

	The Welsh NHS Confederation's response to the Welsh Government's consultation on the <i>Rebalancing Care and Support</i> White Paper.
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Introduction and context

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Welsh Government's consultation on the *Rebalancing Care and Support* White Paper ('the White Paper').
2. The Welsh NHS Confederation represents all the organisations that make up the NHS in Wales: the seven Local Health Boards, three NHS Trusts and Health Education and Improvement Wales (HEIW). We also host NHS Wales Employers.
3. The purpose of this response is to set out some high-level, overarching comments about the White Paper's proposals. More detailed comments about the ways in which the proposals set out in the White Paper would likely impact the relationships between NHS Wales organisations and the social care sector in Wales will be provided in Health Boards' and Trusts' organisational responses to the consultation. The intention here is comment on the White Paper's proposals from a strategic, national perspective.
4. NHS Wales organisations recognise that achieving the aims of *A Healthier Wales* is an iterative process and the White Paper provides opportunity for engaging in constructive discussion about advancing the goals of integrated health and social care.
5. NHS Wales organisations recognise also that 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 acknowledged that there are a number of key areas for improvement.
6. The first of these relates to national commissioning and market stability. The social care sector is fragile and this can make the sector vulnerable to external pressures and risks. A significant proportion of providers within the sector are independent providers that operate a business model. However, such providers

are also involved in public sector commissioning and funding processes, leading to complex governance and accountability models. Moreover, developments in recent years have meant commissioning has become increasingly activity-based. This leads to inflexibility and where the lowest-priced provider has an advantage. Such a market-based approach does not focus sufficiently on purpose or the aims of commissioning person-centred care.

7. 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. It is noticeable that no definition of 'integrated services' is provided in the White Paper.
8. It is noted also that the White Paper has been published to mark ten years since the publication of '*A Framework to Action*', which responded to the original review of social services in Wales. The framework proposed that system-wide integration be the mechanism to achieve improved care and support and accelerate progress in areas where a 'step-change' in the pace of improvement is needed, particularly around commissioning and market management.
9. In the Autumn of 2020, the Welsh NHS Confederation established a small working group to liaise closely with Welsh Government officials and ensure that the views of the NHS leadership were reflected in the White Paper. This working group comprised the Chairs of the NHS Wales Chairs Peer Group; the NHS Wales Vice Chairs Peer Group; the former Chair of the Chief Executive Management Team (CEMT) and the Director of the Welsh NHS Confederation. While the NHS leadership in Wales welcomes the White Paper's proposal to refocus the fundamentals of the care market away from price and towards quality and value, it is felt that some of the White Paper's proposals, in their current form, do not set out robust solutions to the strategic challenges that face the social care sector in Wales. Furthermore, it is felt that the proposals do not meaningfully articulate how service user outcomes would be improved if they were implemented. It is recognised from discussions with Welsh Government officials that the White Paper proposes initial actions that will be further built upon in future.
10. This response will provide some general comments in relation to the White Paper and the proposals as they relate to the interface between health and social care in Wales. Following this, the response will comment on the three key parts of the White Paper in turn: the proposal to establish a National Office for Social Care; the proposal to establish a national framework that focuses on quality; and the proposal to establish RPBs as corporate legal entities.

