Bundle Health Board 30 March 2021

9:30am via Zoom PUBLIC session

1 MATERION AGORIADOL A LLYWODRAETHU EFFEITHIOL / OPENING BUSINESS AND EFFECTIVE GOVERNANCE

1.1 09:30 - 21.62 Sylwadau Agoriadol y Cadeirydd / Chair's Introductory Remarks - Mark Polin

1.2 09:35 - 21.63 Ymddiheuriadau am Absenoldeb / Apologies for Absence

Eifion Jones
Nicky Callow
John Cunliffe
Gill Harris - Debra Hickman attending

1.3 09:36 - 21.64 Datganiadau o Fuddiant / Declarations of Interest

3 I'W DRAFOD / FOR DISCUSSION

3.1 09:37 - 21.65 Status Report - COVID 19 Outbreak Ysbyty Gwynedd - Debra Hickman

Recommendation:
The Board is requested to note this report as a current position for Ysbyty Gwynedd detailing the current situation, preliminary learning and immediate actions including those Health Board wide.

21.65a YG Outbreak Board report final draft 8_approved by CEO.docx

21.65b Appendix 1 YG Outbreak Board report final draft.docx

21.65c Appendix 2 Nosocomial Action Plan v13.docx

21.65d Appendix 3 Investigation YG Covid Feb 21 Final TOR.docx

3.2 09:57 - 21.66 Covid-19 Pandemic Update - Chris Stockport

Recommendation:
The Board is asked to note the report and supporting presentation which will be given at the Board meeting and endorse decisions made by the Executive Incident Management Team (EIMT).

Slides to follow 29.3.21

21.66 Covid update 300321 FINAL_approved by CEO_reformatted.docx

3.3 10:12 - 21.66a 2021-22 Annual Plan in Draft - Update - Mark Wilkinson

21.66a PUBLIC SESSION Draft Plan 2021-22 update v2.docx

4 I'W BENDERFYNU / FOR DECISION

4.1 10:27 - 21.67 BCUHB Glan Clwyd Laundry Transfer - Mark Wilkinson

Recommendations:
The Health Board is asked to:
1. Approve the transfer of all identified constituent parts in relation to Finance, workforce and Logistics to allow NHS Wales Shared Services Partnership (NWSSP) to continue the running of the Glan Clwyd laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case.
2. Approve the continued occupation and use of the existing Glan Clwyd Laundry production unit subject to MOTO (Memorandum of Terms of Occupation) completion.
3. Endorse the continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the Laundry by the Health Board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above.
4. Note further transformation activity will be scheduled.
5. Note that the staged transfer will allow the NWSSP to run the service from April 2021 with a further stage to address elements in relation to asset transfers and other more complex elements.

21.67a Laundry Report FINAL2_reformatted.docx

21.67b Appendices Laundry Report.docx

4.3 10:42 - 21.68 Consultation on the Welsh Government White Paper 'Rebalancing Care and Support' : BCUHB response - Mark Wilkinson

Recommendation:
The Health Board is asked to approve the BCUHB consultation response to the Welsh Government White Paper 'Rebalancing Care and Support'.

21.68a Rebalancing Care_approved by CEO_reformatted.docx

21.68b APPENDIX 1 - Rebalancing Care and Support White Paper.pdf

21.68c Appendix 2 Rebalancing Care and Support BCUHB consultation response v2.docx

5 MATERION I GLOI / CLOSING BUSINESS

5.1 21.69 Dyddiad y Cyfarfod Nesaf / Date of Next Meeting

22.4.21 2.00pm Joint Board to Board with Community Health Council
20.5.21 9.30am BCUHB Health Board

5.2 21.70 Heb y Wasg a'r Cyhoedd / Exclusion of Press and Public

Resolution to Exclude the Press and Public - "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 30th March 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Status Report - COVID 19 Outbreak Ysbyty Gwynedd.
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mrs Gill Harris - Deputy Chief Executive / Executive Director of Nursing and Midwifery
Awdur yr Adroddiad **Report Author:**	Mrs Debra Hickman - Secondary Care Nurse Director
Craffu blaenorol: **Prior Scrutiny:**	Mrs Gill Harris - Deputy Chief Executive / Executive Director of Nursing and Midwifery
Atodiadau **Appendices:**	Appendix 1 – Self Assessment Form Appendix 2 – Nosocomial Action Plan Appendix 3 – Terms of Reference

Argymhelliad / Recommendation:

The Board is requested to note this report as a current position for Ysbyty Gwynedd detailing the current situation, preliminary learning and immediate actions including those Health Board wide.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	**X**
If this report relates to a 'strategic decision', i.e. the outcome will affect how the HEALTH BOARD fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	**N**

Sefyllfa / Situation:

A level 3 outbreak of COVID 19 was declared at Ysbyty Gwynedd on the 22nd February 2021, affecting patients and staff to date.

Cefndir / Background:

A level 1 Outbreak of COVID-19 was declared in Ysbyty Gwynedd on the 28th January 2021 in line with Health Board policy IPC 05 (see table 1). This continued until the site escalated concerns on the 22nd February, whereby 5 further wards were affected with positive cases, as further patient results were reported over the weekend of 19th February – 22nd February 2021. A level 3 outbreak

response was declared with a formal Operational Control Team (OCT) being convened on the 23rd February 2021.

Table1.

LEVEL 1 (ward level)
An outbreak in a single ward/department e.g. Varicella exposure in an immune population, Diarrhoea in one ward or isolated infection in several wards ie influenza.
LEVEL 2 (hospital level)
An outbreak extending across multiple areas of a site/hospital(s), or affecting an entire site. This will impact on Health Board operational capacity. ie influenza.
LEVEL 3 (BCUHB wide)
An outbreak affecting multiple sites across the Health Board, or which presents a significant risk to a large number of patients, staff or visitors, and/or requires significant control measures such as the closure of large numbers of wards or facilities and services, and/or threatens Health Board ability to meet its emergency or elective commitments.
Examples include nosocomial outbreaks of SARS or Pandemic Influenza.

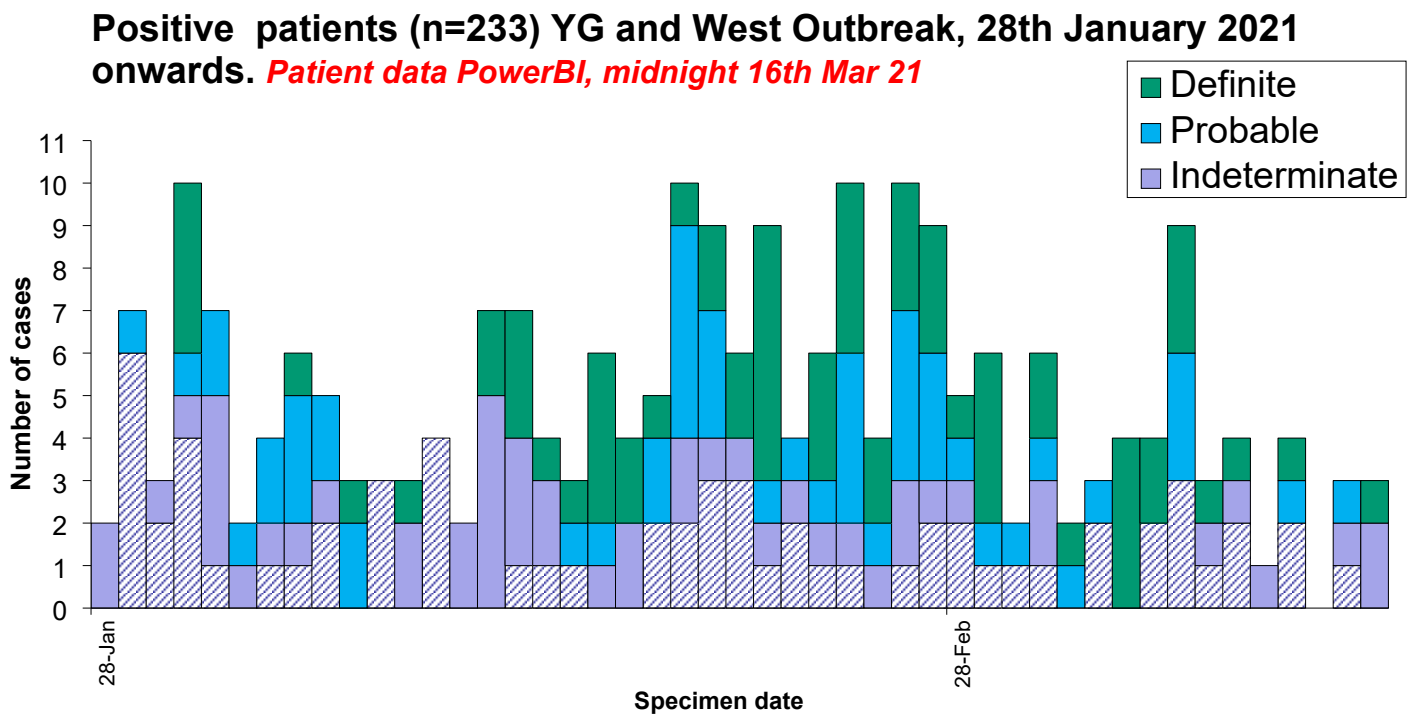
An independent review has been commissioned to review the preparedness, early management, escalation, cascade of learning from other sites pre outbreak and subsequent implementation. This review will commence imminently as terms of reference (Appendix 3) are currently being finalised by the Health Board. It is anticipated that this will take approximately 6 weeks to complete.

As part of the OCT and in conjunction with Public Health Wales colleagues, the outbreak definition was refined to include all positive case since the 28th January 2021 (epidemiology information is awaited). The cases included in the outbreak definition were then clearly defined and agreed.

Current Position of affected ward status (as of 16th March 2021):

Ward	**Date Closed**	**Date Re-opened**
Hebog (Renal)	1st Feb	11th March
Ogwen (T&O)	12th Feb	
Moelwyn (Respiratory)	19th Feb	14th March
Glaslyn (Care of the Elderly)	22nd Feb	7th March
Tryfan (Gastroenterology)	22nd Feb	To be reviewed 19 March
Tegid (Colorectal)	26th Feb	
Tudno 5th (General Surgery)	3rd March	

There has been 118 Healthcare Associated Infections (HCAI's) in 229 positive patient cases (since 28th Jan 21), 39 deaths of which 8 are HCAI definite and 6 probable cases.



Staff Summary (as of 16th March 2021)

- Cumulative figure for West outbreak wards = 33 since 28th January, 32 BCU employees.

Investigations and RIDDOR:

All patient and staff incidences relating to this outbreak have been reported via the Health Board's Datix reporting system. Each case has been subjected to an in depth review, looking at factors such as admission screening, movement within the site, contact with other patients, measures used such as Personal Protective Equipment (PPE) and staff interactions. Each case will be presented to the Corporate HCAI Panel chaired by Senior Nurse Lead for the Health Board, which is Multi-disciplinary in make up for further scrutiny and analysis of causation, learning and necessary actions.

Staff cases have also been under similar scrutiny led by Health and Safety colleagues in conjunction with Test, Track and Trace to ensure sharing of intelligence. Those identified have also been reported under 'Occupational disease' to the Health and Safety Executive (HSE) as RIDDOR reportable incidents.

Actions taken in response declared outbreak

Ysbyty Gwynedd's operational outbreak meets daily, supported by a formal OCT chaired by a Senior Health Board clinical lead alternate days. Membership includes representation from all relevant Health Board services (including workforce and health and safety), Welsh Government, Public Health Wales and staff side partners. In addition to this, the OCT provides regular updates to the Health Board and externally to communities.

The role of the OCT is to;

- Investigate the source of the outbreak, supported by epidemiological information
- Implement and have oversight of a suite of control measures in light of the investigation findings
- Consider additional support, resources or action that may be required to control and close the outbreak and stop further transmission.
- Ensure relevant communications with patients, public and staff members.

The Executive Team have undertaken a series safety walkabouts across the Ysbyty Gwynedd site to provide both leadership support and a 'fresh eyes' approach. Additional Senior Infection Prevention expertise is also being provided to the site. Strengthening of the 'meet and greet' process has been undertaken, whereby professional and courteous challenge is carried out to ensure appropriate visitation in the first instance and appropriate PPE and hand hygiene is in place.

Control Measures following Initial Learning and Key Themes

As part of the response to the outbreak a number of learning opportunities have been pursued and whilst that opportunity has not reached completion, there have been a number of key themes identified.

- Revisiting training and instruction in reference to Personal Protective Equipment (PPE donning and doffing) - PPE champions and roaming trainers in place.
- PPE, hand hygiene and social distancing audits undertaken (across day and night).
- Identification of issues related to PPE fit of FFP3 masks (the growing of facial hair or changes with weight after fit testing)
- Workplace risk assessments to identify if controls are appropriate and implemented effectively
- Social distancing management in all staff welfare areas and kitchens.
- Adequate use of and monitoring of changing facilities
- Controlling staff movement between high COVID burden and low COVID burden areas
- Access and use of Lateral Flow Testing for staff
- Enhanced PPE for patients requiring one to one nursing
- Advisory signage and information for patients on the importance of hand hygiene, social distancing and the wearing of face coverings.
- Standing Operating Procedure for the management of patients with cognitive impairments
- Health and Safety guidance for managers on the management of persons not complying with the wearing of face coverings.
- Advice given to staff reference car sharing and public transport usage
- 05/03/21 further enhanced bed spacing in areas that are risk assessed to have a higher risk analysis

A number of actions have been progressed and implemented as a result of the across site and preliminary learning that has been undertaken:

- **Non Clinical Patient Transfers**

Health Board policy in relation to patient transfers has been robustly implemented. This review involves clinical oversight. Assurance reports are provided to the OCT on a weekly basis. The internal process will continue post Outbreak and assurance will be reported through the Secondary Care Quality Group.

- **Reduction in staff movement**

A process for monitoring and reviewing staff moves to ensure that they are safe and appropriate has been introduced. Daily reviews are undertaken at service level alongside workforce colleagues and a weekly assurance report provided to the OCT.

- **Staff Testing**

A clearly defined strategy for staff testing has been launched in agreement and under the oversight of key experts of the OCT. This involves a risk based approach to testing staff based on their role and mobility across different services. Lateral Flow is in progress with confidence that all staff group will be included by end of the month.

- **Implementation of daily COVID audits for clinical areas**

These audits review a range of metrics and observations. Compliance and improvement actions are present weekly to the OCT. Day and night time audits are undertaken.

- **Implementation of standard operating procedures in relation to management of COVID positive patients and testing**

Standardised protocols have been devised and approved by the OCT. The aim of these protocols is to remove variation and provide clear guidance and direction for all team members. There is monitoring of compliance reported to the OCT.

- **Environmental reviews**

Clinically led and supported by Estates colleagues and Infection Prevention review of space on site for potential repurposing to increase isolation capacity. Work commencing Wednesday 17th March 2021 regarding segregation pods.

- **Commencement of COVID specific mortality reviews**

A mortality review process exists across the Health Board and this is not being deviated from but will be enhanced to ensure inclusion of a comprehensive review of HCAI led by the site Medical Director.

- **Individual Post Infection Reviews**

All patients with a positive test have had a rapid post infection review undertaken by the clinical team supported by the Infection Prevention Team to identify immediate learning. Findings are presented to the OCT. Executive led HCAI review meetings to commence week of the 22nd March following a detailed analysis of all cases.

- **Communications**

Communications strategy implemented to ensure all key stakeholders (patients, public and staff) are informed the latest position and key messages.

- **Control Measures Reported to Strategic Outbreak Group**
  - Staff movement
  - Patient movement/Non clinical transfers
  - Covid secure environment (enhanced bed spacing, declutter, touch point cleaning)
  - Senior Leadership Intervention (uniform, footfall)
  - Admission screening compliance (three times a week)
  - 5 day screening compliance
  - Contact screening compliance

The OCT will continue to meet with the Hospital management Team to monitor control measures and ensure actions are responsive to learning from the Post Infection Reviews until the outbreak can be deescalated. This will be based on a range of metrics and assurance demonstrating a clear transmission free period in line with Health Board policy.

Assurance continues to be monitored in East and Centre via the Hospital Management Operational OCTs, which are still in progress and continue to review compliance with regards staff and patient moves, admission screening and a range of Infection Prevention metrics such as hand hygiene, bare below the elbows and cleaning for credit scores. The Health Board has issued a self-assessment (Appendix 1) to ascertain the degree of compliance with current policy and processes across all areas; this has been requested for completion and return by the 22nd March 2021.

Next Steps

The Health Board has developed an action plan (Appendix 2) to strengthen the Infection Prevention focus across all areas, using its safe clean care programme. Areas of focus include:

- 90 day improvement programmes to embed learning and practice
- Utilisation of real-time data to inform triggers and escalation including the development of harm dashboard
- Strengthening of audit processes around Infection Prevention practices
-

The self-assessment returns will further inform the programme and as the work of the safe clean care programme completes its actions, monitoring mechanisms will be in place to support from a business as usual perspective.

To support this work, the Health Board is underpinning the programme with a behavioural science approach assisted by colleagues from Public Health Wales with the aim of a zero tolerance approach to patient harm.

The Hospital Management Team will provide assurance to the Health Board's Quality, Safety and Experience Committee (QSE), with a further detailed report upon de-escalation of the current outbreak situation in due course.

Asesiad / Assessment & Analysis

Risk Analysis

The overarching risk in relation to HCAIs and infection prevention is set out in the Board Assurance Framework (BAF) entry BAF-20-11:

- There is a risk that Health Board may not be able to deliver appropriate care to patients and they may suffer harm due to healthcare associated infection. This may be caused by a failure to put in place systems, processes and practices that would prevent avoidable infection. The impact of this may increase morbidity and mortality, increase admissions and longer length of stay, increase treatment costs, reputational damage and loss of public confidence.

This risk and associated controls are reported to QSE Committee and the main route of governance is through the Infection Prevention Sub-Group. The Major Outbreak Reporting and Control

Procedure (IPC05) is a key control and is supported by the Covid-19 Toolkit for inpatient management.

Individual risk areas that have been identified which link into the overarching BAF include:

- PPE consistent and safe use
- Social distancing and environment
- Community transmission and new variants
- Staff and patient compliance with infection prevention measures

Risks are being reviewed in the light of lessons learned, and also in response to the progress of the pandemic as community transmission patters change and new variants are being identified.

Legal and Compliance

Any specific legal implications would be recorded within the OCT documentation.

APPENDIX 1

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

Please return this completed form before:	**22 March 2021 (Monday) 10:00**	**Please return to:**	Caroline.Williams7@wales.nhs.uk
Care Giving Site/Area:			
Submission approved by: **(Hospital/Area Management Team)**	**Name:**	**Title:**	
Contact person for this submission:	**Name:**	**Title:**	
	Email:	**Mobile Phone:**	

This self-assessment is designed to baseline your current position and future aspirations against IPC standards and current best practice/National guidance; highlighting where you are and what you need to do to support future delivery. Betsi Cadwaladr Health Board will utilise this and your supporting evidence for internal and external assurance purposes and help focus our targeted support. Additionally, this self-assessment aims to identify areas for improvement and to share your good practice and learning on a wider scale. Please complete all the questions in this self-assessment, describing your service's current state 'C' and the planned future 'F' state (delete as appropriate), e.g. where you will work to be over the next three months (90 days). Gather your evidence, write a brief description. NB; 'C' and 'F' may be at the same level of readiness, as you may choose to prioritise the areas of most importance to improve over the next few weeks and months in light of this submission, as you will not be able to do everything all at once.

