The Vale of Glamorgan Council

Healthy Living and Social Care Scrutiny Committee: 11th September, 2017

Report of the Director of Social Services

Services Fit for the Future: Quality and Governance in Health and Social Care Consultation

Purpose of the Report

 To ensure that Elected Members have an opportunity to consider the proposed consultation response from the Vale of Glamorgan Council in relation to Welsh Government's proposals to change the quality and governance arrangements in health and social care.

Recommendations

That Scrutiny Committee:

- 1. Notes the content of this report.
- 2. Considers the consultation document and the proposed response from the Vale of Glamorgan Council.
- 3. Contributes proposals for changes to the consultation response for consideration by the Director of Social Services and for subsequent approval at Cabinet.

Reason for the Recommendations

1, 2, & 3.To provide Elected Members with an opportunity to contribute to the consultation process for this key area.

Background

2. The White Paper - Services Fit for the Future seeks views on proposals covering a number of health and social care issues which may require future legislation. Welsh Government's aim of any new legislation would be to enable organisations and empower citizens. Proposals include the strengthening of Local Health Boards so they function as integrated, accountable, population-based organisations; new duties of candour and quality; areas where health and social care can act more collaboratively; and more effective inspection, regulation and capture citizens' voices.

- 3. The White Paper covers four key areas: Effective Governance; Duties to Promote Cultural Change; Person-Centred Health and Care; and Effective Citizen Voice, Coproduction and Clear Inspection.
- 4. The White Paper Consultation Document can be found at https://consultations.gov.wales/sites/default/files/consultation_doc_files/170628consultation.pdf
- 5. The proposed consultation response can be found at Appendix A.

Relevant Issues and Options

6. This consultation document outlines a number of changes to the way health and social care services could operate and be governed in the future.

Resource Implications (Financial and Employment)

- 7. The report is set within the context of:
- increasing demand for help and support;
- managing the impact of the UK Government's austerity measures on public sector finances, which means ongoing cuts to budgets for the foreseeable future; and
- efforts to focus more of our work on supporting people to remain as independent as possible.

Sustainability and Climate Change Implications

8. The need to ensure that services are sustainable in the longer-term is a key element in the priority outcomes set out in the annual report. This is consistent with the direction set by Welsh Government for delivering sustainable social services through greater emphasis on prevention and people accepting more responsibility for addressing factors which can unnecessarily increase demand for social care and health services.

Legal Implications (to Include Human Rights Implications)

- 9. The legal implication of this consultation document are not yet known. Currently this is a proposal and Welsh Government are seeking views and will then determine whether this will lead to legislative change. The Consultation Document notes that no firm decisions have been made as to the proposals and therefore the proposals may be significantly different to those set out within the Consultation Document.
- 10. There are no crime and disorder implications as a direct result of this report.

Equal Opportunities Implications (to include Welsh Language issues)

11. There are no equal opportunity implications as a direct result of this report. The White Paper Consultation document has an additional Impact Assessment which can be found at

https://consultations.gov.wales/sites/default/files/consultation_doc_files/170628impac t-assessmenten.pdf.

Corporate/Service Objectives

12. Key objectives of the Council set out in the Corporate Plan 2016-20 and addressed by this report are:

- An Inclusive and Safe Vale: Reducing Poverty and exclusion.
- An Aspirational and Culturally Vibrant Vale: Valuing culture and diversity.
- An Active and Healthy Vale: Encouraging and promoting active and healthy lifestyles,
 Safeguarding those who are vulnerable and promoting independent living.

Policy Framework and Budget

13. This is a matter for Executive decision.

Consultation (including Ward Member Consultation)

14. This report does not require Ward Member consultation.

Relevant Scrutiny Committee

15. Healthy Living and Social Care.

Background Papers

https://consultations.gov.wales/sites/default/files/consultation_doc_files/170628consultationnen.pdf

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BRO MORGANNWG

VALE of GLAMORGAN

APPENDIX 1

Healthcare Quality Division Health and Social Services Group Welsh Government Cathays Park Cardiff

Dear Sir/ Madam

Welsh Government Consultation - Services fit for the future: Quality and governance in health and social care

Thank you for the opportunity to respond to the consultation regarding proposals to improve quality and governance in health and social care. This response has been considered by the Council's Cabinet and the Healthy Living and social Care Scrutiny Committee. Our response has also been developed within the context of work being undertaken through the Regional Partnership Board and our work with the Cardiff and Vale UHB and Cardiff Council to integrate services and respond to the needs of our customers. We therefore welcome the work being undertaken by Welsh Government to ensure services are fit for the future.

In responding to the consultation we have considered the proposals set out in the following areas and have addressed each one in turn:

- Effective Governance
- Duties to Promote Cultural Change
- Person Centred Health and Care
- Effective Citizen Voice, Co-production and clear inspection

Effective Governance

In response to the proposals regarding governance we would like to pick up on a number of points.

It is important that the roles and responsibility of board members are made clear. For example if a Director of Social Services is required to sit on the board what is the purpose and value of this and is this necessary if there are robust arrangements in place for joint working through the Regional Partnership Board (RPB). Attendance at board meetings is a significant commitment and therefore in determining who needs to be involved there

must be clarity regarding the benefits and whether there are other interfaces which already enable input from relevant individuals or organisations. The expectation upon only one Director of Social Services region needs to be made explicit for the region if this remains a requirement.

Clarity is also needed regarding the role of the 'public member' and how they will be supported to engage effectively. If this role is to be meaningful then thought needs to be given to the mechanisms that will support these members, what training will be provided to enable them to effectively engage with the issues for discussion and to participate in meetings. Are there lessons that can be learnt from representation on existing boards or RPBs? It will also be necessary to consider how public members would seek the views of their communities and represent them coherently. It is important that the board is accountable and that there is challenge within the board but this must be meaningful and complement other governance arrangements e.g. citizens panels, the RPB, Public Services Board (PSB) and any stakeholder groups.

