# Consultation response form

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| **Consultation Response Form**  | Your name: Rhea StevensOrganisation (if applicable): Community Housing Cymruemail / telephone number:rhea-stevens@chcymru.org.uk / 07443 822978 |

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| **Question 1:** Do you agree that complexity in the social care sector inhibits service improvement? |
| Agree | Tend to agree | Neither agree or disagree☑ | Tend to disagree | Disagree |
| **Please explain your answer** There are a number of features of the social care sector that inhibit service improvement, and we agree that there are – in some places – layers of complexity that act as a distraction from shared pursuit of quality and social value. However, quality of services and fair funding for them are interdependent. It is not possible to reorientate the system towards outcomes and value without addressing both. Adequate, sustainable funding that meets the true cost of delivering high quality care is a precondition for positive change. Underfunding social care has, over a sustained period, led to a focus on driving down costs that, we consider, is the greatest distraction away from service improvement The white paper suggests complexity is driven by two primary features: mixed commissioning practices and the number of small providers. We agree that differing expectations of commissioners is a driver of unnecessary complexity, in particular performance management. We warmly welcome actions, such as the proposed national commissioning framework, which can release competing pressures on providers through shared, transparent service standards and approaches. However, more clarity is needed on how introducing an enhanced role for RPBs in commissioning will reduce complexity, when the white paper is clear that local authorities and health boards also retain these functions. It is unclear how adding another body into the commissioning landscape reduces complexity. However, we do not agree that the number of providers can be reasonably interpreted as a driver of complexity in the same way, without active consideration of the outcomes they deliver for the people and communities they serve. Whilst the white paper views numbers of providers as an indicator of complexity, in a system orientated towards social value this may well also be a feature of a community-based, innovative and responsive social care sector that responds to local need and positively benefits local people and places. There is no acknowledgement in the white paper as drafted of the expertise that specialist providers bring to provision, and care should be taken to not to inadvertently disincentivise this provision through reforms. A person-centred, outcome focused social care system is inherently complex by virtue of being responsive to individuals and communities. We suggest that the focus of new initiatives to achieve the outcomes described in the white paper should be on increasing consistency and reducing waste and duplication, and that this can be achieved through measures that support mutual understanding our outcomes, shared approaches and increased transparency  |

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| **Question 2**: Do you agree that commissioning practices are disproportionately focussed on procurement? |
| Agree | Tend to agree | Neither agree or disagree ☑ | Tend to disagree | Disagree |
| **Please explain your answer** Commissioning takes place at both operational and strategic levels, and across many different health and care commissioning bodies, and approaches are variable in different bodies and for commissioning different types of social care provision. Our experience is that there is a mixed picture of effective commissioning across Wales, and it will be important to learn from what is working well when designing new changes. Where there are challenges, we consider there are two primary reasons. Procurement is the end product of a commissioning process, and under current practice is often the most publicly visible. We are also conscious of reduced commissioning capacity in some areas in recent years. Procurement as a concept also reflects the dynamics of the current market in which knowledge, analysis and decision making are largely held by statutory commissioners who, having judged what is required, go out to market to purchase care and support. The focus has been unbalanced towards procurement as a cost driven transaction, rather than the fruit of a considered partnership in which expertise and knowledge is pooled between commissioners, providers and communities in pursuit of social value and positive outcomes. The white paper focuses heavily on commissioning partnerships between the statutory partners of the RPBs, however we consider there is an important opportunity here to also strengthen partnerships between commissioners and providers. Commissioners alone cannot deliver the scale and pace of change required to rebalance the provision of care and support, and providers have knowledge, resources and expertise to bring to these shared challenges. Our members report little certainty over long-term commissioning priorities in their areas. This acts as a disincentive to either continuing to provide or expanding the not-for-profit social care services Housing Associations provide, as they carry all the risk associated with provision of services without longer-term certainty to counterbalance the risks. The suggestions in the white paper for an enhanced role for regional commissioning and a national commissioning framework is an opportunity to consider how strategic partnerships between commissioners, providers and communities can be strengthened along the whole commissioning cycle, distinct from the formal procurement processes. This should include needs and demand assessment, gap analysis, options appraisal, service design and evaluation. Our hope is that, through introducing some standardised elements that support the efficacy and efficiency of commissioning, more space and time are created for genuine partnerships between commissioners, providers and communities that focus on: understanding need; market intelligence; genuine collaboration to develop innovative responses; and improving quality.  |

