

Background

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales. It is composed of statutory Directors of Social Services, the Heads of Service and Tier Three managers who support them in delivering statutory responsibilities; a group of more than 100 social services leaders across the 22 local authorities in Wales.

The role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult and Children's Services, together with senior professionals who support vulnerable adults and children, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.

As a member-led organisation, ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence the important strategic decisions around the development of health, social care, and public service delivery, to the benefit of the people it supports and the people who work within those services.

ADSS Cymru welcomes the opportunity to respond to the Welsh Government's White Paper on Rebalancing Care and Support. In a post-COVID society, we have an opportunity to reset the sector by revisiting the key tenets and objectives set out in the Social Care and Well-being (Wales) Act 2014 and continue to deliver transformative services to the most vulnerable in our communities. Services that truly place the focus on people, not process.

The drive to deliver seamless, integrated services with the NHS in a fair and equitable way, coupled with the pressures of operating in a post pandemic environment with uncertain financial resources means that the national voice of professional leadership for social work needs is needed now more than ever.

ADSS Cymru is responding to the consultation on the Welsh Government White Paper to ensure that the voice of professional leadership in social care contributes to the thinking around the proposals in this document. The views of our members are based on their professional knowledge and judgement, as well as the real-world experience of delivering services to their respective communities.

Context

ADSS Cymru recognises the challenges we all face in delivering high quality, innovative and responsive services to those who need care and support. Our nation faces a range of challenges which impact on peoples' lives and the ability of health and care services to deliver. As an organisation we have consistently pointed to a range of issues which impact the delivery of social care across services for both children and adults, and which will now be compounded by the consequences of the pandemic and the potential state of our public finances.

Many of the challenges we face have been with us for some time. They are not new. We accept that the changes in our population profile with continue demands on children's services, a growing number of older people living longer with different needs, the public finance challenges and pressure of austerity, the fragility and nature of the care market, and the complexity of commissioning are well founded concerns and need to be addressed.

We have welcomed the significant developments in partnership working in a number of ways, whether between local authorities and local providers, regionally with neighbouring local

authorities and health boards, and nationally with/through Directors and Heads of Services supporting the development of national policy and legislation. Partnership working at its best, where trusting relationships are formed and nurtured, can lead to better outcomes, more effective and innovative services. However, done badly, it can become a hindrance and have a significant impact on the people in receipt of care and support and those who deliver those services.

ADSS Cymru acknowledges and agrees with the intended outcomes of this White Paper to secure changes which deliver a system of care which is:

- More simplified
- Based on quality and social value, and not on price
- Managed more strategically, and less reactively
- Outcome based, and not task based
- Rooted in effective partnership and integrated working, that focuses on what we can achieve for people and not organisations

We do not differ in our assessment that those outcomes are desirable, although we are not clear that there is an easily identifiable link between the case for change, the objectives and the solution as sent out in the proposed changes to commissioning and Regional Partnership Boards (RPBs). In our view there are a range of highly significant issues which Welsh Ministers should consider as part of this consultation.

We have addressed the specific questions included in the annex to this document, however, we have also set out those issues that require addressing, specifically:

1. A greater recognition that **policy approaches and objectives** to children's and adults services are different - notwithstanding the compelling evidence base for integrated approaches for families, the provision of social services differs greatly between the age groups, which different needs, service models and outcomes. This is well illustrated by the case for change in the White paper which is steeped in well understood demographic changes for adults. Ministers are encouraged to give full consideration to the range of difference when considering the final direction from the White Paper.
2. The **commissioning** arrangements are different, and whilst there are areas of commonality highlighted in our response below, there is a risk that existing progress with commissioning for children could be unhelpfully stymied. There is a concern that specific children's issues could be lost in new legislation that equally applies to children and adults but is focused predominantly upon addressing challenges in providing care to adults.
3. The importance of the **workforce** across children's and adult social care, including wellbeing, professional development, effective recruitment and retention cannot be overstated. We are very proud of our staff who selflessly and relentlessly rose to the challenge of supporting the nation's vulnerable people during the pandemic. Understandably, staff well-being, continuing to recognise the parity and support for the social care workforce, prompting social care as an exciting career choice, and a vibrant profession is chief amongst our present priorities. Equally, we must highlight that short supply of qualified and experienced social workers continues to be a real pressure point, along with financial resourcing which remain the critical issues in adult services. Each are linked and it is difficult to maintain quality services without addressing both.

The proposed appointment of Chief Social Care and Social Work Officer for Wales within the Welsh Government is a welcome step and one that ADSS Cymru has been

advocating for some time. We would argue that the role should hold a comparable status to that of the Chief Nursing Officer, with the appointment of an external, independent professional, whose expertise can articulate and support the profession of social care.