Duties to Promote Cultural Change

It is critical that when considering a duty of quality that due consideration is given to the regional work being undertaken and the partnership arrangements and duties already in place under the Well-being of Future Generations Act and the Social Services and Well-being Act. We would welcome any steps that emphasise the importance of person centred care and how this can be facilitated by closer working within the region and across Wales. This would be consistent with activities already being taken forward through the RPB and PSB and this should be reflected in any changes to the duties on local health boards/trusts to ensure that we build on the current momentum of the Area Plan and Well-being Plans and our joint commissioning arrangements. The duty of quality must be consistent across the health and social care sectors and also recognise the role of the Third sector.

We support the intention that 'We want to ensure that all health and social care organisations and providers are under similar duties to be open and transparent, because then the public will know what they should be able to expect.' We agree that this would be consistent with a more person centred system and this is something that should be progressed. However we have some reservations regarding how this might work in practice where different organisations have different policies and procedures which may hamper any joint investigations and where there are different lines of accountability for different professions.

Person-Centred Health and Care

We recognise that for customers, their family/carers and service providers the separate standards which exist for health and social care creates issues when care arrangements transfer from one organisation to another. We would therefore support the proposal to have common standards regardless of the location of care and welcome changes which enable seamless care to be provided for individuals. Any changes should lead to greater levels of

choice and control over care arrangements to be given to service users in receipt of CHC funded care for example by enabling the use of Direct Payments and other personalised approaches.

We also agree that it is far too complex for our customers when separate complaints processes are followed for health and social care. It is not acceptable that during a difficult time they have the added burden of having to follow more than one complaint processes.

We should work together to investigate complaints and it is hard to understand why two separate complaint regulations are required. If they remain separate then there will always be the potential for divergence despite any requirement to work together. A single process with a requirement for joint investigation when needed and perhaps a lead agency depending on the primary nature of the complaint could resolve this and also address some of the issues raised earlier in response to the duty of candour proposals.

This would also be reflective of the work on contracts/standards and joint commissioning that we are currently taking forward and would be a natural progression of our work on integration, again placing the needs of our customers above the workings of our organisations. We agree with the ethos of the Putting Things Right report – that a complaints process should be people centred and not service centred

Effective Citizen Voice, Co-production and Clear Inspection

The proposals set out in this section are of particular interest in terms of our work within the RPB and PSB to ensure citizens are more involved and how we make sure their involvement is meaningful for them and adds value to the work we are undertaking.

Citizens are already involved in the planning of services through our citizen's panels etc., stakeholder engagement and representation on the RPB. In our view it is important to distinguish between involving citizens in the planning and co-production of services and their involvement in assessing the quality of services. Although there is clearly a link and one may lead to the other these are distinct functions. The proposals seem to be asking citizen representatives to be able to encompass a wide remit (locally and nationally) and some of this would require specific skills, experience and capacity which go above what may be reasonably asked of a volunteer/lay person. We need to be clear what we are asking people to do, the commitment we expect from them and what we will offer in return.

In terms of the proposals around disbanding Community Health Councils (CHCs) and strengthening the citizen voice with a new organisation we have some reservations about whether the proposals will lead to more effective engagement. It is important that there is clarity about the purpose of involving citizens, at what point this is considered to be meaningful for all parties, issues around representation and accountability as highlighted earlier and how this might sit with the work already being undertaken in response to the Social Services and Well-being Act.

At present the arrangements for CHCs seem quite bureaucratic in terms of the appointments process and also their involvement in changes to health services. It is unclear from the consultation paper the value of their contribution to date in terms of holding health boards to account or in helping shape service delivery at either the local or national level. We appreciate that CHCs may find it difficult to take a more objective regional and national view but this may again be in part due to the support and training provided and it is not clear whether the new proposals will resolve this. Before a decision is made about whether to disband CHCs there needs to be a robust analysis of what may be lost and what the gains would be.

The expectations of the SSWBA already provide for citizen engagement and allow a local approach to be used. It is not clear how our local arrangements under the Act would sit with the proposals for an independent body. The key is the support and training made available to those citizens who are expected to become more involved in the shaping of services and in holding our organisations to account. We are not confident that there is a sufficient business case to support the existence of a new citizen body with such a wide remit and whether it would enhance or confuse local arrangements.

For local authorities citizen voice is also integral through the presence of Scrutiny Committee's made up of elected members with oversight of key areas such as social care. Additionally the CSSIW also include service user perspectives within their inspection work. It is important that any new body does not inadvertently denude these important areas of scrutiny and challenge.

Based on the information contained within the consultation document we find it difficult at this time to support the establishing of a national citizen's independent body. However we would echo our earlier points regarding clarity in the purpose of any engagement and ensuring that the right levels of support are in place to ensure it is meaningful.

In keeping with the move towards greater integration we would support a feasibility study regarding an amalgamation of CSSIW and HIW. A single inspection body could potentially be more efficient and bring together a range of expertise across the health and social care sector and take a more holistic view of these services and the experience of our customers. To retain the inspectorates as two separate entities seems out of kilter with the progress on integration being made elsewhere.

Although we have reservations about a new citizen voice body and its role it may be feasible for a new single Inspectorate to have a role in setting out some core standards and responsibilities and in training/supporting citizens to be effective representatives on different boards and to participate in inspections.

If you have any queries regarding our response please do not hesitate to contact me.

Yours Sincerely

Lance Carver Director of Social Services Vale of Glamorgan Council

