

# GWYNEDD COUNCIL CABINET



## Report to a meeting of Gwynedd Council Cabinet

<b>Date of meeting:</b>	<b>9 March 2021</b>
<b>Cabinet Member:</b>	<b>Councillor Dafydd Meurig and Councillor Dilwyn Morgan</b>
<b>Contact Officer:</b>	<b>Morwena Edwards, Corporate Director</b>
<b>Title of Item:</b>	<b>Response to the Consultation on the White Paper: Rebalancing Care and Support</b>

### 1. THE DECISION SOUGHT

- 1.1. The Cabinet is requested to approve the draft response to the Consultation, and to support the Council's decision to disagree with the proposals included in the White Paper.

### 2. THE REASON FOR THE NEED FOR A DECISION

- 2.1 Welsh Government has published a White Paper on its intention to rebalance care and support in Wales, and has asked for observations on proposals to introduce new legislation to improve social care arrangements and strengthen partnership working to achieve the vision set out in the Social Services and Well-being (Wales) Act 2014 for people who need care and support, and carers who need assistance.
- 2.2 The response will be considered when developing any new legislation in this field.

### 3. INTRODUCTION

- 3.1 Welsh Government's vision is to rebalance the field of care and support in order to provide high quality social care that supports people to achieve their outcomes. The White Paper briefly defines 'rebalancing' as a series of descriptions of the change we want to see within the system.
- 3.2 The vision of the White Paper corresponds fully to the vision we are already striving to realise here in Gwynedd, and so the vision is to be welcomed, in principle.
- 3.3 These are the key proposals included in the Paper:

- To move away from a focus on money within the care market, and towards quality and value
- To commission services with the focus on outcomes
- To develop integration by reducing obstacles to joint planning and provision
- To co-produce outcomes with people
- To gain better control of the care market
- To move away from an organisational focus towards more effective partnership working

3.4 However, the proposals within the White Paper are very different to the proposals that we would support as a means of achieving this vision.

These are the key matters the White Paper proposes to change:

- To create a National Framework for commissioning children and adults' care, which would set out the methodology for fees, standard commissioning processes, and increase performance transparency
- To further improve regional planning, with joint commissioning across health and care
- To strengthen regional organisations in order to allow more integration and action between social services and its partners, to allow focus on preventative services
- An improved basis for adopting long-term policies, including improved salaries and terms and conditions for the workforce
- To reduce environmental impact by cutting direct emissions through more effective procurement
- To establish a National Office for Social Care that would gain an overview of the stability of the care market, and that would be able to drive national policies

3.5 In terms of the change to strengthen the "regional organisation", the proposal is outlined to ensure that the Regional Partnership Board has more tools at its disposal to ensure that this can be better achieved.

This is the change that is on the table:

- Establishment of Partnership Boards as legal corporate entities.
- The Boards' ability to directly employ staff
- The ability to hold their own budgets
- The Boards' ability to implement joint commissioning with health and care themselves
- To ensure clear governance arrangements for matters of joint accountability for decisions made by local authorities and health boards in terms of pooled funds and joint commissioning
- To establish and hold integrated budgets for the provision of regional integrated services
- To establish a planning and performance monitoring cycle and framework, based around the five-year cycle of data and population assessment

- The Regional Boards would be jointly audited by Care Inspectorate Wales and Healthcare Inspectorate Wales in terms of their effectiveness in working together and in partnership, pooled funds and joint commissioning.
- The Regional Boards and the Public Services Boards to continue to have 'complimentary' functions, but this does not rule out extending the function to CJs for social care.

#### 4. THE RATIONALE AND JUSTIFICATION FOR RECOMMENDING THE DECISION

- 4.1 We have concerns regarding several aspects and directions taken within this White Paper, and are not prepared to support the proposals. At first glance, as the vision is very similar to the vision that we are already striving to achieve here in Gwynedd, the Government's proposal seems to be taking us in the right direction.
- 4.2 However, having considered the content in more detail, the proposals are clearly moving us further away from our vision here in Gwynedd to integrate more locally and to focus on what matters to individuals.
- 4.3 There is also a lack of detail within the White Paper with regard to what some of these proposals actually mean, which makes it very difficult for us to form an opinion on whether the change will be a positive one for the people of Gwynedd or not.
- 4.4 As well as forming a response to the questions that have been set as part of the consultation, we propose that we also form a draft response to the Deputy Minister for Health and Social Services, which includes the following points:
- 4.4.1 First and foremost, Welsh Government is to be congratulated for the outlining of a strong vision within the White Paper. The vision itself should be welcomed and praised, as it is in keeping with the principles of the Social Services and Well-being (Wales) Act 2014, and enriches the quality of care and support. We completely agree that there is a need to focus on outcomes for the individuals as well as the quality of our support and provisions rather than money; and we also welcome the vision of keeping arrangements simple so that we can deliver effectively for our residents.
- 4.4.2 However, **we do not agree** with how it is proposed the vision should be implemented.
- 4.4.3 We truly believe that the actions proposed in the White Paper take us further from the vision outlined. Major assumptions are made with regard to our current arrangements; these are, unfortunately, often incorrect. Neither do we believe that increasing the current level of regional work and, as a result, moving the arrangements further from the local level, will solve or simplify anything. The truth is that this will add a layer of bureaucracy and complexity, and as a result, its impact on individuals locally can only be negative.

