Welsh Government
Consultation – summary of response

Rebalancing Care and Support Programme

This consultation covered:

- Proposals on a National Framework for commissioned care and support
- Proposals on a Pay and Progression Framework for social care
- Proposals on a National Office for Care and Support
- Strengthening of Regional Partnership Board arrangements
- Changes to the Code of Practice on the role of the Director of Social Services and related legislation

November 2023

Overview

This document provides a summary of the responses received by the Welsh Government to our consultation:

WG46649 – Rebalancing Care and Support Programme.

The consultation was published on 22 May 2023 and closed on 14 August 2023. It received 96 responses from a range of stakeholders and interested parties.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: https://www.gov.wales/rebalancing-care-and-support-programme

Contents

Section 1

1.1. Introduction

The Welsh Government is committed to improving social care for the people of Wales through an integrated, preventative and person-centred system. Earlier this year we consulted on a series of proposals which relate to this overarching goal as part of a single consultation – the Rebalancing Care and Support Programme consultation. The proposals within this consultation included:

- A draft National Framework for commissioned care and support which commissioners would be bound by at local, regional and national level. This will set standards for commissioning practice, reduce complexity and rebalance commissioning to focus on quality and outcomes.
- Proposals developed by the Social Care Fair Work Forum relating to the principles of a Pay and Progression Framework, specifically the first of four proposed elements- a broad description of bands for different job roles.
- Proposals for a National Office for Care and Support which will oversee the implementation of the National Framework.
- Proposals in a draft Code of Practice and Statutory Guidance around strengthening Regional Partnership Board arrangements so joint working delivers for local populations; supporting stronger partnership working and integration of services and better prepare a path for future development of these key partnerships in the future.
- Proposed changes to the Code of Practice on the role of the Director of Social Services to respond to changes introduced by the new Performance and Improvement Framework to include the use of people's experiences, as well as the data collected under the framework.
- Changes to the Local Authority Social Services Annual Report Regulations to set out what the new annual reports need to include.
- Gathering views on Part 2, Section 9 (https://www.legislation.gov.uk/anaw/2014/4/section/9) of the Social Services and Well-being (Wales) Act 2014 ("The 2014 Act") , which provides Welsh Ministers with the power to issue a code to help achieve the wellbeing outcomes set out in Section 8 of the 2014 Act (https://www.legislation.gov.uk/anaw/2014/4/section/8).

1.2. The consultation, audience and engagement

A Written Statement was issued on 22 May 2023 – the day the consultation was published. Welsh Government also notified a wide range of organisations of the consultation launch via email including:

The launch was also promoted via the Welsh Government's X (formerly known as twitter) account.

During the consultation period the consultation was included within the weekly Social Care Wales email newsletters. It was also publicised as part of the information available at the Welsh Government stand at the National Eisteddfod held between 5-12 August. The consultation deadline was also highlighted via Welsh Government's X account with posts flagging 'four weeks to go' and 'one week to go' prior to the consultation closing date of 14 August.

Alongside the above promotion Welsh Government officials held two consultation engagement events during the consultation period – an online event on 28 June and an in-person event on 11 July. These events were attended by a wide range of representatives from local government, NHS, third sector and independent sector organisations and provided an opportunity for attendees to pose questions directly to Welsh Government officials to clarify aspects of the consultation ahead of submitting formal responses. Welsh Government officials also attended a number of meetings convened by other organisations to specifically consider the consultation, specifically:

- A meeting on 19 July hosted by Community Housing Cymru and attended by key housing stakeholders where Welsh Government officials summarised the key elements of the consultation and took questions from attendees
- A meeting on 10 August hosted by Age Cymru and attended by members of their consultative forum and national older people's groups. Again Welsh Government officials summarised the key elements of the consultation and took questions from attendees.

Respondents were invited to submit their views online, via email and via post. An Easy Read summary of the consultation was also developed and included as part of the consultation package, to encourage a wider range of responses.

Section 2

2.1. Consultation response

In total the Welsh Government received 96 responses to the consultation. This comprised 20 responses to the main consultation which were submitted online, 71 responses were received via email, and 5 responses to an adjusted format easy read version.

Responses were received from a wide range of organisations and individuals. The largest group were responses categorised as coming from the Third/Voluntary sector with 29 responses received. Responses from local government organisations represented the second largest group with 21 responses classified under this category. 8 responses were also received from organisations classified as NHS bodies and responses were also received from all 7 Regional Partnership Boards.

6 responses came specifically from social care providers with another 2 responses from representative bodies representing providers. A further 5 responses were categorised as coming from other professional representative bodies. Other categories represented in responses included statutory commissioners (4 responses), independent statutory bodies (2 responses) and trade unions (2 responses). The remaining response categories comprised responses from individuals (4 responses) and academic organisations (1 responses). The remaining responses either did not easily fit a specific category, or it was not apparent whether the response represented an individual or a specific organisation.

A list of all consultation responses received is available at the bottom of this document although some have been anonymised where respondents requested that their details were not made public.

Not all consultees responded to all chapters of the consultation, nor all questions posed. All responses were treated equally regardless of how they were submitted.

2.2. Summary of responses received and Welsh Government response

Consultation responses have been analysed by Welsh Government officials except for the parts of responses which related to the principles of a Pay and Progression Framework. These elements were specifically analysed by Social Care Wales on behalf of the Social Care Wales Fair Work Forum.

The analysis is broken down per Consultation Chapter. Each chapter comprises a summary of the issues raised by stakeholders for each question within each consultation area. Aside from the Pay and Progression Framework chapter this is followed by a 'Welsh Government response' section setting out the Government's response to the issues raised. There is also a 'next steps' section at the end of the overall document setting out what will happen following publication of this summary.

2.3. Part 8 - Code of Practice - National Framework for Commissioned Care and Support (Consultation Chapter 1)

2.3.1. Summary of responses

Question 1.1 Do you think the principles and standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity?

78 responses were received to this question, and the majority of these responses believed that the principles and standards set out in the Code would or at the very least be a positive step towards bringing consistency and reduce duplication and complexity to the commissioning process. Whilst the majority also believed that they would reduce complexity there was acknowledgement that, at times, it is inevitable that there is going to be a level of complexity particularly so with a vast social care market and a number of commissioning organisations across Wales.

Many responses noted the sections of the Code which they particularly welcomed which includes putting people and 'what matters' to them at the centre of the commissioning process, emphasis on co-production, focus on outcomes, having greater transparency on commissioning decisions, emphasis on quality over cost, the move to seeing value as more than cost, more emphasis on collaboration and the importance of patient stories when measuring success. Having a Code that is applicable to both Local Authorities and the NHS was also seen as a very positive move by many and also a helpful mechanism to support collaborative commissioning.

A small number (7) did not believe that the principles and standards set out would ensure consistency in commissioning processes and practice or reduce duplication and complexity citing that it would take more than setting principles and standards to achieve this. In addition, having a range of 'should's' and 'musts' was felt by the minority to have the potential to introduce confusion and inconsistencies.

Fair price and Fair work principles were raised and one provider in particular felt that the vision behind Rebalancing Care and Support would not be possible to achieve until there was fair pay and pricing within the social care sector. Furthermore an individual who responded felt that the National Framework was not going to fix the social care system as in their view it had been ruined through current commissioning practices. This was a view also put forward by Unison Wales stating that the *social care system is broken and is operating in a failing commissioning system*. Despite this they were very much in support of the intention of Welsh Government in its goal of improving social care.

One concern raised was the inability to see the benefits of the proposed changes from a citizen and workforce perspective and a call that in the next phase it was important to set out what success looks like and how we know that we are making a difference. Accountability and how commissioners would be held accountable if they did not adhere to the Code was raised several times. Some had expected the consultation to include more detail on this aspect but some suggested that having an evaluation framework to demonstrate compliance with the principles and standards and to demonstrate the benefits would be necessary

Whilst the vast majority of responses were positive about the Code itself, there were many references from all sectors to the challenges of implementing the Code. Most of the responses raised the issue of resources as a significant challenge from both a people and financial perspective – "*whilst change is needed it is difficult to see how change can be made satisfactorily without additional resourcing'* and '*commissioning teams across Wales are already under pressure".*

Many noted that commissioning teams have reduced in numbers of the years and are currently under extreme pressure, therefore additional people capacity would be required within local and regional commissioning teams to work in line with the Code.

Where reference was made to financial resources the concern related to commissioners being able to pay a fair price for care and fair wages for the social care workforce including ensuring fair work characteristics. To achieve the principles and standards in the Code relating to the cost of care, it was felt that this would be unachievable within the current financial climate and moreover the current financial situation of Local Authorities which is becoming even more challenging. Most responses therefore called for the need for appropriate levels of funding to deliver care and support services and meet the needs of local populations which are significantly increasing. The acute financial challenges being faced at present was also felt to inevitably cause challenges in the desire to meaningfully co-produce due to the time and resources that it takes despite the fact that it is known that co-production is more likely to promote best commissioning outcomes.

In addition to the capacity of commissioning teams, many raised the need to have in place a range of appropriate training and qualifications for commissioners to enable them to work in line with the Code. It was also noted that the number and capabilities of commissioners across Local Authorities and the NHS differed considerably, and one response suggested that NHS commissioning is less developed compared to Local Authority commissioning. Reference was made to a recent Audit Wales report on Social Enterprises 'A missed opportunity' and the findings that Local Authorities are under resourced, procurement and commissioning teams often lack the skills and capacity to realise the benefits of social value. It was also asserted that commissioning must be seen as a professional role and as such properly resourced and supported. Having a nationally set qualification framework for commissioners was seen as something that would be beneficial in recognising the profession and the skills required.

Most of the responses received welcomed the proposal to have in place a toolkit to support commissioners and many believed that having the right tools within this would enhance consistency and reduce duplication and complexity. Many suggested that additional guidance would be necessary to clearly demonstrate how the principles and standards should be executed and such guidance should be included within the proposed toolkit. Additionally, the commitment to review and refresh the Code every two years was seen as a positive step by a number of respondents.

Procurement practices were referenced in that quite often there is a requirement to tender and re-tender services too frequently and therefore the importance of ensuring that corporate procurement departments were supporting the most effective

types of procurement in line with the principles and standards was seen as paramount to achieve the requirements within the Code.

The significant differences between individual Local Authority and NHS structures and processes and particularly so their individual schemes of delegation and contract procedure rules was raised. It was suggested that it would remain difficult to achieve a consistent Wales-wide approach because of this.

The need to change culture and embed new ways of working was referenced by many responses one Local Authority in particular considered it would take time to unpick current ways of working to be able to work in line with the principles and standards of the Code.

Many responses included helpful suggested alternative wording for some of the principles and standards as a way of strengthening and reinforcing them. For example referencing the best interests of children and young people to Standard 10, making reference to the sharing of data with Regional Partnership Boards and undertaking a Children's Right's Impact Assessment within Standard 4.

