

Number: WG27349



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Consultation – summary of responses

Regulations and code of practice in relation to Part 9 of the Act

Date of issue: December 2015

Regulations and code of practice in relation to Part 9 of the Act - Consultation Summary

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Section 1

Introduction

The Social Services and Well-being (Wales) Act 2014 (“the Act”) received Royal Assent on 1 May 2014. The Act forms the basis of the new statutory framework for social care in Wales.

A consultation was held on the proposals for regulations and codes of practice in relation to Part 9 of the Act, cooperation and partnership (the Partnership Arrangements (Wales) Regulations 2015). The consultation period ran from 8/5/15 and 31/7/15.

The consultation document was distributed to:

- Association of Directors of Social Services (ADSS) Cymru
- Children's Commissioner
- Older People's Commissioner
- Wales Community Rehabilitation Company (CRC) Wales
- Royal College of General Practitioners (RCGP) Secure Estate Improvement Network
- Welsh Medical Committee
- College of Occupational Therapists
- Care Council for Wales
- British Association of Social Workers (BASW) Cymru

In total 61 responses were received. A list of respondents is attached at Annex A. A summary of consultation responses together with the Welsh Government’s analysis can be found in Section 2.

Background

The Welsh Ministers have made it clear that they wish the core elements of the new statutory framework to be in place for April 2016, when the Act will be implemented.

The statutory framework will consist of three main elements, the Act itself, regulations made under the Act, and codes of practice/statutory guidance. These three elements work together to form the framework within which social services will operate from April 2016.

The consultation on and laying of the Regulations to be made under the Act is being conducted principally in two tranches. This consultation formed part of the second tranche. The intention is to lay these regulations before the Assembly from May 2015 to give the health and social care sector the maximum amount of time to adjust to the new requirements ahead of implementation in April 2016.

The evidence for change

Social services are at the heart of Welsh public life. They support 150,000 young, old and disabled people every year to achieve their potential and help make them safe. Many of these services are delivered in partnership with others, including housing, health and education services. Society is changing and social services must change in response. There has been and will continue to be shifts in the public’s expectations of social services, as a result of demographic change and changes in our society. Social services need to alter and to respond to all of these.

Furthermore, demand is rising across social services, yet the financial outlook for all public services is difficult. Whilst we have protected social services expenditure, we need to make a more fundamental change than just pursuing the obvious efficiency measures if we are to make social services sustainable. Our White Paper *Sustainable Social Services for Wales: A Framework for Action* sets out a programme of change to meet these challenges based on the following nine principles:

- A strong voice and real control
- Supporting each other
- Safety
- Respect
- Recovery and restoration
- Adjusting to new circumstances
- Stability
- Simplicity
- Professionalism

These have been informed by discussion with stakeholders and debates in the National Assembly for Wales and elsewhere since *Sustainable Social Services for Wales* was published. They sit alongside the evidence of the Independent Commission on Social Services in Wales, the Law Commission review of adult social care legislation¹, and our Review of Safeguarding². All this forms the backbone of our case for change.

This evidence, and the process of considering it through the Assembly scrutiny process on the Bill, has informed and shaped the contents of the Act. The next stage, the development of the regulations and codes of practice or statutory guidance, has been informed by key strategic inputs such as *More than just words*, our Strategic Framework for Welsh Language Services in Health, Social Services and Social Care³, the *Enabling Wales* project which directly supports the delivery and implementation of the Welsh Government's *Framework for Action on Independent Living* and by evidence sourced through technical groups consisting of key stakeholders.

These groups have looked at the Act's provisions, and the policy underpinning these, in detail, and provided advice to officials on how the regulations and codes of practice should be framed in order to achieve the aims of the Act and, through this, the requirements of *Sustainable Social Services: A Framework for Action*. This process has secured a range of valuable input which Welsh Government officials have drawn upon to develop the draft regulations and code of practice which were consulted upon.

The proposal

Legislation already exists to enable local authorities and Local Health Boards to develop formal partnerships and to delegate functions to each other. This legislation was originally introduced with the Health Act (1999) and the measures introduced were consolidated into the National Health Service (Wales) Act (2006). This is the only legislation that enables local authorities and Local Health Boards to delegate certain specified functions to each other and, where appropriate, to develop pooled budgets, with both bodies retaining responsibility for satisfactory delivery and performance of their statutory functions.

¹ <http://lawcommission.justice.gov.uk/areas/adult-social-care.htm>

² <http://wales.gov.uk/topics/health/publications/socialcare/reports/advisory/?lang=en>

³ <http://wales.gov.uk/topics/health/publications/health/guidance/words/?lang=en>

Despite the availability of this legal framework for formal partnerships and pooled budgets, together with resources through the Joint Working Grant, progress in developing formal partnerships has been limited and not at the necessary scale and pace to enable a step-change in the provision of services.

The purpose of Part 9 of the Act is to ensure that local authorities and Local Health Boards work effectively together, along with other partners, to plan and ensure the delivery of integrated services, care and support to best meet the needs of people in their local area. The intention is to improve outcomes and well-being through improved partnership working and cooperation and to improve effectiveness and efficiency of service delivery. The regulation-making powers in the Act, therefore, go beyond existing regulations and can be applied if there is evidence of inadequate exercise of functions or lack of co-operation.

The Act requires local authorities and Local Health Boards to jointly carry out an assessment of the need for care and support, including the support needs of carers. The population assessment must include an assessment of the range and level of preventative services required to meet the identified need. This key provision will ensure local authorities and Local Health Boards jointly produce a clear and specific evidence base in relation to care and support needs and carers' needs. This will inform planning and operational decisions, so ensuring services are developed to meet and deliver the needs of people in an efficient and effective way. It will also underpin resource and budget decisions in order to ensure services are sustainable.

Regulations that support the requirement for the population assessment require that all local authorities in a LHB area must form a partnership arrangement with that Local Health Board to undertake the population assessment. This will provide for seven combined population assessment reports on the Local Health Board footprint.

The regulation-making powers in Part 9 will be used to ensure appropriate structures and resources are in place to enable the provision of integrated services to respond effectively to the joint population assessment and will enable partnership arrangements and partnership boards to be established, along with the establishment of pooled funds.

Consultation Events

Two consultation events were held as part of the consultation process. The purpose of these was to:

- promote engagement with the consultation;
- provide a base level of understanding to key stakeholder groups of the areas we were consulting on.

Attendees were asked to participate in discussions on the implementation of the regulations, and also to share information from the events with their wider networks to provoke deeper engagement with the proposals and a wider span of consultation responses.

The first event was held on 21 May in St. George's Hotel, Llandudno. The second was held on 4 June in The Liberty Stadium, Swansea with 200 attendees overall, representing a range of organisations. The range of stakeholders included representation from:

- Age Alliance Wales

- British Deaf Association
- Care Council for Wales
- Children in Wales
- College of Occupational Therapists
- CSSIW
- Disability Wales
- Learning Disability Wales
- Local Authorities
- Local Health Boards
- WLGA
- RNIB Cymru
- Public Health Wales
- Office of the Older People's Commissioner
- North Wales Social Services Improvement Collaborative

Workshops were held at the events on each of the Parts of the Act subject to consultation under Tranche 2. The content of these workshops was tailored to suit the subject matter, but at the core of each was a presentation from officials and group discussions and activities.

The comments and outputs from these events were considered alongside the formal written responses in order to inform the final regulations, code(s) of practice and, in respect of Part 9, statutory guidance.

In addition to this public consultation process, the proposals were discussed with the stakeholder reference group as well as the following groups: North Wales Directors, National Commissioning Board, National Provider Forum, Learning Disability Advisory Group, Care Homes Steering Group, National Partnership Forum for Older People, Cymru Older People's Alliance South, Wales Carers Alliance and the National Citizens Panel.

Section 2 - Response to the Consultation Questions

Question 1:

	Do you agree with the proposed membership of the regional partnership boards?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total - 61	7	33	4	4	13

Summary of responses

Although a substantial majority of respondents agreed with the proposed membership of regional partnership boards, many respondents felt the proposed membership of the regional partnership boards was too prescriptive. A number of suggestions were made in relation to the proposals.

