

SOCIAL SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	27 th May 2021
Report Subject	Rebalancing Care & Support White Paper
Cabinet Member	Cabinet Member Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

The Welsh Government were seeking Local Authority views on proposals to introduce new legislation that addresses the complexity of current local commissioning processes and refocuses priorities for the commissioning of care and support.

From the case for change, three critical areas emerge where Welsh Government believe focused action is needed to deliver system-wide improvement to secure the vision for social care:

- refocusing the fundamentals of the care market – away from price towards quality and value;
- reorientation of commissioning practices – towards managing the market and focusing on outcomes; and
- evolution of integration mechanisms – focusing on joint planning and delivery.

Through actions in these three areas, the White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so they aim to rebalance social care so that there is neither an over reliance on private sector, nor a monopoly in the other direction.

The proposals outlined in the White Paper are intended to strengthen the arrangements of the Social Care sector and improve quality of care. They are based on analysis of the weakness in the market for care and support, and limitations in current partnership structures. They aim to reduce complexity, increase sustainability and strengthen integration. The focus is on the way the system is arranged, but the clear purpose is achieving the vision for social care through improving outcomes for people who need care and support and carers who support them.

The overarching issue is whether what is proposed in the white paper will achieve the intended outcomes and it is felt that this is not the case. Further change is

needed but not the change that is being suggested in the White paper. We feel that there should be a commitment to resources rather than funding towards new structures. There is the need for major, sustainable investment in social care, from a revenue and capital perspective. Increased investment would enable some of the identified challenges to be addressed without any of the significant changes proposed. The inadequacy of the current funding model has been well known and there is a real need to invest time and resources to bring coherence to the long-term funding question and to design a system which is able to effectively meet any new and the additional demands which social care will face in the future.

The White Paper needs to be explicitly underpinned by a focus on ensuring the workforce are paid fairly and appropriately within all sectors. This will need additional funding. Lack of availability of resources and funding the true cost of quality care can often hinder service improvement. Protected funding invested into the social care market will enable innovation and quality service improvement.

The creation of a national office for care could unintentionally create more bureaucracy and cost more. It is unclear what level of responsibility and accountability RPB's would have from the White Paper. We need to consider how we keep local accountability and fulfil our statutory duties when elements of the process will be managed on a national or regional footprint.

The focus should be on how we best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements could deliver real benefits including efficiency, a focus on holistic wellbeing approach, prevention and early intervention as well as delivering outcomes. Building on this we believe that the focus needs to be on developing future models of community based care which take a whole person approach, addressing peoples physical health, mental health and social needs together.

Democratic accountability is believed to be a strength of the current system and must be retained. There remains a need for us to preserve a social care system which is led, commissioned and delivered close to local communities, enabling decisions taken about funding to be made with local people meaning that what is commissioned is what really matters to people.

Finally the paper does not consider the role of direct provision (which is not covered by commissioning) and should grow as part of Welsh Government current policy and local authority intentions/local market needs.

RECOMMENDATIONS

1	That members consider the White Paper, note the consultation response submitted from Flintshire (see appendix 1) and approve the report.
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REPORT DETAILS

1.00	REBALANCING CARE AND SUPPORT WHITE PAPER – The case for change
1.01	<p>The purpose of the paper is to examine the effectiveness of social care arrangements in the context of current and future challenges, and to develop proposals about how the system can be strengthened to achieve the vision set out in the Social Services and Well-being (Wales) Act 2014.</p> <p>At its broadest, the term care and support market refers to the context within which local authorities, the NHS or individuals purchase care and support to meet an individual's needs and help them achieve their personal well-being outcomes and providers of care and support seek to win contracts or otherwise arrange to provide care and support for those individuals. The social care market is diverse, reflecting the wide range of care and support needs and the many ways in which they may be met.</p>
1.02	<p>The Social Services and Well-being (Wales) Act 2014 is still relatively new, and its implementation, including the shift to a new way of working to support people to achieve well-being, continues to be a journey.</p> <p>The Welsh Government's evaluation of the Act findings suggest that the ethos and principles of the Act are supported and have led to real change in social care, even despite austerity, but it is still very much regarded as an ongoing process. Often progress in achieving the vision of the Act can be inconsistent.</p> <p>Care and support should build on people's strengths to support them to achieve their well-being outcomes.</p> <ul style="list-style-type: none"> • For older people this means living longer, healthier and happier lives, being able to remain active and independent, in their own homes, for as long as possible. • For adults this means being able to exercise control over their lives and participate in work and other activities that are important to them. • For children and families this means being supported to stay together, where this is in the best interests of the child.
1.03	<p>The case for change sets out important challenges facing care and support in Wales:</p> <ul style="list-style-type: none"> • Population change and increase in need • The funding challenge • The care and support market • Commissioning and complexity • Workforce sustainability • Children • Public services working together • Prevention
1.04	<p>From the case for change, Welsh Government has identified three critical areas for action, drawing on framework set out in the Well-being of Future Generations (Wales) Act 2015 and A Healthier Wales. These areas are:</p>

