



A National Care Service for Scotland - Consultation

Full name or organisation's name

The Royal College of Speech and Language Therapists

Questions

Improving care for people

Improvement

Q1. 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)

- Better co-ordination of work across different improvement organisations
- Effective sharing of learning across Scotland
- Intelligence from regulatory work fed back into a cycle of continuous improvement
- More consistent outcomes for people accessing care and support across Scotland
- Other – please explain below

The Royal College of Speech & Language Therapists (RCSLT) is the professional body for Speech and Language Therapists (SLTs) in Scotland and we welcome this consultation on a National Care Service for Scotland.

A National Care Service, if done right, could provide the opportunity to adopt a person-centred approach to care. SLTs already support individuals of all ages, their families, carers and care home staff, education and justice institutions and other health and social care staff to identify communication and / or swallowing difficulties. We recognise the benefit of integrated working and coordination of care across organisations and welcome changes that will strengthen these working relationships.

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

We have concerns that changes in accountability for services will not do enough to address the cultural shift required across the workforce to implement meaningful integrated working. Many of our services continue to manage the impact on individuals and staff from organisational change in 2017/18. The integration story so far tells us that structural change is not always required to achieve the outcomes we desire. We also know that whether change is at a macro-organisational level, a meso level with policy and guidelines or at a micro level within services, it is hugely disrupting. Even where policy and guidance is in place for better collaborative working it doesn't always bring the change we want to see. An example of this can be seen in the Partnership Working between AHP and Education (2010), which hasn't seen the intended change on the ground. The Christie Report offers another example. If the principles of the Christie report had been implemented to the fullest extent and we had chosen to work in new and collaborative ways we may have already started to see the ambitions of a National Care Service being realised. The experience of SLTs who have adopted new ways of working in partnership is that we must first change professional's attitudes to and expectations of working together differently.

A lack of understanding of the role of SLTs and our fellow Allied Health Professionals (AHPs) remains across a number of health and social care settings. This has provoked concern from our members that a National Care Service as proposed would have a detrimental impact on SLT services. Current health provision is mandatory through the NHS which strongly contrasts with much of the discretionary provision of social care through local authorities. We do not want to see a situation where SLT services overseen by a National Care Service lose funding or are replaced with a discretionary service that must compete alongside other social care priorities to secure funding. Better representation of AHPs in the leadership bodies of a National Care Service to steer workforce planning and funding priorities will an important first step in addressing this.

We also do not wish to undo the examples of strong integrated working arrangements in many localities through the implementation of the new NCS. We are proud of the SLT leaders in our membership who have worked within their local structures to develop effective and innovative delivery of care to their communities. We would hope a National Care Service would allow for the continuity of local accountability, set within the context of community planning.

Access to Care and Support

Accessing care and support

- Q3.** 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?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at another public sector organisation, e.g. Social Security Scotland

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

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.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

We support a rights-based approach and believe that everyone should experience appropriate and safe care in the right place, at the right time and have easy and timely access to the right health and social care professionals to enable them to live life to its fullest potential.

All SLT services can be directly accessed by members of the public through a Request for Assistance, which is in keeping with the National Care Service’s proposed ‘no wrong door’ approach. While we pride ourselves on this level of access, budget constraints and lack of investment in SLT services challenge this aim and we would urge that this be addressed head on in the formation of a National Care Service.

SLTs are also specialists in identifying and working with individuals with communication difficulties, enabling them to communicate effectively and advising and supporting others to do the same. Around 1 in 5 people are estimated to have a communication support need at some point in their life. In order to truly improve access to care for everyone, we believe the National Care Service should adopt an inclusive communication approach to ensure no one is left behind. SLTs can support the implementation of inclusive communication through increasing the awareness, skills and knowledge of others in the public, private and third sectors and promoting communication inclusion, both at an individual level and at wider organisational or population levels.

Support planning

Q1. 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?

Agree

Disagree

Please say why.

We agree that in order to improve integrated working in care, there needs to be shared understanding between professions and services.

We welcome the removal of eligibility criteria in their current form and fully support the move to prevention and early intervention services that can be accessed without referral, following the Getting It Right for Everyone (GIRFE) approach.

Q4. 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

Disagree

Please say why.

We welcome a commitment to implement a single electronic record system – this would address an ongoing barrier to effective joint working across services. However, in implementing this system for the National Care Service, we believe this should be reflected in the NHS where local development and implementation of different systems has led to the same problem of too many electronic records that can't be shared between localities.

SLTs services currently use a number of eSystems within health and social care that do not link together. Many services still use a combination of EPRs and paper notes, often within the same location. Some SLT services in Scotland still do not have access to any EPR system at all. This is a significant risk and must be urgently addressed this across all services, not just social care.

Q5. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

Agree

Disagree

Please say why.

Having experience with GIRFEC in our children's services, we agree that applying this same ethos in adult services would likely lead to improved outcomes.

However, this will require a significant investment in staffing resource across all health and social care and a realistic timeframe to train and employ the relevant staff. Without resource investment and time to establish capacity, the reality is that many services will have no option but to priorities those at the greatest risk.

Complaints and putting things right

Q6. 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

No

Please say why.

This would be an important element of ensuring the person-centred care intended.

