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Submitted to A National Care Service for Scotland
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1a Improvement

1 What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

Please add any comments in the text box below:

A new National Care Service (NCS) could bring clearer reporting structures though one body rather than the current 32 local authorities. We need to consider how the current improvement bodies which primarily work in health or social care can work together to consider a more integrated agenda. Any changes must focus on making things easier and reducing complexity. This presents an opportunity to consider enhanced cross agency training and competencies to grow the skills of a modern workforce working in an integrated system. The opportunity to invest in the development of our workforce will pay dividends for our service users but will require resource.

There is an excellent training course in Dumfries and Galloway for Support workers to develop their skills in reablement (H2M712 Reablement and Self-Management: Practical Skills - https://www.sqa.org.uk/files/nq/H2M712.pdf)

2 Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

Please add any comments in the text box below:

How improvement would be implemented and monitored requires more detailed explanation. It is imperative that we move measurement in health and social care work to how we impact on people and where we make a difference. This is the "why" question – why we do it and what was the impact for service users. This is a move away from counting numbers e.g. measuring number of new staff rather than how the new staff made a difference.

We must support a change in culture as part of this transformative agenda and how we measure needs to reflect a whole system change – it we count differently in one area of a system (such as waiting times rather than difference made) this will be confusing and does not reflect the person-centred approach we are aiming for.

Improvement must be about putting people back at the very centre of all that is done. This has been advocated with previous policy workstreams such as the work following Public Bodies (Joint Working) (Scotland) Act 2014 or the Shifting the Balance of Care agenda, yet we have not managed to achieve the aspiration which is care which is truly led and based on what matters to the individual.

We must be bold and ensure that this is what improvement delivers on now.

1b Access to Care and Support

3 If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Access to Care and Support - Speaking to my GP or another health professional.:

Access to Care and Support - Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.:

Access to Care and Support - Speaking to someone at another public sector organisation, e.g. Social Security Scotland:

Access to Care and Support - Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.:

Access to Care and Support - Through a contact centre run by my local authority, either in person or over the phone.:

Access to Care and Support - Contacting my local authority by email or through their website.:

Access to Care and Support - Using a website or online form that can be used by anyone in Scotland.:

Access to Care and Support - Through a national helpline that I can contact 7 days a week.:

Please add any comments in the text box below:

Introduction
The Royal College of Occupational Therapists (RCOT) https://www.rcot.co.uk/ is the professional body for occupational therapy representing over 34,000 occupational therapists across the UK. There are around 3,500 Occupational therapists in Scotland working in the NHS, Local Authority social care services, housing, schools, prisons, care homes, hospices, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists work with people, of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapists consider the relationship between what a person does every day (occupations), how illness or disability impacts upon the person

and how a person's environment supports or hinders their activity (the 'PEO Model'). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

RCOT's Approach to the Consultation
As part of our process to respond to the NCS Consultation we consulted with RCOT members from across Scotland though a series of consultation events. Our response reflects the conversations that we had with members who are both frontline staff and managers.

It was clear from our conversation that members found the consultation document long, difficult to read and felt that there was a strong emphasis on systems and processes.

Whilst this is important, members felt that there was a real need to reflect the opportunities that the NCS could bring to the population of Scotland and that there was a need to comment of the how and why we need to change outcomes for Scotland citizens and move our health and care services to a model which is person centred and outcomes focused. The balance between detailed consultation and the chance to tell the story about a potentially transformational shift has perhaps not been met just yet.

RCOT advocate that the role of Allied Health Professionals (AHPs) must be further highlighted.

In our consultation events, our members discussed, as a main recurring theme, that there was a lack of mention of the important role of occupational therapy, and AHPs in community health and care mentioned in the consultation document. The National Care Service consultation represents an excellent opportunity to shape the future of social care delivery in Scotland and occupational therapists and AHPs have a crucial role to play in this work.

In addition to this consultation response, we will be submitting some supplementary evidence via email laying out the occupational therapy offer which should be considered in this consultation.

The Role of Occupational Therapy
Occupational therapy restores a person's quality of life, giving them back their independence and reducing their need for ongoing health and social care support. As a key health and care profession, occupational therapy is the bridge between getting people from hospital into their communities and being able to get on with life.

Occupational therapists and occupational therapy support workers also play a key role in keeping people at home for longer and in supporting people to continue to undertake the daily occupations which are important to them and crucial to overall health, well-being and prosperity. This includes managing a home, caring for the family, going to work or volunteering and engagement in our hobbies and our personally important fun activities - all of which are not the added extras but the key components for healthy functioning citizens. Supporting carers is also a key part of this. The lack of being able to engage on our occupations during lock down should go some way to highlighting to us all the impact of not being able to do the things that are important to us. This occupational deprivation is faced daily but individuals with disabilities and occupational therapists play a key role in helping people to achieve their goal and aspirations and though this to promote physical and mental health, wellbeing and independence.

Occupational Therapists as Assessors and Case Managers
Occupational therapy is a broad and complex profession working with people across the lifespan in a variety of settings. Assessment of need is a key role of occupational therapy, and this is not mentioned in this section. Alongside our social work colleagues, occupational therapists undertake complex assessments as part of a care management process discharging a high level of professional and clinical decision making. Occupational therapists fully endorse an outcomes focused, 'What matters to you?' approach to an intervention.

An example of an outcomes focused approach which is supported by the clinical reasoning skills of occupational therapists is the work in Fife Health and Social Care Partnership - Use of Standardised Cognitive Screening Assessments to Inform Stairlift Eligibility. This work demonstrates that it is important that people experiencing cognitive challenges from dementia, or any other condition, are not denied stairlifts by an occupational therapy service based solely on their diagnosis. Fife Council local authority occupational therapists have been working in close partnership with occupational therapists in NHS Fife to develop knowledge and experience in cognitive assessment. The Fife approach to stairlift eligibility is ground-breaking in using evidence-based standardised cognitive screening assessment tools. The tools assess the person's strengths in relation to the key components of cognition that are most important for stairlift use. This informs occupational therapy holistic assessment and clinical reasoning to facilitate a risk enablement approach. The outcomes of the assessments will assist to identify actual risk versus perceived risk, and where strategies may be put in place to manage risks. Where the outcome is that cognitive functioning is unlikely to be at a level for safe stairlift use, the process is also helpful in explaining the rationale to service users and their family when a stairlift is declined. This helps with an informed discussion regarding alternative living solutions.

