

Guidance in relation to Part 9 of the Act on Co-operation and Partnership

Name: Sue Evans, President

Organisation: ADSS Cymru

E-mail contact in first instance: stewart.greenwell@adsscymru.org.uk

Telephone number: 01443 742641

Address: ADSS Cymru
Ty Antur
Navigation Park
Abercynon
CF45 4SN

Name: Steve Thomas, Chief Executive

Organisation: WLGA

Email contact in first instance: stewart.blythe@wlga.gov.uk

Telephone number: 029 20468600

Address: WLGA
Local Government House
Drake Walk
Cardiff
CF10 4LG

Co-operation & Partnership

1. Do you agree with the proposed membership of the regional partnership boards?

Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
-------	--------------------------	---------------	--------------------------	------------------	--------------------------	----------	--------------------------

Please provide additional information as necessary to support your response – suggesting any changes or additions to the proposed membership.

The role of the Partnership Boards is to support local authorities to make arrangements to promote co-operation with their relevant partners and others, in relation to adults with needs for care and support, carers and children, placing a duty on relevant partners to co-operate with, and provide information to the local authorities for the purpose of their social services functions. The local authority has an important leadership role within this and given their

range of functions, it is important that flexibility is allowed in how these partnership arrangements and regional partnership boards are established and operate in practice.

We welcome the direction set out in the Executive Summary which states that “Regional Partnership Boards will determine the most appropriate structures for ensuring the provision of these integrated services”. We consider that it is important that we have flexibility in how these partnership arrangements are established, and operate in practice, to support integrated services based on local population needs and priorities. This accords with the Act’s emphasis on the role and focus on community/locality based approaches.

The regulations should set out the minimum membership of the Regional Partnership Boards and this should allow flexibility to be able to appoint additional members as appropriate. For example, it may be that the Boards will want to increase the number of third sector or care provider representatives, to ensure that they are given a real voice in discussions – it is very difficult to identify just one member who can represent the views of a whole sector and so it is positive that this flexibility is allowed. Similarly for lay members, one lay member is likely to feel very much on their own and Boards will need to give consideration as to how lay members are best supported, allowing for additional lay members to offer a stronger voice and mutual support for the other lay members. Whilst the focus of the arrangements is to ensure that local authorities and local health boards work effectively together, the Boards will need to ensure that the membership fully addresses the wider well-being agenda, e.g. housing and leisure.

It is helpful that the local authority member and the non exec member of the Health Board are to be offered clarity about any delegated responsibilities from their respective statutory bodies.

We do need to be mindful of the number of partnership meetings that are being created and are already in existence. Under the national leadership and regional partnership forums, parallel regional arrangements have also been created to support the implementation of the Act. We would envisage these Regional Partnership Boards building on and replacing these arrangements rather than creating something new, and clarification on this is essential – we would welcome further discussions on the establishment of these boards.

2. Do you agree with the proposals for pooled funds?

Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Tend to disagree	<input checked="" type="checkbox"/>	Disagree	<input type="checkbox"/>
-------	--------------------------	---------------	--------------------------	------------------	-------------------------------------	----------	--------------------------

Please specify if there are any other areas that should be considered, highlighting the one key priority area.

The proposals for pooled funds sit as a fundamental part of reinforcing the ambitions of the act that partnership has to be meaningful and has to have some formality. Pooled funds also remove the need to argue about who pays for what, so enabling energy to be channelled into considering how to improve people's lives. It will ensure that proper governance is put into place, since the pooling of resources has to be formally agreed and will act as a binding sense of commitment. There may be a case for formally recognising that aligned budgets are a satisfactory first step, in order that partnerships can move swiftly into a greater sense of sharing resources as well as responsibility.

Governance and accountability arrangements for pooled funding have to be a priority to avoid misunderstandings from the outset and these can be initially tested through aligned budgets, as way of avoiding an early burden being the administrative machinery that surrounds a section 33 agreement.

Whilst we recognise the importance of establishing pooled funding for IFSS, as this signals that some of the key features of partnership are as applicable to children's services, it is our assertion that the regulations should focus on requiring partners to develop pooled budgets on the basis of the joint needs assessment, and the associated priorities for developing, and delivering, targeted and effective integrated services. The prescribed focus on developing pooled arrangements for IFSS, and in particular Care Homes, will divert energy and focus from investment in areas where greater partnership working could secure improved outcomes for people.

We are particularly concerned about the provisions regarding pooled budgets for Care Home fees. We are fully supportive of the need for integrated approaches to ensure that people are able to access high quality Care Home provision when this is the most appropriate response to meet their needs. Regions have worked hard to develop joint approaches to:

- fee setting
- placement specification
- contract monitoring and quality assurance
- escalating concerns processes
- developing and implementing CHC guidance
- funding interim placements

We recognise that there is more to do to secure effective integrated approaches to the Care Home market. For example the North Wales Commissioning Board has confirmed that developing a sustainable Care Home market will be a regional strategic commissioning priority across the 6 local authorities and BCUHB. With their focus needing to be on integrated working which addresses the challenges associated with:

- frailties within the regional supply market
- regional and national concerns over availability of quality care provision