General comments

11. Firstly, NHS leaders are supportive in principle of the White Paper's proposal to establish a National Framework. There is agreement that a national approach would be a lever for improving integration between health and social care services and delivering improved outcomes for patients. NHS Wales leaders acknowledge also that the Welsh Government has recognised the need to drive more resource into this sector to achieve a sustainable social care market. 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. NHS leaders believe that rather than introducing a new body, there is a need to dovetail existing frameworks and approaches and build on improvements through integrated policy, integrated planning and integrated place-based commissioning. To do this, we would support targeted efforts to achieve greater alignment in relation to funding streams and commissioning arrangements. It is felt that these improvements would be more effective levers for achieving improved practice and better outcomes compared to the proposal to establish new layers into the system.
12. Secondly, while there is considerable discussion of how NHS Wales organisations feature in the White Paper's proposals, only limited focus is given to considering 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. NHS Wales organisations are committed to working with Welsh Government officials on this as work develops.
13. Thirdly, we think the scope of the services mentioned in the White Paper 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, reablement services, mental health services and community connectors/social prescribing services. This raises a number of significant challenges in relation to both value and complexity and would signify a potential 'outsourcing' of core planning and commissioning responsibilities from Health Boards. Again, we feel greater clarity is needed here and our members would welcome the opportunity to engage in further discussions to shape developments as they progress.
14. Fourthly, we consider the White Paper places too great a focus on addressing commissioning and structural challenges with too little emphasis on how the proposed changes will positively impact service user outcomes. There is a need for greater clarity around how the proposals set out in the White Paper will deliver the improvements we all want to see.
15. Fifthly, given 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. This brings with it the potential consequence of moving away from place-based models and building different silos into different parts of the system - for example, the role of clusters and place-based models of care, integration with mental health services and community therapy/reablement services. Moving services in the way the White Paper proposes would also mean altering some staff roles which risks limiting delivery in the early months while the focus shifts to creating and populating organisational structures.

16. Finally, the drivers for structural change are seemingly complex. The White Paper cites two reports as key: the [KPMG report on pooled budgets](#); and the [HIW/CIW report on care of older people](#) which indicated that little progress has been made on pooling resources for care homes for adults. 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. Further work is required to set out how the proposals set out in the White Paper will resolve these challenges.

The proposal to establish a National Office for Social Care

17. The NHS leadership in Wales recognises that there has long been a drive to support improvement in the planning and commissioning of adult social services in Wales. It is recognised also that the Children's Commissioning Consortium was developed in 2006 and this has since evolved into a national unit with the capacity to set national frameworks, fee methodologies and organise a more consistent approach across Local Authorities in Wales.
18. The proposals in the White Paper mirror this landscape with the proposal to establish a National Office for Social Care. This 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; how this new Office would interact and align with the NHS Wales Executive; and how the function and purpose of the new Office would be distinguished from that of Social Care Wales, the Welsh Local Government Association and the Department of Health and Social Services.
19. Moreover, the role of the proposed National Office for Social Care will need to be explained in respect of the new proposed framework for RPBs and joint commissioning arrangements with Health Boards.

The proposal to establish a national framework that focuses on quality

20. The proposal to move away from price to a commissioning model that focuses on quality and value is a positive statement that pivots away from commissioning 'the cheapest' care. However, in addition to a focus on quality and value, our view

is that any work to develop a revised commissioning model must include consideration of levers that incentivise and drive reablement as well as high quality of services for those in need of care and support. A revised commissioning model must also be planned against the needs of area populations.

21. However, the lack of reference to the ways in which services could/will be funded is a fundamental gap in the White Paper. It is not clear why the White Paper proposes to consider funding through a separate Paying for Care Group, particularly given the central importance of the financial framework and the fragility of the social care sector. NHS Wales organisations recognise the need to create an affordable and sustainable approach to the funding of social care and considering funding as a separate strand of work risks losing the opportunity to consider a model that not only focuses on quality and value but is also robust, affordable and sustainable. Our members are committed to working closely with Welsh Government officials and local government partners to realise this vision.