There were also calls to strengthen the Code by providing further reference to sustainable funding for provider organisations particularly the third sector. It was also suggested that consideration be given to a pre-commissioning stage which would enable a statement of 'what good looks like' to be developed. It was felt that spending more time in this early planning phase of the commissioning cycle to co-produce "*what good looks like*" would result in more successful commissioning.

Question 1.2 Do you think the standards set out in the Code will help to ensure Wales-wide consistency in commissioning processes and practice and reduce duplication and complexity?

It is acknowledged that there was an overlap between Questions 1.1 and 1.2 in the consultation questions . 56 responses were received to this question 1.2 however, many of these noted that they had addressed this question within their response to Question 1.1. Therefore we have captured the replies received on the standards within Question 1.1 within this summary for Question 1.2, rather than duplicate.

As with the principles, most of the responses were supportive of the standards and did believe that they had the potential to bring about Wales-wide consistency in commissioning processes, practice and reduce duplication and complexity.

"It is helpful to have a national set of standards and we support the key areas concerned by the standards".

Many of the responses welcomed the consistent approach that the principles and standards would bring about and particularly noted that the standards will help to ensure greater adherence to the vision set within the Social Services and Well-Being (Wales) Act 2014. Additionally it was felt that the standards would enable more efficient commissioning.

One Local Authority felt that the standards are stretching and aspirational in some areas with others expressing that the standards contain what they would expect to see, with another noting that if implemented as intended the standards would

comprehensively address all the key elements that are required to bring about effective, ethical and sustainable commissioning.

There were many positive assertions made in relation to the standards, for example that they covered the right issues and clearly placed the experience of people needing care and support at the heart of decision making. The ten standards were thought to help ensure greater adherence to the 2014 Act. Reference to the Well-Being of Future generations Act was welcomed as were the standards in developing a consistent value base to the way services are commissioned. In addition having reference to unpaid carers within the standards was also seen as positive.

A small number of responses, although supportive of the standards, noted that they did not feel that the principles and standards alone would bring about the changes needed in social care and felt that there were challenges deep rooted within organisational culture, the financial situation and lack of workforce within the sector.

There was also a view that equity of access to quality care and support may be more important than consistency in commissioning of care and support services however, it was suggested that the lack of policy standardisation for commissioning has driven inconsistencies across health and social care services. Within this context therefore the standards were felt to be helpful and welcomed.

One Local Authority proposed that introducing Fair Work and Fair Price requirements within commissioning contracts would have a beneficial impact in supporting parity of esteem but would be reliant on additional funding with one response stating that the "*standards must be affordable".*

One Health Board noted that as social care and health move to greater levels of integrated services the applicability of the Code to Local Authorities and Health Boards will make joint commissioning of services more straight forward to achieve. Other responses also commented that having the same standards for both Health Boards and Local Authorities to work to was certainly a move in the right direction.

"Too often registered providers are caught in arguments between local authorities and health boards where the focus is on organisational responsibility and funding rather than the well-being of the individual who needs care"

A number of responses received, whilst very supportive of the standards, did suggest amendments to them which they believed would strengthen them. Some examples of these would include the need to define co-production, changing some 'shoulds' to 'musts', stronger reference to people with protected characteristics, clarity on how success will be measured and stronger reference to the best interests of children and young people.

Some further suggestions included what would aid achievement of the Digital Inclusion and Access standard.

"There is a need to have in place a mechanism where data systems will talk to each other so that the principle of enter once and use multiple times can be achieved".

Also that there should be equal application of the standards across the public sector, third sector and the private sector. In a similar vein it was felt that the standard relating to risk should be clear that risks should be shared and that this would require frank discussions between commissioners and providers on risk appetite and sharing

of risks also having flexibility to allow long-term contracts with providers was felt to be a factor that would help services becomes more sustainable and help the well-being of staff.

One response made particular reference to brokerage and the important function that it undertakes as part of the commissioning cycle as it links with effective payment and contract mechanisms. It was felt that brokerage is a valued function and is able to work intensively with providers and operational teams to secure the right care and it is a more cost effective approach as it releases social work capacity so that they can focus on their social work roles.

Response from the Office of the Older People's Commissioner included the view that it would be "*helpful to set out how older workers could be retained as well as attracted into the social are sector which could include looking at the language used in recruitment, highlighting any flexible working options and other benefits*".

Many of the responses received did raise concern about Implementation of the Code and the challenges that this would bring. Many of the same concerns were raised in relation to the principles, as noted in Question 1.1 above. To avoid duplication these are not repeated here but they do include lack of resources, commissioning capacity and capabilities and workforce challenges more generally across the social care sector.

It was asserted that some of the standards would be challenging to achieve and responders particularly referenced those relating to Fair Work and Fair Price and being able to confirm fee rates in a timely manner and working in line with Mwy Na Geiriau. Also noted was that there would be a need to have analytical expertise to support commissioners, a resource and skills which was felt to be scarce at present.

One provider raised concern that the standards did not always feel congruent with the other documents and strategies circulating from Welsh Government which could result in implementation challenges. Another response highlighted the potential barriers to implementation of some of the standards for example funding and charging linked to time and task culture in adult services. Also it was suggested that policy changes linked to the transformation of children services would be difficult to implement in regard to the standards when it is unknown what the new commissioning landscape may look like in the next decade for care experienced children and young people. However, it was acknowledged that future iterations of the Code of Practice could incorporate this based on lessons learnt in the context of developing a National Care Service.

In addition concern was raised that due to financial constraints, the range and level of preventative services has reduced over the years and this would impact on achieving the standards that relate to undertaking a holistic approach within care and support services. Additionally in relation to preventative services one response stated that it would be helpful to agree an acceptable methodology for evidencing prevention and to clarify the substance of prevention.

Having in place a national toolkit to support commissioners to work in line with the Code was seen as a positive move, as was noted in question 1.1 above, but it was also felt that to achieve the standards it was important to have in place a

comprehensive workforce development plan as it was felt this would help to nurture and grow talent and ensure that commissioners are equipped with the skills and competence required to meet the requirements within the Code. A suggestion was put forward that there is a need to have a national qualification framework for commissioners to upskill and highlight the importance of commissioning roles.

One Local Authority believed that it would be helpful to have in place measures to ensure and evidence implementation and similarly to the responses made to question 1.1, clarity was being sought on the role of the National Office in implementing and in ensuring compliance with the standards.

Question 1.3 Do you think the requirements in relation to Welsh Language will help to bring about consistency around the provision of Welsh language services and the active offer?

56 responses were received to this question within the consultation. Whilst the majority of responses welcomed the inclusion of requirements in relation to Welsh Language within the Code, some responses felt that this served to remind or reinforce requirements already in place through More Than Just Words/ Mwy Na Geiriau and the Welsh Language Act.   They did not feel that the requirements would serve to improve the current position on Welsh language provision.

Public sector organisations that responded to this question confirmed that they already work in line with Mwy Na Geiriau and promote the active offer. The Older People's Commissioner felt that the Code stops short of specifying that services must be provided in Welsh wherever someone requests it, and that market management should ensure that there is a sufficient supply of Welsh-language services to deliver this.   However, overall it was felt that it was helpful to have standard clauses so that there was a national set of requirements being stipulated. Some responses felt that the Code did not go into enough detail on addressing the barriers such as lack of Welsh speakers, geographical differences, lack of consistent free/fully funded Welsh courses, proportion of social care workers who do not have English or Welsh as their first language or with literacy difficulties and the challenge of social care workers having to undertake qualifications and other CPD which take up their time and capacity to learn Welsh.

"There also needs to be a focus within the Welsh Education system to promote the opportunities for career pathways where the Welsh Language plays an important part in effective service delivery".

A small number of responses proposed that the language used within this section of the Code needed to be considerably strengthened as linguistic need in the context of social care is not a 'language choice' but something absolutely essential constituting a 'need'. Conversely however, one individual who responded failed to see what Welsh language had to do with service provision as only a small proportion of Wales has Welsh speakers and everyone can speak, write and read English and it is the language of UK. This individual therefore felt that it would be more appropriate to use the funding targeted at Welsh language towards the NHS.

Whilst the overwhelming majority recognised that it was helpful and worthwhile to reinforce Welsh language requirements and having nationally agreed clauses, it is the challenge of delivering on this that causes the concern particularly when there are significant gaps in the social care workforce.

Sourcing Welsh language service provision was seen to be the biggest challenge citing that the pay and conditions of the social care workforce would need addressing to be able to attract Welsh speakers into the sector and indeed responses noted that due to the severe lack of social care workforce recruitment efforts are being made to attract social care workers to Wales from other countries. It would therefore take many years for these staff to learn Welsh to a sufficient level to be able to converse confidently with service users. We were also reminded that the proportion of Welsh speakers across Wales differs geographically and there is more need for Welsh language provision in different parts of Wales. Furthermore, it was felt that Welsh Government should have in place more incentives and courses to support care workers to learn Welsh but that this needs to be incentivised also. It was also felt that in relation to Mwy Na Geiriau what is lacking is a need for a fully planned and funded programme of adult learning courses which are free to access for social care workers.

Third sector organisations, whilst in favour of reinforcing Welsh language and delivering on the active offer, noted that they are not required to work in line with Mwy Na Geiriau. As they do not receive any funding to support Welsh language service provision and therefore it is challenging for them to ensure that materials are bilingual because of lack of funding. If funding was available they would wish to promote and increase their use of Welsh language. Providers also noted the high costs incurred by having to translate documents such as statement of purpose and service user guides. They are concerned that these costs are not recognised nor taken into account within the commissioning process.

Some felt that the Code should include information on how the expectations relating to Welsh language should be delivered in practice and it was also suggested that it would be helpful to have a national monitoring tool to monitor Welsh language as this would enable more consistency to be achieved which should become part of the contract monitoring process.

Some responses raised the importance of ensuring, educating and informing service users and their families regarding their rights to receive services in Welsh and empowering them to ensure that they receive services in their chosen language.

Question 1.4 Do you think the requirements in relation to Equalities will help to promote and improve the rights of individuals receiving care and support and carers?

60 responses were received to this question and the views expressed were similar to those made in relation to question 1.3. The majority of responses welcomed reference to equalities within the Code. However, there was a view from many that the requirements set were in line with current requirements and did not place any additional demands It was noted that re-stating the requirements would be helpful for commissioners.

A couple of Local Authorities stated that they do take into account equality issues in their commissioning processes and therefore did not believe that the requirements in this section enhanced their current practices. Other respondents felt that having equalities laid out within the Code would ensure that commissioners took account of the requirements and this would ultimately improve services

It was felt that the Code should be clearer on how equality requirements should be delivered and undertaken in practice. Concern was raised that there is a difference

between the 'must's and 'should's in adult social care policy which results in the needs of some service users and carers not being given sufficient priority.

