**Welsh Government Consultation: Improving social care arrangements and partnership working**

This submission is made on behalf of the Royal College of Occupational Therapists (RCOT), the professional body for occupational therapists across the UK.

The submission is made in response to the Welsh Government consultation on Improving social care arrangements and partnership working.

Thank you for the opportunity to comment on the Welsh Government Consultation: Improving social care arrangements and partnership working.

Please find below comments from RCOT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 1:** Do you agree that complexity in the social care sector inhibits service improvement? | | | | |
| Agree  X  Xx | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Please explain your answer**  RCOT agrees that the complexity of how social care is structured can at times inhibit service improvement. Our occupational therapists work in each of the 22 local authorities and each of the local health boards. They often report to us that service provision in social care is often task orientated, and not person centred which does not promote independence nor service improvements. Members have stated that they have been bashing their assessments on the “what matters to the person” principles of the social services & well-being act, but the complex nature of service structure and review is still quite focused on pre-act top down principles. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 2**: Do you agree that commissioning practices are disproportionately focussed on procurement? | | | | |
| Agree  **x** | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Please explain your answer**  Focus on quality is important, often care is task orientated rather than outcome orientated. RCOT members report focus needs to be on whole systems – as opposed to putting in a solution without understanding the true problem – a social model of care needs to be that across all sectors with the person’s experience and outcomes at the centre of commissioning processes . | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 3:** Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure? | | | | |
| Agree | Tend to agree.  **x** | Neither agree or disagree | Tend to disagree | Disagree |
| **Please explain your answer**  Our members tell us that there doesn’t appear be clear links with the RPB’s and the services they deliver. They seem very far removed, remote and disconnected from their services.  RCOT believe that the progress of the different boards have been patchy throughout Wales, but the principle of getting stakeholders around a table to plan services is sound. However, the current overarching legal obligations of each sovereign body, appears to take precedent over collective action on integration. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 4:** Do you agree a national framework that includes fee methodologies and standardised commissioning practices will reduce complexity and enable a greater focus on service quality? | | | | |
| Agree  **x** | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 4a: - What parts of the commissioning cycle should be reflected in the national framework?**  It seems reasonable that a framework would be useful to standardise processes.  The fee methodology information would help to focus on quality outcomes rather than task.  We note the importance placed on a national framework based on population needs, but we would also like to note how service quality must explicitly place people and their carers experience as a core measure of the framework's success. We consider the White Paper places too great a focus on addressing commissioning and structural challenges with too little emphasis on how the proposed changes will positively impact service user outcomes. There is a need for greater clarity around how the proposals set out in the White Paper will deliver the improvements we all want to see in our view. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 5:** Do you agree that all commissioned services provided or arranged through a care and support plan, or support plan for carers, should be based on the national framework? | | | | |
| Agree  **x** | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| Yes, we agree with this. We would like to note that it is important that there is equity across the country with any standard commissioning and that regional variations are reduced as much as possible.  **Question 5a- Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?**  Our members have noted that the continuing health care process can often be complex and there may be some benefit from including this within the proposals. We would add to this that any inclusion does not lose the benefits that can be gained through use of direct payments, which offer more personal choice for people.  **Question 5b- Are there other services which should be included in the national framework?**  The framework must also recognise and ensure adequate support and prominence given for the wider health and care environment, including the voluntary sector and charities as this is a key factor in supporting people and their carers. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 6**: Do you agree that the activities of some existing national groups should be consolidated through a national office? | | | | |
| Agree | Tend to agree | Neither agree or disagree  **x** | Tend to disagree | Disagree |