	<ul style="list-style-type: none"> • Refocusing the Fundamentals of the care market – away from price-orientation market structure and towards a value measure based upon service quality and overall cost • Reorientation of commissioning practices – away from task management and towards managing the market and focusing on outcomes, and social based commissioning. Establishing a common framework to enable a greater degree of joint commissioning; progressing towards a diverse provider based and rebalancing the market by supporting alternative models of care; and encouraging small providers to work together • Evolution of integrating mechanisms – simplifying joint planning and delivery by reducing barriers. Strengthening the current design of RBP functions to enable them to better facilitate integrated working.
1.05	<p>Through action in these three areas, this White Paper seeks to rebalance care and support. The White paper defines ‘rebalancing’ broadly as:</p> <ul style="list-style-type: none"> • Away from complexity, towards simplification. • Away from price, towards quality and social value. • Away from reactive commissioning, towards managing the market. • Away from task-based practice, towards an outcome-based practice. • Away from an organisational focus, towards more effective partnership. • To co-produce better outcomes with people.

2.00	PROPOSALS and CONSULTATION RESPONSE
2.01	<p>National framework for care and support</p> <p>A national framework for commissioning care and support for children and adults will be developed to rebalance the market of provision with the aim of improving quality. It aims to set fee methodologies, develop more standardised commissioning processes, and increase transparency of service performance.</p> <p>The paper suggests that Local authority commissioning functions will continue to be accountable locally however based on the proposals in the paper, in future local authorities and local health boards will exercise these functions in accordance with the national framework, ensuring the full and fair use of its methodologies.</p>
2.02	<p>Flintshire’s Response</p> <p>A National Framework will require significant cross agency agreement between statutory bodies and an acceptance from providers to agree with these principles.</p> <p>Our experience of National Frameworks in social care has at times been challenging with complications at a local level when looking at implementation. Examples include lack of appropriate placements, lack of ability to develop and integrate new providers, existing providers wanting to increase fees to the maximum framework price, responsibility and accountability for monitoring quality and our ability on a local level to work with providers to develop local services close to home.</p>

Fee methodologies at a national level don't take into account limitations at a local level with the funding formula which is currently used. This is of a particular issue for Flintshire being one of the low funded Council's in Wales. What is more important is a long term strategic reliable funding formula for social care for both children and adults and specifically for care homes. If the funding formula is underpinned by regional methodologies then that could be useful.

As well as the above, regionally care fees vary to such an extent that it is difficult to conceive how the difference might be justified by 'size and location and the resourcing of providers at the different stages of their own business cycle' it appears that historical payment levels / funding availability must play a role rather than actual cost.

Lack of availability of resources and funding the true cost of quality care can often hinder service improvement. Protected funding invested into the social care market will enable innovative and quality service improvement.

The focus should be on how we best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements could deliver real benefits including efficiency, a focus on holistic wellbeing approach, prevention and early intervention as well as delivering outcomes. There is a risk that policy and legislative drivers will again be narrowly focused on social care and the duties of local government instead of utilising the capacity across our public services.

If all services are based on a National Framework this could result in pooling of budgets, which may offer a solution to challenges faced at present, but would also still raise issues about the correct allocation of responsibility in order to ensure that partners to the pooled fund contribute the appropriate level of funds/enough funds to meet their obligations.

There is the need for major, sustainable investment in social care, from a revenue and capital perspective. Increased investment would enable some of the identified challenges to be addressed without any of the significant changes proposed. The inadequacy of the current funding model has been well known and there is a real need to invest time and resources to bring coherence to the long-term funding question and to design a system which is able to effectively meet any new and the additional demands which social care will face in the future.

Consideration needs to be given to how we achieve a workforce who are truly valued, have parity of esteem with NHS workers and are appropriately rewarded for the invaluable work that they do including remuneration and career opportunities/progression. This will need additional funding.

Improving quality of care starts at the local level due to local variation in the markets and local needs. It should build on the strength of local authorities in their role in place and community, addressing the needs of individuals and families, building resilience and focusing on wellbeing.

	<p>Local authorities commissioning services has worked very well and by allowing more local control it provides clearer accountability to deliver care services.</p> <p>There is a risk of losing very locally based providers if we move towards a large national model, small business may miss out on opportunities that are available. We would need to make processes proportionate and appropriate. We would be concerned that a National Framework would limit innovation at a local level and prevent third sector / social enterprise delivery of care and support, especially given that this is a fundamental part of the Social Services and Well-being Act.</p>
2.03	<p>A National Office for social care</p> <p>The paper proposes that a national office for social care should be established to develop the national framework. This may be either through developing a function within government, or setting up a small arms-length body of the Welsh Government. In both options, the paper proposes that governance arrangements will ensure full engagement with local authorities, health boards, the independent sector and other key partners.</p> <p>It is proposed that the national office will maintain an overview of the stability of the market for care and support, and be a basis for driving national policy initiatives. It will consolidate activity of some national fora, including the National Commissioning Board, working with Social Care Wales, the workforce regulator with responsibility for supporting service improvement in Wales.</p>
2.04	<p>Flintshire's Response</p> <p>We are not convinced there is a case for a national office due to the fantastic role of current civil service delivered at national, regional and local levels.</p> <p>It is not clear how the vision in the white paper will link in with and support local delivery and increase accountability. Local Authorities have evidenced they can be trusted to deliver and it has been necessary to respond and innovate at the local level in order to reflect the circumstances and needs of local communities.</p> <p>We are not confident that proposals being put forward will build on current strengths and may add further complexity to the social care sector. The creation of a national office for care could unintentionally create more bureaucracy and cost more. It is unclear in relation to where the Care Inspectorate Wales and Social Care Wales role would fit into a proposed, national office for social care.</p>
2.05	<p>Regional Partnership Boards (RPBs)</p> <p>RPBs will be provided with a sharper set of tools to deploy to deliver their core aims of jointly assessing and planning for population needs. This responds to external reviews, and to the feedback from RPB members about how the current configuration of these partnership arrangements can sometimes limit their ability to act collectively and decisively. Specifically, it is proposed that RPBs should be established as corporate legal entities. Re-shaped RPBs, with functions to employ staff and hold budgets, would</p>

