



Royal College of Speech and Language Therapists¹ Public Bodies (Joint Working) (Scotland) Bill, July 2013

RCSLT response to Committee Questions

This response focuses on Part 1 of the Bill only and has been generated in consultation with leaders of speech and language therapy services and with reference to the relevant policy and research base.

1. There is broad RCSLT agreement with general principles, but not all provisions

RCSLT support the objectives of the Bill and support many, but not all, provisions.

2. Extent RCSLT believe that the approach being proposed in the Bill will achieve its stated policy objectives

RCSLT members **believe that with the right people around the right tables at national, local and locality levels** the Bill (and subsequent early regulation) could significantly improve health and well being outcomes in Scotland.

RCSLT, along with other AHP professional bodies, would wish the Bill – or subsequent early regulation – to secure statutory representation of allied health professionals on integration joint boards, local authority committees, health boards or joint integration monitoring committees.

Integration authorities, of whichever form, need access to good intelligence on the full professional capacity potentially available to them. This is particularly true in relation to those services which rehabilitate and enable people with long term conditions to live independently. Access to good intelligence would allow integration authorities to make evidence based decisions about the best use of that potential capacity when seeking the best outcomes for local populations.

If allied health professionals are not directly and powerfully positioned to influence decisions about effective and efficient utilisation of resources, the implementation of the Bill is in danger of perpetuating the current pattern of inconsistent, poorly informed decision making. This would lead to a continuation of variable quality of services and poor outcomes for many adults with long term conditions in Scotland.

The Health and Sports Committee's own current survey on speech and language therapy funding and provision across Scotland is testament to the consequences of variably informed health and local authority decision making on best utilisation of professional and financial resources.

Allied Health Profession (AHP) representation as described above could also help facilitate the Bill's overarching objective to significantly change how and to what ends services are delivered.

¹ See separate submission document for additional material on the link between speech and language therapy (SLT) and the Bill, including the Impact of speech and language therapy on health and well being outcomes

As health professions who largely work in a social model, AHPs could challenge the medical versus social model dichotomy by bringing a new perspective to integration planning and implementation.

AHP leaders can also draw on their long experience and knowledge of best practice to demonstrate and provide leadership on providing services in people's home or homely settings in integrated, multi-disciplinary, multi-agency and multi-sector ways.

In fact, AHPs are already fully focussed on delivering the health and well being outcomes described in the consultation paper preceding the Bill.

The above benefits are deliverable at little extra cost as many boards already have AHP Directors or Associate Directors in post and one AHP representative could cover up to 12 professional groups.

3. Aspects of the Bill's policy objectives RCSLT consider as key strengths

RCSLT fully support the Bill's objectives to improve the **quality and consistency** of services; to provide **seamless, joined up** services in **people's homes or a homely setting** and to ensure **resources are used effectively and efficiently**

In particular, RCSLT is pleased the Bill:

- Removes the voluntary aspect of integrated working between both statutory agencies and third sector providers and thus promotes partnership working.
- Centrally drives joint working while allowing local flexibility on agency relationships.
- Will lead to a common national health and well being outcomes for adult services thus providing a clear vision, strategic direction and focus for all concerned.
- Establishes principles of integrated planning and delivery, which, with some improvement are welcome.
- Empowers Ministers to make orders in respect of staff and members of integration joint boards and integration authority strategic planning consultation groups.
- Empowers Ministers to prescribe aspects of implementation and approve plans, thus improving potential for local government and health boards to act consistently.

4. Areas in which RCSLT feel the Bill's provisions could be strengthened

(1) Keep what was good about Community Health Partnerships

AHPs are currently statutory members of Community Healthcare Partnerships (CHPs) committees. The removal of CHPs represents a diminution of the AHPs potential to directly influence resource use and service planning locally.

RCSLT, along with other AHP professional bodies, would wish the Bill (or subsequent early regulation) to secure statutory representation of allied health professionals on integration joint boards, local authority committees, health boards or joint integration monitoring committees.

(2) Payment formulas to reflect policy and the services people actually use, need and want (Subsections 1:3(d), 13:(2),16,17, 18)

RCSLT are concerned that local agencies will use different methods of calculating payments to be made in respect of delegated functions without good service data on the inputs required. These inputs might relate, for example, to professional groups, the quantity or the nature of provision.