Membership of boards

Many respondents felt a broader, more representative membership that reflected the population needs assessment would be beneficial, to include the following:

- The all-Wales People First peer-group, to contribute both ability and 'voice and control' to the boards;
- Public Health Wales;
- The lead officer for IFSS;
- Welsh Ambulance Services Trust (WAST);
- An elected member from and the Chief Executive of each local authority;
- Director of Social Services of each local authority;
- A local housing and strategic housing lead;
- Police, schools and other partnerships that affect well-being in its broadest sense, for example, transport and community safety.
- Specialists in certain conditions and complex illnesses.

A few respondents felt one elected member (where multiple councils involved) was unrealistic, particularly if there is an expectation all directors of social services attend. More generally, a few considered it would be helpful for regional partnership boards to have some powers regarding the membership of the sub-groups or operational groups, to enable the partnership to engage with those partners who may have been reluctant to become involved in the past.

Citizen representation

A few respondents felt the mechanism for achieving appropriate representation should be via the proposed Regional Citizens Panels and that it was unclear from the proposals how regional boards would link with national structures.

Concern was expressed by one respondent that secondary citizen panels will be tokenistic and

the people on them will have very little say in the decisions and priorities set by each local authority and little opportunity to hold them to account.

Third Sector representation

Many respondents felt that there should be stronger third sector representation of priority groups, for example, older person's services; family support organisations; from a people first group and the All-Wales Forum of Parents and Carers; learning disability organisations and independent advocacy (Three Counties Advocacy Strategy Committee) and a new category of at least one person to represent carers' interests. There was a consensus also that there should be two third sector representatives, one to represent local organisations and a second to represent national organisations.

More generally, a few respondents suggested a governance structure to support the role of the third sector representatives, reports from regional boards indicating how the board has engaged with diverse groups and people with protected characteristics, a fair and transparent system for appointment and measures in place to hold them to account in terms of their representation.

Many felt that there needed to be further clarity that people from third sector, the 'for profit' sector, and lay people are there as representatives not individuals and that arrangements should be in place to manage potential conflicts of interest or commercial sensitivities in discussions around commissioning and market sustainability. For example, representatives should work to "Nolan principles" to prevent any conflicts of interest.

Concern was expressed by one respondent that local authorities and health boards will invite the CEO of a local voluntary council to represent the third sector. Some felt County Voluntary Councils were well placed as they are independent and impartial, but cautioned that due to their area of interest, national voluntary organisations are often not eligible to become members of local CVCs, potentially reducing their ability to influence and to receive information from regional boards. It was also noted that, in some cases, CVCs are in competition for local contracts and therefore their impartiality is compromised.

Lay members

Many respondents felt that one lay member on partnership boards would be insufficient to represent the needs of the diverse service user population. It was proposed that boards be required to set up sub-groups or operational groups for each of the identified priority service areas that could then feed into the partnership with either the chair or a nominated person as a co-opted member.

One respondent felt that the term 'lay person' moves away from the aims of the Social Services and Well-being (Wales) Act with its focus on both supporting and enabling people who use services and carers and that the essential link with 'citizen voice' has been lost. The link needs to be made with how the regional partnership boards will enable section 16 of the Act with the duty for 'the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision'.

A few respondents questioned the proposal that a lay person is appointed by Welsh Ministers

by public appointment and suggested that this lay person could be a member of the regional citizens' panel and should be nominated by the panel and feed in citizens' views. A few also felt that the proposed public appointment process may discourage many from applying who could valuably contribute to the regional partnership boards, such as children and young people who will lack a 'strong voice' in regional partnership board decisions.

One respondent suggested the guidance should stipulate that Regional Partnership Boards provide sufficient training and support for their lay members.

Adult / children balance

A few respondents felt that children were lost within the agenda of the RPB and that the guidance felt weighted toward adult services, such as reablement services and delayed transfers of care. It was suggested that representation from existing structures such as LAC forums, Youth Forums or other young people led structures should be utilised to ensure there is an ongoing communication between the Partnership Board and these groups, along with clear links to the Children's Commissioner.

It was noted by one respondent that Schedule 4 of the Well-being of Future Generations (Wales) Act 2015 repeals the duty to produce Children and Young People Plans under Section 26 of the Children Act 2004 and that the guidance for the new well-being plans should provide clear direction to the Public Service Boards that the plans must contain a chapter focused on children and young people organised under the Welsh Government's Seven Core Aims.

Governance and existing structures

Many respondents felt the proposals appeared to add an additional layer of partnership working which conflicted with the stated Programme for Government commitment 'to simplify our statutory partnership structures, removing the need for so many separate plans, needs assessments and committees'. It was considered by a few that there was a missed opportunity for some further rationalising of the 'partnership landscape' in line with the rationalisation that occurred as a result of the 'Shared purpose – Shared Delivery' guidance which placed the responsibility on Local Service Boards to develop and deliver the 'Single Integrated Plan'.

Many respondents referred to the regulations to the Regional Partnership Boards ensuring that partners work effectively to "implement the health and well-being strategies required by section 40 of the NHS Wales Act (2006)", noting that this section had been repealed as part of the Well-being of Future Generations Act (2015) (Schedule 4 para 19) and seeking clarification as the wellbeing plans required by the Well-being of Future Generations Act 2015 will be the responsibility of the new Public Service Boards and not the social services and well-being partnerships.

Many respondents would welcome greater clarity on how formal partnership structures will work cohesively and dovetail with other regional and national partnership bodies, such as Local Service Boards, National Adoption Service, or National Social Services Partnership Board and in relation to the links between the board and the governance arrangements within the sovereign constituent bodies, as governance structures will also be needed for pooling budgets and integrating services across the whole range of functions.

Partnership arrangements

Respondents representing the views of statutory bodies in Powys felt that it was not appropriate to have a single Mid and West Regional Partnership Board spanning both Hywel Dda University Health Board and Powys teaching Health Board because of the size and differing agendas and structures of each health board. It was considered that a separate regional board for West Wales and Mid Wales would better facilitate effective integration and partnership working on each individual population footprint.

Respondents also felt there would be duplication of functions with existing partnership forums. For example, the Western Bay Partnership Forum has been established with representation from the ABMU HB (Chairman and Chief Executive), the 3 Local Authorities (Leaders, portfolio holders and Chief Executives) and third sector representation and would adapt itself to fulfil the role of the Regional Partnership Board.

A few respondents observed that proposals for local government reform as set out in the Local Government (Wales) Bill could mean that the membership of regional partnership boards may change and decrease in number and that local government. Some therefore felt that with local government reform underway but undecided, it was impossible to comment fully on the appropriateness of the named partnership bodies under the direction of regional partnership boards.

Other governance issues

A few respondents raised a number of other governance issues, including:

- The relationship between commissioning boards will need to be clear prior to new arrangements being put in place and a fundamental review of what has been completed to date in relation to commissioning will be necessary to identify what currently exists;
- The governance framework and how the lead fits in with scrutiny needs to be clear;
- Regulations should specify that in certain circumstances regional partnership arrangements can be formed across all regions to carry out specified functions;
- The one elected member from the one local authority should be supported with appropriate arrangements to ensure communication with elected members from other local authorities and localities;
- Greater clarity would be welcome from the 'Code of Practice' [statutory guidance] on levels of authority and accountability of board members;
- It is not clear how the regulation-making powers to "ensure appropriate structures and resources are in place to enable the provision of integrated services to respond effectively to the joint population assessment" can ensure availability of resource, particularly at a time of significant financial challenge and austerity;
- Chairs of the boards and all members should have Disability Equality Training to develop a social model and rights-based approach to the role of the board;
- If the primary purpose of the Partnership Boards is to integrate specific health and social care services, it is recommended that they are called 'Social Care Services Integration Boards' and that the objectives are redrafted and made more specific to service integration and pooled budgets;
- If the Partnership Boards are responsible for responding to the population needs assessment (Section 14) and partnership working to help achieve the policy objective of the

Act ('to improve the well-being outcomes of people who need care and support') they should also be responsible for the co-operation and partnership working to deliver all aspects of the Act and plan and deliver preventative services (Section 15) and provision of information, advice and assistance (Section 17);

- If the scope of these Partnership Boards is wider, it will be vital to include other programmes such as those managed in Education and also the Tackling Poverty programmes.

