Comm Council	F	People on their own may be very lonely living in rural communities and this should be taken into account when dealing with their issues		
077	An employee of NHS Grampian or the Moray Council	F			
078	A 3rd Sector Group working in health or Social care	F		As a professional in Housing and Care services I find it frustrating that staff on the front line are not involved in case reviews such as Carers and Sheltered Housing staff	This is an important point that will be raised with the Adult Community Care Service Manager.
079	Moray Handy Persons Service	F		Could add "safely"	Noted
080	A health professional	F			
081	Member of public	F		Pretty insulting to those who are ill disabled or physically and mentally unable to reach	Your comment would suggest that people who have a disability do not

				their goals. The vision should be for an all inclusive society where people are supported as needed Abridged – I believe the whole concept of the IJB is flawed and the relevant Council services should be merged into the NHS thus providing a single management and accountability structure.	have goals that they wish to achieve. We do however appreciate that setting goals needs to be an inclusive process and that the goals needs to be realistic.
082	NHSG Area Clinical Forum	Letter		Some concerns about the definitions of allied health professionals and clinical psychology as these terms spread across a number of services. Request for more accurate detail.	The definition of these terms are outlined in Regulations and Orders supporting the Act. We can ensure that these provided to the Forum.
083	A social care professional	F		Do you mean children and young people as well?	The scope of the Moray Integration Scheme is adults and older people. It is nevertheless important to ensure that partnership working with children and family services is not undermined.
084	A commercial provider of social care	F			

085	A health professional	F			
086	An employee of NHS Grampian or The Moray Council	F		The vision should be in plain/basic English to enable BSL users better understanding. Take into consideration that English is their second language.	We think that some of the wording that could be removed from the vision statement is important. We do want to ensure that the vision statement is accessible to all and will work with groups such as North East Sensory Services to make sure this is the case.
087	A 3rd sector group working in health or social care	letter			
088	A non-commercial provider of social care	F		How are inclusive communitites to be realised/ Burghead is a village with ageing population. No evening or Sunday bus service. To achieve your vision you will have to invest. We need a communal point, drop in centre, luncheon club etc	This is a good point and supports the rationale for thinking about how community outcomes can be achieved through a locality planning approach with a range of different stakeholders as well as the people who live in the Burghead area.
089	An employee of NHS Grampian or The Moray Council				
090	A member of the public in Moray	F			

| 091 | Old Age Psychiatry team | F | | | |
| 092 | A 3rd sector group working in health or social care | F | | | |

Ref	Thinking about our Purpose, do you			
	Support it	Support some of it	Do not support it	I am not sure
002	1			
003	1			
004	1			
006	1			
007		1		
008	1			
009	1			
010	1			
011		1		
012		1		
013		1		
014	1			
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083		1	
084	1		
085		1	
086		1	
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089	1		
090				1

31

Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	(if comment is negative)
004		Involving the 3rd sector is key to developing and delivering strategic plans. We play a major role in prevention, response and service delivery and offer our help to the IJB Marie Curie Helper Service will be rolled out in Moray in 2015 and should be included in the profile of services		
007			Economic and social goals must not lead to "concentration" areas, nor should Disabled young people or elders be isolated in "abusive" enclaves; a difficult problem is that! Perhaps a rotational "posting" system, such as used for HM Armed Forces, could be introduced to consenting non-house owners.	Housing location policy is not within the remit of the IJB

012		Consider adding something about around the clock availability rather than just office hours. Social care is almost impossible to access at weekends for example.		
013		Council carers need to be given more time with clients and paid a decent wage. They undertake a difficult and demanding role which includes a great deal of travel.		
014		Great and wonderful statement making sure that it is carried out will not be easy to do.		
016			Don't have the resources to do it without the unpaid carers- it is more complex when dealing with mental health.	These are the challenges which the IJB and the joint workforce will need to focus on and address if integration is to be successful.
017		It's hard to argue with this statement as written so I support it with the qualification that it still has to be made reality.		
019		When funding is available make sure it is used in value for money projects		

		that people actually want as well as need. Get information out to the public what help is available for them		
020			We also need to say something about supporting people to live the way they want to too, not just for as long as possible.	Comment noted and revision to the vision statement has been made.
022			Abridged "Slightly confused about the opening sentence, by making reference to health and social care, then stating the third sector. Normally we define public, private and third sector…"	The Integration Scheme is a legally binding document between the identified partners. These are named as the The Moray Council and the NHS Grampian Board. Reference to both partners is deliberate and reflects this legal requirement.
023			"I fully agree that we need to support people to live in their own homes for longer. I work in the Joint Equipment Stores where our equipment cleaner is being made redundant. This is wrong as we need a full-time cleaner to clean hospital beds and community care equipment. To say others that	The consultation exercise cannot comment on individual cases as you have highlighted.

			others will do it instead will be a detriment to the service…"	
027			Are you going to listen to clients as well as carers.	Giving feedback to everyone, including yourself, will be an important part of demonstrating that we are going to listening to what people say.
029		People need to be encouraged to be active, informed and engaged in being healthy and dealing with health conditions as they arise.		
030			Again, interesting choice of words. Funding must be an issue and to achieve the maximum cover and stay within budget, will more complex tasks be cascaded down to the less well paid staff? Will there be a written clause in contracts for third sector partners that makes certain that they pay the living wage?	As noted in the Scheme, an engaged workforce is one of 9 high level outcomes which the IJB will be judged against. This will not be able to be achieved if the situation as you describe it arises. In terms of a written clause for third sector partners, this is out-with the scope of the Integration Scheme.
031			Although not deemed political correct there should be	Agreed. Commercial providers will be added

			mention of the private sector who provide care for many people in our communities e.g. care home.	to this statement.
033			Promoting choice and independence within health and social care is deceptive wording. Choice is only available within the parameters of services available making the phrase misleading….	It is not the intention to mislead. However, it is true to say that initiatives such as Self Directed Support, do provide more choice to people now in terms of how they receive their service than 10 years ago.
036			Living alone, although supported, can isolate people and they become lonely,… their only contact being their carers, if long term care aims are to keep people in their own homes they must be listened to and have a choice. Some blossom in a care home with lots of activities and stimulation.	We also recognise this risk and entirely agree with you statement.
038		Voluntary and other third sector organisations need better		

			recognition, support and funding- especially in the field of elderly care and support. I welcome their integration into a integration joint board for Moray.	
040			Too long sentences-poor grammar	
042			Sometimes I feel keeping people at home with large care packages deteriorating health is not the best outcome for people and family should not have the distress yet society is negative about living in a care home. I see care homes as mostly positive.	It is important to ensure that we secure the right kind of support for each individual. However, in the past too many people in Scotland have found themselves in a residential setting while the evidence shows that they could have lived independently in their own homes for longer. This point is not against care homes but is about ensuring we maximise independence.
046		Not everyone has a family able or willing to support them when they need it so yes other third parties working together to maintain someone's independence for as long as possible is a good purpose		
051			I have huge concerns that	Resources are of course

			there will not be the resources to support this	an issue but the development of the vision and identifying the role of communities in maintaining good health and wellbeing is also about using our existing resources differently.
052			Although hopefully there will be funding for this to ensure that it happens	Agreed. The Integration Care Fund does provide some welcome additional funding.
054			Joint working would be ideal, however not under the umbrella of one employer ie a combined local authority and health service	If joint working is to have a positive impact on personal outcomes, it must impact colleagues on the front line.
055		Extensive comment stressing the need for broad partnership working, emphasising the benefits of Fire service being included re home safety visits and falls risks		
058			Assuming our goals and principles are realistically achievable	We have engaged with members of our workforce and the public with the aim of ensuring that the vision and principles are realistic.
061		Ideally this would happen with the cooperation of all involved but take		

			into account human nature	
062			Important to remember we are all individuals with different needs, not numbers	Personalisation is a key element of the vision and principles statement.
063			Sounds very commendable but will it be deliverable? If person has complex care needs will they have a choice?	This is what we are striving to do. Self Directed Support (SDS) is already used by many people with complex care needs.
064			By unpaid carers one must assume you mean volunteers which could be seen as intrusive to many very private people	Yes, we must always respect people's wishes. This is part of our 'values'.
066			This should be about how we achieve the vision. "Working in partnership to improve the health and wellbeing of people in Moray through the planning delivery and management of the right support at the right time in the right place	Yes, it is really.
067		Fully support the concept but again need to ensure the correct qualified support is there		

073		The detail in the delivery will be what's important		We agree. Consultation on the Strategic Plan is therefore important.
074			We feel that third sector services such as falls classes, GP referral schemes should be governed by the partnership to ensure quality of service	A partnership approach should be extended to these activities. The governance arrangements for integration will support joint working.
075			Services need to be fit for purpose. At present health and Social Care services are under staffed and will not cope with increasing pressures of the growing older and complex people.	As noted in the Introduction to the draft scheme, this is the underpinning rationale for integration. We must therefore change the way we think about delivering services in light of an increasing older population and the pressures you note.
076			At the present time visits from carers are not enough and do not provide continuity of care. Will the budget be vastly improved to cover this?	Improving the home care service is not entirely about money. It is also about improving the efficiency of the service and ensuring that this home care is viewed as a