For support completing this form please contact sally.batley@wales.nhs.uk or graham.alexander@wales.nhs.uk

APPENDIX 1

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

Level 0	Level 1 – Evidence of:	Level 2 - Evidence of:	Level 3 - Evidence of:
• Limited understanding/engagement currently; • Risks missed/not identified; • No / limited evidence that controls are in place; • Awaiting internal/external support/help/changes; • Outbreaks are occurring; **People may not safe and are at risk of avoidable harm.**	• A little in place but not common place a lot of gaps still; • Limited controls are in place/assured; • Risks beginning to be identified and some improvement. Still rather reactive; • Incidents of harm are happening and are in the main unseen prior to occurrences; **There is an risk that people may harmed or there is limited assurance about safety.**	• Strategy in place; • Still a few gaps in controls, some evidenced assurance; • Risks identified and improvement plans in place to mitigate/eliminate, still more work required to achieve outcomes/measurable benefits; • Proactive approach; • Incidents of harm are managed and on the whole predictable, evidenced action in place when they occur **We are safe. People are protected from harm**	• Fully embedded regularly evidenced infection prevention assurance systems which deliver improved patient outcomes; • Strategy & plans constantly evolve for continuous improvement; • Lessons learnt/best practice is shared widely; service regularly evidences understanding and adoption of current best practice locally and nationally; • Risks are proactively managed and do not become issues that affect service provision and strategy/ operational delivery; • Incidents of harm are rare occurrences and when occur swiftly rectified and assured **People are protected by a strong comprehensive safety system, a focus on openness. Transparent shared learning when things go wrong**

For current position please mark your service(s) Level of Delivery Readiness column below with 'C'. For future state position (**three months from now**) please mark your service(s) Level of Delivery Readiness column below with 'F'.

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SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

	Level of Delivery Readiness *Mark 'C' = your current state. 'F' = your future state – Delete all others*				***Current State***	***Evidence***	***Future State***
	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
A. Safe Place							
1. We have fully implemented the government cohort/segregation/isolation for all clinical areas NB; High risk (red) Covid positive & patients with Covid symptoms (awaiting result), Medium risk (amber) patients awaiting screening results and patients who are contacts without symptoms. Low risk (green) covid free (no symptoms) with a negative test and no recent exposure	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
2. All our leaders and people who manage staff have read and distilled the National COVID-19 IPC guidance to their staff for action and assurance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
3. We show infection prevention leadership through our actions and communication that is visible to people, both internal and external (e.g. plan on a page in place and steering delivery, role modelling, senior walkabouts etc.)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
4. We have ceased all unnecessary patient movements. This includes wandering patient safe management as well as moving patients to different bed spaces. (NB; even with the vaccination and a negative test patients could be incubating the disease/ able to transmit)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
5. All unnecessary staff movements have ceased. (NB; even with the vaccination and a negative test staff could be incubating the disease/able to transmit)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
6. All patients are kept in the admission area or assessment area until the results of their screening is known and then moved to appropriate RAG risk areas depending on result, or if displaying symptoms	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
7. All patient beds are spaced at least 3.6m apart	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
8. All staff and patients are Covid-19 vaccinated	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
9. Safe break is embedded in all areas	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
10. Safe change is embedded in all areas	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
11. Appropriate numbers of hand basins are in all the clinical areas to facilitate regular moments of hand hygiene. NB; need to wash hands more often for at least 20 seconds and before eating	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
12. Effective surge plans are in place for an outbreak and when wards have to close. Note; so there is no rush to open a closed ward too early minimum of 15 days from last HCAI	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
13. Risks assessments have been undertaken and displayed in all settings. NB; (COVID secure X people are allowed in this area, clinical and non-clinical)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
14. Remote consultations are in place where possible to minimise risk of transmission e.g. 80% remote 20% face to face	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
15. All staff, patients and visitors are triaged for Covid-19 symptoms and	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
potential contact prior to admission and access to waiting areas							
16. All equipment/surfaces are cleaned before and after every person use and documented	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
17. All environments are cleaned regularly and at least to the RAG cleaning guidance	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
18. Visitor policy is in place and being followed. NB; Risk assessment undertaken for all visitors in the unlikely event that they need to physically attend	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
B. Safe Space							
19. All patients are treated as positive until a negative test is known	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
20. Wards and areas within wards are clearly marked with their RISK category and what people are expected to do (NB; on entry & exit)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
21. Where isolation is not an option, a system is in place and fully functional	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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for amber contacts with clear co-horting on contact dates							
22. Admission and assessment areas have walls/screens for patient isolation/segregation	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
23. Safe board and ward round (technology enabled are embedded in all clinical areas (NB; minimal footfall on wards)	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
24. Standard Infections Prevention & Control practices are adhered and assured regularly NB; patient placements (screening triage /testing); hand hygiene; mask/respirator and cough hygiene PPE; safe management of healthcare linen, safe management of blood and body fluids; safe disposal of waste including sharps; occupational safety prevention and exposure management; maintaining physical distancing	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
25. All doors which houses infectious patients are kept closed.	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

For support completing this form please contact sally.batley@wales.nhs.uk or graham.alexander@wales.nhs.uk

APPENDIX 1

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

	Level of Delivery Readiness *Mark 'C' = your current state. 'F' = your future state – Delete all others*				***Current State***	***Evidence***	***Future State***
	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
C. Safe Action							
26. All patients are screened for Covid-19 on admission	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
27. All negative patients are screened (sample, test, result) on day five, day ten and day 30 of admission	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
28. All staff are tested twice a week via lateral flow testing	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
29. We show infection prevention leadership through our actions and communication that is visible to people, both internal and external	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
30. We are assured that our infection prevention management arrangements are clear and working.	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
31. All staff remain two meters from others apart unless giving clinical care and wearing appropriate PPE	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
32. All clinical staff perm, bank, agency and students are mask fit tested before working on a red area	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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APPENDIX 1

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

	Level of Delivery Readiness *Mark 'C' = your current state. 'F' = your future state – Delete all others*				***Current State***	***Evidence***	***Future State***
	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
33. Staff are encouraged to support each other to ensure appropriate wearing of PPE	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
34. A IPC/PPE safety champion is on every shift in every clinical area to support safe behaviours	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
35. All staff have been trained in doffing, wearing, and donning of PPE	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
36. Patients are actively encouraged to wear masks, wash their hands regularly and before meals, and keep two metre physical distance supported by staff	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
37. All high risk patients are isolated or co-horted with the doors closed	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
38. Prior to discharge all patients or contacts have a risk assessment in place and are informed how to keep themselves and others safe after they leave our care	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

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APPENDIX 1

GOFAL DIOGEL GLÂN
SAFE CLEAN CARE

Safe Clean Care - Harm Free Self-Assessment - ROUND 1 – March 2021

	Level of Delivery Readiness *Mark 'C' = your current state. 'F' = your future state – Delete all others*				***Current State***	***Evidence***	***Future State***
	Level 0	*Level 1*	*Level 2*	*Level 3*	*Description of current state and existing evidence.* *e.g. A short paragraph or two describing why you have marked yourself at the level of readiness 'C'*	*Assurance document(s) e.g. minutes, audit results, external reviews, plans, graphs, heat maps etc.*	*Description of planned progression over the next 3 months (future state)* *e.g. A short paragraph/bullet points to describe 'F' include any key risks and steps to mitigate and support you require*
39. All patients who probably and did contract a health care associated infection in our care giving areas are apologised to. NB; as per the duty of candour with clear actions put in place	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•
40. A full post infection review is undertaken by the care giving area for all patient with an infection within 72 hours of positive test using the agreed template and uploaded onto datix and actions are delivered to minimise risk of future occurrences	**C/F**	**C/F**	**C/F**	**C/F**	•	•	•

For support completing this form please contact sally.batley@wales.nhs.uk or graham.alexander@wales.nhs.uk

APPENDIX 2

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Nosocomial Action Plan

Date: 23 March 2021	Version: 13	Authors: Debra Hickman/Sally Batley SRO: Gill Harris

Issue	Action	SRO	Start Date	Completion Date	Update	RAG status
Compliance with the WG 16 point plan / toolkit	Reissue intranet links / previous reports related to outbreak learning across the HB to all HMT's reaffirming Leadership and Accountability	DH Support - GA	5th March 2021	5th March 2021	Sent – receipt acknowledged	
	Issue Self-assessment to all sites based on the WG 16 point plan	SB Support - GA	12th March 2021	22nd March 2021	Completion 22nd March 2021 All received – currently being reviewed by SB to inform SRO work streams	
	Independent review of YG outbreak to have clear TOR approved by Board and reported back via QSE upon completion	CH	12th March 2021	3rd May 2021*	External reviewer identified. TOR drafted for Executive **and Board approval**. TOR finalised with independent reviewer, review underway	
	Review Intranet to ensure all current COVID guidance accessible / remove out of date documents	AL	12thMarch 2021	5th May 2021*	In progress	

	Complete revision of remaining out of date policies **and disseminate revised policies**	AL/SF	1st February 2021 (work already in progress)	30th April 2021*	Review complete, remaining policies under review. Chairs action taken where applicable for approval, some will require QSE approval	
	Strengthen Nursing compliance audits **across all sites /areas**	RC	16th March 2021	15th April 2021	commenced	
	Develop audit program for non-clinical areas **across all sites** /areas	SB/RT	Existing work – in progress Jan 2021	22nd April 2021*	Commenced C4C audits in place COVID checklists in place – review required regards consistency. Self-assessments to inform areas of focus.	
	Review current monitoring and review processes linked to IPC05 outbreak management policy – including the **Healthcare Acquired Infection panels** and OCT fora.	SB/CD	12th March 2021	2nd April 2021	Existing review completed and draft report received. TOR reviewed regards Harm review panels OCT TOR to include LA coverage and PHW LA input completed by AL	
	Strengthen IP expertise and resource – considering Office of the Medical Director and Pharmacy colleagues	AG/SB	10th March 2021	15th April 2021	Additional support provided to YG by Deputy IP lead Further external support requested via WoD	
	Develop a Board assurance framework underpinned by the WG CNO / CMO 16pt plan	SB/DH	10th March 2021	9th April 2021	Working Example received. Discussed via IPSG 23/3/21	
	Ensure clear mechanisms for inclusion of Test Trace Protect learning is formally reported via OCT's /	TO	22nd February 2021	28th March 2021	TTP to be added to the TOR for OCT	

	IPSG and is included via the safe clean care programme				within ICP05 - completed TTP added to the IPSG membership – completed. Invites sent for future IPSG meetings	
Embedding of learning and practices to ensure sustainable zero tolerance to patient Harm as a result nosocomial transmission **across all clinical areas**	Revision of the COVID Delivery work plan to outline the 3 x 90 day targeted work programmes for the following learning themes: Safe space, safe place, safe action incorporating Reinforce implementation of single point of Access / Egress, access challenge, Signage, Environmental issues, Deep Clean programmes, Bed spacing, behaviours and adherence to basic IP practices as examples	**SRO 's agreed:** **DH** **KC** **GM** **Deputies to be confirmed**	Mid-June 2021	Mid-June 2021*	Kick off meeting with SROs 10th March 2021 Work programmes to be detailed as per learning and teams to be confirmed as 16th March. Initial draft plans prepared – SRO meeting to discuss 24/3/21 Weekly Board update process to be agreed 23/3/21	
	Develop capacity for targeted support of above work programmes with behavioural change / psychology/ PMO / Analytical expertise	DH/GA	12th March 2021	28th March 2021	Analytical support confirmed SI support confirmed PMO support confirmed.	
	Review TOR for the Safe clean care steering group and reporting sub groups across **acute and community sites**	RC/SB	12th March 2021	12th March 2021	completed	
	Review assurance/governance mechanisms to ensure sustainability / ongoing reporting aligned with HB governance framework	SB	Existing IP work programme – review commissioned Dec 2021 /	28th April 2021*	Existing review completed and draft report received. Meeting convened with QSE & PSQ chair to review.	

			commenced Jan 2021			
	Review of complaints / incidents related to nosocomial transmission	MJ	12th March 2021	15th April 2021	Request made	
	Undertake active patient feedback to inform ongoing improvements	MJ	22nd March	28th April		
Absence of an Alert System	Development of Harm & IP dashboards	SB	16th March	28th May 2021*	Harm Dashboard created to support PSQG. Enhanced IP dashboard requirements to be confirmed by 6/4/21 to inform build time	
	Development of process for escalation including triggers	SB	Existing work – in progress Feb 2021	15th April 2021	Linked to the above	
Consistency of Communication	Review current channels of communication	Comms	12th March 2021	1st April 2021	Comms lead identified – review underway	
	Review / update current messaging in line with revised toolkit	Comms	12th March 2021	15th April 2021	As above	
	Develop a communication plan that supports the work program and is consistent with HB values	Comms	12th April 2021	15th April 2021	As above	
	Review of communication process for Patients / NOK where nosocomial transmission has resulted in harm ensuring it is reflected in policy	MJ	1st April 2021	15th April 2021	Awaiting National framework release	
	Review and strengthen operational escalation processes in line with IP triggers and escalation requirements	GM/MW	22nd March 2021	28th April 2021*	Awaiting IP trigger confirmation	
	Update the wider Board twice weekly on Tuesday and Thursday of outbreak performance escalating issues of concern or areas of improvement	GH	7th March 2021	16th March 2021	commenced	
Staff Wellbeing	To provide support and access of wellbeing services across the HB, particularly in areas of concern. A review of the model has been undertaken and clear access to staff support for their mental health and psychological wellbeing is being implemented along	EG PB SWJ	16th March 2021	1st April 2021*	Awaiting Business Case review	

	with the current counselling and psychological services, to ensure access to different needs of support at particular times is implemented. Further work on the overall wellbeing strategy is taking place once the above key element is implemented.					
Vaccination	To review vaccination uptake in all areas ensuring evidence of information provision and professional conversation	AG/GH	18th March 2021	15th April 2021*	Data being shared with Sites/Areas	
	Review the deployment process of staff in high COVID burden areas where vaccination is noted to be a gap using a risk assessment approach	SG/GH	18th March 2021	15th April 2021*	Discussion to be had with WoD and Staffside colleagues.	
Antimicrobial Stewardship	Review antimicrobial coverage stewardship across the Health Board ensuring representation across all areas/sites	BO	12th March 2021	30th April 2021	Review Completed & presented at IPSG 23/3/21	
	Report non compliance via IPSG of any areas/sites within the HB and clear improvement plans to address	BO	12th March 2021	30th April 2021	Revised assurance reports piloted via IPSG	

*subject to change

APPENDIX 3

Investigation into the preceding events leading up to the establishment of a Level 3 Covid 19 outbreak at Ysbyty Gwynedd Hospital - February 2021

The purpose of the investigation is to determine the preparedness of Ysbyty Gwynedd (YG) Hospital for the risks around Covid 19 nosocomial transmission and outbreak prevention.

The investigator will focus on lessons shared from the other two sites and how YG used this to inform practice and management of patients in both elective and non-elective pathways of care.

This will focus on the two separate outbreaks of Covid 19 in Wave 2; September 2020 – February 2021 involving WMH and YGC Hospitals.

The scope of the Investigation focuses on actions taken before and up to the Level 3 Outbreak of Covid 19 which was declared at YG on 23 February 2021. The investigator will use information available from the Health Board and national guidance from April 2020. The investigator will use the established BCUHB Serious Incident Review Format for ease of reporting.

Terms of Reference:

Establish the facts around the preparedness of the YG site for a COVID 19 wave 2 surge prior to the **declaration of the Level 3 Outbreak established on 23 February 2021.**

Establish the level of compliance of YG with BCUHB policy specifically around managing a covid 19 pandemic response in particular the use of the Covid 19 Tool Kit (WG 2020).

To identify compliance with YG Post Infection Reviews (PIR) what learning was identified from them and how this was implemented.

Review of test, track and prevent practice of staff and patients who attend YG for both non elective and elective episodes of care.

Establish how actions and learning from outbreaks in the other acute sites in BCUHB were shared with YG, implemented and compliance monitored.

To establish a timeline of Covid 19 related policies, procedures and guidelines as they have evolved since the start of the pandemic.

Review and consider if BCUHB practice are in line with National standards and Best Practice cited

Evaluation of the factors around behaviors and subsequent escalation that have contributed to the outcome of the incident.

Determine how the information from previous BCUHB learning linked to WMH and YGC outbreaks was disseminated and shared across the HB.

Provide recommendations to reduce the risk of recurrence and/or elimination. This will include assurance mechanisms the BCUHB may choose to adopt to provide evidence of compliance with national/international best practice.

References

WG CNO/CMO 16 point plan – National learning

BCUHB YWM outbreak update and closure Board reports G Harris / D Hickman

BCUHB pandemic preparedness – Dr L Grundy

BCUHB 16 point toolkit

Methodology

The method of investigation will use different media including:

- Review of Health Board documentation policies, reports, outbreak slides, EIMT briefings
- Structured, recorded face to face interviews via Teams with individual staff (list TBC)
- Analysis of information gathered

Output

- Draft report with recommendations by mid-April
- Review by commissioner (Executive DoN BCUHB & Secondary Care DoN) and specialists incl Public Health, IPC Leads (BCUHB) End April
- Distribute to HMT/IPC leads for YG site End April

Recommendations and Actions

- Board agreement through Quality, Safety and Experience Committee (4 May 2021)
- BCUHB Board presentation TBC
- A closure report to be presented to the BCUHB's Quality Safety Experience Group detailing a summary of the impact of the outbreak, lessons learnt, actions taken and assurance measures in place.

Learning dissemination across Health Board

- Open learning session through Teams, slide and incorporation into behaviour learning fora

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 30th March 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Covid-19 Pandemic Update
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Chris Stockport Executive Director of Primary and Community Services
Awdur yr Adroddiad **Report Author:**	Sally Baxter Assistant Director, Health Strategy & Planning
Craffu blaenorol: **Prior Scrutiny:**	Prior scrutiny by the Board Secretary
Atodiadau **Appendices:**	-

Argymhelliad / Recommendation:

The Board is asked to note the report and supporting presentation which will be given at the Board meeting and endorse decisions made by the Executive Incident Management Team (EIMT).

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**X**	**Er gwybodaeth For Information**	

Sefyllfa / Situation:

This report provides a supplementary brief to the Covid-19 Pandemic update presentation, which will be given at the Board meeting of 30th March 2021.

The paper also notes key decisions taken by the Executive Incident Management Team since the previous Board update, which have been presented to Board members through verbal and written briefings.

Cefndir / Background:

The Board has received previous presentations and reports setting out the Health Board's approach to ensuring the appropriate level of oversight and scrutiny in the discharge of its responsibilities whilst responding to the ongoing Covid-19 Pandemic.

The Executive Incident Management Team (EIMT) was established to ensure Executive oversight of key programmes of activity, direction and support for actions at tactical and operational level, and ensure issues are escalated as required and key decisions recorded. Issues relevant to collaborative working with partners are also reported through the Strategic Co-ordinating Group of the North Wales Local Resilience Forum.

