

RESPONSE TO WHITE PAPER QUESTION SET

Question 1: Do you agree that complexity in the social care sector inhibits service improvement?

Service Improvement in the delivery of social care services is often focused on cost reduction rather than efficiency or quality of care and as such, the White Paper identifies that the need to move away from cost based commissioning to quality and effectiveness is welcomed

The ability to deliver a comprehensive level of service improvement is constrained by operator's size and market competition, whilst it's believed that the fragmented nature of providers and commissioners does not support whole system improvement.

Consideration will need to be given to the local needs assessments, not only demand, and the type of service provision which is required to support population needs in the long term through more effective integration and whole system commissioning and service design

The focus of additional monies at peak periods or in non-recurrent terms also leads to short term fixes, and demand and capacity solutions rather than long term improvement and integration.

Question 2: Do you agree that commissioning practices are disproportionately focused on procurement?

Yes, looking across Wales, although some Local Authorities have tried hard to "commission for outcome", we need to be flexible, thinking about the whole system dynamic and manage the market, but there is quite a considerable journey to go.

Good intent is welcomed but the ability to deliver this ambition has not surfaced in Wales in a substantial manner. In addition the interactions that the NHS has with LA partners and in looking to "procure" such care is not consistent and plays into this as a procurement rather than commissioning discussion.

There also seems to be a lack of joint planning between the LAs and NHS in many respects in terms of commissioning both bedded care and domiciliary care and the current arrangements for pooled budgets has led to even more focus on procuring services rather than driving a market change to improve service provision and sustainability.

All commissioners and providers have recognized the need to create an affordable and sustainable social care service, as such the White Paper should consider the affordability and funding debate alongside the need to deliver a robust, sustainable quality service model.

Question 3: Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure?

The establishment of RPBs has so far probably made the complexity of the structures more challenging over time with new partners and a lack of overall clarity on responsibility and accountability. There is a need for a restated clarity about their purpose, role and responsibility, however, establishing them as legal entities alone does not resolve this. Furthermore the White Paper does not describe how the establishment of additional legal entities would improve integration and drive improvements in the commissioning or delivery of services.

The establishment of RPB as legal entities would likely result in the shift of staff and resources away from Health and Social Care, and would also require changes of governance and responsibilities of both Health and Social Care and the White Paper does not explain how this would improve the current commissioning and operational functions in a local area.

Question 4: Do you agree a national framework that includes fee methodologies and standardized commissioning practices will reduce complexity and enable a greater focus on service quality?

A national framework that is agile and attuned to local circumstances with associated clear standards around commissioning will lead to improvements in service quality.

It is not clear how the proposals regarding commissioning in RPB is related to the work already underway by the National Commissioning Board or the proposals for the RPB in commissioning would meet the needs for commissioning for quality.

Question 4a: - What parts of the commissioning cycle should be reflected in the national framework?

The expectation should be that the functions around Gap Analysis, Commissioning Strategy, Market Development and Capacity Building and review of Strategic Outcomes linked to analysis would be key components. Any proposals should make the whole process simpler, outcome focused and more sustainable.

Question 5: Do you agree that all commissioned services provided or arranged through a care and support plan, or support plan for care, should be based on the national framework?

In the main yes; there has to be flexibility within the framework to allow for bespoke arrangements although the expectation is that these would be the exception and not the rule. There is already far too much variation between LAs and NHS bodies.

Question 5a- Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?

The inclusion of CHC within the framework would push more collaboration between Local Authorities and the NHS leading to a mature and joint planning approach linked to the demands of the complex care sector.

Furthermore, it is unclear whether the proposal to establish RPBs as corporate legal entities would mean commissioning activity currently undertaken by Local Authorities would transfer to the new RPBs. It follows that RPBs would become responsible for commissioning some healthcare services, specifically Funded Nursing Care (FNC), marking a change in Health Boards' responsibilities and obligations. This would be an untested approach and is at odds with the intention that Welsh Government policy colleagues have shared to introduce a combined FNC and Continuing NHS Healthcare (CHC) National Framework. The reasoning for implementing a combined policy framework while accountability for commissioning of FNC simultaneously moves to a different corporate body is not clear.

Question 5b- Are there other services which should be included in the national framework?

The framework should look at the whole care market and from wherever it is currently funded and required. So this must include domiciliary, residential and nursing care.

Question 6: do you agree that the activities of some existing national groups should be consolidated through a national office?