For many years SLT leaders have negotiated service level agreements (SLAs) for services to children with (and sometimes without) co-ordinated support plans. SLAs involve money transferring from Local Authorities (LAs) to the NHS. The government itself has responded to the wide variability and effectiveness of partnership working by publishing “Working in Partnership” guidance. At the local level, variable approach to transfer of funds (and associated conditions) between agencies has led to inconsistencies in service levels and quality across Scotland. LAs have made cuts of up to 50% in SLT budgets over the last few years. In at least one area, contrary to Government policy, cuts have terminated preventative SLT provision to disadvantaged nursery age children.

The Health and Sports Committee is conducting its own survey in to SLT funding at the local level. **RCSLT would ask that the Committee takes the findings of that survey into account when considering this aspect of the Bill.**

RCSLT would also wish to see the method of calculating payments to integration joint boards or lead agencies regulated.

(3) Ensuring quality of services is as important as calculating payments

Subsection 21: (2) means the person to whom functions are (newly) delegated has the same duties, rights and powers as those that used to be responsible for the function. Subsection 22: (2) enables integration joint boards to make directions about the manner in which a particular function is to be carried out.

RCSLT are of the strong belief that delegated functions will only deliver the desired outcomes if they are supported by well informed and experienced clinical and social care leadership.

RCSLT would wish to see – in addition to money transfer – integration plans to include details of the planned method of ensuring quality (safe, effective, person centred) services relevant to the delegated functions. This might include how boards are going to take account of Health and Care Professions Council regulations, AHP uni and multi-disciplinary clinical standards of practice and other clinical governance duties.

RCSLT also would wish planned methods of ensuring quality (or changes to these) to be subject to Ministerial approval – just like methods of calculating payments.

(4) Co-production better than “engagement”: Integration planning principles

Use of the term “engaged” (Subsection 4:1(b)(iv)) is vague and open to wide interpretation and is therefore weak in respect of ensuring communities and local professionals consistently get the opportunity to shape integration plans - even within one area over time.

RCSLT would wish the Bill to instead talk of “co-production” involving service users and carers and health, social care, adult education and justice staff (from all sectors).

(5) Who “represents” and how well do they represent? (Subsection 5: (3) (d))

The Bill empowers the Minister to determine who “appears” to be representative of health professionals, users of healthcare and carers for the purpose of consultation on national outcomes.

It would be helpful to ensure that the Minister, when determining which body or group is representative, takes cognisance of the Office of the Scottish Charity Regulator and / or Health and Care Professions Council (HCPC) registered charities and professional bodies.

The Bill has the potential to radically change the current situation, in which it is only the voices of those who can read, write and express themselves eloquently which are heard. The Bill can do this by ensuring (through guidance, direction or regulation) **that representative organisations are required to demonstrably meet the communication access needs of those they represent.**

(6) Consistency only comes with consistent information, intelligence and buy in

(Subsection 11: (4), 12: (2), 16: (1))

RCSLT are concerned that integration joint boards could be very different in different areas of Scotland. Diversity of core board membership prompts the question of how consistency of service will be ensured if the parties engaged in decisions about the best way to allocate resource to deliver outcomes is widely varied.

RCSLT would wish the Minister to regulate for consistent core membership (at least) of integration joint boards (and in the case of lead agency models – the integration joint monitoring committees, health boards and local authority health and social care committees), across Scotland.

(7) Equally accessible strategic planning and published plans (Subsection 26 (3))

RCSLT request that integration authorities are required (by Act, regulation, direction or guidance) to ensure equal representation on strategic plan consultation groups for people with communication support needs. Strategic plans should also be required to be published in communication accessible forms.

(8) Who is involved in deciding what's a “significant” change or decision and how?

(Subsections 30, 32)

Identifying a change or decision as “significant” will depend on an integration authority’s (or locality function’s) awareness of how a change to service inputs could impact on outcomes.

For example, the reduction of one speech and language therapist in an area might seem acceptable to the board or care team. At ground level however, it could remove a key service preventing chest infections (a primary cause of aspiration pneumonia and unplanned admissions) among a hundred or more frail elderly or people with dementia who are also highly likely to have communication support needs and are therefore less able to respond to consultation on changes.

For this reason RCSLT would wish the bill to ensure the definition of “significant” was informed by the right people, around the right tables, in integrated authorities and local function teams. Further RCSLT would wish the bill to ensure public involvement and consultation was accessible to those service users (and carers) with communication support needs.

5. Effect RCSLT anticipate integration plans will have on outcomes for those receiving services

RCSLT members anticipate, with the changes suggested above, that the Bill and subsequent related regulation could have a considerable positive impact on health and well being outcomes for the people of Scotland.

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