Asesiad / Assessment & Analysis

Although Wales currently remains at a high level of restrictions in relation to Covid-19, the current position in regard to the pandemic shows an improving picture in terms of community transmission and consequent need for immediate or urgent healthcare services for people with a diagnosis of Covid-19. A revised Coronavirus Control Plan has been issued by Welsh Government setting out how it is anticipated WG will move through alert levels and plan for the future, taking account of the impact of the vaccination programme and the dominant Kent variant of the virus. Revised scenario modelling is being developed and there remains a high likelihood of a further wave of infections. The situation is currently stabilising in North Wales but there will continue to be outbreaks and incidents which will require collaboration with partners to mitigate against the impact.

In response to the general stabilisation, EIMT has reduced the frequency of meetings to twice weekly. Subsequent to each EIMT meeting, a high level summary of items discussed and any key decisions is circulated to Board members. As confirmed previously, a detailed decision log is maintained within the suite of EIMT documentation.

Since the previous update to the Board in early March 2021 the following key decisions have been recorded:

- Approval of Standard Operating Procedures (SOPs) for the Covid-19 vaccination programme
- Proposals for use of additional facilities to support inpatients at Ysbyty Gwynedd, as part of outbreak management and response, including further measures to support social distancing of inpatients
- Support for proposals to continue to manage the impact of the pandemic on Child Adolescent Mental Health Services (CAMHS) and to ensure the longer term implications for early years, children and young people are addressed
- Approval of proposals to use additional facilities at Ysbyty Gwynedd to allow a number of urgent surgical cases to go ahead
- Closure of the remaining inpatient capacity at Ysbyty Enfys Deeside from 26 March after discharge of the current inpatients, given the level of assurance that capacity within Health Board's existing hospital facilities will be sufficient to meet needs
- Support for proposals to develop further the Health Board's support for needs arising from long Covid

All proposals to make significant change are supported by risk assessment, clinical decision-making, involvement of Infection Prevention and Control and Safeguarding as required.

Further detail on the issues described above will be provided through the Covid-19 presentation.

Strategy Implications
All proposals are considered in terms of the overall strategic implications and consistency with the level of Covid escalation at the time.

Options considered
Proposals for significant change have included high level assessment of potential options, proportionate to the scale and impact.

Financial Implications
EIMT has noted where there are financial implications arising from proposals, which are managed through divisional budgets or through specific programmes (such as the vaccination programme, or the planned care delivery programme.)

Risk Analysis
Risk assessment is provided to support specific proposals referred to EIMT. A risk log is kept of significant programme risks overall. All risks are reflected on Datix and the Health Board's Risk Management Group maintains oversight of this.

Legal and Compliance
Any specific legal implications would be recorded within the EIMT documentation.

Impact Assessment
Impact assessment is part of the process of development and submission of proposals. Any potential impact on patient care and outcomes is identified within risk assessment. Welsh language and equality impact screening has been undertaken in relation to the overarching programmes in the Covid response (such as Test, Trace and Protect, and the Covid vaccination programme.)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 30th March 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	2021/22 Annual Plan in Draft - Update
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mr Mark Wilkinson, Executive Director of Planning and Performance Mrs Sue Hill, Executive Director of Finance
Awdur yr Adroddiad **Report Authors:**	Mr Mark Wilkinson, Executive Director of Planning and Performance
Craffu blaenorol: **Prior Scrutiny:**	The plan has been discussed by the Planning workstream, Executive Team, Stakeholder Reference Group, Executive Management Group, Strategy Partnerships & Population Health and Finance & Performance Committees.
Atodiadau **Appendices:**	N/A

Argymhelliad / Recommendation:

It is recommended that the Health Board notes the report.

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		**Ar gyfer Trafodaeth For Discussion***		**Ar gyfer sicrwydd For Assurance***		**Er gwybodaeth For Information***	√

Sefyllfa / Situation:

The purpose of this report is to provide an update to the public Health Board meeting on the development of the Health Board's Annual Plan 2021/22.

Cefndir / Background:

Integrated Medium Term Plan (IMTP) planning arrangements were paused in 2020 due to the pandemic. Subsequently the NHS Wales Planning Framework was received on 14 December 2020 which confirmed the requirement for every NHS organisation to have an annual plan for 2021/22.

'A Healthier Wales', the Welsh Government's long-term plan for health and social care services in Wales sets the context of all our work for the forthcoming years, with a vision of a 'whole system approach to health and social care'.

Asesiad / Assessment

The Health Board's Annual Plan 21/22 sets out six priorities for delivery:

- Covid 19 response
- Strengthening our well-being focus
- Primary and community care
- Recovering access to timely planned care pathways
- Improving unscheduled care pathways
- Integrated and improvement of mental health services.

We will also continue to develop and deliver the approach to 'Targeted Intervention' enabling the Board to monitor progress of this transformation programme and provide robust assurances against the commitments made to the Minster for Health and Social Care as detailed within the Targeted Intervention Improvement Framework.

It is acknowledged that there is considerable uncertainty impacting on the firm planning commitments across NHS Wales, with a number of variables impacting, not least, fully understanding the pattern of the Covid-19 virus and impact of the vaccination programme. As a result of this, the Health Board will be considering the full draft Annual Plan 21/22 in private session with a view to publication of the Plan by the end of 30 June 21.

Options considered

Our plan will be underpinned by robust business cases. Priority schemes are identified which in turn consider potential options for delivery.

Financial Implications

The plan integrates service, activity, financial and workforce implications.

Risk Analysis

All schemes will be required to identify key risks and a risk analysis undertaken to demonstrate how these will be managed.

Legal and Compliance

IMTP planning arrangements are currently paused with the requirement for every NHS organisation to have an annual plan for 2021/22. However, the development of an approvable Integrated Medium Term Plan is a critical organisational aim going forwards as this forms a statutory requirement under the NHS Finance Act.

Impact Assessment

Underpinning schemes / business cases will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications which may require an impact assessment to be carried out.

In addition, responding to the new Socio-economic Duty in Wales ("the duty") which will come into force from 31 March 2021. Commencing the duty is one of the steps being taken to achieve a more equal Wales, further highlighting out commitment to safeguarding equality and human rights. The duty will require the Health Board when making strategic decisions such as 'deciding priorities and setting objectives', to

consider how decisions might help to reduce the inequalities of outcome associated with socio-economic disadvantage. Through better decision making, the duty will improve outcomes for those who suffer socio-economic disadvantage, thus 'levelling' the playing field.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 30th March 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Betsi Cadwaladr University Health Board - Glan Clwyd Laundry Transfer
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mark Wilkinson, Executive Director Of Planning And Performance
Awdur yr Adroddiad **Report Author:**	Rod Taylor, Director of Estates and Facilities
Craffu blaenorol: **Prior Scrutiny:**	NHS Wales Shared Services Partnership Board
Atodiadau **Appendices:**	Appendix A - Workforce detail Appendix B - Finance Data

Argymhelliad / Recommendation:

The Health Board is asked to:

1. Approve the transfer of all identified constituent parts in relation to Finance, workforce and Logistics to allow NHS Wales Shared Services Partnership (NWSSP) to continue the running of the Glan Clwyd laundry until the conclusion of the All Wales Laundry Programme and transformation towards the new facility as outlined within the Programme Business Case.
2. Approve the continued occupation and use of the existing Glan Clwyd Laundry production unit subject to MOTO (Memorandum of Terms of Occupation) completion.
3. Endorse the continuation of the underpinning support services such as IT, externally provided maintenance, or any other service provided to the Laundry by the Health Board or 3rd party until suitable transfer, novation, migration activities be scheduled as listed above.
4. Note further transformation activity will be scheduled.
5. Note that the staged transfer will allow the NWSSP to run the service from April 2021 with a further stage to address elements in relation to asset transfers and other more complex elements.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	**X**	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	
If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.						**Y/N to indicate whether the Equality/SED duty is applicable**	**N**

Sefyllfa / Situation:

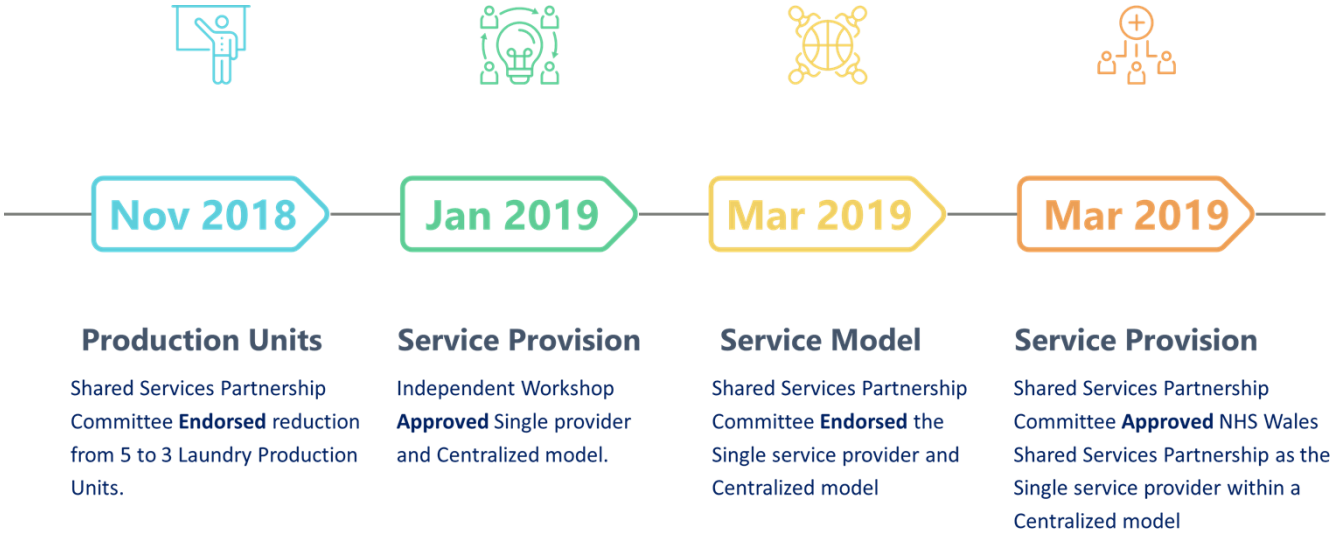
This document outlines the guiding principles and critical success factors against which the agreed transfer of the All Wales Laundry Service will be completed.

Cefndir / Background:

The All Wales Laundry Review formally commenced in May 2016, with the NHS Wales Shared Services Partnership Committee (SSPC) approving the programme initiation and subsequent review of the Laundry production units within NHS Wales.

Throughout the last four years, a number of significant milestones have been achieved and a number of key decisions have been made to support the continual development of the All Wales Laundry Programme Business case.

The key milestones and decision points already approved include decisions by the Shared Services Partnership Committee, whereby approval or endorsement was given to the following:



It is important to note throughout the process items that have been previously approved or Endorsed remain unchanged:

- The preferred option - Three LPUs (Laundry Production Units) to provide the future service, endorsed by SSPC Nov 2018.
- A single service provider, endorsed by SSPC March 2019
- Centralised and Single Management of the Service, approved by the SSPC in March 2019 as the NHS Wales Shared Services Partnership.

These decisions act as the basis for the next planned steps, which the Laundry Transfer project running in parallel to the ongoing Programme Business case development will seek to execute to conclude the transfer to NWSSP (NHS Wales Shared Services Partnership) of the existing Laundry Production units into NWSSP by April 2021.

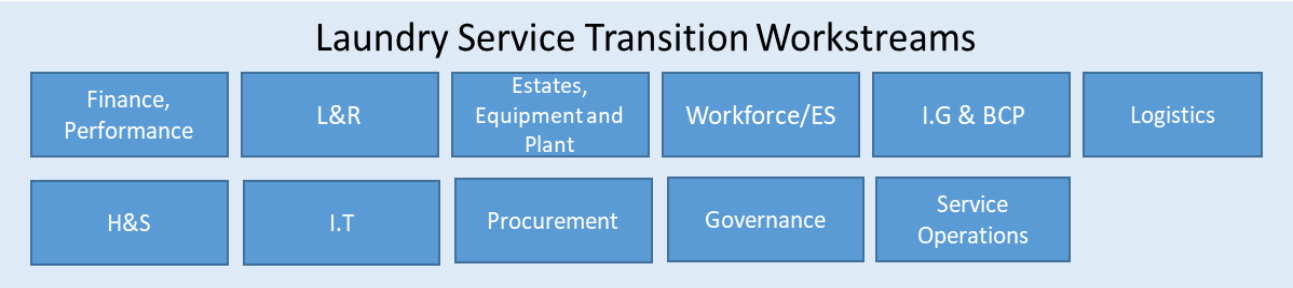
Originally, the intention was to complete the transfer in October 2020 but due to the pandemic and winter pressures, this was delayed until April 2021. To support this transfer the establishment of a project board is taking place with focus on drafting a set of guiding principles and a number of supporting workstreams;

The guiding principles seek to propose high-level objectives across:

- Land & Buildings.
- Equipment & Plant.
- Finance (Transfer of expenditure to provide service, based on costs baseline April 19 - March 20).

- Transport and Logistics (Drivers & fleet)
- Products & Equipment to provide the service (Cages, linen & Detergents Etc.)
- Workforce/Resource to manage, operate, maintain and deliver the service[1].
- Continuation of existing service provision processes, procedures and contracts.

Workstreams to support this activity:



Critical Success Factors

The elements identified as critical to enable the transfer are

- **Finance –** Identification and agreement of a baseline covering both pay and non-pay expenditure within an agreed timeframe that excludes Pandemic influence or variation. This is key to ensuring NWSSP is able to maintain service provision and cover all expected costs based on agreed time range in scope for the baseline currently set at 19/20 FY.

- **Workforce** – Identification of the workforce within scope of TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) that provide the current service, ensuring all key roles and a core baseline of workforce is transferred to operate and continue service production.

- **Customers** - Existing customers identified to enable continuation of existing arrangements and appropriate communication in relation to the change of ownership and management.

- **Transport** – ensuring existing fleet operations remain intact to allow continued transport of linen to existing drop/collection points.

- **Product & Stock** – ensuring the availability of existing stock/linen and products required to continue the service operation, product and delivery of linen.

- **Support Services** – Continuation of externally provided support services for the laundry such as engineering, maintenance, or other critical services deemed essential to support day to day laundry operation.

- **Health & Safety –** Evaluation and development of a special programme of Health & Safety improvements post April.

[1] Within known existing demarcation points in line with the scope of the laundry project i.e. excluding linen rooms for example.

Asesiad / Assessment & Analysis

In relation to the Glan Clwyd Laundry, the objective is to maintain the provision of laundry services "as is" but to complete a number of actions to allow the seamless transfer and ongoing provision of services to existing customers.

The intention remains to maintain the service within its current model, with anticipated variation in terms not anticipated until the commissioning of the new Laundry Production Unit as stipulated by the ongoing All Wales Laundry Programme Business Case currently estimated in 2024.[2]

Caveats exist which will remain ongoing and part of continual dialogue POST APRIL with the intention to secure the firm baseline to allow NWSSP to operate and fund the existing Laundry services without regress in service production as an absolute minimum.

- **Land & Buildings on/in which house the Laundry**

  The laundry is co-located within the grounds of the Ysbyty Glan Clwyd Hospital.

  Property Location: Ysbyty Glan Clwyd Rhuddlan Road, Rhyl LL18 5UJ

  Transfer objective

  Continue use of the existing laundry to allow ongoing provision of currently provided services whilst the establishment of a MOTO (Memorandum of Terms of Occupation) agreement is developed subject to desired surveys.

  The laundry building will remain in the ownership of the health board due to the location being within the Glan Clwyd Hospital site. NWSSP will seek to agree a MOTO[3] agreement to allow determine the principles of the continued use of the Laundry.

  Constraints &/or Dependencies

  - Completion of a building survey as part of MOTO agreement processes.
  - The laundry building will remain in the ownership of the health board due to the location being within the Glan Clwyd Hospital site.
  - Continuation of health board provided support services in support of the laundry.

- **Transport to provide the service.**

  Through the support of health board Transport colleagues as baseline position for Laundry transport has been provided which states a fleet of vehicles that are leased/rented currently provide transport from the laundry to its customers.

  The current fleet comprises – 4
  - Long Term Lease 7.5 HGVs * 2
  - Short Term Lease 7.5 HGVs * 1
  - Box body Luton Van * 1

  Currently the driver resource is provided by – 3.2 WTEs
  - Supervisor * 1
  - Relief Laundry Assistants * 2.2

Transfer objective

Transfer the existing Laundry Fleet and in scope drivers to ensure delivery of the service is maintained, "as is".[4]

Constraints &/or Dependencies

- Assessment of current arrangements and review of resource, fleet and licensing requirements
- Finance captured within the finance pay & non-pay baseline
- Resources include a supervisor

- **Finance to provide the service**

With the support of health board finance colleagues, the Laundry costs established are based on a review of the pre COVID baseline year of 2019/20 and these costs were discussed with the Director of Finance on 12th March and it was agreed that the costs would be subject to a final review by the Health Board before sign off.

Overriding Principles

- There should be no detrimental financial impact on the health board and NWSSP as a result of the transfer.
- The 2019/20 pre Covid actual non pay costs will be used as the financial baseline for 2021/22 once adjusted for inflation.
- Any unexpected significant costs or liabilities that come to light post transfer will be subject to further discussion.

The process under which NWSSP will charge for Laundry Services will be quarterly in advance.

Service cost from April 2021:

[2] Estimated and subject to change based on the business case process
[3] Moto – Memorandum of Terms of Occupation

Betsi Cadwaladr

	£
Pay	1,542,407
Non Pay	1,018,170
Total costs	2,560,577
Income	(46,241)
Net cost	2,514,336

Key Assumptions

Staff costs

- Staff will transfer to NWSSP with their full budget including on costs.
- Budgets for any vacancies will be fully funded.
- 0.2 WTE Band 6 Finance and 0.2 WTE Band 6 workforce support included.

Non pay costs

- Laundry operating cost budget will transfer to NWSSP based on 2019/20 actual costs (pre Covid) baseline adjusted for inflation.
- Operating costs will be compared to prior years and if significant variances exist individual line adjustments will be made on an exception basis.

Income

- Laundry income will be baselined against the 2019/20 actuals.
- The proposed net cost of the service to the existing laundry providers will be based on the total operating costs less the anticipated invoiced income.
- Invoices to other laundry customers will be raised using the existing methods followed by the individual laundry units.

Overheads

- Where relevant Health Boards will not charge NWSSP for occupying and using the laundry sites unless the budget has been transferred.
- Where relevant Laundry staff will continue to have access to their existing mobile phones, laptops, PCs and peripherals and the use of photocopiers/printers etc.
- Where relevant if support is currently provided by the health board for the laundry but not included in the budget transferred to NWSSP that service will continue.

Finance Data is attached in Appendix B

- **Workforce within the Laundry**

The Glan Clwyd Laundry workforce in scope are those that support the laundry production including support roles such as driver and maintenance engineering.

[4] Subject to evaluation of data received.

Significant effort has been invested by colleagues from NWSSP, health boards and staff side which have supported the robust identification of the existing resources and the TUPE process.

Transfer Objective

TUPE transfer the **existing** Laundry workforce including bank/agency and any Vacancy expenditure.

