

Consultation response form

Consultation Response Form

Your name: WLGA Social Care and Wellbeing
Cabinet Members Network

Organisation (if applicable): c/o WLGA

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02920 468600

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

Agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

Complexity by its nature is likely to inhibit service improvement, but when considering complexity within the context of social care it is important to acknowledge and understand what is driving that complexity, as well as recognising how this complexity in the system has developed. The nature of the health and social care system, including its size and scale and the ambition to deliver more individual approaches and person-centred practice, means that a level of complexity is inevitable, the focus has to be on how we can eliminate complexity that has a detrimental impact.

The White Paper's case for change highlights a number of key challenges currently facing the social care sector, including:

- An increase in demand through demographic change along with a continued increase in the rates of children looked after;
- A difficult financial context and the question nations face about whether they can afford to pay more to meet increasing future need;
- Commissioning practices that focus on activity and complex procurement contract management processes;
- The sustainability and coherency of the workforce in the context of a highly complex provider network;
- A need to focus on prevention and early intervention to make social services sustainable into the future; and
- Remaining integration issues between social care and health.

These are complex challenges, some of which are inter-connected and many play a part in inhibiting service improvement. However, underpinning these challenges, the WLGA believes

there are two fundamental priorities which need to be urgently resolved if we are to truly reform and improve our health and social care system and strengthen partnership working to better support people's well-being and improve outcomes.

The first of these priorities is the workforce. For some time local government has been calling for Welsh Government to invest in the social care workforce, reflecting their value and also recognising the need for parity of esteem with NHS workers. This should include ensuring the workforce is appropriately rewarded for the invaluable work that they do and have a pathway to career progression within a professionalised care sector. The WLGA's *Manifesto for Localism* for the upcoming Senedd elections calls for an agreed ambition and provision of the resources needed to be able to pay the Real Living Wage for the whole social care sector, as a minimum. The challenge of workforce sustainability and the importance of improving pay, terms and conditions are highlighted throughout the White Paper, however, the reality is that the resolution of these issues is tied into the need for significant investment from central government.

The second priority is the need to solve the long-standing challenge to provide long-term sustainable funding for social care services. The White Paper acknowledges that the sector's funding position is the biggest underlying challenge, but it falls short of identifying how this challenge will be resolved. Fundamental changes, which fully recognise and reflect that health and social care are equal partners in the aspiration of delivering one seamless health and social care system for Wales, are needed. A long-term, sustainable solution to the way social care is funded is essential if we are to deliver a system that is organised more around the individual and their family and which meets their specific needs, 'what matters' to them and promotes their wellbeing with safe and high-quality services. The inadequacy of the current funding model for social care is now well established and must be addressed. There is also a real need to invest time and resources to bring coherence and design a system which is able to effectively meet any new and the additional demands which social care will face in the future.

In recent years, during a period of austerity, local authorities have been forced to manage declining budgets in social services through a mix of service savings, disproportionate reductions to other services delivered by councils and developing innovative and integrated ways of delivering services, with the aim of achieving 'a bigger bang for the buck'. In some cases this has added to the complexity in the system. The WLGA believes that increased investment in the social care sector would enable some of the identified challenges to be addressed without requiring any significant changes. Social care has continually demonstrated its value as an essential local public service in its own right, particularly over the last year, and it is helpful that the White Paper acknowledges the pressures facing social care and the need to address its long-term sustainability and reform. However, such acknowledgement only goes so far and it is a missed opportunity that the immediate priority for social care is to develop and strengthen national frameworks and oversight of care and support and focus on regional arrangements, rather than bring forward long awaited wider funding reforms to support people of all ages to live the life they want to lead.

Local government does however recognise that additional funding is not the answer to all the existing challenges and that there are elements of our system that we should look to simplify, focussing on stronger integration of our health and social care services in our communities, at the local level. However, in considering the proposals outlined in the White Paper, of

creating a 'National Office' and establishing Regional Partnership Boards (RPBs) as corporate legal entities, it is difficult to see how creating additional bodies and extending powers and responsibilities reduces rather than embeds complexity in the system, nor how it improves service delivery at the front door. Previous experience suggests that creating new national structures and changing existing regional ones, employing staff and managing budgets is more likely to add complexity to the current landscape. The proposals will also require significant upfront and on-going funding to support implementation.