Welsh Government response

Board Membership

Based on consultation responses, the main changes proposed to the membership of the regional partnership boards are to refer to a citizen representative (rather than a lay member) and to also include a carer representative (due to the focus in the Act on meeting the support needs of carers). In addition, there will be two third sector representatives, one each to represent local and national organisations. We therefore propose revising the regulations so that the membership of regional partnership boards is as follows:

- At least one elected member of a local authority which established the regional partnership board;
- At least one member of a local health board which established the regional partnership board
- The person appointed as director of social services under section 144 of the Act in respect of each local authority which established the regional partnership board, or his or her nominated representative.
- A representative of the local health board which established the regional partnership board;
- Two persons who represent the interests of the third sector organisations in the area covered by the regional partnership board;
- At least one person who represents the interests of care providers in the area covered by the regional board;
- One person to represent people with needs for care and support in the area covered by the regional partnership board; and
- One person to represent carers in the area covered by the regional partnership board.

The partnership board can co-opt other members to secure the appropriate expertise and coverage.

The regional partnership boards will be able to establish other partnership bodies to manage and develop services. These may include a partnership forum or board, for example, for services for people with learning disabilities, or a partnership forum to lead on technology-enabled care. There will, therefore, be numerous opportunities to engage relevant stakeholders.

It should be clear that these partnership boards do not have executive decision-making powers. Accountability lies with the representatives from those organisations that carry the statutory responsibility for the service according to the level of delegation agreed locally, often working together in a management group.

This is not introducing an additional tier for decision-making. The new statutory arrangements

will replace the current social service partnership arrangements. In addition, integration offers the opportunity to reduce bureaucracy. It involves more than joint planning. Partners may develop a formal partnership arrangement and provide an integrated management structure.

We will be publishing a fact sheet to provide information on the role of the Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 and the Partnership Boards under the Social Services and Well-being (Wales) Act 2014. Local authorities and health boards that have carried out a joint population assessment must prepare and publish a plan setting out how they intend to respond to the assessment. This should inform the assessment of local wellbeing for the local authority area and inform the local wellbeing plan. Where appropriate it would be possible to publish this plan by including it within a local wellbeing plan.

Partnership Arrangements

In response to the consultation exercise, there is a consensus view that there should be a separate regional partnership board for Powys. Therefore, we will establish seven regional partnership boards in total (based on the existing local health board footprint).

We therefore propose to create a separate board for Powys and the Regional Strategic Partnership Boards will be established on the following basis:

- Gwent Regional Board - Aneurin Bevan University Health Board and Monmouthshire, Newport, Caerphilly, Torfaen and Blaenau Gwent local authorities;
- North Wales Regional Board - Betsi Cadwaladr University Health Board and Flintshire, Wrexham, Anglesey, Gwynedd, Denbighshire and Conwy local authorities;
- Cardiff and Vale Regional Board - Cardiff and Vale University Health Board and Cardiff and the Vale of Glamorgan local authorities;
- Western Bay Regional Board - Abertawe Bro Morgannwg University Health Board and Swansea, Neath Port Talbot and Bridgend local authorities;
- Cwm Taf Regional Board - Cwm Taf University Health Board and Rhondda Cynon Taf and Merthyr Tydfil local authorities;
- West Wales Regional Board - Hywel Dda University Health Board and Pembrokeshire, Carmarthenshire and Ceredigion local authorities; and
- Powys Regional Partnership Board - Powys Teaching Health Board and Powys local authority.

Question 2:

	Do you agree with the proposals for pooled funds?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total - 61	14	26	3	2	16

Summary of responses

A substantial majority of respondents agreed with the proposals relating to pooled funds, though broader support was indicated by third and private sector respondents than by those from the statutory sector.

Guidance

A few respondents noted that the new guidance does not sufficiently address the reasons why there is such low usage of these arrangements to date and suggested the partnership board should give full consideration and be flexible regarding other possibilities where the use of pooled funds may be appropriate, such as commissioning of independent third sector advocacy services. One respondent felt a culture of trust between commissioners and organisations needs to be developed and this may not require pooled funds, but would require time, energy, focus and political support. Several commented it would be helpful to see guidance in terms of integrated commissioning.

Many respondents indicated it should be made clearer in the statutory guidance how the pooled fund will be regulated and monitored and should also be emphasised that the pooled budget can be used to integrate applicable services where appropriate, for example, accommodation and services from the social housing sector. It was also felt by one respondent that further guidance and consistent national Welsh structures were needed for governance and accountability arrangements, rather than leaving these to regional determination.

A few respondents felt partnership agreements should be publicly available and that the challenge would be to agree the terms and conditions and governance arrangements. Local authorities and health boards will benefit from impartial independent advice on this, to promote consistency and the application of a best practice model across Wales.

A few respondents also highlighted the complexities in addressing and meeting all the requirements, particularly in relation to care homes. Legal challenges and issues were felt to be already causing uncertainty and it was possible partners may be unable to proceed with joint arrangements until some of this is clarified and resolved. It was suggested by many that it would be more helpful for the Regional Partnership Boards to determine the areas for pooled budgets on the basis of the joint needs assessment and the associated priorities for developing, and delivering, targeted and effective integrated services, rather than the prescriptive approach adopted in the guidance.

A few respondents asked for clarification on whether pooled budgets apply to people who are in receipt of NHS continuing healthcare as this was not clear in the regulations. It was also recommended that, In the guidance, the National Framework for Continuing NHS Healthcare

should be referenced to ensure that health boards are prompted to use this framework correctly.

As the Act makes no specific reference to supported living arrangements, it was felt by one that supported living provision should be mentioned explicitly in the guidance with respect to eligibility for funding via pooled budgets as supported living has been the preferred, best practice method of provision for people with learning disabilities for many years.

A few respondents indicated that it was not completely clear within the guidance to what extent local health boards were expected to contribute to pooled funds for IFSS, (especially in relation to health outcomes) as well as local authorities working regionally.

General approach

One respondent noted that the process of forming Section 33 partnership agreements has been described as overly complex by some local authorities and health boards and whilst the new Act encompasses pooled budgets for wider partners, there was concern that these barriers could limit the extensions of the Act. It was also felt that for local authorities and health boards to successfully develop pooled budgets, more technical support would be required.

A few respondents raised questions concerning the use of pooled funds. Some queried whether pooled funds could have a negative impact on third sector funding as funding is pulled in house or whether greater co-operation and partnership could lead to more funding support for the third sector. There were also concerns IFSS money could be utilised by 'front door' services due to funding cuts and that the proposals could potentially impact upon a significant proportion of NHS monies and services.

A few respondents were concerned it would be difficult for agencies to pool budgets for the medium and longer term, when real term budget reductions are expected in local government and social care budgets are agreed annually and are not protected in the same way that NHS budgets have been, limiting the potential for commitment to transformational change programmes, which require financial certainty over several years. Clarification was also requested by a few regarding the expected timescales for pooled funds.

Scope

A range of views were expressed by respondents concerning the scope of pooled funding arrangements. A few felt it was vital that health boards and local authorities work with local partners to develop and fund new preventative interventions and also to identify and mainstream those services that are working well. As many preventative services are delivered by voluntary organisations, a few respondents would welcome stronger guidance to ensure voluntary organisations and older people are fully involved in all decisions relating to pooled funds. It was noted that short-term, outcome focused preventative services which could be funded through pooled budgets should include those which help people avoid hospital admission, remain independent at home, improve their well-being, learn or re-learn skills to improve their independence or prevent a loss of independence and support discharge from hospital.

However, a few respondents were concerned that the inclusion of CHC and step up and step down provision may further complicate arrangements due to pre-existing concerns regarding

the inconsistency of application with regard to CHC rules within health boards and confusion between what is CHC and s117.

Many respondents agreed that pooled budgets have their place but felt that prescribing them for care homes would be counter-productive in driving the integrated agenda in this area. There was concern that pooling budgets for the purchase of care home accommodation would not provide benefits. In addition, the value of prescribing arrangements for pooled budgets for care home fees was questioned by some, particularly in light of the pre-existing steps that have already been made by local authorities and health boards to establish a committed joint approach to care home arrangements.

Welsh Government response

The current draft regulations require the partnership bodies to establish and maintain pooled funds in relation to care homes and family support functions (IFSS). In considering the consultation responses, we propose that the regulations be amended so regional partnership boards are required to establish pooled funds in response to the population needs assessment.

We will expect to see an integrated approach to the development of early intervention and preventative services. Health Boards and local authorities should consider any joint funding from Welsh Government as a pooled budget. Although this will not require a section 33 agreement, the commitment of any expenditure under the intermediate care fund or similar funding streams should be the subject of a written agreement.