- Total Workforce Headcount – 57
- Total Workforce WTEs – 47.94

A full breakdown of roles and data is attached in Appendix A

Constraints &/or Dependencies

- Workforce scope remains those within the LPU[5] Production environment
- Identification of required budgets within the finance workstream

- **Plant & Machinery to provide the service**

The Laundry exists with full end-to-end equipment and machinery to enable the production of Linen for the health board and its customers.

Transfer Objective

Transfer ownership of the existing plant and machinery used to provide end-to-end linen services for the Glan Clwyd LPU, novating any lease arrangements as necessary.

Constraints & Dependencies

- Provision of an asset register (5k plus Value)
- Provision of the Inventory (Sub 5k value)
- Identification of required budgets within the finance workstream
- Completion of an inspection report for forward Risk and management purposes

- **Products & Equipment to provide the service**

The Laundry consumes and utilise a range of products to enable day-to-day operation.

Transfer Objective

[5] LPU – Laundry Production Unit

Transfer ownership of the existing linen products and consumables such as detergent and Linen stock to continue the provision of end-to-end linen services from the Glan Clwyd LPU and its existing customers.

Constraints &/or Dependencies

- Identification of current stock levels.
- Procurement adjustments, novation's and cessations.
- Budget identified for stock and product purchasing

- **Existing Service provision processes, procedures and contracts**

To support and underpin day-to-day operations a number of contractual arrangements exist to ensure the laundry can operate. Procurement teams are working through the respective detail to ensure continuation of all required contracts and process are managed to support the April transfer of service.

Transfer Objective

Transfer (Novate) ownership of the existing agreements and contracts to provide end-to-end linen services for the Glan Clwyd LPU.

Continuation of LPU specific processes e.g. Business Continuity Planning where support external to the LPU is required.

Constraints &/or Dependencies

- Dependant procurement contract novation
- Engagement with Laundry colleagues
- Dependency on Procurement teams
- Provision and Confirmation of existing agreements
- Transport evaluation
- Continuation of any externally [6]provided maintenance or support

- **Service Level Agreements & Performance Data**

The Laundry currently provides services to a range of customers including:

- Betsi Cadwaladr University Health Board
- Welsh Ambulance Services NHS Trust (WAST)

Transfer Objective

A generic Service Level Agreement (SLA) and appropriate schedules will the formulated on behalf of NWSSP to form the initial basis of the continuation of existing arrangements at the same cost to the health board and any existing customers and will be approved by the SSPC (Shared Services Partnership Committee).
This has been developed using data identified through due diligence, engagement with LPU management and where possible utilising limited existing documentation. It

[6] Externally – External to the workforce and operation within the LPU, for example HB Estates Support, Facilities support or 3rd party contractors

is important to note this will be further developed at timely intervals as the service evolves.

In further support, Quarterly Service Reviews will be established to consider all aspect of the service from both a supplier and customer prospective in relation to how the partnership is working for both parties and any reflection on the SLA and Schedules, quality of service provided.

Constraints &/or Dependencies

- Identification/Use of existing SLAs between the HB and its customers
- Data to provide a baseline for NWSSP to develop a Service Level Agreement (SLA) which continues the existing services provided.

- **IT and Technology**

The laundry staff currently use IT equipment, systems and hardware as required by their role. This ranges from minimal ESR usage to use of MS365 applications and relevant hardware. Laundry Plant and Equipment also can potentially utilise network and other IT infrastructure as part of the day-to-day operation.

Transfer Objective

To support the transfer is it requested continuation of existing I.T. support arrangements continue until such as time whereby transfer, replacement or migration of assets can be undertaken in a safe and consistent manner.

Constraints &/or Dependencies

- Dependant on MS365 and SharePoint developments to enable migration activity into NWSSP.
- Identification of Assets.
- IT survey of laundry[7]

High Level Timeline of Planned Events

Transfer Stage 1
Workforce
Finance
Fleet
Critical Procurement

Transfer Stage 2
IT
Development of a MOTO agreement for the building and land
Continuation of Procurement activity

Establishment of regular service and finance reviews to ensure adequate budget and workforce has been transferred in line with expectations set against the baseline

[7] Post Pandemic Restrictions

period of 19/20 and to allow review of any other matters that emerge post transfer and also focusing on maintaining a continuation of quality and continuity of service.

To support the continuation of the services as currently provided from the Laundry to its customers, it is also requested that underpinning support services continue to be provided until suitable transfer, novation, migration activities be scheduled as listed above.

These services would typically include:

- Continuation of health board provided services
  - IT Support and continued system & hardware access.
  - Health board provided facilities and maintenance externally provided from the Laundry own engineering or support teams.

March 2021

SBAR Betsi Cadwaladr University Health Board - Glan Clwyd Laundry Transfer

Appendix A Workforce detail

- **High Level Detail by Role**

Betsi Cadwaladr UHB	
Laundry Management	8
Laundry Engineering	3
Laundry Production	42
Laundry Transport	3
Vacancy	1
Grand Total	**57**

Appendix B Finance Data

Betsi C Non pay	Final
30100-Dressings	9
30210-M&SE : Disposable	317
31310-Laboratory Chemicals	79,040
31370-Laboratory Quality Control	1,089
32000-Provisions	192
32230-External Contracts : Laundry	30
32400-Staff Uniforms & Clothing	11,140
32410-Protective Clothing	1,585
32500-Cleaning Equipment	(34)
32510-Cleaning Materials	581
32520-Laundry Equipment	8,684
32530-Laundry Materials	(389)
32540-Laundry Maintenance	20,736
32700-B&L : Disposable	741
32710-B&L : Non-Disposable	241,063
32810-Other General Supplies & Services	34
33000-Printing Costs	3
33010-Stationery	100
33200-Postage & Carriage	30
33210-Packing & Storage	2,698
33610-Travel & Subsistence	427
33800-Leased Cars : Contract	72,824
34000-Vehicle Running Costs : Fuel	43,557
34010-Vehicle Running Costs : Other	12,642
34020-Vehicle Maintenance	2,934
34040-Vehicle Insurance	3,346
34045-Vehicle Insurance Excess	250
34050-Taxi & Other Vehicle Hire	0
34080-Other Transport Costs	10,179
34200-Training Expenses	5
34230-ALS Courses / Training	480
34250-Lecture Fees	0
35000 -Elec	38,207
35010- Gas	0
35020 - Water	86,339
35030 - Sewarage	40,075
35020- Steam costs	262,702
35200-Rates	35,000
35320-Contract : Hygiene & Sanitary	600
35500-Furniture & Fittings	(2)
35820-Materials - Electrical	1,360
35900-Engineering Contracts	(51)
37470-Miscellaneous Expenditure	110
Grand Total	**978,634**
Inflation uplift for 2020/21	19,573
Inflation uplift for 2021/22	19,964
Total non pay costs after adjustments	1,018,170

Betsi Cadwaladr pay costs	**£**
Establishment pay cost	1,512,517
Inflation uplift 2021/22	29,890
Total pay costs after uplift	1,542,407

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfarfod a dyddiad: **Meeting and date:**	Health Board 30th March 2021
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Consultation on the Welsh Government White Paper 'Rebalancing Care and Support' – BCUHB response
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Mark Wilkinson, Executive Director of Planning and Performance
Awdur yr Adroddiad **Report Author:**	Kamala Williams, Acting Assistant Director of Strategy and Planning
Craffu blaenorol: **Prior Scrutiny:**	Board Workshop 8th March 2021
Atodiadau **Appendices:**	Appendix 1 – 'Rebalancing Care and Support' White Paper (January 2021) Appendix 2 – BCUHB consultation response

Argymhelliad / Recommendation:

The Health Board is asked to approve the BCUHB consultation response to the Welsh Government White Paper 'Rebalancing Care and Support'.

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	**X**	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	

Sefyllfa / Situation:

In January 2021 Welsh Government launched a consultation on its social care White Paper 'Rebalancing Care and Support'. The proposals outlined in the White Paper are intended to strengthen the social care sector in Wales and improve the quality of care. Written responses are invited by 6th April.

Cefndir / Background:

Implementation of the Social Services and Wellbeing Act (2014) is currently being evaluated. Preliminary findings highlight a number of key areas for improvement namely, national commissioning and market stability; and the development and delivery of 'integrated services' by Regional Partnership Boards (RPBs).

The White Paper sets out the action Welsh Government believe is required to strengthen arrangements across the sector and to deliver service improvement, the actions identified include:

- ***Refocusing the fundamentals of the care market***: Away from price towards quality and value;
- ***Re-orientating commissioning practices***: Towards managing the market and focusing on outcomes;
- ***Evolving integration mechanisms***: Simplifying joint planning and delivery.

The White Paper proposes that this action will be achieved by:

- Developing and implementing a National framework for commissioning care and support, across children and adults social care;
- Establishing a national office for social care to develop and oversee the framework; and
- Creating RPBs as 'corporate legal entities' employing staff and holding budgets.

The consultation proposals set out a number of changes to existing structures and processes, as summarised below:

Development of a National Framework

- A national framework for commissioning care and support for children and adults will be developed to rebalance the market of provision with the aim of improving quality.
- The national framework will set fee methodologies, develop more standardised commissioning processes, and increase transparency of service performance.
- Local authority commissioned functions will continue to be accountable locally.
- Fee methodologies must be flexible enough to reflect factors including size and location and the resourcing of providers at different stages of their own business cycle.
- The framework will be a potential platform for implementing future recommendations of the Social Care Fair Work Forum in relation to improved terms and conditions across the sector in Wales.

Establishing a National Office for Social Care

- A small 'National Office' for Social Care should be established to develop the national framework. This may be either through developing a function within government or setting up a small arms-length body of the Welsh Government.
- The national office will maintain an overview of the stability of the market for care and support and be a basis for driving national policy initiatives. It will consolidate activity of some national fora, including the National Commissioning Board, working with Social Care Wales, the workforce regulator with responsibility for supporting service improvement in Wales.
- A professional voice for the social care and social work workforce will be established at a national level within Welsh Government.

Regional Partnership Boards (RPBs)

- RPBs to be established as corporate legal entities. Re-shaped RPBs would be expected to undertake significant joint health and care commissioning and more directive market shaping.
- RPBs will use the following functions:
  - Employ staff to enable the full discharge of their functions (this is intended to boost joint planning, but the power could be used by RPBs in other ways);
  - Have clear governance arrangements in place where shared accountability of decisions made by local authorities and local health boards in relation to the pooling of budgets and joint commissioning is transparent and in line with their statutory responsibilities;
  - Set their own priorities for regional commissioning and delivery using intelligence from their population needs assessments, joint area plans and market stability reports;
  - Hold integrated budgets to deliver integrated regional services;
  - Monitor progress against agreed regional priorities, sharing data between partners where appropriate;

- Establish within each RPB a planning and performance monitoring framework that refines the five-year strategic planning cycle and makes use of up to date population, outcome, and market information;
  and;
- Assess effectiveness of joint working, including partnership working, pooled budgets and joint commissioning.

Asesiad / Assessment & Analysis

Strategy Implications

The White Paper is a policy document produced by Welsh Government to set out proposals for future legislation, as such there are no specific strategy implications for the Health Board at this time. Should the proposals, as currently described, result in new legislation the functions and obligations of the Health Board relating to the support of social care will change and are likely to have significant strategic consequences.

Options considered

N/A

Financial Implications

There are no financial implications associated with the consultation. If the proposals outlined in the White Paper come into effect there will be additional costs associated with the creation of the new bodies; the White Paper does not provide an indication of how the proposals will be funded.

Implementation of the proposals will also change the responsibilities and obligations of the Health Board, details of the new arrangements have yet to be developed and it is therefore not possible to give an indication of the financial consequences of these changes.

Risk Analysis

There are no specific risks associated with the consultation response, however, should the proposals in the White Paper be implemented there will be a number of risks relating to transition arrangements, finance and governance that will need to be addressed.

Legal and Compliance

N/A

Impact Assessment

No specific impact assessments were undertaken in production of this report; Welsh Government is currently preparing an integrated impact assessment on the proposals contained in the White Paper.

APPENDIX 1

Number: WG41756

Welsh Government
White Paper

Rebalancing care and support

A consultation on improving social care arrangements and strengthening partnership working to better support people's well-being.

Date of issue: 12 January 2021
Action required: Responses by 06 April 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Overview	This consultation document seeks views 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 support. Proposals include setting out a clear national framework to support services to be planned regionally and delivered locally, and for the strengthening of partnership arrangements. Your responses will be considered in developing any new legislation.
How to respond	Responses to this consultation should be e-mailed or posted using the online response form to the respond address below. All consultation responses must arrive by 6 April 2021 at the latest.
Further information and related documents	**Large print, Braille and alternative language versions of this document are available on request.** The consultation documents can be accessed from the Welsh Government's website at https://gov.wales/consultations
Contact details	For further information: Futures and Integration Division Social Services and Integration Directorate Health and Social Services Group Welsh Government Cathays Park Cardiff CF10 3NQ email: socialcarefutures@gov.wales
Also available in Welsh at:	https://llyw.cymru/ymgyngoriadau

General Data Protection Regulation (GDPR)

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation. If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

Your rights

Under the data protection legislation, you have the right:

- to be informed of the personal data held about you and to access it
- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the GDPR, please see contact details below:
Data Protection Officer:
Welsh Government
Cathays Park
CARDIFF
CF10 3NQ
e-mail: Data.ProtectionOfficer@gov.wales

The contact details for the Information Commissioner's Office are:
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF

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Ministerial Foreword

Throughout the Covid-19 pandemic the social care sector has dealt with unprecedented levels of challenge, supporting many of the most vulnerable people in our society. Local innovation has developed at pace and services have worked together. I want to take this opportunity to thank personally each and every member of the social care workforce for their ongoing contribution to our local communities.

The Welsh Government remains committed to our vision of securing well-being for people who need care and support and carers who need support. Significant progress has been made in the nearly ten years since our first White Paper on social care, *Sustainable Social Services: A Framework for Action 2011*, which marked the beginning of our transformational journey. The Social Services and Well-being (Wales) Act 2014([1]) was co-produced with the sector and people who need care and support and carers who need support, and it has reshaped the nature of the sector. It shares with the Well-being of Future Generations (Wales) Act 2015([2]) a focus on well-being, an ethos of prevention and early intervention and the imperative of co-production and cross-sector working. *A Healthier Wales – our Plan for Health and Social Care* also broke new ground in setting out in a national plan a single system approach to health and social care.

This White Paper therefore builds on strong foundations. However, the pandemic has put the social care system under great strain and made the fragility of the sector more visible. Years of UK-wide austerity has made its mark on public finances, and a further challenging period lies ahead of us. That is why we must increase the pace of our transformational work to make social services sustainable.

To be fit for the future we are proposing legislative changes that we believe are essential to secure our vision. We intend to develop a national framework for commissioning social care that will rebalance care and support. It will reduce complexity and ensure that quality is the key determinant of success in the social care market. We know that continuity of the social care workforce has a significant impact on the achievement of people's outcomes, and therefore there will be a strong link between the national framework and action to support the workforce.

We remain committed to Regional Partnership Boards and want to support them to build on their successes to strengthen integration across Wales. We will enhance Regional Partnership Boards by providing them with a sharper set of tools to deploy, to better plan and deliver care and support where collective action is essential in order to improve people's well-being.

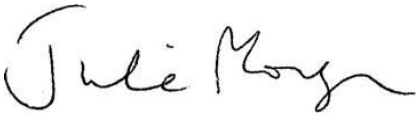
In setting out these proposals I want to assure locally elected representatives that I am strongly committed to local democratic accountability, and therefore to decisions about local services being made as close as possible to local people. In making that clear statement, it is not contradictory to point to the complexity in the social care commissioning landscape, nor to the benefits of regionally integrated planning and delivery.

---

[1] The Social Services and Well-being (Wales) Act 2014 (2014 anaw 4)
[2] The Well-being of Future Generations (Wales) Act 2015 (2015 anaw 2)

We recognise that there are significant pressures on the sector due to the pandemic, but it is important to look to the future and how we may build back better. These proposals are not about short term structural changes, they are about long term solutions to enhance our system and ensure sustainable social services in Wales that support people to achieve well-being. We believe our proposals will provide a better basis for future improvement to the social care sector, including by supporting the workforce.

I welcome your views on our proposals, and look forward to working together with you to deliver our ambitions for better social care in Wales.



Julie Morgan, MS
Deputy Minister for Health and Social Services

Executive Summary

Introduction

At the time of publication of this White Paper, social care services are grappling with enormous challenges on a daily basis because of Covid-19. The pandemic has made more apparent the sector's fragility. How then as a social care sector we can build back better is both an opportunity and a necessity.

Landmark legislation in the form of the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016([3]) has unanimous support across the sector. *A Healthier Wales*[4] remains central to our vision of an integrated health and social care system. All our work as a government is shaped by the Well-being of Future Generations Act 2015.

However, the description in the social services well-being statement, of the outcomes people should experience with support from care and support services, is still not uniformly the experience of people who need care and support, and carers who need support. A range of environmental and system factors offer explanations for this.

Analysis

There is growing need for care and support in all population groups. This relates to the biggest underlying challenge which is the sector's funding positon. Years of austerity have made their mark on public finances, and the impact of Covid-19 is creating a further challenging period. The Welsh Government's Inter Ministerial Group on Paying for Social Care is examining options for the future resourcing to be made available to the adult social care sector as part of the package of funding available for a future social care promise. Future financial implications will need to be met from within the future settlements set by forthcoming budget rounds, and all governments will face difficult decisions in the face of very tight budget outlooks.

Complexity is the overriding feature of the care and support landscape. Social care in Wales is provided through a market place of over 1,000 providers, mostly from the independent sector, who often compete for the same contracts. People's care and support is commissioned through local authorities, local health boards or directly by themselves. It is funded through national and local government and through fees and charges people may pay to their local authority or directly to a care provider.

In this context of a fragmented system, partners working together is vital. There is evidence of good practice here, but equally there are concerns about the progress of integration. There is little space for social value organisations, and limited data sharing as a basis for system-wide learning. This is the system we have, rather than the system that would be designed by choice.

[3] The Regulation and Inspection of Social Care (Wales) Act 2016 (2016 anaw 2)
[4] A healthier Wales: long term plan for health and social care

Design

From the case for change, three critical areas emerge where focused action is needed to deliver improvement:

- refocusing the fundamentals of the care market – away from price towards quality and value;
- reorientation of commissioning practices – towards managing the market and focusing on outcomes; and
- evolution of integration mechanisms – simplifying joint planning and delivery.

Through action in these three areas, this White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so we aim to rebalance social care so that there is neither an over reliance on the private sector, nor a monopoly in the other direction. This White paper defines 'rebalancing' broadly as a set of descriptions of the system change we want to see.

Rebalancing means…

…Away from complexity. Towards simplification.

Away from price. Towards quality and social value.

Away from reactive commissioning. Towards managing the market.

Away from task-based practice. Towards an outcome-based practice.

Away from an organisational focus. Towards more effective partnership…

… to co-produce better outcomes with people.

In shaping these proposals we have drawn on guiding frameworks which emphasise a long term perspective, the importance of collaboration and seeking opportunities to reduce complexity.

Overview of proposals

A national framework for commissioning care and support for children and adults will be developed to rebalance the market with the aim of improving quality. The national framework will set fee methodologies, develop more standardised commissioning processes, and increase transparency of service performance. Fee methodologies must be flexible enough to reflect factors including size and location and the resourcing of providers at different stages of their own business cycle. The framework can be a platform for implementing future recommendations of the Social Care Forum in relation to improved terms and conditions across the sector in Wales.

