

Questions of the Consultation on the White Paper: Rebalancing Care and Support

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

Complexity in any service would likely inhibit service improvement, but we believe that adding an additional layer at a regional level, and in doing so go further away from the individual, would certainly add complexity rather than reduce it.

It is not always easy to avoid complexity in the social care sector, because of policies, procedures and processes. Nevertheless, we do have room to simplify some aspects of the sector's work in order to improve services for our patients, for example, by working in an integrated manner and at a more local level.

The White Paper argues that the sector's current procedure is complex, but we believe that the changes proposed would add layers of unnecessary complexity, by moving the decisions that matter to our individuals further away by introducing them at a regional and national level.

Consequently, we would also move away from doing what matters to the individual and placing them at the centre of everything we do. A Healthier Wales stresses the need to do this, and the White Paper undoes this work by regionalising the work.

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

For some years now in Gwynedd, we have identified the need to work much more closely with our care providers, whether external or in-house, in terms of planning services and support for individuals. Therefore, we are already trying to move away from traditional procurement arrangements for the care sector.

The proposals made would likely inhibit the pioneering and exciting changes that we have underway.

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

The different regions within Wales need to be given consideration, while addressing the fact that the north Wales region is comprised of a number of different areas which have different needs.

Welsh Government has set out the design and structure of the Regional Partnership Boards, and the needs of the north Wales region are not always considered within this, which means that making decisions and holding discussions at a regional level can be difficult at times, given the size of the region.

With the right design and structure, Regional Partnership Boards can be a strength for networking and to deliver on some very specific matters, but more local partnership arrangements would likely give better results to the people of Gwynedd than regional arrangements.

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

We welcome the need to have a greater focus on service quality. However, the White Paper does not set out a clear intention which highlights the way the care sector would be funded in the future. It is suggested that budgets should be accrued regionally, but it is difficult to see how this would improve services at a local level and it is, indeed, more likely to create complexities which would deteriorate quality.

A national framework would probably benefit us on matters where national intervention is needed - e.g. if it included better terms and conditions in terms of fees for staff working in the care sector, as well as a commitment to fair funding so that local authorities are able to do this.

However, it is not possible for us to anticipate whether such a national framework would benefit us at a local level until we know what is included in it, and how it will be implemented. We need far more detail before being able to answer this question properly.

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

Again, without further detail, it is difficult to give a comprehensive response, but generally speaking, it is important that the needs of our local population, within specific areas of the county, are identified and that this feeds into commissioning at a local level, where possible. If there are issues due to numbers or specialist requirements, requiring a regional or national level response, it would then be possible to hold the discussions at that level.

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

It would be useful to have more clarity in terms of what the Government views as the problem at present, and then have an explanation of how they see a national framework solving this problem. There is a lack of information and detail within the White Paper to enable us to respond sensibly.

There has been good work at a local and national level in terms of commissioning and providing arrangements here in north Wales. Care and support is very personal to every individual, and we are focusing our efforts on working to provide what matters to individuals to enable them to live their lives as they want to live them.

We are uncertain how much a national framework would add to the arrangements we already have in place; we do not wish to duplicate work or create more work for ourselves.

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

We do not agree that continuing health care should be excluded from any consideration. For the individual, many concerns and obstacles are caused if the continuing health care arrangements are kept separate to the care arrangements. There is an opportunity here for the White Paper to address these obstacles in terms of the patients' experience.

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

It is difficult if not impossible to answer this question without further detail.

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

It is very difficult to answer this question without further detail and more evidence in terms of why a National Office is needed.

Many national groups already exist, but it is unclear what benefits would stem from combining them by creating a national office. Again, we must ask if this would duplicate or create more work.

Question 6a- If so, which ones?

Please see the above response.

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?

On the basis of the current responsibilities of the Regional Partnership Boards, the boards do not need to be corporate legal entities.

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

There is no need to strengthen regional integration as this is already happening, and working successfully, at a local level.

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?

Possessing this information at a local level is important in order to help us to better create services, with adaptations as required.

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

Ensuring that this planning happens at a very local level and as part of natural community planning - within community clusters - would be beneficial. It must be ensured that preventative work within communities and community resilience are key parts of planning within the health and care sector. This was seen clearly with the way we responded to the Covid crisis - actually working at an even more local level. The regional work was suspended and leaders naturally looked at their local networks in order to respond. This needs to be reflected in the White Paper.

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

Yes. There is a need to think of different ways of resolving the challenges that face us in the sector. A Healthier Wales addresses these challenges in an effective and meaningful way, therefore, we believe that the principles contained within it should be followed, rather than following the direction of the White Paper.

The White Paper is in danger of undoing much of the good work which has been happening locally in the sector to provide care of a good quality according to the needs of the individuals.

Question 9a- What should these be?

As a Council, we are very willing to discuss further with you in order to show the evidence we have in terms of integration and working locally, bringing our care provisions in even more to the solutions at a local level.

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?

There would be a high cost of establishing these things, at the expense of funding we could spend elsewhere in the interests of the patients e.g. on provisions, resources or staff. It is unclear what benefits would stem from establishing these national and regional bodies, but using the money to improve direct provisions for individuals and the salaries of care staff would certainly make more of a difference.

Question 10a- Are there any particular or additional costs associated with the proposals you wish to raise?

Please see the above response.

Question 11: We would like to know your views on the effects that a national framework for commissioning social care with regionally organised services, delivered locally would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

The White Paper makes no reference to the Welsh language or the impact on the language, which raises major concerns that no consideration has been given to the impact these changes would have on the language.

The More Than Just Words framework means that patients must receive a service in the language of their choice, without having to ask for it. We would hope that no change is made to this expectation, and that the framework would be further strengthened with the emergence of any changes.

Question 12: Please also explain how you believe the proposed policy to develop a national framework for commissioning social care with regionally organised services, delivered locally 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.

Again, this is likely to be very difficult to deliver, given the north Wales regional demography. It is an extensive area with a variety of linguistic needs; therefore, it would be difficult to have a policy which would suit all areas.