The role of the occupational therapist is well suited to the early intervention model as described in the NCS document however it would be beneficial to further define what is meant by early intervention and which staff groups / professions from health and care would be involved in this work.

Occupational therapists would follow an outcomes focused approach to support, which is evidenced based through work such as Scottish national LifeCurve surveyTM https://pubmed.ncbi.nlm.nih.gov/31887609/ This work clearly demonstrates that early intervention results in better outcomes for those using services, adds good years to life and is remarkably cost effective compared to intervening later in an individual's support journey. We must consider such strong evidence such as this when planning the future services to support prioritising the need for early intervention and prevention.

During the Pandemic
The work of occupational therapists in community health and social care was critical as more complex as needs started to arise in the community as people did not want to go to acute hospital settings. During this time occupational therapists continued to deliver essential care and reduced risks for individuals who had increasing health needs, mental health issues, social issues and were faced with deconditioning. Occupational therapists reviewed how services were provided and started conducting our services differently, where they were in critical, with more direct provision, telephone triage and assessment and visiting people need.

Post Pandemic
As the COVID-19 pandemic continues across the UK, it has shone a spotlight on the increase in health inequalities. Health inequalities are systematic differences in health between different groups of people - essentially when health and social care is unequally distributed between people and communities.

As a profession, occupational therapists are on the frontline of health equity and are uniquely placed to understand and tackle the challenges people face. The equity agenda relates to the population that occupational therapists serve regularly. Occupational therapists see health inequalities every day, supporting and helping those most in need.

Occupational therapists have a unique set of skills and are already ingrained in the work in the three key routes out of poverty: education, housing and jobs. Through working in these areas occupational therapists can tackle the cause rather than the symptoms of health inequality. For example, in London occupational therapists are working closely with housing planners to shape the design of homes for those with disabilities. In Wales occupational therapists are embedded in GP practices, running drop-in centres aiming to help people stay in employment and across the UK occupational therapists are working in mainstream schools supporting vulnerable children to get the education they need. We now need to progress to support and enable AHPs to improve population health and reduce inequalities and ensure that public health becomes a core way of working over for AHPs in the next 5 years (UK AHP Public Health Strategic Framework 2019-2024.pdf (ahpf.org.uk) http://www.ahpf.org.uk/files/UK%20AHP%20Public%20Health%20Strategic%20Framework%202019-2024.pdf.

There is no 'one size fits all' approach. Instead, the solution needs to be person centric. Occupational therapists take a holistic approach when helping people and provide truly all-round personalised care. They don't just look at physical health but at factors such as environmental, cultural, and social needs. These include working practices, leisure, and home adaptations. Underpinning occupational therapy practice is the belief that the better a person's ability to carry out their occupations and what they enjoy doing in daily life, the happier and healthier they are. Occupational therapists can break down the barriers to these and the role they play in assessment and care management needs to be recognised as the future of the NCS takes shape.

4 How can we better co-ordinate care and support (indicate order of preference, with 1 being the most preferred option, 2 being second most preferred, and so on)?

Better coordinate care and support (ranked) - Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.:

Better coordinate care and support (ranked) - Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.:

Better coordinate care and support (ranked) - Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.:

5 How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Please add any comments in the text box below:

Occupational therapists focus on occupation to facilitate person-centred care and follow a "what matters to you?" approach. Working alongside service users to help them achieve their aspirations is key. This support must be timely without long waits and interventions with professionals must allow time for listening and discussion to ensure outcomes are fully understood, agreed and documented. The time devoted to listening, to really understand service users' priorities and concerns, and to ensure their care is properly personalised, is particularly important. (The Three Conversations® – Partners4Change home http://partners4change.co.uk/the-three-conversations/)

We would like to comment on Question 4 and 5 in this text box too.

Q4: We risk over complicating this by focusing on the who does this rather than the how and the need to move this from long waits on waiting lists to an be enabling approach which points people in the right direction and supports them to manage their own needs where possible.

The model such as that of a GP practice with a no wrong door approach should be explored for the wider health and care MDT. This must acknowledge

the training, expertise and clinical reasoning skills of a wider community health and care team and build on the strengths and skills sets of expanded teams. In essence it is a service where people know where to go to if they need help. This would facilitate a more enabling person-focused approach which supports self-management. We must move away from a service which intervenes in time of crisis, to a model which is supportive and enabling with much earlier interventions to prevent crises happening or escalating. We must embed earlier conversation which are supportive, demonstrate good listening skills, signpost individuals and use effective triage techniques where required.

Support from AHPs to help people manage any change in their function and to support individuals to maintain and maximise their independent living skills should be easily accessible in localities, so that it becomes a normal part of life, and not something which is only available in times of emergency or crisis. The Buurztorg model (https://www.buurtzorg.com/about-us/buurtzorgmodel/) is an example of where a locality model of support is effective. Locality working is effective for individuals receiving support and for happy, successful teams.

We need to be cautious and fully define what we mean by MDT – and this time it is interpreted in many ways. We also need to clearly define what is meant by health and care. It is important to clarify what is "in" and what is "out" of the new NCS and not to assume that people will know.

The important thing is an appropriately resourced services with timely access to services when people need them and a "no wrong door" approach – if someone is seeking help then an outcome focused approach should be adopted, and an individual's perceived needs should be considered.

How individuals access services requires an urgent review with a shift away from referral or self-referral with an individual being placed on waiting list transforming to a "request for assistance" model which has been implemented with great success in AHP services for children. Since the development of Ready to Act (2016) Children's and Young Peoples (CYP) occupational therapists in Scotland have continued to support innovative change in service delivery with a focus on early intervention and prevention to reduce inequalities and close the poverty related attainment and wellbeing gap through trauma informed child centred practice.

Occupational therapists have the knowledge and skills to promote environments, relationships and activities that foster the development and wellbeing of all children and young people and the learning form the approach is transferable across the lifespan.
(**Ready to Act (Scottish Government, 2016) is the national transformational framework for AHPs working with children and young people, valuing their role in developing and delivering innovative and effective support to ensure children and young people have the best possible start in life.)

