

Appendix 1 - Consultation response form

**Consultation
Response Form**

Your name:

Organisation (if applicable): Flintshire County Council

email / telephone number:

Your address: Ty Dewi Sant

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- There is complexity in the social care sector however we do not believe it inhibits service improvement. Local initiatives such as our Progress for Providers Programme demonstrates the ability to develop service improvement across a range of settings. If provider’s and commissioners are willing to work together to make improvements complexity in the system doesn’t necessarily hinder progress.
- 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.
- Local authorities commissioning services has worked very well and by allowing more local control it provides clearer accountability to deliver care services.
- Complexity in the system can create complex demands upon services. A balanced approach needs to recognise these demands and processes need to be developed to avoid duplication, inter agency disagreement and all agencies must agree to the principles of funding
- Regional approaches to areas such as Escalating Concerns has been positive whilst allowing a consistent co-ordinated approach with local implementation and accountability across a range of partners.
- Regional commissioning can be more complex and time consuming due to the number of partners’ co-ordinating regionally.
- A national standard could potentially help to make things clearer and more consistent across Wales.

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- There can be an over emphasis on procurement within commissioning practices, however as an Authority we are able to overcome this by using more flexible and partnership ways of working.
- Procurement regulations can often be seen to limit the development of innovative solutions with trusted local providers including the third sector and social enterprise sector. Where long standing, positive relationships and outcomes are consistently being met we risk losing this partnership working and service development by having to go out to tender for contracts due to procurement regulations. This is often against the wishes of users and conflicts with the co-production process. We need more flexibility to work locally with trusted providers in sectors where often they are not experienced in writing complex bids and tenders and end up being at a disadvantage in the process.
- Contract Procedure Rules are often not tailored to social care and support contracts.
- When the market is limited e.g. Children's Services, often the opportunity to follow procurement best practice is limited, and as such commissioning practices focus on the specialist service required and level of needs.
- 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.
- The procurement process can often have an impact on the services that are selected, for example, some being chosen based on finances rather than quality.
- The procurement regulations often contradict choice and control.

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input checked="" type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

- No we do not agree as it is about culture and trust rather than design and structure.
- Progress is more about who (on an individual basis) is involved rather than the design and structure. Having capacity to take things forward on behalf of all partners and from a governance perspective the authority and accountability is key. Clarity on responsibilities is an essential element and the new structures could be a duplication of current structures within LA's. 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.
- It is unclear what level of responsibility and accountability RPB's would have from the White Paper.

- In North Wales there are 6 local authorities and a large Health Board and a one size fits all approach does not work for local elected member of local councils.
- If Welsh Government is looking to sharpen the role of the RPB a key role could be the population needs assessment and market stability oversight, but would not include holding budgets or undertaking a commissioning role this must remain within the gift of a the local authority .
- Like any partnership – the differences are made by the individuals who support and work within it. Flintshire takes these roles seriously in terms of regional leadership and plays a pivotal role across North Wales – an example being our portfolio member for social services in Flintshire taking on a regional role as autism champion.

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 <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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- A National Framework will require significant cross agency agreement between statutory bodies and an acceptance from providers to agree with these principles.
- Our experience of National Frameworks to date is that on paper it looks very positive however there are 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.
- 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, both children and adults and specifically for care homes. If the funding formula is underpinned by regional methodologies then that could be useful.
- Complexity will not be reduced in the first instance as it will take a great deal of unpicking of current arrangements to feed into the National Framework. Once established for a period of time this could ease.
- The creation of a national office for care could unintentionally create more bureaucracy.
- 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.
- Work to develop consistent service specifications etc. can be difficult and we have concerns regarding a one size fits all approach.