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| **Question 3:** Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure? |
| Agree | Tend to agree☑ | Neither agree or disagree | Tend to disagree | Disagree |
| **Please explain your answer** We agree in part with this analysis. In reality, capacity to progress the RPBs work programme has been drawn largely from statutory members who are themselves stretched for capacity. The [Review of Strategic Partnerships](https://gov.wales/sites/default/files/publications/2020-07/final-report.pdf), undertaken by WGLA, NHS Confedration and Welsh Government recommended on the basis of its findings that “No new functions should be given to existing partnerships without considering what obligations can be reviewe or removed or what additional resources may be required”. We agree that appropriate resourcing of RPBs is required to enable them to fulfil their functions. The complexity of the partnership landscape was also explored during this review. We urge that any review of RPB functions takes into account the potential impact on other partnerships, in particular Public Service Boards. This should include a review of delivery arrangements and shared performance measures. New arrangements should also better reflect the role that long term non statutory partners, such as housing associations, can make to the delivery of shared aims.As members of RPBs across Wales, Housing Associations are clear that there have been numerous positive examples of RPB delivery where the capacity, expertise and resource of all partners have been brought to the table to develop solutions. The [recent ICF annual report](https://gov.wales/sites/default/files/publications/2021-03/integrated-care-fund-annual-report-2019-2020.pdf) published last month by the Welsh Government includes examples of such work. CHC recently brought together our members who sit on RPBs to reflect on what is working well, and less well, in an effort to share good practice. Headlines from the discussion were: What works well?* Housing sub-groups, where they exist, to integrate the contribution of housing to the shared agenda
* An independent chair, able to look across sector and organisational divides
* Positive examples of ICF being used to fund innovative, integrated projects

What works less well?* Pressures on statutory services means scale of innovation via RPBs is squeezed
* Size and representation on the main boards can mean health and local authorities dominate, reducing the space for meaningful collaboration
* Trust between statutory partners can be an issue
* Housing doesn’t feel core to the agenda, despite having a huge contribution to make to reducing pressure on statutory health and social care services

It would be instructive to consider more widely what has worked well to date since the inception of RPBs when considering proposals for change, and from a variety of perspectives. We would be happy to contribute to this discussion further. The focus in the white paper is drawn tightly on the responsibilities of statutory partners to RPBs and using these structures as a vehicle for strengthening those partnerships. The role of wider RPB partners in contributing to the expected outcomes is not considered, however they have a huge amount to offer to this shared agenda. We would also welcome much more active consideration of how any changes to RPBs can accelerate progress on prevention. Whilst the white paper speaks of the importance of prevention, it is difficult to draw a line between the actions proposed – which feel largely aimed at regulated social care services – and an enhanced focus on preventative services.  |