4. The question of **investment in social care** and how improvements should be sustainably financed for the services people need now and also in the future is also of significant importance. The recent announcement by the Welsh Government that there will not be additional resources for social care through our system of taxation in the near future, coupled with the potential for delivering the real living wage for social care staff, raises questions about the financial sustainability of services and the ability to deliver new models of services for the future.
5. The need for a more ambitious and **cohesive approach to the use of legislation** as a key driver for change should also be considered. We would welcome the opportunity to examine how the scope of legislation both existing and new could secure common duties across our public services to drive the shared purpose of improving outcomes for children and adults. The legislative architecture has a focus on social care, and many of the key duties are placed on those with the statutory function of securing services for people who need care and support. Having been a core part of the delivery of the requirements under the Social Services and Well-Being (Wales) Act 2014 (SSWBA) what is now clear is the missed opportunity to widen the involvement of public services across health, housing, local government, and social care to ensure a shared set of duties.

The clearest example of the impact of such a missed opportunity is the objective to reduce the number of Children Looked After (CLA) and improve family support and intervention. Developing the partnership approach to supporting families to stay together safely, preventing avoidable entries to care, and reducing escalating need within the looked after system, to safely support children to return home should be a priority for all public sector partners with an interlinked, multi-agency approach. Despite the provision of evidence, the white paper does not address the particular challenges for CLA in accessing the specialist emotional well-being services they need.

The ADSS Cymru response to the consultation questions

Q1	Do you agree that complexity in the social care sector inhibits service improvement?
	<p>We tend to disagree.</p> <p>Increasing complexity in individuals' needs and circumstances, and changing demand is a feature of our work. Peoples' needs are often responded to by multiple professionals from a number of organisations seeking to provide services which address those needs. The challenge for social care is in ensuring that at the point of delivery, the experience of those receiving care is person centred and attuned despite the perceived organisational complexity that sits behind that.</p> <p>Some complexity in the provider market is inevitable, and those relationships can also be complex. Partnership arrangements exist to help in removing complexity through a focus on shared duties which should lead to a more seamless service for the public. This is achievable if transformational legislation focuses on holding all organisations to account for their duties to people in need of care and support</p> <p>Amongst the consequences of the pandemic is that there is now greater understanding about the importance of social care to protecting the wellbeing of people and providing services to those most in need. Although the mixed economy of in house and independent as well as third sector provision is understood, one of the issues is the different way services have developed across Wales leading to different approaches, systems and practices. There is also more awareness of the fragility and complexity in the private market particularly in services for older people, and despite a significant amount of work which has been done to develop an understanding of the challenges and opportunities of rebalancing, little or no progress has been made to secure a market which is less reliant on one sector over another.</p> <p>Delivering care varies according to those for whom services are being commissioned and planned. Children's services face complexity in their design and delivery, for example, accessing the right support for CLA and their carers, the requirements around charging policy, multiple time-consuming reporting mechanisms that take many officer hours away from their work with people, and the interdependence with other parts of legislation and guidance under the SSWBA.</p>
Q2	Do you agree that commissioning practices are disproportionately focused on procurement?
	<p>We tend to disagree.</p> <p>This statement cannot apply to all those organisations across our health and social care system, nor for all services for those adults and children who need care and support. It might be the case that we see a disproportionate focus in some areas, but the environment is more complex than this.</p> <p>At a strategic level there is a danger this could become quite narrowly focused; putting fee/cost methodologies in place is not going to be transformational. There is a feeling that commissioning needs to be seen and understood at three levels, the strategic, operational and individual. We also need to understand the</p>