Many responses believed that there will be a need for more guidance to be produced to support commissioners and that these should sit within the toolkit. It was believed that more explicit reference is needed on how to engage with underserved groups that are protected by the Equalities Act, or who may experience multiple barriers as such as disabled people. In addition there were calls from many responders for bespoke all Wales training courses to support commissioners and particularly referenced how commissioning and procurement practices can support the All-Wales Anti-Racist Action Plan and LGBTQ+ Action plan. It was also suggested that there should be training for leaders as well as commissioners, and that there should be ways of sharing learning on inclusion across the sector. Furthermore, it is believed that people receiving care and support and their carers should be aware of their rights and should be empowered to reference these when raising concerns.

A suggestion was made that standard 10 could be strengthened further by encouraging commissioners to collect feedback from people living with dementia who draw on care and support as part of their commitment to demonstrate how they are promoting equality and tackling discrimination. Some also believed that it was important for commissioners to have in place Equality Impact Assessments (EIA) and were concerned the Code was silent on the use of EIAs. It was hoped that the Code will help to promote and improve the rights of individuals.

One organisation did not believe there was sufficient narrative in the Code relating to human rights and did not feel that the information in the Code would enable commissioners to discharge their duties in relation to human rights. A suggested addition to this section was reference to the Socio-economic Duty, setting out the requirements on public bodies in relation to procurement and commissioning decisions including reducing inequalities of outcomes.

A small number of responses were seeking clarification on how commissioners should be demonstrating the process they have applied in practice and issues relating to the lack of consistent monitoring of equality matters was raised suggesting that there should be a standard national approach developed.

One response highlighted the matter of age being a protected characteristic, but raised concern that there is still ageism language being used by Health Boards and also Regional Partnership Boards sighting the example of "*the Elderly and Care of the Elderly wards*".

It was felt that the Code should reference and emphasise the UN Convention on the Rights of Persons with Disabilities. There was also a strong emphasis on the need for a cultural shift to embed Equality Impact Assessments right from the identification of need throughout the whole commissioning cycle including tendering, Pre-qualification questionnaire, ITT and tendering stages. There was a call for strengthening the rights of carers within the Code putting greater emphasis on understanding the numbers of unpaid carers as part of the demographic and needs mapping and ensuring there are sufficient funded services to support carers to remain mentally and physically able to continue in their caring roles.

Question 1.5 Do you think the statutory requirements and guidance in the Code will help to reduce complexity and bring about national consistency in the commissioning of care and support?

60 responses were received to this question within the consultation. There was general welcome for the Code and the view that the requirements as providing helpful guidance, clarity, and consistency in care commissioning across Wales. Many agree this is needed.

Respondents think that the new requirement and guidance should improve care quality, support for individuals, and outcomes if implemented well. They also expressed the view that it provides a positive direction. The guidance and toolkit will support implementation. The National Office for Care and Support was also seen as helpful.

It was felt that the new tools have potential to reduce complexity, duplication and variation in commissioning approaches and could bring greater consistency nationally. Respondents were pleased that the guidance and requirements emphasised collaboration/co-production and engaging stakeholders was welcomed.

Respondents stated how the application across disciplines/sectors is good and especially as it brings health and social care together. Therefore, it supports the goals of the Social Services and Wellbeing Act.

Requiring Welsh language provision was also seen as positive. It was also said that regular revision periods allow updates. Lastly, provisions for sufficient resources are welcomed.

In regard to the positive responses, the feedback highlights the Code's potential to improve commissioning and care through increased guidance, consistency, collaboration and accountability if implemented effectively. The recurring positive themes are around consistency, clarity, and a collaborative approach.

However, there were concerns about lack of funding and resources to implement the changes, especially to increase pay and address workforce shortages. Issues were highlighted with recruitment and retention of social care staff. The workforce was described as already exhausted.

It was stated that the new guidance may increase complexity rather than reducing it, with more reporting requirements and lack of clarity in some areas. Consistency between areas was doubted due to local differences in interpretation and implementation.

There were also questions around compliance and accountability. Some stakeholders also raised concerns that local authorities may circumvent requirements. This is potentially related to the additional reporting burdens for providers and local authorities, which could be problematic.

The toolkit not being consulted on was seen as an issue. There were criticisms around the top-down approach used. It was felt that this toolkit suggests some see current commissioning as not good practice already.

Issues were raised around communication between commissioners, providers and the sector. It was felt these issues, alongside other longstanding issues in social care like funding gaps will not be addressed by this new guidance.

Lastly, there were concerns about data collection and use, and also the potential impact on smaller, local and Welsh language initiatives. Therefore, Welsh Government was asked to mitigate potential negative impacts on smaller providers and the Welsh language.

In summary, concerns focused on resourcing and workforce issues, alongside consistency, accountability, complexity and communication. There are also concerns the code does not address some broader systemic issues.

In regard to how Welsh Government could best address these concerns, responded suggested that there is a need to provide additional resources and funding to support implementation, including for building skills and capacity. It was also felt that guidance, support and clarity to aid consistency in interpretation and implementation across different areas would be needed which would also help to define key terms clearly. Some suggested that considering longer provider contracts and more consistent pricing would reduce complexity. There can also be ways to establish feedback mechanisms to ensure practices are followed and issues can be raised. Linked to this would be to reviewing reporting requirements to streamline and avoid duplication. This could involve considering piloting and assessing the guidance prior to implementation.

In order to address issues around compliance and enforcement of the code there would need to be clear accountability. Part of this could be in clarifying governance arrangements, for example the role of the National Commissioning Board. Respondents emphasised collaboration between stakeholders, sharing best practices, co-production, and integration to reduce duplication. This may ensure consistency between the Health Boards and Local Authorities but allow some local flexibility.

It was also expressed that it might help to make wider changes beyond just commissioning to improve access simplicity for service users, such as considering quality assurance arrangements. It may also help to standardise data collection and use it to monitor effectiveness. This may involve making providing data a requirement.

In summary, the suggestions focus on providing more support and resources for implementation, maximising consistency, enhancing accountability, facilitating collaboration and integration, improving data practices, allowing some local flexibility and mitigating risks.

Question 1.6 Do you think the statutory requirements and guidance in the Code will help to improve outcomes for individuals receiving care and support and carers?

63 responses were received to this question within the consultation. Many welcomed the statutory requirements and guidance in the Code. There was positivity from many of the respondents and agreement that the Code sets out a positive direction.

It was felt that the focus on outcomes, quality over cost, and "*what matters*" is seen as helpful for improving outcomes. Implementation of the Act has already improved carer voice and support and respondents suggested that the Code builds on this. It was expressed that the guidance provides clarity on expectations, and the shift towards quality and social value will enable better outcomes. It was also said that the requirements reinforce existing good practices around outcome-focused, person-centred care.

It was said that if the requirements achieve the desired changes in commissioning, they will improve outcomes and the emphasis on timely access of care is positive. The toolkit and guidance were welcomed as important assistance to implementation.

Overall, many agreed with the principles and see potential for the Code to improve outcomes if implemented properly with adequate resources, training and monitoring, but success relies on delivery.

The positive feedback highlights general support for the principles and potential of the code to enhance outcomes through its guidance, alignment with the Act, focus on quality, outcomes, and timeliness. However, proper implementation, resourcing and monitoring are critical to realise this potential in practice.

Funding constraints and resource pressures was felt to have the potential to hinder implementation. Additional training and monitoring would be needed and it was felt that 10 years is too long to see changes that are needed now within social care.

Respondents questioned whether the Code and supporting tools alone will improve outcomes and it was unclear on how outcomes will be monitored. Issues with current commissioning practices and culture were noted as barriers and respondents felt that a significant shift in current practices were required.

Some raised concerns that the lack of detail and clarity in the Code may lead to different interpretations. This lack of clarity also related to translating "what matters to me" for different populations. Therefore, there is a need to involve service users and carers more in the commissioning process to ensure appropriate inclusivity.

Other considerations involved the difficulty measuring unpaid care outcomes, the independence of the National Office and the limited impact anticipated on children's social care and not enough connection to health.

In summary, the main concerns raised were around resourcing, monitoring, clarity, commissioning culture, inclusivity and translation into better outcomes. Timescales and independence also questioned.

There were also suggestions around implementation, such as making requirements and guidance accessible and understandable to the public. Some stated that there is a need to emphasise inclusivity and accessibility within the implementation.

Respondents stressed the need to provide adequate, timely funding and resources. This includes saff pay, training, skills development, and capacity building. Linked to

this is the need to address workforce recruitment, retention and pay issues including equity with the NHS.

It was raised that there is a need to support commissioners with practical guidance, training and advice to strengthen outcomes-based, person-centred commissioning. Respondents felt that there is a need to encourage collaboration, co-production and sharing of best practices, and to involve providers and communities early. Respondents asked that Welsh Government develop standardised data collection methodology and clarify outcome measurement requirements, and this in turn will improve monitoring.

Throughout all of this, there is a need to ensure quality standards for care are set and preventative measures promoted. People's rights need to be upheld, and this may involve creating spaces for service users and carers to challenge decisions safely. This could be helped by clarifying links between the Code components and how organisations will be held accountable. It was felt that Children's rights and needs need to be considered throughout the Code, not just referenced at the end.

Some expressed how implementation requires senior management buy-in and proposed that self-assessments and action plans could help with this. It could also help to consider aligning with their local charters and developing place-based recommendations.

It was felt that implementation will need to take a strengths-based, person-centred approach focused on quality of life improvements. Recommendations from reviews and evaluations of the 2014 Act's implementation should also be utilised and implementation should adopt multidisciplinary team working and agree on population outcomes.

The suggestions made by responses emphasise resourcing, workforce issues, strengthening commissioning, collaboration, clarity, quality assurance and accountability in order to translate the code into better outcomes. Taking a person-centred approach and monitoring implementation were also stressed.

Question 1.7 Do you think the statutory requirements and guidance in the Code will help to refocus the fundamentals of the care market away from price towards a value measure based upon service quality and overall cost?

65 responses were received to this question within the consultation. There were some key positive themes regarding refocusing away from price towards quality and value and general agreement and positivity about the aim to shift the focus away from price and towards quality and value was welcomed.

The statutory requirements and guidance are seen as a good foundation and baseline for working towards this goal. Many felt that it should help improve outcomes and experiences if implemented properly. This includes focus on person-centredness. Some stated how the Code promotes a culture of shared leadership and reduces positional power around costs.

Respondents felt that moving away from a narrow price focus to consider wider value and quality is crucial for certain groups like those living with dementia. There

was some welcome too to the inclusion of Standard 8 on paying sustainable fees, as this could address some underfunding issues.

The National Office's role in data, analytics and guidance is welcomed and could aid commissioning. Linked to this, outcomes can be greatly improved through collaboration and co-production in service design. Theoretically the code provides a framework for this shift but operationalising was felt to be challenging.

Overall, the aims are widely supported in principle, but success relies on proper implementation, workforce issues being addressed, greater collaboration, co-production, and the National Office providing data, analytical and guidance support.