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| **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?  |
| Agree  | ☑Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| We welcome the proposal for a framework that promotes consistency, and reduces duplication, amongst commissioners and consider that standardised fee methodologies and tools to support consistent practice will be essential elements. However, standardisation cannot come at the expense of innovation or place-based responses, both of which are essential components of system wide service quality. The formal status of the framework and accountability for using it, need to be actively considered. We note that through the activities of the National Commissioning Board, and with contributions from the National Provider Forum, many of these tools are already available but their take-up and implementation by commissioners has been mixed. A primary reason for this has been insufficient funding. There are also regional examples in Wales and other parts of the UK where fee methodologies have been developed, and it would be useful to examine learning from these efforts to ensure the aim of improving quality, not simply reducing cost, can be met through this exercise. Fair funding for the social care sector is a condition for change. Quality of services and fair funding for them are interdependent. A national framework should establish a standardised approach to fee setting that meets the true cost of delivery high quality care. **Question 4a: - What parts of the commissioning cycle should be reflected in the national framework?**To identify priorities for inclusion, we have reflected on those elements of the commissioning cycle where we consider waste or duplication can be reduced, consistency is of benefit, and where common standards are required: * A transparent, well-evidenced methodology for understanding the true cost of delivering high quality care
* Defined social value outcomes, and measurement tools
* Common quality standards, underpinned by measures to understand outcomes
* Template contract terms that promote continuous improvement, innovation and person centred practice
* Unified approaches to monitoring contract compliance and service evaluation
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| **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? |
| Agree | Tend to agree☑ | Neither agree or disagree | Tend to disagree | Disagree |
| In principle, yes, but this requires more active consideration once it is clear what the framework will include and its ability to flex to adequately reflect diverse care services and to support innovative responses to meet need. We would welcome clarity on how the framework is indented to apply to the wider care and support sector, beyond regulated settings. **Question 5a- Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?**No. In order for the national commissioning framework to drive an integrated approach and unify approaches, continuing health care should be included in the framework. From a citizen perspective, it is vital that those funded by continuing health care have equitable choice and control over the provision of their care and support, including where it is provided. **Question 5b- Are there other services which should be included in the national framework?**We suggest that a starting ambition should be that all services inspected by Care Inspectorate Wales should be included. We would also welcome consideration and discussion of how this framework and the wider proposals interact with the expectations of a wider range of services outside of formal health and social care comissioning that reduce pressures on the health and social care system. As a priority, we believe this should include preventative services. It will be important that there is synergy and coherence across policy and practice frameworks to ensure we don’t simply introduce further complexity into the system and risk layering incoherent expectations on RPBs.  |

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| **Question 6**: Do you agree that the activities of some existing national groups should be consolidated through a national office? |
| Agree | Tend to agree | Neither agree or disagree ☑ | Tend to disagree | Disagree |
| We agree that a nominated body needs to develop and oversee implementation of a national framework. However, without further detail about the expected activities of a national office and its interaction with responsibilities of existing bodies, in particular Social Care Wales, it is not possible to give a definitive response as to whether a new office is required, would be better placed to drive consistency, or represents value for money. It is also not possible to conclude that the introduction of another body would help meet the white paper’s stated aim of reducing complexity, without clarity over the interaction with existing bodies and their responsibilities. Whichever body is responsible for overseeing the national framework must be independent, and able to hold respective statutory partners to account. It will also be vital that the framework is aligned with relevant regulatory standards, and does not add to incoherence across the system. **Question 6a- If so, which ones?**  |

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| **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? |
| Agree  | Tend to agree☑ | Neither agree or disagree | Tend to disagree | Disagree |
| The white paper describes pressures on the system and increasing demand for services; it also emphasises that prevention remains at the heart of the Welsh Government’s programme of change for social care; but it does not set out how increasing the capacity of RPBs is intended to bolster whole system approaches to prevention. We consider that this is a priority area of focus for development of further proposals. Housing Associations are represented on RPBs in recognition that housing plays a substantial role in contributing to people’s health and well-being. As well as being providers of regulated social care services, such as residential and nursing care, Housing Associations make a substantial contribution to meeting health, care and support needs in their broader activities. This includes the provision of good quality homes that promote people’s health and well-being; housing-related support; aids and adaptations that allow people to remain independent in their home as their needs change; and supported housing, such as Extra Care, that protects people’s independence whilst meeting care and support needs. This is an important opportunity to reflect on the full range of RPB responsibilities and the collective contributions of partners to improve outcomes for their population.We would also welcome clarity on when it is anticipated that services would be best commissioned by an RPB, and when by local authorities and health boards. At present, it is difficult to understand how this proposal will reduce complexity and enhance clarity and transparency. **Question 7a- Are there other functions that should be considered to further strengthen regional integration through RPBs?**The Homlessness Action Group report [*The framework of policies, approaches and plans needed to end homelessness in Wales (What ending homelessness in*](https://gov.wales/sites/default/files/publications/2020-03/homelessness-action-group-report-march-2020_0.pdf)[*Wales looks like)*](https://gov.wales/sites/default/files/publications/2020-03/homelessness-action-group-report-march-2020_0.pdf)recommended that:“The Welsh Government should agree an ‘ending homelessness outcomes framework’ to help co-operation between all Welsh public services, housing providers, and support providers. The framework should aim to increase homelessness prevention and adopt best practice in supporting people experiencing homelessness to access and maintain the right housing for them. The starting assumption should be to use existing strategic planning structures to deliver this at local, regional and national level but a new structure or structures might be needed”The Minister for Housing and Local Government accepted all recommendations of this report in principle, and work is being developed via the Housing Support National Advisory Board to progress these recommendations.It will be important that there is synergy and coherence across these various frameworks to ensure we don’t simply introduce further complexity into the system and risk layering incoherent expecatatons on RPBs. The commitment to update the National Well-being Indicators and to develop National Well-being Milestones, contained in the Welsh Government’s [*Future Trends, National Indicators and National Milestones - Consolidated Plan for 2021*](https://gov.wales/sites/default/files/publications/2021-02/future-trends-national-indicators-and-national-milestones-consolidated-plan-for-2021.pdf)will be a useful tool for ensuring synergy with initiatives across Government.  |

