Consultation response form

Consultation Response Form

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Question 1: Do you agree that complexity in the social care sector inhibits service improvement?				
Agree ☐				
Please explain your answer We tend to agree with this question as the system is extremely complex with many departments involved. Service improvement are difficult to achieve, often due to the cost implications of service commissioning. There seems to be a ‘fear of failure’ of trying new approaches to delivering social care due to budgetary constraints which inhibits new and innovative practices. The commissioning and procurement of services needs to be less bureaucratic and simplified. A less complicated system would also help a more co-productive process and enable decisions to be made sooner which in turn would also potentially save the process money in the longer term.				

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

Please explain your answer

As well as inhibiting creativity and innovating thinking, commissioning and procurement in our opinion is largely based on costs within departments and is not helped by the ever-present budgetary constraints in which services are delivered. The result is that inevitably service users are still largely expected to ‘fit in’ with services that may not fully meet their needs or desired personal outcomes. The way that commissioning takes place also inhibits the development of new services and can often impact on an individual’s independence and rights, including their legal rights as a carer.

Despite formal commitments to co-produce services, the needs of service users and carers are often overlooked due to the cost implications of developing new and innovative services or offering particular services that meet the needs of a person in line with the aspirations of the Social Services and Well-being Act. The Act has a focus on prevention, but we would argue that services are mainly commissioned or procured with little thought to services that would enable prevention in the first place. For many carers, they need help before a crisis situation, yet we often hear from carers who, for example, have had to delay or postpone medical procedures because of lack of replacement care services that meet their needs to enable them to look after their own health and well-being.

Many carers find that Direct Payments are often difficult to negotiate with their local authority, but providing Direct Payments bypasses the need for local authorities to procure services and enables individuals and carers to meet their eligible needs based on their knowledge of their own situation.

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

Agree ☐				

Please explain your answer

We agree with this statement.

Carers Wales has been holding meetings with the carer’s representatives on the RPBs for a number of years and we have fed back the concerns they have raised with us about the way the RPBs function to Welsh Government.

Despite a longstanding obligation on RPBs to embed meaningful co-production in their decision-making processes, the carers reps overwhelmingly feel they have had little input or influence on the decisions that are being made. From our conversations with them it seems that decisions are made by the strategic authorities on their own or at lower level strategic meetings where there is no carer representation. The carer representatives are generally excluded from the process of decision making in RPBs.

They have indicated to us that they have very little opportunity to contribute, question or challenge the decision-making process at Board level.

In addition, this lack of engagement with carer representatives appears to have been exacerbated by the pandemic, with many of the carer reps having felt excluded from decision-making processes at a time when significant decisions were being made during a period of crisis for many carers. It is clear that each RPB has operated very differently during the pandemic. Some of the RPBs have only met a couple of times whilst others are meeting bi-monthly via videoconference.

The RPB members at meetings have raised the following concerns with us

- Decisions are taken before the meeting and are simply tabled for sign off with very little opportunity for challenge and discussion.
- Discussion and decisions are taken at a lower level than the RPB at other strategy groups and forum meetings. Some of the reps are now, in addition to acting on the Board itself, having to also attend these lower level strategy groups and forum meetings to have input.
- The reps have fed back that there is an assumption in the Board meetings that carer reps can't operate at a strategic level and don't understand the decision-making processes.
- Papers are substantial and often are sent out with very little notice.
- There is no admin or other support available to the reps to help them undertake their important role.
- There is a lack of training for carer reps and indeed, other citizen reps.
- Considering the amount of work involved in being a representative they feel that their role should be renumerated in recognition of their expertise, the value of their contribution and to ensure that they are given an equal status to their Board counterparts.
- They feel that the consultation and co-production with citizens is poor especially in regard to the people that decisions are being made about.
- Overall, the reps have fed back that they feel their roles on Boards are tokenistic and that they are not valued.

The structure of the RPBs and the way they operate is one part of the problem. There needs to be a change in culture and far more effective mechanisms for co-production. The RPBs also need to be accountable and transparent in the way that they make decisions and more needs to be done to ensure that meetings and the decision making process is transparent and properly scrutinised.

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	Tend to agree	Neither agree or disagree ☐	Tend to disagree	Disagree

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

We struggled with this question. We do not feel that there was enough detail in the consultation document to properly evaluate the proposal.

Having said that, given that services are very much a postcode lottery across Wales depending where you live, there needs to be some sort of national framework and standards in particular to achieve less bureaucratic systems with more meaningful co-production in developing services. More work will be needed as the white paper progresses to ensure that service users and carers are given an opportunity to give their opinions.

Further work will also need to be done to ensure that there are adequate external services available to commission with service level agreements that truly meet the needs of citizens across Wales.

Current commissioning of third sector services are often short-term due to funding cycles. The sector has raised this as a problem with Welsh Government on numerous occasions. Longer term commissioning should therefore be given serious consideration within any national framework. Longer term commissioning is vital in providing certainty and accountability for citizens and service providers alike, enabling effective signposting without frequent disruption to services.