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Social care commissioning is about planning care and support services, to make sure the right support is in the right place at the right time, for the people who need it. Good commissioning is more than just organising services – it is about creating a partnership of purchasers, providers and service users, to assess future demand and allocate resources in the best way to provide high quality, sustainable support that meets identified need. This is a complex process in a complex environment.

Good commissioning practice is also how councils and the NHS work together to plan services that will meet future demands and make effective use of their combined resources. This joint strategic approach to commissioning (and procurement) can help provide joined up services to people and prevent, delay or shorten a stay in hospital. Ultimately, jointly planned investment in social care can save expenditure on unnecessary, and relatively expensive, hospital or residential care. This activity also has a huge impact on the lives of people who need support. Good strategic commissioning practice keeps people at the centre of the process, continuously checking that outcomes are being met, service delivery is of a high quality and relationships are maintained. This must be the ambition in Wales.

There is an inevitability that as years of austerity and budget cuts have played out this has impacted on the ways that local authorities have been able to commission services. Unfortunately, it has meant that often there has had to be an increasing eye on the bottom line. Local authorities cannot spend beyond their means and are legally required to balance their budgets every year. With the reductions in funding for local authorities and at a time of having to find significant savings across all service areas, it means that the cost of procuring services identified through the commissioning process has a greater bearing than during less austere times, with a greater emphasis placed on achieving 'value for money' within the identified budget. During this time much has been achieved within local authorities commissioning practices, for example in integrating health and social care and delivering choice of services. However, the continuing pressure on budgets means that challenges still

persist in relation to investment for preventative services, early intervention, market facilitation and management and these are areas that need to be addressed.

It is important to recognise that not all commissioning results in decisions to procure services and can result in commitments to develop or expand in house service delivery, to provide a range of grants to deliver new innovative services or to provide funding for projects that deliver outcomes for people with purchased services. The reality is that commissioning decisions are influenced not only by strategy, budget and the needs of their local community, but are also affected by the sustainability of the market to deliver the outsourced service. Here, many providers of social care are operating as a business, where the public contract market is a reliable source of funding and can provide a reliable source of business revenue through seeking future contract opportunities and retained contracts to occupy a sufficient share of market.

Many social care services are procured from independent and third sector providers by local authorities. Each area of Wales has a different profile including decisions by some areas to bring services back in house and change their delivery/operational models. The split between directly provided and externally procured services has not always happened because of clear planning and intent but has been a consequence of previous strategic commissioning and budget reductions in local authorities. This highlights the need for further investment into the social care sector in Wales to help ensure that we are able to build on the vision set out by the White Paper of an approach that rebalances the care and support market, away from price and towards quality and social value and towards managing the market, focussing on outcomes.

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

Agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Please explain your answer

The complexity of the current partnership landscape is an issue which is raised frequently and has been consistently highlighted in independent reviews of the public service landscape in Wales. Local and regional partners across Wales have been working hard to develop various operating arrangements for the strategic Boards that exist across Wales on differing footprints, including Regional Partnership Boards (RPBs). The aim has been to help them secure the most effective use of their time and expertise in improving outcomes for people in Wales. Recent reviews have focussed on these partnership arrangements and whether the mechanisms for achieving their purposes might be achieved in a more efficient / effective way. This has been a core recommendation of the Senedd's Public Accounts Committee (PAC) report '[Delivering for future generations: the story so far](#)' published in March.

The reviews have highlighted a number of challenges with the existing structures and design of the current landscape, including for RPBs. Feedback has suggested that there is a need to reduce the burden of meetings (in terms of the number of meetings and people in attendance, travel and preparation of papers), resultant costs (and opportunity cost) and to have a better connected partnership landscape, with improved citizen visibility of their work. On the part of local government, the regional nature of several strategic partnerships introduced by the Welsh Government, allied to the several attempts at local government reform, have led to concerns around the undermining of democratic decision-making and local accountability and this was further affected by a lack of clarity given the complex pattern of partnerships, which also impacted on the scrutiny role in local government.