- rising care home costs with no national financial subsidy
- challenges in recruiting qualified and experienced nursing staff
- responding to increasing complexity of need and palliative/end of life care and support
- developing integrated reviewing and monitoring processes across health and social care
- supporting and developing the quality of leadership in the independent sector and workforce development
- enhancing the quality of the environment and opportunities for people to engage with/in communities
- business viability of the sector and its market place within the context:
 - maintaining the maximum number of clients in home and community settings away from higher dependency residential care
 - developing alternative models to current market provision including extra care
 - avoiding hospital admissions and accelerating hospital discharges
 - diverting hospital discharges away from residential care provision and into home settings
- developing a coherent and sustainable joint commissioning strategy with BCUHB

We are concerned that a prescriptive approach to organising pooled budgets will detract from current established arrangements and the need for us to address the issues identified above through partnership and innovation. Our commitment is to develop partnership with a purpose to improve outcomes. We agree that pooled budgets have their place but we would submit that prescribing them for Care Homes will be counter-productive in driving the integrated agenda in this area.

3. Do you agree with the priority areas identified for regional partnership boards:

- Older people with complex needs and long term conditions.
- Integrated Family Support Services.
- Learning disabilities.
- Children with complex needs due to disability or illness.
- Carers.

Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Tend to disagree	<input checked="" type="checkbox"/>	Disagree	<input type="checkbox"/>
-------	--------------------------	---------------	--------------------------	------------------	-------------------------------------	----------	--------------------------

Please specify if there are any other areas that should be considered, highlighting the one key priority area.

It is not clear why the areas specified have been identified and what the evidence base for their focus is. There are a number of areas that could also

be included such as people with mental health problems, including CAMHS, since, to assume that there is already collective responsibility as a key feature of mental health services would be a huge assumption. Additionally other areas such as Looked After Children, which have been identified as a national priority, are not reflected in this.

Whilst the priority areas are broad, naming them within statutory guidance, and therefore making them difficult to change, may not reflect other local priorities that will be identified through the Regional Partnership Boards. This may result in a skewed prioritisation of work to meet statutory guidance, rather than meeting local need.

We welcome the focus that is proposed for carers, as carers will often say that they feel that they are considered as an afterthought, when their roles straddle all groups of service users, so giving attention to carers will have a wide impact across a range of groups and issues.

Throughout it is important to recognise the contribution that third sector agencies play in offering a seamless service to all of the groups/services given priority and therefore this reinforces the need to consider how best Partnership Boards can support the third sector to be best represented within the arrangements.

There are some concerns that children and families' issues may lose out to more urgent NHS / LA issues like delayed transfers of care and so the priority areas will need to be carefully managed.

4. Do you agree with the proposals in relation to integrated family support services?

Agree	<input type="checkbox"/>	Tend to agree	<input checked="" type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
-------	--------------------------	---------------	-------------------------------------	------------------	--------------------------	----------	--------------------------

Please explain why.

See 2 above and how a pooled fund might help embed IFSS as a central foundation of sustainable services for children and young people, naturally complementing the approach that the Act promotes with adults and older people. We need to consider how existing IFSS Boards fit under current arrangements and so we need to be clear on what changes will be made and why as it might not be beneficial to disrupt what is already in place.

5. Do you agree the proposals will lead to improved outcomes for people and make more effective use of resources?							
Agree	<input type="checkbox"/>	Tend to agree	<input type="checkbox"/>	Tend to disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>
<p>Please set out where further action should be taken.</p> <p>The whole purpose of partnership, collaboration and integration has to be improving people's lives, so that any thought that the end is partnership, rather than it being a means to an end, is absolutely removed. The whole process has to have the end continually in mind, to avoid being 'lost in process'.</p> <p>As well as the existence of both national and regional partnership and regional forums we need to be mindful of the requirements resulting from the Well-being of Future Generations Act. We need to ensure that this work is aligned and complementary, rather than creating additional burdens and potentially confusing the responsibilities and accountabilities of different Boards. The WFG Act creates Public Services Boards (PSB) and specifies membership to these boards, which includes local authorities and health. Each PSB must improve the economic, social, environmental and cultural well-being of its area by working to achieve the well-being goals set out in the Act. We need to examine and be clear on how the proposed partnership boards will fit in with these other responsibilities, rather than just being an additional arrangement created within an already crowded space.</p> <p>The Code of Practice on Part 2, covering the Population Assessment makes reference to the Regional Partnership Boards and also the creation of a 'Joint Committee' to support the development of the Population Assessment – clarification over the responsibilities and relationship between these two is needed.</p>							
Other							
<p>The Welsh Government is interested in understanding whether the proposals in this consultation document regarding part 9 will have an impact on groups with protected characteristics. Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.</p> <p>6. Do you think that the proposals in this consultation will have any positive impacts on groups with protected characteristics? If so, which and why/why not?</p>							

7. Do you think that the proposals in this consultation will have any negative impacts on groups with protected characteristics? If so, which and why/why not?

8. Re-balancing the care and support system to deliver the new legal framework will require reprioritisation of resources. What are the key actions that need to be taken to achieve this?

9. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to tell us about them.

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box.