



British Association for Music Therapy  
British Association of Art Therapists  
British Association of Dramatherapists  
British Association and Royal College of Occupational Therapists  
The British Dietetic Association  
British Association of Prosthetists and Orthotists  
British and Irish Orthoptic Society  
Chartered Society of Physiotherapy  
Royal College of Paramedics  
Royal College of Speech and Language Therapists  
Society of Chiropodists and Podiatrists  
Society and College of Radiographers

To: Health, Social Care and Sport Committee

[hscs.committee@parliament.scot](mailto:hscs.committee@parliament.scot)

04 October 2024

Dear Convener,

Following Katie MacGregor's attendance, on behalf of AHPFS, at the Health, Social Care and Sport Committee meeting on Tuesday 24 September, we are writing to propose amendments for the committee to consider. These amendment suggestions are also included in AHPFS's response to the committee's consultation on the Stage 2 Amendments of the NCS Bill, which we responded to in September.

We ask that you consider the following:

**1. Incorporate Statutory AHP Representation on NCS Boards (local and national)**

***Current issue***

AHPs are underrepresented on governance structures despite their critical role in integrated care.

***Amendment proposal***

Modify Section 12D to mandate the inclusion of at least one AHP representative on the National Care Service Board.

Similarly, amend Section 12B to ensure that each local care board includes an AHP lead, representing the diversity of professions.

***Why?***

It's been noted by some of our members that success of current IJBs relies heavily on the individuals that run that board. AHPs are experts in early intervention, prevention, rehabilitation and supporting patients into work, accessing their community and education. AHPs represent one of the biggest groups of healthcare professionals in Scotland and the work AHPs do

underpins each of the national care service principles. If NCS local and national boards are created, it will be imperative to their success that we see Allied Health Profession representation on each of them.

## **2. Create a National Social Care Agency Instead of a National Social Work Agency and ensure fair leadership opportunities**

### ***Current issue***

Currently, the creation of a National Social Work Agency overlooks the interdisciplinary nature of social care.

### ***Amendment proposal***

Rename the 'National Social Work Agency' as the 'National Social Care Agency' in Section 26A, with a remit covering all professions working in social care, including AHPs.

Ensure the agency's senior role is not only open to the Chief Social Work Advisor but to all professions working in social care, to ensure parity of leadership opportunities.

### ***Why?***

AHPFS contests the creation of a National Social Work Agency and suggested a National Social Care Agency instead, which would be fully reflective of the wide number of professions working within social care. Any agency created should include all professions that are involved in the delivery of services to ensure a more equal approach to workforce planning, continuous professional development (CPD), and support a cultural shift to a model based on rehabilitation, reablement and early intervention. Leadership roles for such an organisation should be open to all of those working in social care, including AHPs, to ensure parity and foster effective collaboration across the workforce.

## **3. Ensure Comprehensive Workforce Development and Training**

### ***Current issue***

There is limited clarity on training and professional development for AHPs within the NCS.

### ***Amendment proposal***

Expand Section 24 (Training) to ensure that specific resources are allocated for ongoing professional development, including for AHPs involved in rehabilitation, mental health, and preventive care.

### ***Why?***

As noted above, AHPs play a critical role in carrying out the work that the NCS will endeavour to prioritise through its principles. Any workforce development and training must explicitly include AHPs as critical members of health and social care teams. The pivotal role of AHPs within

multidisciplinary teams means that proper training will create a ripple effect, positively impacting the entire workforce.

#### **4. Clarify the Definition of 'Rehabilitation'**

##### ***Current issue***

While the bill mentions rehabilitation, it lacks a clear definition, leaving room for ambiguity.

##### ***Amendment proposal***

In Section 1 (Principles), c (i) and throughout the bill, define 'rehabilitation' as "appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain their maximum independence, full physical, mental, social, and vocational ability, and full inclusion and participation in all aspects of life"

##### ***Why?***

Rehabilitation is a fundamental aspect of healthcare that promotes independence and improved physical, mental, social and vocational outcomes for people in Scotland. Without a clear definition, ambiguity could lead to inconsistent application and provision across the country and could lead to services focusing on 'care' to the detriment of 'rehabilitation.' A clear understanding of rehabilitation will ensure we take a holistic, person centred approach to the national care service and advance the Government's commitment to equality and disability rights.

