Name: Rebalancing care and support programme

Date: 9 August 2023

# About us

We’re RCOT, the Royal College of Occupational Therapists. We’ve championed the profession and the people behind it for over 80 years; and today, we are thriving with over 35,000 members. Then and now, we’re here to help achieve life-changing breakthroughs for our members, for the people they support and for society as a whole. Occupational therapists in Wales and work in the NHS, Local Authority social care services, housing, schools, prisons, care homes, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy helps you live your best life at home, at work – and everywhere else. It’s about being able to do the things you want and have to do. That could mean helping you overcome challenges learning at school, going to work, playing sport or simply doing the dishes. Everything is focused on increasing independence and wellbeing.

It’s science-based, health and social care profession that’s regulated by the Health and Care Professions Council.

An occupational therapist helps people of all ages overcome challenges completing everyday tasks or activities – what we call ‘occupations’. Occupational therapists see beyond diagnoses and limitations to hopes and aspirations. They look at relationships between the activities you do every day – your occupations – alongside the challenges you face and your environment.

Then, they create a plan of goals and adjustments targeted at achieving a specific set of activities. The plan is practical, realistic and personal to you as an individual, to help you achieve the breakthroughs you need to elevate your everyday life.

This support can give people a renewed sense of purpose. It can also open up new opportunities and change the way people feel about the future.