- 4.4.4 By establishing another regional body as a separate legal body, as noted in the White Paper, this would lead to a further erosion in local democracy. A body of this sort would need its own specific governance arrangements and framework which will add to the running costs and bureaucracy. It is also fair to note that this will be in addition to establishing CJs that already appear cumbersome, suggesting that a range of ad-hoc regional arrangements will exist.
- 4.4.5 In addition, there is insufficient cross reference made to the contents of A Healthier Wales, if at all. The document discusses improving the health and care system as well as working as one, doing so by local integration, as well as striving to focus on the matters behind individuals' health and well-being. And yet, the White Paper seems to ignore this and sees regionalisation as the solution to simplifying work and the sustainability of the care sector.
- 4.4.6 As a Council, we have been undertaking integrated work on a local level for some years now, with Betsi Cadwaladr University Health Board and the Third Sector. A good example of this integrated working are our community resource teams, which are referred to locally at times as our 'Alltwen project' or the 'Ffordd Gwynedd project'.

In this work, we have information and feedback that provide strong evidence that integration at a local level works in terms of how people's outcomes are improved. Our experience shows clearly that it is at this level that integration works best.

At this level, it is possible to simplify work processes and avoid obstacles, leading eventually to an improved service for the individual.

- 4.4.7 Also, the fact that services referred to in the White Paper are seen as support for purchase only is these days a traditional view of the sector.

For many years now, we have strived to include our care provisions in Gwynedd as part of the array of support individuals need, attempting to include providers in the support at a very local level. By trying to create a regional system and pooling resources at a regional level, this excellent work will be lost.

On top of the fact that this would be a considerable step backwards, these regional systems are very likely to be expensive to run and administer, and we would far prefer, as a Council, for those funds to be spent on our residents rather than cumbersome regional systems.

- 4.4.8 Although reference is made to the children field within the White Paper, we believe that the proposals are based on an understanding of the adults' field only and, once again, there is a lack of understanding that it is at a local level that the solutions and integrated working will succeed.

- 4.4.9 We do not agree that yet more regional work in the health and care field is likely to lead to the outcomes listed within the vision.

Our experience locally shows clearly that a focus on local work is what is needed, and the fact that the Health Board in the north has split into smaller sections in order to operate more effectively is very strong evidence of this.

- 4.4.10 The White Paper mentions the need for fair salaries for care providers and we fully agree with this, but there is a major shortfall in terms of noting in the paper how exactly this would be achieved.

Certainly, pooling budgets at a regional level would not achieve this, and a better understanding is needed of how the Government would ensure that Local Authorities are appropriately funded for this to happen. Much more detail is required, as well as an explanation on how these salaries would be funded.

- 4.4.11 We see no references to the Welsh language in the White Paper, which undermines the robust efforts of Welsh Government's More than Just Words strategic framework to offer services in Welsh to patients in care settings as an integral part of the care provided to them. This is a concern for us as a Council, especially when we consider the Welsh demographic of our county. Regional working could undermine much of the work that happens locally in terms of responding to the local language needs.

- 4.4.12 We have major concerns regarding several aspects within this White Paper, and are not prepared to support the proposals. At first glance, it is easy to read the vision and take for granted that the Government is moving in the right direction, but in actual fact, the detailed contents move us further from our vision here in Gwynedd to integrate on a more local level, and to be focussing on what matters to individuals.

- 4.5 We therefore ask Welsh Government to give careful consideration to our observations, and to reconsider the proposals within the White Paper.

## **5. NEXT STEPS AND TIMETABLE**

- 5.1 Gwynedd Council is asked to submit a response to the consultation by 6 April 2021.

## **6. Views of the Statutory Officers:**

### **i) The Monitoring Officer:**

As noted in the report the White Paper offers solutions which, on the one hand are welcome but with elements which give rise to some fundamental questions as to their intent an direction.

### **ii) Head of Finance:**

I agree with the authors of this 'response' report that there is danger within the White Paper's proposals for regional joint commissioning across health and care. There would be diseconomies of scale and risk of duplication of management costs with an oversized "regional organization" moving arrangements further away from the local level.

Furthermore, with regional "pooled budgets" (words which appear several times in the White Paper), there is a risk of a lack of accountability for very significant expenditure, and a likelihood of failure in financial management due to 'cost shunting'. It would be much easier to keep financial control with integrated working at a local level, so I'm convinced that enforcing regional pooled budgets would be counterproductive.