The proposal to establish a National Office for Social Care would be a positive step, but, greater clarity is needed beyond what is set out in the White Paper to explain what the function and purpose of the new Office would be and how this function and purpose would be distinguished from that of Social Care Wales, the Welsh Local Government Association and the Department of Health and Social Services.

Question 6a- if so, which ones?

See above

Question 7: Do you agree that establishing RPBs as corporate legal entities capable of directly employing staff and holding budgets would strengthen their ability to fulfil their responsibilities?

From analysis of the tools that will be bestowed onto RPBs under this legislation to fulfill their responsibilities, it is difficult to see why direct employment of staff would be in anyway beneficial.

One of the fundamental principles and objectives of the White Paper is to address complexity and streamline the commissioning process for social care services, the Paper does not set out how the creation of an additional seven public bodies, each with its own

organisational structure, will provide a less complex commissioning environment, or improve the delivery of service for citizens.

There is little consideration of other bodies which influence the delivery of service, such as, Primary Care clusters, Public Service Boards, and the wider third sector.

This brings with it the potential consequence of moving away from place-based models and building different silos into different parts of the system. Moving services in the way the White Paper proposes will also mean altering some staff roles which risks limiting delivery in the early months while the focus shifts to creating and populating organisational structures.

Question 7a- are there other functions that should be considered to further strengthen regional integration through RPBs?

Restating and refreshing the role and purpose of RPBs will in and of itself provide an impetus for strengthened integration, however, integration needs to be seen as part of the solution not just an end goal.

Ensuring that RPBs have a very clear role with regards to population needs assessment, planning and delivery at a local level is essential, however, it needs to fit with existing architecture and governance structures i.e. NCNs and local partnerships. If this could be achieved it would improve service delivery and outcomes for the population with services tailored to their needs.

Question 8: Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?

Yes, real time outcomes should be available to use daily / weekly / monthly in terms of health and care interventions.

Commissioning service over the medium term requires planning based on needs analysis and market understanding which needs to be real time and sophisticated analysis over time periods not just moments in time.

Impact assessment of intervention and commissioning also needs to be considered within planning cycles to improve our planning responses.

Question 8a- within the 5 year cycle, how can this best be achieved?

RPB need to have clear objectives and performance indicators within the planning cycle which become their accountability framework.

Question 9: Do you consider that further change is needed to address the challenges highlighted in the case for change?

The White Paper has been developed to respond to the findings of the forthcoming evaluation of implementing the Social Services and Well-being (Wales) Act 2014. While an evaluation of outcomes has not yet been published, it is recognised that there are a number

of key areas for improvement. The first of these relates to national commissioning and market stability, particularly a lack of co-ordination between Local Authorities that leads to distinct and different ways of doing things. The second relates to the development of 'integrated services' by establishing Regional Partnership Boards (RPBs) as corporate legal entities, granting RPBs the foundation to employ their own staff and manage their own budgets.

Question 9a- what should these be?

The potential implications of the White Paper on NHS Wales organisations are only dealt with in a limited way. While there is considerable discussion of how NHS Wales organisations feature in the White Paper's proposals, too little focus is placed on what impact this would have on existing arrangements between Health Boards and strategic partners in relation to governance, integration, joint working and the interface between health and social care.

The scope of the services requires articulation. Care and support for adults and children could comprise a wide range of services that include, but are not limited to, residential care for children, residential care for people with a learning disability, re-ablement services, mental health services and community connectors/social prescribing services.

The proposals focus on structures and commissioning and there is limited reference to citizens and service users, more focus on outcomes is required.

Question 10: what do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities?

Further explanation is required with regards to the enhanced roles of RPB and the functions it is expected to deliver before we can determine the level of cost/benefit. At this point a further statutory body within the already crowded landscape would add cost and it is difficult to see which functions would be replaced in other organisations to reduce cost.

The same could be said for a national office to guide the commissioning of social care, which could provide opportunity to reduce cost and aid service improvement, however, it is again unclear as to the defined role of this national office and the functions/organisations it replaces.

Question 10a- are there any particular or additional costs associated with the legislation

The underlying issues regarding pooled resources may stem from the difficulty of numerous Local Authorities in a RPB area pooling funds that could potentially fund other services and a lack of intent on a strategic level to deliver better outcomes. The proposals set out in the White Paper do not indicate how developing corporate legal entities in the way the Paper proposes will resolve these challenges.