				Priority
078			Words are great, keeping to and doing what is said is better	Agreed but actions need a vision and an understanding of what we are trying to achieve.
079			Good that 3rd sector mentioned here but hereinafter there is too little mention of the 3rd sectors essential contribution to delivering on the intentions. 3rd sector need to feel valued supported, an integrated partner, part of the solution	The third sector was involved in the development of the integration scheme and is represented on the TLG/Shadow IJB and will be represented on the Strategic Planning Group. There is therefore a significant input from this sector in creating a new partnership.
081			The last paragraph beyond "deliver services" is not appropriate to a purpose (reason)	Sorry. We would need clarify with you what you mean.
083			Children and young people with complex care issues have an impact…on their parents and carers… Due to the lack of services currently provided for th4ese families it is hard to	Support for carers is specified as one of the 9 national health and wellbeing outcomes and the IJB will have be judged on its ability to

			understand how the detailed purpose will be fulfilled in the future	meet this outcome
085			Single point of contact – will slow access to service – another tier –governance? Reduced level of information & possible inaccurate referral notice! UNWORKABLE AT THIS STAGE maybe further down the line when integration is further established.	We take your point. The intention is that a single point of access is not designed to create a layer of beaucracy but to facilitate information sharing. This in turn will hopefully have a positive impact on the quality of information provided and will speed up service provision.
086			This is very idealistic and promotes the idea that people with complex care needs can be supported at home when very often this is not the case. Staff then find themselves dealing with patients and relatives with unrealistic expectations of what can and will be provided.	People with complex care needs are in many cases supported at home because this is the best place that they can be cared for and supported. While this is not an unrealistic expectation, it is important that support is personalised to address each individuals circumstances and that these are addressed.
087			Staff and service users need more training and support	It is not possible to comment on individual

			One lady has been waiting 1 year after asking for SDS, staff don't understand her situation Need for more BSL trained staff.	cases as part of this consultation exercise. However while we monitor the length of time from the assessment to the completion of the support plan, it is important that concerns are raised in the first instance with the designated social worker.
088			Independent living not always best – can lead to loneliness, isolation, even if in a safe environment this does not always create a good lifestyle. Careers allowance needs to be more realistic sum Complex procedures need to be simplified	This is a good point that we acknowledge. There is difference between independent living and being isolated and lonely.
090			Recent experience of elderly relative put out of hospital unable to get out of bed let alone feed himself, with no help in place. New system prevent this happening? Sounds fantastic people living in their own homes if proper care provided. Where will the	Regardless of integration, both The Moray Council and NHS Grampian are committed to ensuring that the discharge process is safe. The Integration Scheme has made clear the fiscal challenges faced by all

			money come from?	Partnerships in Scotland. Financial planning will therefore be undertaken on the premise that there will be no additional financial resources.
092		Sounds fine. From what I have seen and heard Moray seems pretty good anyway		

Ref	Thinking about our Principles, do you			
	Support it	Support some of it	Do not support it	I am not sure
002	1			
003		1		
004	1			
006	1			
007		1		
008	1			
009	1			
010	1			
011				1
012		1		
013		1		
014	1			
015	1			

017	1		
018	1	1	
019	1		
020		1	
021	1		
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025	1		
027		1	
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029	1		
030				1
031		1	
032	1		
033		1	
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036	1		
037	1		
038		1	
040	1		
041	1		
043	1		
044	1		
045	1		
046	1		
048	1		
050				1

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051	1			
052	1			
053	1			
054		1		
055	1			
056				1
057	1			
059	1			
061		1		
062	1			
063	1			
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071	1			
072	1			
074	1			
075	1			
076	1			
077		1		
078	1			
079		1		
080	1			
081	1			
083		1		

084	1			
085	1			
086		1		
087	1			
089	1			
090		1		
091	1			
092	1			

Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	
001			I have a few suggestions for this page – Replace provide with give. How about "we will make it easier for people to get information and support by having a single point of contact for all health and social care services. Change "facilitate" to "help". "We will aim to support local communities to set their own health and well-being priorities and we will work in partnership	Suggested wording change will be carefully considered.

			to achieve these outcomes. Change endeavour to try.	
002		The single point of contact is essential – there is too much confusion otherwise		
003			You are not going to have an efficient and effective service when the Council keep cutting staff and budgets at grassroots level, then expecting the remaining staff to cover the ever increasing workload.	The fiscal challenges are acknowledged and we are committed to supporting staff and improving front line services through the Integration process. Our progress in achieving this goal will be judged against national health and well-being outcome 8: An Engaged Workforce.
007			Abridged Concerned re practicality of single point of contact. Thinks lead professional is Chief Officer. Urging care be taken over implementing new procedures under best value.	Noted. As part of the development of the strategic plan, an options appraisal will be undertaken in terms of the development of this element of the integrated service.
012		Also consider a system of continuous improvement, for example system innovation as well as looking to see what other groups		

			are doing around Scotland and openly sharing best practice.	
013			Much of this has been tried already and not produced the desired outcomes	The driver in terms of developing easier access to health and social care services comes from people who engaged with in terms of developing our vision statement. Developing this element of the integration scheme will build on the establishment of an access point for Moray Adult Community Care Services. This element of our service provision is now well-established.
014			Please ensure that always we (patient/carers etc) are treated as equals and have a right to speak out.	Noted. The vision principles statement acknowledges the importance of this comment.
015		If all parties are motivated to make it work, understand the benefits, and make it easy for the end user it would be a huge improvement.		
017			Again, fine in theory but I need to know more about how they become realised in public.	We aim to tell people more about how we are going to realise our vision statement through the creation of the Moray Strategic Plan. This will

				be consulted on later on this year (2015).
018			Some slight concerns about the third, information sharing, principle. 'Telling their story only once' suggests that initial misunderstandings or even misinformation could be perpetuated and even form the basis of misguided treatment or case-handling. Also, how many people would have authorised access?	These concerns are noted. This principle was identified by staff and patient/service users because repeatedly providing the same information did not improve the efficiency of the service when an individual was receiving support from both the Council and the NHS.
019			Good communication between everyone including those who access these services is essential. There is at present a breakdown in communication.	We recognise that we can improve communication at every level. The Strategic Plan will aim to demonstrate, for example, how communication can be improved with the different localities in Moray.
020			I think some of the principles need to be refined further to make it clear what they will mean…the meat on the bones, if you like…what does information sharing actually look like … I think we also need to emphasise the conversation principle as the primary one.	Please note that the specifics of what these principles mean in practice is the focus of the Moray Strategic Plan. The purpose of the Integration is to provide a high level overview of the purpose of integration.
022			Could we add something about empowering individuals to take	We share your sentiments and consider that this is part

			control of their own pathway in life, and to offer support who have never been given the freedom of choice before.	of the vision for Moray.
026		In relation to professionals sharing information, need to make sure they all take same sufficient information and if 'telling the story only once'…	Nothing on the accountability of partners	It is considered that the 'accountability of partners is covered elsewhere within the Integration Scheme document.
027			Where are you going to find more carers?	A number of initiatives will be announced in 2015. Taking into consideration the competitive nature of the Moray job market, we will continue to focus on developing homecare as a rewarding and attractive profession.
029		People should be given access to test results…and be supported to understand them and they can do to help themselves…People need to be partners in their own care.		
030			The words are good, but a lack of common IT system has blocked progress in these areas for years. What has changed that is going to allow the investment in IT? Elgin lacks a proper hospital environment for older people to	In terms of the IT System, it is the intention that the Strategic Plan will demonstrate that we have learnt from many of the mistakes we have made in the past in terms of IT systems.

			recover before going home from hospital; how is this community going to be served?	Addressing this issue is not therefore down to resources. In terms of the recovery of older people, this is a fundamental issue in terms of the future of health and social care services in Moray. The Strategic Plan must demonstrate how we can invest in new services which are fit for purpose while safely decommissioning services which are no longer appropriate.
031			I'm not sure about a single point of contact-most people are well versed in how to contact and interact with their GP. Disrupting that and having that handled/directed elsewhere is wasteful and not required. What is essential is good signposting so that people have good knowledge about which service/professional can best help them.	Noted. It is not the intention that a single point of contact would be a substitute for GP practices but rather as you highlight a means of improving sign posting and the sharing of information between social and health care professionals and GP practices.
033			A single point of contact would need to be appropriately appointed and discussed with the SU to ensure they are happy with	Noted. It will be continue to be a legal requirement that consent to share information will need to be secured from

			who it is….Sharing information is a big concern. I would not wish my medical information shared with any third party or social care without my explicit consent.	the service user/patient.
038			Concerned about confidentiality of shared information with third sector.	In line with legislation data sharing will continue to follow strict protocols.
046		Sounds efficient and effective		
050			Not sure how there can be a single point of contact? NHS and Council computer systems are not compatible so the council can't see NHS info and vice versa	It is considered that these challenges are not insurmountable and can be addressed. This will be outlined within the Strategic Plan.
054		Sharing information would be useful but this does not occur currently within each service	Single lead professional across H&SC not ideal due to diversity of services provided and therefore lack of understanding. Single point of contact not realistic as currently even IT systems within health are not joined up.	The starting point must be what is best for the service user/patient. Through developing the vision statement and reinforced through national research, people say that health and social care professionals do not always communicate effectively with one another and are not sure what interventions are being made by their colleagues. This statement identifies that we want to address this issue. It

				is not the intention to undermine or substitute for any area of expertise but to assist with communication.
055			Need more emphasis on how IJB fits into wider Community Planning Partnership	In a latter section of the Integration Scheme document, the role of the IJB in relation to the Community Planning Board is outlined. We agree that this is very important in light of aspirations expressed as part of the draft vision statement.
059		Absolutely agree with these principles, especially the 1st four.		
061			Continuity of care -What happens to cover annual leave/sickness? Feel it also needs a deputy Whole community? In what circumstances? Any trials held elsewhere?	At a time when resources are stretched, this is an issue. The IJB will always strive to ensure that services are safe and continuity of care is provided.
063		These are values that need to be delivered if integration is to work properly		
064			You have very high principles which I think may be hard to implement without a huge increase in "grassroots" professionals.	We agree that resources are a very important issue but helping to create the right kind of organisational culture is also based on other factors such as leadership.