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| **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? |
| Agree | Tend to agree | Neither agree or disagree ☑ | Tend to disagree | Disagree |
| We agree that all phases of the commissioning cycle should be informed by evidence and intelligence, and that this should be an ongoing process. Crucially, it must also be transparent and accessible so that all partners can apply this intelligence to their future plans for provision. To effectively drive the desired outcomes of quality, social value, useful data should be sought at national, regional and community levels. As well as expected need, we should also ensure citizens' views on how and where they wish to receive care and support are fully considered. We consider, as we have set out earlier in our response, that all RPB partners have a contribution to make to supporting evidence-gathering and analysis and consider this an important opportunity for forging renewed partnerships between commissioners, providers and communities. It is important, however, that this does not act as another independent layer of data gathering, and that efforts are made to promote data sharing and intelligence from various bodies who already collect data on the sector including Welsh Government, regulators and commissioners. **Question 8a- Within the 5 year cycle, how can this best be achieved?**Whilst we don’t have a firm view on frequency, there is a balance to be struck between allowing time for meaningful analysis of longer-terms needs and outcomes, responding to emerging issues and not creating instability in the system by driving short-termist approaches to managing the market or procurement. We consider that RPB annual reports could be a suitable mechanism for reflecting on changes since population needs assessments and market stability reports.  |