The proposal to establish RPBs as corporate legal entities

22. The proposals set out in the White Paper are light on the fundamental reasons for RPBs being established as corporate legal entities. The White Paper does not explain with sufficient clarity the reasons why creating seven additional organisations is considered the most effective or appropriate way to facilitate integrated working across health and social care or simplify the landscape. The possibility of strengthening the role of RPBs needs to be considered within the context of the additional organisational and sectoral boundaries that such a proposal would entail.
23. It is important to understand what precisely is meant by 'integrated care' and its success metrics when considering the proposal for establishing RPBs as corporate legal entities. Specifically, there is a need to be clear at the national level about what this looks like and how this can be balanced with regional approaches in a way that improves outcomes for patients, recognising the variation of approach in different parts of Wales. The NHS leadership is committed to supporting regional approaches wherever possible and translating these approaches into better outcomes for patients. It is our view however that achieving this vision means working to better align funding and commissioning arrangements; improve place-based care; and clarify lines of accountability.
24. The proposal to establish RPBs as legal entities would mark a major step-change away from population-level activity under the current model towards a more operational approach to commissioning. This would require the transfer of services, staff and resources and resembles a fragmentation of existing planning and commissioning arrangements. Greater clarity is needed to explain how the functions of the proposed RPBs relate to the work underway via the National Commissioning Board which currently operates separate to RPBs. Further, the

White Paper does not set out how the proposal to move to a more operational model of commissioning will more effectively deliver improved outcomes based on population needs.

25. Such a proposal would mean a fundamental change to the governance and responsibility of Health Boards and Local Authorities as well as a potential increase in costs to the taxpayer. The NHS has managed collective commissioning approaches through mechanisms such as the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), neither of which are corporate legal entities but operate as Committees nonetheless. The National Commissioning Board has the potential to undertake the same role for partners without the need for structural change in our view.
26. 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. NHS Wales organisations have legal responsibilities and an existing approach to FNC under current structures. The White Paper is light on detail around how the proposals will impact these arrangements and those of Continuing NHS Healthcare (CHC).
27. Despite the emphasis on maximising the delivery of 'integrated services' through the proposed new mechanisms, the White Paper does not clarify the scope or expectations of what is meant by 'integrated services' or the concerns and complexities of governance and democratic accountability that would inevitably arise by retaining current structures (seven Health Boards and 22 Local Authorities) but establishing RPBs as corporate legal entities. The White Paper provides us with a valuable opportunity to consider and confirm what is meant when we seek to plan 'person-centred, integrated services'.

Further comments

28. We need to value the contribution made by the social care workforce as this is of paramount importance in helping us to provide high quality care. This has been highlighted particularly through the health and care response to the COVID-19 pandemic.
29. The recruitment and retention of skilled care workers has never been more critical given the pressure on the social care sector. However, NHS Wales organisations recognise there are challenges to address around low pay, poor progression paths and difficulties recruiting enough skilled workers with the right values. Demand for social care also continues to rise steadily, which means the case to develop more innovative ways to organise the workforce and seize the

opportunities afforded by more widespread use of digital technology has never been stronger.

30. As outlined in the [HEIW/Social Care Wales Workforce Strategy for Health and Social Care](#), developing a clear competence and capabilities framework for extended skills will support staff to have more flexible career pathways and will support organisations to have a clearer understanding of what they can expect from each level of practice. This will, in turn, allow recognition of the contribution of each staff group and improve progression paths for individuals. We also recognise the need to find better ways to reach people who would previously not have been interested in working in the sector, such as young people and those looking to return to work.

Concluding comments

31. Our members acknowledge the Welsh Government's assurances that the NHS leadership will be key partners in shaping the proposals of the White Paper as work progresses. While this response has sought to outline some key concerns from the NHS leadership about the proposals, it is acknowledged also that the White Paper brings with it a number of opportunities to reconsider the challenges around delivering integrated care and build on the good practice that is happening across Wales. Particularly since the beginning of the COVID-19 pandemic, NHS organisations across Wales have improved partnership working with the social care sector and the priority now must be to develop robust connections.
32. Partnerships based on mutual trust, respect and an agreed shared vision have a strong platform to deliver key objectives. Achieving this does not require seven new corporate legal entities. Implementing structural change brings with it inherent risks and challenges and should not be considered a substitute for organisational development.
33. The NHS leadership in Wales would like to acknowledge the central importance of the social care sector to the delivery of person-centred care to support population health and wellbeing. NHS Wales organisations are committed to working in partnership with the social care sector to achieve a sustainable, high quality system that prioritises patient outcomes above all else.