	<p>permissive elements of our existing and future procurement regulations and make use of them. Sometimes our limiting factor is short term budgeting and the consequential challenge around longer-term planning. Our members feel that more needs to be done to understand what we need to procure as part of the commissioning cycle.</p> <p>In children’s services, the Children’s Commissioning Consortia Cymru (4Cs) has prioritised outcomes and quality. This has been a driving force in building and maintaining the relationship with providers where we are clearer about what children need.</p> <p>At a practical level, commissioning and procurement should go hand-in-hand but we do get stuck because the process can stem innovation and delivery, especially in some areas of adult services.</p> <p>The continued challenge, regardless of how the market might change in the years ahead, is to see providers as partners and the importance of those relationships being trusted, open and honest. In children’s services, for example, we already know that our working relationships with many providers is characterised in this way. However, the priority remains the sufficient supply of suitable, proportionally priced care for children at the higher spectrum of need. The work delivered through the Regional Partnership Boards, particularly around the use of the Integrated Care Fund (ICF) has been about commissioning and developing new approaches to meeting those needs.</p>
<p>Q3</p>	<p>Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure?</p>
	<p>We neither agree nor disagree with this statement.</p> <p>There are a range of issues with the current model, not least the lack of clarity about the function of RPBs which have changed considerably since their inception. The membership is different now to the original construct and there has been ‘mission creep’ in their function. Fundamentally, any new statutory footing needs to start with an unambiguous set of functions so that partner organisations are clear that there is a strategic direction.</p> <p>ADSS Cymru is somewhat cautious that structural change will effectively improve partnership working on its own. Effective partnership working is more around an agreed shared vision, with that understanding around service delivery and opportunities that are mutually beneficial. These are the real elements that can drive change and we should not underestimate that the current model, however incomplete or imperfect, has facilitated a greater degree of partnership working in an environment where relationships could be fostered.</p> <p>There are, however, inherent weaknesses in the current model, which could be addressed, and we believe that there are questions about the functionality of the new model which would need to be addressed:</p> <ul style="list-style-type: none"> • How is a new organisation with the ability to employ staff and hold budgets to be led and by whom? Leadership is critical alongside the role of partner bodies in collaboratively deciding the priorities for their region • How are RPBs to be held to account and how does any new governance framework reflect the different partners who will be contributing to the work of the RPB?

	<ul style="list-style-type: none"> How does the operation of the RPB move further away from ‘grant management’ to planning the delivery of more integrated services?
Q4	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?
	<p>We neither agree nor disagree.</p> <p>We believe that Welsh Ministers ought to examine the impact of their proposals in children’s and adult services separately. The two areas of service delivery are quite different and any assumption that fee methodologies and standardised commissioning practices across the board will address the fundamental concern of complexity will miss a number of key points of difference.</p> <p>In children’s services we have a policy basis which is different, with a specific evidence base, which leads to a different emphasis on commissioning. For CLA, we have standardised methodologies, and we are working towards fee methodologies, all of which has seen progress. There are areas where we can secure further improvement through the national quality evaluation process for the national frameworks.</p> <p>The 4Cs has helped to drive improvements in the transparency of costs versus price in recent years, which is very different to the approach to adult fee methodologies. In children’s services the quality of service is evaluated on an ongoing basis and is outcomes focused, however, it will remain the case that funding levels will be the critical issue for us. In theory, a national framework could assist with reducing complexity and improving quality but it’s the detail of implementation and the consequences of doing so.</p> <p>One of the issues that we would be keen to explore is the extent to which Wales can build up the capacity of social value organisations where providers can only offer foster placements if they are based on a not-for-profit basis. The policy intention to drive a national commissioning framework provides an opportunity to explore this as a means of delivering greater value.</p> <p>In examining how fee methodologies can be developed we know that in adult services work was done to deliver a standardised fee methodology in North Wales, but that this process has taken a considerable period of time. The significant challenge is that the older peoples care market is generally under-funded, so whilst a consistent approach is desirable, the issue of affordability and the local authority budget position cannot be overstated. Standardisation nationally without investment is going to make a quality-based objective difficult to achieve.</p>
Q4a	What parts of the commissioning cycle should be reflected in the national framework?
	<p>Essentially, any work to improve our ability to commission or decommission a service supported by a national framework would be beneficial, if there were national tools to support the analysis and also the review parts of the cycle, for example. National developments could also include benchmarking of the performance of different services in meeting population needs.</p> <p>We would also welcome further consideration to the development of tools to boost capacity such as template contract terms that promote continuous</p>

	improvement, innovation and person-centred practice, data collection and analysis, and Wales wide market information which highlights strengths, weaknesses and opportunities.
Q5	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?
	Our view is that there are both opportunities and risks to assuming that a national framework could effectively deliver appropriately all commissioned services that are relied upon for a person's care and support plan. There are obvious examples of where it might work, in the delivery of those services which are more universal, such as domiciliary care, residential care, and supported living. However, we know that many care and support arrangements rely on more innovative and bespoke service delivery which might not fit in a national framework. We would urge Ministers to examine this point in detail before reaching a conclusion that could act against the intention of putting the individual at the centre of their care.
Q5a	Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?
	No. ADSS Cymru is supportive of the inclusion of Funded Nursing Care (FNC) in the proposals for the reconstituted RPBs. However, the greater challenge is the application of Continuing Health Care (CHC) and this should not be excluded from the proposals. If we are to deliver a more integrate planning environment for adult social care, then the application of CHC needs to be included alongside continuing care for children and young people. The existing guidance around Continuing Care for Children and Young people is yet to have delivered the kind of access to services that young people should consistently expect across Wales. Given the many and great efforts at changing this without a consistent and timely degree of success, we have reached the view that any new legislation should seek to bring about change in relation to this.
Q5b	Are there other services which should be included in the national framework?
	Given the requirement for regional population needs analysis, market stability assessments and area plans, we would wish to understand whether such a framework should incorporate all primary, community health, social care services and public health? If the agenda is one of integration, then consideration ought to be given to including those elements where social care and health meet at the point of delivery. 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. We are also concerned about the absence of driving and sustaining improvements for the social care workforce. There are examples of where local authorities have secured better terms and conditions so there could be scope for the alignment of terms and conditions for staff in a national framework. We cannot overstate the importance of our workforce and, if the pandemic has taught us anything, it is that a properly supported, resourced and motivated workforce is ever more critical not just to our recovery from this period but to the future design and delivery of innovative and responsive care.