National Care Service

Q7. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

Yes

No, current arrangements should stay in place

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

We support the Scottish Government's intention to improve the current experience of individuals in accessing care and support and the commitment to joint working across health and social care. Accountability to Scottish Ministers should sharpen the impetus on everyone involved in care to make this coordination and improvement in patient experience a reality, however, serious reservations remain that big changes in management of health and social care have been made in the past with no transformational result.

Q8. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

We are concerned that there is significant risk in not involving all our partners and taking into account the partnership needed between health, care and education which could lead to the system becoming even more complicated rather than more joined up. Education, the most proximal service to children, is notably absent from this consultation document. For SLT services, meaningful partnership with education is vital to realise the ambitions of the GIRFEC refresh, the Promise, and the Additional Support for Learning Action Plan (Angela Morgan).

Scope of the National Care Service

Children's services

Q9. Should the National Care Service include both adults and children's social work and social care services?

Yes

No

Please say why.

We can see the benefit of including children's social work and social care in the National Care Service because at times the current system can be disjointed. This can make transitions more challenging and some young people can 'fall between the gaps' when moving from one team to another. Some SLTs have seen young people can fall into the gaps as they are deemed 'too young' for adult services and 'too old' for children's services. The change could improve information sharing and could avoid families having to retell their story multiple times.

Q10. 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?

For children with disabilities,

Yes

No

Please say why.

Please see concerns below.

For transitions to adulthood

Yes

No

Please say why.

We believe this would improve transitions into adulthood as it will mean the system can get out of the way of what people need.

For children with family members needing support

Yes

No

Please say why.

Yes, as long as the concerns outlined below are addressed. There is a risk that we face unintended consequences if children's services are changed.

Q11. 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?

Yes

No

Please say why.

We don't see how the current changes would improve alignment with community child health services.

Q12. Do you think there are any risks in including children's services in the National Care Service?

Yes

No

If yes, please give examples

Our main concern is that by moving these services that you undo some of the links that children's social work and social care already have within children's services.

Another concern that has been observed within the system is that when SLT children's services are integrated with adult services, they can become overshadowed by adult agendas. The power and decision making seems to be firmly rooted in adult services and therefore, if this shift does occur our suggestion is that measures are put in place to counteract this risk. We need to ensure that prevention and early intervention is at the heart of the services we provide for the population.

Healthcare

Q13. 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?

Yes

No

Please say why.

This move could work well on the condition that AHP representation is guaranteed on all levels of decision-making bodies, unlike what we saw with Integration Joint Boards and the inconsistent picture we see with Health Boards. This will be critical in workforce planning and understanding the needs of the population in coordination of care. We do not want to see this new environment lead to increased competition between services for funding, as we already see with SLT services in some parts of the country. Appropriate levels of investment in addition to protected budget allocation for services based on local need will be essential.

Q14. 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?

Just as the National Care Service aims to move away from crisis care to early intervention and prevention, there should also be a strong emphasis on the right to rehabilitation. SLTs and more widely, AHPs, play an important role in rehabilitation and often bridge across hospital-based and community-based services. Integration of community and hospital-based care services needs to take account of the right to rehab, and recognise the third sector as a key component in bridging the integration gaps between services.

Social Work and Social Care

Q15. 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.)

Better outcomes for service users and their families.

More consistent delivery of services.

Stronger leadership.

- More effective use of resources to carry out statutory duties.
- More effective use of resources to carry out therapeutic interventions and preventative services.
- Access to learning and development and career progression.
- Other benefits or opportunities, please explain below:

Justice Social Work

Q16. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

- Yes
- No

Please say why.

Speech and language therapists working within our prisons welcome the proposal that Justice Social Work is to be included in the National Care Service and would anticipate this creating better links with health services.

Q17. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

- More consistent delivery of justice social work services
- Stronger leadership of justice social work
- Better outcomes for service users
- More efficient use of resources
- Other opportunities or benefits - please explain

Prisons

Q18. 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

No

Please say why.

We recognise that healthcare in prisons being managed by the NHS is still relatively new, raising concern that further organisational change may lead to additional disruption at a challenging time in complex service.

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q19. “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?

Yes

No

Please say why.

We are supportive of Community Health and Social Care Boards being the local delivery model across the country to ensure consistency of care to individuals, however we would want to ensure that there is sufficient flexibility to suit local geography and demand.

Speech and language therapists are realising more and more that achieving good clinical care is not the same as achieving good outcomes for people and communities. We must acknowledge that understanding local needs and local customisation is a key ingredient in providing good quality care and sustainable services. SLTs in Scotland recognise that simply thinking we can do the same thing for individuals across diverse geographical areas no longer works.

We need to create the space for localities to do the exceptional things we might never otherwise think of and manage both national expectation and local delivery. SLTs know local implementation is key. Equity of access and ensuring service offers and supports provide the right reach into communities requires local knowledge. People want to feel they are being cared for by those who know them and have knowledge of the local services.

Membership of Community Health and Social Care Boards

Q20. “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?

Yes

No

Q21. 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?

AHP representation on every Community Health and Social Care Boards will be vital in ensuring effective understanding and support for key community health service delivery.

Workforce planning

Q22. 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)

Workforce and health service planning has not been done based on responding to growing needs in community settings. Services have instead been planned to focus on separate professional groups rather than a multi-disciplinary approach that identifies the right combination of skills required to meet needs. The National Care Service will need to set out a clear methodology and rely on AHP representation in leadership to provide an informed approach.