| **Question 6a- If so, which ones?**  RCOT suggest that the success of having a national office would depend upon the details of implementation and on what powers it would have. There must be added value to the creation of the office and it must not add more complexity to an already complex system.  Occupational therapists account for a small percentage of the social care workforce, with around 350 staff, but according to a recent RCOT FOI request, they received 36,432 of the social care referrals in the year 2019/20. This roughly accounts for 45% or all referral to social care. Currently advice to the Welsh Government on Occupational therapy and other AHP’s comes from the Chief Allied Health Profession Officer and the AHP committee. RCOT suggests there needs to be clear links between the new Chief Social Care Officer, the national office and the current AHP structures. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 7:** Do you agree that establishing RPBs as corporate legal entities capable of directly employing staff and holding budgets would strengthen their ability to fulfil their responsibilities? | | | | |
| Agree | Tend to agree  **x** | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 7a- Are there other functions that should be considered to further strengthen regional integration through RPBs?**  RCOT suggests that the focus of RHB needs to be on whole systems: strengthening integrated collaborative partnerships; joining up planning and needs assessment processes, enabling uniformity of approach with localisation of delivery. It is important to understand what precisely is meant by ‘integrated care’ and its success metrics when considering the proposal for establishing RPBs as corporate legal entities. Specifically, there is a need to be clear at the national level about what this looks like and how this can be balanced with regional approaches in a way that improves outcomes for patients, recognising the variation of approach in different parts of Wales.  Our members are keen to highlight that Partnership in this context needs to be as near to the ground as possible – there are things that benefit from a regional overview and things that need to be done from a locality perspective.  RPB have responsibilities for ICF and Transformation funding which are supporting pilots of integrated services throughout the health & social care environment . RCOT suggests that the identifying good practice and then upscaling these pilots would be a significant function of the new RPBs. However, the lack of reference to the ways in which services could/will be funded is a fundamental gap in the White Paper and the Paper does not set out how the creation of an additional seven public bodies, each with its own organisational structure, will provide a less complex commissioning environment. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 8**: Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision? | | | | |
| Agree | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 8a- Within the 5 year cycle, how can this best be achieved?** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 9:** Do you consider that further change is needed to address the challenges highlighted in the case for change? | | | | |
| Agree | Tend to agree  **x**x | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 9a- what should these be?**  As a profession that works across health and care and is educated on physical and mental health issues, occupational therapists are well placed to support the evolution of integrated mechanisms. Occupational therapists can act as catalysts for addressing needs beyond traditional health and social care, such as; poor housing, social isolation and use of technology to support independence.  To address the reactive commissioning, occupational therapists utilised at an earlier stage within social care are ideally placed to delay and/or prevent the need for care and support for people of all ages and their carers within their communities. Occupational therapists can also support people to manage their own health and social care needs, enabling them to remain in their own homes for as long as possible.  Given occupational therapists are a limited resource, they can be more effective in addressing the needs of the local population by training and supervising others (support workers, paid and informal carers) to be competent to deliver on less complex aspects of traditional practice such as standard equipment provision, minor adaptations and practising skills in activities of daily living. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question 10**: What do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities? | | | | |
| Agree | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 10a- Are there any particular or additional costs associated with the proposals you wish to raise?** | | | | |

|  |
| --- |
| **Welsh language**  **Question 11***:* We would like to know your views on the effects that a national framework for commissioning social care with regionally organised services, delivered locally would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English.    What effects do you think there would be?  How could positive effects be increased, or negative effects be mitigated? |

|  |
| --- |
| **Question 12**: Please also explain how you believe the proposed policy to develop a national framework for commissioning social care with regionally organised services, delivered locally could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and  no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language. |

|  |
| --- |
| **This box is provided for any other comment(s) you wish to make about the proposal to develop new legislation. Please enter here:** |

|  |
| --- |
| Responses to consultations are likely to be made public, on the internet or in a report.  If you would prefer your response to remain anonymous, please tick here: |

**Contact**

For further information on this submission please contact the following RCOT officer:

Dai Davies

Professional Practice Lead - Wales

Tel: 01685 386445 Email: David.Davies@rcot.co.uk

[www.rcot.co.uk](http://www.rcot.co.uk)