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066			Principles should all be "we will" statements – "We will provide services which are seamless integrated community focussed individualised responsive proactive participative safe timely transparent	Noted.
076		Your principles are good and I hope they are achievable.	At present ill people often have to repeat their story to many professionals. When calling NHS 24 they always ask to speak to the patient whether he/she is fit to do so. Time can be wasted in getting treatment. Conversation and listening are valuable tools in the care of an individual. How will you achieve personalisation?	We agree. Our vision statement acknowledges that this is an issue. This is therefore the first step in terms of address the point you raise through the development of the strategic plan Through Self Directed Support and other initiatives, the Care Inspectorate have already recognised the good progress we are making towards personalisation. We consider that the Integration of Health and Social Care Services provides an excellent platform to further develop this work.
077			Not all care/health professionals have enough knowledge across all departments to be able to advise	Agreed. The intention is to improve communication for the service user/patient and

			patients appropriately. This is why we have separate professions	not to undermine any profession.
079		Interested to learn how a single point of contact will embed 3rd sector services like MHPS		
081			Extensive comment but evinces strongly the need for a transparent and robust escalation system and reporting process	We agree with the sentiment underpinning this statement and we will aim to achieve this goal.
083			Given the nature of Moray. Diversity of need across families and not always choice much less control. I have known families move away from Moray to access better care for children and adults. This was despite agencies working together.	We know we have to work better together and do appreciate the challenges ahead. Integration therefore provides us the opportunity to provide better outcomes for people who use health and social care services in Moray.
086			I cannot see how a single point of access can be achieved and again this will cause service users and families to have unrealistic expectations	A single point of access has already been established for social care services in Moray and an integrated health and social care access point has been established for East Renfrewshire. It is considered that improving information sharing with health through

				the development of this service is realistic and a positive development.
087			More deaf interpreters needed in hospital An advocate for deaf awareness or BSL Important for an individual's story to be understood correctly at the beginning. Hope and pray we will be listened to and appropriately included	Thank you for this comment. It is important that we engage and listen to you through the consultation feedback sessions and the development of the Strategic Plan.
088		Having to tell a story once is a good plan – tricky to achieve!	Who will cover contact for sickness/holidays? Organisations with mostly admin staff to "signpost" should not be needed as professionals (the contact) will know who to approach. Save money here! Sustainability needs money do not go ahead with the pointless relief road and put the money to better use.	Staff cover is an operational issue and will be explored at a later date. The point of the Integration Scheme is to establish a number of our key objectives and priorities.
089			Health and social care systems need to be joined up and accessible by both.	Agreed. This is the premise of integration.
090		They sound great.	Apart from best value – focus on money not care	Effective governance will need strong financial monitoring arrangements to be in place.

091			Communication and continuity are essential to patients, especially with dementia. Currently does not happen and we hope this will change in the future.	We acknowledge that there will be work to be done in providing better support for people with dementia. Moray has made good progress in recent years and is presently piloted the Scottish Government's 8 Pillar Model of Dementia Care. We think the adoption of this model can improve the outcomes for people who have dementia and their carers.
092		Whole idea is sensible – asks a lot of professionals though		

Ref	Thinking about our Values, do you			
	Support it	Support some of it	Do not support it	I am not sure
002	1			
003			1	
004	1			
006	1			
007		1		
008	1			
009	1			

010	1		
011		1	
012	1		
013		1	
014	1		
015	1		
017	1		
018	1		
019	1		
020	1		
021	1		
022	1		
023	1		
024	1		
025	1		
026	1		
027		1	
028	1		
029	1		
030			1
031	1		
032	1		
033		1	
034	1		
036		1	
037	1		
038	1		
040			1
041	1		

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042	1			
043	1			
044	1			
045	1			
046	1			
048	1			
050	1			
051	1			
052	1			
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054	1			
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065	1			
066		1		
067	1			
068	1			
069	1			
070	1			
071	1			
072		1		
073	1			

60

Ref	Organisation/Individual	Positive	Negative	Response
074		1		
075		1		
076	1			
077	1			
078	1			
079		1		
080	1			
081	1			
082		1		
084	1			
085	1			
086	1			
087	1			
088		1		
089	1			
090	1			
091	1			
092	1			

Ref	Organisation/Individual	Comment		Response
		Positive	Negative	(if comment is negative)
002			The contribution by unpaid carers is valued without question – the key thing is how that value is demonstrated – how will a carer know or feel that value?	One of the key national health and well-being outcomes (Support for Carers) aims to address this very point. It is the intention that through a carers assessment and review (in

				partnership with Quarriers) we will work hard to provide support for unpaid carers. The data we gather through conducting this exercise will also be used for performance reporting purposes.
003			Moray Council currently do not listen to their staff, why would they listen to service users? As for supporting them I don't believe it. Management have been told time and time again where money is required to maintain/improve service. The Councils reply is that they have no money, as for the NHS management they just ignore your comments and emails. All they seem to be interested in is there (sic) little empire.	We acknowledge that we always need to work hard to ensure that we listen to staff. Since her appointment, the Chief Officer has attended many briefing sessions with the public and the joint workforce and it is important to note that we organise feedback sessions where we will report back on the findings of this consultation exercise.
007			Abridged Cynical about organisations ability to listen effectively. Advocating a series of measures including training and tax incentives for home carers	In relation to the first point raised, please note we will organise feedback sessions based on this consultation exercise. In relation to home carers, a number of new initiatives are planned which will support the recruitment and retention of

				colleagues.
013			Not everyone is able to articulate their needs or goals. Is more to be put on unpaid carers?	While this is true, there are a number of innovative techniques used by professionals when interacting with people who are cognitively impaired that assist goal setting.
014		People are the most valuable asset –meaning everyone- need for professionals to listen.		
015		If the service is really considered from the end user experience upwards and understand the frustration when it goes wrong it will be a positive step. No one within the workforce should be allowed to walk away and say "that's not my problem' when delays occur.		
016			The majority of time everyone tries their hardest to achieve your values but am aware of times when families have questions re care and that is swept aside- difficult for them to get a second opinion. NHS like everyone else	As an IJB we will strive to ensure the highest standards of care and professionalism. We will also place the provision of information and support for carers as one of

			gets staff from society where standards for individuals differ greatly and it is like any large organisation difficult to get rid of 'dead wood'.	our highest level priorities.
019			Listen to what people are saying and give them what they are asking for not what you think they need.	Our vision statement means that we are committed to trying to achieve this too.
020			Value one: can we add …goals that improve and maintain	Noted, this will be considered
022			Could we add: we will share our experiences both good and bad and learn from them for the future.	It is suggested that this is implicit in the statement that the "conversation is at the heart of what we do…"
023		Many people do not have friends or family to care for them, so this will have to be taken into consideration		
026			Think it is important here that workforce are not going to push more requirements on to unpaid carers and voluntary workforce. Beginning to see that the expectations of the voluntary workforce is constantly increasing…	This point is acknowledged. It will be noted that support for carers is one of the 9 high level national outcomes that the partnership will be judged by.
027			Where is the money coming from for all of this.	The redesign of health and social care services will come from existing budgets. This

				means putting more emphasis on prevention and anticipatory care.
028			Although the NHSG and TMC have similar values, their cultures are fairly different. The differences can be difficult to describe in detail and are not always tangible. I would like to see the differences in culture discussed amongst staff and that significant work was done in order to develop a new culture.	There is a substantial body of academic evidence to support your comments. It is proposed that many of the differences in culture will be addressed when exploring issues such as risk, professional care governance and joint outcomes for example. Discussing these elements will be key feature of the work undertaken in the next year.
029		True partnership is key between people and healthcare professionals, managers and staff		
030			The aims are correct, but at the moment far too much of the care burden is falling on front line home care staff or worse still family and friends of the person requiring the care. How is an improvement in this situation going to be funded against an overstretched budget?	The pressures facing home carers are only partly financial but also relate to an increasingly more competitive local job market. While striving to ensure that our homecare resource is provided in an efficient way, home care will continue to be developed as a rewarding profession which is an appropriate career choice for

				many young people.
033		Whilst I agree with these values the workforce will need to be appropriately supported to enable them to keep these values at the forefront of their work. Excessive workloads will lead can lead to these values being lost.		
036			Support for unpaid carers requires expansion for time off to help with mundane tasks i.e. laundry when carer looking after someone with incontinence.	Through the carers assessment and review process we will continue to aim to provide the practical support required by unpaid carers.
037			Unpaid carers need to be listened to more than present.	
038			Recognition of unpaid carers long overdue but who will do this in practice?	The inclusion of support for unpaid carers as part of the 9 high level outcomes for the integration means we will be judged by the level of support we provide to this group.
040			Do the public know what the word outcomes means?	No one has asked for the definition as part of this consultation exercise. It is therefore considered that many people do know what this means
043			What is more important is how the values are translated into everyday activity and contacts	We agree and this ultimately will be what we will be judged by.