# Our response

|  |  |
| --- | --- |
| Question / Chapter | Notes / evidence needed |
| **Chapter 1: Part 8 - Code of Practice – National framework for commissioned care and support** *In all these question areas, responses would be welcome on how each set of provisions could be strengthened/made more effective* |
| 1.1: Do you think the principles and standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity? |  |
| 1.2 Do you think the standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity? |  |
| 1.3: Do you think the requirements in relation to Welsh Language will help to bring about consistency around the provision of Welsh language services and the active offer?  |  |
| 1.4: Do you think the requirements in relation to Equalities will help to promote and improve the rights of individuals receiving care and support and carers? |  |
| 1.5: Do you think the statutory requirements and guidance in the Code will help to reduce complexity and bring about national consistency in the commissioning of care and support?  |  |
| 1.6: Do you think the statutory requirements and guidance in the Code will help to improve outcomes for individuals receiving care and support and carers?  |  |
| **1.7: Do you think the statutory requirements and guidance in the Code will help to refocus the fundamentals of the care market away from price towards a value measure based upon service quality and overall cost?** | We welcome that the Code will seek to rebalance the basis upon which the provision of care and support services are commissioned, by focusing on outcomes and social values and by shifting from price towards quality and focusing on outcomes. However, to improve outcomes for individuals receiving care and support, there must be a focus on signposting people with urgent care needs to the right place for the first time. Therefore, ensuring people receive the right care for the first time not only helps to significantly improve outcomes for individuals, but also helps reduce overall cost whilst focusing on other individuals who may need urgent care. The Royal College of Occupational Therapists (RCOT) commends the ethos of the white paper whereby there is a shift to early intervention and prevention however it is not clear how this will be resourced, measured, or achieved. There needs to be a change in culture to ensure that people are supported by social care to live their best lives there must be a shift whereby people stop viewing care as a passive “done for you” approach to a more enabling “do with you” approach, ‘care and support. Our members question if the current social care workforce has the skills to move in this direction and have strongly identified that the current workforce and future employees have access to appropriate training and support to meet value-based outcomes. |
| **1.8:** **Do you think the statutory requirements and guidance in the Code will help to facilitate the provision of a seamless health and social care service, reducing barriers to joint planning and delivery.** | We welcome that the Code aims to provide greater consistency and transparency within the commissioning cycle. Nevertheless, there needs to be greater co-ordination of planning and support for populations at greater risk of needing urgent or emergency care to ensure greater consistency and transparency within the commissioning cycle.Our members are concerned that the realities of the current situation will make the transition to seamless health and social care services extremely difficult. Our members are reporting increasing waiting list times and increased complexity of presentation of service users. In our recent RCOT workforce survey our members told us:86% reported an increased demand for occupational therapy services within the previous 12 months.79% stated that people were presenting more complex needs due to delayed interventions.78% said that their team wasn’t large enough to meet the demand.63% felt they were too busy to provide the level of care they’d like.59% rated their work-related stress as 7 or above on a scale of 1 to 10, with 10 being the highest level of stress.RCOT would argue that just changes into statutory requirements would not make the necessary changes to implement the requirements of the wider social services and wellbeing act and deliver really change to the population of Wales. There also needs a focus on sustainable long term funding Investment in the health and social care sector is critical for the health of the population and, as a direct consequence, the economic wellbeing of the country. A well-resourced workforce is central to enabling the NHS and local authorities to make best use of public money and provide taxpayers with access to high quality health and social care. It will also serve to safeguard the vital mental and physical wellbeing of those involved in the provision of health and social care. |
| **Chapter 2: Pay and progression framework proposals** |
| **2.1 The principle of the pay and progression framework is to offer a national framework that can support the principles of fair work. Do you believe it** **can support that ambition and the benefits outlined above?**  | We support the principles of the framework but are disappointed that there is no mentioned of occupational therapy in future plans. Occupational therapy is a vital workforce in social care and integral to any future discussion on pay and progression equally with our social work colleagues and colleagues employed by the NHS. |
| 2.2 Do you have any suggestions about how the framework might be improved to help meet its ambitions? |  |
| 2.3 What may be the barriers to the framework achieving its ambitions? |  |
| **Chapter 3: National Office for Care and Support proposals** |
| 3.1: Do you agree with the design for the National Office? If not, what design would you suggest?  |  |
| **3.2: Do you agree with the vision for the National Office? If not, what vision would you suggest?**  | We support the vision of the national office for care and support. However, further consideration needs to be given to the mechanisms required to achieve this vision as well as the likely implications for NHS Wales organisations and existing structures. We would argue that the national office should have other key partnerships not just social care Wales to promote the benefits of working in social care such as HEIW and the profession professional bodies and 3rd sector organisation.We would like more clarity in how working in tandem with the NHS Wales Executive, the National Office will promote integration of services to create seamless health and social care services, providing national direction to enable improved national, regional, and local outcomes. Currently Regional Partnership Boards are central to service transformation but must often compete with short-term pressures, how will this vison support longer term planning and sustainable funding? And not be another organisational barrier to innovation. |
| **3.3: Do you agree with the proposed functions for the National Office, and the relationship described with key statutory organisations, particularly local authorities, Social Care Wales, and NHS Wales? If not, what functions do you disagree with and why?**  | We would like to highlight that Health Education Improvement is also a significant partner. They are responsible for commissioning and developing training standards of professionals such as occupational therapist that can practice in health, social care and the 3rd sector.The national office needs to ensure the training and educational needs of all employees of social care are properly evaluated and supported not just those that are register with social care Wales. |
| 3.4: From the proposed functions of the National Office, do you envisage any duplications of work already carried out by other national bodies or organisations and are there further opportunities here for simplification?  |  |
| Question 3.4a: If yes, how do you propose this is resolved? For instance, would you support certain functions being absorbed by the National Office?  |  |