A 'national office' for social care should be established to develop and deliver the national framework. This may be either through developing a function within government, or setting up a small arms-length body of the Welsh Government. In both options, governance arrangements will ensure full engagement with local authorities, health boards, the independent sector and other key partners.

The national office will maintain an overview of the stability of the market for care and support, and be a basis for driving national policy initiatives. It will consolidate activity of some national fora, including the National Commissioning Board, working with Social Care Wales, the workforce regulator with responsibility for supporting service improvement in Wales. Separately, national direction will be strengthened through establishing a professional voice for the social care and social work workforce at a national level within Welsh Government.

Local authority commissioning functions will continue to be accountable locally. Based on the proposals in this paper, in future local authorities and local health boards will exercise these functions in accordance with the national framework, ensuring the full and fair use of its methodologies.

Regional Partnership Boards (RPBs) will be provided with a sharper set of tools to deploy to deliver their core aims of jointly assessing and planning for population needs. This responds to external reviews, and to the feedback from RPB members about how the current configuration of these partnership arrangements can sometimes limit their ability to act collectively and decisively. Specifically, we propose that RPBs should be established as corporate legal entities. Re-shaped RPBs, with functions to employ staff and hold budgets, would be expected to undertake significant joint commissioning and more directive market shaping.

Current planning and reporting arrangements will be consolidated, and these arrangements will be a better basis to evidence accountability to local and regional partners, as well as Welsh Ministers in respect of any national resources allocated to RPBs.

Conclusion

The proposals outlined in this White Paper will strengthen the arrangements of the social care sector and improve quality of care. They are based on an analysis of the weaknesses in the market for care and support, and limitations in current partnership structures.

The proposals will reduce complexity, increase sustainability, and strengthen integration. They will increase transparency rather than obscure local accountability. The changes proposed can rebalance the provision of care and support profoundly.

The focus is on the way the system is arranged, but the clear purpose is achieving our vision for social care through improving outcomes for people who need care and support and carers who need support.

Introduction

Overview

Social care helps people who need care and support, such as older people, children who have physical or social needs, disabled people, and their families and carers. Care and support might include support to communicate, protection from abuse or neglect, help to maintain or develop family or other significant personal relationships or help with everyday living (e.g. getting in and out of bed, cooking and laundry).

People in need of care and support and carers who need support must be enabled to use their strengths to achieve what matters to them, and they must have real voice and control over their lives, so that they can make a full contribution to the community and draw on it for support. Prevention is at the heart of this approach, this requires a whole system approach with an emphasis on improvement, well-being, co-production, prevention and early intervention, and on using new and emerging technology effectively.

The organisation, arrangement and delivery of social care is complex. That was the case before the emergence of Covid-19, but the pandemic has reconfirmed fragility within parts of the sector, for example across domiciliary and residential care. It has also shown how we can collectively address unnecessary complexity in order to increase the focus on quality and person-centred care. This White Paper proposes that current arrangements for social care need to be strengthened and re-aligned to respond to the range of challenges facing the sector, and to achieve the vision for social care set out in the Social Services and Well-being (Wales) Act 2014, supporting people to achieve their well-being outcomes. These challenges form the basic rationale for the proposals in this White Paper, which will provide a better basis for the future of social care.

The vision for social care

It is almost ten years since the Welsh Government's White Paper '*Sustainable Social Services for Wales: A Framework for Action*' set the Welsh Government's commitment to reform social care in Wales and marked the beginning of a transformational journey. The Social Services and Well-being (Wales) Act 2014 ('the Act') and the Regulation and Inspection of Social Care (Wales) Act 2016 were co-produced with the sector and people in Wales.

This landmark legislation embodies the Welsh Government's vision and core principles for social care, building on people's strengths to support them to achieve well-being and this continues to be right for social care in Wales. For older people this means living longer, healthier and happier lives, being able to remain active and independent, in their own homes, for as long as possible. For adults this means being able to exercise control over their lives and participate in work and other activities that are important to them. For children and families this means being supported to stay together, where this is in the best interests of the child.

Section 5 of the Act includes a definition of well-being. "Well-being", in relation to a person, means well-being in relation to any of the following—

a) physical and mental health and emotional well-being;
b) protection from abuse and neglect;
c) education, training and recreation;
d) domestic, family and personal relationships;
e) contribution made to society;
f) securing rights and entitlements;
g) social and economic well-being; and
h) suitability of living accommodation.

In relation to a child, "well-being" also includes—

a) physical, intellectual, emotional, social and behavioural development; and
b) "welfare" as that word is interpreted for the purposes of the Children Act 1989.

In relation to an adult, "well-being" also includes—

a) control over day to day life; and
b) participation in work.

This definition was further developed through the social services well-being statement for people who need care and support and carers who need support[5]. The statement sets out what well-being means for people. This is about giving people a stronger voice and greater control over decisions that affect them and ensuring people get the care and support they need to lead fulfilled lives.

The core principles of the vision are set out as overarching duties in section 6 of the Act. These are:

- to ascertain and have regard to the individual's views, wishes and feelings, in so far as is reasonably practicable;
- to have regard to the importance of promoting and respecting the dignity of the individual;
- to have regard to the importance of providing appropriate support to enable the individual to participate in decisions that affect them to the extent that is appropriate in the circumstances, particularly where the individual's ability to communicate is limited for any reason; and
- to have regard to the characteristics, culture and beliefs of the individual (including, for example, language).

Specifically in relation to adults, these are:

- to have regard to the importance of beginning with the presumption that the adult is best placed to judge their well-being; and
- to have regard to the importance of promoting the adult's independence, where possible.

Specifically in relation to children, these are

- to have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child; and

[5] Well-being statement for people who need care and support and carers who need support

- to ascertain and have regard to the views, wishes and feelings of the persons with parental responsibility for the child where a child is under 16, in so far as doing so is a) consistent with promoting the well-being of the child and b) reasonably practicable.

The Welsh Government has a longstanding commitment to rights and has put the United Nations Principles for Older Persons and the United Nations Convention on the Rights of the Child in Section 7 of the Act. The Welsh Government has also included a duty to have regard to the United Nation Convention on the Rights of Persons with Disabilities in the Code of Practice for Part 2 of the Act.

The Older People's Commissioner for Wales[6] has noted that growing older and living in an ageing society is something most of us will experience. Improving this experience therefore benefits us all, and we must continue to ensure that the human rights of older people are protected, both now and in the future. People's rights must be at the heart of action and decisions about what happens in our care homes, in the wider social care system and in our communities[7]. The Welsh Government is committed to create a Wales where everyone looks forward to growing older. The Strategy for an Ageing Society[8] sets out to create an age friendly Wales that upholds older people's rights and promotes intergenerational solidarity.

In 2011 Wales became the first country in the UK to incorporate children's rights into domestic law with the introduction of the Rights of Children and Young persons (Wales) Measure 2011. The Measure embeds consideration of the United Nations Convention on the Rights of the Child (UNCRC) and the optional protocols into Welsh law. The main duty within the Measure, under section 1, requires Ministers to have due regard to the UNCRC when exercising any of their functions. The Welsh Government believes that all children – without discrimination in any form – must have their human rights protected. Any persons carrying out functions under the Act in relation to children with needs for care and support, child carers with needs for support and persons in respect of whom functions are exercised under Part 6 (looked after and accommodated children), must have due regard to the United Nations Convention on the Rights of the Child.

In addition the Act, for the first time, gives carers equivalent rights to the people that they care for by extending their right to an assessment for support. The duty to assess applies regardless of the authority's view of the level of support the carer needs or the financial resources he or she has or the financial resources of the person needing care. The assessment must include an assessment of the extent to which the carer is able and willing to provide the care and to continue to provide the care, the outcomes the carer wishes to achieve both in terms of themselves and the extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes. The Welsh Government is currently consulting on a national plan for carers[9].

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[6] Older People's Commissioner for Wales Strategy 2019-22- Making Wales the best place in the world to grow older
[7] Joint Statement by the Older People's Commissioner for Wales and Equality and Human Rights Commission in Wales
[8] Welsh Government consultation on the strategy for an ageing society: age friendly Wales
[9] Welsh Government consultation on a national plan for carers

Progress in achieving the vision

The quality of people's experience of care and support is impacted by the behaviour of those providing services, such as warmth, kindness, empathy, respect, genuineness and love[10]. In September 2020, 75 per cent of people who responded to the National Survey for Wales[11] agreed that the care and support they received had improved their quality of life.

Alongside this broadly positive account, we know progress in achieving the vision of the Act can be inconsistent. For example the Care Crisis Review[12] reported that some children, young people and families say they are not getting the early offers of help they want to stop problems escalating. A recent study of citizens' views[13] showed many respondents felt like they need to fight for services, and that there was an expectation that they will accept and fit in with whatever support they are given. Carers were more likely to report a far higher incidence of 'negative' or 'very negative' experiences than those who receive care and support.

This legislation is still relatively new, and its implementation, including the shift to a new way of working to support people to achieve well-being, continues to be a journey. The Welsh Government's evaluation of the Act findings suggest that the ethos and principles of the Act are supported and have led to real change in social care, even despite austerity, but it is still very much regarded as an ongoing process. Given the variations in people's experiences, the challenges facing the sector described in the Case for Change section of this paper, and reflecting from the impact of the Covid-19 pandemic, the present moment is an important time to take stock and plan for the future.

[10] The King's Fund blog- Quality in social care: we need an ear for stories as well as an eye for data
[11] National Survey for Wales: results viewer
[12] Care Crisis Review- A sector-led Review of the rise in applications for care orders and the number of children in care
[13] Measuring the Mountain- our findings

The case for change

The Welsh Government has commissioned a partnership between academics across four universities in Wales and expert advisers to deliver the evaluation of the Act. Evidence from this evaluation suggests that the legislation has promoted change, and progressed local authorities' relationships with key partners in health, the voluntary sector and the independent sector. Four years after the Act came into force, there is considerable evidence of the difference made. However, a key theme running throughout the evaluation was the reference to the difference still to be made and the implementation of the legislation being seen as a continuous journey of change[14].

The following section builds on the preceding analysis by setting out important challenges facing care and support in Wales in the time ahead. This 'case for change' provides a basis for the proposals in the final sections of this White Paper.

Population change and need

The proportion of people over the age of 75 in Wales is projected to increase by more than 53 per cent by 2040. Likewise, those over 65 will rise to one in four of the population before 2050. Although future demand for formal care cannot simply be linked to an ageing population, the projected growth in the numbers of older people with complex care needs (including severe dementia) is highly likely to result in increased pressure on formal care services – for example, the number of older adults living with severe dementia is predicted to double to 53,700 by 2040[15].

There has tended to be a perception in the sector of a reluctance to engage with social care amongst some Black Asian and Minority Ethnic communities as some families have preferred to support older family members themselves. However, more families are reported to say they cannot offer the support needed and therefore it is expected that significantly more Black Asian and Minority Ethic older people will need to access social care services in the future. Current national data on adults receiving care and support provided to Welsh Government is not broken down by ethnicity. The Welsh Government is collaborating with key stakeholders in the social care sector on the development of a more comprehensive routine census of adults receiving care and support. The Welsh Government is also developing a Race Equality Action Plan to stimulate culture change in Welsh Government, in public services in Wales, in business and in Welsh society, to address structural and systemic racism. The Race Equality Action Plan will aim to transform the experiences and life chances of Black, Asian and Minority Ethnic people in Wales. Enabling access to appropriate and culturally sensitive social care provision has emerged as a priority for Black, Asian and Minority Ethnic people in the early co-construction of the Plan. Social Care Wales and Health Education and Improvement Wales have developed a workforce strategy[16] for health and social care which includes developing targeted recruitment schemes for under-represented groups.

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[14] Evaluation of the Social Services and Well-being (Wales) Act 2014
[15] The future of care in Wales: Resourcing social care for older adults report by Wales Fiscal Analysis 2020
[16] Social Care Wales and Health Education and Improvement Wales' 10 year workforce strategy for health and social care

Numbers of people with long term, life limiting and chronic conditions are increasing, largely due to the ageing population. There will be a 57% increase in people age over 75 with life limiting long term illness by 2035[17]. Older age is the leading cause of deafblindness, this is likely to increase as the over 85 population continues to grow. In the UK, 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role.

Local authority expenditure increased far more over the last 10 years for children's services than adult's services, even though the population of children in Wales remained relatively constant. The number of looked after children has risen significantly. Since 2003 the number of looked after children in Wales has risen by 63 per cent. In addition, more expensive care and support interventions are also needed to meet the increasingly complex needs of families, including those where children and young people who are disabled or who have severe chronic illnesses are living longer.

Tackling the continuing rise in numbers of looked after children in Wales has been a key priority throughout the course of this Government. To help stem the rise in looked after children numbers, the First Minister asked for a targeted approach to be developed with local authorities. Local authorities have developed reduction expectation plans over a 3 year period (2019-2021). However since the introduction of these plans, further increases have been seen with a 6.9 per cent increase in numbers of looked after children across Wales. At 31 March 2019 looked after children from Black, Asian and Minority Ethnic group population were over represented, making up 8.6 per cent of looked after children[18], compared with 6.6 per cent of all children from the Black, Asian and Minority Ethnic population group in Wales.

Carers should be enabled to lead a life alongside their caring, and through supporting carers the demands on public services can be reduced. The most recent official statistics on the numbers of carers in Wales are reported through the 2011 Census[19]. There were 370,230 unpaid carers (both children and adults) in 2011 providing at least one hour of unpaid care. Of those, 157,794 were providing at least 20 hours of unpaid care. Carers UK has noted an increase in unpaid carers due to the coronavirus pandemic. Unpaid carers providing high levels of care are twice as likely to be permanently sick or disabled themselves. Unpaid care is by far the largest source of adult care provision[20].

The funding challenge

The Welsh Government recognises the biggest challenge facing the social care sector is the funding position in the context of increasing and more complex demand on services. Social services continues to make up an increased percentage of overall local government expenditure. Commissioning costs and wage inflation account for a

[17] National population needs assessment report for care and support in Wales
[18] Looked after children census, at 31 March 2019.
[19] Office for National Statistics- official labour market statistics
[20] The future of care in Wales: Resourcing social care for older adults report by Wales Fiscal Analysis

significant proportion of increased demands on local authority social services departments across Wales[21].

There is uncertainty over future budgets. The Welsh Government received a one year budget settlement for 2021-22. The Welsh Government has increased local government budgets by £172 million in 2021-2022 on a like-for-like basis compared to the current year. Setting aside additional spending because of the Covid-19 pandemic, this budget plan represented an above inflation increase of more than £400 million in health and social care, bringing the total investment in the health and social care system in 2021-22 to more than £8.7billion. This includes an increased special grant of £50 million to local authorities to address pressures on social care and more than £130 million provided through the Integrated Care Fund. But even with this additional funding the projected future funding need looks challenging. Any future financial implications will need to be met from within the future settlements set by future budget rounds.

The Health Foundation estimates that pressures on social care will rise by around 4.1 per cent a year in real terms between 2015 and 2030-31, due to demography, chronic health conditions and rising costs. This will require the budget to almost double by 2030-31 to match demand. This rate of growth is higher than that expected for the NHS, as social care is heavily concentrated on the frail elderly, often with co-morbidity, and a much smaller but growing (and ageing) population of people with learning disabilities.

Analysis undertaken for the Welsh Government shows potential funding requirements for social services in Wales in the short to medium term. LE Wales presented five potential scenarios, projecting net expenditure requirements up to 2022-23. While it is difficult to predict expenditure patterns, since publication, 2018-19 data shows an annual increase of 5.7 per cent on 2017-18 net current expenditure, which is closest to the high cost scenario estimate. These scenarios were predicted before Covid-19, with an increase in demand from the pandemic, it is likely that the expected projections will be an underestimate.

The Inter-Ministerial Group on Paying for Care ('the IMG') has been considering the possibility of raising additional funding for adult social care in the context of Professor Holtham's[22] proposals for a hypothecated levy to create a social care fund. For contributing in this way he envisaged people receiving a "social care promise" or clear benefit of some kind. The IMG's work has been delayed by the pandemic, but is progressing. The IMG has considered a range of options for the potential use of any additional funds raised. This included all personal care and accommodation free, along the lines of the NHS. However, an initial cost of this is an estimated additional £700 million a year, well beyond the Welsh Government's ability to provide. As a result, the IMG has focused on developing funded options that are potentially sustainable and deliver better quality care.

The care and support market

The care estate is large and varied, consisting mostly of smaller private providers with narrow margins and limited financial reserves. On 22 December 2019, there were 1076

[21] At the tipping point? Welsh local government and austerity report by Wales Centre for Public Policy 2019

[22] Paying for social care- An independent report commissioned by the Welsh Government 2018

care home services for adults, 229 care home services for children and 570 domiciliary support services, registered with Care Inspectorate Wales (CIW). Of the 570 domiciliary support services, 23 were provided by local authorities or local health boards. The majority (75per cent) of care homes for older people in Wales are owned by a single owner who own one care home or an owner who has less than five care homes. A much smaller percentage of homes are owned by larger group providers (8per cent)[23].

More adults are receiving care and support at home wherever possible, in line with what matters to them. This has created a level of demand that outweighs the volume of domiciliary care provision available. Often the greatest proportion of delayed transfers of care from hospitals has been attributable to people waiting to return to their homes with packages of domiciliary care services in place.

Implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 has changed the framework under which the care market is regulated and inspected. New regulations have been made covering each of the regulated services listed in that Act. The regulations were made in three phases – an explanation of the regulations (and relevant links) may be found on the Social Care Wales information and learning hub[24].

The purpose of these regulations and CIW is to ensure safety of care and support, to drive up improvement so that people can achieve well-being and the outcomes that are important to them. It is an offence for a service provider to fail to comply with a specified provisions of these regulations, and CIW is able to take action against providers and responsible individuals when necessary. The regulations focus on six key areas: information, person-centred care, safeguarding, environment (including premises), staffing and governance.

Commissioning and complexity

The *Let's Agree to Agree Toolkit*[25] used the term commissioner to describe the staff from the local authority or the health board who have responsibility for ensuring that the right range and type of care is available for people in their area. Social care commissioners analyse need, plan and design appropriate service provision, secure that provision (often but not exclusively through procurement activity) and monitor the quality and delivery of the provision on an ongoing basis. There are 29 main commissioners of care in Wales through 22 local authorities and 7 local health boards.

The *Let's Agree to Agree Toolkit* describes procurement as the process of ensuring that a fair price is paid from the public purse for those people whom the state arranges or provides care for. Commissioners in Wales mainly procure services and undertake contract management arrangements. Due to the complexity of the market, and reduced capacity because of austerity, it is challenging for commissioners to develop all parts of the commissioning cycle, for example, designing, capacity building, managing relationships and analysing. This can be seen in excessive residential care beds and service gaps across Wales, for example limited availability of care and support through the Welsh Language, particularly in the provision of nursing care.

