



British Association for Music Therapy
British Association of Art Therapists
British Association of Dramatherapists
The British Dietetic Association
British Association of Prosthetists and Orthotists
British and Irish Orthoptic Society
Chartered Society of Physiotherapy
College of Paramedics
Royal College of Occupational Therapists
Royal College of Speech and Language Therapists
Royal College of Podiatry
Society and College of Radiographers

Health, Social Care and Sport Committee

The Scottish Parliament

Edinburgh

EH99 1SP

13.12.2022

Follow-up to attendance at HSCS Committee, 15 November 2022

Dear Gillian,

Please see AHPFs response to the questions outlined in your letter dated 16/11/2022. We detailed our response under each question.

General views on the Bill

Do you agree that accountability for social services should be transferred from local government to the Scottish Ministers and for what reasons?

We believe that there is some merit in centralisation of services such as a fairer and potentially more equitable system regardless of where you live in Scotland. However, we caution that we must not lose sight of the value of a locality-based approach which is shaped around knowing, understanding, valuing, and advocating for the needs of a local community. A balance between local and central decision-making should be struck. It's worth noting that equity of access to specialist AHP service provision may not be always possible, for example in rural areas where there highly specialist services cannot be justified due to low demand.

It is unclear how current structures will be impacted by the changes. Many AHPs work across health and care and are currently in the portfolio of the Chief Allied

Health Professionals Officer (CHAPO) and it is unclear whether the National Care System (NCS) will have an impact on this.

The new structure must avoid any duplication of roles and learn from challenges evident during integration. For example, people with similar roles having different pay, terms and conditions. Currently this is dealt with on a good will basis between colleagues but a more coordinated approach through the NCS reporting to a minister may provide an opportunity to tackle these anomalies.

The AHPFS is unclear whether the changes in structure and accountability alone will address provision differentiation across Scotland without significant changes in leadership culture, national pathways and guidance alongside additional resources. We would again stress that a balance between local and central decision-making should be struck to ensure that local needs are addressed through equitable service access.

To what extent would the Bill address urgent challenges in community health and social services?

The AHPFS is unclear whether the Bill as it stands will address urgent challenges and believe that these will not be solved by structural change alone. We are concerned that AHPs have a huge workforce challenge with not enough being trained and retained to close the vacancy gap and meet the healthcare needs of Scotland's population, particularly the need to enhance preventative and enablement services. There needs to be an investment across the whole of the health and social care workforce training and development in order that healthcare outcomes can be improved.

In light of the current financial climate, the significant investment required to design and implement a new NCS and the disruption caused by such changes at a time where the system is already stretched, needs to be balanced against potential gains. Adequately funding the current system, may deliver desired significant improvement without substantial disruption associated with the establishment of a new service. Appropriate costing of the changes required should be undertaken to predict cost effectiveness of the NCS.

We need to ensure that the NCS supports integrated working and builds on current good practice, rather than creates new silos and divides. Furthermore many AHP services deliver better outcomes to people when they are closely connected to other healthcare services. For example, radiographers undertaking breast screening in the community need to be closely linked to primary and secondary care services. Similarly, AHPs mental health specialists are more effective when located in Primary Care or Public health services.

Are improved consistency and quality the most important criteria to achieve better outcomes for people needing social care and support in Scotland? Are there other criteria you think are more or equally important in considering reform? What impact will the Bill as introduced have on services in terms of fulfilling these criteria?

Standards across Scotland must be equitable; however, the delivery of services may differ due to local need and circumstance. As a result, the impact of changing the way services are delivered should be assessed through patient outcomes. As prevention and early intervention are aspirations of the Bill, quality of life will be a key

indicator – with measurements covering physical and mental health, engagement in the community, pain, enjoyment etc.

Viewing this bill through a lens of outcomes, focusing on the right to health, would be much more inclusive and encourage exploration of how we help people in the community to live their best lives. Further clarity is required around which AHP workforce will be part of NCS as this is not explicit in the bill.

AHPFS would like to understand as to why the purpose of the bill aligns to improving quality and consistency of services rather than improving outcomes for people.

What elements of the Bill will make the biggest contribution to improved outcomes for people using social services? What additional elements would you like to see included that could further help improve outcomes? How should the impact of the Bill in improving outcomes be measured?

Prevention is key to deliver the right to health. Focus and investment in preventative services will also be key in supporting people to look after themselves and reduce reliance on care provision.

Preventative and early intervention services to enable people to live healthier lives for longer, be more physical active and remain independent for longer are essential. The improved outcomes generated could be measured not only through people's experience but also through reduced demand on health and social care services, a reduction in hospital bed days and increased age profile of those living independently at home or in a homely setting.

A rehabilitation, reablement and supporting positive risk-taking approach, and the training to support this, is important for service users, carers and staff and for the success of the NCS.

What could be done to ensure the process of change wouldn't destabilise services?