There were also some concerns raised which included budget constraints, funding pressures and austerity, and how they limit the ability to shift focus away from costs and savings. It was felt that additional investment and resources are needed.
It was also stated that workforce issues like pay, recruitment and retention will be exacerbated without more funding and respondents said that it will be difficult for providers to change business models without financial support.

There were concerns that quality and value often come at a higher cost that can't be met within current budgets. Therefore, there were questions about whether the Code can achieve the desired changes given wider fiscal realities and organisational pressures. It was raised that the care market will always be somewhat driven by profit motives and price sensitivity.

Respondents questioned the scope and enforceability of the proposed guidance within the toolkit due to it being non-statutory. Therefore, it was felt that stronger real-time regulation and enforcement could help ensure compliance.
It was also raised that variability between commissioners in assessing quality and costs may limit assessing outcomes and the lack of a standard methodology adds to this. Also, it was felt that limited and inconsistent data makes benchmarking and planning difficult. Therefore, analytical capabilities may need investment.

The main concerns raised relate to resourcing, market forces, data limitations, variability and the ability to enforce changes given wider budgetary and systemic pressures. The social care market was described as fragile, impacting the ability to drive change.

There were also some suggestions for how these concerns could be addressed including a cultural shift within current commissioning organisations to move away from a focus on costs and savings and the language and approach to commissioning which it is felt needs to fundamentally change.

Greater maturity is needed in commissioner-provider discussions to focus on quality, risk and priorities rather than just price. It was felt that it would also help commissioners to recognise that quality can reduce costs by removing inefficiency, it's not always more expensive. Similarly, work is needed with providers to shift perspective away from price focus.

Respondents felt there is a need to take a whole system approach – and within that view Third Sector and others as partners, not just publicly commissioned services.

Linked to this is to foster a culture of learning and sharing best practices to support the shift.

It was raised that improving signposting and access to the right services early on may help to improve outcomes and reduce costs. This may also address confusion in interactions. However, social workers may also need upskilling to take an outcomes-based approach. Commissioning capacity and skills also need building to support new ways of working.

Ultimately, it was felt that legislative aspirations haven't yet fully translated into frontline cultural and operational changes. Respondents noted that the guidance aims to bridge this but whole system change is still required. In brief there was expressed a need for deep cultural change alongside practical improvements in commissioning skills and capacity in order to truly reorient the system away from a narrow price focus.

Question 1.8 Do you think the statutory requirements and guidance in the Code will help to facilitate the provision of a seamless health and social care service, reducing barriers to joint planning and delivery

59 responses were received to this question with a mix of responses. A number of responses welcomed the Code and its ambitions and believed that it could or could in part help to facilitate the provision of a seamless health and social care service and reduce barriers to joint planning and delivery.

The majority of the responses however, did not consider that the Code by itself could help facilitate seamless health and social care services and reduce barriers to joint planning and delivery. A small number of Local Authorities believed that they have made positive strides towards joint planning, commissioning and seamless health and care. However, one Local Authority believed that joint planning and delivery between them and the Local Health Board has not been as smooth as desired.

There are many responses received from across the sectors who believe that it is not possible to have seamless health and social care services until there is complete parity of esteem between health and social care services and until both are free at the point of need. One Local Authority referenced continuing healthcare eligibility as something that would need to be changed if we are to achieve seamless services. Furthermore it was suggested strongly that the only way to achieve seamless services is to integrate both health and social care at a national level. Another significant barrier was seen to be the workforce and these being employed by different organisations with significantly different terms and conditions.

Funding was also cited as well as the lack of investment in health community services and social care, both deemed to be barriers to seamless services as well as the need for a significant culture shift. The lack of an integrated workforce plan across health and social care was also a concern as there isn't sufficient staffing which is a key barrier. The different statutory responsibilities of statutory organisations and legal judgements in relation to commissioning responsibilities were also not felt to be helpful in creating seamless services and it is believed that there is a need to move to integration of services at local population level rather than service level.

Procurement regulations and the differences in these across Wales was raised by some Local Authorities as a key barrier along with the need to have clarity around the responsibilities of different organisations. Further clarity was called upon in relation to the role of National Office for Care and Support, the National Commissioning Board and other national commissioning bodies. In addition some queried enforcement and who would be enforcing the need to have in place seamless services.

Pooled budgets was an area raised, with responses noting the lack of willingness by some and complications relating to the practicalities of pooling funds and resources and it was felt that the requirements in the Code were not adequate to address these challenges. Some also called for more clarity on what is meant by terms such as seamless services, interconnected services and one Health Board believes that the term seamless is flawed and needs reviewing as it assumes that different entities with completely different statutory requirements, governance and management arrangements can operate as if there are no differences or distinctions. The focus should therefore be on "*good seams* from a service user perspective. There was a call from one organisations that the National Framework would be more inclusive if it recognised the contribution all services make to the well-being of individuals. The role of Regional Partnership Board (RPB) in joint planning was referenced with some believing that good progress has been made in this respect but conversely others believing that progress is slow. There was also a suggestion that RPBs should have a trade union representative to represent the voice of the workforce and called for all social care services to be delivered in-house by local authorities rather than commissioned.

Many responses also took the opportunity to highlight the need to have in place a robust implementation plan for the Code including appropriate and nationally funded training, skills development and qualifications and investment to support commissioners to work in line with the ethos of the Code, noting that having tools within a national toolkit would not be sufficient in itself given the importance of the Code in re-shaping care and support services in Wales.

2.3.2. Welsh Government response

The majority of the consultation responses were in favour of the Code of Practice – National Framework for Commissioned Care and Support and it is appreciated that many responses offered suggested amendments to strengthen the National Framework. Welsh Government will review the draft Code of Practice in light of the consultation responses received and the suggested amendments to strengthen its content.

Welsh Government has taken into account the concerns raised by many responses in relation to the anticipated implementation challenges relating to awareness, training and qualifications and the support commissioners will need to work in line with the Code of Practice. A comprehensive implementation plan will be developed which will include identifying the awareness, training and qualifications that will be required and identifying support available to commissioners. The National Office for

care and support will have a key role in supporting commissioners within this context.

Welsh Government will work with key stakeholders and partners to develop a comprehensive toolkit to support them to commission in line with the Code of Practice. This will include identifying and creating a suitable digital platform to host the comprehensive toolkit.

References to the financial challenges in the social care sector was made throughout the responses. The financial sustainability of social care services is a matter that goes much wider than the role of the Code of Practice on commissioning. The forthcoming Integrated Impact Assessment will identify areas where the Code may require resourcing. The Code of Practice provides more detailed guidance on commissioning in line with what is set out in the Social Services and Well-Being (Wales) Act and RISCA and not all elements will in of themselves require significant resources to deliver.

Welsh Government worked with a National Technical Group made up of representatives from key stakeholders and partners to develop the draft National Framework and we will continue to draw on the expertise of the membership of the National Technical Group as we progress through this next phase of developments.

2.4. Pay and Progression Framework proposals (Consultation Chapter 2)

2.4.1. Summary of responses

The consultation responses for the Pay and Progression Framework have been analysed on behalf of the Social Care Fair Work Forum. In some cases the issues raised were relevant across all three consultation questions, and this has been reflected in the summary.

81 of the 96 consultation responses answered the questions in this section and the analysis is focused on these responses in this section. Of these responses 24 were from organisations representing the third/voluntary sector and 19 were from local government. 8 responses were from NHS bodies and 6 from social care providers. The remaining responses were from representative bodies – professional (3 responses), statutory commissioners (3 responses), individuals (3 responses), independent statutory bodies (2 responses), regional partnership boards (2 responses), representative bodies – providers (2 responses), regulators (2 responses) trade unions (2 responses) and academia (1 response). From the remaining responses it was not apparent whether a response was from an individual or organisation due to information not being supplied with the response.

Question 2.1 The principle of the pay and progression framework is to offer a national framework that can support the principles of fair work. Do you believe it can support that ambition and the benefits outlined above?

For this section we received 81 responses in total. Seven did not contain any text or information relevant to the question. Therefore, the analysis is based off the remaining 74 responses.

Of the respondents, 63 indicated some form of support for the idea that the pay and progression framework can support the ambition and anticipated benefits outlined. However, although agreeing, many of these respondents also highlighted areas of improvement, challenges that will impact the successful implementation of the framework and wider sector related considerations.

Many respondents welcomed the banded job profiles and felt they would support professionalising the sector and would aid attraction and retention of the workforce. Feedback received was that overall, the roles and skills were clearly defined and helpful.

Comments also reflected that the approach would bring equity and consistency, would help identify career opportunities and the pathways to achieving progression. Respondents also commented that consideration needs to be given to the complexities of some roles and the environment in which the roles are delivered. A proportion of respondents felt that further consideration should be given to including social workers within the framework and including wider ancillary roles such as, care co-ordinator, activity co-ordinator, gardener, cook, micro-care worker and personal assistants etc.

It was suggested that the pay and progression framework needed to detail qualifications and pathways for employers to support staff to develop into wider opportunities in other areas and sectors.

A significant number of responses reflected on funding and commissioning of services, and that for the implementation of the framework to be successful, it was essential that consideration was given to a realistic costed model.

However, a small minority felt that the framework would not be effective enough to meet the ambitions outlined and felt that further detail is required with clear explanations of the pay, funding and implementation. Respondents suggested that although it was a welcomed start, the framework didn't go far enough to incorporate all professions working in social care including registered nurses or of care workers who may be providing nursing care under the direction of a registered nurse. Also, the banding contained in the framework would be difficult to align to the banding in the health sector.

A proportion of respondents felt that framework was not ambitious enough and identified improvements for the framework. A significant number of the responses noted the challenges facing the implementation of the framework, focussing on the impact and unintended consequences of the voluntary introduction, and the challenges the voluntary approach will have upon the sector: specifically, the impact of an inconsistent implementation of the framework across Wales.
Another key theme was the lack of reference and alignment to the health sector and particularly the NHS's Agenda for Change. A large proportion of respondents felt that alignment with health was essential especially to bring equity of pay with other

similar roles and to demonstrate the potential career pathways available to those in the care sector.

Similarly there was also disappointment mentioned by a few respondents that there was no mention of occupational therapy or the third sector.

Question 2.2 Do you have any suggestions about how the framework might be improved to help meet its ambitions?

For this section we received 81 responses in total. Ten did not contain any text or information relevant to the question. Therefore, the analysis is based off the remaining 71 responses.

There was a breadth of positive suggestions to support with the improvement of the framework and its ambitions. This included feedback on:

Job bands: including improvements to the wording and content of the job bands ensuring that each band is distinct, unambiguous and factors in the complexities that some roles deliver and require additional skills and knowledge. Additionally, to be reflective of the variety of settings in which social care is delivered. Some also reflected it would be useful to have seniority within the bands recognised. Also identifying transferable skills and how these can apply to different parts of the sector, supporting the career mapping.