The requirement to establish and maintain pooled funds in relation to the exercise of care home accommodation functions will now not be enacted until April 2018.

Health boards and their local authority partners will be expected to:

- Undertake a population needs assessment and market analysis, to include the needs of self-funders;
- Agree an appropriate integrated market position statement and commissioning strategy. These will specify the outcomes required of care homes, including the range of services required, such as long-term placements and short-term intermediate care placements. There should also be agreement on the methods of commissioning. For example, some services may require a block contract (step up step down intermediate care beds, interim beds to facilitate hospital discharge and choice of accommodation, respite care);
- Agree a common contract and specification;
- Develop an integrated approach to setting fees;
- Develop an integrated approach to quality assurance;
- Adopt a transparent use of resources. Budgets must be aligned with overall expenditure identified, together with the financial contributions of individual agencies. These arrangements will need to be subject to a written agreement.

This work will be supported by the Care Home Steering Group and the commissioning board, who will provide advice on the development of market position statements and commissioning strategies, contracts, specifications and quality assurance arrangements.

Given that we are not expecting the development of a formal partnership with pooled funds for

care homes at this stage we expect the same approach to be adopted in relation to reablement services and long term domiciliary care.

In its proposals on co-operation and partnership the Welsh Government has not been prescriptive. There is nothing to prevent health boards and local authorities using existing powers to develop formal partnerships with pooled funding arrangements in relation to any services they choose, including care homes.

Question 3:

	Do you agree with the priority areas identified for regional partnership boards?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total - 61	18	17	8	1	17

Summary of responses

A substantial majority of respondents agreed with the proposals relating to the priority areas for regional partnership boards.

What else should be included?

Many respondents, however, generally indicated that the priority areas identified appeared to be overly prescriptive and suggested a range of additional priority areas, including:

- Mental health and substance misuse services;
- Adults and children with mental health issues, including older people with mental health needs
- Children whose complex needs have contributed to their conflict with the law or other areas of life;
- People with neurological conditions, including MND;
- Sensory loss;
- Adoption;
- Looked after children;
- “Young carers”, making clear the inclusion of children and young people within the category of carers;
- Universal and early intervention services for children aged 0-3;
- Children and adults with Autistic Spectrum Conditions and associated complex needs

A few respondents were unclear why the areas specified were identified and what the evidence base for their focus is. It was felt that setting specific priorities within the regulations may lead to prioritisation and focus on areas to meet statutory requirements over local need arising from the joint needs assessment. Many considered that the starting point should be the joint needs assessment, with priorities for effective integration flowing from this.

A few questioned the viability or effectiveness of including carers as a separate priority area, observing that carers tend not to be a homogenous group as carers’ needs are integrally linked to the person cared for and, therefore, with the services provided to the person needing care, so the inclusion of carers within client-specific boards may be an alternative way forward.

General comments

Given the nature of the learning disability population (small in population terms, but large in resource terms as a life-long condition requiring cradle to grave services), it was suggested by

one respondent that the establishment of a Learning Disability Partnership Board for Wales could be beneficial.

More generally, a few respondents felt the priorities identified related partly to a traditional approach to diagnosis and specific support, rather than creative prioritisation to meet wellbeing outcomes. It was suggested the priorities need to allow flexibility for local approaches to developing community based or locality support across client groups. There were also some concerns that child and family issues could be given lower priority than more urgent NHS or LA issues like delayed transfers of care and so the priority areas would need to be carefully managed. A few respondents expressed a preference for a more child-centred approach which should lead naturally to integrated services for children and young people, particularly in relation to the 'well-being' part of the legislation.

It was noted by one that with regard to S9 (1) (a) (ii) which outlines the implementation of the health and well-being strategies for each of the local authority areas covered by the board, this objective does not align with the development of single integrated plans, which have been already established and outline key partnership priorities and collective actions.

One respondent questioned the definition for 'complex needs', suggesting that without a clear definition, health and social services could argue whether a child's needs are complex enough. This could be overcome by including all disabled children in this definition.

Welsh Government response

In identifying priority areas for partnership working and the provision of integrated care and support services, the statutory guidance does not exclude other groups and explicitly refers to ensuring integrated services are in place to respond to the joint population needs assessment.

We propose to revise the statutory guidance so the first requirement is for partnership boards to ensure integrated services are in place to respond to the population needs assessment. We will make clear this applies to all people, both adults and children.

We also propose some minor amendments to the descriptions of the priority areas and more detail on what is included.

We propose revising the first category so it explicitly refers to dementia. We will also ensure the statutory guidance makes clear that children with complex needs due to disability or illness also includes looked after children and those with mental health needs. Also, when we refer to carers, we will explicitly refer to young carers.

Regional Partnership Boards will need to prioritise the integration of services in relation to:

- Older people with complex needs and long term conditions including dementia.
- People with learning disabilities.
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness (including transition)

Each partnership should adopt an integrated approach to the development of a continuum of

services for children, young people and their families ranging from prevention through to statutory intervention, including support on leaving care. The purpose of developing such a range of services is to provide support to families to prevent the need for children and young people to become looked after or enter custody and in cases when this occurs, they receive effective care and support. In the first instance, partnership boards need to consolidate the development of Integrated Family Support Services and develop an integrated approach to delivering services for children with complex needs due to disability or illness (including transition from children's to adult social services and adult NHS services) and for children and adolescents with mental health problems.

Local Health Boards and local authorities already have partnership arrangements in place in relation to mental health services and services for people with substance misuse problems. There are also national partnership boards in place for both of these services. The partnership boards should review the terms of reference and membership of these boards to ensure they can integrate services where this will improve outcomes for individuals and make more effective use of resources.

Question 4:

	Do you agree with the proposals in relation to integrated family support services?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total - 61	12	20	3	1	25

Summary of responses

A substantial majority of respondents were supportive of the proposals in relation to IFSS.

Guidance

However, many respondents felt the guidance does not provide sufficient clarity on the ways in which the transition to new regional arrangements will be managed and questioned how the good work that has been achieved by local authority IFSS teams will be retained in new wider regional arrangements and take account of differences in demands between different authorities within a region.

A few respondents queried the reference in the statutory guidance on partnership arrangements to the responsibility of health boards to participate in the establishment of the integrated family support services. Without clarification that the current financial resources are sitting in the local authority's local settlement, it was felt this could be interpreted as the health board is expected to contribute additional financial and staff resources to a pooled budget.

One respondent queried the reference in the guidance to the positioning of the pooled fund for integrated family support services at a regional or consortium level rather than an individual local authority level, noting that, at present the funding is allocated to each individual local authority Revenue Support Grant and it has not been pooled since the change in funding mechanisms introduced on April 1st, 2015. It was felt this suggested a different approach but could only be achieved if Welsh Government directed local authorities to pool the funding which has been delegated to them.

A few others highlighted the importance of promoting and maintaining a suitable sub-structure under the Partnership Board specific to IFSS and felt it would be beneficial if the guidance stipulated maintaining a regional lead managers IFSS group.

One respondent recommended the inclusion in the guidance of the requirement for a mental health trained professional as an essential component of the integrated family support team that would bring a high-level skill set.

Scope of inclusion

One respondent highlighted the need to ensure that independent local advocacy provision is included as this was considered essential to ensure that parents understand social services concerns and are fully able to participate in discussions and decisions which could involve their children being taken into care or adopted.

A few respondents considered it important that people with learning disabilities, including children, are added to the list of people who are eligible for this service and suggested that specific reference to specialist support for parents with a learning disability, based on up-to-date research and best practice, should be included in the proposals.

A few others considered it essential that Education is integral to the Partnership Boards rather than a separate entity and felt there may need to be a directive from WG for Education to be part of the support services.

Referral process

Many respondents made suggestions concerning the referral process. One felt the referral criteria should include the ability for families to self-refer, while a few others indicated the integrated family support team should consider referrals from wider partners. For example, third sector grants, self-referral and police referral as restorative action may often be managed by the Police Community Support Officer.

It was felt clarification was also needed with regard to point of referral and a few respondents queried whether the family need to be open to having support from Child and Family Services with an allocated social worker and how families could be appropriately “fast tracked” where they are not open to such support but are spiralling into riskier territory.

General comments

While recognising the importance of the IFSS role, a few respondents questioned, as a general principle, the merits of prescribing a specific regional service within regulation. A few others welcomed the opportunity to learn from other areas where IFSS has been operating – a best practice guide for example, so that teams can be set up swiftly and efficiently, learning from how other areas set up such teams. Similarly, one noted there should be consideration for safe practice and felt the team will require enough members for reflective practice to take place, to benefit the families and the team.

It was felt by one respondent that third sector organisations should form part of an integrated family support team through co-location.

Welsh Government response

The proposed changes to the regulations include the requirement for the regional partnership board to ensure there is an appropriate referral process in place for IFSS. Whilst the scope of IFSS has been extended in the draft regulations, there were proposals to go beyond this. As the regulations are a “minimum requirement” we believe there is discretion to go beyond to respond to the result of a needs assessment, so the regulations have not been revised.

There is a reference made in the guidance to the funding that has been provided for IFSS which includes resource for the health and social care contribution.

When determining the operational/delivery structure for the IFSS, the Regional Partnership Board will also need to determine the referrals process. This will include the requirement for a

panel to determine the appropriateness and priority of the referral to the IFSS team. This will also include the identification of the lead member of the Board for IFSS (likely to be the Director of Social Services).

There is no intention to specify the number of people within the IFST multi agency – multi disciplinary team. However, the integrated family support team must contain staff with suitable skills and experience. This should include at least one consultant social worker, social work qualified professional and registered health professional, having regard to the needs of the families which are referred.

Question 5:

	Do you agree the proposals will lead to improved outcomes for people and make more effective use of resources?				
	Agree	Tend to agree	Tend to disagree	Disagree	Not ticked
Total - 61	12	25	4	0	20

Summary of responses

The majority of respondents agreed that the proposals would lead to improved outcomes and use of resources and comments generally reflected those made in response to other areas of the consultation.

Partnership board approach

Many respondents felt that while partnership working, integration and pooled budgets are a step in the right direction, in themselves they will not automatically lead to improved outcomes and a more effective use of resources. It was recommended that the work of the Regional Partnership Boards needs to be supported by a focus on the systems (rather than functional or organisational lines) through which service users interact with organisations (public, private and voluntary) and that there needs to be clarity about the purpose of each system and the measures of success for each system, in particular the outcome measures.

A few other respondents commented that partnership working and integration is already happening through professional relationships across agencies and queried how much tangible difference will the Act would make. Improved outcomes for people and effective use of resources will ultimately depend on how well practitioners from different organisations work together with people, which is influenced by organisational culture (trust, transparency, understanding and valuing of roles), communication and shared priorities. It was questioned by a few whether there will be more effective use of resources as the Partnership Boards could result in another layer of partnership working which will need support and increased bureaucracy.

The importance of the partnership board co-ordinating communication about the aspirations of the Act and progress being made, so that citizens see national messages being supported in each region across Wales, was emphasised in a few responses.

In relation to child carers, learning disabled children and children with complex needs due to disability or illness, a few respondents indicated it will be imperative that arrangements are in place for cooperation between regional partnership boards and regional education consortia to ensure that well-being outcomes are secured. It was noted by one that there was no direction on the way in which the regional partnership boards will demonstrate due regard to the UNCRC as required by the Act or how they will be held to account in this regard. It was also felt by one respondent that stronger links to the tackling poverty agenda could help improve outcomes and use of resources.

Other governance issues

Many respondents raised governance issues that might impact upon outcomes and use of resources. A few commented that improved outcomes will be an output of integrated services with robust governance arrangements and regional collaborative and cooperative leadership, indicating this would set a framework for the integration of services which are seamless to the citizen and where there is clarity about the standard and quality of those services.

A few respondents indicated that more widespread information sharing and communication across the whole health and care sector is needed. Information and support services were considered to have a key role in adding value to the information and support provided by health care professionals by supporting people with low health literacy to understand their condition and options and in supporting information delivery on more holistic aspects of care. It was considered by one respondent that person centred care should be adopted as the overarching approach in providing services to people affected by cancer – in terms of their clinical treatment, living well and beyond cancer and in the approach to providing end of life care.

A few respondents suggested training of staff and an awareness campaign will be needed to enable staff to understand the range of statutory and third sector services available and to adapt to these changes. A few others commented that all partners will need to ensure that they apply consistent criteria, processes and approaches and provided the example of the conflict between CHC funding, processes and DST assessment and that of the integrated assessment and its processes.

Resources

Many respondents provided comments and suggestions specifically relating to the use of resources.

In particular, a few respondents emphasised the culture of health and social care protecting their budgets needs to be broken. A few felt Welsh Government needed to be more prescriptive about services it would like to see being developed to encourage greater partnership working and pooled budgets. It was considered that for real progression with regard to integration there must be an increased emphasis on the transparency of expenditure across Health and Social Services and a clear strategy for shared objectives, to ensure development of partnerships with the purpose of improving outcomes, moving away from divided budget and historical organisational segregations.

More specifically, a few respondents commented that there should be greater prominence of the joint needs assessments with integrated services flowing from this, including funding. It was considered there was an opportunity to align additional regional funding, for example, a pooled intermediate care fund, primary care funding, and so on, to support the delivery of priorities identified within the joint needs assessment.

A few recommended that systems should be set in place to ensure local authorities give and evidence active consideration of third sector organisations in the commissioning and procurement of services and not wholly focus on the financial bottom line. Statutory services cannot signpost and refer to third sector services without providing the resource required to meet additional demand.

Outcomes

A few respondents commented that without a single, shared outcome framework for health and social care to steer service improvement objectives and quality objectives, joint working between local health boards and local authorities is unlikely to deliver the best possible outcomes for people or to make the most effective use of their resources. It was felt that the National Outcomes Framework should be monitored at the partnership board level so that best practice can be shared across the area and ensure all partners are using the same methodology to record outcomes.

Welsh Government response

Whilst there have been joint planning and joint finance arrangements in place these arrangements have not achieved the outcomes people in need of care and support require. Individuals and families will on too many occasions still experience provision from different agencies as fragmented. We are making progress to address these issues and provide more integrated, joined up care. We need to create the best possible environment and conditions to make this happen. This may involve co-locating staff from different agencies to work together and to work more flexibly. It may involve creating an integrated management structure to manage these services. It will involve the development of integrated performance management measures.

If we are going to respond effectively to growing demands and expectations with limited resources we need to understand how effectively the whole system is working in terms of demand, supply and use of resources. An inadequate provision of reablement services or care home provision may result in delayed transfer of care from hospital and the cancellation of elective treatments.

In the past, joint planning has often been largely, although not exclusively, involved with planning the use of new resources. In the future we will need to understand how resources are allocated across the whole system, together with their impact in terms of outcomes achieved. We will need to use this information to inform changes in service provision to ensure that all our resources are used to achieve maximum impact. To do this, we need to develop new management and governance arrangements together with changes in practice to improve multi-disciplinary working and integrated commissioning. Partnership boards and any other partnership structures they establish will need to design and put in place reporting arrangements to monitor and evaluate these arrangements. Good and accurate reports on outcomes achieved, activity, expenditure and performance will give partners confidence in these new arrangements.

The removal of unnecessary bureaucracy and timeliness of decision making will also improve the use of resources.

The fact that all sectors are represented should provide opportunities for them to support and challenge each other to find the most effective solutions to respond to local needs. This approach to integration should also make all partners more aware of each others' existing and potential contributions.

An integrated approach to service provision will also improve local services. The population needs assessment will assess needs and service provision within localities as well as across the region. Agencies working together locally, for example, can examine how the needs of their localities can be more effectively addressed.

Question 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?

Summary

Responded 'yes'

A majority of respondents felt the proposals would have a positive impact on groups with protected characteristics and highlighted a number of examples of groups that could potentially benefit. A few indicated that it could be difficult to assess impacts at this stage and felt any service changes as a result of the work of the Regional Partnership Boards should be subject to multi-agency equality impact assessments in the case of integrated services.

More specifically, a few respondents commented that the population needs assessment is a specific area within the act that should place an increased emphasis on data linked to protected characteristics and associated impacts, which should improve service provision. It was felt that people who may not have benefited as well as others from public sector interventions could potentially be better supported through an evidence-based approach to determine priority needs and service gaps.

It was also noted by one respondent that, if implemented successfully, bureaucratic barriers between health and local authorities, which often complicate the system and subsequently restrict access to services for people with protected characteristics, could be reduced.

Many respondents highlighted positive impacts in relation to the following groups and services:

- People with learning disabilities;
- Increased specialist housing and support to enable older people and those with mental and physical health issues to live independently in the future;
- Involving older people in the design and delivery of services – and closer working between health boards, local authorities and voluntary organisations should ensure that all parties gain a better understanding of the needs of older service users;
- People with disabilities such as MND - ensuring professionals are able to communicate and work together effectively is crucial to making sure people with MND are able to navigate the system effectively and receive the range of support they need;
- If given high priority by local authorities and health boards - improving the sensory loss registration process is a key way of improving the link between health and social services for blind and partially sighted people;
- Integration of services for children with complex disabilities will have a positive impact if services are established in a way that supports families from a very early stage;
- Collaborative working could encourage social workers to utilise numerous third sector agencies and resources that support parents in a way in which many have failed to do in the past, sometimes leading to children being removed

from parents. More parents may get referrals to these agencies and could learn new skills and become better parents, keeping families intact.

Responded 'no'

One respondent felt anti-discriminatory practice currently in place should mean that these groups are already supported effectively, with the Act bringing nothing new. Another was concerned that identifying priority areas for the regional partnership boards through statutory guidance, including older people with complex needs and long term conditions, was an example of positive discrimination.

Welsh Government Response

Our cooperation and partnership arrangements provide a real opportunity to improve services for people with protected characteristics.

An integrated approach also allows professionals to work more closely together, enabling them to share knowledge and expertise, which in turn enables them to learn about the needs of specific service users and provide more joined up packages of care and support.

Question 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?

Summary

The majority of respondents indicated 'no'. However, a number of concerns were highlighted by a few respondents, including the following:

- If the Act creates citizen panels separate to the Regional Advisory Boards, this could disempower, rather than empower people with learning disabilities and their parents and carers from having real power, choice and control;
- Regional working could "mask" locally presented needs;
- Transformational change takes time for real outcomes to be achieved and the way Health and Social Services are delivered could require a lead time as changes are embedded into the whole system;
- Local authorities may have to reprioritise, with the starting point being reduced funding streams with many competing statutory demands;
- Potential loss of opportunity to access and participate in the language of your community and identity;
- Lack of citizen representation could undermine the credibility of the regional boards;
- Less 'visible' groups (such as older LGBT, F2M transition) may be at detriment if not considered within planning and through EIA.

Welsh Government Response

Our approach to cooperation and partnership should not result in negative impacts on groups of people with protected characteristics. For people with specific needs, the integration approach should enable Local Health Boards and local authorities to tailor solutions for small groups of people with specialist needs. By working together and possibly by working with other health boards and local authorities, it may be possible to commission very specialist services which can respond more effectively to need.

There will be a representative of service users on the Partnership Board.

Question 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?

Summary

Respondents made a number of suggestions regarding the actions necessary to reprioritise resources to rebalance the care and support system to deliver the new legal framework.

Partners and Regional Partnership Boards

In relation to partners and partnership boards, respondents made the following general suggestions:

- Having people with learning disabilities' voices on the boards;
- Regional Partnership Boards should share learning and build expertise to take forward new approaches;
- Partners need to be supported in order to be willing to allow each other to act on behalf of the partnership;
- The regional partnership board should agree local priorities and strategic decisions on the allocation of funding

A few respondents commented that the system will require initial funding from health and social care partners to establish regional partnership boards and arrangements and that statutory partners have a critical role in investing in communities and supporting the social fabric so that demand on statutory services can be reduced.

A few respondents commented that the third sector would need to be remodelled to align with local objectives and highlighted the importance of understanding the role of the third sector and making the most of the opportunities offered by its energy, commitment and resources and maximising its potential. Respondents felt this also means a coherent third sector infrastructure that supports, builds skill bases, creates opportunities and delivers real solutions.

A few respondents emphasised the need for a joint agenda placing equal duties on health boards and local authorities, suggesting that Social Services should work co-productively with citizens and other local authority departments including housing, planning, building control, highways, education and leisure together with health bodies and the third sector to tackle the multiple barriers to independent living, including a more appropriate allocation of resources. Consideration of 'shared risk' and governance of any joint arrangement between health and social care was also considered important.

Resources and budgets

Many respondents commented on the resource implications for health and social services. It was felt that when moving to an earlier intervention approach there is an interim period where money must be spent on prevention and on direct

services as the system needs to be fully implemented and proven. Many respondents suggested that in order to effectively reprioritise resources, there needed to be open and honest discussions about funding and resources and the joint responsibility to contribute appropriately to either pooled budgets or partnership working, particularly in relation to older people with complex needs.

Suggestions included auditing joint investment in preventative services, prioritising joint commissioning arrangements, undertaking cost / benefit analyses to inform pooling of budgets, as well as better support and guidance in establishing pooled budgets.

One respondent commented that while public sector services are working towards future budget cuts there needs to be an acknowledgement of the 'invest to save' element of early intervention and prevention to reduce escalation of need, resulting in more costly services.

A few respondents felt investing in the integration of housing and health and social care should be a key action within the guidance, indicating this was highly likely to improve health and wellbeing, reducing the chance of hospital admission and potentially referral to social services and could save the local authority a considerable amount of money.

A few respondents made the connection to wellbeing, suggesting the social care system will need sustainable funding to provide the care and support that people need to achieve well-being outcomes. Another felt research should be commissioned to explore the potential benefits to individuals' wellbeing and financial savings to the health service that could be achieved by redistributing more funding into the social care sector, including domiciliary care paid at a sustainable rate. One respondent suggested 'asset mapping' to understand what resources are available and how they can be used to promote community wellbeing.

One respondent suggested resource was needed to encourage and support people as active citizens in their communities, indicating this was critical to the future of social care in Wales, where increasingly many services may well be community-owned and run.

One respondent expressed concern that health services should not 'offload' responsibilities for health care onto social care as a cost savings exercise or as a way of meeting their statutory obligations without investing in the workforce.

Role of Welsh Government

A few respondents commented on the role of Welsh Government (WG). One respondent felt that political buy-in to the innovation required will be vital, both locally and nationally, while another commented that Welsh Government needs to be prescriptive about services they would like to see being developed, both to help break a culture of protecting budgets and help shape the market.

One respondent indicated WG's focus now needs to shift towards implementation and supporting the development of social networks and preventative initiatives that can underpin and stimulate community activity and enable all older people to live a full and active life.

Another commented that WG should hold authorities to account if they fail in providing their duties without just cause and that it was important that the national outcome frameworks are observed and monitored regularly and that authorities share learning across Wales as the Act develops.

One respondent felt WG should work to enable BCUHB to participate through rebalancing budgets and through effective long-term managerial support.

Training and awareness

A few respondents suggested a major training campaign is needed across the health and social care sectors to develop staff awareness of statutory and third sector resources, along with a major publicity campaign to alert the general public and professionals on how the changes will affect them in terms of services, plans and timelines. It was felt that support from occupational health, counselling and stress management services will be needed to help staff adapt to changes to their working practices and methods.

One responded recommended new competencies and a new skills set for all those seeking to develop services, that recognises the importance of enabling, nurturing new ideas and constructive support for a collaborative approach. Another respondent recommended collation and dissemination of learning, including the use of practitioner-led workshops, action learning sets and the use of existing websites to share good practice.

Prevention and safeguarding

A few respondents highlighted that reprioritisation should be focused on supporting preventative and community based services on a sustainable basis and that the major challenge will be the extent to which NHS budgets can be realigned to support this. One respondent suggested closely monitoring the availability of preventative services under the new framework, as these were critical to achieving the positive vision set out by the Act, while another respondent advised ensuring the safeguarding element is always integral to the assessment.

Other good practice

A few respondents highlighted the importance of ensuring that ICT systems were consistent and communicated effectively with each other and of the need for a standard data set, alignment of priorities and performance reporting, priorities and outcomes for the NHS, local authorities and others.

One respondent advised that from a mental health and learning disability

perspective, formally joining up the commissioning processes of separate statutory organisations and sharing the product of population needs assessment to fulfil statutory duties was considered a key task.

Welsh Government Response

The Act requires a new focus on early support to prevent needs from escalating and requiring more intensive support.

This will require Local Health Boards and local authorities to work with their partners both at regional (LHB) and local levels to develop an appropriate range of services across the continuum of care.

They will need to develop an understanding of how resources are used across the whole system, together with their impact in terms of outcomes achieved. Welsh government will need to provide technical support and facilitate learning events to help achieve this.

Greater transparency will also be required in terms of expenditure.

A much better understanding of needs and the impact of the use of resources will inform the design of local service provision.

Question 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.

Summary

Many respondents raised a variety of different issues.

A few raised specific questions concerning the establishment of pooled funds. One respondent queried whether it was possible there might be any compulsory redundancies if pooled funds were developed and services taken away from local health boards or local authorities. Another asked if there would be an independent external officer responsible for enforcing decisions if the partnership boards were unable to agree on pooled funds for certain areas of work. One respondent felt pooling of resources could be more prescriptive and that it would be helpful to have a framework in place for the funding to be jointly managed by the full board, rather than by one body holding the fund.

On the topic of finances and commissioning, one respondent highlighted that a clear link between service delivery and investment plans will be required to enable better control of finances and reduce the risk of duplication for the management, procurement and contracting of services.

A few respondents commented on integration of health and social care services. One suggested guidance should be clear that Regional Partnership Boards can set up a range of mechanisms to integrate the provision of housing with Health and Social Services, while another observed that a definition of 'integration' was not offered in the draft legislation. It was felt by one respondent that Welsh Government needed to align policies to underpin partnership working and achieve a greater degree of collaboration between all the relevant teams and departments within Welsh Government.

A few respondents made suggestions in relation to the population needs assessment. One commented that population needs assessments should be developed nationally, to avoid duplication and produce a 'once for Wales' approach, noting that there was a potential role for Public Health Wales observatory to deliver the core data set, which could be built on locally to reflect local and regional needs and priorities. Another suggested that confirmation was needed that Welsh Government would produce a toolkit to support local authorities and health boards in undertaking the population needs assessment, including a minimum data set.

A few respondents questioned certain aspects of the role of regional partnership boards. One noted that local authority operations are decided upon by democratically elected members who hold ultimate responsibility and sovereignty and queried how disagreements between a partnership board and a local authority over competing priorities would be resolved, as the partnership board holds no legal powers to force change. Another was concerned that partnership boards should be able to respond to advocacy requirements for all individuals, alongside the priority areas mentioned, specifically children with complex needs due to a disability or illness.

A few respondents raised a number of more specific points, including:

- Different structures should be coterminous, to ensure services work together and the system is easily navigable;
- It was felt the regulations and code of practice in respect of Part 9 of the Act appear narrowly focused on sections 166 to 168 of the Act, which focuses attention on arrangements with health only;
- The guidance does not reflect the regulations that identify that partnership arrangements and regional partnership boards can include the provision of aftercare under section 117 of the Mental Health Act 1983;
- There is no reference to inter-local authority partnerships that created regional tiers of the National Adoption Service or the national approach to advocacy or fostering;
- It was considered helpful if the guidance referenced the use of Section 58 agreements, which could be beneficial in ensuring changes and support from agencies in respect of safeguarding children and their families.
- Clarity was requested in relation to plans for tele-care and assistive technology.

Welsh Government Response

The Act does not focus on integration between health and local government only. The delegation of functions is confined to Local Health Boards and local authorities in relation to section 166. Section 162 of the Act also allows for the development of pooled funds by a wider range of partners to provide services for adults and carers extending the measures already available to children and young people under the Children Act 2004. Functions cannot be delegated under section 162.

Welsh Government Analysis

Membership of regional partnership boards

The majority of responses were supportive of the proposed membership. However, some respondents felt the requirements were too prescriptive, while others suggested additional representation from housing, public health, carers, children and young people and the need for more than one third sector representative, to include local and national third sector representative bodies. Other responses expressed a preference not to have a lay member but, instead, for the 'citizen voice' to be represented by a member of the regional citizen panel. Citizen panels are not, however, statutory, so we will not be able to refer to them explicitly in regulations but can use the statutory guidance to refer to them.

It is nevertheless important to ensure there is appropriate representation on the board. The main changes proposed are to refer to a citizen representative (rather than a lay member) and to also include a carer representative (due to the focus in the Act on meeting the support needs of carers). In addition, there will be two third sector representatives, one each to represent local and national organisations. The regulations also enable the partnership board to co-opt members as appropriate, which includes having more than one representative.

The proposed membership of regional partnership boards can be found in the WG response at pages 12 – 13.

Additional information will be incorporated within the statutory guidance regarding the membership of regional partnership boards. This will include the need for appropriate representation for children, as well as adult services. In relation to the third sector, the statutory guidance will refer to the need to ensure there is both local and national third sector representation and to ensure the role of third sector and other partners is strengthened throughout. The guidance will also refer to the need for national organisations to have effective mechanisms in place to ensure representation of the whole sector. The regulations include the requirement for a carer representative and the statutory guidance will ensure this also refers to young carers.

Governance and accountability

We will be working with the third sector to ensure appropriate representation in relation to local and national third sector organisations. Further discussions will also take place with WLGA in relation to the role of elected and officer members and the statutory guidance will address this as necessary. The statutory guidance currently refers to the regional partnership boards determining the most appropriate structures for ensuring the provision of integrated services, for example, through the establishment of management or operational groups, as well as integrated teams. These may include a partnership forum or board, for example, for services for people with learning disabilities, or a partnership forum to lead on technology-enabled care. There will, therefore, be opportunities to engage relevant stakeholders. We are currently considering whether more detail should be provided in this area. There will also be more information regarding the authority and accountability of board members.

A number of comments and queries were raised during the consultation process concerning how the regional partnership boards link to other structures, for example, the proposed public service boards and the existing regional arrangements which have been put in place in relation to the

Social Services and Well-being (Wales) Act. The Welsh Government is in the process of producing a fact-sheet setting out the relationship between the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. It will set out how Regional Partnership Boards and Public Service Boards will complement each other and build on areas of common interest.

Regional Partnership Boards are being established at a Local Health Board area level to support the integration of health and social services and, along with other partners, to plan and ensure the delivery of integrated, innovative care and support services to best meet the needs of people in response to the population assessment. They will be ideally placed to ensure prudent approaches to care and support. Public Services Boards sit at the Local Authority area level and will involve a wider range of partners to look strategically at the wider economic, social, environmental and cultural well-being of the area. They will identify locally a small number of priorities for collective action across the area; which may or may not include care and support issues.

Partnership Arrangements

The original intention was to establish a Mid and West Wales Regional Strategic Partnership Board, encompassing Hywel Dda and the respective local authorities in that area, as well as Powys Teaching Health Board and Powys local authority.

In response to the consultation exercise, there is a consensus view that there should be a separate regional partnership board for Powys, therefore seven regional partnership boards in total (based on the existing LHB footprint). This has been proposed by Powys local authority, Powys Local Health Board and the Mid & West Wales partnership to reflect distinctive pressures in terms of, for example, patient flows and cross-national border issues for Powys. This will also be consistent with the approach being taken for population assessments. In light of this, it is now proposed to create a separate board for Powys.

The proposed arrangements for regional strategic partnership boards can be found in the WG response at pages 12 – 13.

Proposals for pooled funds

The original intention was for partnership bodies for each of the partnership arrangements to establish and maintain pooled funds in relation to:

- The exercise of their care home accommodation functions;
- The exercise of their family support functions

The majority of responses supported the proposals for pooled funds (there were only five which disagreed); however, there were a significant number of detailed comments. There was a split between the views expressed by respondents from the statutory and third or private sectors, with the latter being generally more supportive of the need for pooled funds. The main comments made by the statutory sector against pooled budgets include:

- The technical difficulties and time required to establish pooled funds (some respondents suggested that aligned budgets could potentially achieve the same outcome);

- Regulations should not be prescriptive regarding which pooled budgets should be established and this should be for local determination;
- Pooled funds should be determined and established after completion of the needs assessment and the development of an integrated commissioning strategy;
- The current challenging financial climate and pressures on local government and uncertainty regarding longer-term funding;
- Some requested additional resources and technical support to develop pooled funds;
- There are additional challenges concerning health boards that have a larger number of local authority partners;
- The current dispute between health boards and providers over fees (funded nursing care) may take time to resolve irrespective of the outcome of appeal proceedings due to take place in November;
- The integrated commissioning of care homes is already a priority in North Wales;
- Some local authorities would have preferred a specification for pooled funds for reablement services.