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046		I support these values as people's thoughts and feelings can often be forgotten so to identify them keeps them in focus		
051			Concerns that the workforce will be understaffed to cope	This is a risk that we are mindful of. It should be noted that one of the 9 national health and wellbeing outcomes is focused on an engaged and motivated workforce. We will therefore be judged against this.
054			Managers need to listen to staff, take on board ideas and be supportive when required which currently is dependent upon the individual manager.	This is very important and we will use workforce self-evaluation techniques to identify issues and to aim for continuous improvement.
055		Paraphrased – Contribution of all partners to H&SC should be recognised more explicitly. Opportunity for Fire Service to contribute to values by carrying fire safety home visits to reduce fire related injuries impacting n health services		
061		Ideally yes!		

064			Will you always listen?? Will you ALWAYS respect the workforce and their experience and "on the job" knowledge??	Our vision statement is clear that we will aim to always strive to do this.
066			This should explain the way we work The approach staff will take to the way they work with you will be person centred respectful effective caring inclusive fair	I think we have tried to do this. For example the importance of goal setting, the importance of listening and of the conversation being of paramount importance.
068			We should be doing more than just listening to people we should be putting actions in place based on what they tell us	We agree but we would suggest that meaningful action requires that we first of all have to listen to what people have to say.
071			Again would be concerned about manpower issues and sustainability of service	We agree. This is an identified that risk that integration must be concerned about.
072			Not sure why you specify "trust" with workforce. This should be implicit with the job they perform. Leadership is what we would value more	We agree leadership is fundamental to creating the right kind of organisational culture that will lead to positive outcome but part of the set qualities required by leaders is to instil trust. We are always mindful that leaders need to work hard to instil trust in the workforce.
073			The delivery of the values will be linked to the use of resources.	Point noted. However, there is evidence to indicate that

			We need to be honest about the limitations of resources so we do not build up expectations that cannot be delivered eg SDS budgets which limit the available resources to individuals	positive values are not always linked to resourcing. In other words an organisation could have the wrong values but be more than adequately funded.
074			We feel that the word "trust" could be ambiguous	Comment noted.
075			What about the children of Moray? How do they fit into this and their parents/guardians?	While the scope of integration is for adults and older people we cannot view children and their families as being out with the work undertaken to integrate adult health and social care services. In particular the strategic plan will concern itself with the points of transition in terms of receiving services when a child moves to adult services. We have already established a working group to further explore and make recommendations regarding these issues.
076			This is a wonderful idea but how will you achieve it? Will they have training on a regular basis and more importantly before they work on their own as	This is the focus of the strategic plan for Moray. Later on this year we will ask you for your comments on this document.

			unsupervised carers	
079			Would like to see something about being adequately resourced here. In particular giving enough time to properly support people is often a key factor in the success of the outcome	Adequate resourcing is part of the vision statement.
081			It should be we will always value the support and contribution and assessments provided by unpaid carers	We agree.
083			I doubt very much the last point will be achieved. Contribution of some parts of the workforce to a family's wellbeing is long term and slow developing so often not appreciated in terms of value and worth	These concerns demonstrate why an engaged workforce was included as one of the 9 national Health and Wellbeing outcomes. We will work to develop a stronger culture of support and engagement.
087			If we get the right support	Noted.
088			Impossible to fulfil, time is precious and limited	Comment noted.
092		Respecting workforce at every level very important. Workers on same level should also respect each other		

Ref	Thinking about Governance, do you			
	Support it	Support some of it	Do not support it	I am not sure
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Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	(if comment is negative)
002		Provided it is not too top heavy		
007			Abridged Appears to be asking for clarity on organisational structure and a definition of 3rd sector	Details concerning organisational structures will form part of the Strategic Plan.
009			It's important that the "senior professionals" are not remote from those delivering the service. Aspiration is difficult to meet if the investment of time in a thorough and ongoing listening process to those on "front line" delivery of service {sic}	We agree.
010			While I support the fact that professionals will be working together I worry that individuals professional identity can be eroded when managed by a manager from a different profession	We must be mindful of this and this certainly is not the intention.
013			Don't feel that managers from a different profession can understand fully other groups and professions. Each to their own!	Evidence supports that better outcomes can be achieved for people if professionals work together in a multi-disciplinary way.
014		Ensure that doors are open at every tier for all.		
015		Make the whole thing user-friendly and transparent from the		

			beginning. Simple reporting structures that make sense to all.	
017			I have some concerns about the dilution of the social worker's role and potentially not having a line manager that has a social work background.	Through the development of multi—disciplinary teams, it is not the intention to undermine the professional status of any health or social care professional. Care and Clinical Governance arrangements will be put in place to warn the IJB if this unintended consequence of integration occurs.
019			Do keep the third sector up-dated on what is happening. Frequently, groups miss out on getting information held by the TSI. This will avoid duplication of what is on offer.	A representative of TSI Moray will sit on the IJB. This will help ensure better communication links between the 2 organisations and local voluntary organisations.
020			I think we need to clarify this further, in relation to management and governance and be clear about the difference and similarities. I'm not sure what the second para is actually adding to this.	An undertaking will be given that the specifics of clinical and professional governance will be discussed as with the workforce as part of the development of shadow governance arrangements (April 2015 onwards). The second paragraph will be

				revised.
023		It makes sense to share resources.		
025			This is mostly a matter for the staff concerned. Whatever the arrangements the staff must have faith in them.	Agreed.
026		Important that all line managers have strong insight across professions to ensure that staff respect and trust them. This integration will be important to the success of the future service so this is a critical area as the workforce is your greatest asset.		
027			Teams, more boards and committees willnot help the ill, deprived and islolated unless you have experienced such unfortunate circumstances. Chiefs and not enough Indians is not the answer.	An important element of integration is to reduce beaucracy. This is reflected in having a single Integrated Joint Board and a Chief Officer responsible for both health and social care services.
028			Good idea but not sure if it works in practice. It can result in more joined up working and transdiscplinary working (which I support wholeheartedly) but the danger is that the crucial essence of	This is a potential risk that will need to be monitored the Clinical Professional Governance Board as integration in Moray progresses.

			individual professions can be lost when the profession is managed by someone of another profession and quality and depth of the service can be diluted. Truly excellent communication skills on the part of the manager could help this. Perhaps this should be on the job description.	
030			Bad idea, the lack of professional supervision from someone within your own discipline already has a detrimental effect. Increasing this practice will only increase the challenges already being faced.	Your comment is noted. This is a risk but there are also benefits of multi-disciplinary working. The potential risks will need to be closely monitored as integration is progressed.
033			Skills and expertise will be diluted under the structure and appropriate support for staff would be required to avoid the service user being inappropriately supported.	It is the aim that creating multi-disciplinary teams would add skills and expertise and therefore enhance the provision of health and social care in Moray.
035			Can the number of [NHS] execs sustain the commitment to the IJ, NHSG and other roles?	For Moray, there are a smaller number of NHS G Non Exec Board members sitting on the IJB. We therefore do not consider this to be a significant issue for Moray.
035			Further discussion would be welcome about the Integrated Care	The membership and scope of responsibilities of the

			Governance Group. And how they will relate to ACF. What will the membership be? Will the individuals in this group be responsible for operational management of the IJB	Professional governance group will be consulted on as part of the development of the strategic plan.
035			Who will be in the strategic planning group and if/when clinical advice is required where will this come from? Will all IJB's follow the same model? Clear preference expressed for a Grampian wide model.	As per the Act, it is a requirement that each partnership area will have their own Strategic Planning Group. The membership of the group is also specified in the legislation.
036			Managers from different professions need to know they can consult another from the profession their training is not in without feeling 'they should know how deal with this'	We agree. The intention is that this would be one of the benefits of integration.
037			The managers need to have been practitioners with relevant experience to appreciate the roles in the team. This is likely to be most challenging part.	The recruitment process requires evidence of relevant experience.
038		Support as long as new governance structure will not mean 'more jobs for the boys' and an increase in tiers of management.		
042		This could be very difficult to implement initially but I feel it		

		will be eventually a more holistic approach to the needs people.		
046		At the end of the day everyone should share the same vision, purpose and values, per the above, so if the appropriate structure works well then the more professions involved the better chance of achieving these.		
047			The roles of the key officers in the NHS Grampian should be defined in this section e.g. the role of the Chief Executive in relation to ultimate accountability for health resources and the responsibilities of the Medical Director and Director of Nursing in relation to professional validation and regulatory matters.	A new definition of "Accountable Officer" has been included in the Definitions. The responsibilities of the Chief Executive of NHS Grampian are detailed in the "Chief Officer" section. The responsibilities of the Medical Director and Director of Nursing are set out in the reframed "Clinical and Professional Governance" section.
			Reference should be made to the need for the IJB to reach agreement with NHS Grampian in relation to changes in health services which have an impact on other parts of the health and social care system. This relates to changes included in	The IJB will consult with the Parties when preparing the Strategic Plan, as that is a requirement of the legislation. The IJB will also consult with the Parties where it considers that a planned change to any

			the strategic plan or other operational delivery changes that may be sought.	operational delivery of integrated services may impact upon the service provision of non-integrated services. A sentence to include this in the scheme has been added in "Support for Strategic Planning".
			The IJB, specifically the Chief Officer, will participate in a coordinating process involving all IJBs which will ensure that changes relating to health services provided across Grampian are managed and organised effectively and efficiently.	This has been included in "Support for Strategic Planning" which is a more appropriate place for this point.
			This section should also make it clear that all resources at the disposal of the Parties relating to the functions which have been transferred to the Integrated Joint Board will be managed to ensure that the arrangements for carrying out the integrated functions, as set out in the strategic plan, are implemented in full.	As above
			The section should also state that if the Integrated Joint Board proposes	As above

			to take a significant decision about the arrangements for carrying out of their functions, and intends the decision to take effect other than by revising the strategic plan, the Integrated Joint Board will seek and take account of the views of the North East Partnership Steering Group (or other such group established to undertake strategic level coordination of health and social care in the north east of Scotland) and take such action as it thinks fit having consulted with the service users for whom the service is being or may be provided.	
			Whilst the IJBs will lead the strategic planning of the delegated hospital based services identified in the Regulations reference should be made in the Scheme that this planning will be coordinated by NHS Grampian as part of a broader plan for acute and other non delegated services for the Grampian and north of Scotland as appropriate.	This has been covered in amendments to Local Operational Delivery Arrangements at 5.4 which states that: "For integrated services that the IJB does not have operational oversight of, the IJB shall be responsible for the strategic planning of those services alongside the hospital sector, other integration authorities and other stakeholders as appropriate."