Q6	Do you agree that the activities of some existing national groups should be consolidated through a national office?
	We tend to agree.
Question 6 a	If so, which ones?
	<p>We would welcome a further discussion about the impact on current arrangements across the health and social care system, including the work of the NHS National Collaborative Commissioning Unit and also the 4Cs which we have referenced throughout this submission. There could be benefits of bringing the existing practices together to secure improvements for both adults and children’s services that avoids duplication.</p> <p>However, there is understandably some concern that commissioning for children, young people and families could become lost in a larger all-age national function. It may be difficult but not necessarily impossible, to consolidate such a breadth of activity. This would need further detailed work to understand how this would operate in practice.</p> <p>We would also argue that an arm’s length body would be essential to build and maintain relationships with the market. That relationship, locally, regionally and nationally is critical. Partnership working will not be effective in delivering better outcomes for people if it just rests on those who are engaged in planning and commissioning. More work with our providers as partners is vital to ensure the development of trusted relationships that work to make a difference in the delivery of services.</p>
Q7	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?
	<p>We believe that the RPBs, despite some challenges in their construct, have given partners the space to collaborate, based on a sharing of values and vision for their region. Much has been gained in the use of the ICF and Transformation Fund, with significant work programmes and objectives. We must ensure that the good work that has been secured is not lost in a rush to change the RPB model.</p> <p>Establishing them as legal entities with the ability to employ staff and hold budgets does not in itself address the longer-term function that Ministers wish to see RPBs deliver. That is one of the issues which requires further consideration and clarity. A further understanding of the longer-term policy intention would also be welcome, alongside a discussion about the decision not to establish a governance model based on the Corporate Joint Committees (CJCs).</p> <p>ADSS Cymru is unclear as to the final destination of the regional working arrangements. The White Paper references the different models elsewhere in the United Kingdom, notably in Scotland and Northern Ireland and the feeling of our members is that the proposals do not feel complete, and that we will be returning to these issues again in a few years’ time.</p> <p>We also fail to understand why the current practices of staff employment and budget holding by the health boards cause a challenge for what the RPBs are currently empowered to do. In our view, staff working for the RPBs have worked professionally and supportively regardless of the employing organisation and budget priorities that have been agreed as part of the setting of plans by the</p>

	<p>RPB. Inevitably, how the money is held and who employs the staff are secondary considerations to how decisions are taken, to whom those decisions are accountable, and what difference can be secured for the public through integrated working.</p>
Q7a	<p>Are there other functions that should be considered to further strengthen regional integration through RPBs?</p>
	<p>The proposed model needs clarity, in the way that functions are to be set in statute. We would advise that Ministers are clear in legislation as to what the RPB is there to do because the current model has allowed a degree of mission creep, with the RPB becoming a vehicle that has been used by Ministers to deliver objectives beyond what was originally envisaged.</p> <p>If the RPBs are to hold money as legal entities and employ staff, there will inevitably be a new set of finance, audit, and human resource functions which will have to be discharged.</p> <p>Consideration is also needed as to the resource that would be required and how this is secured to support and deliver the new arrangements.</p>
Q8	<p>Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?</p>
	<p>We agree.</p> <p>The development of a regional footprint has utilised a population data based on the Regional Population Needs Assessments (RPNA) which are substantial pieces of work that require a significant input from partner bodies particularly public health.</p> <p>In children’s services where we are seeing the procurement of places via the 4Cs, we have been building a more detailed picture of the ongoing needs, in real time, so that gaps around unmet need is captured and filled in a more meaningful, intelligent way.</p> <p>The RPNA provides a rich source of information crucial to strategic planning, however, what is needed is more dynamic information to help shape service delivery at pace. Other sources of information are required – the user voice is critically important and probably under-utilised; constantly testing the right interventions to meet right outcomes must be woven into everything we do, as well as sharing views in a more co-productive way beyond the point of design. In achieving this we need to ensure that we capture the voice of the workforce, with staff feedback of the frontline of care being essential in understanding the real time impact of service delivery.</p> <p>If putting the citizen at the heart of everything we do, one of the core principles of the SSWBA, is to be advanced then we should examine how we are collating, analysing, and using individual perspectives on care and support to inform service delivery. There is little that is more ‘real-time’ than the view of the customer.</p> <p>One of the learning points from the pandemic has been a closer relationship with domiciliary care and residential care which has become real-time on a daily and</p>

	weekly basis. The ability to step up our activities at a time of crisis is something we should not lose.
Q8a	Within the 5-year cycle, how can this best be achieved?
Q9	Do you consider that further change is needed to address the challenges highlighted in the case for change?
	Yes
Q9a	What should these be?
	<p>As we set out in the opening section of this consultation response, there are significant issues relating to the workforce and the need to secure improvement and consistency; the delivery of high quality and sustainable services that are properly funded; and legislation that drives strategic priorities where public services share the duties to improve outcomes.</p> <p>There are challenges in delivering good quality and responsive day services. We welcome any work to further understand the picture of delivery and impact on those accessing their services. The pandemic has required us to be even more creative and we should all be clearer about what is needed as we plan for the future.</p> <p>Understanding the needs of families as a unit and how best to meet them across organisations should be an objective and one that drives creativity and innovation in partnership working. This could lead to better outcomes for families, achieving best value, and avoiding duplication. If we are to deliver seamless and more innovative, responsive models of care, this requires a whole system approach of engaging the capacity and delivery of health, housing, care and education services if we are to deliver seamless and more innovative and responsive models of care.</p> <p>Despite the commitment of Welsh Ministers and appreciating the public health imperative in responding to a pandemic, we feel that now is the ideal time to work at pace to design and deliver new models of service. The population profiles and needs continue to change but we are not seeing much by way of variation in service models.</p>
Q10	What do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities?
	<p>It is hard to envisage a national office and the reconstituting of RPBs without recognition that there will be cost implications that will need to be met. We are clear that Welsh Ministers will need to resource a national office if it is to be effective in delivering an ambitious national framework. The resource available to RPBs is based on the current grant model of ICF and Transformation funds, where part of the funding is allocated to support the work of the RPB and the staff who support our regional governance, delivery and accountability.</p> <p>We would not be supportive of a set of proposals that diverted funds from the purpose of securing integrated working and service delivery. Welsh Ministers will need to identify funds to support the new organisations to ensure their effectiveness, leadership and accountability.</p>
Q10a	Are there any particular or additional costs associated with the proposals you wish to raise?

	<p>The current model involves a cost that is not accommodated into the costs of administering the RPB or its work programme. These hidden costs, of the time spent by LHB colleagues and that of Social Services Directors and Heads of Services, are absorbed by partner bodies. In some instances, we are aware that ‘regional working’ has increased the workload of senior Social Services staff over the past 5 years where up to 45% of their time is now consumed supporting the wider regional partnership agenda.</p> <p>This is posing a significant challenge. Over the past 5 years we have also seen the role of statutory Director change with additional local authority responsibilities added to their functions. This is in response to the changing corporate centre of local government, which also impacts the time available for regional working. These are costs in time which are difficult to manage. We would therefore argue that to expect partners to merely do more in support of the inevitably expanded governance arrangements of the new RPBs is unrealistic, and this requires new thinking if the proposed changes are to work effectively.</p>
<p>Q11</p>	<p>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 favourably than English.</p> <p>What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?</p>
	<p>ADSS Cymru strongly believes that the language of choice is fundamental in terms of commissioning and service offer. There have to be positive messages around language, culture and heritage implications.</p> <p>We have been supportive of the policy intent of <i>More Than Just Words</i>, but our experience is that this has become less of a strategic priority in recent years compared to the amount of traction which was gained in its first iteration.</p> <p>One intervention nationally could be improved training initiatives and supporting tools to enhance oral communication. We know that recording language in people’s homes is a challenge – clinical recording policy vs what the client/family wants, and that we are constantly attempting to meet peoples’ rights.</p> <p>One of the challenges will be around the linking of language need to the question of fee setting, as methodologies don’t take into account the cost of providing a bilingual service and the cost of improving Welsh language skills of the workforce.</p>
<p>Q12</p>	<p>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.</p>
	<p>See answer to Q11</p>