While a lot of the detail surrounding the implementation of the Bill is unknown, uncertainty is building. To ensure a smooth transition, all the detail should be provided in a timely manner, with a period of reflection prior to any implementation. As a matter of urgency, clarity is needed on:

- Services which will be included in community health
- The care board areas, care board structure and how they will work with health boards and IJBs.
- Communications and data sharing between services in primary care, secondary care and care boards
- Funding and resourcing of care boards

In moving towards the NCS, caution will have to be taken to ensure that community services which are well linked into hospital-based services currently do not become detached from healthcare completely, as the links between both are essential for effective and seamless service delivery and to maintain and enhance preventative and rehabilitation approaches.

In addition, it will be useful to identify good practice and scale up such approaches to 'once for Scotland'.

Comparisons between the NHS and social care

1. Is there sufficient clarity about the differences between the National Health Service and proposals for a National Care Service?

The Bill must consider and give greater heed to the role of community health in a future NCS. What is community health and which components remain in the health service and which move to the NCS remains unclear and requires clarity.

We must consider the importance of culture and cultural change in transformational work to create and develop the new NCS. New structures may only be one part of delivering Scotland's care services. In practice, collaboration between staff in the NHS and NCS is key to the delivery of prevention and rehabilitation agenda and therefore the right to health to be enjoyed by the people of Scotland. These joint multi-disciplinary teams (MDTs) are necessary to make the NCS a success. The bill needs more detail of how the NCS will be built on MDTs formed of staff from health and care and how this will work in practice. We need to be cognisant that resource will be required to support this, which is not evident or referenced in the bill.

National Social Work Agency

Should the NSWA cover social work only or could it take account of multi-disciplinary working?

How could a National Social Work Agency address workforce pressures in social work? Should it also cover the social care workforce?

The proposal of a National Social Work Agency risks being divisive, and we question why we are focusing on one profession rather than all professions involved in care delivery.

We support the creation of a national agency but believe that this should have a broader remit to cover all staff working in the new integrated NCS. This would ensure a more equal approach to workforce planning and continuous professional development (CPD) and support the cultural shift to a model based on rehabilitation, reablement and early intervention.

We need any future agency to consider leadership across all professions in the new NCS ensuring we have the best people in future leadership roles. Leadership roles should be filled with people with the right skill mix and experience rather than this being defined by professional background. A more consistent approach across all professions in the NCS, rather than an agency for only one profession, must be an important factor and consideration in how we transform services together.

Staff roles and multi-disciplinary teams

How should the Bill ensure that the principle that services are to be centred around early interventions and prevention is realised in practice?

Our concern is that the bill focus on care may inadvertently increase the risk that resources will be diverted away from preventative services to resource care provision thus reducing the right to health.

Appropriate leadership will be key in delivering prevention and early intervention centred care, embedding the right to health for all Scotland's population. AHP's are leaders and have key expertise in prevention and early intervention. Our substantial expertise and experience in designing and delivering such services must be utilised by the NCS. As such, we believe that there should be mandatory representation for Allied Health Professionals within NCS at senior leadership level. The same voices leading the NCS, will not create better outcomes for the people of Scotland. It is only by placing AHPs in leadership roles within organisations such as the NCS that the role of AHPs can be properly understood to improve the health outcomes of local populations.

It is not clear how early intervention and prevention approaches will be resourced, measured, or achieved. We require greater clarity on what is meant by "care" in the title National Care Service (NCS) as this means different things to different individuals and organisations. To meet the described model whereby the NCS is preventing and enabling, there must be a clearer definition and collective understanding of the term care. To ensure that people are supported by the NCS to live their best lives there must be a shift whereby people stop viewing care as a passive "done for you" approach to a more enabling "do with you" approach. In addition, the focus on preventative approaches must be maintained.

A rehabilitation, reablement and supporting positive risk-taking approach, and the training to support this, is important for service users, carers and staff and for the success of the NCS. AHPs will be key in the delivery of the National Care Service; however, this is not obvious from the bill which fails to mention their important role in preventing deterioration and supporting rehabilitation through enablement approaches but rather focuses on social care and social workers.

There must be a shift from passive "care for you" language to a more active "supporting you to live your life" approach. It is important that the Scottish Government commitment to a right to rehab (Programme of Government 2021) is included in the bill to help support the shift to delivering services in a different way to meet the aspirations of the NCS. The role of social care and social work often follows later in the care journey of an individual with the early steps being underpinned by rehabilitation and reablement to help individuals achieve their maximum potential. Rehabilitation and reablement can be repeated at different times of need to support people achieve their maximum potential after any life changes. This model should be reflected in the bill to ensure that it is robust and reflects modern and transformative health and care services.

Further clarity is required regarding community health. At this time, it is not clear which community services will be included or not included in the bill. Greater clarity is required as to the range of services and professions that will be included in the NCS.

Workforce pressures

What aspects of the Bill could support or embed fair work practices in social care and support services? Are there any aspects of the Bill witnesses would like to see further reinforced, or anything they would specifically like to see added to the Bill, to support this objective?