Funding and commissioning of services: A considerable number of responses reflected on the current funding model. There was a strong emphasis about ensuring that the plan contained information on pay scales, costings and funding plans, and how the framework would benchmark against the Real Living Wage. Other key points also raised the importance of including other costs such as on-costs, pension contributions and training costs – and how the framework can adapt to other external factors which affect the sector e.g., inflation, pandemic, Brexit, fuel costs etc.

Voluntary: a consistent response from many respondents was the difficulty faced with this being a voluntary framework and the challenges that would be faced for the framework to fully achieve its aims (although many respondents understood the difficulties in making it mandatory). One respondent identified that lessons could be learnt from the implementation of the real living wage.

Equality diversity and inclusion: some respondents mentioned suggestions on strengthening the language about equality, diversity and inclusion within the framework and how it would be useful to see an integrated impact assessment.

Evaluation: recommendations also included consideration on how the success of the framework will be monitored and incorporating and measuring outcomes to look at the success or failure of the framework.

Incorporate the voice of the sector: respondents provided some references about ensuring the voice of workforce, providers, employers and users of care and support are also included in the development of the framework, especially when developing the job descriptions.

Alignment with health: respondents felt that the framework needs to be aligned to the Agenda for Change.

Further guidance: respondents felt that it would be beneficial if when implemented, there was additional guidance for employers on how to implement the new pay scales, and other practical delivery aspects around employment law, recognition, learning and development opportunities etc.

An example provided included developing wider support for progression with additional resources to assist and guide workers:

- **Qualifications**: to further define what are 'required' and 'recommended' qualifications, and links to these resources, and there should be further emphasis on apprenticeships throughout the framework.

- **Career mapping:** recommendations from respondents identified that progressions not only involve promotions and pay rises, but opportunities for life-long learning within roles and opportunities to move laterally to different roles or go on secondment to other roles and sectors to develop new skills, experiences and practical learning that could be implemented to improve their skills levels, prospects and outcomes.

Question 2.3 What may be the barriers to the framework achieving its ambitions?
For this section we received 81 responses in total. Of which, 17 did not contain any text or information relevant to the question. Therefore, the analysis is based off the remaining 64 responses.

Respondents gave a comprehensive summary of the potential barriers which could be experienced and may hinder the framework achieving its ambitions. The barriers identified are as follows:

- **Voluntary:** a large proportion of respondents identified this as a barrier, as the sector may not implement the framework in its entirety, and so may undermine the framework. Many identified unintended consequences which may result from this include destabilisation of the workforce, introducing further disparity and impact on cross border businesses.
One respondent suggested that given the framework is voluntary, the existing pressures placed upon care providers and the costs associated with implementing the framework, a feasibility study should be undertaken to inform wider roll out. This would be to monitor and evaluate the approach taken, including impact on the public, private and third sector workforce, and identify any potential unintended consequences before wider adoption.

- **Third sector:** some respondents identified the omission of the third sector and that further consideration needs to take place on how the implementation of the framework will impact on the wider third sector workforce.

- **Integration with health:** respondents identified that there needs to be more focus on the relationship between health and social care roles and a clear ambition to strive for equity across both sectors. Respondents identified that currently it is not clear how the bands set out within this framework equate to the health sector, but it will be essential that they do for this framework to succeed.

- **Commissioning of services:** Respondents identified that it needs to be clear what is expected of commissioners as well as the sectors and organisations that are being funded by the commissioners. Also funding and commissioning of services needs to be done in line with inflation, as is done in England.
A respondent also identified that when looking to implement the framework it will be important to engage with the National Framework for Commissioned Care and Support, because pay will affect the rate of the fair cost of care.
Also, that commissioners must have sufficient resource available to them to support an expectation through contract arrangements that providers implement and sign up to the framework.

- **Budget constraints and funding:** a key concern from respondents was the cost of implementing the framework, the potential need for additional budgets to support with the implementation. Respondents identified budget limitations could affect the ability to offer competitive salaries and progression opportunities and may result in the inconsistent implementation of the framework. One respondent identified that there may need to be more legislative powers in relation to pay.

- **Complexity:** respondents identified that developing a framework that is both comprehensive and adaptable across various sectors and roles can be complex, especially with the presence of institutional barriers. It will be challenging to ensure the right balance between different job roles and sectors.
Alongside this some respondents identified that resistance to change and lack of buy-in will impact the implementation. A respondent identified that there may be resistance from some stakeholders and careful consideration needs to be given to the most effective way to engage with different groups. Unless there is sector wide understanding of, and agreement with the approach, the framework is unlikely to be effective.

Terms and conditions: respondents suggested that consideration needs to be given a national set of terms and conditions and how this would sit within existing models, as this may cause further disparity. Respondents also identified a range of potential human resource issues which may take place with disputes and grievances on bandings and how they are implemented.

- **Career Progression:** respondents said that there may be challenges supporting people through a career framework and there will be associated costs to support this.

- **External factors:** it was also identified that the challenges of external forces have been the biggest barrier over the last few years. Cost of living, the change in the jobs market, changes through Brexit and the pandemic. The framework will need to consider a mechanism for it to maintain pace with other sectors and additional funding.

- **Continuous improvement:** The framework is also not a one-off event. It will need continued development if it is to reflect the changing nature of social care, including the potential for new roles. Additionally, the pay element will require annual updates, and this will need consistent monitoring and market analysis. This continual oversight and updating will require ongoing resources and investment.

- **Timeline:** the implementation of the framework will require significant investment to be meaningful. There needs to be a clear timeline of when the framework will be delivered.

The Social Care Fair Work Forum will now review these comments in further detail and incorporate the suggestions throughout the approach to implementation. Further information on the work of the Social Care Fair Work Forum can be found here.

2.5. National Office for Care and Support proposals (Consultation Chapter 3)

2.5.1 Summary of responses

Question 3.1: Do you agree with the design for the National Office? If not, what design would you suggest?

Sixty-six responded to this question and the very large majority were in support of the current stated functions of the National Office and its establishment. By these respondents, it is seen as a positive body and mechanism in easing the pathways and discussions to improve the link between NHS and the social care sector. There was a lot of positive support for the implementation of the Code of Practice for commissioned care and support and the development of the toolkit of commissioners' resources. It was considered by some to be a much-needed positive driver for change both with and for the social care sector. Suggestion was made that the name National Care and Support Office be adopted to reflect the comments within the Expert Group report.

That said, the following points, issues and concerns were raised, seeking further clarifications and explanation.

It was strongly considered that there was a need for more detail and clarity to explain how the National Office would work with and alongside the current, existing organisations such as Care Inspectorate Wales, Social Care Wales, Health Inspectorate Wales, the newly formed NHS Executive and also (very importantly in some expressions) with Regional Partnership Boards. The hope was expressed that the National Office and the stated other organisations would work in a complementary manner rather than duplicating the work and roles of each other. It was suggested that to avoid this occurring, there should be a mapping exercise of existing and planned future activities for each organisation. This would assist in

avoiding duplication of roles and efforts and ensure robust, accountable governance structures were in place.

Some concern was raised on the need for a strong governance structure for the National Office as it is part of the Welsh Government. Whilst some respondents felt that there may be the loss of regional contact and input in having the National Office "*centrally*" structured, others felt positive about the Office's placement. Social Care Wales saw it as being sensible to place the National Office within the existing structures at Welsh Government although there is a need to make sure the operational arrangements explicitly set out the responsibilities and structured governance arrangements for the commissioning and provision of social care services by statutory directors who are employed by local authorities.

These comments of support for the placement of the National Office within Welsh Government were tempered by the points made about the possibility of the formation of the National Office being an additional layer of *"red tape"* bureaucracy and questioning the independence of the organisation in response to the Ministerial demands and requirements in achieving Programme for Government commitments. One organisation who was supportive of the establishment of the position of the Chief Social Care Officer in Wales now wished to see the establishment of the National Office as an embodiment to the principles of the Social Services and Well-Being (Wales) Act 2014, recognising it to be a laudable aspiration but requiring proper, sustainable investment.

Further comment was made on the role of the Chief Social Care Officer, whose role in providing independent professional advice to Ministers on matters of social care practice, and at the same time, deliver Ministerial policy. A suggestion was put forward to avoid potential conflicts in undertaking this, support from an advisory body is sought made up of a range of social care professionals representing statutory directors, local government, regulators and providers.

The reference to citizen voice was very welcome, but more detail on how this will be gathered was being sought, noting that Expert Group referred to a 'what matters data bank' and the belief that the National Office should play a national role in collating this data bank, using it to inform service need and delivery.

A number of respondents also sought further detail on the legislative and legal powers of the National Office, specifically in its powers to be able to hold local authorities and RPBs and other bodies to account for their actions.

Regarding the linking of the NHS with the social care sector, one response welcomed *"putting social care on par with the NHS"* and many commented that this was a "*positive*" development but concern was raised over how the National Office would gain necessary access to specific nursing information. A case is made that this situation would be eased if the Chief Nursing Officer be a member of the board of the National Office also referencing the fact that England now has a Chief Nurse

for Adult Social Care, and that it would be beneficial for Wales to establish the same.

There was welcome given to the clarity provided that the National Office would be expected to act in accordance with the Welsh Government's Welsh language standards compliance notice and that there will be a duty placed on the National Office to comply with Welsh language standards. One particularly important standard in this regard is the policy making standards that require consideration of the impact of policy decisions on people's opportunities to use Welsh. This should underpin the work of the office from a Welsh language perspective.

Question 3.2: Do you agree with the vision for the National Office? If not, what vision would you suggest?

Whilst this question received fifty-three responses (forty-eight providing comprehensive responses) which is slightly fewer responses than that previous at Question 3.1. Tthe majority of responses were in agreement with the stated vision for the National Office, being seen by some as a "*champion for the Welsh language and equalitie*". It is also referred that whilst the vision of a centralised entity with responsibility for taking "*a birds eye view*" over all elements of social care in Wales is compelling, the complexities of what this means in practice and getting the governance right must not be underestimated.

Many saw it as positive that the vision of the National Office supported the policy of statutory duties remaining with local authorities. While they sought more clarity on how the dynamic between the two would be put into operation, they welcomed the avoidance of a proposed restructuring of social service provision and thereby the disruption of services to older people.

That said, some responses saw the vision as "*ambitious and aspirational*" particularly within the current climate of financial constraints and workforce pressures within the sector. Echoing some of the comments to the previous question on this matter, further clarity was requested on costings and the available resources of suitable skilled and experienced staff in the National Office – both at the initial establishment stage and in ensuring its longevity.

Also, whilst overall positive, some issues and concerns of clarity were again expressed regarding extending bureaucracy (there were comparisons made to the NHS Executive vision, with the associated warnings), the need for robust accountability, and mechanisms of partnership working, particularly with RPBs, SCW, HEW, the NHS Executive and newly formed organisations such as Llais. There was particular reference for the need for more clarity on these aspects and a request for further developmental discussions in the best interests of the delivery of the work programme. There is a desire to see the National Office capitalise on the information available from Data Cymru and Dewis whose have expertise in this field.

There was support of the opportunity for the NHS Executive and the National Office

to not only work closely together, but also to consider merging as one body to demonstrate, from a national perspective, the collaboration and partnership work that is required throughout the whole system. They would see this as being a clear leadership message to the health and social care system in Wales in setting the context of how the NHS and local government work together going forward.

A number of suggestions were put forward on the vision so that it generates and maintains good quality relationships between the National Office and local authorities including a balance of needs to be struck between clear lines of accountability and taking an overly domineering oversight function that could be seen as alienating local authorities, thereby distracting from the main focus of service improvement. Additionally the introduction of the National Framework for Commissioning Care and Support places additional requirements on local authorities noting the legacy of austerity and continued restricted funding and the resulting limited resources. It was suggested that the toolkit development to support commissioners to deliver the framework should take into account already available resources – such as WLGA Peer Challenge and Support programme, the Commissioning for Better Outcomes framework, Integrated Commissioning for Better Outcomes, and the Strategic Collaborative Planning and Commissioning guidance.

Finally, there was a call for consideration to be made of self-funders and what role the National Office will play in ensuring that people paying for their own care and support are able to access a diverse range of social care providers to meet their needs. It was noted that the vision for the National Office does not mention self-funders and the National Framework for the Commissioning of Care and Support does not apply to people who purchase services through a direct payment. Similarly, the Childrens Commissioner wished to see increased mention of children throughout the vision for the National Office.

Question 3.3: Do you agree with the proposed functions for the National Office, and the relationship described with key statutory organisations, particularly local authorities, Social Care Wales, and NHS Wales? If not, what functions do you disagree with and why?

Apparent from the number of respondents (fifty-five in total with fifty providing comprehensive responses) to this specific question, and the detail of the replies given, many of the respondents felt they had commented sufficiently on this aspect within the previous answers. Whilst the majority of comments made were in agreement with the stated functions – strengthening the multi-agency element of effective care and support planning - some chose to again make comment on the need for further clarification on the relationships proposed between the National Office and the bodies already in existence and in operation.

There was welcome for the key functions to provide strategic direction and strengthen national leadership for the sector, while supporting quality improvement outcomes for people aligned to the objectives of the key legislative frameworks, including the Wellbeing of Future Generations (Wales) Act 2015 and the Social

Services and Well-being (Wales) Act 2014. A further commitment to work in partnership with the Voluntary Community and Social Enterprise (VCSE) sector would be welcomed, also noting the importance of input of local organisations.

Some other functions that were highlighted were functions relating to connecting providers and commissioners, helping to drive co-production and power sharing however one respondent asked for more information on a roadmap for the National Office in future becoming an arm's length body, or to become part of the National Care Service.

A further example of being generally in agreement with the functions, but seeking more clarity was how the National Office would manage cases of non-compliance with the National Framework – would it be done in a supportive way, and what escalation procedures there might be? Also examples of the "*tipping points*" for the National Office to intercede in disputes.

These comments seeking clarification on the proposed National Office powers and role in cases requiring arbitration and even in Judicial Reviews are reiterated along with (as mentioned above) the Offices' ability to ensure local authority and local health board compliance with the National Framework and the requirement to avoid duplication of the roles of CIW and HEIW.

One response felt that there was a future possibility of CIW being subsumed within the National Office, and in this being a step towards the formation of a National Care Service. Also welcomed is the standardisation of commissioning as being a very beneficial and positive move and would also welcome the introduction of standardised, national templates for use.

There were many responses that were positive about the proposed functions, but then also sought clarification on issues such as their view that the National Office is going to require an appropriate level of resources to enable it to discharge the proposed functions. Further clarity on arrangements between the National Office and NHS Wales and other existing structures were being sought, so that strategic planning dovetails, rather than creating an additional level of complexity or unintended duplication. An example of clarity being sought was the different roles and functions of the National Office with that of the National Commissioning Board (NCB) whose response pointed to its important independent function that has been both supportive but has also played the role of a critical friend which was valued. Also raised was clarification on the relationship with Regional Partnership Boards, the interface with Social Care Wales in relation to workforce functions and training, as well as HEIW in terms of developing an integrated workforce for the future.

A number of respondents, as a means of clarification on roles and functions helpfully suggest that an infographic map would be welcomed, illustrating links/relationships (may also illustrate any duplicated activity) with for example the NHS Executive,

SCW and CIW, with also the possibility for a suite of memorandum of understanding to further help and explain.

Question 3.4: From the proposed functions of the National Office, do you envisage any duplications of work already carried out by other national bodies or organisations and are there further opportunities here for simplification?

Forty-six responses were received to this question and as expressed by many respondents in answering the previous questions, whilst supportive and in favour of the establishment of the National Office, there is a call for much needed further clarification on the mechanisms and proposed working relationships with the existing bodies within the sector such as CIW; SCW, HEIW and NHS Executive etc. The avoidance of duplication in these roles and functions is expressed as a huge concern. The call for an infographic map in explanation and clarification is again called for to assist.

One response illustrated a concern about consistency by noting that 22 Local Authorities and 7 Local Health Boards are separately embedding the Wellbeing of Future Generations (Wales) Act 2015 into their ways of working and the services they deliver. These organisations are also going to be working towards compliance with the National Framework for Care and Support. They note an already considerable duplication of roles and tasks going on and state it difficult to understand how the National Office will be reducing that, if not adding another layer, unless there are further intentions to bring more of those under the auspices of the office itself in tandem. It is felt that there needs to be a focus on aligning programmes of work rather than the current *"scatter gun"* approach which they see as a drain on local resources to support.

Other responses were concerned about the duplication of effort with local authorities – stating that in a best-case scenario, the National Office would create greater consistency by providing national guidance, tools, templates and so on that could be used by local authorities and NHS commissioners across the country. However, it is possible some local authorities may duplicate, adapt or redesign materials from the National Office creating additional work. They also note the work undertaken on continuous improvement in relation to social care in Wales already by Improvement Cymru and seek clarity on how the improvement work of the National Office could relate to this. Also referred to is the work being undertaken on improving data in Social Care Wales and around the National Data Resource as well as in other areas so would not like to see this being duplicated.

A local authority noted that there is a risk of duplication when multiple organisations or bodies have overlapping functions and responsibilities and this can lead to inefficiencies, resource wastage, and confusion among stakeholders. They suggest that a thorough review and mapping of functions be carried out by various national bodies and organisations related to social care to identify areas where there might be overlaps or duplication of efforts. They suggest that a "*gap analysis*" is carried out to identify areas where existing organisations might have limitations or where there

are significant gaps in their coverage and assess whether the proposed National Office can effectively address those gaps.

Other examples of possible duplication raised included:

• Innovation, research and best practice development and dissemination, which is currently a function of SCW. While the consultation document notes that the office will work in partnership with SCW for this reason, it seems like unnecessary duplication and an added layer of complexity at a time when we are moving towards a simplification of social care systems and processes.

• Duties to ensure delivery of standards and improve the quality and safety of care and support services significantly overlaps with the remit of CIW and HIW, as well as the various contract monitoring officers and bodies within health and social care commissioned services. A wording that would be more beneficial would be to develop consistent measures of quality services and promote the adoption of these pan-Wales.

• Another function that appears to duplicate CIWs duties and powers is the ability to "*Provide a stronger guiding hand to the sector on improvement and transformation in line with national priorities and standards*", which appears to be an enforcement role.

• Promotion of integrated services is already a function of RPBs, although they acknowledge that RPBs are currently not consistent in how well this is being achieved and have no statutory powers to force change within their area. However, with this remaining a goal for RPBs, this appears to be duplication.

• Similarly, the direct work with the 22 Local Authorities appears to duplicate the role of RPBs and potentially risk duplication and confusion. It might reduce duplication were the National Office to liaise with local authorities collectively through RPBs, however working through RPBs may not be a close enough relationship.

It is suggested that without making changes to existing bodies such as CIW, SCW and RPBs, the current proposals risk adding complexity and confusion of roles and responsibilities and make it more difficult for all stakeholders to navigate the governance of the sector.

Question 3.4a: If yes, how do you propose this is resolved? For instance, would you support certain functions being absorbed by the National Office?

Of the thirty-two responses received, many of those who responded to this specific aspect of the Question referred back to previous answers.

There were again calls for further clarification on organisational roles, purposes and objectives. The suggestion for thoroughly considered Terms of Reference where appropriate are made, to be agreed by all partner organisations. The need to avoid the assumption that the possibility of absorption into the National Office would be an easily achieved reality is to be avoided. Detailed, thorough consideration and agreement would be required throughout the process. The following methods of avoiding duplication are stated; Defining roles and responsibilities; Clarity within emerging strategies what the boundaries of scope for local variation are under what

conditions; and Establish an arbitration/escalation process.

Some responses were against SCW and CIW being absorbed into the National Office stating it being paramount that the National Office should not duplicate or replicate existing and evolving provision established by Welsh Government as this could lead to disruption in areas where organisations are already fully established especially where relationships are in place on a local, regional and national level. It was also felt that absorption will potentially include an increased cost which could be better spent at a local level. Therefore, amalgamation of existing organisations to create the National Office could be a more effective option.

Whilst the need to consider the relationship with RPBs is again stated, the dangers of possible duplication in approaches taken at other national advisory forums such as the Learning Disability Ministerial Advisory Group, Cross Party Group on Disability, Cross Party Group on Learning Disability and the Neurodivergence Ministerial Advisory Group is flagged.

One response suggested that as part of the oversight of the national commissioning framework, the National Commissioning Board's functions could be incorporated into the National Office. Clarity is also needed on how the National Office will work with the NHS and local authorities to mandate adherence to the commissioning framework. Whilst assuming the NHS will be held to account by the Chief Executive of the NHS and its distinct governance arrangements, this needs to be explicitly stated as it will give confidence to future partnership and integrated working.

There was also a view that over time, there may also be opportunities to align the other national commissioning programmes with the National Office and develop a joint strategic planning and commissioning function for children and adults with very complex health and social care needs that cannot be met locally or regionally. Lead local authorities could be supported to commission on Wales's behalf, as part of a nationally agreed framework. Consideration must also be given to the read across between commissioning standards and principles for adults as well as children's services, otherwise different standards will emerge.

Question 3.5: In its positioning within the Welsh Government and providing for a 'bird's eye view' of the social care system, what are the main opportunities, working with local authorities, Social Care Wales, and other key partners, to drive service change and improvement? Please give reasons for your answer.

Fifty-six responses were received to this Question and were, in the majority, very positive, stating it being a way to drive service change and improvement through close collaboration between those services. Also, it would be a mechanism to strengthen existing partnerships throughout the sector. The National Office is stated as being the centralised overarching body to co-ordinate and have sight of services across social care in Wales to help ensure consistency and to benchmark standards for social care commissioning.

The use of data to support the sector in working towards solutions is noted as being a shared view of many respondents who would welcome more detail about how existing data might be streamlined and improved, to inform decision making. This will need to include consideration of how data collection will be efficient for local authorities and shared with key stakeholders, such as CIW and HEIW. It is noted that local authority data has historically been grouped by 'sister' local authorities, i.e. local authorities with comparable needs. This supported the identification of meaningful trends, nationally. Approaches to the national framework will vary regionally and it is suggested that it may be worth considering whether this approach to data collection would support an understanding of these differences.

The importance of accurate, timely and accessible data is shared by a number of responses received referring to it as being important to enhance the collection of, and access to, workforce and dementia data, including around quality of care, to enhance the identification of barriers to access, inequalities and areas for improvement.

The need for robust workforce data collection is raised noting that the National Office will be able to assess equality and diversity as the stated current lack of data on social care is a key barrier to understanding and addressing existing inequalities. Reference is made to the recent inquiry into racial inequality in health and social care workforces that found a lack of robust workforce data on lower-paid ethnic minority workers, particularly in adult social care. Data regarding the workforce and their experience is vital in meeting the Public Sector Equality Duty and the needs of the workforce.

It is suggested that the Welsh Government and relevant stakeholders work with local authorities to improve the collection, analysis and reporting of social care users' equality data; including those who complain about or challenge decisions. This should be considered alongside other data around user satisfaction and used to identify and address poor outcomes experienced by people who share protected characteristics.

Responses stressed that it will be key for the National Office to ensure clear accountabilities and relationship with NHS Wales Executive given their degree of purchasing / funding of social care. A commitment to synergy across local government and NHS commissioning of social care is welcomed. It is anticipated that the executive accountability of the National Office, through the Chief Social Care Officer to the Director General of the Health and Social Services Group within Welsh Government will support greater integration and joint commissioning, resulting in more seamless care and support. Whilst stating an expectation for the National Office to be collaborative, open and transparent in its governance and decision making, their stakeholders welcomed the possibility of the National Office offering a central point for consistent communication with the social care sector, to include key co-delivery partners such as housing and housing support providers, health care providers and NHS commissioners of social care.

From a local authority perspective it is felt that whilst the establishment of the National Office offers the positive opportunity to drive a standardised approach to service improvement and change, it would need to be wary of its actions having a negative impact on any existing innovative practises at a local level. Furthermore it offers the opportunity to improve care services by removing bureaucracy and duplication of work, as well as delivering to the aims of the Wellbeing of Future Generations Act. As demands on services are increasing, attaining value for money is essential, so more and improved services can be delivered for the same costs. The office should be looking at the overlaps between Health and Social Care and formulate a strategic vision of one care system for Wales. Having a high-level strategic view should allow the Office to see and understand what is working well, what is not working so well and what needs to change in order to achieve that strategic vision. There was also a call for an office that provides a genuine and equal voice to social care, working with the NHS championing the sector within central government.

Bringing together and streamlining of funding programmes and grant opportunities was also felt to be a way of reducing the impact on local resources to manage. It is not clear that there is currently an understanding and broad view of the whole system and this needs to be strengthened. Communication between relevant Welsh Government departments needs to be improved as there is a tendency to focus in specific areas without considering the whole system.

In conclusion, the following comments illustrate the noted opportunities voiced by respondents:

● Gathering data and intelligence to provide a national picture of current and future care and support needs, to inform decisions about policy and service delivery.
● Gathering data on the resources needed to sustain a high-quality care and support sector and ensuring this informs Welsh Government budget decisions.
● Promote, develop and support the recruitment and retention of a high quality, sustainable care and support workforce.
● Providing strong leadership, support and challenge to ensure that the vision of Rebalancing Care and Support can be achieved.
● Encouraging and ensuring consistent approaches to commissioning across Wales.
● Promoting good practice and holding to account poor practice in commissioning care and support services.
● Identifying and removing any duplication or unnecessary administrative burden across the sector.

Question 3.6: What do you see as the specific opportunities for the National Office to lead culture change in relation to Welsh language? In particular, the 'More than just words' five-year plan (2022-27).

Of the forty-one respondents, the majority were very supportive and positive in their comments on the National Office and the potential opportunities for it to lead culture change in relation to Welsh language. The ability to appropriately communicate with

all parties within the sector in their chosen and preferred first language has and continues to be of proven crucial importance, especially when providing care and support for older people, people living with dementia and people with learning disabilities. There is strong support for the National Office to lead further cultural change in ensuring Welsh speakers receive the care they require in that preferred language. Some respondents state that a persons preferred language choice should be noted and regarded as being as important and fundamental as their date of birth details.

One of the key phrases in this section of the consultation exercise is "*promote and provide*" – promote the Welsh language generally, and specifically within the care sector (in terms of workforce crucially); and provide the support, opportunities and time, working in close collaboration with partners and the Welsh Language Commissioner, in Welsh learning provision and skills with respondents calling for Welsh learner provision to be paid for and undertaken during the working/paid day rather on the care workers' own time. In working with key stakeholders and collaborators – local, regional language advocacy organisations for example – the development of further more robust guidelines and training is highly encouraged.

One response succinctly express this view by saying "… *the opportunity to support more Welsh speakers to find jobs in care services should not be missed. This would not only address the current dire shortage of Welsh speakers in care services but it would also encourage young people to stay in Wales and pursue their careers here instead of moving away. It is an opportunity to provide opportunities*!"

Whilst the majority of responses are focused on the National Office, the Welsh language and the strong integration with the "More Than Just Words" plan, a number of respondents note that there is also the need to recognise that Wales is increasingly more culturally diverse with multiple other languages that must be used for those requiring care and support plans. In addition to this recognition of cultural and language diversity in Wales, some respondents refer to the fundamental opportunity for the National Office to promote all aspects of equality, diversity and inclusion - embedding More Than Just Words, the Anti-Racist Wales Plan, LGBTQ+ Action Plan and the Strategic Framework for Welsh Language in the stated hope that the National Office will demonstrate leadership and be able to raise the profile of these priorities, to increase the pace and sustainability of change.

It was pleasing to some responders to see that the National Office will have a formal duty to comply with the Welsh language standards and welcome reference to More Than Just Words. There was a call for promoting More than Just Words to be substantially strengthened through the Office and to have a specific duty to drive improvements across the sector and for the Office to be tied into the 5-year plan and to be held accountable for some of the various actions within that plan. Also having a role in building up strategic partnership working with authorities, LHBs and CIW/SCW and have the ability to provide resources in actively driving forward the Welsh language agenda.

With regard to the National Office itself, and its staff, it was seen as a priority that the staff within the National Office or at the very least a very large proportion of its staff are Welsh speakers particularly so as it has a public facing role.

Question 3.7: What practical steps can the National Office take to ensure equality of opportunity through social care? Noting the diversity of Wales' communities and people's own circumstances, how can it add value at a national level to ensure people's wellbeing outcomes are consistently met?

Of the forty-five responses received, some commented that this aspect was sufficiently answered within Question 3.6, those who did comment specifically here shared the view that in ensuring equality of opportunity through social care, the National Office should undertake and maintain robust, national data gathering at all levels. "Engage" and "Inclusivity" are regarded as the key themes within the responses. Consistent and thorough engagement must be maintained with the third sector and all diversity and equality organisations. Publication of engagement plans by the National Office was called for.

Digital inclusion is strongly supported, ensuring all citizens, especially those within marginalised communities are fully informed, involved and included in policy making and development with the role of the National Office, aided by the data gathering, being able to keep a "*pulse*" on what's happening within communities and providing strategic direction and guidance, sharing good practise and constant learning.

Echoing earlier statements on the increasingly diverse multi-cultural communities throughout most large urban areas and, indeed, all parts of Wales, the National Office can level change through the promotion of the Strategic Equality Plan 2020-2024, the Anti racist Wales Action Plan, and the LGBTQ+ Action Plan. Noting that these plans are embedded in the Welsh Government's Programme for Government commitments and are a key component of the Co-operation Agreement with Plaid Cymru, the National Office must have a key role in ensuring their successful delivery. It can addi value by ensuring compliance whilst providing an enabling approach that cascades good practice across Wales and supports Local Authorities to learn lessons from the experience of those who have been directly affected by both positive and negative experiences of how equality of opportunity has been applied in the delivery of social care services.

It was also felt that the National Office will be able to play a "strategic leadership role in the sector to tackle some of the key inequalities that exist"; and build capacity on understanding of and embed equality and human rights principles and standards in commissioning. Reference is made to the First Ministers Black Asian Minority Ethnic Covid-19 Advisory Group which reported that health and social care is seen as difficult to access, with cultural and language barriers. Reference is also made to the recent evaluation of the Social Services and Wellbeing (Wales) Act 2014 undertaken by the University of South Wales which highlighted the experiences of Black, Asian and Minority Ethnic service users and carers. The research highlighted four key

themes of people feeling let down by the system; a lack of time for caring within the care system; people's voices not being heard and not having control; and the impact of racial stereotyping on care and support.

A recommendation is made within one response that the National Office for Care and Support should set equality outcomes in the national framework for commissioning to address inequalities faced by groups receiving social care.

The following practical steps were suggested as a way to support equality of opportunity, to be led by the National Office:

- Dedicated pathways for citizens who need to challenge services regarding their care and support
- Training for social care professionals
- Support with language barriers – translation and interpretation services, bilingual resources and being offered care in their chosen language where possible
- May need to look to offer tailored support for certain marginalised/hard-to-engage groups such as those with disabilities or LGBTQ+ people
- Stakeholder collaboration – share best practices, and joint initiatives.

It was also suggested that the National Office could play a pivotal role in adding value at a national level to ensure people's well-being outcomes were being consistently met:

- Developing comprehensive equality standards and guidelines that explicitly address issues relating to race, gender, age, disability, LGBTQ+ individuals, and other marginalised groups and diversity training
- Data-driven decision making, data collection, data analysis and cultural competence
- Outreach – community engagement, education campaigns and peer support groups
- Access to information and accessible materials and clear communication
- Research, Innovation and advocacy – research equity, innovation grants, representation and policy impact assessments.

It is felt that if the National Office has a focus on diversity, cultural competence, data-driven decision-making, and collaboration, the office can contribute significantly to ensuring that people's well-being outcomes are met across all segments of the population.

2.5.2 Welsh Government response

Welsh Government will use the findings from this consultation to further develop its blueprint for the National Office for Care and Support. Within this blueprint it is intended to clearly set out the governance of the national office and to clarify how the National Office will carry out its functions. It is envisaged that the National Office will be established to coincide with the Statutory Code of Practice on Commissioning,

and its initial work will focus on the implementation of the commissioning Code. The National Office's wider role and function will develop over time, in a manner that is considered with and understood by partner organisations, so that the National Office adds value within the Care and Support sector.

A National Steering group made up of representatives of a number of key stakeholders has already been convened by the Chief Social Care Officer. It is intended that the steering group will continue to meet whilst the blueprint is being developed and until the National Office becomes operational.