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| **Question 9:** Do you consider that further change is needed to address the challenges highlighted in the case for change? |
| Agree ☑ | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 9a- what should these be?****Funding**Fair funding for the social care sector is a condition for positive change. The current system does not provide sufficient funding for commissioners to pay fees that would allow providers to pay the level of wages that reflect the value and outcomes of the work that care staff are delivering to citizens. The system is driven by cost, rather than the value and outcomes that social care delivers for individuals and communities. The care sector is identified as ‘foundational’ in the Welsh Government’s Economic Action Plan. It is a core industry that contributes to the individual and social well-being of its service users, workforce and wider communities. Despite this contribution, it is a sector associated with insecurity and poor terms and conditions. “A large percentage of the social care workforce is poorly paid and there is seeming undervaluation of the demanding, complex and valuable work that (predominantly female) employees within the sector perform”. (Fair Work Report, Part 7, page 62).Quality of services and fair funding for them are interdependent. A national framework should establish a standardised approach to fee setting that meets the true cost of delivery high quality care. Without addressing sustainable funding for the sector, the proposals risk creating additional instability in the system and threatening our shared ambitions to rebalance in favour of quality, outcomes and social value. **Partnerships and integration**The paper does not consider or engage with the potential contribution of or impact on other RPB partners, and this risks missing a substantial opportunity to forge renewed partnerships, innovate to develop new models of providing care closer to home, and enhance seamless integration between services. In addition to providing high-quality affordable homes, Housing Associations bridge the gap between sectors and respond holistically to their communities by providing support people to maintain their independence and personal well-being for as long as possible either in their own homes, provision of accessible, supported housing which promotes independence or and through provision of registered care such as supported living, domiciliary care and care homes. The experience of Covid-19 has laid bare the artificial divisions we collectively erect between parts of the care and support system, depending on how they are funded or regulated. The results is often an adverse impact on service-users’ well-being, choice or control, as a direct result of the complexity and artificial barriers created that individuals need to navigate. We share Welsh Government’s ambition that care and support should be seamless, without artificial barriers between public services. Housing Associations are keen that any reforms to RPBs are used as an opportunity to enhance integration and joint working between partners and sectors that positively benefit the citizens and communities we collectively serve. **Social value** We warmly welcome the white paper’s commitment to rebalance the sector towards social value. As independent not-for-profit businesses rooted in communities, Housing Associations are committed to delivering wider social value to meet their social purpose across all their services. As well as through provision of services, Housing Associations are significant local employers and economic actors who create social value in the local workforce and economy. Housing associations spend 85p in every pound in Wales, and have ambitions to increase this to 90p in the pound by the end of the Senedd term. For every [1 person employed full time by a housing association, another 1.5 good quality jobs are supported elsewhere in the economy](https://chcymru.org.uk/uploads/general/2018_Economic_Impact_of_Welsh_HA_sector_Report_FINAL.pdf)Social value is a term open to interpretation and debate, and as the paper acknowledges has “come to be used as short-hand for organisations referenced in section 16 of Part 2 of the Act”. Our view is that social value is best determined by the outcomes delivered to communities, rather than the mechanism, and consider that clarity on these shared outcomes and a consistent approach to measuring them would be a more fruitful area of focus for reducing complexity, as it would support transparent, constructive conversations between providers and commissioners. We would welcome the opportunity to more detailed work to develop a shared understanding of these outcomes to inform a national commissioning framework. **Cultural change**The white paper focuses on structural and process change to strengthen the impact of RPBs. Our members have reflected that whilst can contribute to greater integration and partnership, cultural change and leadership are likely to play as great a role in deepening partnerships. A recommendation to this effect was also made in the [Review of Strategic Partnerships](https://gov.wales/sites/default/files/publications/2020-07/final-report.pdf) which conculded “All strategic partnerships should commit to, and invest in, board development and the development of collaborative cultures throughout the constituent organisations”. Strong leadership and vision will be needed to transform the system into one that truly collaborates in the interests of the citizens and communities it services. Active consideration should be given to the associated cultural changes needed to realise the vision set out in the white paper.  |

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| **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? |
| Agree | Tend to agree | Neither agree or disagree | Tend to disagree | Disagree |
| **Question 10a- Are there any particular or additional costs associated with the proposals you wish to raise?**Without understanding the detail of proposals, it is difficult to answer this question. However, we urge that scarce resource is not diverted from front-line services in the creation of any new bodies and that on spend associated with these administrative reforms should be minimal.  |

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| **Welsh language****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? Responding effectively to the need for Welsh language and bilingual services will require all partners to play their full part. We reiterate here points made earlier in our submission that: * the evidence and intelligence gathering, and analysis of needs data should be transparent and accessible so that all partners can apply this intelligence to their future plans for provision. Failure to deliver this risks adversely affecting services ability to respond to local need
* all RPB partners have a contribution to make to supporting evidence-gathering and analysis and we consider this an important opportunity for forging renewed partnerships between commissioners, providers and communities.
* the number of providers cannot be reasonably interpreted as a driver of complexity in the same way, without active consideration of the outcomes they deliver for the people and communities they serve. In a system orientated towards social value this may well also be a feature of a community-based, innovative and responsive social care sector that responds to local need and positively benefits local people and places.
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| **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, andno adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.  Please see our response to question 11 |

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| **This box is provided for any other comment(s) you wish to make about the proposal to develop new legislation. Please enter here:**There are a number of policy proposals in development across Welsh Government directorates that may impact on the proposals in this paper, and it is unclear if and how these have been considered. It would be useful to consider interactions with other initiatives including: * Proposals for the potential role of RPBs made in the Homelessness Action Group reports, accepted in principle by the Minister for Housing and Local Government
* The introduction of the socio-economic duty on public bodies
* Corporate Joint Committees
* The Welsh Government’s Economic plan, which recognises the social care sector as a foundational sector
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| Responses to consultations are likely to be made public, on the internet or in a report.  If you would prefer your response to remain anonymous, please tick here:☐ |