It is important that we ensure a system which supports individuals to self-manage where possible and to quickly signpost to the best information for them. Systems make access difficult through eligibility criteria and the need for clinicians to close cases. Previously before current eligibility criteria was introduced to help manage resources, it was easier to offer a softer touch, advisory type approach which facilitated self-management and helped people feel safe and confident. Eligibility criteria now focuses on those with the greatest level of need meaning that the opportunity for early "softer-touch" approaches has gone. It must be priority to establish a system where the opportunity for the early supportive conversations for varying need in the population is understood, valued and possible. We also need to be able to tailor these conversations to the demographic and to the clinical need as health and care is there for all conditions and should be cognisant of the social model of health whist implementing condition specific drivers such as the national work in dementia care, learning disabilities and autism.

For example:
1. The AHP dementia policy has been contributing towards ensuring that regardless of setting, all services are designed inclusive of the needs of people with dementia. Ensuring a national care service is designed which is inclusive of the needs of people with dementia and their carers is essential at this time. It must be cognisant of complex co-morbidities and the impact of the pandemic across communities in Scotland (Connecting People, Connecting Support in Action https://www.alzscot.org/sites/default/files/2020-03/Connecting%20People%20Connecting%20Support%20in%20action%20report.pdf)

2. For people with a learning disability "The keys to Life" (2013) and 'The keys to life: "Unlocking futures for People with Learning Disabilities Implementation framework and priorities 2019-2021" launched with a focus on four areas: Living: Learning: Working and Wellbeing.

3. For people with Autism a 10-year national strategy for autism (launched 2011) addresses the entire autism spectrum and the whole lifespan of people living with autism spectrum disorder (ASD) in Scotland.

For individuals with support needs understanding, communicating and function in everyday environments are important for wellbeing but it is a constant challenge that complex needs in the community can all too frequently results in individual experiencing withdrawal, isolation, health inequalities & basic human rights such as access to liberty, housing, economic wellbeing and fulfilling lives and in extreme case challenging behaviour.

It is important that the needs of individuals with chronic lifelong care requirements are considered in the NCS, all too often they are excluded from care service criteria as their needs are deemed not critical. We must use the opportunity of a new NCS to meet the aspirations of living, learning, working and wellbeing to help people to live well.

Occupational therapists use universal (population level) and targeted supports and interventions in partnership with others, to optimise the development, health and wellbeing of children and young people whose outcomes are at risk.

Universal support includes the provision of training, mentoring, information and literature/social media to ensure parents, carers and the children's workforce can support children and young people to develop the skills and resilience they need to realise their potential.

Targeted intervention may include groups or workshops for young people, families and professionals and the adaptation of activities, materials, and environments to enable young people to participate and achieve.

AHPs currently work closely with the Third Sector and the NCS would hopefully enhance this. This will only be possible if AHPs are included in a future model – this needs improving from this current iteration of what the NCS should look like as currently the AHP offer is poorly represented.

Q5: As there is no definition of light touch it is unclear what this means. It must also be noted that conversations with people whose needs are more complex do not happen exclusively with social workers but also with occupational therapists. The three conversations approach is being used, with success, in some areas of Scotland (The Three Conversations® – Partners4Change home).

An early intervention and prevention approach should be embedded in the NCS. We know that opportunities to maintain function and reduce the need for subsequent packages of care and opportunities to provide support to paid and unpaid carers, are missed if we do not intervene early and work with individuals and paid and unpaid carers to people to them self – manage. Evidence from the Life curveTM demonstrates better outcomes for service users and is shown to be more effective than intervening once when someone has greater needs.

We need to shift the language from assessment to request for assistance as there is no doubt that people themselves are experts in what is important to them, their experience of illness and their familial and social circumstances. Care and support planning that embeds a shared approach to decision making recognises that people bring different, and equally important, knowledge and expertise to the process. Making people central to decisions on care provides the opportunity to think differently and "shift – away from the 'medical model' of illness towards a model of care which takes into account the expertise and resources of the people with long-term conditions, their carers and their communities". (Ref: RCOT Living, not Existing available from Alison.Keir@rcot.co.uk).

Occupational therapists advocate a human rights-based approach, in line with Recommendation 4 of the Feeley Review. Scotland should move from a model of justifying eligibility to focusing on the needs and what matters to service users. Currently, eligibility focuses on crisis, and this limits the ability to work upstream. This is thus a barrier that needs to be removed. Ensuring access at a universal level will require more substantial staff resources, not just specialist resources. Whilst there is currently the skill and desire to assist everyone, the resources must also be in place and the importance of timely interventions – without long waits – must be fully understood and actioned. We must continue to grow, develop and invest in our support work force by advocating and renumerating them for them taking on new/different roles that they could be trained and supported in. Occupational therapists have a role to develop support workers and also occupational therapists should work at an advanced practice level to support complex needs. It is vital that AHPs are supported to work at the top of their licence and that the role of the MDT is expanded and fully recognised.

To ensure that people 'live the life they want', practitioners in health and care, people in receipt of services, and their carers, must work together to embrace a positive risk-taking approach to achieve positive outcomes. In addition, services must move away from an approach that focuses on needs and problems to one that works with people to establish the strengths and assets that they bring to achieve positive change in their lives. Occupational therapists have expertise in balancing risk and addressing barriers, while respecting the choices that people make about the way they wish to live their life. Positive risk-taking is intrinsic for occupational therapists when working with people in order to embed their choices and achieve their goals. (Ref RCOT Enabling Risk. Enabling Choice available from Alison.Keir@rcot.co.uk)

6 The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

Not Answered

Please say why in the text box below:

This is very important as variation in language and interpretation causes confusion. For example, the term MDT is commonly used in health and care but people's understanding which profession, across health, social care and the third sector, is in an MDT may depend on their experience and job role. Membership would need to be clarified for a wider audience of staff, colleagues, service users and the public.

Ambiguous interprofessional language impacts negatively upon service user support at transition points. Occupational therapists in Fife lead the way within Palliative Care, embedding the use of two prognostic indicator tolls thus improving communication, prioritisation of need and workload planning - ultimately resulting in "right professional, right patient, right time".

7 The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

Agree

Please say why in the text box below:

RCOT agrees with this approach as it will allow service providers to provide care smoothly and more conveniently for service users. The current system can cause inconveniences in practice, and this is particularly true for occupational therapists: as occupational therapists work in health, social care and other areas across agencies, they often in practice are required to move between different offices to use different computers. On occasion staff may have access to incomplete records if they are only able to review records held in one agency.