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[23] Rapid Review for Care Homes in Relation to Covid-19 in Wales by Professor John Bolton 2020
[24] Social Care Wales learning hub
[25] Lets agree to agree- A toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales, August 2018

There has been limited progress on creating a more diverse provider base and rebalancing the market by supporting alternative models of care. The Parliamentary Review of Health and Social Care in Wales 2018[26] noted that the commissioning role needs to be strengthened and used to incentivise local reshaping of seamless health and care services with greater focus on health and well-being responsibilities. Although innovative multi-agency approaches are being developed the scale and pace needs to increase to meet changing population needs.

To support the sector in their commissioning role, the National Commissioning Board was set up. It is made up of key representatives of the sector and plays a central role in building vison and setting a national direction for the commissioning of health, social care and well-being services in Wales. The Board:

- Provides a national perspective on the care and support market;
- Influences national policy;
- Drives implementation of good practice in regions; and
- Supports Regional Partnership Boards (RPBs) to fulfil their duties in relation to effective regional commissioning and pooling of funds.

Whilst the Board does not direct or determine the work programmes of individual local authorities, local health boards or RPBs, its purpose is to provide an authoritative voice and actively seek to promote a coherent approach to commissioning practice and the collation of good practice across Wales.

Despite the focus in the Act on collaborative approaches to commissioning through shared population needs assessments and area plans (and, when implemented, market stability reports), few areas have achieved a truly partnership approach across all aspects of the commissioning cycle. Even with the consensus built through the National Commissioning Board, the *Let's Agree to Agree Toolkit*[27] has not secured the buy-in to be adopted across Wales.

The current structure of the social care market for adults can be referred to as a monopsony – where there are a small number of purchasers and a large number of providers. Local authorities are the main buyer of the social care market; in the context of austerity, this market structure and pressurised budgets has caused a driving down of fees and costs. Care providers are often competing within the same local area by minimising costs to win contracts. With the main costs for providers being labour, pay and terms and conditions are seen as a cost to be minimised to ensure providers can win contracts. This has led to downward pressure on pay and on terms and conditions.

Fragmentation also makes it much more difficult for the sector to play its part in consistently adopting effective environmental practices. Whilst individual providers may have ambitious aims and plans to significantly reduce their carbon emissions, a galvanised whole-sector approach is more difficult to identify.

[26] The Parliamentary Review of Health and Social Care in Wales 2019
[27] Lets agree to agree- A toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales, August 2018

The evaluation of the implementation of the Act[28] suggest that although there were some positives there were also shortcomings in commissioning practices. The findings suggest that there is a sense that practice had evolved such that commissioning for the principles and outcomes of the Act had been realised, but there was considerable progress still to be made. Through discussions with the sector, the main issue identified with commissioning during the implementation of the Act was the lack of co-ordination between local authorities leading to 22 distinct and different ways of doing things.

In contrast progress has been made by the Children's Commissioning Consortium Cymru (4Cs) which was created in 2012 and consists of all 22 local authorities who have joined together to address concerns about the variable standards evident in placement commissioning for looked after children. The Consortium work collaboratively with partners to match vulnerable children who need to be looked after with the best possible placement.

The vision is to deliver improved outcomes, as well as better value for money, through excellent standards of care with trusted, quality assured providers, maximising the benefit of standardised contracts, terms and conditions, and purchaser economies of scale. As well as significant cost savings, benefits include improved management information, consistent and secure collaborative tools and processes across authorities to facilitate individual placement matching, contract award and contract monitoring, collaborative risk management, and quality assurance of providers; sustained reduction in prices; and an environment of partnership with the independent sector to commission new sustainable care models. It also rationalised processes for all participant authorities ensuring a consistent placement process fit for purpose by focusing on the needs of the child.

The Consortium has established social care frameworks for looked-after children's foster and residential placements and only those who offer the best quality placements and value for money can become Framework providers. These Frameworks provide a strategic procurement solution for independent sector looked after children placement needs. For the life of the contract provider quality, cost per placement, terms conditions and specifications are determined and agreed. This has eliminated the need for a full procurement process for each and every placement and removed options of 'opportunistic' pricing which previously existed for some urgent requirements. It also rationalised processes for all participant authority ensuring a consistent placement process fit for purpose by focusing on the needs of the child.

Workforce sustainability

The delivery of social care is rightly labour-intensive and the availability of a skilled workforce plays a key role in delivering high quality of care[29]. People who use social care have reported they value the continuity and familiarity of people who often provide very personal care, and that it is important to build up a rapport as it makes people feel more secure[30]. The development of positive relationships is essential for safe, effective and high quality care and it matters to everyone, children and adults.

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28 The evaluation of the implementation of the Act

[29] The future of care in Wales: Resourcing social care for older adults by Wales Fiscal Analysis

[30] Home care in Wales: Views and experiences of older people. Welsh Institute for Health and Social Care report for the Older People's Commissioner for Wales, 2012.

The social care workforce is typically ageing and gendered, with the vast majority of staff of commissioned care providers are female and over a half of the workforce is aged over 40[31]. The Institute for Fiscal Studies in its analysis for England and Wales notes that particular ethnic minorities are more likely to be employed in critical worker roles. They indicate that, across England and Wales, Black African employees are much more likely than other ethnic groups to be employed as critical workers, and particularly in health and social care. Analysis produced by Welsh Government[32] indicates that half of Black, African, Caribbean and Black British employees work in critical occupations and that more than half of employees of Bangladeshi ethnicity are critical workers.

The staff turnover rate for all of the adult social care workforce in Wales is reported by the ONS at 30 per cent in Wales[33],[34]. In addition to high turnover, current issues include high vacancy rates, costly recruitment and training of new staff, growing use of (more expensive) agency staff, and churn within the sector with staff frequently moving between employers often for financial incentives or improved working conditions. Recent research by the Welsh Institute for Health and Social Care[35] noted there is competition from employers outside the social care sectors (e.g. retail). These employers are considered to provide similar or better pay, with roles carrying less responsibility. Competition within and between social care employers and the NHS was thought to contribute to retention problems in the social care workforce.

The social care workforce in Wales makes up an important part of the Welsh foundational economy, representing 6 per cent of the total employment in Wales. The Economic Value of Adult Social Care Report 2018[36] notes that the combined annual Gross Value Added (GVA) plus the indirect impact supply chain multiplier and the wage multiplier for the sector (induced impact) is estimated to generate £2.2 billion in Wales. The report states that there are 72,100 jobs in the adult social care sector in 2000+ sites across Wales (in residential care, domiciliary care, day care and other settings which include central support services) which equated to 54,100 Full Time Equivalents (FTEs) in 2016. Most of the care sector is on national minimum wage. The average earnings for those in the adult social care sector in Wales were estimated to be £16,900 per FTE, compared with average earnings across all industries of those in Wales of £29,200 in 2016.

As part of the Fair Work Commission, the *Fair Work Wales*[37] report noted that despite the sector being a core industry that contributes to individual and social well-being, it is a sector which displays various features associated with insecurity and poor working environment. In response to the recommendations of the report, the Welsh Government has recently convened a Social Care Forum which is considering how best to improve pay and other conditions of employment in the social care sector.

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[31] Report on the factors that affect recruitment and retention of domiciliary care workers 2016
[32] Coronavirus and employment: analysis of protected characteristics
[33] Employee turnover levels and rates by industry section, UK, January 2017 to December 2018
[34] Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care
[35] Research on the terms and conditions of social care employment contracts in Wales
[36] The Economic Value of the Adult Social Care sector Wales
[37] Fair Work Wales- Report of the Fair Work Commission, March 2019

Research indicates that pay, terms and conditions are regarded as key factors that relate to job satisfaction, and there is an important link between job satisfaction, service quality and the achievement of outcomes[38]. Improving pay, terms and conditions is considered to be an important part of attracting, recruiting and retaining workers in the sector particularly for domiciliary care where anecdotally we know that salaries are lower and working hours less reliable than in other parts of the sector[39].

Recent analysis by LE Wales of the adult social care workforce data and ratings of care establishments in England (inadequate, requires improvement, good and outstanding) from the Care Quality Commission England indicates a link between wages of care workers and quality of care. The analysis suggests that a £1 increase in hourly wages for care workers reduces the proportion of establishments in need of improvement by about 4.5 percentage points, for both residential and domiciliary care. Although equivalent quality ratings for settings in Wales are not currently available, this relationship is assumed to hold in Wales.

The Welsh Government has taken steps through the Regulation and Inspection of Social Care (Wales) Act 2016 to help improve the quality of the care and support provided by the domiciliary care workforce, by requiring an increase in the separation between travel and call time. These provide further opportunities to establish domiciliary care as an attractive, supported and rewarding long term career. Measures have also been taken to limit the use of zero hours contracts by requiring domiciliary care service providers to give workers a choice after three months of employment as to whether they are employed on zero hours or fixed hour contracts.

However, the *Measuring the Mountain* evaluation project[40] reported in 2019 that among those who have regular engagement with social care, either through a social worker or through carer workers coming into their home, the turnover of staff continued to be a cause of uncertainty and anxiety. Individuals often did not know which care workers they should expect or if they would have met them previously. The report noted two key factors that contribute to when people are most likely to feel out of control, namely working with multiple services or sectors and staff turnover.

Children

The Act reinforces the principle of supporting families in caring for children with an emphasis on helping parents develop their own ability to identify and manage problems, keeping families together in a safe, supportive and stable environment. Preventative services have a key role to play in meeting the needs of children by preventing circumstances that might lead to a child or young person being looked after by a local authority.

The *Care Crisis Review 2018*[41] noted that research continues to raise questions about the level and effectiveness of support available for parents of children who receive care and support, and identifies that a significant proportion of spend by the state is on 'late

[38] Fair care, a workforce strategy for social care, March 2019
[39] Fair care, a workforce strategy for social care , March 2019
[40] Measuring the mountain-report on what really matters to in social care to individuals in Wales?
[41] Care Crisis Review- Factors contributing to national increases in numbers of looked after children and applications for care orders (June 2018)

intervention' for children and families, with one of the largest single items the cost of children who are taken into care. Placing the focus for repairing families on statutory social services is often too late. The Welsh Government's 'reduction expectations' work has, over the past two years, provided further evidence that although socio-economic factors explain variation in demand between local authorities, there is also considerable local variation in practice when it comes to preventing children being in care.

The number of looked after children continues to increase year on year, despite policy supporting children to remain with their families and out of care, including prevention and early intervention schemes. Also too often children are placed far from home at great expense, removing them from their families and sourcing appropriate, regulated placements is often difficult. Alongside this the secure accommodation system often is unable to meet young people's needs and there continues to be a lack of investment in expanding residential care for looked after children with complex needs, to support them to remain close to home and transition to independent living.

The Children's Commissioner visited each of the seven Regional Partnership Boards during 2019, and produced a report, *No Wrong Door: bringing services together to meet children's needs*[42], it focused on children with complex emotional wellbeing or mental health needs and young people with learning disabilities transitioning to adult services. The report found that children are waiting too long to receive the help they need, and are being 'bounced' between services which cannot agree who is responsible for their care. The Commissioner concluded that there is a pressing need for a 'No Wrong Door' approach, where the child's needs and circumstances are responded to in a holistic, multi-agency, wraparound way, and children and young people feel confident that wherever they go for help should be able either to provide support directly, or to point them in the right direction for support.

This report added further evidence to the need to develop joint social care and health commissioned residential provision for children with complex emotional wellbeing and mental health needs. To respond to this evidence and lack of investment, Regional Partnership Boards have been identified as the collective vehicle for delivering therapeutic, multi-disciplinary services. Regional Partnership Boards are supporting a small number of developments which will enable young people placed away to return closer to home.

The Commissioner also found that young people with learning disability still have complicated and stressful transition to adulthood. An earlier report, '*Don't Hold Back',* 2018 had found that young people and their families were not involved enough in their own care, there were different thresholds across services, and every service had a different way of managing transition from child to adult services. Although there were promising signs, there had not been much change on the ground. As the Commissioner noted, Regional Partnership Boards should be ideally placed to broker arrangements between child and adult services to ensure integrated transitions for young people with learning disability.

[42] The Children's Commissioner for Wales report- No wrong door: bringing services together to meet children's needs

Public services working together

Individuals, their families and carers may require care and support from more than one professional or organisation. Where this is the case, services should be effectively co-ordinated and delivered to meet needs. When all partners work effectively together it improves outcomes for people. It also means that resources are used in the most effective and efficient way. The key aims of partnership and integration can be described as follows:

- To improve care and support, ensuring people have more voice and control;
- To improve well-being outcomes;
- To provide co-ordinated, person centred care and support; and
- To make more effective use of resources, skills and expertise.

A Healthier Wales reinforces the critical importance of public services working together and the role the Welsh Government should play to enable that. In considering how social care is arranged, its relationship with healthcare remains important. The housing and education sectors also have key roles to work in partnership to support people.

The Act set clear expectations and sought to provide equally clear means for partners with a direct role in arranging or delivering care and support, to work together effectively at a strategic level, including to set pooled budgets to deliver truly integrated services. Part 9 of the Act and section 25 of the Children Act 2004 together require local authorities and relevant partners to co-operate, it also provides for partnership arrangements between local authorities and local health boards for the discharge of their functions and a requirement for formal partnership arrangements through Regional Partnership Boards (RPBs).

The Welsh Government has made two key grant funding streams available to RPBs to support them to drive forward integration; the Transformation Fund and the Integrated Care Fund. Recent reviews of these funds provide useful evidence about the progress of partnership working at the regional level.

- An Audit Wales report about the Integrated Care Fund [43] was published by Audit Wales in July 2019. The aim of the Integrated Care Fund is to drive and enable integrated working between social services, health, housing and the third sector and independent providers to develop sustainable services. It is distributed to RPBs, which oversee and manage the fund in their area, and there are capital and revenue-based allocations each year. RPBs approve revenue projects and submit an annual Revenue Investment Plan to Welsh Government. Capital proposals are submitted to Welsh Government for approval and are grant-funded. Overall, Audit Wales concluded that the fund has a positive impact, and is provided an impetus for partners to develop integrated services and move to joint funding arrangements in the context of wider policy and legislation.

- The Transformation Fund was established to speed up the development and scaling up of new models of health and social services provision. It focused on three areas: seamless alignment of health and social care; local primary and community-based health and social care delivery; and new integrated

[43] Integrated Care Fund (Auditor General for Wales, July 2019)

preventative services and activities. It is delivered via RPBs, and 30 projects have been supported across the seven regions. A mid-term report[44] in April 2020 noted that the fund seems to be having a positive impact in getting partners to work together and there is some initial evidence across regions where staff are starting to think differently and change their working culture.

Although the evidence suggests that regions are effective in working collaboratively to deploy Welsh Government allocated grant budgets, progress to share or pool budgets and action in order to achieve added value and better performance has varied. A report into the use of pooled budgets in older people's residential care, which was produced for Welsh Government by KPMG in 2020[45], has shown only moderate progress, and notes that RPBs are predominantly meeting the minimum requirements. The report identifies a number of areas for development, including:

- Many RPBs do not physically pool budgets and where they do, the majority are not actively prioritising and managing the budgets as a single fund;
- RPB are concerned about the risk of cross–subsidisation across local authority boundaries. Currently none of the RPBs share financial risks although there is increased transparency of activity, expenditure and risks;
- RPBs can only make recommendations and not decisions as they are not legal entities;
- RPBs are concerned about managing a diverse cohort of need across localities; and
- Identified good practice such as the establishment of a pooled funds manager to maximise operational and financial performance should be shared.

A thematic review by CIW, *Prevention and promotion of independence for older people*[46], in September 2020, based on inspections and fieldwork undertaken during 2019, found that progress towards partnership and integrated service delivery for older people remains very mixed. There is evidence of integrated partnership approaches in some areas but overall a 'red' status for partnership working and integration was awarded. The report details numerous examples of joint community resource teams working as equal partners, and in some areas jointly funded posts and management teams across health and social services. Whilst this does not necessarily mean better integration, it clearly provides opportunity to communicate, recognise common ground and shared responsibility. In addition strategic commissioning through population assessments and area plans is still in its infancy and delivering limited impact. The report says that partners do not share a clear strategic vision of sustainable health and social care services, and leaders and senior managers are still focusing on service delivery within their own areas of control, rather than on people and outcomes.

RPBs ability to meet their responsibilities could be regarded as limited in that they do not have all the functions that may be needed to deliver integration. They have no directly accountable staff or controllable budget. The Welsh Government's formal evaluation on the implementation of the Act concluded that a priority for further

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Mid-point evaluation of 'A Healthier Wales' Transformation Fund (research, for Welsh Government, April 2020)

[45] Report on Regional Partnership Boards' use of pooled budgets for care home accommodation by KPMG 2020

[46] Care Inspectorate Wales report on prevention and promotion of independence for older adults, September 2020

implementation included the continuation and development of integration and partnerships, monitoring and evidencing outcomes, and the infrastructure to facilitate integrated working. Given the mixed progress identified above and the legislative limitations of Part 9 of the Act, RPBs need further support to achieve the optimum benefit from their collective capacity to lead change.

Prevention

Prevention is at the heart of the Welsh Government's programme of change for social services. There is a need to focus on prevention and early intervention to make social services sustainable into the future. It is vital that care and support services do not wait to respond until people reach a crisis point. Section 14 of the Act requires that local authorities and local health boards jointly carry out a strategic assessment of needs for care and support and support needs for carers. That assessment must also assess the range and level of services necessary to deliver preventative services. Section 15 of the Act requires local authorities to provide or arrange for the provision of these preventative services.

There is no one definition for what constitutes preventative activity. It can be anything that helps meet an identified need and could range from wide-scale measures aimed at the whole population to more targeted individual interventions, including mechanisms to enable people to actively engage in making decisions about their lives.

Some key progress has been made, supported through partners deploying the Integrated Care Fund and Transformation Fund, in developing new models of preventative service delivery. The third sector in particular have helped to bring this focus and capability for prevention to the RPB agenda. However, competing priorities and increased demand for services to meet more complex needs often means a focus of commissioning and delivery on the acute services, which are more costly and which squeeze the capacity for preventative work. This is particularly noticeable for care and support for children.

Lessons from other parts of the UK

Although health and social care systems have evolved in different ways and at a different pace across the UK since devolution, there is much experience and innovation that can be shared and lessons learned between the four nations, with regard to collaborative working and integration. What the systems all have in common is a drive to rebalance care away from the acute hospital setting towards prevention and support within the community and at home.

Northern Ireland is unique in the UK in having arranged health and social care within the same organisational structure through the Health and Social Care (Reform) Act (Northern Ireland) 2009. A recent report by the Nuffield Trust[47] has shown having an integrated system does not in itself result in social care being accorded a higher priority or in smoother working across the sectors. The Northern Irish experience reinforces the message that effective leadership and scrutiny, within a culture that promotes

[47] Change or Collapse: Lessons from the drive to reform health and social care in Northern Ireland by the Nuffield Trust, July 2019

innovation and genuine partnership working, are ultimately more important than structures.

In England a partnership approach is evolving based around Integrated Care Systems (ICSs), which take collective responsibility for managing resources and delivering health and social care. These are yet to be given legal status and it is expected that the UK Government will publish proposals and draft legislation on ICSs in the first part of 2021. The Kings Fund 2020[48] noted there is wide variation in the maturity of partnership working across these systems. The systems that are furthest ahead are those that have given priority to strengthening collaborative relationships and trust between partner organisations and their leaders. This has often been achieved by leaders from different organisations spending time together to work through the challenges facing the system and individual organisations, clarifying a shared purpose for working together, and undertaking focused development work with their leadership groups. The Kings Fund also noted that collaborating across the NHS and local government is not easy, and requires local leaders (including NHS leaders as well as officers and elected members in local government) to better understand each other's challenges, to recognise and respect differences in governance, accountabilities, funding and performance regimes, and to find ways to manage these differences.