			A broad statement should be included in this section in relation to the numbers of Board members who will be members of the IJB. This will permit local agreements to be made regarding the detail of IJB membership.	This comment does not seem to be relevant to the integration scheme for Aberdeenshire. The legislation requires the number of voting members from each organisation to be stated in the integration scheme. The Regulations require that the health board nominate non-executive directors unless unable to do so, in which case it must nominate at least two non-executive directors – the integration scheme reflects that.
			It is proposed that the terms of office for Chair and Vice Chair should be one year.	We note this comment but will NOT adopt it. The period of 18 months was chosen to coincide with the three year cycle of the Strategic Plan. The aim is to have one Chair from each organisation to oversee half of the period of the Strategic plan.
			It would be useful if the Scheme specified the non-voting membership of the IJB.	The non-voting membership has been added. It is prescribed by the Regulations

			Consideration should also be given to the inclusion of staff side representation on the IJB to be consistent with the NHS principle of partnership working.	so it is not essential to repeat it in the integration scheme, but we have included it as this is considered to be helpful. Staff side representatives are included as non-voting members.
			The Scheme identifies the services to be delegated and extracts from the Regulations associated with the legislation are included in appendices. It will be necessary to identify those services that will be delegated in terms of strategic planning only (hospital services) and those that will delegated in terms of both service delivery and strategic planning (community services) as previously reported to the NHS Grampian Board.	This has been included in a new Annex 4.
			In addition there needs to be scope in the wording of the Scheme to permit the delegation of services that are not included as mandatory in the legislation i.e. this needs to state that there will be a process and criteria agreed between NHS Grampian and the IJBs to make the	There is a process to agree on hosting arrangements. A new paragraph has been inserted to reference Annex 3, which sets out the process.

			decision on further delegation of services – this process will lead to a formal decision made by the NHS Grampian Board and the IJBs	
			The Scheme should also include reference to services that are currently hosted by CHPs that will continue to be hosted on behalf of all three IJBs in the Grampian area	As above.
			Reference should also be made to the potential for reaching a local agreement in relation to the hosting of strategic planning and service delivery by one IJB on behalf of the other IJBs on a rotational basis	As above.
			In addition to the IJB taking into account the Parties' requirements to meet their statutory obligations reference should also be made to the need to meet standards required by government and other organisational and service delivery standards set and agreed by the Parties	The non-voting membership has been added to the section on "Board Governance". It is prescribed by the Regulations so it is not essential to repeat it in the integration scheme, but we have included it as this is considered to be helpful. Staff side representatives are included as non-voting members.

				An important issue for NHS Grampian is the operational delivery of services to patients from more than one IJB and the need for a degree of coordination and consistency across the IJBs e.g. in relation to patient flow, delayed discharges etc. Appropriate text should be included in this section which provides an assurance of a coordinated approach. A related issue is the need to support the delivery of Scottish Government targets and standards, and the requirement for a collaborative approach across all partners. These issues also need to be reflected in amendments to this section	The three Grampian IJBs will co-ordinate for appropriate consistency across NHS Grampian for both the delivery and planning of services. This has been added to 7.1 – Support for Strategic Planning. The next part has been addressed by the new Targets and Performance Measurement section.
				In relation to the above the Scheme should confirm that the IJB will take shared responsibility for the planning and delivery of services provided across the Grampian area	This is covered in Targets and Performance Measurement.
				Reference should also be made to the need for the IJB to participate actively in the performance monitoring and management arrangements that will be put in	As above.

			place by NHS Grampian to ensure that agreed targets and standards are met, and that the Chief Officer will be accountable to the Chief Executive for the delivery of agreed targets and standards	
			This section refers to NHS Grampian and the Council providing such information as required by the Chief Officer – this should be amended to "information as may be reasonably required". The relevant paragraph should also state that the IJB will also provide such information as would be reasonably required by the Chief Executive of the Health Board in relation to the planning of the delegated services provided within hospitals.	This has been added.
			Reference should be made to the need for the IJB strategic plan to support the delivery of Scottish Government and NHS Grampian aims, targets and standards	This is covered in Targets and Performance Measurement.
			This section should also include a statement that the Parties individually require to be involved in	The legislation requires the IJB to consult with the Parties in the preparation and review of

			and approve the IJB strategic plan	its Strategic Plan. It is for the IJB to approve the Strategic Plan.
			Reference should be made to the need to consult with other Health Boards, the North of Scotland regional planning organisation and other IJBs outwith the Grampian area in the preparation of strategic plans.	This has been added.
			This section of the Scheme should be amended to provide clarity on the role of the Board's Clinical Governance Committee as NHS Grampian will retain responsibility for the clinical governance of the delegated services. i.e. the scheme should state that NHS Grampian Board is responsible for clinical and professional governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies. Reference should also be made to the need for the IJB to develop a supporting clinical governance structure and process	This section has been significantly redrafted and these issues are now addressed.

			and that NHS Grampian will support the development of clinical and care team governance to support integrated working and service delivery	
			This section should be specific about the validation, regulation, supervision, learning, support and continuous improvement of staff	As above
			It should be made clear that the Professional Reference Group is not a governance group as the governance responsibilities remain with the NHS Grampian Board, Chief Social Work Officer and the IJB i.e. this section should state that Professional Reference Group, bringing together senior professional leaders across Grampian, including Medical Director, Nurse Director, Chief Social Work Officers, and the Director of Public Health, will be established. This group, chaired by one of its members, will oversee professional standards of care and practice to ensure the delivery of safe and effective person-centred	As above

			care within Grampian. This group will ensure that the responsibilities for Clinical and Professional Governance which remain with NHS Grampian and the Council relate to the activity of the Joint Board	
			Reference should be made to the effect that the IJB will ensure that there is evidence of effective information systems and that there are relevant professional and service user networks or groups to feed into the agreed clinical and care governance and professional governance framework	This is covered in the "Information Sharing and Confidentiality" section.
			There should also be a statement which confirms that the IJB will be responsible for ensuring that effective mechanisms are in place for service user and carer feedback and complaints handling	This is covered in the "Complaints" section.
			The section should also provide clarify that the NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committees, other appropriate	This has been added at 9.5.7.

			professional groups, and the Adult and Child Protection Groups and the clinical advisory structure will be available to provide clinical and professional advice to the IJB	
			With regard to staff governance the scheme needs to state that NHS Grampian is responsible for ensuring that the NHS national staff governance standards are implemented for those services where NHS Grampian remain the employing organisation. The Integrated Joint Board will be responsible for ensuring that these staff governance standards are embedded within the delegated services	Staff governance standards are included.
			This section should be amended to state that the Chief Executive of NHS Grampian is responsible for the planning and delivery of public health and health services across Grampian not delegated to IJBs. The Chief Executive or a delegated officer will provide information to the Chief Officer on the operational delivery of services etc.	This has been added.

			There should also be a statement that the Chief Officer is the Accountable Officer for Health and Social Care Integration to the Joint Board. A key element of this role will be to develop close working relationships with elected members of the Council and Non Executive and Executive NHS Grampian Board members	As above.
			In addition reference should be made to the need for the Chief Officer to establish and maintain effective working relationships with a range of key stakeholders across NHS Grampian, the Council, the third and independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations	As above.
			This section should state that staff engaged in the delivery of delegated services shall remain employed by their existing organisations on their current terms and conditions of employment. No changes to terms and conditions of employment are anticipated as a	This has been added.

			result of integration and should these be identified at a future date, this would be subject to consultation as per the appropriate legislation and terms and conditions. Within the NHS staff have a legal entitlement to be treated in accordance with the Staff Governance standards. This right will continue to apply.	
			This section should state that the Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised trade unions, staff side representatives and professional organisations involved in the integration of health and social care.	As above
			The section should also include a statement that the Chief Officer will receive support from the human resources and organisational development functions of both parties and together will work with trade unions, staff side representatives and professional	As above

			organisations to ensure a consistent approach to their continued involvement in the integration of health and social care.	
			There should also be a statement that the establishment of any group, including employee or trade union representatives, will not replace or supersede the role and functions of existing established consultative and partnership arrangements with the Council, NHS Grampian and trade unions without prior agreement.	As above
			In addition the Scheme should indicate that the Parties are committed to developing any arrangements that may be required to enable a member of staff from one organisation to be managed by a member of staff from another organisation where matters must be dealt with under the arrangements of an individual's employer. Employers will take every opportunity to ensure that policies enable outcomes for individuals and the security and safety of staff	This has been covered in changes to the section on "Engagement & Participation".

			within the spirit of integration	
			There should be a statement which confirms that the Council will host the financial transactions of the IJB and that these transactions will cover payments made to the IJB by the Partners and the Direction back to the Partners for commissioned services, cost of the IJB, external audit and the Chief Officer. The recording of the individual transactions of the delegated services will continue to be hosted by health board and local authority.	The integration scheme says this at 12.6.1 and 12.6.3.
			In the paragraphs relating to overspends the Scheme should state that in the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend	
			First complete financial year of the IJB – the overspend will be met by the Partner to which the spending Direction for service delivery is given i.e. the Partner with operational responsibility for the	This has been added.

			service	
			Future financial years of the IJB – Either a) A single Party may make an additional one off payment to the IJB, or b) The Parties many jointly make additional one off payments to the IJB in order to meet the overspend. The split of one off payments between Parties in this circumstance will be based on each Party's proportionate share of the baseline payment to the IJB, regardless of in which arm of the operational budget the overspend has occurred in	This will reflect subsequent years.
052		The important person is the S/U therefore as long as the manager that you are reporting to has an input into the health and welfare of the person/S-U it shouldn't really matter		
054			This has been attempted previously within Community Services with negative impact	It should be noted, that the Joint Public Bodies Act, through for example joint budgets will support this form of working. This time, we aim for different results.