8 Do you agree or disagree that a National Practice Model for adults would improve outcomes?

Agree

Please say why in the text box below:

We wholeheartedly support team working rather than working in silos and believe this will improve outcomes for service users.

1c Rights to breaks from caring

9 For each of the options below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select 'no preference'.)

Not Answered

Not Answered

Not Answered

Not Answered

10 Of the three groups, which would be your preferred approach? (Please select one option.)

Not Answered

Please say why in the text box below:

No comment

1d Using data to support care

11 To what extent do you agree or disagree with the following statements?

Using data to support care - There should be a nationally-consistent, integrated and accessible electronic social care and health record.:
Strongly Agree

Using data to support care - Information about your health and care needs should be shared across the services that support you.:
Strongly Agree

12 Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

Yes

Please say why in the text box below:

RCOT agrees to this question in principle. However, we would note that common data standards and definitions need to be developed and agreed through consultation with all professional groups involved in delivering social care for them to be meaningful.

Occupational therapists work in different roles/teams/contexts across social care and therefore have different information and data requirements and these differences would need to be understood.

There is a need for investment in developing workforce data literacy skills so that professionals feel more confident contributing to the development of standards and definitions. http://www.knowledge.scot.nhs.uk/enmahpleadershipcommunity.aspx.

A useful piece of work was done in Wales, called "measuring the mountain". Many RCOT Welsh members were really encouraged by this approach to capturing social care outcomes. http://www.mtm.wales/

13 Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Please add any comments in the text box below:

No comment.

1e Complaints and putting things right

14 What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

Please add any comments in the text box below:

No comment.

15 Should a model of complaints handling be underpinned by a commissioner for community health and care?

Not Answered

Please say why in the text box below:

No comment.

16 Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes

Please say why in the text box below:

Yes – it is vital that we capture the experience of service users and carers and learn from this to improve our offer and to drive forward improvements

1f Residential Care Charges

17 Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

Please add any comments in the text box below:

No comment.

18 Free personal and nursing care payments for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Please add any comments in the text box below:

No comment

Please add any comments in the text box below:

No comment

Please add any comments in the text box below:

No comment

Please add any comments in the text box below:

No comment

19 Should we consider revising the current means testing arrangements?

Not Answered

Please add any comments in the text box below:

No comment.

Chapter 2: National Care Service

20 Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

No, another approach should be taken (please give details)

Please add any comments in the text box below:

Whilst RCOT supports the idea of accountability and responsibility at a high level, there are a number of concerns about this position being held by a Minister.

If responsibility for a National Care Service is held by a different Minister than responsibility for the NHS, this lack of integration would be a worry. As care services would be provided by integrated teams, including community health and social care professionals, this should mean an integrated service with an integrated level of accountability.

We need to recognise that gains have been made in creating integrated services across Scotland – although this varies across Scotland. A single accountability structure may help move this forward more uniformly across Scotland, however the needs of Scotland's population are not a "one size fits all" and the benefit of integrated services is in working with localities to understand and support local need and we must ensure that they strength of locality/population based working is not lost in the creation of national structures. Local links with agencies, including housing and community planners, must be maintained.

Additionally, if responsibility for NCS is held by a Minister whilst responsibility for the NHS is held by a Cabinet Secretary, this would imply that the NCS is not seen on a level footing or a par with the NHS.

21 Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Please add any comments in the text box below:

This consultation has missed an opportunity to include the valuable work of allied health professionals (AHPs) (Health workforce: Allied health professionals - gov.scot (https://www.gov.scot/policies/health-workforce/allied-health-professionals/), including occupational therapists. The AHP offer is central to social care and other aspects laid out in the consultation, and thus must be considered at this stage. As discussed above, we will be providing supplementary evidence on the occupational therapy offer via email.

22 Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

Please add any comments in the text box below:

The Chapter states that the NCS would work in partnership and in parallel with the NHS but also independently. There is concern that the huge range of issues listed as under the responsibility for the NCS may lead to a lack of focus and thus a lack of accountability. Similarly, if integrated teams are working in partnership between the NCS and NHS, this raises questions on why they would have different standards and/or practices.

The creation of two separate structures risks making processes and accounting more complicated when the frontline staff in heath and care are increasingly working in integrated teams.

3a Children's services

23 Should the National Care Service include both adults and children's social work and social care services?

Yes

Please say why in the text box below:

Yes, otherwise there is a risk that the needs of children will be neglected when there are so many other pressures on health/care/other services. Early intervention/support can prevent difficulties from escalating and requiring more intense, costly interventions later on.

RCOT would also like to comment more widely on children's service than this question, and thank you for allowing us to use this text box for this purpose: The sole focus on social work is not appropriate, given that children's services are defined in the document as 'any service provided to or for the benefit of children by either a local authority, Health Board, Third Sector or commissioned provider'. Many AHPs, including occupational therapists would qualify under this description.

Occupational therapists also have skills and expertise to support the young people with complex health conditions and those with additional support needs mentioned in the document. Awareness of our role with young people involved in offending behaviour is also growing. As is our role is supporting transition to adulthood.
Children with complex health needs and additional support needs require access to a range of support in a variety of settings. The more coordinated and integrated they are, the better this will be for children and families. RCOT would suggest that children's occupational therapy should be mentioned specifically within the NCS, given the profession's contribution to the assessment and support of children's physical, mental health, learning and environmental access needs, our work across the lifespan and that we work in education, health, social care, the third sector and independent practice. We can support continuity of care, particularly during transitions within and between sectors. To support the child transition into adulthood and helping them to become resilient adults.

In section 5 of the 'Occupational Therapy: Unlocking the potential of children and young people' report (RCOT Occupational Therapy: Unlocking the Potential of children and young people https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money) we highlight the role of occupational therapy in anticipating the changing needs of children, young people and their carers to facilitate positive transitions. Children and young people with complex health, learning and care needs make many more transitions between services and settings than their peers. Working across sectors/agencies and taking a person-centred approach positions us well to help ensure timely and coordinated transitions that meet both immediate and longer needs.

24 Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

Yes

Please say why in the text box below:

This should also be expanded to include AHPs.

Yes

Please say why in the text box below:

This should also be expanded to include occupational therapists who have skills and expertise to support positive transition within and between sectors and from children's to adult services.

Yes

Please say why in the text box below:

Because families provide the context in which children grown and develop.

25 Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

No

Please say why in the text box below:

Locating children's SW services in the NCS will only improve alignment with other services if they are located there too.