	be expected to undertake significant joint health and care commissioning and more directive market shaping.
2.06	<p>Flintshire's Response</p> <p>It is unclear what level of responsibility and accountability RPB's would have from the White Paper. We need to consider how we keep local accountability and fulfil our statutory duties when elements of the process will be managed on a national or regional footprint.</p> <p>There is a chance formalising RPB's would add another level of bureaucracy and contribute to further complexity in the system. We need to be minded we are not setting up a new system that becomes overburdened by bureaucracy and administration, it needs to be agile and flexible to the nature of change and the continued complexities that come with all services and needs. How would this body be swift and agile in a large Region with a significant number of partners, in North Wales there would be 7 statutory partners before adding any additional structures.</p> <p>Like any partnership – the differences are made by the individuals who support and work within it.</p> <p>Further change is needed but not the change that is being suggested in the White paper. From a resources point of view, having a sustainable financial plan will make more difference and have a greater impact.</p> <p>We feel that there should be a commitment to resources currently in place rather than funding towards new structures. The White Paper needs to be explicitly underpinned by a focus on ensuring the workforce are paid fairly and appropriately within all sectors. This will need additional funding.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	<p>The Welsh Government is preparing an integrated impact assessment on the proposals outlined in this White Paper, including the social, economic, cultural and environmental effects represented in the Well-being Goals of the Well-being of Future Generations (Wales) Act 2015. A Regulatory Impact Assessment (RIA) will also be developed and this consultation is being used to gather evidence to inform that assessment.</p> <p>Annex 1 (page 37) of the consultation document includes a summary of some of the impacts of the proposed changes on people, the workforce and social care services in Wales.</p> <p>https://gov.wales/sites/default/files/consultations/2021-01/consultation-document.pdf</p>

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	The consultation period has now closed and the full response is attached in (appendix 1). Senior managers from Social Services were consulted

	with to develop this response. The summary and response was also shared with Chief Officer Team, Social Services Programme Board and Informal Cabinet prior to submission.
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5.00	APPENDICES
5.01	Appendix 1 – Council Consultation Response
5.02	Appendix 2 – WLGA Draft Response to White Paper

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	https://gov.wales/sites/default/files/consultations/2021-01/consutation-document.pdf

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Dawn Holt/Katrina Shankar Telephone: 01352 702128/01352 701469 / 07789934125 E-mail: dawn.holt@flintshire.gov.uk / katrina.shankar@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	<p>1. Care Inspectorate Wales (CIW)</p> <p>The inspectorate for Care and Social Services formally known as Care and Social Services Inspectorate Wales (CSSIW).</p> <p>2. Commissioning</p> <p>The process of specifying, securing and monitoring services to meet people's needs at a strategic level.</p> <p>3. Commissioning of Services</p> <p>Commissioning of Services – The development of service provision that includes the specifying of requirements and procurement of organisations other than the Council to deliver services.</p> <p>4. Contract Procedure Rules (CRP)</p> <p>Rules and procedures that ensure that contracts are awarded based on open and transparent competition</p> <p>5. Co-Production</p>

Co-production: An asset-based approach that enables people providing and people receiving services to share power and responsibility, and work together in equal, reciprocal and caring relationships.

6. Direct Payments (DP)

Are as payment made by a local authority social services department to an individual who has been assessed as having care and support needs who wish to arrange their own care and support services

7. North Wales Population Needs Assessment

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales Councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014

8. North Wales Regional Partnership Board (NWRPB)

North Wales Regional Partnership Board: the Board was established to meet the requirements of Part 9 of the Social Services and Well-being (Wales) Act 2014 to oversee Partnerships and Integration of Services. The North Wales Regional Partnership Board was established in April 2016 and met in shadow form until the Board became fully operational in September 2016. Flintshire is represented by the Cabinet Member for Social Services and the Chief Officer for Social Services.

9. Social Services and Wellbeing (Wales) Act 2014 (SSWA Wales)

The latest Act which is a national driver for social care service delivery and service commissioning shaping.

10. Statutory Duty

This is something the Council must do by law.

11. Wellbeing of Future Generations (Wales) Act 2015

The well-being of Future Generations Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.