CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL
BWRDD CYMRU | WALES BOARD

Rebalancing care and support: Consultation response

The Board of Community Health Councils (the Board) is pleased to submit this consultation response on behalf of Community Health Councils (CHCs) in Wales.

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

There are 7 CHCs in Wales. Each one is made up of local volunteer members who live in the communities they serve, supported by a small team of paid staff. Each CHC:

- Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference

- Reaches out more widely to people within local communities to provide information, and to gather views and experiences of NHS services.

  CHCs use what they hear to check how services are performing overall and to make sure the NHS takes action to make things better where this is needed

- Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start

- Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

The Board of CHCs (the Board) exists to support, assist, advise and manage the performance of CHCs. It represents the collective views of CHCs across Wales.

CHCs in Wales do not have a statutory role in reflecting the views and representing the interests of people who may or do need to access social care services in Wales.

In the same way that people's individual health and care needs do not stop at organisational boundaries, neither do people's views and experiences of the health and care services they receive. So CHCs often hear what people think about their health and care services overall, and not just those provided by or funded by the NHS.

CHCs also hear through their scrutiny of the NHS about the impact of fragility or pressures in one part of the health and care system on another, e.g., delays in leaving hospital are often explained as being because of pressures in the residential care sector, etc.

More recently, CHCs have heard from people about how those working in local health and care services (NHS, local authorities, the third sector and others) have worked together increasingly effectively to meet the needs of their local communities when responding to the coronavirus pandemic.

What this has shown clearly is that when people come together from different sectors but with a common aim of meeting the individual needs of people and local communities, then this can be a powerful driver of positive outcomes, irrespective of organisational boundaries or complex operating environments.

CHCs have also heard how important it is to people that front line staff providing health and social care services are valued equally for

the important part they play in meeting people's individual health and care needs.

CHCs have used what they have heard from people across Wales about their health and care services to inform the following collective response to the consultation questions.

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

Yes, in general any system that is difficult for service users to easily access, understand and navigate is too complex.

Overly complex services run a very clear risk that the people who need care and support the most may be the least likely to be able to access the care and support they need, when they need it, where they need it and in the way they need it.

CHCs believe that service improvement cannot be delivered through service or system re-design alone. This is because it's the people who plan, design and deliver health and care services that make the most difference to service users – it is their behaviours and actions that ultimately define whether services meet people's different needs and circumstances.

CHCs think that whatever structural or system based developments are taken forward in the future, they must build upon the lessons that have been learned from the response of health and care services to the coronavirus pandemic.

In short, they must enable and not inhibit a cultural and behavioural shift that places service users and their needs and requirements (rather than organisational needs) at the heart of service development and delivery.

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

CHCs do not hold any detailed information on commissioning practices in social care services, although notes the issues identified in the consultation document.

CHCs have reported that in general, commissioning practices in the NHS indicate that local health boards hold less information on, are less focused on, and have less understanding of the quality of services - in terms of patient experience - they commission compared to those services they deliver directly.

CHCs consider it essential that any commissioning practice is driven by, and focuses on the factors that deliver positive outcomes from the viewpoint of those needing to access and use those services.

A commissioning framework that doesn't clearly establish and focus on what good looks like by defining what matters most to those needing the service is unlikely to be successful in delivering what people need from that service.

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

CHCs do not have enough detailed knowledge of the day to day operations of RPBs to determine whether their ability to deliver on their responsibilities is limited by their design and structure, or if other factors have had a bigger influence on their development and overall impact.

CHCs report a varied picture across Wales in terms of their knowledge of, and involvement with the activities of Regional Partnership Boards in their areas. This is consistent with generally low levels of public knowledge of, influence and involvement in the activities of RPBs – despite the considerable efforts of public and carer representatives involved in RPBs.

In general, CHCs report the information publicly available about the activities of RPBs is very limited. This, together with a general practice of holding meetings that are not open to the public means that CHCs have to rely on information reported by their local health boards about RPB activities.

This means CHCs are unable to proactively and directly inform and influence RPB discussions and activities on health and care matters by sharing what they have heard from people in their local communities.

CHCs are clear that if, moving forward, RPBs are to have a stronger role in the planning and commissioning of integrated health and care services then their visibility and accountability directly to the people and communities they serve needs to be significantly strengthened.

It simply won't be enough to create governance arrangements that demonstrate accountability through others. There needs to be clear requirements in place that ensure any strengthened RPB model with decision making powers operates openly and transparently. This includes meeting and accounting for its actions and decisions in public.

CHCs are disappointed that the White paper makes no mention of the role of the new Citizens Voice Body (CVB) for health and social care in Wales, and specifically its proposed relationship with a strengthened RPB model.

The Health and Social Care (Quality and Engagement)(Wales) Act clearly establishes the vital role the CVB will have in encouraging and enabling people and communities to have a strong voice in the design, development and delivery of health and social care services.

The new CVB will be the first integrated public body responsible for reflecting the views and representing the interests of people across health and social care for people living in all parts of Wales.

So CHCs think it is essential that any detailed proposals for creating RPBs on a stronger footing MUST ensure the new CVB is properly

equipped and enabled to inform and influence the plans, priorities, activities and decisions of RPBs – in the same way that it is being set up to do with NHS bodies and local authorities.

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?

CHCs agree that that a national framework that includes fee methodologies and standardised commissioning practices has the potential to reduce complexity and enable a greater focus on service quality – provided that the national framework itself focuses on the right things in the right way. This includes sufficient flexibility to respond to the different circumstances that may affect people living in different parts of Wales.

To achieve this means it will need to be developed with the active involvement of all stakeholders – including people who do or may use social care services as well as those who represent their interests.

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?

Yes. CHCs think that the national framework needs to be comprehensive if it is to have real impact in driving sustainable service improvement for people living in all parts of Wales.

Otherwise, the benefits risk being watered down, and the opportunity to create a clear and simple approach will be lost through the complexity of different approaches in different parts of Wales for commissioned services.

It will be essential however that the framework provides sufficient flexibility and is robust enough so that it is capable of meeting people's different individual needs and circumstances.

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?

See our response to Q3 above.

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?

Yes.

The events of the past year has clearly demonstrated the importance of being able to respond quickly, effectively and sustainably to real time data and information that reflects changing needs.

CHCs also consider it vital that outcome measures are comprehensive, focusing on the things that matter most to people receiving services, which invariably includes how people feel about the way their services are provided as well as any overall outcome.

The quality of the actions taken as a result of the analyses is key to making the difference needed.

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?

CHCs are not in a position to answer this question.

It will be vital that any detailed proposals developed as a result of this consultation are fully costed and made available to the public in a

clear and simple format. This should facilitate further debate and discussion on the relative benefits and costs of the proposals.

Other matters

CHCs note that an integrated impact assessment is currently being developed by the Welsh Government.

Any proposals for significant change such as these needs to clearly show why and how they will improve services for people with protected characteristics and other potentially marginalised groups, or how any potential negative impacts would be mitigated.

Given that this hasn't happened, it will be essential that any detailed proposals developed as a result of this consultation sets out clearly and comprehensively how they have been informed and influenced by a thorough assessment.

CHCs also note that this consultation itself is not written in a way that is particularly accessible to many of the people who may be most in need of social care services.

Although CHCs were pleased to see the later publication of an easy read version of the consultation, the timing of the consultation means that many people who could be impacted by the proposals may not have had the opportunity to respond.

So it's really important that this consultation is followed up with an on-going conversation with people in local communities about the case for change and the options for addressing these through more detailed proposals.

They need to be developed with people who use or may be impacted by changes in the way services are designed, planned or delivered.