26 Do you think there are any risks in including children's services in the National Care Service?

Yes

Please add any comments in the text box below:

There should be clarity about which services are included as 'children's services'. Locating some in the NCS and excluding others will not help service alignment and coordination.

We also want to acknowledge here the role of occupational therapists in primary care focusing on the needs of children and young people. There are benefits of early occupational therapy intervention to help mediate some of the health inequalities that affect children's life chances for example enabling parents / carers / children's workforce to support children to develop foundation skills for learning, self-care (eating, getting dressed) and to build resilience.

We need to consider how strong link with education, which will set aside to the NCs, can be maintained.

3b Healthcare

27 Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

Not Answered

Please say why in the text box below:

The most important thing is that appropriate resources to support good outcomes for people and for communities and this should be the primary driver rather than structures and processes.

RCOT supports a model of working which is locality based and is focused on supporting people to live in their own homes, or as close to their homes for as long as possible. Effective MDT working is vital to support this way of working and this should include AHPs, GPs, community nurses, social workers, and social care staff. The work of the new NCS should enhance and grow the work that has gone before to develop integrated teams across health and care and there must be caution that the creation of a new NCS parallel to the NHS does not stifle innovation at a local / community level.

There needs to be a shift in emphasis from responding to crisis to earlier intervention and prevention and the local population's needs to shape this model will be best understood by a locally based board. It is important to fully understand current episodes of "missed care" (the interventions that do not happen due to higher priority needs). Often intervention will focus on the immediate presenting needs with less focus of the wider determinants of health such as housing and work. Such social determinants are best considered at a community level.

There is also a need to consider how we evidence best value and demonstrate how we provide best outcomes for people and for populations. This is often difficult for frontline staff to evidence – support from a wider group of professionals to gather this information should be considered in future service planning and it is suggested that this should include the involvement of quality improvement specialist, public health practitioners and health economists.

We also feel that we all need to raise awareness of changes with services users and the general public. It is crucial that this is done early so they are part of the change journey. We would recommend a publicity campaign explaining the changes, how the public will be impacted, and the improvements they can expect.

28 If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

Please say why in the text box below:

Whole system working is key to better integration and a shift to considering the service users journey as part of a whole system rather than health or social care is key. This involves reviewing what we consider as our priorities for health and care in Scotland.

At this time pressure on acute service and on the "front door" are often considered priorities and this does impact of community services. Staff in the community have been pulled in to support acute pressure during the pandemic and there needs to be a greater shift in emphasis to the importance of community-based need – if this is not fully met and responded to, the impact is felt in acute care. It is important to continue to engage with the review of unscheduled care needs but also to think more widely than this - ultimately a shift to earlier intervention, prevention and self-management and carer

support will enable people to maintain their independence and stay at home for longer and make them less likely to present at acute care.

To ensure best outcomes for people we need to understand and advocate for the importance of right place, right person, right time rehabilitation and ensure appropriate resourcing of this. RCOT look forwards to the outputs from the Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic - gov.scot (https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/)

Rehabilitation should start as early as possible for those who need it and often this will be in acute care. The need for seamless transitions to ensure optimal ongoing rehabilitation must be considered as often this is not joined up with rehabilitation starting in hospital and then there is a wait for this to recommence after discharge – this should become a seamless system without unnecessary transitions or waits across systems/agencies.

Traditional service structures employ occupational therapists in either health or social care. The creation of Glasgow City Health and Social Care Partnership (HSCP) meant occupational therapy staff came under one partnership and this offered the opportunity to review how occupational therapists worked.

A key ambition of the work in Glasgow is to ensure rehabilitation is available for people that require it, regardless of the care group they are in. To reduce handovers (All Handoffs Are Not the Same - Multi-Center Handoff Collaborative https://www.handoffs.org/all-handoffs-are-not-the-same/) between occupational therapists, duplication of assessment and waits for different occupational therapy services in Glasgow, occupational therapists need to use all the skills they have at point of registration in addition to other specialist skills they may develop such as assessment for major adaptations and Brief Mental Health Interventions. This work aims to ensure a more seamless access to an occupational therapist with less need for a scattergun approach to lots of services with a more co-ordinated approach for occupational therapy services, ie a person would no longer need referral to a rehab occupational therapist, a reablement occupational therapist (homecare), a local authority occupational therapist for major adaptations and potentially also to a mental health occupational therapist. Ultimately this more streamlined approach will mean hospital services gaining easier, simpler access to appropriate timely services.

A competency-based model was developed for occupational therapists working across the teams in Glasgow. These were based on the knowledge that all occupational therapists graduate with a common level of knowledge. The “green” competencies could be done by anyone, the “red” competencies remained very specialist but most work was focused on the “amber” tasks to ensure these areas become “green” too.

This work is ongoing, and has started to include more care groups, such as learning disabilities, addictions, children’s services, and homecare, expanding this model to populations with previously limited access to rehabilitation as either excluded as having no rehabilitation potential or limited as requiring a specialist service.

Outcomes:
Rehabilitation is offered at the right time and place and by the right person. Occupational therapists can maintain and support the care, assessment, and outcomes for an individual, where previously a person was referred to another occupational therapist based in a different part of the service. The service is more accessible, with shorter waiting times and fewer staff involved.

An Occupational Therapy Continuous Improvement Group has been established to progress service evaluation using case study analysis.

29 What would be the benefits of Community Health and Social Care Boards managing GPs’ contractual arrangements? (Please tick all that apply)

Other (please explain below)

Please add any comments in the text box below:

This would be helpful to grow the MDT working with and from GP practices.

30 What would be the risks of Community Health and Social Care Boards managing GPs’ contractual arrangements? (Please tick all that apply)

Please add any comments in the text box below:

No comment.

31 Are there any other ways of managing community health services that would provide better integration with social care?

Please add any comments in the text box below:

We feel that these questions ignore the wider benefits and opportunities that are available to multi-disciplinary teams including occupational therapists. The whole health and care team, including AHPs, are vital in ensuring community care and there are concerns that a focus on GP contracts may detract from this. We must also consider who the MDT include and how it works with third sector colleagues and the role of AHPs in social prescribing (https://www.rsph.org.uk/our-work/resources/ahp-social-prescribing-frameworks.html)

3c Social Work and Social Care

32 What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply)

Please add any comments in the text box below:

No comment

33 Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

Please add any comments in the text box below:

The risk here is the lack of integration between teams that work jointly together and the impact that different planning and accountability may have on this joint working. It is best that we consider across agency working rather than focus on one profession.