The majority of Scottish local health and social care partnerships have adopted a model of where arrangements are delegated to a third body, known as an Integration Joint Board (IJB), through the Public Bodies (Joint Working) (Scotland) Act 2014. The IJBs are responsible for the governance, planning and resourcing of social care, primary and community healthcare, and unscheduled hospital care for adults. Some have also integrated additional services including children's services, social work, criminal justice services and all acute hospital services. A report from the Ministerial Strategic Group for Health and Community Care (Scottish Government, February 2019)[49] reviewed progress on the Health and Social Care integration and noted Scottish Integration Joint Boards have struggled to exert influence on the budget-setting process as partners are unwilling to give up financial control. Partners must be empowered to use the totality of their resources to do things differently. The report noted that joint resources held must lose their original identity and become a single budget.

As this brief review has shown, the other UK countries continue to strengthen collaborative relationships, however no one country has found the answer. Similar to Wales, England and Scotland have taken a partnership arrangement approach, as opposed to a structural one. The key lessons from their progress that can be applied to any partnership arrangement is clear. Organisations have different governance, accountability funding and performance requirements, this must be recognised and partners must find ways to manage these differences to do things differently. Proposals set out in this paper should avoid structural disruption where it is not needed and instead focus on strategic enhancement that will strengthen current arrangements to secure well-being for people who need care and support and carers who need support.

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[48] The King's Fund- Integrated care systems explained: making sense of systems, places and neighbourhoods

[49] Health and Social Care integration: progress review – final report from the Ministerial Strategic Group for Health and Community Care (Scottish Government, February 2019)

Achieving the vision

Design

Based on the challenges outlines in the Case for Change section of this paper, three critical areas emerge where additional focused action could deliver system-wide improvement to secure the vision for social care:

- refocussing the fundamentals of the care market – away from price towards a value measure based upon service quality and overall cost;
- reorientation of commissioning practices – managing the market and focusing on outcomes; and
- evolution of integration mechanisms – reducing barriers to joint planning and delivery.

In forming this frame of reference we have drawn on important guiding frameworks. The five ways of working set out in the Well-being of Future Generations (Wales) Act 2015 call on us to balance the short term and long term, and in terms of collaboration to test whether our arrangements help us work together effectively. *A Healthier Wales* design principles compel health and social care system leaders to "[develop] services which are less complex and better co-ordinated for the individual; [where there should be] close professional integration, joint working, and information sharing between services and providers."

Through action in the three areas identified above, this White Paper seeks to rebalance the care and support market based on a clear national framework where services are organised regionally and delivered locally. In doing so we aim to rebalance social care so that there is neither an over reliance on the private sector, nor a monopoly in the other direction. This White paper defines 'rebalancing' broadly as a set of descriptions of the system change we want to see.

Refocussing the fundamentals of the care market

Rebalancing means…

… Away from price. Towards quality and social value…

… to co-produce better outcomes with people.

The majority of care and support is provided through a market structure known as a monopsony[50]. This market structure, in the financial context of austerity, has resulted in 'price' becoming its dominant feature. If the vision is for high quality social care that supports people to achieve their outcomes, the price-orientated market structure that has evolved over time is not the route to achieving that. This was recognised in the Welsh Government's recent *Strengthening Social Partnerships White Paper*[51], which

[50] Definition of monopsony is where there are a small number of purchasers and a large number of providers. Local authorities are the main buyer of the social care market; in the context of austerity, this market structure and pressurised budgets has caused a driving down of fees and costs.
[51] Welsh Government White Paper- A More Equal Wales: Strengthening Social Partnership 2019

said that the modern era of our social partnership arrangements has been dominated, and shaped by our response to economic crisis and the challenges of chronic UK public sector austerity.

Value for money will remain important, and care and support that is commissioned by local authorities and local health boards will continue to need to demonstrate efficient use of tax payers' resources. Value for money in this context is about delivering effective services, at a cost which delivers strong social outcomes[52].

To do this, we look to service commissioners to focus on specifying, scoring and measuring against providers' ability to deliver multiple outcomes against the overarching duties set out in the Act to achieve quality services and secure well-being, balanced against value for money. Commissioners should continue to define the sort of capabilities and experience required of tendering organisations, and procurement teams should work with commissioners on how they build this into the procurement assessment process[53].

Critically, the rebalancing towards a market which incentivises quality will require the Welsh Government and all local commissioners to work together to agree and implement robustly a common framework. Learning from the Children's Commissioning Consortium Cymru's approach to focussing on quality placements that are affordable should be applied to the development of a proposed framework.

More predictable, standardised approaches to fee setting can reduce provider competition for staff through marginal pay differences. The case for change highlighted the relationship between pay, terms and conditions on staff turnover and the impact of staff turnover on service quality. Greater consistency of the workforce providing care and support and less turnover allows people to build relationships with people that provide care and support, feel safe and more secure, thus improving quality of social care and well-being outcomes. Therefore clear expectations for improved terms and conditions including pay, should be a core part of determining the funding methodologies. The Welsh Government has accepted the recommendations of the Fair Work Commission[54] and is committed to working with partners towards implementing the Real Living Wage across social care. Fair work means a more productive, happier workforce, greater levels of commitment and engagement, less absenteeism and lower staff turnover[55].

[52] Welsh Government White Paper- A More Equal Wales: Strengthening Social Partnership 2019
[53] Wales Co-operative Centre report- Supporting Care Commissioners and Procurers to promote social value models 2020
[54] Fair work commission- terms of reference
[55] Welsh Government White Paper- A More Equal Wales: Strengthening Social Partnership 2019

Reorientation of commissioning practices

Rebalancing means…
…Away from complexity. Towards simplification.
Away from task-based practice. Towards an outcome-based practice.
Away from reactive commissioning. Towards managing the market….
… to co-produce better outcomes with people.

Whilst the Act has provided greater focus on securing well-being for people, the case for change has highlighted that commissioning practices can still be task-orientated. The evaluation of the implementation of the Act identified a significant challenge to arranging and delivering care and support because of the lack of co-ordination between local authorities leading to twenty two potentially different ways of doing things.

Critically, with an environment that favours quality, and where procurement is based on a simpler approach, commissioners will be freer to innovate to support the creation of the new models of care that are needed for changing population needs. Commissioning practice will therefore shift away from task management, and multiple small procurements and associated time-consuming management activity, towards social value based commissioning that secures well-being for people. In doing this, commissioners and planners are enabled to develop all the important parts of the commissioning cycle[56], such as capacity building, market development and market relationships.

A common framework will enable a greater degree of joint-commissioning. As a basis for closer partnership working, it can ensure service delivery outcomes align with what matters to people and on Foundational Economy and social value initiatives.
Whilst there is no single, agreed definition of “social value”, Social Enterprise UK define social value as the additional benefit to the community from a commissioning/ procurement process over and above the direct purchasing of goods, services and outcomes. In social care in Wales it has been used to create phrases like “social value organisations” and “social value forums”. These phrases have come to be used as short-hand for organisations referenced in section 16 of Part 2 of the Act, which sets out models for care and support that strive to deliver on the principles of the Act.

Progress can be made towards a more diverse provider base and rebalancing the market by supporting alternative models of care. Focusing on social value commissioning will create an environment in which not-for-profit providers can grow, including co-operatives, whilst simultaneously encouraging all providers to develop their capacity for delivering social value. The whole sector will be better placed to engage in consistently effective co-production from the earliest stages of assessing, planning, delivering and evaluating care and support.

Providers also have much to gain from this new approach. The removal of much complexity will enable providers to increase their focus on supporting people to achieve their personal outcomes.

The case for change described the care and support market as large and varied, consisting mostly of smaller private providers with narrow margins and limited financial reserves. Within these new arrangements, small providers will be encouraged to work together to respond to local commissions. This could be achieved by the development of a collective approach to enabling shared activities, such as marketing, procurement, HR and IT support. This approach will contribute to the rebalancing of the care and support market to fewer individual providers competing for contracts, reducing time-consuming activity and complexity.

Evolution of integration mechanisms

Rebalancing means…
… Away from an organisational focus. Towards more effective partnership
… to co-produce better outcomes with people.

The interdependency of social care and healthcare is at the heart of *A Healthier Wales*. For adults, the necessity for close alignment of these services enables people to live as independently as possible and is critical to prevention and early intervention. Close joint working enables people to return to their home after a period in hospital, and is fundamental to the success of the new *Discharge to Recover and Assess Model of Care*.

The relationship between social care, the NHS, housing organisations and the education sector is particularly important to provide coordinated person centred care and support. At a regional level, these partners can make more effective use of resources, skills and expertise to improve well-being outcomes. RPBs bring partners together along with representatives of citizens, carers and other important voices. RPB members recognise the emerging benefits from their partnership and want to build on joint commissioning arrangements[57]. RPBs' role is complementary to other regional and local partnerships, and better alignment between these partnerships is the subject of ongoing work.

The case for change pointed to progress made by RPBs and a number of achievements. It also outlined areas where progress has been more challenging, for example residential care for children. The Welsh Government's evaluation of the Act points to the infrastructure of the RPBs requiring priority action to better facilitate integrated working. Therefore it is proposed that the current design of RPB functions are strengthened to enable them to deliver effectively.

The approaches to partnership and integration adopted by other parts of the UK to enable the closer alignment of social care and health services (for example delegation

[57] Report on Regional Partnership Boards' use of pooled budgets for care home accommodation by KPMG 2020

of budgets to a third party where some members are provided with voting powers through IJBs in Scotland) provides a basis to consider the strengths and weaknesses of different potential arrangements.

The fundamental role of RPBs should remain as bringing partners together to jointly review population needs and plan the models of care and support that people will need. Joint analysis and planning, should, in areas where partners need to align services to achieve better outcomes, lead to joint commissioning of provision. Reflecting on independent reports and direct feedback from the sector, we believe that to do this most effectively RPBs need to be equipped with additional tools to better align planning and organisation of services, and tangible organisational capacity to fully deliver to this mandate.

Putting it into practice

How can we do it?

Current arrangements for social care need to be strengthened and re-aligned to respond to the range of challenges facing the sector, and to achieve the vision for social care set out in the Act, supporting people to achieve their well-being outcomes. The following set of proposals flow from a systems-thinking perspective and an analysis of the deficiencies in the market for social care provision and some limitations in current partnership structures. The changes advocated can reshape the organisation of social care profoundly and in the clear interests of those receiving care and support. It is proposed legislation is introduced to deliver the required change.

A national framework for commissioning care and support for both children and adults can forge a more balanced market of better quality provision. The framework will help to ensure social value commissioning that supports people to achieve their outcomes, and fully utilises the assets that exist in local communities.

A national framework can be a platform for implementing future recommendations of the Social Care Forum, across the sector in Wales. A national framework will set fee methodologies, develop more standardised commissioning processes, and increase transparency of service performance.

Enhanced regional planning and a greater degree of joint commissioning across health and social care and across regional footprints would reduce complexity and duplication and improve consistency and capacity. This would enable commissioners to refocus on meeting changing population need through more directive market shaping. It is proposed therefore that the future of high quality social care that support people to achieve their outcomes is arranged through a structure comprising a national framework, where care and support is planned regionally and delivered locally.

Strengthened regional organisation will enable greater integration and action amongst social care and its and partners, including health care and the voluntary sector, along with education and housing. This approach would support social care as a part of the foundational economy and better enable integrated delivery, for example through the development of housing with care alongside community hubs. This will also help to maintain focus on preventative services and opportunities for alignment with Public Service Boards.

In addition to addressing current sectoral challenges, the proposals would provide a better basis for the implementation of long term policy objectives. These include ensuring improved pay, terms and conditions for workforce to support a reduction in turnover and improvement in quality of care and a more resilient workforce and long-term aspiration for a system that is closer to the NHS principle of healthcare free at the point of need.

It will also enable the sector to reduce its environmental impact. The Welsh Government has set out its ambition for the public sector to be carbon neutral by 2030. Indirect carbon emissions from care and support providers are not directly controlled by local authorities, however dramatically cutting indirect emissions from the delivery of these

services can be achieved through more effective procurement. Decarbonisation can be ensured through consistent procurement expectations requiring raised environmental standards from all organisations providing care and support. The same tools can deliver foundational economy benefits through incentivising local sourcing of goods.

Rebalancing the national framework

It is not proposed that any current functions are transferred from local authorities or local health boards to be undertaken nationally. It is proposed that a national framework is developed that set the terms through which services for people who need care and support and carers who need support are commissioned – by developing a set of common commissioning practices and a range of fee methodologies that commissioners will be required in law to use, simplifying procurement and ensuring greater visibility of service standards.

This is not to say there should be one price for care and support that is procured, but rather an agreed set of fee methodologies that all commissioners work with in future. Fee methodologies must be flexible enough to reflect local circumstances, for example different geographic factors, and be able to respond to the capacity and resourcing requirements of providers at different stages of their own business cycle. For example, new care models, particularly where capital investment is involved, will require different levels of support.

Through the Act, a local authority is required to prepare a care and support plan for people whose needs meet the eligibility criteria, following a needs assessment. The care and support plan (or support plan for carers) describes how a person's needs for care and support will be met, including detailing services that are to be arranged or provided by the local authority. Where services detailed in the plan are commissioned by the local health board, it is proposed that those services will also be commissioned using the national framework (for example NHS Funded Nursing Care).

To develop and deliver a national framework, it is proposed that a 'national office' for social care is established either through:

- developing a function within government, or
- setting up an arms-length body, led by a small executive team.

In both options, full engagement with local authorities, health boards, the independent sector and other key partners will be secured through an advisory board.
The national office will maintain an overview of the stability of the social care market and be a basis for driving national policy initiatives. It will consolidate activity of some national fora including the National Commissioning Board, working with Social Care Wales, with responsibility for supporting social care research and service improvement in Wales.

The voice of the social care profession must be fully reflected in national discourse, so that national policy set by the national office is based on a full understanding of delivery challenges. The function of a Chief Social Care and Social Work Officer will be located within the Welsh Government to champion the voice of the social care and social work profession within Government.

Strengthening regional organisation

Local authorities and local health boards are required through section 14 of the Act to develop population needs assessments, area plans and market stability reports. These functions are discharged through partnership arrangements described in Part 9 of the Act and section 25 of the Children Act 2004, specifically through RPBs. These reports are intended to assist RPBs in jointly planning and commissioning quality care and support at a strategic level for their populations.

In addition, the objectives of Regional Partnership Boards are to:

- undertake and respond to the population assessment carried out in accordance with section 14 of the Act (and, when implemented, prepare market stability reports under section 144B of the Act);
- implement the joint area plans which local authorities and local health boards are required to prepare and publish under section 14A of the Act;
- ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act; and
- promote the establishment of pooled funds where appropriate.

RPBs are required to report on the extent to which the board's objectives have been achieved annually[58].

This paper has suggested that RPBs should be provided with a more refined set of tools to enable them to better meet their core aims of jointly assessing and planning for population needs. It is proposed that RPBs should be strengthened by legislating to establish them as corporate legal entities. Strengthened RPBs with the tools of being able to directly employ staff and hold budgets would be capable of undertaking joint health and care commissioning more directly where local partners agree that would maximise resources and have the greatest benefit for delivering better outcomes.

Specifically, in addition to the functions already set out in the Act, RPBs functions will be extended so that they would:

- be enabled to employ staff to enable the full discharge of their functions (this is intended to boost joint planning, but the power could be used by RPBs in other ways);
- have clear governance arrangements in place where shared accountability of decisions made by local authorities and local health boards in relation to the pooling of budgets and joint commissioning is transparent and in line with their statutory responsibilities;
- set their own priorities for regional commissioning and delivery using intelligence from their population needs assessments, joint area plans and market stability reports;
- be enabled to hold integrated budgets to deliver integrated regional services;
- monitor progress against agreed regional priorities, sharing data between partners where appropriate; and

[58] Social Services and Well-being (Wales) Act 2014- Codes and guidance: Part 9 Statutory Guidance (Partnership Arrangements)

- establish within each RPB a planning and performance monitoring framework that refines the 5 year strategic planning cycle and makes use of up to date population, outcome, and market information.

In line with the action in *A Healthier Wales*, RPBs would also be made subject to joint inspection and review by CIW and Healthcare Inspectorate Wales in relation to the effectiveness of joint working, including partnership working, pooled budgets and joint commissioning.

The current planning requirements for a long cycle of population needs assessments and area plans is a broad framework, but does not always reflect a rapidly changing world. Real-time population data, outcome measures and market information should be used to enable more frequent needs analysis and impact measurement. Plans should be revisited whenever significant changes occur in the care and support environment. To support this, a new approach to planning and reporting is intended. It will be less intensive, but a more frequent process of evaluating and responding to population needs.

Clear regional integration priorities should provide a focus for the work of RPBs. Priority areas should define where collective action is the optimum means of improving delivery, and these areas must be considered for regional joint commissioning.

The work of RPBs should be viewed by partners and stakeholders as being fully transparent and accountable. The changes proposed in this White Paper can be a basis for further strengthening of arrangements which support accountability. They will enable resources to be held within the partnership, overseen by RPB staff, with clear arrangements created for reporting fully to member organisations.

RPBs will also be required to report to Welsh Ministers on the progress of joint delivery against the integrated priorities agreed. There should not be a growth in reporting requirements, rather it is proposed that reporting requirements are streamlined, including by consolidating current national requirements as part of the consideration of the future of national funding support.

The proposal to strengthen RPBs as an existing part of the health and social care collaboration landscape must work alongside arrangements for Public Service Boards (PSBs). RPBs and PSBs have complementary functions. In the context of the ongoing requirements of respective legislation, regions and localities should align these partnerships in a way that works best in their circumstances.

The proposals set out in this White Paper do not preclude any future extension of the functions of Corporate Joint Committees (CJCs) in relation to social care. CJCs could be a useful future mechanism to enable strategic local authority social care functions to be delivered more effectively across local authority boundaries.

Impact on local authority and local health board commissioning of care and support

Local authorities and local health boards will remain the principal commissioning bodies for social care services. Local services should be delivered as close as possible to local

people. By reducing complexity a national framework will support local delivery without obscuring accountability. Based on the proposals in this paper, in future local authorities and local health boards will exercise their commissioning functions either directly or delegating them to the RPB. Commissioning activities will be undertaken in accordance with the national framework, ensuring the full and fair use of national framework methodologies.

Annex 1: Summary of the impacts

The Welsh Government is preparing an integrated impact assessment on the proposals outlined in this White Paper, including the social, economic, cultural and environmental effects represented in the Well-being Goals of the Well-being of Future Generations (Wales) Act 2015. A Regulatory Impact Assessment (RIA) will also be developed and this consultation is being used to gather evidence to inform that assessment.

In developing the proposals, the Welsh Government has considered the 'five ways of working' set out in the Well-being of Future Generations (Wales) Act 2015 which requires a focus on the long term, and in terms of collaboration to test whether our arrangements help us work together effectively. The Welsh Government has also considered *A Healthier Wales* design principles to develop services which are less complex and better co-ordinated for the individual; where there should be close professional integration, joint working, and information sharing between local authorities, local health boards and providers.