055		Paraphrased – Governance arrangements should be patient focused. Potential for wider partners involvement in governance to maximise opportunities to provide the best joint service to the people of Moray		
057			Needs to be clear understanding of professional roles by senior management across all sectors	Agreed.
058			It seems that views of management may be too distant from the workers "at the coal face". This has been going on for hundreds of years so I can't see it changing soon!	This statement would suggest that change is not possible or realistic. This is a sentiment we would never accept.
061			Would need lots of open mindedness to understand the problems and problem solving for different professionals	We agree.
063			This will be crucial to implementation of a successful plan as staff will need to feel that they are supported appropriately throughout the decision making process	We agree.
064			Keep committees and those members to a minimum so they are not just a "talking shop"	Agreed

065			The trick is to ensure that ALL employees of the IJB both understand and accept this, to them, novel concept	We agree and work will be undertaken to embed this approach.
066			What professional advice will the third sector bring? If they are included then also important to have patient service user and carer representatives etc. A clinical care and professional governance framework should compass service user experience feedback and complaints	Any advice will from the third sector will be valued. As you will be aware, the third sector will be represented as part of the IJB and as part of the Strategic Planning Group.
067		Welcome and willing to work in a fully integrated way that can only benefit the people of Moray		
068		If a professional is to be a manager they will require training to provide the skills to support them in the new role		
071			I am concerned that professionals from different backgrounds would have different views on aspects of care and care provision which could cause inequity of service and friction between professionals	This is a risk that needs to be addressed through the integration of services and is certainly not the intention of integrating services.
072			Complete the sentence by relating it to providing appropriate governance standards. Why senior? Surely qualified or	Noted.

			trained professionals in grievance would be better	
074			Concerns that non-relevant professional management would not have a full understanding of physiotherapy issues	Line Management should always 'be relevant'. However, linkages to other services and AHP functions is also important to consider here.
075			How can a manager of social work manage a health professional? Where they have no clinical knowledge. I fear outcomes will be number based and not about patients health wellbeing and level of care	In the development of the Chief Officer post we already have a situation where a manager from one partner organisations oversees the work of another organisation. The point is however understood that line management support must be appropriate.
076			Will you be able to find such people with all these qualities?	In many instances we have already done so.
080			Not sure how this will work in reality where one may be more concerned about financial aspects and another about clinical care. This area needs challenged and supported but all parties must be listened to.	We agree. To address this issue, there needs be an ongoing dialogue.
081			Second paragraph is unnecessary. First should read "working in multi disciplinary teams could mean some people reporting to a manager from	Noted.

98

			a different profession. For all professional groups an appropriate structure will be put in place to support the professional development of both managers and practitioners	
082			Keen to be involved with the Integrated professional governance groups. Highlighting a possible blurring between operational management and strategic focus. Will members of the Integrated Professional Governance attend ACF meetings? Want a single model for Grampian area.	We are keen to ensure a dialogue concerning this issue with you too.
085			Poor for clinical governance Poor for CPD Generic response not always appropriate Uni professional lead is stronger	Future Clinical Governance will need to recognise legal requirements for both the Council and NHS. However, the present clinical and social work practice governance arrangement are not fit for purpose. It is conceivable that clinical and practice governance issues are explored by 2 different committees. This is neither joined up and is potentially dangerous.

				The proposed arrangement aims to ensure that when there is an issue that affects both health and social care then this issue is jointly addressed. NHS and Council legal clinical or Adult Protection reporting arrangements would not therefore be compromised.
086			Professionals from different backgrounds may well have different assessments and therefore different priorities. This is likely to cause disharmony	Ensuring a diversity of professional approaches can be asset but at the same time the delivery of services needs clarity of purpose. This is part of the underpinning premise of integration.
087		It's bridging of services		
088			Managers will have to accept they do not have the expertise of some they manage and agree to discuss matters with appropriate staff to determine the way ahead. People skills essential at all levels.	Agreed.
091			Would like more information and models of working in other areas would be useful	Thank you for your interest. This can be addressed through the feedback sessions planned for the workforce and the public.
092		Be good if people in professional		

	positions know the structure of other jobs and can stay in position for long enough		

Ref	Thinking about our Information Sharing, do you			
	Support it	Support some of it	Do not support it	I am not sure
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Ref	Organisation/Individual	Comment		Response
		Positive	Negative	(if comment is negative)
002		IT systems are all very well and are needed – but don't forget to talk to one another		
007			Abridged Concerned that information sharing will be a slow process. Also advocating that Scottish universities be approached when seeking tenders for any combined IT system.	It could be argued that delivering better outcomes for people is an even slower process if information is not shared.
009		It needs to be clear what the timeline for delivery of IT systems is. Such systems need to be future proof, compatible with existing systems – unless those are to be replaced. Local knowledge of what exists at present is vital in any procurement process		
010			I support the principle of information sharing but worry	The best way(s) of sharing information and the priority areas

			that the IT systems are years away from being able to share meaningful information	for development are presently being explored.
013		The cost of having linked IT systems would be enormous- but would be ideal to have in place		
014		Been asking for this for years. It would save time, money etc.		
015		Simple language, simple structures, and easy to read documentation together with IT systems that can deal with information from all the partners (Council, Health and 3rd Sector agencies) and make sense to the public is essential.		
016			Have concerns re confidentiality.	Information sharing must be appropriate and with full consent.
018			See earlier caveats- while clinical information sharing is, of course, something to be aspired to but IT systems are consistently reliable and are open to abuse.	Comment is noted. Listening to unpaid carers, patients and service users in developing the vision, principles and values statement for Moray, concern was expressed that delays in service occurred due to a lack of information sharing by professionals. While mindful of the concerns you raise, it is considered that information

				sharing is an important issue to be addressed through the integration of health and social care services.
019		It goes without saying that confidentiality is of the upmost importance.		
020			Can we be confident that the 'parent' bodies are clear about their responsibilities in making this a reality?	The purpose of the Integration Scheme is to do just this and provides a legally binding document.
025		I hope this can be achieved as easily as it is said.		
026			Need all professionals to use the same IT systems!?	Agreed. Information sharing is of critical importance to improving support and care through integration.
027			Are clients going to access their own medical history online?	The IJB will be committed to ensuring that patients can access all information that they are legally entitled to see. It is presently an aspiration that people will be able to access this information online.
029		Sharing information between professionals and individuals is also key		
030			The IT procedures of Health and the Council don't match and both IT departments are difficult to deal with. Breaking down	There are however really benefits in striving to achieve this though.

			these cultures will be very hard to do and long in its process.	
031			Getting the IT to interact is a major challenge and difficult to get through the layers of protection around NHSG IT systems.	Comment noted.
033			Although I understand the need to share information between service providers I have serious concerns over who can access this information. I strongly believe that information sharing should only be carried out with the explicit consent of the service user and only be the required information for the service delivery.	The legal requirement to secure an individual's consent prior to sharing information will not be undermined by the integration of health and social care services in Moray.
036		Sharing information is so important and can be lifesaving to the client involved. IT systems need to be carefully thought through and accessible to all the professions involved. One joined up system.		
038			I am concerned about the increasing encroachment on the confidentially of medical information and sharing such information without the consent	Your concern is noted and every effort must be taken to give people the assurance that their personal medical information will not be shared without consent.

			of the individual/paitent.	
042		Very much needed, integration fully will be impossible without this		
043		Information sharing is crucial to achieving true integrated services. The stumbling blocks presented by some professionals, using confidentiality as an excuse/reason why information cannot be shared, must be overcome.		
046		Sounds good and allow quicker progression. Too much data protection etc between agencies could prevent the flow of information and hold up progress.		
050			Again IT systems between NHS and Council are not compatible	This is a key issue that will need to be addressed.
051			Concerned that private medical notes are made more widely available to other members of staff	Confidentiality and consent share will be of critical importance.
052		Having worked for local authority for 10 years and using carefirst I understand how important it is to be able to share information with health		

			colleagues and vital info can be missed	
054			IT systems currently do not speak to each other within the same service, there seems to be a long way to go for this, is it worth it?	Based on national and local research in terms of delivering better outcomes for people who use health and social care services then the answer to your question is 'Yes'.
055			Information sharing principles, policies and management strategies should be developed at Community Planning Board level to ensure that all partners can contribute to this process and that as a partnership we make best use of the information available that each other has.	This is useful point however there are specific legal issues that are relevant only to the provision of health and social care.
058			I'm not wholly confident that absolute confidentiality can be easily achieved so this may leave some people vulnerable. No system is completely water tight.	Pointed noted.
061			Timescale for IT systems? ?? Confidentiality needs to be at the highest level especially with so many people being involved	The timescale for IT systems and Information sharing will be identified within the strategic plan.
062			The development of manual systems of information sharing should be developed in the short	Manual systems in many instances are already in place and it is to the credit of the joint workforce that

				term. From personal experience IT system development always takes longer than expected and in some cases never happens	they often overcome IT barriers by ensuring that they meet face to face. However this approach is neither effective or efficient.
063				Patients and their families will need cast iron evidence that sensitive data is properly protected and that it will not be shared inappropriately	Existing procedures requiring that service users sign consent to share form.
067				This is still a long way from being accurate as there is still the "need to know" basis around which causes problems in provision of services and risk management protocols.	Noted. Our strategic plan regarding this issue needs to be realistic.
068				This should be done for more than just national and legal requirements and will have to be done in a more structured and professional way than currently exists in either health or Community care	Agreed.
071				Confidentiality is paramount and this would be a very challenging area to maintain	Noted.
072				Lets be more positive with the second statement by saying "modern" It systems will be developed and "fully supported" into the future	Noted.