3d Nursing

34 Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

Not Answered

Please say why in the text box below:

Without wishing to detract from the valuable role of nurses and nursing within social care, RCOT would like to note that this new system should not just be about nursing leadership. The Government should be looking at an extended multi-disciplinary team leadership and how we account for consistent care and standards within that.

35 Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

Not Answered

Please say why in the text box below:

General comment:
How will this fit with NES? Would NES be the education and professional development arm for the NHS and what we are asking here is should there be a parallel body that serves the NCS? There are a number of workforce development agendas such as support worker development, advanced and consultant practice where there will be extensive cross over. These agendas are under review and development with NES so what can we do to both complement and avoid duplication. Additionally, pre-registration education prepares learners to work across the spectrum of health and social care. Opportunities for joint working and collaboration must be explored to support professional education and development at all stages and levels.

AHP Support Workforce
A recent statement from Professional Bodies representing Allied Health Professions and Trade Union partners strongly argues for greater recognition of the value of the AHP support workforce and the essential role they play in delivering safe, effective and productive AHP services (Optimising the contribution of the Allied Health Professions support workforce https://www.unison.org.uk/content/uploads/2021/05/AHP-Support-Workforce-Joint-Statement_final.pdf).

The need to ensure that we value the role of AHP support workers;
1) recognising opportunities to upskill to effectively deliver health and social care services alongside registered colleagues,
2) offering professional development opportunities and a defined career structure to both attract people to the support workforce and allow them to progress to registered professional status, if they desire,
3) to widen accessibility to training opportunities,
4) ensure a diverse workforce which represents the communities who use our services.

Work specific to occupational therapy has already begun, supported by the Career Development Framework (Royal College of Occupational Therapists 2021), to support career progression and identification of development needs across levels 1 to 4.

Occupational Therapy Workforce
The career pathways of registered staff needs to be effectively supported to:
a) recognise value of all professional levels and provide appropriate development opportunities to address changing nature of the profession and health and social care needs of communities
b) provide the necessary support for development of specific levels of practice (e.g. Enhanced, Advanced and Consultant) and realise the full potential of these roles in addressing population needs
c) optimise funding for and access to such career pathways to retain staff
d) ensure effective and profession specific roadmaps to ensure added value of enhanced and advanced level roles across services (eg First Contact Practitioners), in particular evolving areas of practice such as primary care, public health and prevention agenda and integrated services

Pre-registration Education
Occupational therapy pre-registration training educates learners 'within a bio-psychosocial framework to deliver occupation-focused, person-centred interventions across the spectrum of public, independent, private and third sector settings and health, wellbeing and social and integrative care systems' (RCOT 2019 p.3). Occupational therapists, whose focus is always to 'enable individuals and communities to establish ways of living that are personally meaningful and sustainable' (RCOT 2019 p.3) are therefore well-placed to support the breadth and depth of work within the proposed NCS.
Pre-registration education requires practice-based learning (placements) to apply and practice newly acquired knowledge and skills in a safe environment. Non-traditional settings such as those within the private, voluntary and charitable sectors in addition to role-established settings (such as

hospital and community services). A co-ordinated approach is required to support the capacity of placements, through practice educator skills, confidence and embed a breath of delivery and supervision models

Agency
We would recommend that consideration is given to an occupational therapy/AHP agency which recognises the breadth of the role(s) and complements the work of NES. There needs recognition of migration of staff across the two organisations; a need for practice-based learning within pre-reg education across both organisations/services, and an avoidance of duplication of professional development and professional, regulatory and statutory body requirements.
Ref: https://www.rcot.co.uk/practice-resources/rcot-publications/learning-and-development-standards-pre-registration-education

36 If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

Not Answered

Please add any comments in the text box below:

It is also important to consider the accountability and leadership for AHPs.

3e Justice Social Work

37 Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

Yes

Please say why in the text box below:

It will enhance cohesion of the NCS.

38 If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

At a later stage

Please say why in the text box below:

Due to complexity and risk involved.

39 What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Please add any comments in the text box below:

Please see comments elsewhere in this section.

40 What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Please add any comments in the text box below:

By just focusing on Justice Social Work in this section, you have ignored the potential for social care occupational therapy to contribute and our contribution needs to be in the scope of the NCS.

41 Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

Please add any comments in the text box below:

Please see comments about need to include occupational therapy as part of delivery of community justice services in Scotland within the NCS.

42 Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

Yes

Please say why in the text box below:

Because the reasons why people come into contact with the criminal justice system cross these organisational boundaries.

3f Prisons

43 Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

Yes

Please say why in the text box below:

Because it will be more able to promote the human rights of those who are or have been involved in the criminal justice system.

Occupational therapists working in local authorities can:
• Comment on the suitability of existing facilities to accommodate daily living equipment (much of the standard toileting and showering equipment is not compatible with the fixtures in cells, and there are safety concerns about 'free standing' items of equipment.)
• Advise on accessibility in all parts of prison estate that prisoners' access eg- shared toilet/shower areas, family visit areas, medical facilities, educational/vocational areas, gym, library, canteens, outside areas, prison transport.
• Provide cost effective solutions for older prisoners' care (single handed care, telecare, prison design advice).

Occupational therapists working within prisons as part of the healthcare service can advise on the internal layout of communal areas such as work sheds to minimise risk and encourage productive engagement and accessibility.

• Support prisoners with additional needs, for example due to mental or physical health issues or learning disabilities, who can find it challenging to function within the prison environment; and may be at increased risk.

• Identify and address an individual's health and care needs and provide advice and interventions to enable participation in the prison environment. This might include formulating individualised intervention plans, facilitating group work or providing advice regarding equipment/adaptations.

• Offer a valuable contribution to working with the general prison population as part of a 'whole prisons approach' in which the wider determinants of health are addressed. This might include: health promotion activities; life skills programmes; interventions to help offenders gain insight into lifestyle choices, and which promote prosocial behaviour; and helping prepare for re-integration into the community, including through educational and vocational rehabilitation programmes.

• Training for prison guards Support with transitions to community including accommodation and employment. This was para we used for prisons email

More is needed on transitions to the community. The two biggest factors in prediction of reoffending are settled accommodation and employment. There needs to be a cohesive link between prison, social care and the probation service to ensure vulnerable people with health and social care needs have accommodation and support to make the transition back into community living.