Throughout previous reviews/discussions, one of the clear messages has been that the existing legislation and guidance does not need any further changes. Partners are working on how best to secure better outcomes for their populations using the existing arrangements, and further changes or re-organisations would be likely to draw capacity and resources away from transforming services.

Rather, they have highlighted that of benefit would be the further consolidation of national funding arrangements so that Boards are dealing with fewer grants, over longer periods of time, with combined wider priorities attached. Some of the specific demands on RPBs, in addition to their core role, has meant that they have had to focus on areas identified with additional funding and new monies, rather than being able to focus on the total resource for health and social care. The attention locally and regionally needs to shift to how partners are transforming the major elements of services to meet needs more effectively and efficiently, and Welsh Government oversight should also focus more on this than on detailed monitoring of relatively small-scale additional grants.

One of the bigger challenges is the relationship between Public Services Boards (PSBs) and RPBs. These two strategic boards focus on (different, but inter-related aspects of) well-being, sometimes with an unclear operational relationship, which can make the landscape more complex. Both have statutory bases and statutory requirements to fulfil, although RPBs also serve significant operational purposes – the management of the Integrated Care Fund and Transformation Fund from Welsh Government. Substantial grant funds have been made available over several years and in future years RPBs will be funded to deliver a Healthier Wales and related change programmes. The PSBs do not in the main have an equivalent operational role. Further joint working between the Welsh Government teams responsible for supporting RPBs and PSBs will be essential, this was an area recognised within the recent PAC report which recommends that the Welsh Government must publish guidance setting out:

- how the work of Regional Partnership Boards, Public Services Boards, Corporate Joint Committees, alongside other major partnership structures, interact with each other within the framework of the Well-being of Future Generations (Wales) Act 2015, with examples of good practice;
- what flexibility partnerships have to make decisions to better and more efficiently organise themselves; and
- where partnerships and organisations can take action to simplify or consolidate the governance and reporting structures to reduce repetition and duplication.

Many of the barriers to effective partnership working are cultural issues, as opposed to how RPBs (and other strategic Boards) are designed and structured. For example, the most successful examples of working across partnerships to simplify the administrative and delivery burden is where organisations are able to demonstrate leadership in putting the broader public service interest ahead of their own organisational interest. This is not something that can be legislated for, but is about how all parts of the system work together to support these approaches. We believe that local leadership is best placed to determine what would work best in an area, and a locally-led approach is also more likely to have collective buy-in. Partnerships therefore need maximum local flexibility and proportionate governance and regulation to allow them to focus on outcomes and a smaller number of priorities. This would enable the partners to play a greater role in determining how to deliver outcomes and to work together in ways more suited to their capability and capacity.

Key to all of this is trust and allowing regions to use the solution that works best in that area based on local priorities and existing relationships, rather than trying to prescribe from the top-down.

Question 4: Do you agree a national framework that includes fee methodologies and standardised commissioning practices will reduce complexity and enable a greater focus on service quality?

Agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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WLGA agrees that there may be benefit in developing a national framework that could include fee methodologies and standardised commissioning practices with the aim of reducing complexity and placing a greater focus on service quality. However, throughout the discussions on the White Paper it has become clear that there are a number of different interpretations of what is actually meant by a 'framework'. It is essential that a clear definition and understanding is communicated of what exactly is meant by the term.

There is a risk that placing too much emphasis on standardisation of practices could actually mean that innovation is more difficult to achieve and so central to any national framework is the need to ensure that there is flexibility in implementation to be able 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.

Question 5: Do you agree that all commissioned services provided or arranged through a care and support plan, or support plan for carers, should be based on the national framework?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
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Given the vast array of different services that are commissioned by local authorities it is difficult to envisage a national framework that would be able to encapsulate all of these services, particularly given the current focus and direction on developing and testing out new models of service. It may instead be better to focus on a number of key commissioned services that all local authorities have in common, such as domiciliary care and care homes. This can then be subject to regular review as the framework and services develop.

The White Paper makes little mention of direct payments, again it is difficult to see how these might be incorporated into any national framework, but there may be benefits in giving further consideration of how direct payments might be strengthened and or simplified to put people in charge of their own commissioning.

The proposals include NHS provision of funded nursing care, but do not include either continuing health care (CHC) or children's and young person's continuing care (CYP CC). Given the interaction, connectivity and clear links between social care, CHC and CYP CC, we firmly believe that these should be included as part of any national framework.

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

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input checked="" type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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Throughout the discussions that led to the publication of the White Paper local government has been clear that it was not supportive of any structural change, creation of additional bodies or any changes that increase rather than decrease complexity in the sector. Local government has also consistently argued for greater local democratic accountability, leadership and oversight of local or regional bodies or services. There already exist a number of 'national' groups undertaking important work, such as the National Commissioning Board. Much of this work will be key to improving the quality of commissioning in Wales and in developing effective practice in relation to integrated commissioning between local authorities and local health boards. We recognise the benefits of giving appropriate recognition to this work and ensuring that it is fully resourced and sustainable in order to be able to undertake these key pieces of work and this could be supported through the establishment of a national office. However, there needs to be a clear rationale and understanding for why the activities of any existing national groups would be consolidated through a national office, ensuring that the work is complimentary and there is clear oversight and governance arrangements in place.

Much of the focus of the White Paper appears to be on adult services and so as part of considering what a 'national office' could look like further thought needs to be given to

where children's services fit within this, recognising that commissioning and procurement needs and approaches differ across adults and children's services. The White Paper highlights the role that the Children's Commissioning Consortium Cymru (4Cs) has played in making progress with regards to placement commissioning for children looked after. The 4Cs have played a significant role in supporting both local authorities and RPBs in relation to both strategic planning, but also some of the operational aspects of delivery and so as currently outlined it is difficult to see how the breadth of this work could be consolidated neatly into the national structure outlined.

In terms of a 'national office' proposed in the White Paper, there is a concern and little support at the option for 'setting up an arms-length body, led by an executive team'. We recognise the benefits that could come from developing a national framework that sets the terms through which services are commissioned, including common practices and a range of fee methodologies, with the aim of simplifying procurement and ensuring greater flexibility of service standards. However, supported by the work undertaken by groups such as the National Commissioning Board and by Social Care Wales, we believe these functions would be developed better within government rather than through a separate 'national office.' While a financial impact assessment of the proposals has not yet been undertaken in relation to the White Paper proposals, there are questions as to how much a separate national office would cost to run and whether this would be the best use of money.

As part of the proposal it is suggested that there would be involvement and engagement of local authorities and others through an Advisory Board, we welcome this and believe this commitment should remain, even if the function were to be undertaken within government. It will be important for all stakeholders to have an input into the development of any national framework to obtain support and agreement and increase ownership of the framework, increasing its chances of successful implementation.

The work that local government has led through other initiatives such as the National Adoption Service and the National Fostering Framework demonstrates the ability of local government to be able to establish and deliver national frameworks for service delivery and improvement built on local democratic accountability. Similarly, local government already has experience of hosting a number of national services and organisations through the WLGA, including the National Commissioning Board and the National Autism Team, and we would welcome further discussions on what role local government could play to build on this rather than necessarily establishing anything new. One option for consideration therefore is that a National office could be undertaken within local government rather than central government and hosted by WLGA, as other national initiatives have been.

Question 7: Do you agree that establishing RPBs as corporate legal entities capable of directly employing staff and holding budgets would strengthen their ability to fulfil their responsibilities?