There should also be adequate scrutiny and accountability of tender processes and service delivery with a mechanism to enable decisions to be challenged.

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	Tend to agree	Neither agree or disagree ☐	Tend to disagree	Disagree

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

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

Again, we struggled to answer this question due to lack of information in the consultation document and this question, in many respects raised more questions.

1. Which national groups are being alluded to?
2. How will a national office ensure the delivery of the SSWBA?
3. Will a national office oversee complaints about service delivery?

4. Will it be another tier of bureaucracy in what is already a relatively complicated system?
5. Will a national office have a scrutiny/accountability function?
6. How would third sector and carer representatives influence the work of the proposed national office?

The entire consultation document does not give the impression that the third sector, and the services they provide, have been considered to an adequate extent.

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

Agree	Tend to agree	Neither agree or disagree ☐	Tend to disagree	Disagree

Question 6a- If so, which ones?

We struggled to answer this question due to lack of information provided in the consultation. Please refer to answers above.

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	Tend to agree	Neither agree or disagree ☐	Tend to disagree	Disagree

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

If RPBs were a corporate legal entity with specific legal duties attached to them it may assist with fulfilling their responsibilities and ensure greater accountability. However, we have concerns based on what our carer reps have told us that RPBs are not functioning as they should. A review of how they currently operate may need to take place before considering a move to making them a legal entity.

As we have expressed elsewhere in this response, we feel there is a lack of information on this proposal in the document. We therefore feel the following points require clarification.

How would the RPBs ensure their work and budget allocation with the local authorities and the third sector were open to scrutiny and accountability and how would complaints be considered?

Would there be adequate cross sector and co-productive structures in place for transparency and decision making?

Would it help strengthen meaningful co-production with citizens?

Will the third sector and contribution they make to service delivery be adequately considered?

If RPBs are established as separate legal entities, would there be any change to the status of members of the RPB Board, for example, would the Board members then be subject to an additional level of accountability?
This could be a barrier to participation but, depending on their status, could also strengthen the voice of carer representatives though enhanced status. If this change is accompanied with enhanced expectations of the level of commitment from carer representatives, this would have to be accompanied with remuneration and adequate support provided to the carer reps.

Would representatives be selected via a public appointment process?

Would the RPBs have longer funding cycles?

Will the RPBs have a function to help develop social enterprises and co-operatives which is a key function in the Act?

We welcome the commitment of the Welsh Government, and of RPBs, to give a meaningful say to RPB carer representatives. As set out previously, the reality is not matching the aspiration, ultimately leading to poorer decision making as carers services are planned and commissioned without carer input.
We welcome the commitment from the Deputy Minister for Health and Social Care in the Senedd on February 9th that establishing RPBs on a separate legal basis would present an opportunity to “strengthen” third sector and carer representation on RPBs. To achieve that aim we propose the following steps for immediate consideration:

- Decision making processes should be reviewed to ensure that meaningful decisions are actually being made at the appropriate levels in line with legislation.
- Where consequential decisions are being made at other levels of an RPB, other than the RPB board, that carer representatives are added to the membership of these additional decision making committees as well, including in commissioning bodies that feed in to the RPB.
- In recognition of the time commitment asked of carer representatives, and of the need to facilitate meaningful carer engagement to achieve co-production and better decision making, commit to remunerating carer representatives for their time, provide an appropriate level of supporting staff time to provide administrative and other support to carer representatives in RPBs and ensure carer representatives have adequate replacement care that is reimbursed to enable them to participate.

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	Tend to agree ☐	Neither agree or disagree	Tend to disagree	Disagree

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

We tend to agree with the first question as many services, due to their short-term funding, come and go. There should also be adequate monitoring of where services are needed because needs are not being met through current procurement and commissioning.

Within a five-year cycle, there should be adequate monitoring of unmet need due to lack of specific services. Services should be reviewed regularly including SLAs with third party services and amendments/contract reviews should take place if services need to be slightly altered to meet emerging needs.

The approach also seems to be a top down approach, there must also be a way that citizens, service users, communities and third sector organisations can engage with the process.

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

Agree ☐	Tend to agree	Neither agree or disagree	Tend to disagree	Disagree

Question 9a- what should these be?

We agree that further changes are needed and have made some comments in previous sections to consider.

The current system is very much a top down approach. There needs to meaningful co-production to re-focus decisions towards a bottom up approach.

More discussion is needed on what change is needed as there is not enough information in the current consultation document.

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	Tend to agree	Neither agree or disagree ☐	Tend to disagree	Disagree

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

This is a difficult question to answer owing to the lack of information in the consultation document.

Effective and meaningful co-production will indeed have associated costs. For example, many carers are unable to participate and would need to have flexible replacement care and the costs paid. It would be unfair for carers to have to pay this cost for themselves or, where eligible for services, have to use up a service entitlement to participate in a meeting. Given the low level of current carer benefits, travel and other costs would also need to be reimbursed. We further refer you to our response to question 7a where we suggested remuneration of RPB carer reps to aid their full participation in decision making.

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?

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.

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

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: ☐