44 Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

Yes

Please say why in the text box below:

An outcomes approach can focus on the everyday practical outcomes that are challenges for people in the criminal justice system such as settled accommodation and good quality employment. Occupational therapists can work with social workers and other system partners to ensure an outcomes approach.

3g Alcohol and Drugs Services

45 What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

Please add any comments in the text box below:

See answer to Q46.

46 What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

Please add any comments in the text box below:

RCOT feel that these partnerships would be improved if they involved occupational therapists who work across the social determinants of health and understanding of the occupational components of addiction and recovery.

47 Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

Yes

Please say why in the text box below:

Because this will drive better cross boundary working.

48 Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Please add any comments in the text box below:

By drawing on the occupational therapy framework that focuses on occupational change and social justice, alcohol and drug services could be better managed.

49 Could residential rehabilitation services be better delivered through national commissioning?

Yes

Please say why in the text box below:

Yes because it would allow for better coordination and equal access across Scotland.

50 What other specialist alcohol and drug services should/could be delivered through national commissioning?

Please add any comments in the text box below:

RCOT believes that housing and vocational support should be part of this national commissioning that can be locally enacted but nationally driven.

51 Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Please add any comments in the text box below:

Placing the voice of people who have used these services, carers and families at the core of services will help to ensure people's rights are upheld and promoted.

3h Mental Health services

52 What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

Primary mental health services,, Child and Adolescent Mental Health Services,, Community mental health teams,, Crisis services,, Mental health officers, Mental health link workers, Other – please explain

Please add any comments in the text box below:

All of the above, for consistency and cohesion.

53 How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Please add any comments in the text box below:

Occupational therapists can offer support and expertise here as they are trained in physical and mental health and work in hospital and community health and care settings. It is important to consider that humans are complex beings and that defining people with either physical or mental health problems may not fully meet population needs and individual needs may not meet with traditional service eligibility criteria.

In Lanarkshire, occupational therapists are based in many GP practices. Their work demonstrates the benefits of earlier intervention. The report on the benefits for services users, who worked with an occupational therapist based in a GP surgery, showed that 86% of service users reporting improved occupational performance in their everyday tasks; 93% of service users demonstrated improvements in mental wellbeing (individuals reviewed using The Warwick-Edinburgh mental Wellbeing Scale sWEMWB) and 60% of people seen by the occupational therapists had fewer GP appointment after their occupational therapy intervention.

A 'No Wrong Door' policy in mental health should be the ordinary approach in both NCS and NHS services.

Early intervention and prevention are key to ensuring people's needs and are met before they reach an acute level.
Additionally, social care staff should be embedded directly within mental health teams and services to ensure effectiveness or vice versa.

3i National Social Work Agency

54 What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

Please add any comments in the text box below:

No comment.

55 Do you think there would be any risks in establishing a National Social Work Agency?

Please add any comments in the text box below:

It is necessary to note here that social care involves more people than social workers. RCOT believes it would be beneficial for this agency to apply to all those who work within social care. Our suggestion is for a National Social Health and Care Improvement Agency that offers training and development and supports workforce planning for anyone working in social care, including managers, support workers, occupational therapists, other AHPs and nurses. It would be of benefit for service users to work with staff who share a core set of skills, competences and values to facilitate smoother joint working.

It is also worth noting that pay and grading also differs greatly for occupational therapists across NHS and Social Care. This can limit professional development, cause issues with staff retention and leads to some sectors not having as many resources as it needs. More national consistency and fairness for workers present further opportunities for career development.

Unlike social workers who are governed by SSSC, occupational therapists are governed by HCPC as they work in both health and social care settings. Whilst occupational therapists do not want this governance or regulation to change, they also do not want to lose out on training or development opportunities, or to be out of step with colleagues in social care.

At a broader level, it would also be unwise for measures to be introduced that limit opportunities to grow the workforce or focus on only one part of the workforce.

56 Do you think a National Social Work Agency should be part of the National Care Service?

Not Answered

Please say why in the text box below:

No comment.

57 Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

Please add any comments in the text box below:

No comment.

Chapter 4: Reformed Integration Joint Boards: Community Health and Social Care Boards

58 "One model of integration… should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

Not Answered

Please say why in the text box below:

RCOT agrees that one (or at least very few) models should be used – a large amount of different models would cause undue confusion.

Although a national standard that focuses on individual outcomes would be a good step in ensuring all patients across Scotland receive a similar high standard of care, we do have some concerns. This approach should not lose local knowledge and expertise; we do not want to lose the local link or take away from communities at a time when health and social care professionals are trying to engage differently. We absolutely recognise that this is a difficult 'balancing act': whilst we cannot detract from the different needs of service users and different localities, we must ensure that everyone across Scotland deserves a high and consistent standard of care.

Utilising local knowledge from practitioners and staff 'on the ground' will enable local services to focus money where it is needed whilst a national standard of care would combat the notion of a 'postcode lottery'. To address these issues fully, a combination of the two may be needed.

59 Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

Not Answered

60 What (if any) alternative alignments could improve things for service users?

Please add any comments in the text box below:

On Q59, it would be helpful to understand if any future changes to local authority boundaries are proposed?

We are pleased to see plans for local people to be embedded in boards, this is good and necessary. However, we all still face the question of how to grow this local governance which ensuring a One Scotland For All system.

61 Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

Please add any comments in the text box below:

No comment.

62 The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

Please add any comments in the text box below:

The representation of people with lived experience on the boards is a valuable and positive step. At this point, it should be noted that the representation of professional groups should be extended beyond doctors, nurses, and social workers to include AHPs.

63 "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

Not Answered

64 Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Please add any comments in the text box below:

AHPs should be represented on these boards and have voting rights. – although further clarity is required on what will be in the ownership of the new board which will require to be voted on.

We would also ask for clarification on what the boards would be voting on and its structure.

65 "[Integration Joint Boards] should employ Chief Officers and relevant other staff." (Independent Review of Adult Social Care, p53). Currently, the Integration Joint Boards' chief officers, and the staff who plan and commission services, are all employed either by the local authority or Health Board. The Independent Review of Adult Social Care proposes that these staff should be employed by the Community Health and Social Care Boards, and the chief executive should report directly to the chief executive of the National Care Service. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Not Answered

66 Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

Please add any comments in the text box below:

No comment.