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

- It would be difficult to isolate any part of the commissioning cycle to be included in a National Framework as a stand-alone element. Wider population

needs assessments and market stability reports could form an element however other parts of the cycle require a localised approach. As an example relinquishing responsibility for certain elements of the commissioning cycle such as quality monitoring poses a risk to the Local Authority as we have a duty of care that placements are safe and of good quality. If we do not have assurance processes in place with local oversight and management we may be at risk of failing on these duties or not responding in a timely manner.

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 <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- 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.
- 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 different stages on their own business cycle;. It appears that historical payment levels/funding availability must play a role rather than the actual cost.

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

- No – there needs to be an honest and transparent dialogue about Continuing Care and Continuing Health Care which remains an unresolved area in the field of joint commissioning.
- Direct Payments – as one of the leading authorities in Direct Payment, this approach would limit our ability innovate with this service.
- There is significant work required to improve future practice, and the experiences of children and young people who require the support of Continued Healthcare Funding. There needs to be a clearer commitment and focus on an equitable solution between health and social care and this needs to be clearly articulated in the Paper.
- Pooling budgets may offer a solution to some 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.

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

- As stated above we do not think there should be a national framework.
- Current experiences when using National Frameworks have not always been positive. Local examples include information on the framework not being up to

date, providers not responding to referrals through the framework, providers requesting elevated fees due to the framework fee methodologies and concerns and issues not being dealt with appropriately. Adding further services when the existing ones are not working correctly would be a concern.

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- **No** - 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.

Question 6a- If so, which ones?

N/A

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 <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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- What legal statutory responsibilities would they be given and how does that coincide with our local liability.
- It is unclear if the RPBs would have powers to supersede Local Authority determinations in the identification of services and what budget would this constitute.
- LAs in North Wales have ensured personnel are there already to support RPBs so it could be seen as duplication and costs which are not required.
- There is a chance that this would add another level of bureaucracy and contribute to further complexity in the system.
- 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.

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

- **No**

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	<input checked="" type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Neither agree or disagree	<input type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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- We feel we should be aspiring to a live market system that will provide real time data and allow us to respond rapidly to a changing situations e.g. COVID-19. A real time system could also support providers with more opportunities.
- Any use of such demographic and population information provides a base line to developing service provision with appropriate funding.

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

- We feel a 5 year cycle is limiting and the ideal would be a live real time system.

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

Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Neither agree or disagree	<input checked="" type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
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- We need to be minded we are not setting up a new system that becomes over burdened 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.
- 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.
- Community services in North Wales are arranged on a local or sub-regional (area) basis. A focus on more regional services is more challenging for a large region. We need to retain the flexibility to deliver services that blend local, area and regional approaches.

Question 9a- what should these be?

- These need to be driven by excellent local knowledge about services and trends and patterns of need to the local area.

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 <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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- It is unclear from the white paper what the costs may be to implement its proposals. It would be beneficial to receive a fully costed document which sets any cost benefit analysis.
- We currently contribute to regional structures and it is unclear whether this will be a cost saving or whether we would need to contribute more to the new system.
- Is the expectation that certain functions within local authority would be reduced or redundant which will be used to pay for the structures?
- We feel that there should be a commitment to resources currently in place rather than funding towards new structures.

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

- The new proposals could incur infrastructure costs that could take away from the front line work.
- Is the premise that the creation of the a National Framework and delivered by the RPBs will result in cost saving outcomes, by creating a new system we are more likely to create new costs for its function and staffing and as noted in the point above is there a cost benefit analysis available.

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?

- Local Authorities are currently working towards the current Welsh Language policy, we would hope the effects would be neutral.

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.

- There would be more consistency across Wales through the use of one system.

This box is provided for any other comment(s) you wish to make about the proposal to develop new legislation. Please enter here:

- There needs to be a clearer focus on a shared partnership agenda relating to children, young people and families and how their care and support needs are met.
- 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.
- The White Paper discusses the contribution care providers can make to reducing carbon emissions. Large scale investment in carbon reduction technology will require future funding certainty so that providers are able to raise finance and borrowing.

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: