

## Annex G Consultation Questionnaire

### The case for change

**Question 1:** Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

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Yes  No

It can be appreciated that older peoples' care is an important area to establish improvement and better integrate care. However, there remain many aspects of paediatric care that would benefit from improved integration, particularly around health, education and welfare. Physiotherapists and other Allied Health Professionals (AHPs) have a crucial role to play in paediatric care (as well as care for adults and older people) and working alongside partners in social care. With an emphasis on preventative care and early intervention it is important that paediatric services are planned for inclusion in developing integrated care.

### Outline of proposed reforms

**Question 2:** Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

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Yes  No

CSP Scotland would assert that a person-centred perspective must be at the heart of the agenda, so that a better integrated health and social care system delivers seamless provision for service users. Nevertheless, the Society recognises that this is a complex agenda which has been promoted over the last decade in numerous ways to deliver better outcomes with varying success.

The integration of health care and social care provision requires a dove-tail at the interface of planning and delivery at all levels, including the overarching structures, the legal framework, financial and governance arrangements, strategic management, working professional relationships, and joint working across a

multiple settings and services areas.

Physiotherapists, along with other AHPs, work across all healthcare settings and in both health and social care services. They are ideally placed to support closer integration around the needs of patients, and to identify areas where the patient experience can be improved. Better integration between the community and acute setting is needed to put an end to fragmented transitions which could potentially slow or limit an individual's recovery.

CSP Scotland supports moves to better integrate care between settings (both community, primary and secondary) and also in improving integration between NHS funded healthcare services and local government funded social services.

This integration should be driven by closer working relationships and pathways of care, as opposed to organisational or structural change which can be both distracting and expensive.

In addition, the framework should include reference to the importance of partnership working with staff side representatives in transforming services.

### **National outcomes for adult health and social care**

**Question 3:** This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes  No

CSP Scotland has consistently recognised the importance of supporting a cultural shift as well as managerial changes, in order to better integrate health and

social care, from all involved. Facilitating this will require local opportunities to exploit joint working networks, events and professional development initiatives to support the creation of a more mutual accountability for delivering agreed national outcomes.

**Question 4:** Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes  No

The CSP is very interested in the proposals put forward by Scottish Ministers, in that they focus on *collaboration* across NHS services by looking to clinical leadership and joint accountability for service provision. The principles of sharing best practice to drive up standards of care are best maintained in a collaborative environment.

### Governance and joint accountability

**Question 5:** Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes  No

There remain questions over the nature of accountability and what it will mean in practice for the delivery of services, particularly where things go wrong or where concerns are raised over quality or safety of services. However, these issues might be resolved by further detail on the operation of proposals in certain scenarios.

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

Yes  No

There may be difficulties in integrating services from one HSCP across two local authorities, if the working practices, policies and procedures are very different in

each local authority. Where it is seen as beneficial to cover a geographic area or population across more than one local authority, it may be anticipated that there will be a need to harmonise systems between both authorities at the interface with the HSCP.

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

Yes  No

CSP Scotland notes the references in the consultation document to bring GPs, in particular, into the process of planning and commissioning services. The Society would equally highlight the involvement of allied health professionals, such as physiotherapists, in the proposed *Health and Social Care Partnerships* (HSCPs) that will replace *Community Health Partnerships* (CHPs).

The crucial role of AHPs was written in to the legislation that established the CHPs in primary care. AHPs have since made a valuable contribution to primary care planning and provision as a result, and their continued involvement in any new integrated structures will also be essential. However the inclusion of AHPs cannot not be assumed, and there remain challenges to ensuring that the important perspective of allied health professions is not overlooked at a local level. To this end, CSP Scotland would strongly recommend a central steer to the new HSCPs, and guidance mandating the inclusion of allied health professionals in the planning of services. Essentially, a 'statutory staff governance framework' must be put in place to ensure that the new HSCPs operate consistently and effectively across Scotland .

**Question 8:** Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes  No

**Question 9:** Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes  No

There must be a degree of flexibility to allow for local circumstances to be reflected in the delivery of integrated care. However, it must be clear from the outset what extensions or modifications to CHP functions are proposed, and these must be set out as additional functions within the terms and remit of the new HSCP.

### Integrated budgets and resourcing

**Question 10:** Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need “health” or “social care” support?

Yes  No

The current proposals discuss the integration of budgets, and an enhanced role for clinicians, both of which CSP Scotland supports. The joint accountability outlined in the proposals will require the financial input of each partner into an ‘integrated budget’. However, there is also reference to each contribution and the transfer of resource ‘between the two budgets.’ It is not clear therefore whether the intention is to hold one pooled budget, or two budget lines (one from each partner) under the joint accountable officer’s control. CSP Scotland would appreciate further clarification on this aspect of the financial arrangements for integrated budgets and resourcing.

The CSP is aware that many patients with serious or long term conditions are currently waiting for unacceptable lengths of time before being referred to a physiotherapist. The National Rheumatoid Arthritis Society (NRAS) and the Chartered Society of Physiotherapy (CSP) recently published a UK-wide report<sup>1</sup> that uncovered serious problems for patients in accessing physiotherapy services throughout the UK. The CSP is concerned that patients with rheumatoid arthritis and other long term conditions, may require greater social care support (and incur unnecessary social care costs) where they are preventing from getting early access to physiotherapy. Short term financially-driven cuts in health services can

<sup>1</sup> NRAS and CSP : RA and Physiotherapy: a national survey. October 2011. URL: [http://www.csp.org.uk/sites/files/csp/secure/ra\\_and\\_physiotherapy\\_report\\_0.pdf](http://www.csp.org.uk/sites/files/csp/secure/ra_and_physiotherapy_report_0.pdf)

then impact negatively on social care and other secondary or acute services, resulting in an increased cost burden in the longer term. Integrated planning of services is needed to deliver quality care which is more cost effective in the long term.