074			Lack of access to council information sources has caused delays and decreased efficiency eg NHS cannot access Carefirst. Restrictions on third sector should remain in place to protect confidentiality	This is considered to be a good point and is forms the rationale for making this change.
075			One size doesn't fit all how are we going to meet the needs of each professional and ensure only relevant information is shared to the relevant people as this is likely to vary between services	It is because the current system is not fit for purpose that we want to make this change.
079			Would like to see specific mention of how 3rd sector will be included in this.	This will need to be discussed with the 3rd Sector.
080			Concerns about increasing workloads caused by integration based on experience from England	This is a risk that we will do our best to manage. We will aim to use financial support from the Integration Care Fund to address this risk.
081			Last paragraph is wrong. It should read "existing IT systems will be made available to all parties to enable information sharing appropriately and effectively	Noted.
083		A long time coming		
085		I support this in principle but		

		fearful of confidentiality and data protection. Will need robust access security		
092		Appropriate sharing is necessary		

Ref	Thinking about Complaints, do you			
	Support it	Support some of it	Do not support it	I am not sure
002	1			
003	1			
004	1			
006	1			
007				1
008			1	
009	1			
010	1			
011	1			
012	1			
013	1			
014	1			
015		1		
017	1			
018	1			
019	1			
021	1			
022	1			
023	1			
024	1			

025	1		
026	1		
027		1	
028	1		
029		1	
030			1
031	1		
032	1		
033		1	
034	1		
036	1		
037	1		
038	1		
040	1		
041	1		
042	1		
043	1		
044	1		
045	1		
046	1		
048	1		
050		1	
051	1		
052	1		
053	1		
054			1
055	1		
056		1	
057	1		

113

059	1		
061	1		
062	1		
063	1		
064	1		
065	1		
067	1		
068		1	
069	1		
070	1		
071	1		
072	1		
073	1		
074	1		
075	1		
076	1		
077	1		
078	1		
079		1	
080		1	
081	1		
083			1
084	1		
085		1	
086	1		
087	1		
088	1		
089	1		
090	1		

114

091	1			
092	1			

Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	(if comment is negative)
007			Cynical statement that the new process will be no better than current. Writer is an extensive user of the complaints process.	The point is that under integration this must be a joint process
008			Having 2 different systems for complaints could be confusing for staff and service users	Respondent did not understand the two systems would be merged.
009		Will this be parallel to the CHP, in conjunction with or a replacement?		
014		Read what is said, listen to what is said, do not make assumptions that professionals are always right.		
015		If all parties understand how the system works and agree with the overall vision, they will appreciate the value of good customer service and pick up concerns at the outset. A preventative approach will reduce the number of complaints		

		and ensure that the partnership has integrity. Staff should be encouraged to deal with difficult issues.		
019		Complaints should be dealt with in a reasonable timescale. Nothing should drag on.		
023		This is a necessary step in the process, and will also bring the IJB to the attention of the public.		
027			A standard letter from either Moray Council or NHS Grampian is not acceptable unless it is followed by your plan to rectify what is going wrong.	While we cannot comment on individual cases, we will always try to ensure to demonstrate appropriate corrective action if it is deemed that we are responsible for the complaint.
029		Should also include feedback and suggestion handling process and visibility action taken for all feedback and complaint (where appropriate)		
030			A working complaint system for the Integrated Joint Board needs to be in place before 1 April…	A complaints system for each respective partner is already in place. It is necessary requirement that any new joint complaints system is subject to consultation before being put in place.
033			Whilst a streamlined complaints procedure would be welcome, the complaints procedure would	We agree with all the point raised here and intend that this will be reflected in the new

			need to support the service user to make a complaint. It would be important to have independent advocacy services for all service users rather than meet statutory requirements…	complaints procedure.
038		A more streamlined process for complaints with a timeframe for resolution will be necessary with a named person responsible for progressing and dealing with individual complaints and better communication between parties.		
054			Why the need for a joint board if complaints are being directed to each sector eg NHS and Council? Better advertising for complaint and comment procedures would be more beneficial.	Some complaints regarding for example strategic issues may be directed at the IJB. Other complaints will be for both health and social care to consider.
055		Streaming the complaints process will help to ensure that customer complaints can be dealt with effectively at the appropriate level and speed up the process for resolving issues		
063			Procedures MUST be in place before a move to integrated	Agreed. This is the intention.

			services. Having the complaints system separate will cause confusion and may lead patients to feel that the IJB is not fully accountable	
064		The timely response should be kept to a minimum		
066			Far more detail could have been given in the full document.	This is not the purpose of the Integration Scheme. It is high level and forms the parameters for the Strategic Plan
068			This is the problem – we are phasing in an integrated service but in this case it will seem piecemeal and disjointed why should this key part be out of step with the rest – phase in with the one point contact service and even if they are still separate in the background at least we will seem like one service	Point noted. We will aim to do this.
072		If it works then hopefully complaints will be few and far between		
074		Public would need to be made aware when the process changes		

075		Providing the right staff/managers are dealing with the complaints ie the professional manager with clinical experience is dealing with the complaint not an administrator		
076		The importance of a tight timescale would be valuable to all		
079			Or the providing 3rd sector organisation	As previously noted. This will need to be part of an ongoing dialogue.
085		I support this in principle but would like to see this developed in a meaningful way to take services forward. Complaints received considered responses and change practice – not happening with current systems		
088		Hopefully if the new structure works complaints will be minimal		

Ref	Thinking about Claims and Liability, do you			
	Support it	Support some of it	Do not support it	I am not sure
002	1			
003	1			
004	1			

119

006	1		
007			1
008	1		
009			1
010	1		
011			1
012	1		
013		1	
014	1		
015		1	
017	1		
018	1		
019	1		
020	1		
021	1		
022	1		
023	1		
024	1		
025	1		
025	1		
027		1	
028	1		
029		1	
030			1
031	1		
032	1		
033		1	
034	1		
036	1		

120

037	1		
038		1	
040	1		
041	1		
042	1		
043	1		
044	1		
045	1		
046	1		
048	1		
050	1		
051	1		
052	1		
053	1		
054			1	
055	1		
056		1	
057	1		
058		1	
059	1		
060	1		
061		1	
062	1		
063	1		
064				1
065	1		
067				1
068	1		
069	1		

121

070	1			
071				1
072				1
073	1			
074	1			
075	1			
076	1			
077	1			
078	1			
079	1			
080	1			
081		1		
083				1
084	1			
085	1			
086	1			
087	1			
088	1			
089	1			
090	1			
091	1			
092	1			

Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	(if comment is negative)
007			Abridged Considers the description is too	Comment noted.

			"woolly" Suggesting the Chief Exec of TMC be taken on as a reserve lawyer to provide resilience!	
015		Once again, a fully thought out, joined up message to employees that they are responsible for making this venture work and demonstrating improvements to the general public so that there are fewer claims and those that arise can be investigated easily.		
019		The person making a claim should have every step of ongoing procedures explained to them as it is happening.		Noted. This is a good point.
023		Again, support this statement.		
027			Will there be any support in place for the client especially if they are already ill and feel this is their last grasp for fighting for their rights.	This section of the document does not relate to the issue you raise. However both informal and formal advocacy support is provided to people who face this situation you describe.
029			Define quickly? Assume both parties means the person making the claim and those responsible. Define work undertaken?	This is an important point but defining of the length of time is not the purpose of this document.
030			This should be in place now, waiting until after the integration	This section of the document relates to new arrangements

			will result in problems that will have serious outcomes.	following the establishment by law of the IJB. While both the Council and NHSG have currently appropriate claims and liability procedures, a new arrangement would not possible until the IJB is established.
033			The process of dispute must be set to timescales to prevent unnecessary delays for the service user.	Noted. We agree.
038			There must be an appeal body on the event of unsatisfactory resolution.	Yes, this will be the case.
054		Single employer rather than joint makes this much clearer, likely to be a hot potato where neither employer then takes responsibility		
058		Too many of the public are positively encouraged to complain inappropriately yet are loathe to take any responsibility for their own actions.		
061			? Time scale for decisions	This is an important point but out with the scope of this document.
063		This process will need to be transparent so that complaints		

Ref				
			are dealt with promptly and that the complainant understands why responsibility is not being taken in the first instance.	
064			A very muddled statement	Noted. Wording to be revised.
072			Bureaucracy which should not affect the way staff and public work [too hard to read]	Noted.
074		Last sentence is too long and poorly worded but in theory we agree.		
081			All claims should be handled by a single organisation in all cases this would be the NHS. No new structure is required.	A clear accessible method of making a claim is important regardless if it is for the Council or NHS.
092		Without prejudicing the outcome, hope this can be achieved as quickly as possible.		