Workforce planning for the entire health care workforce, including all AHPs, is critical to sustainable service provision and securing the best possible outcomes for individuals. Commitment to support various routes into AHP professions including 'earn and learn' routes to pre-registration training programs and support for workplace placements are essential to achieve and maintain adequate workforce levels essential to deliver best outcomes for people. The bill can be strengthened by specifying how workforce planning and workforce development will be achieved for all professions (including smaller AHP professions) and staff groups that are part of the NCS.

What difference could implementation of the Health and Care Staffing (Scotland) Act 2019 make to the integration of health and care services? How do witnesses see the commissioning principles set out in the 2019 Act interacting with the NCS principles set out in the current Bill?

We are unclear how IJBs and NCS boards will work and interact and how this may influence integration. Without this further detail, it is difficult to comment on these questions.

What role is there for professional bodies in addressing workforce issues? To what extent will the Bill facilitate or impede professional bodies in fulfilling that role?

The professional skills of AHPs enable AHPs to provide specialist services and offer alternate pathways to fill current service provision gaps. Professional bodies support the identification and awareness raising of the range of skills held in the professions and where these could be utilised.

Professional bodies provide guidance, frameworks, and resources, create career pathways and support workforce development, however, employers need to support and enable staff to take up such opportunities through the development and implementation of appropriate workplans.

The Bill as it stands does not address the potential roles of professional bodies, AHPFS continues to call on Government to commission undergraduate training and properly fund them in order to address workforce gaps.

What aspects of fair work could be co-designed, and who should be involved in the co-design process?

How do we ensure fair work becomes a reality in a national care service? Is there enough in the Bill to reassure you that fair work is adequately addressed? If not, what is missing?

There is a lack of detail in the bill on how this might be addressed. The development of local workforces, training programmes that allow access to fair and diverse training opportunities for people without the need to travel or compromise income, are also

important. For example, paid apprenticeship models developed to augment AHP workforce in England could be shared and scaled.

Training and research

How can the Bill ensure staff time is protected to undergo training and professional development?

There is not sufficient detail in the Bill regarding staff professional development and how it will be supported. Having appropriate workplans that allow staff to develop in all pillars of practice (clinical, leadership, supervision, research) will therefore be significant.

What are the risks and opportunities in care boards or the Scottish Ministers setting standards and becoming involved in qualifications for social services staff?

Ministers and care boards will not have the expertise in all areas covered by care boards. They may not be aware of the breadth and depth of work staff undertake and level of knowledge skills and experiences required for different levels or types of work. Ministers will need to be guided by professional bodies, who hold the expertise of their profession, in all those decisions.

Ministers may not have the knowledge to ensure that services are commissioned to deliver realistic deliverable outcomes to make a real difference to people's lives. It is important that AHP leadership plays a key role in service development and in the commissioning of services to ensure that these deliver appropriate outcomes thus maximising the benefit of limited public resources.

How is training linked to fair work? Does the Bill as introduced acknowledge and facilitate that link appropriately? How could the Bill be improved to reinforce the link between training and fair work principles?

Which body or bodies should oversee training of social services staff and should this be made clear in the Bill?

The role of the HCPC as a regulator of professional conduct and training should be mentioned for AHP professions.

Information sharing and data collection

Should other bodies, beyond care boards and health boards, or individuals have access to the scheme to share information proposed by the Bill?

We are concerned that if community AHP staff are moved into the NCS, they won't have access to vital healthcare records. In some areas in Scotland, access to GP and secondary care data has been only recently granted for staff working as part of the health system. We are aware that currently data sharing is not optimal even within the health system. Such access as well as the ability to refer within the system is vital to the effectiveness of AHP work and we are concerned that moving AHP staff to the NCS will jeopardise recent years successes.

We believe that a truly shared health record should be available to any and all of those who may be involved in the health of any individual in any circumstance. This

would reduce delays in care and treatment while providing a trauma informed approach.

Should there be more detail in the Bill about the 'care records' scheme? If so, what would witnesses like to see?

A fully funded and detailed scoping plan for the care records scheme would enable all stakeholders to inform the development of an appropriate scheme, addressing previously identified issues that have arisen from restrictions placed on data and record sharing.

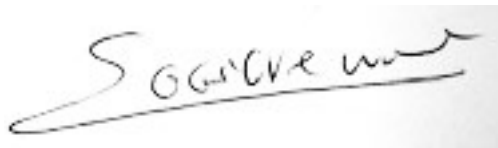
What part could and should data collection play in the monitoring and evaluation of the implementation of a national care service?

Data collection is vital in terms of evaluating success and highlighting potential development and learning opportunities. Data on outcomes for people will be essential to evaluation.

Would you support the continuing use of integration indicators so that performance could be compared before and after the reforms proposed by the Bill are implemented?

Yes, this would enable a full evaluation of the introduction of the NCS and whether it has offered value for money in the provision of care services.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sharon Wiener-Ogilvie', written over a horizontal line.

Sharon Wiener-Ogilvie

AHPFs Vice Chair

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