Agree <input type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input checked="" type="checkbox"/>
<p>The White Paper proposes that RPBs should be strengthened by establishing them as corporate legal entities. The argument is that strengthened RPBs 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.</p> <p>Local government has some significant concerns with these proposals, particularly related to them becoming corporate legal entities, able to employ their own staff and hold budgets and do not believe that this approach will reduce complexity or improve local accountability.</p> <p>The Welsh Government has recently legislated to establish Corporate Joint Committees as new regional corporate bodies to deliver a limited number of functions. The Welsh Government's core aim of these reforms was to align and streamline existing governance arrangements. These reforms have been contested within local government and some authorities expressed concerns that other functions or services could be transferred in future.</p> <p>While a Corporate Joint Committee (CJC) is not proposed to be the vehicle through which an RPB would become a corporate body, it is not ruled out either. This proposal is therefore not aligned to the current Welsh Government approach aimed at simplifying and streamlining statutory regional arrangements.</p> <p>If Welsh Government determined that CJs should be an appropriate vehicle for the role of RPBs, this would be in contrast to the Minister for Housing and Local Government indicating only specified functions, as set out in the Local Government and Elections (Wales) Act 2021 would be transferred to CJs. Leaders have been clear that the membership of CJs should be leaders and that it should be a matter for local determination to decide whether to co-opt other representatives as members. The WLGA seeks to ensure greater local democratic oversight of local and regional public bodies and senior local authority members have previously expressed concerns about the democratic imbalance of RPBs' membership. The current governance of CJs as set out in the Act does not automatically lend itself to the statutory requirements of RPB membership and decision-making and there would be concern in local government should this be amended to reflect the required partnership membership of an RPB.</p> <p>Should an alternative statutory arrangement be established for governing regional working in social care, this will add to increasing complexity at both the regional and local level rather than simplifying and streamlining as is the intention. In looking at future arrangements for RPBs it needs to be acknowledged in the decision-making structure that the ultimate responsibility for use of public funds lies through the accountability structures of the major partners, local authorities and Health Boards.</p> <p>The WLGA therefore does not support the proposed reforms to RPBs as outlined in the White Paper and requests that there is further dialogue with local government in understanding</p>				

what issues the reforms are seeking to address and whether there are alternative options for reform.

There remains a need to recognise that Regional Partnership Boards are all at different places in their development and whilst we welcome the ambition to try to address some of the challenges they have faced. For example, the amount of time spent managing grants rather than being able to focus on some of the important issues that led to their establishment, there remain issues which the proposals do not address, for example the vast numbers around the table; the increasing size of their agendas; and the scrutiny and accountability of Boards. It is unclear at this stage how the proposals would address some of these fundamental issues so that we can use them as a real driver to support integrated working.

Question 8: Do you agree that real-time population, outcome measures and market information should be used more frequently to analyse needs and service provision?

Agree <input type="checkbox"/>	Tend to agree <input checked="" type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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The current planning requirements for a long cycle of population needs assessments and area plans is a broad framework, but as recognised in the White Paper, it means that it does not always reflect a rapidly changing world.

The use of real-time population data, outcome measures and market information could be used to enable more frequent needs analysis and impact measurement, however this is subject to the data being freely available, along with local authorities having the staff with the skillsets (and capacity) to be able to analyse this data and use appropriately.

The size of this task should not be underestimated and requires investment to be able to be done properly. The intent behind the proposal is recognised and we support the ambition and would welcome further discussions on how this proposal might be taken forward, including a programme of support to ensure relevant staff have the necessary analytical skills and to address other developmental needs. As part of this it will be important to build flexibility into the approach, enabling local authorities to be able to use their own data creatively to understand their own populations rather than being bound to use national data sets which might be more or less applicable to individual situations

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

Agree <input checked="" type="checkbox"/>	Tend to agree <input type="checkbox"/>	Neither agree or disagree <input type="checkbox"/>	Tend to disagree <input type="checkbox"/>	Disagree <input type="checkbox"/>
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As highlighted earlier in our response we believe there are two fundamental priorities facing the social care sector which need to be addressed as a matter of urgency:

1. The need to provide long-term sustainable funding for social care services; and
2. The need to value and invest in the social care workforce, realising the need for parity of esteem with NHS workers, including ensuring the workforce is appropriately rewarded for the invaluable work that they do and have a pathway to career progression within a professionalised care sector.

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?