This annex includes a summary of some of the impacts of the proposed changes on people, the workforce and social care services in Wales.

People who need care and support and carers who need support

- Supporting the sector to respond to the implementation gap in relation to the Welsh Government's vision for social care will better drive outcomes for people in Wales. This paper highlighted the variable and sometimes negative experience that people have with care and support, which impacts on the vision of securing well-being. The Act puts a duty on local authorities and their partners to promote the well-being of people who need care and support and carers who need support in Wales. The Act sets out the definition of well-being. The Act also places a duty on Welsh Ministers to issue a statement of well-being outcomes to be achieved. The well-being statement defines well-being outcomes for all people who need care and support and carers who need support in Wales, which include people in protected groups. The proposals set out in this White Paper aim to better services to deliver their functions so that people who need care and support and carers who need support can achieve their well-being. An RIA was developed for the Act and the impacts on people are the same as the proposals in this paper. The proposals aim to increase the pace at which those impacts are realised. The RIA can be found in the Explanatory memorandum available below: https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=5664

- The aim of the Act is to put into law the rights and responsibilities of people who need care and support and carers who need support. The social care sector will use the statement of well-being to design and deliver services with people. This will be an important driver in the shift to an approach which puts people at the centre, the outcomes they wish to achieve, and in giving them greater voice and control. The case for change section of this White Paper outlines how change is needed to make a difference to the people of Wales. The Welsh Government worked extensively with people to develop the well-being statement. The approach to engagement is detailed in the equality impact assessment for the national outcomes framework[59].

[59] Social services national outcomes framework- equality -impact assessment

The social care workforce

- The case for change highlighted the relationship between pay, terms and conditions on staff turnover and the resulting impact of staff turnover on service quality. Greater consistency of the workforce providing care and support and less turnover allows people to build relationships with people that provide care and support, feel safe and more secure, thus improving quality of social care and well-being outcomes. People are more likely to see the same person, increasing ability to maintain relationships, and reduce loneliness and isolation, leading to higher quality of care. Standardised and improved pay and terms and conditions, which could be achieved through a national framework, would positively impact:
    - Women. The workforce is typically ageing and gendered, with the vast majority of staff of commissioned care providers being female. On 5 March 2019, the Deputy Minister and Chief Whip, Jane Hutt AM, outlined the Welsh Government's vision for gender equality in Wales, which stated that "…a *gender equal Wales means an equal sharing of power, resources and influence for all women, men and non-binary people. This is a vision where the government aims to create the conditions for equality of outcome for all."*
    - Attracting young people to social care. Over a half of the workforce is aged over 40[60]. There may be a reduction of those wishing to enter social care as school leavers, especially women, become more highly educated and there is greater competition from other sectors, such as retail, where pay is often slightly higher for less demanding work and the regulatory requirements on, for example, qualifications are lower.
    - Black, Asian and Minority Ethnic workers who are overrepresented in the social care workforce and account for 7.2 per cent of the workforce in Wales[61].

Services

- Standardising and simplifying through a national framework supports an approach to make better use of collective resources, across local authority boundaries, in response to population needs and outcomes. The removal of some duplication and inefficiencies in the commissioning process can free up commissioners' time to develop other elements of the commissioning cycle.
- A national framework that sets out terms through which care and support is commissioned must consider pay, terms and conditions of the workforce. Improvement to pay, terms and conditions will in part reflect the overall resources available to the sector and potentially progress decisions made in future by the Social Care Forum.
- Strengthening RPBs will better support effective joint planning and delivery of care and support where collective capacity leads to better outcomes for people, supporting statutory bodies to better deliver their current functions.

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[60] Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care

[61] Welsh Government analysis of the Annual Population Survey - Coronavirus (COVID-19) and the Black, Asian and Minority Ethnic (BAME) population in Wales

Annex 2: Summary of the consultation questions

The Welsh Government welcome comments on all aspects of the proposals. We are particularly interested in responses to the questions. A summary of the questions is provided below.

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

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

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

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?

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

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?

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?

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

Question 6a- If so, which ones?

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?

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

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?

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

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

Question 9a- what should these be?

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?

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

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.

Rebalancing Care and Support
Welsh Government Consultation
BCUHB response

QUESTION	RESPONSE
Consultation Question One: Do you agree that complexity in the social care sector inhibits service improvement?	Complexity in any system creates barriers that constrain opportunities for service improvement. Social care by its very nature is inherently complex, however, complexity is only one of many factors that inhibits service improvement in the sector. There is a concern that - taken on their own - the changes to structures and processes outlined in the white paper are only likely to have a limited impact on addressing the constraints that currently exist. Attempts to reduce complexity in the sector are welcomed. The relatively narrow focus of the proposals on the market and commissioned services (the reasons for which are not clear in the white paper), are unlikely to deliver effective, integrated and sustainable social care. There are other important constraints that do not appear to have been considered or are not explored in sufficient detail, which we believe need to be addressed in order to move towards a sustainable solution, these include: • **The diverse nature of services in the sector**: Social care services include those paid for and commissioned by the public sector, third sector or the individual/families/carers; in house provision; unpaid care; care provided by the third sector; primary and community services. The white paper's focus

QUESTION	RESPONSE
	on commissioned care doesn't reflect the reality that an individual's care needs can vary significantly over time and they can receive care from a range of providers not only those commissioned to do so. • **Funding**: NHS care is free at the point of delivery whereas social care is not. This fundamental underlying complexity will not be addressed by the proposals. There is an additional risk that the introduction of integrated budgets could create further complexity as the consequences of the different funding models for health and social care will need to be carefully managed to avoid unintended consequences, for example, 'cost shifting' to RPBs. • **Service user and carers needs**: Needs can change rapidly, and introducing an additional tier of management may reduce rather than enhance responsiveness of the service. Service user and carer needs/wellbeing are also influenced by determinants outside health and social care, for example housing, education, the judicial system. It is not evident how proposals will support greater integration between public services in support of the delivery of social care. • **Boundaries, infrastructure and process**: Organisations will have different boundaries, infrastructure and ways of working; these differences also exist across the different professional groups that support social care. The consequences of this are particularly pronounced in North Wales given the size and diversity of the region and number of partners involved. Even if integration and simplification is achieved at RPB level, complexities are likely to remain at a local health community level. • **Interface with other public services**: By focussing on commissioned services the proposals don't address the needs of the individual in totality and the requirement for joined up support, which could include but is not limited to housing, education, training, transport etc. • **Population need:** Need varies at a sub-regional level as evidenced by demographic profiles. There are also geographical considerations e.g. rural

QUESTION	RESPONSE
	vs urban communities, levels of deprivation and other socio economic factors etc. which can only be effectively addressed at a local level. • **Children vs adults:** Social care requirements are significantly different between adults and children, generally there are a greater number of agencies involved in provision of social care for children. It is not clear from the white paper how the required integrated multi agency approach will be facilitated. • **RPB Boundaries:** For certain services and populations working across RPBs may lead to more effective commissioning and delivery of social care e.g. between Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Hywl Dda University Health Board for the mid Wales population. • **Social Care Funding Reform:** It is unclear how these proposals relate to any discussions on social care funding reform Although the breadth of social care covered in the white paper is consistent with the remit of RPBs as currently configured – children and their families; children and adults with physical and/or learning disabilities and older people, it is extensive in scope and complexity and are not defined in the proposals leading to a risk that different partnerships will consider different services in scope. The scale of the proposed changes present a risk that aspects of the planning and delivery of these services, which are vital to the most vulnerable members of our community, will be disrupted whilst the new arrangements are being established.
Consultation Question Two: Do you agree that commissioning practices are disproportionately focussed on procurement?	It is agreed that commissioning practices as they relate to commissioned services are skewed towards procurement, however, these services only comprise an element of the social care sector and are not representative of the entirety of social care services. A more pertinent question might be why are commissioning practices disproportionately focussed on procurement? One of the major reasons is the

QUESTION	RESPONSE
	limited resource available to fund commissioned social care, which leads to commissioning decisions ultimately driven by affordability and a focus on price. Commissioning practices underpinned by a strategic commissioning framework that takes a system wide, place based approach to social care has the potential to enhance and ensure sustainable services by influencing planning across the breadth of the care sector i.e. prevention, primary and community services, unpaid care, third sector, in house provision as well as commissioned services. This approach would be in keeping with the vision set out in A Healthier Wales, which places the individual at the centre of the design and delivery of their care. There is a concern that without this broader more holistic approach and due to the constraints on funding the new arrangements will default to a focus on procurement and securing services based on price/affordability.
Question Three: Do you agree that the ability of RPBs to deliver on their responsibilities is limited by their design and structure?	The design and structure of RPBs is in accordance with Welsh Government legislation, which stipulates RPB membership and activities. Whilst the pace and scale of RPB progress may not match Welsh Government expectations or ambition RPBs have developed significantly since their establishment and their work has positively influenced the development of partner organisations strategic plans, for example, the North Wales Dementia Strategy. The white paper proposals will move RPBs from strategic collaboration and partnership working to a more active operational role in the commissioning and delivery of social care. The consequences of the proposed changes to the responsibilities and obligations of NHS organisations will be significant and have not been fully considered in the white paper. It is also not clear from the white paper whether constituting RPBs as separate legal entities is the best means of delivering a more integrated approach to planning and

QUESTION	RESPONSE
	delivery. It would be helpful to understand what other alternative models, if any, have been explored and if other models have been considered and discounted the reasons for this. Effective partnership working requires a significant change in organisational culture and thinking. Partners need to be receptive to new sometimes quite complex and often initially challenging ways of working and to actively cultivate an outward focus. The newly configured RPBs will need to continue with/develop new partnerships and more thought is needed as to how organisations can be supported to overcome the existing barriers to integrated and collaborative working, which will not disappear simply through the introduction of the new RPBs. Key learning from the current RPBs is the need to ensure clear and transparent governance and accountability; this will be fundamental to maintaining the integrity of the new RPBs as separate legal entities whilst enabling the constituent organisations to exercise their local democratic accountability. The white paper does not recognise that RPBs in Wales vary significantly in terms of size, region covered and number of partners. Different RPBs will face different challenges in terms of moving from partnership working to working as a statutory body in their own right; this will be a particular issue for North Wales given the scale and diversity of the region and number of statutory partners involved.
Question Four: 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?	It's not clear which commissioning practices the framework is seeking to standardise, for example, guidance already exists for fee methodologies. If the framework will increase focus on quality and outcomes and in particular wellbeing this is to be welcomed.

QUESTION	RESPONSE
Question 4a – What parts of the commissioning cycle should be reflected in the national framework?	There may be benefits in adopting a 'Once for Wales' approach to standardising contract documentation by reducing duplication of effort for commissioners and providers, however, it doesn't follow that simply by implementing a national framework there will be a material impact in reducing complexity and service improvement. There is also a concern that the ability to take forward local solutions outside of the framework might be hampered and areas of local good practice lost. Robust strategic planning is required to deliver safe, sustainable services which meet the needs of service users at a local community level. It is not clear how the views of local service users and carers, which will vary significantly across the region, can be effectively incorporated into a regional planning process. Given the underlying shortfall in funding the framework will need to specify the requirement to develop and implement a prioritisation process that will ensure decision making is open and transparent. An increased focus on performance management and evaluation of outcomes particularly from a service user/carer perspective would be a positive development.
Question Five: 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? ***Question 5a*** – Proposals include NHS provision of funded nursing care, but do not include continuing health care; do you agree with this?	It's not clear why the proposals for a national framework focus exclusively on commissioned services, having key elements of the sector which fall outside the framework is likely to increase not reduce complexity and fail to optimise the value that can be derived from existing resources. No - if a key aim of the proposals in the white paper is to reduce complexity it seems counter intuitive to exclude CHC, which itself is inherently complex in terms of service provision and can be particularly difficult for service users and carers to navigate.

QUESTION	RESPONSE
Question 5b – Are there other services which should be included in the national framework?	Commissioned services are only a component of the social care sector and it is difficult to envisage a situation where a national framework, which could potentially be directing quality, performance and outcomes may not apply to other services in the sector e.g. primary and community services, in house services. If the national framework is designed to take a system wide approach it is expected that prevention, equity of access, reducing health inequalities and socio-economic disadvantage will feature as key considerations.
Question Six: Do you agree that the activities of some existing national groups should be consolidated through a national office? ***Question 6a –*** If so, which ones?	If there is a strategic fit and if consolidation will enable functions relating to social care to be discharged more efficiently and effectively this would seem a sensible approach. The concern would be that many groups have a remit wider than social care and it's not clear how they continue would continue to fulfil this role if element of their work is transferred to the remit of the national office.
Question Seven: 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?	Clarification is required in terms of the extent of new RPB responsibilities, of particular concern is the operation of integrated budgets, as pooled budgets have not been effective to date and it's not clear how integrated budgets would differ. Risk sharing arrangements would be required but could potentially be complex given the different basis of funding - NHS care is free at the point of delivery vs social care funding which is not. Also as the North Wales RPB spans 6 local authorities not clear how local democratic accountability is maintained for local authority level spending on social care. There could be a danger that an integrated budget create an incentive for each partner to optimise usage to benefit their respective organisations.

QUESTION	RESPONSE
Question 7a - Are there other functions that should be considered to further strengthen regional integration through RPBs?	There is also a concern that if RPBs directly employ staff this may result in a loss to key personnel and fragmentation of existing services. Establishing new legal entities will not by itself enable a greater focus on service quality. The major constraint to shifting the focus from price to service quality is funding. Whilst the white paper acknowledges that the sector is significantly underfunded and that demand outstrips capacity the national framework is likely to have limited impact unless the underlying funding issues are addressed. Alternative models of delivery in partnership (Community Interest Companies for example) are also worthy of consideration The changes proposed in the white paper do not make a compelling case for the introduction of a new legal entity in the form of a North Wales RPB. Given the potential risks and disruption caused by structural change and the resultant reorganisation we feel there is merit in exploring other opportunities to invigorate partnership working and create the conditions for effective integration of service planning and delivery.
Question Eight: Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?	It is agreed that having up to date information is helpful, however, there are costs associated with collating and interpreting this information. Will this sit with the national office or be the responsibility of RPBs? Data quality is key, information which is incomplete, inconsistent and/or not standardised can undermine planning processes and lead to poor decisions. It would be helpful to have oversight of the impact of market changes on health services, for example, the numbers of individuals in hospital who do not require healthcare but are awaiting social care placements to become available.

QUESTION	RESPONSE
Question 8a – Within the 5 year cycle, how can this best be achieved?	To effect real change and to ensure outcomes are being achieved this information needs to be used in the development and monitoring of annual plans/IMTPs.
Question Nine: Do you consider that further change is needed to address the challenges highlighted in the case for change? ***Question 9a*** – what should these be?	Although the white paper states it is not seeking to address the issue of underfunding this is clearly a major constraint and a significant barrier to moving away from services driven by price to those which focus on quality and outcomes. Whilst opportunities to address underfunding of the sector are limited and may require UK wide changes adopting a value based health and social care approach may help to derive the greatest value from the resources available. It's not clear why commissioned services have been singled out under the proposals. Unless a system wide approach is developed that covers all aspects of the social care sector opportunities to realise benefits will be limited. The white paper makes reference to co-production of social care but does not specify what will change to facilitate this. Feedback from 'Measuring the Mountain' and 'Understanding what matters in Social Care' indicate that service users, carers and families do not feel active participants in their care. Co-production and meaningful engagement is key to patient centred care and it is not clear what the proposals will do to enable this. It is difficult to make the connection between the extensive work that has been clearly been undertaken to obtain the views of service users, the carers and families and the proposals set out in the white paper. All the devolved nations have struggled to implement effective integrated health and social care services. The proposals outlined in the white paper take a fairly traditional approach to integration of service planning and delivery. Do we need to consider a more radical, transformational approach, for example, provision with a third sector partner, increased direct public service provision? Are there

QUESTION	RESPONSE
	opportunities to learn from models outside the UK? To develop sustainable social care services there is also an urgent need to review workforce issues specifically pay, conditions, vocational training and professional development.
Question Ten: What do you consider are the costs, and cost savings, of the proposals to introduce a national office and establish RPBs as corporate entities? ***Question 10a*** **-** Are there any particular or additional costs associated with the proposals you wish to raise?	There will be additional costs associated with establishing the national office and the constituting RPBs as legal entities – staff, facilities and estates, backroom functions etc. In addition the work to establish these new organisations cannot be underestimated and there are likely to be significant costs associated in preparing for the change in arrangements. RPB staff are likely to come from the constituent organisations and unless there is complete equivalence between their new and current role additional costs may be incurred by the 'former employer' to meet this gap. There is a concern that the time required for legislation to be passed and to establish the new bodies may lead to delays in taking forward service developments and missed opportunities for service improvement.
WELSH LANGUAGE	
Question Eleven: 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. What effects do you think there would be? How could	**Response covering both questions eleven and twelve** With regards to the national framework Welsh Government already has a strategic framework for Welsh Language services in health, social services and social care – 'More Than Just Words' which seeks to support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need. We would expect the principles outlined in 'More than Just Words' to be embedded in the national framework for social care.

QUESTION	RESPONSE
positive effects be increased, or negative effects be mitigated?	In addition we note the provisions that are already in place through the Welsh Language Act and the opportunities to extend their application, namely:
Question Twelve: 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?	• All social care services that are provided by local authorities must be delivered in accordance with the statutory Welsh Language Standards. However, private providers – who deliver care independently or on behalf of local authorities – are not directly subject to the Standards and are not therefore currently obliged to consider language needs to the same degree when planning and delivering care. To ensure consistency (in terms of quality and value) we believe private care providers should also be required to comply with the same elements as public bodies. • The standardised / uniform obligations in relation to Welsh-medium service provision should be noted clearly and without any ambiguity within the proposed national framework for commissioning social care and the delivery of those requirements should subsequently be driven forward / enforced across the board as a national policy initiative. This will help to ensure that the Welsh language is treated no less favourably and on a par with English in relation to social care delivery. • Ensuring that all providers are expected to comply with the same requirements in relation to Welsh-medium / bilingual provision will also support the evolution of integration mechanisms and contribute towards the simplification of joint planning and delivery. • The proposed national framework could be used to ensure that all social care providers are subject to the same linguistic requirements to acquiesce

QUESTION	RESPONSE
	with the objective of standardising commissioning processes and increasing transparency in relation to service performance. • As all Health Boards in Wales are already subject to the Welsh Language Standards, ensuring consistency in relation to bilingual service requirements across both the healthcare and social care sectors will also facilitate shared accountability, by helping to ensure that decisions made by local authorities and local health boards in relation to joint commissioning are transparent and in line with statutory responsibilities. • The suggestion that RPBs should utilise information from local population needs assessments to identify priorities and inform regional commissioning and delivery decisions is welcomed, as this is already done – in order to support planning and inform recruitment procedures – within the healthcare sector: e.g. BCUHB utilises census data about the local population's language skills to calculate the number / proportion of Welsh-speaking staff that are required to ensure the successful delivery of high quality services in accordance with the specific needs of the north Wales public. • Likewise, consistent monitoring (through the creation of planning and performance monitoring frameworks within each RPB) and sharing data between partners (where appropriate) will also both be vital in order to ensure that the Welsh language is treated no less favourably than the English language within social care provision.