In considering the consultation responses, we propose that the regulations be amended so regional partnership boards are required to establish pooled funds to support the delivery of integrated services in response to the population needs assessment. However, we think it is important to signal that we are prepared to specify specific pooled funds and therefore propose that the statutory guidance should refer to the requirement for pooled funds in relation to the provision of early intervention and preventative services.

The key purpose of including care homes within the draft regulations was to address some of the current issues in the sector and to achieve an integrated approach to the commissioning of care home services. The intention was to ensure the provision of high quality care and support and the development of new models. The combined 'purchasing power' would also be used to influence the development and provision of appropriate care and support.

As indicated in the WG response on page 16, we propose that steps are taken to achieve this without immediately applying a requirement for pooled funds at this stage. This can be taken forward through the work of the Care Home Steering Group and the commissioning board, who will provide advice on the development of market position statements and commissioning strategies, contracts, specifications and quality assurance arrangements.

The potential for disagreement concerning the respective contributions to pooled funds was also highlighted during the consultation. With regard to care homes, statutory responsibilities are clear regarding local authority obligations, funded nursing care and continuing health care. In relation to the funding of short-term placements, health boards and local authorities will need to agree their financial contributions in advance. Section 47 of the Act also includes the requirement for the establishment of mechanisms to resolve disputes.

A number of respondents indicated they would welcome more advice and support concerning the development of formal partnerships and pooled budgets. We have previously developed a series of advice notes and templates (for example, on regulation and monitoring of pooled budgets) and have also held a series of workshops to raise awareness regarding the benefits of formal partnership arrangements. We also aim to re-examine the technical support partnerships will require to move forward.

Another issue concerned the impact of pooled funds on the third sector. It is anticipated that pooled funds would provide a more coherent approach to funding the third sector given that funding should be conditional on an integrated strategy where this is appropriate. For example, health boards and local authorities have a mutual interest in the development or maintenance of certain services, for example, community transport, advocacy, independent information and advice.

Priority areas for regional partnership boards

The majority of consultation responses supported the priority areas proposed in the statutory guidance (only nine disagreed). However, a number of suggestions were made in relation to additional areas for inclusion, particularly mental health for both adults and children and also substance misuse. There are partnership arrangements for these services already in place at both regional and national levels. It will be for the partnership boards to take forward the integration agenda for these services. Health Boards and local authorities may need to give further consideration to the membership and terms of reference to make this happen.

Other proposals for priority areas included people with physical disabilities, neurological conditions and sensory disabilities (although these are possibly captured in the original priority areas identified). A number of responses also suggested that priority areas should be determined by partnership boards in response to the population needs assessment (the statutory guidance refers to this), rather than prescribed. It was also felt there should be a stronger focus on well-being and prevention, possibly using 'themes' rather than groups of people or services. While the statutory guidance does explicitly refer to other parts of the Act such as section 14, 15 and 17 and Part 2, the guidance will, however, be redrafted to strengthen this and the focus on outcomes, including reference to the National Outcomes Framework and well-being.

The areas originally identified within the statutory guidance were selected as they relate to those people who would benefit most from the provision of integrated care and support. The intention is to improve outcomes and the well-being of these people and also to improve the effectiveness and efficiency of service delivery. The proposed priority areas can be found in the WG response at page 19.

Integrated Family Support Services (IFSS)

Only four respondents disagreed with the proposals in relation to integrated family support services (IFSS). Comments generally questioned why there was such a specific focus on IFSS in the regulations and statutory guidance, the proposed scope of IFSS and the referral process. Most detailed comments were concerning the statutory guidance.

The proposed changes to the regulations include the requirement for regional partnership boards to ensure there is an appropriate referral process in place for IFSS. Whilst the scope of IFSS has been extended in the draft regulations, there were proposals to go beyond this. As the regulations are a "minimum requirement" we believe there is discretion to go beyond to respond to the result of a needs assessment, so the regulations have not been revised.

Improved outcomes and use of resources

There was a strong consensus that Part 9 of the Act would give effect to improved outcomes and better use of resources. Only four respondents registered disagreement on this point.

Through the Act, we are making progress to address the issues relating to joint finance and planning arrangements and to establish the necessary conditions to provide more integrated, joined up care. This will involve understanding how resources are allocated across the whole system, together with their impact in terms of outcomes achieved, and using this information to inform changes in service provision to ensure that all our resources are used to achieve maximum impact. It is also expected that an integrated approach to service provision will improve local services and that the population needs assessment will assess needs and service provision within localities as well as across the region.

Impact on groups with protected characteristics

Consultation respondents generally agreed that Part 9 of the Act would have a positive effect on groups with protected characteristics. Similarly, our approach to cooperation and partnership should not result in negative impacts on these groups. An integrated approach to delivering a high cost, low-volume service to our most vulnerable citizens will provide them with more voice and control, while allowing commissioning of services on a regional level and delivery of more tailored solutions. Professionals will also be able to work more closely together, share knowledge and expertise, learn about the needs of specific service users and provide more joined up packages of care and support.

Annex A – List of respondents

No	Confidential (Y/N)	Name	Organisation / on behalf of
1	N	Kathy Hampson	Llamau
2	N	Rhondda People First Group	RCT People First Limited
3	Y		
4	Y		
5	N	Lucy Holmes	Port Talbot and Afan Women's Aid
6	N	Susi De Lacey	-
7	N	Beth Evans	Carer's Wales
8	N	Daphne Rose	Public Health Wales
9	N	Rachel Lewis	Age Alliance Wales
10	N	Sarah Payne	NOMS
11	N	Rhian Huws Williams	Care Council for Wales
12	N	Adrian Roper	Wales Social Co-operative Development Forum
13	N	Joe Powell	All Wales People First
14	N	Hywel Jones	City and Council of Swansea Social Services
15	N	Dr Edwin Jones & Prof Kathy Lowe	LDAG Sub-Group – Transforming Care in Wales for People
16	N	Ellie Munroe	The Motor Neurone Disease Association
17	Y		
18	Y		
19	N	Social Services, Health & Housing	Neath Port Talbot Count Borough Council
20	N	Samantha Clutton	Barnardo's Cymru
21	N	Gareth Llwyd	Cyngor sir Ynys Môn
22	N	Suzanne Griffiths	Director of Operations, National Adoption Service for Wales
23	N	Susan Cooper	Bridgend Council
24	N	Dave Street	Caerphilly County Borough Council
25	N	Erian Wynne	Carer's Outreach Service
26	N	Tess Saunders	RNIB
27	N	Oliver Townsend	Cymorth Cymru
28	N	Dr Catrin Mair Edwards	SENSE Cymru
29	N	Dr Rosanne Palmer	Age Cymru
30	N	Helen Evans	Third Sector, Western Bay
31	N	Helen Evans	NPTCVS
32	N	Nesta Lloyd	The Welsh NHS Confederation
33	N	Martyn Palfreman	Mid and West Wales Health and Social Care Collaborative
34	N	Hannah Fleck	Conwy County Borough Council
35	N	Cathrin Manning	British Red Cross
36	N	Carol Shillabeer and Jeremy Patterson	Powys Council and Health Teaching Board
37	N	Laura Cook	Alzheimer's Society

38	N	Constance Adams	WCVA
39	N	Elfed Hopkins	Mid and West Wales IFSS Lead Managers Group
40	N	Jean Davies	Pembrokeshire County Council
41	N	Stephanie O'Donnell	Denbighshire County Council
42	N	Leighton Rees	All Wales Heads of Children's Services
43	N	Dominic Carter	UKHCA
44	N	Rhian Allen	North Wales IFSS Coordinators Group
45	N	Neil Ayling	Flintshire County Council
46	Y		
47	N	Liz Hargest	NHS Wales
48	Y		
49	N	Rhian Davies	Disability Wales
50	N	Marie Marlow	Flintshire and Wrexham IFSS
51	N	Vivienne Laing	NSPCC Cymru
52	N	Sue Evans and Steve Thomas	ADSS Cymru and WLGA
53	N	Bobby Bolt	ABUHB
54	N	Nichola Poole	City of Cardiff and Vale of Glamorgan Councils
55	N	Sara Harvey	Western Bay Health and Social Care Collaborative
56	N	Owen Williams	Wales Vision Forum
57	N	Catherine M. Lewis and Catriona Williams OBE	Children in Wales
58	N	Mary Wimbury	Care Forum Wales
59	N	Cheryl Evans	WNMC
60	N	Matthew Kennedy	Macmillan
61	N	Rhodri Davies	ABMU Health Board