**Question 11:** Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes  No

Physiotherapists understand the value of collecting data about their services and their outcomes and are keen to develop systems that enable them to do this effectively. The CSP is concerned that community-based healthcare professionals must have access to the same standard of IT infrastructure that colleagues in secondary care settings use. Community-based staff still have to use a variety of different systems when communicating with different agencies across health and social care, which makes it very difficult to share information across the community setting about a patient's journey because of the different systems/lack of interoperability.

While CSP Scotland welcomes the Scottish Government aims to improve IT system support, recent experience is that this has not been prioritised by health boards in the past and, in many areas, physiotherapy data is still collected on paper and not electronically.

In order to ensure data collection is effective and efficient, appropriate investment will be needed in developing suitable IT systems to capture and manipulate the information.

**Question 12:** If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes  No

Comments

## Jointly Accountable Officer

**Question 13:** Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes  No

A visual diagram might assist in following the lines of accountability proposed. It will be important that the new HSCP committee is enabled to function with a transparent budget, and that the jointly accountable officer is empowered to serve the interests of service users in the use of resources. This is not made entirely clear in the draft proposals, where references may imply that the Jointly Accountable Officer will hold two distinct budgets from each partner, rather than one pooled budget.

It is also apparent that the Jointly Accountable Officer will be accountable to a local governance committee, in addition to the local authority and health board chief executives. Accountability to Health Boards and Local Authorities should be for strategic deployment of funds, rather than to micro manage service decisions.

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

Yes  No

Comments

## Professionally led locality planning and commissioning of services

**Question 15:** Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes  No

In particular, the CSP would highlight the involvement of allied health professionals in the proposed *Health and Social Care Partnerships* (HSCPs) that would replace *Community Health Partnerships* (CHPs). The Scottish Government ensured that the role of AHPs was written in to the legislation that established the CHPs in

primary care. The AHPs have since made a valuable contribution to primary care planning and provision as a result, and their continued involvement in any new integrated structures will also be essential.

There remains genuine concern that the inclusion of the expertise of allied health professionals will not be included unless greater steer is given, and their inclusion is prescribed by the Scottish Government.

The role of allied health professions in rehabilitation and preventative care make them an essential component whose role is not always recognised or understood by policy makers and other professionals. The inclusion of an AHP member at a strategic level in the Community Health Partnership Committees has been invaluable in transforming rehabilitation provision in primary care in Scotland. We would strongly urge the Scottish Government to ensure the same contribution from AHPs is a requirement of any reformed structures in primary/social care.

**Question 16:** It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes  No

As outlined above, CSP Scotland strongly supports an explicit reference to the professional groupings that should be included to facilitate effective integrated serviced planning. This should include a role for AHPs alongside references to General Practitioners.

Physiotherapists, and other allied health professionals, are the 'glue' that holds complex health and social care pathways together, especially for older people and those with long-term conditions. They play a key role in ensuring patients receive effective, integrated care.

CSP Scotland would like to see clear processes established to ensure allied health professionals are able to inform and influence service planning, at both the national and local level, to ensure their expertise continues to be used to ensure services are appropriate and effective.

**Question 17:** What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

The network of peer support is important to physiotherapists (and other clinicians) and has a vital role to play in promoting good practice and delivering quality healthcare. In primary care settings, clinicians can be more isolated, with less access to IT and peer support than in acute settings where a greater critical mass of peer professionals exists. To this extent, further time and effort must be devoted to providing support to clinicians in primary and community settings. In developing better integration it will be important that professional identity and peer support is retained.

Reablement services present an opportunity for health and social care to work in an integrated way; successful services assist older people to maximise their capability on discharge from a hospital admission or following an acute event. In both domiciliary and residential care, older people need access to rehabilitation and reablement to optimise function, improve quality of life, decrease level of care, and also enable discharge home or support transfer back from nursing to residential type care.

As part of multi-disciplinary teams, physiotherapists can work with carers and residential home staff to instil an enablement and empowering approach. As older people progress through the care pathway the approach of physiotherapists strives to ensure consistency of care and promotion of independence.

CSP Scotland promotes the value of services to support people to stay in their own home, and this is critical to the sustainability of residential care provision. The reablement agenda is a vital element to supporting older people to remain in their own home for as long as possible. When people require residential/nursing home care, physiotherapists can support individuals and staff to maximise an individual's

independence, function and quality of life.

**Question 18:** Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes  No

CSP Scotland supports the increased involvement of health professionals in the scrutiny of services and the testing of self assessment versus service-user assessment process proposed in the Scottish Parliament Health and Sport Committee Report into the Regulation of Care for Older People to determine current provision and identify areas of good practice.

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

CSP Scotland supports a collaborative approach that extends beyond central planning to local delivery. Physiotherapists, and other allied health professionals, have a unique role, working across care pathways, and often providing a 'bridge' between hospital, primary, community and social care, helping patients navigate their way through their treatment. This gives them unique expertise in patient wellbeing that complements and enhances professional healthcare in community settings.

They are ideally placed to support closer integration around the needs of patients.

For effective strategic planning across health and social care, the professions at the interface of the sectors must be included in the decision-making structures that are developed.

**Question 20:** Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

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Yes  No

Comments

**Do you have any further comments regarding the consultation proposals?**

Comments

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

Comments

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

Comments