As part of taking these proposals forward it is essential that a full financial impact assessment is undertaken, in conjunction with the sector, which considers the potential cost implications. On the face of the proposals we believe that creating new national structures and changing existing regional ones, employing staff and managing budgets (and meeting statutory obligations such as audit) is likely to require significant upfront and on-going funding to support implementation, thereby adding to not reducing the administrative costs required to 'run' social care.

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.

The key principles of 'More than just words: the Strategic Framework for Welsh Language Services in Health, Social Services and Social Care have been embedded into the Social Services and Wellbeing (Wales) Act, including that all people and organisations involved in the delivery of Social Services and social care must have regard to the right of people to communicate in Welsh. Regardless of whether there is a national framework or not it is essential that services that are being arranged on any geographical basis take this into consideration, as being able to use your own language is an integral part of care.

A national framework may provide some opportunities to further embed this, however local authorities are the experts in their areas and are best placed to improve the Welsh language offer appropriately. The duty to ensure that there are opportunities for people to use Welsh

and on treating the Welsh language no less favourably than English are already there. What is more important is ensuring that citizens are aware of this right and are enabled and empowered to receive any services in their chosen language. We know that some authorities are still facing challenges in increasing capacity to provide Welsh language services. There are also still challenges with regard to capability and capacity within services including recruiting Welsh speaking staff, lack of Welsh language skills and confidence to use them, and bilingual digital systems.

As regards the Active Offer, within both the health and social care sectors there is a tendency to focus on making the active offer at the “front door”, possibly thinking less about the offer beyond that. These are issues that a national framework will not resolve, but are areas that we all need to continue to work together on.

In line with wider equality requirement and commitments, the proposals should also be considered and fully assessed for their likely impact on other equality protected characteristics.

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.

See response above.

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

The ambition of the White Paper is to ensure that services are fit for the future and in particular taking learning from the impact of the COVID-19 pandemic. We have highlighted local government’s lack of support for any structural changes, additional bodies or any changes that increase rather than decrease complexity in the sector. While we welcome the intention not to transfer any current functions from local authorities or local health boards to be undertaken nationally, we believe in terms of the Welsh Government’s agenda around wellbeing it is an opportune time for a full examination of the creation of a public health improvement role located within local government. Public Health Wales is located in the NHS and is inevitably dwarfed by the larger configurations of secondary care. Locating appropriate public health functions in councils in Wales would give the public health agenda a new impetus allowing closer working with GPs and linking into the enforcement role that councils have in areas such as food safety. Local government fully accepts that where a public health

service is deeply intertwined with the delivery of clinical services there must be an on-going NHS role.

Local government's role in promoting public health is already outlined in legislation with the Local Government Act 2000 giving local authorities a statutory responsibility to improve the economic, social and environmental circumstances in their area. When it comes to public health a range of practitioners particularly in social care, environmental health and more broadly in leisure services through schemes such as the GP Referral scheme also play a key role in dealing with the social determinants of ill health.

As recognised by the Department of Health in the English debate:

“Local authorities are democratically accountable stewards of their local populations’ wellbeing. They understand the crucial importance of “place” in promoting wellbeing...Local authorities have ample experience of the reality of health inequalities in their communities. Many of the social determinants fall within their ambit, so they can take strategic action to prevent inequalities across a number of functions, such as housing, economic and environmental regeneration, strategic planning, education, children and young people’s services, fire and road safety”.¹

Locally led public health teams have played a vital role in responding to the pandemic. Furthermore, local public health leaders have a crucial role to play in ensuring that local strategies for health and wellbeing have the promotion of health, wellbeing, independence and resilience at the core.

The King’s Fund reports that the transfer of public health functions and staff from the NHS to local authorities went, in most cases, remarkably smoothly, with directors of public health confident of better health outcomes in the future and reporting positive experiences of working in local authorities. Many directors are also influencing local authority decisions well beyond the confines of their ring-fenced public health budget.² Since the transfer of public health to councils, local government has proved that public health is more effective and appropriate to local health challenges when it is locally led.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: ☐

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf

²<http://www.kingsfund.org.uk/projects/verdict/has-government-delivered-new-era-public-health>