Chapter 5: Commissioning of services

67 Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes?

Not Answered

Not Answered

Please add any comments in the text box below:

No comment,

68 Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

Not Answered

69 Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

Not Answered

70 Would you remove or include anything else in the Structure of Standards and Processes?

Please add any comments in the text box below:

No comment.

71 Do you agree that the National Care Service should be responsible for market research and analysis?

Not Answered

Not Answered

Please add any comments in the text box below:

No comment

72 Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

Not Answered

Not Answered

6a Core principles for regulation and scrutiny

73 Is there anything you would add to these core principles?

Please add any comments in the text box below:

No comment.

74 Are there any principles you would remove?

Please add any comments in the text box below:

No comment.

75 Are there any other changes you would make to these principles?

Please add any comments in the text box below:

No comment.

6b Strengthening regulation and scrutiny of care services

76 Do you agree with the proposals outlined above for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

Not Answered

Please say why in the text box below:

No comment.

77 Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Please add any comments in the text box below:

No comment

6c Market oversight function

78 Do you agree that the regulator should develop a market oversight function?

Not Answered

79 Should a market oversight function apply only to large providers of care, or to all?

80 Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

Not Answered

81 If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

Not Answered

82 Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

Not Answered

Please say why in the text box below:

No comment.

6d Enhanced powers for regulating care workers and professional standards

83 Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Please add any comments in the text box below:

It should be noted that occupational therapists work in both health and care and are regulated by HCPC not SSSC.

84 Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Please add any comments in the text box below:

No comment

85 How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Please add any comments in the text box below:

In designing this system, this issue should be paid particular attention to alongside the knowledge that not all parties in the social care system are regulated by the same body. As the workforce expands, different regulators will continue playing a role.

As occupational therapists, we welcome this discussion on how best to work jointly to raise standards and align the different regulators. We believe this is an issue that should be returned to once the full scope of the care service is better known.

86 What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Please add any comments in the text box below:

No comment at this stage.

Chapter 7: Valuing people who work in social care

7a Fair Work

87 Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

Not Answered

Please say why in the text box below:

No comment.

88 What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

Workforce - Improved pay:

Workforce - Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time:

Workforce - Removal of zero hour contracts where these are not desired:

Workforce - More publicity/visibility about the value social care workers add to society:

Workforce - Effective voice/collective bargaining:

Workforce - Better access to training and development opportunities:

Workforce - Increased awareness of, and opportunity to, complete formal accreditation and qualifications:

Workforce - Clearer information on options for career progression:

Workforce - Consistent job roles and expectations:

Workforce - Progression linked to training and development:

Workforce - Better access to information about matters that affect the workforce or people who access support:

Workforce - Minimum entry level qualifications:

Workforce - Registration of the personal assistant workforce:

Workforce - Other (please say below what these could be):

Please explain suggestions for the "Other" option in the text box below:

We absolutely recognise the valuable work done by social care workers and agree that they should feel valued. However, we would also that this chapter recognise the broader workforce and include wider health and care staff going forward.

Focusing on occupational therapists, the structure is currently quite flat. Regardless of professional background or specialty, career opportunities need to be supported across the board. This is further complicated by a lack of national pay structure for staff in social care in Scotland and a move to a national structure akin to Agenda for Change in NHS is recommended.

89 How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

Workforce - Improved pay:

Workforce - Improved terms and conditions:

Workforce - Improving access to training and development opportunities to support people in this role (for example time, to complete these):

Workforce - Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role:

Workforce - Other (please explain):

Please explain suggestions for the "Other" option in the text box below:

Improving career development opportunities across the system with the right approach as a move away from a traditional approach where often more senior roles are held with by social workers. Occupational therapists are ideally placed to take on leadership roles at all levels across health and care.

We need to learn from the Public Bodies (Joint Working) (Scotland) Act 2014 and understand why in the time since this we have not made greater gains in integrating services. It is widely accepted that working with different bodies did not help integration (e.g. NHS Forth Valley works with 3 local authorities / 2 Integrated Joint Boards) – to make this work happen we need to be bolder and consider how we can go further to reduce duplication, streamline systems and really deliver on integrated services across Scotland.

90 Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

Yes

Please say why or offer suggestions in the text box below:

Yes. The social care workforce is currently fragmented, and as a result it can be difficult for issues facing the workforce as a whole to be identified and addressed. This forum would be one way in which to begin to tackle this.

7b Workforce planning

91 What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

A national approach to workforce planning, Consistent use of an agreed workforce planning methodology, An agreed national data set, National workforce planning tool(s), A national workforce planning framework, Development and introduction of specific workforce planning capacity, Workforce planning skills development for relevant staff in social care, Something else (please explain below)

Please add any comments in the text box below:

All of the aspects mentioned above have been generally understood to be important. However, RCOT believes workforce planning should be a priority and that it should urgently clarify the workforce we are talking about. We also urge for this to include occupational therapists.

It is necessary to use local knowledge and expertise in workforce planning. Conversely, it is also necessary to adopt some form of a national approach e.g. a Government level commitment is needed to train more occupational therapists, and coherent data sets are required for detailed analysis to be accurate.

We endorse a national workforce planning framework that will be a good tool to plan for the future. It should be accompanied by a plan to help staff get the skills to plan their workforce.

We also recognise that occupational therapists (and other professionals) move between social care and health, and currently different status and terms and conditions even within cross-functional teams militate against this. As boundaries become blurred, it must be an aim of the new national care system to encourage movement between the two.

7c Training and development

92 Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Not Answered

Please say why in the text box below:

As we have touched upon above, these training and development opportunities should not be limited to just social workers and support staff. They should be extended to the wider community health and care workforce.

93 Do you agree that the National Care Service should be able to provide and/or secure the provision of training and development for the social care workforce?

Not Answered

7d Personal Assistants

94 Do you agree that all personal assistants should be required to register centrally moving forward?

Not Answered

Please say why in the text box below:

No comment.

95 What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

Please add any comments in the text box below:

No comment

96 Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory ?

Not Answered

About you

What is your name?

Name:
Alison Keir

What is your email address?

Email:
Alison.Keir@rcot.co.uk

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:
The Royal College of Occupational Therapists

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response only (without name)

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

Individuals - Your experience of social care and support

Organisations – your role

Representing or supporting members of the workforce

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:
Slightly satisfied

Please enter comments here.: