ADSS Cymru
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

Services Fit for the Future: Quality and Governance in health and care in Wales

Contribution by ADSS Cymru

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General Comment

The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.

ADSS Cymru welcomes the opportunity to comment on the proposals contained in the Welsh Government White Paper: Services Fit for the Future, which builds on the Government's Green Paper, *Our Health, Our Health Service*, published in 2015, as well as the reforms that have been made through key pieces of Government legislation, namely the Social Service and Well-being (Wales) Act 2015, the Well-being of Future Generations (Wales) Act 2015 and the Regulation and Inspection of Social Services (Wales) Act 2016.

Given the challenges being faced by public services of an aging demographic, increase service demand, greater complexity of service user need, coupled with reduced financial resource, the increasing focus on integrated approaches is necessary and that is why it is appropriate that there is serious reflection on the issues and proposals outlined in the White Paper.

However, there are elements within some of the chapter headings as set-out that require more detail, like the merging of inspectorates for example, to allow our members the opportunity to properly analyse and examine how some of the proposals would work in practice. While the proposals in the White Paper are an opportunity for the Government to set out its strategic thinking on how it believes governance and quality can be improved, it is the detail that rests behind those proposals which is critical. There are some significant proposals set out in the White Paper, which will have a resource implication for our members in local government, both in terms of time and funding and given the increased pressures already being faced in local government, a greater level of understanding of any additional resource implications is extremely important, as well as the further benefits that might accrue in successfully implementing those proposals.

It was made evidently clear in the recent publication of the Interim Report of the Parliamentary Review into Health and Social Care that the case for further change in both sectors is required and that the evolutionary work that has already taken place in those sectors, must be aligned and harmonised as much as possible to achieve a truly integrated public service approach that Welsh citizens are asking for. Our members support the move towards a more integrated system with public services working together and that includes the enhancement of honesty, openness and transparency throughout the NHS. When we look towards what changes need to be made to support some of the proposals within the White Paper however, we are mindful of the current context and the powers and legislation that already exist, or are being planned, to ensure that we have a coherent, consistent, outcomes-based approach across all public services in Wales. Moreover, we should not lose sight of the resonance that strong community engagement and advocacy has in ensuring that the patient voice is heard and understood. If we are to truly deliver an outcomes-based approach that will

enable the improvement of service quality and governance, we cannot afford to create an inflexible system that discounts that involvement. Therefore, we believe local government has a strong function to perform in this area to prevent any local or democratic deficit.

There are already significant amounts of work being undertaken across social care which cross over some elements of the proposals. For example, the Social Services and Well-being Act already places a duty to involve people in the design and provision of services; the social care complaints process is being reviewed in light of the Act; the National Outcomes Framework for social services has been developed and is being implemented; and there are already responsibilities placed on social care workers around openness and honesty. It is essential that we neither duplicate nor disrupt work that is already happening but that we allow sufficient time to enable these new systems to bed in.

Moreover, given the full recommendations of the Parliamentary Review of Health and Social Care will not be published until the end of 2017, it is essential that those findings are properly considered before any further significant changes are made, so that any proposals support and dovetail with the future direction of health and social care services in Wales.

ADSS Cymru fully appreciates that the White Paper is the start of the discussion and the issues are open for debate and we would welcome working jointly with Welsh Government and NHS Wales, to discuss the proposals further in a bid to help inform and shape the next steps required to implement positive change in the governance and quality of health and care in Wales.

Chapter 1: Effective Governance

ADSS Cymru broadly agrees with the proposals set-out on Chapter One and support the need for the boards of both health boards and NHS trusts to share some core key principles, including delivering in partnership to deliver person-centred care and a strong governance framework, to enable the board to work effectively and meet its responsibilities. We would welcome though, further discussion on the determination of what those core principles should be. Moreover, we would also advocate that those principles should be kept to a minimum, with a need for some flexibility, to allow health boards to determine how best to meet local needs and priorities.

In terms of the board, it is important that the roles and responsibility of board members are made clear. Given the resources pressures across public service in Wales attendance at board meetings by Elected Members or Directors of Social Services for example, would be another commitment that would need to be managed. While the involvement of both Directors of Social Services and Elected Members is essential to support the work of and make appropriate links across both the NHS and local authorities, particularly around the integration of services, the determination and benefits of membership must be clear to ensure there is no duplication of effort by which input is already being obtained via other interfaces. ADSS Cymru would want to ensure that any change to board membership fits with other changes, such as the Public Services Boards (PSBs) under the Well-being of Future Generations Act and the Regional Partnership Boards (RPBs) under the Social Services and Well-being Act to ensure consistency, alignment and effective use of resources.

Chapter 2: Duties to Promote Cultural Change

It is critical that when considering a duty of quality that due consideration is given to the regional work being undertaken and the partnership arrangements and duties already in place under the Well-being of Future Generations Act and the Social Services and Well-being Act. We would welcome any steps that emphasise the importance of person-centred care and how this can be facilitated by closer working within the region and

across Wales. This would be consistent with activities already being taken forward through the RPB and PSB and this should be reflected in any changes to the duties on local health boards/trusts to ensure that we build on the current momentum of the Area Plan and Well-being Plans and our joint commissioning arrangements. The duty of quality must be consistent across the health and social care sectors and also recognise the role of the Third sector.

However, we must also be mindful that legislation on its own, is not the panacea to addressing the challenge of improving service quality. The main issue related to quality is primarily cultural, developing an ethos of honesty, openness, sincerity and empathy, which is then coupled with elements of continued professional training and development, well managed resources and improved awareness and education. In order to improve quality, any legislation needs to be supported with the promotion and adoption of best practice, ensuring more involvement of staff and most crucially that strong professional leadership is directing that positive cultural change agenda.

There are also practical implications over how feasible it will be for regulators to monitor behaviour under a regime of mandatory disclosure for serious adverse events both consistently and effectively and how regulators will enforce any prescribed sanctions for non-compliance with a disclosure.

We support the intention that *'We want to ensure that all health and social care organisations and providers are under similar duties to be open and transparent, because then the public will know what they should be able to expect.'* We agree that this would be consistent with a more person-centred system and this is something that should be progressed. However, ADSS Cymru has some reservations regarding how this might work in practice where different organisations have different policies and procedures, which may hamper any joint investigations and where there are different lines of accountability for different professions.

Chapter 3: Person-Centred Health and Care

ADSS Cymru recognises that for service users, their family/carers and service providers, the separate standards which exist for health and social care creates issues when care arrangements transfer from one organisation to another. We would therefore support the proposal to have a common set of citizen and outcomes-based standards, regardless of the location of care and welcome changes which enable integrated, seamless care to be provided for individuals. Any changes should lead to greater levels of choice and control over care arrangements.

We also agree that it is far too complex for our customers when separate complaints processes are followed for health and social care. There must be greater collaboration to investigate complaints and it is hard to understand why two separate complaint regulations are required. If they remain separate, then there will always be the potential for divergence despite any requirement to work together. A single process with a requirement for joint investigation when needed and perhaps a lead agency depending on the primary nature of the complaint could resolve this and also address some of the issues raised earlier in response to the duty of candour proposals.

However, we must be mindful that there are already significant amounts of work being undertaken across social care which cross over some elements of the proposals in the White Paper. For example, the Social Services and Well-being Act already places a duty to involve people in the design and provision of services; the social care complaints process is being reviewed in light of the Act; the National Outcomes Framework for social services has been developed and is being implemented; and there are already responsibilities placed on social care workers around openness and honesty. It is essential that we neither duplicate nor disrupt work that is already happening but that we allow sufficient time to enable these new systems to bed in.

Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection

We fully support the need for meaningful engagement with the public and communities, with the voice of the citizen a crucial element in supporting the way in which health and social care is planned and delivered – it is essential that we enable the views and concerns of patients and service users to receive maximum prominence throughout the systems that we operate.

The proposals set out in this section are of particular interest in terms of our members work within the RPB and PSB, to ensure citizens are more involved and how we make sure their involvement is meaningful for them and adds value to the work we are undertaking.

Citizens are already involved in the planning of services through our citizen's panels etc., stakeholder engagement and representation on the RPB. Therefore, ADSS Cymru believes it is important to distinguish between involving citizens in the planning and co-production of services and their involvement in assessing the quality of services. Although there is clearly a link and one may lead to the other these are distinct functions. The proposals seem to be asking citizen representatives to be able to encompass a wide remit (locally and nationally) and some of this would require specific skills, experience and capacity which go above what may be reasonably asked of a volunteer/lay person. We need to be clear what we are asking people to do, the commitment we expect from them and what we will offer in return.

In terms of the proposals around disbanding Community Health Councils (CHCs) and strengthening the citizen voice with a new national organisation, ADSS Cymru have some reservations about whether the proposals will lead to more effective engagement. It is important that there is clarity about the purpose of involving citizens, at what point this is considered to be meaningful for all parties, as well as issues around representation and accountability as highlighted earlier and how this might sit with the work already being undertaken in response to the Social Services and Well-being Act.

ADSS Cymru does believe it is right that we examine whether this model not only adequately represents patients' interests but whether it is also enacting effective outcome change. A considerable piece of work was undertaken by Professor Marcus Longley in 2012. In his report '*Moving Towards World Class? A Review of Community Health Councils in Wales'*, he identified principle concerns about many aspects of CHCs' organisation and performance, including the size and composition of the membership, variable performance, their public profile, how they fit together with all the other health bodies and the extent of their influence. He also highlighted that there we many elements of work that CHCs were conducting, like inspections that were being undertaking more comprehensively by other bodies; that element of work duplication has not changed in the past five years.

ADSS Cymru supports the need for change and believes that this is an opportunity to ensure greater democratic oversight of the NHS by improving the current framework under which CHCs operate and through locating some of the existing powers of the powers of CHCs within local government. We note that the White Paper is quiet on what will happen to some of the existing responsibilities of the CHC if they are to be replaced, in particular around their current scrutiny role.

If CHCs are to be replaced, then ADSS Cymru believe that those functions should not be centralised but rather, they should be allowed to remain at the local community level and local government could have a significant role to enable that by examining how far its scrutiny role could engage in and support the scrutiny of Local Health Boards. It could help to address the "democratic deficit" in the NHS, while simultaneously giving councils an opportunity to, more powerfully, represent the views of their communities. Elected Members would be able to voice the views of their constituents and hold relevant NHS bodies and relevant health service providers to account.

A refocusing of CHCs to represent the voice of the patient and user, while local authorities scrutinise the overall service, is a potential way forward and should be given serious consideration. Moreover, ADSS Cymru

would welcome working with Welsh Government and NHS Wales, to discuss this proposal more fully. In looking at this refocused role we need to be mindful and give careful consideration as to how this new arrangement would fit into existing arrangements in place, particularly across social care, complementing rather than duplicating effort.

In terms of the merging the functions of inspection and regulation into one single body, in keeping with the move towards greater integration, we would support a feasibility study regarding an amalgamation of CSSIW and HIW. The introduction of the Regulation and Inspection of Social Care (Wales) Act has created a clear statutory framework for CSSIW that is centred around people who need care and support and the social care workforce. There are differences in the way in which services are currently regulated across health and social care, for example services being regulated and inspected on an establishment rather than service basis, which means that it would make sense to bring the underpinning legislative framework for HIW in line with that of CSSIW. Moreover, a single inspection body could potentially be more efficient and bring together a range of expertise across the health and social care sector and take a more holistic view of these services and the experience of our service users.

However, far more detail would be required to understand the implications of the proposal. Whilst a new independent inspectorate covering both health and social care, working to common framework and standards would be easier for both service providers and users to understand, there could be potential unintended consequence of such a merger. These include the fact that the process of merging can divert resources and attention away from inspections and that integration could lead to an organisation which is too large and unwieldy with a loss or imbalance of specialist expertise.

There is an opportunity here to learn from the approaches of other countries, e.g. Northern Ireland where the two inspectorates are already combined, albeit within an environment where health and social care are more fully integrated at an organisational level. We also need to be mindful of how the inspectorates work within other settings and with other bodies such as Social Care Wales, Estyn and the Wales Audit Office and it will be important to fully consider the implications on all partners.

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