Ref	Thinking about Localities, do you			
	Option 1	Option 2	Option 3	Option 4

002			1	
003			1	
004			1	
006		1		
007		1		
008				1
009			1	
010			1	
011			1	
012	1			
013		1		
014		1		
015				1
016		1		
017			1	
018		1		
019			1	
020				1
021			1	
022		1		
023			1	
024			1	
025			1	
026			1	
027				1
029			1	
030		1		
031		1		
032		1		

033		1	
034			1
036			1
037			1
038			1
040		1	
041		1	
042			1
043			1
044	1		
046		1	
048			1
050		1	
051	1		
052			1
053		1	
054			1
055			1
056		1	
057		1	
058			1
059				1
060			1
061		1	
062			1
063			1
064		1	
065			1
066		1	

127

067		1	
068			1
069		1	
070		1	
071		1	
072				1
073			1
074	1		
075			1
076			1
077		1	
078			1
079			
080		1	
081			1
083			1
084		1	
085			1
086			1
088		1	
089			1
090			
091			1
092			1

Ref	Organisation/Individual	Comment		Response
		Positive	**Negative**	(from option 4)
002		This seems to be the fairest and		

			most manageable split	
007			Abridged Recommending Option 2 and advocates a regeneration of Community Hospitals	Noted.
008			Why split a small area such as Moray and then create more admin tasks in doing so? Surely if splitting into 2 or 4 areas would work it could work as one!	Locality boundary setting is a Scottish government requirement.
011			The decision seems to have been made!	This is a genuine consultation. We are interested on your views on this subject.
012			I don't understand why Moray needs to be spilt further.	Please see comment above.
013		Possibility of joining the 15% and 16% together.		
015			Abridged. "Your percentages are wrong. 63% are in the West. You have cited splits that suit existing areas or resources. You haven't considered the needs of these publics. As well as urban/rural areas we must have data that demonstrates where people are and what they need. Where are the elderly? The carers? The young?...different	We agree with the sentiment. However, perhaps unlike some urban areas of Scotland, Health Intelligence data does not provide a clear rationale for the creation of any locality boundary in Moray. Regardless of the locality option that will be finally selected, we share your belief in recognising diversity and supporting the

			solutions may be required for different solutions. It's too easy to lump everyone into an area and believe this is the best solution. Preventative measures and customer focused outcomes should be central to any decisions."	realisation of the right outcomes for each locality in Moray.
019		People who live in less populated areas of Moray deserve the same services as people who live in towns. Each area has its own needs.		For this reason, option 3 was identified as the preferred option by the TLG.
020			Option 1 has the population percentages the wrong way around. We need to look at our natural communities and base our model around these. Reliance on existing GP practices will be risky given they are also not planned on the basis of population. Further consideration should be given to local service planning/delivery areas, given there are already extensive local services delivered in Moray.	Comments noted and will, as requested, be passed on to the TLG for further consideration.
022		Keep it simple. Everyone knows where they belong with regards to their GP surgery.		

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023		It looks to be the most sensible option		
025		Of the 3 options set out this looks to be the best. However, this may or may not work in practice. I hope whatever option is chosen it will be kept under review.		
026		Important to relate them to GP practice clusters and east/west split also makes sense.	My only concern is that there are now so many different boundaries and areas for community groups etc…Would it not be best to simply have 1 model in Moray that all forums and services use…	This comment would also relate to option 4.
027			Living near dividing lines might be a problem to people. They have to know about your plans to access help and advice.	Point taken. We need to ensure that no one in disenfranchised by any locality arrangement.
028			Not enough information to choose. The east west split of option3 is not the same as option 1 this needs to be made more clear and how areas and GP practices would be divided for option 3.	Noted.
029			Text around map explanation is confusing. Suggest something along the lines of east/west split with further split in two with GP	Noted.

			cluster in each area.	
031			The localities have to be based around GP practices. Everyone is registered with a GP. Nobody is registered with any other organisation or body other than clubs or societies. Using a geographical split means that GP teams (doctors/nurses/admin/etc) could be dealing with different organisations structures for patients within the same practice. This could lead to significant inefficiencies and confusion. GP practices are the most obvious organisations to base structures around.	
032			Fitting in with an already established pattern would seem to make sense (as long as it is agreed to be working well-I don't have enough knowledge to comment)	
033			As this lies within the GP clusters, it would perhaps prevent people having to change surgery to meet the new IJB boundaries	
038			Support sub division by Gp	

			cluster areas as most sensible option and that which will cater for different needs of different areas.	
043		This option builds on the existing localities, maintaining a more balanced population split and easy local access to services		
051		Similar to what the council already use		
052		It is important to remember that services in Keith and Speyside are not as easily accessed as services in Elgin for example due to transport, available carers etc so it would be more beneficial to the people in that area to have their own area teams set up specifically for their requirements/needs		
054		Service provision would need to be allocated in relation to the population rather than the geography due to keeping Elgin and Lossie together		
058		You can tell I live in a remote region in the south!!		
059			I do not have a strong view on	

			this but I do not think the emphasis should be on percentage of population – it should be natural splits on how communities view themselves, and where they feel they belong. If one area (eg option 1) has a greater population in one half then surely there should be a proportionate split of resources.	
061			? will different areas have different needs according to locality in travelling times etc But if more areas will that lead to more discussion and possible time delays?	
063			This sounds the most sensible but would hope that the community hospitals (option 2) will play a crucial part in service delivery!	
064		Increase the use of Leanchoil Hospital with using bed spaces to relieve Dr Gray's		
071		Represents support of local communities and would integrate more easily third sector involvement		
072			Why do we need to have a	Unfortunately the issue you raise is

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			minimum of two localities. Not enough explanation from the government on why this has to be. Why can't we decide how we think our structure should look ie one locality	out with the scope of this consultation.
073			Very careful consideration needs to be given about services that are Moray-wide and how the whole cluster model enable the cost effective use of resources including staff employed to deliver the model	
074			This is in line with our current staffing distribution. We feel 4 sectors would be too confusing	
076		Option 3 takes into consideration the geography population split and the diverse communities		
079			Cannot see the difference between options 2 and 3. More detail required to make a choice between these two	
080			Allow local development within communities which differ markedly ie Dufftown v Elgin	
083			My concern is that there is no indication of an overarching Moray umbrella to prevent a	Equality of opportunity underpins locality planning. By understanding that people have different

			postcode lottery. Also families with children are part of the ASG which divides Moray into 7	challenges in different parts of the area and different experiences of receiving a service, this will help us create a more inclusive Moray.
087			My concern is that as a member of Moray Deaf Club, if you split Moray up this group may become diluted. Needs to be cultural bridging as per the BSL Bill	The intention of locality planning is not that some people in Moray will receive a better service than others but to work towards ensuring that everyone gets a high quality service. To do this means not treating everyone the same but understanding different local circumstances.
088		Kinloss Forres dallas, west of Moray – traditional links and works Burghead Hopeman Duffus Lossie Elgin with sub divisions Rest of the coast with Lhanbryde Fochabers Keith and Speyside with subdivisions		

Demographic profile of respondents

Before you completed this form were you aware of the plan to integrate services in Moray?	
Yes	**No**
60	16

Please tick the one that best describes you			
Member of Public in Moray	**NHS or Council employee**	**Health professional**	**Health care user**
22	33	8	1
Carer of health service user	**Commercial health provider**	**Non Commercial health provider**	**3rd sector group**
1	1	1	6
Social care professional	**Social care service user**	**Commercial provider of social care**	**Non-commercial provider of social care**
4	1	1	1
Non Commercial provider of social housing	**Other – please specify**		
	Fire Service		

Are You			
Male	**Female**	**Transgender**	**Prefer not to disclose**
22	55		1

Age							
16 – 24	25 – 34	35 – 44	45 – 54	55 – 64	65 – 74	75+	
	1	17	29	13	7	2	

Do you consider you have a disability?	
Yes	No
7	61

Ethnic origin					
White	African	Asian, Asian Scottish	Mixed or multi ethnic	Caribbean or black	Other ethnic background
66					

Sexual orientation				
Heterosexual	Bisexual	Lesbian	Gay	Prefer not to disclose
67				2

Which town or village is closest to you?	Number
Fochabers	5
Elgin	19
Kinloss	1
Lhanbryde	2
Lossiemouth	7
Dufftown	3
Forres	9
Inverness	1
Longmorn/Fogwatt	1

Archiestown	2
Keith	6
Ballindalloch	1
Aberlour	2
Burghead	3
Mosstodloch	1
Hopeman	1
Garmouth	1
Nairn	1
Buckie	1
Cullen	1
Drummuir	1
Rothes	1

TLG Preferred Option for Locality Engagement

Option 3: Population Based Split – Revised Cluster Model

Map: Moray split into 2 localities (east/west split) and then further submitted divided into 4 groups by GP practice clusters.

Rationale: this option combines some of the elements of the previous options outlined. While it is based partially on the current east/west operational split, it also aims to emphasis the less populated interior area of model. The further sub division by GP cluster area also aims to support the focus on the specific needs of different areas and communities in Moray.

Comment: For the reasons noted in relation to the above rationale, the Transitional Leadership Group agreed that this model should be presented as the preferred option as part of the future consultation exercise for the Moray Integration Scheme.