#### **5. Define 'Community Health'**

##### ***Current issue***

Although community health services will be a huge focus of the NCS, 'community health' is not clearly defined.

##### ***Amendment proposal***

In section 1, page 1, line 25, leave out <support for an individual living independently in the community> and ; Insert 'community health services, including those delivered by the third sector and Allied Health Professionals, which care for people from pre-birth to the end of their life, drawing on the skills of a wide range of health professionals to support people, including those with long term physical and mental health conditions or complex health and care needs, to live independently and stay well both at home and in community settings close to home.

##### ***Why?***

Community health is a key aspect of integrated care, but the current lack of definition in the Bill could lead to confusion regarding the scope and role of community health services or indeed the critical role that allied health professions play in promoting preventative and cost effective care in line with the national care services goals of early intervention and reducing care needs.

## **6. Strengthen Inclusive Communication**

### ***Current issue***

Inclusive communication is highlighted, but its implementation remains vague.

### ***Amendment proposal***

In Section 1(f), add the following in bold “The National Care Service workforce is to communicate with people in an inclusive way, which means ensuring that the diverse communication needs of individuals (in relation to speech, language or otherwise) are recognised **and met to ensure equitable access to information and care services**”

### ***Why?***

The current wording leaves room for ambiguity, risking ineffective implementation. Without further strengthening, the commitment to inclusive communication may not be realised in practice.

## **7. Clarify Integration of Health and Social Care Records**

### ***Current issue***

The integration of health and social care records is mentioned, but implementation details are unclear.

### ***Amendment proposal***

Clarify Section 36 (Care Records) to specify that electronic records will be shared seamlessly across both the NCS and NHS and consider developing a unified digital system for healthcare professionals, including AHPs.

### ***Why?***

Lack of integrated care records has long been reported as a frustration and challenge for both individuals and health care professionals and improvements to the system could be transformational. A stronger, clearer commitment in the bill, would ensure this work is prioritised. We would like clarification on how this scheme will work – for example, if a new universal system is being proposed for the NHS to complement a universal system for the NCS? Currently, there is still difficulty communicating within the NHS due to variable local electronic record systems. We would also like clarification on whether records would be individually owned through patient-held records.

## **8. Prioritise Ethical Commissioning Standards**

### ***Current issue***

The bill lacks detail on how commissioning processes will differ from existing practices.

### ***Amendment proposal***

Add a provision in Section 12M (Commissioning) to develop and adopt national ethical commissioning standards, ensuring that all commissioned services adhere to high quality care principles, particularly in rehabilitation and preventive care.

***Why?***

Commissioning should be focussed on improving outcomes, rather than outputs, and associated measures of success should reflect this. The bill is an opportunity to ensure that national ethical commissioning standards are adopted and adhered to consistently.

## **9. Further Consultation on Including Children’s Services**

***Current issue***

The inclusion of children's services within the NCS raises concerns across different professions, including AHPs.

***Amendment proposal***

Delay the inclusion of children's services in the NCS until comprehensive consultation is carried out with all relevant stakeholders, as recommended by AHPFS.

***Why?***

The inclusion of children's services will pose different opportunities and threats for each profession, and it is essential that they are individually consulted on before any changes are made. For example, the inclusion could support the improvement of transitions between children’s and adult services for patients. However, for Speech and Language Therapy services, there exist serious concerns that placing children’s services within the NCS would separate services from our key partners in education. This would risk unravelling decades of impactful work to embed speech and language therapy practices within educational settings.

## **10. Rename and Reframe the NCS Local Boards**

***Current issue***

The proposed name “National Care Service Local Board” is confusing and may not adequately reflect the integration of health and social care.

***Amendment proposal***

In Schedule 2A, Part 1, in relation to the suggested modifications of the Public Bodies (Joint Working) (Scotland) Act 2014, change the name from ‘National Care Service Local Boards’ to ‘Community Health and Social Care Board’, reflecting the integration of services that these boards should deliver.

***Why?***

The understanding and support of the workforce and the public will be vital to the success of the NCS. It's important to ensure systems accurately reflect their purpose.

I appreciate your engagement with AHPFS on the National Care Service thus far.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Hilary Munro". The signature is fluid and cursive, with the first name "Hilary" written in a larger, more prominent script than the surname "Munro".

**Hilary Munro**

**Chair | Allied Health Professions Federation Scotland (AHPFS)**