| **Question 3.5: In its positioning within the Welsh Government and providing for a ‘bird’s eye view’ of the social care system, what are the main opportunities, working with local authorities, Social Care Wales, and other key partners, to drive service change and improvement? Please give reasons for your answer**.  | There is an opportunity for the National Office to ensure that Local Authority rehabilitation services are a part of any drive to maintain independence of individuals within their community, and to improve performance of the health and adult social care system. The role of social care and social work often follows later in the care journey of an individual with the early steps being underpinned by rehabilitation and reablement to help individuals achieve their maximum potential. Rehabilitation and reablement can be repeated at different times of need to support people achieve their maximum potential after any life changes.Currently, most areas of Wales have different types of stay at home/return home/ home first services. Discharge from hospital services is based on Discharge to Assess to Recover (D2AR) principles. Occupational therapists are crucial in the successful delivery of this pathway and are experts in rehabilitation and reablement. Careful consideration should be given to the capacity of the occupational therapy workforce to delivery of this work, including mapping exiting services and identifying staffing and skill mix, including any gaps and pressures. The model can only be achieved through close partnership working. However, there are significant variations throughout Wales in how occupational therapists and AHP colleagues are used in the pathways. Therefore, the Welsh Government, through the National Office, should commission Care Inspectorate Wales to monitor and inspect Local Authority rehabilitation services to ensure quality and consistency, and Social Care Wales to set standards for, workforce plan for and regulate currently unregulated rehabilitation professions within the workforce. Through the National Office, the Welsh Government should also develop a range of person-centred, outcome-focused measures, that reflect the range of general and specialist rehabilitation services and organise centralised collection and reporting of data.  |
| 3.6: What do you see as the specific opportunities for the National Office to lead culture change in relation to Welsh language? In particular, the ‘More than just words’ five-year plan (2022-27).  |  |
| 3.7: What practical steps can the National Office take to ensure equality of opportunity through social care? Noting the diversity of Wales’s communities and people’s own circumstances, how can it add value at a national level to ensure people’s wellbeing outcomes are consistently met? |  |
| **Chapter 4 – Part 2 – Code of Practice (general functions)**  |
| 4.1: Do you have any comments on the detail of the revised draft Code, including any suggestions about what is missing, what could be omitted or where wording could be improved? |  |
| 4.2: In particular, do the revisions to Chapter 4 help clarify the duty on local authorities to promote social enterprises, co-operatives, user-led services and the third sector? Is anything missing or unclear? |  |
| 4.3: Does the new Chapter 5 give the right messages about the duty on local authorities to promote the involvement of service users and carers? Is anything missing or unclear? |  |
| **Chapter 5 – Statutory Guidance (partnership arrangements)**  |
| 5.1: Do you agree with our proposals to amend the Partnership Arrangements Regulations 2015, and to the Care and Support (Area Planning) (Wales) Regulations 2017? Are there any other amendments you feel we need to make?  |  |
| 5.2: Have you any comments on the proposed revisions to the Part 9 Statutory Guidance, including any suggestions about what is missing, what could be omitted or where wording could be improved?  |  |
| **5.3:** **Do you agree that the proposed amendments to the regulations and statutory guidance will help to strengthen regional partnership arrangements and the role of Regional Partnership Boards? Do you have any other suggestions about what could be included?** | We would like further clarity in how Regional Partnership Boards (RPBs) will work with the proposed new national office for social care and the new NHS executive. We agree that one of the RPBs’ proposed objectives should be to ensure “that the partnership bodies work effectively together to deliver on the development of integrated health and social care services and arrangements.” but there could be confusion on who is ultimately responsible for the delivery of this function at a local and national level.Currently in Wales there are challenges with the governance arrangements around Regional Partnership Boards (RPBs) and Public Services Boards (PSBs) because they are not legal entities. Despite this, key strategic decisions, particularly around funding, are being made by RPBs. However, some partner organisations within the RPBs are required to confirm with their individual organisation whether or not to fund the strategic projects agreed by the RPB. In addition, further clarity is required around the relationship between RPBs and PSBs, so that they work in an interconnected and joined-up way.We would like further clarity in how RPBs will work with the proposed new national office for social care and the new NHS executive. We agree that one of the RPBs’ proposed objectives should be to ensure “that the partnership bodies work effectively together to deliver on the development of integrated health and social care services and arrangements.” But there could be confusion around who is ultimately responsible for the delivery of this function at a local and national level.Preventative services have suffered from low visibility and priority within Local Authorities and are still too often planned and commissioned separately from NHS rehabilitation services. They need to be brought fully into the health and social care system, and their resourcing, activities and outcomes made more transparent and, therefore, accountable.We believe Regional Partnership Boards should plan, resource, and provide integrated general and specialised rehabilitation services, which include both Local Authority and NHS services, that meet demand to support individuals in maximising their independence. |
| **Chapter 6 – Part 8 – Code of Practice on the role of the Director of Social Services (social services functions) and the changes to the Local Authority Annual Report Regulations.** |
| 6.1: Are there any barriers in implementing the new guidance for the production of the Local Authority Social Services Annual Reports?  | *Points:* *Evidence:**Action:* |
| 6.2: What support/training is required in implementing the new guidance?  | *Points:* *Evidence:**Action:* |
| 6.3: What outputs or analysis of the Local Authority Social Services Annual Reports would you want to see undertaken? | *Points:* *Evidence:**Action:* |
| 6.4: Do you consider that the combination of the Performance and Improvement Framework, National Outcomes Framework and Local Authority Social Services Annual Reports provides sufficient guidance and structure for local authorities in achieving the outcomes? | *Points:* *Evidence:**Action:* |
| **Chapter 7 – Integrated Impact Assessment** |
| 7.1: We would like to know your views on Sections 1 and 8 of the Integrated Impact Assessment. Are there any specific areas where you feel further 26 detail is required, or any specific issues you wish to highlight which may have an impact on a specific group? | *Points:* *Evidence:**Action:* |
| **Chapter 8 – Overarching Questions** |
| 8.1: We would like to know your views on the effects that any of the products presented within this rebalancing consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?  | *Points:* *Evidence:**Action:* |
| 8.2: Please also explain how you believe the products presented within this rebalancing consultation could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language. | *Points:* *Evidence:**Action:* |
| 8.3: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them: |  |

## Contact

For further information on this submission, please contact:

Dai Davies, Professional Practice Lead - Wales

Royal College of Occupational Therapists

Phone: 0758 560 6385 Email: david.davies@rcot.co.uk