Welsh Government officials will also work with its Human Resources Department to develop, agree and progress a resourcing plan the National Office.

2.6.   Part 2 - Code of Practice- (General Functions) (Consultation Chapter 4)

2.6.1. Summary of responses

Question 4.1: Do you have any comments on the detail of the revised draft Code, including any suggestions about what is missing, what could be omitted or where wording could be improved?

40 responses commented on the revised draft Code. These included PRB Chairs and Leads and 3 RPBs (4), 11 local government bodies (including 8 local authorities), and 6 NHS bodies (including 2 Local Health Boards). The remaining 20 responses were from third sector / not for profit organisations (16), private sector organisations (3) and others (1).

There was a clear call from the RPB Chairs and Leads for an integrated place-based assessment, bringing together the population needs assessments (PNAs) with the Public Service Board (PSB) well-being assessments. This was supported by three individual RPB responses. The Chairs and Leads additionally call for a move towards a single place-based Joint Partnership Plan. *A place-based needs assessment covering the requirements of both the well-being assessment and the population needs assessment would enable much greater insight into both the health and wellbeing needs of the population in the context of their social, environmental and economic determinants. Creating that story of 'place' would support a much more holistic understanding of need and its determinants and enable more impactful planning and integrated delivery across PSBs, RPBs and Pan-Cluster Planning Groups."*

The local government responses tended to welcome the revision. The focus on prevention and early intervention, and on community-based services, was particularly welcomed, although there were concerns about financial challenges and investment in this sector. A couple of health bodies felt that that Code is too comprehensive and difficult to digest. It was suggested that the Welsh Government produce a simplified version or set out the precise changes that have been made.

Various additions and improvements were suggested, including:

- a much stronger emphasis on the role of health boards in supporting the shift towards prevention particularly in primary care and community support settings
- a clear alignment between the Part 2 Code and the procurement regulations, and on how legal, finance and procurement processes link together
- defining micro-enterprises and guidance on their role in social care provision
- greater focus on volunteering
- greater recognition of the impact of the 'not-for-profit' policy on children's social care provision, and further explanation of the rationale for the difference in approach between children's and adult services
- links to work on developing a national framework for social prescribing
- further references to clusters and pan-cluster planning groups, including their link to the population needs assessments
- expanding the section on advocacy to include other services that act as a bridge between the health and social care system and other provision – e.g. community navigators and connectors
- greater emphasis on alignment and integration between all partnership arrangements (including Public Services Boards) at a community level with a focus on meeting population need
- how to measure progress at the micro, meso and macro levels of integration over time, and assess what people say about their experience.

Responses from private sector provider organisations welcomed the recognition of the positives that different types of private provision can bring, but raised concerns about other assumptions made in the Code in relation to profit, surplus and costs, and the rationale for rebalancing. One response questioned the inclusion of micro-care, as promoting unregulated homecare services.

The majority of responses from third sector or not-for-profit organisations specifically welcomed the revised Code and appreciated the attempt to give it more focus, although one pointed out that it could be made more understandable for all stakeholders and another called for more detailed guidance to support good practice.

Accountability was a common theme, with third sector organisations concerned about how local authorities will be held to account if the requirements of the Code are not implemented. It was pointed out that the Code relies on local authority co-operation and arguably leaves too much scope for inconsistencies in approach to service delivery. There needs to be continuous review and scrutiny. A few asked about repercussions or penalties for non-compliance. For example:

"Well-intended and carefully thought-out framework, but will remain aspirational unless given teeth. The guidance leaves too much scope for inconsistent service delivery, postcode lotteries, or non-compliance. Continuous review and scrutiny could lead to success in the longer term, but there are too many caveats in the guidance."

Among the specific suggestions for improvement were:

- stronger acknowledgement of unpaid carers' role in prevention and early intervention
- emphasis on community resilience as a key to reducing demand for statutory care services
- referring to the needs of people approaching the end of life
- giving more weight to the importance of valuing and supporting the social care workforce
- referring specifically to habilitation services in population needs assessments.

Question 4.2: In particular, do the revisions to Chapter 4 help clarify the duty on local authorities to promote social enterprises, co-operatives, user-led services and the third sector? Is anything missing or unclear?

52 responses commented on the revisions to Chapter 4 of the revised Code. These included 3 RPBs, 15 local government bodies (including 11 local authorities), 6 NHS bodies (including 5 Local Health Boards), and 6 other public bodies. The remaining 22 responses were from third sector / not for profit organisations (18), private sector organisations (1) and others (4).

Opinion was mixed on the extent to which the Code helps clarify the Section 16 duty to promote. Whilst the responses from local authorities and the third sector tended towards the view that the revised Chapter 4 was helpful in clarifying the duty, a number of responses expressed concerns about how the guidance would help local authorities implement the duty in practice. There was concern about resources for local government to invest in market shaping and supporting third sector provision, and also concerns, from both commissioners and providers, about capacity within the sector itself. Several responses mentioned the need for implementation support.

Although local authorities tended to agree that the revised chapter helped clarify the Section 16 duty, it was pointed out in a number of responses that the procurement legislation does not permit positive discrimination towards Section 16 organisations when tendering for services. It was noted that private providers continue to be key partners in delivering social care and that co-production with the private sector is likely to remain crucial. The need for support, resources and finances to drive this agenda forward and invest in market development was also mentioned in a few responses. It was suggested that the Code will need to be kept under review as the eliminating private profit in children's services progresses.

The responses from health bodies suggested that greater emphasis should be placed on the role of health boards in promoting and developing social enterprises alongside local authorities. Also that health boards should be engaged in the regional forums. Some suggested that health boards should have similar duties.

"There should be a much greater emphasis on the need for health boards and other partners to equally have a responsibility to promote and develop social enterprise and for all of the same reasons that are articulated for local authorities. Whilst recognising that this in unfamiliar territory for health boards, there are a wealth of

opportunities by which service transformation could be achieved should the need to consider social enterprise in whatever form was a duty."

Two of the three RPBs that responded to this question agreed that the duty was clearly set out and the definitions clear. The financial implications of work at community level (e.g. supporting the development of local co-operatives and promoting anti-poverty interventions) and the need for long-term financial support was particularly mentioned.

Third sector organisations tended to support the revisions to Chapter 4 and felt that it provided greater clarity. A number, however, expressed concern about funding, capacity and increased expectation on the sector at a time when Section 16 organisations are finding it difficult to engage, influence and secure funding. It was pointed out that the third sector needs to be treated as genuine partner at the outset, and that there needs to be transparency regarding resources including good practice regarding long-term sustainable investment in the sector.

Private sector providers expressed some concerns about the implications for the private sector, although recognition of their role in adult provision was welcomed.

"We are concerned that the focus on delivering via social enterprises could, if messaging is not carefully considered, portray privately owned care providers (which may be small family businesses as being undesirable and possibly even morally compromised. This could understandably be disheartening to some leaders in the sector who have put their hearts and souls into their work and are passionate about what they do. If the diversity of provision is going to be maintained, it is important that public sector commissioners also consider commissioning private sector provision in creative and outcome focused ways; building on the skills and passion for the work already available in the sector."

There were a number of comments about the Section 16 forums. Some responses thought the new term was unclear and would be unmeaningful to people unfamiliar with the Act. There was also concern that renaming the forums could hinder wider engagement and potentially lose the momentum of existing arrangements. One suggestion was that forums should be able to name themselves. Another that they continue to be called 'social value forums' but in line with the clearer definition of social value set out in the revised Code. There were some calls for further clarity around what was expected of the Forums and on links with other provider forums within the region. It was suggested that local authorities should monitor which Section 16 organisations were engaged with the forum, to ensure that they are inclusive and fully representative of their locality. should the Section 16 Forums report annually rather than every three years, or at least provide a short annual update?

There were many detailed suggestions about additions or improvements to the Code. Among these were:
- making it clear that progress with rebalancing the market relies on other agencies too

- making it clear that local authorities can only work with resources available locally and regionally, and that it not just about what works best but also what is available
- recognising that it takes time to create new enterprises, and that time is also a resource issue
- clarifying what the expectation is for local authorities to grow the social enterprise market and how to influence it
- acknowledging that third sector businesses need to make a surplus to re-invest back, and that they are not necessarily the cheaper option
- a call to emphasise the need to engage with social enterprises operating in Welsh and the need for providers to offer services in Welsh
- including definition or detail on what the duty to promote means in practice.

There was a strong call from a leading trade union for all social care provision to be provided by local authorities, rather than outsourced to independent organisations, whether private or third sector.

Question 4.3: Does the new Chapter 5 give the right messages about the duty on local authorities to promote the involvement of service users and carers? Is anything missing or unclear?

56 responses commented on the new Chapter 5 of the Code. These included 2 RPBs, 14 local government bodies (including 11 local authorities), 6 NHS bodies (including 5 Local Health Boards), and 8 other public bodies. The remaining 26 responses were from third sector / not for profit organisations (21), private sector organisations (3) and others (3).

The message from the RPBs, local government, health boards and other public bodies was that that the new chapter gives the right messages and clearly sets out the duty. The challenge is how to make this meaningful in practice. A number of responses mentioned the need for further investment to take this forward. Some would have liked the chapter to be more specific about practicalities and to set out what good looks like. One or two responses raised issues around terminology – pointing out, for example, that there are several references in the Code to engagement rather than co-production. It was suggested that we refer specifically to the need to encourage participation by Welsh speakers in design and implementation, and more widely that there should be more public engagement needed to encourage citizen awareness of co-production. There were some suggestions of further resources that could be included in the Code.

The responses from third sector organisations were more mixed. Whilst the decision to include a specific chapter on co-production was supported, and the principles of co-production and the emphasis on lived experience were welcomed, many of the responses focused on inconsistences in the way the partnership bodies were using co-production in practice and called for there to be more resources, monitoring and accountability. There were calls for more detailed guidance and training, as well as a mechanism for assessing local authorities' performance around co-production. Specifically there was a call for evidence-based guidance on how to maximise the involvement of those with lived experience across the whole commissioning process, and how to adapt this to the variety of different service users and unpaid carers. It

was also suggested that more thought should be given to how inconsistency will be managed across all local authority areas, and that there should be a greater focus on measuring success and iterative learning.

"We don't believe there is enough focus on 'Measuring Success' and iterative learning to shape the desired innovative models … real tangible change will only take place closer to the ground with people and communities. At this critical level where change and transformation will take place there continues to be a scarcity of resources."

Some responses mentioned the need to place similar responsibilities upon the Local Health Boards.

2.6.2. Welsh Government response

We were pleased that the responses generally tended to support the revisions to the Part 2 Code of Practice, particularly the decision to split the existing chapter on the Section 16 duty into two, to give a clearer focus on co-production. We will carefully consider the detailed comments that were made, especially the suggestions on how the Code might be further strengthened and improved, and we will make such revisions as we deem necessary prior to the Code being laid before the Senedd in the spring 2023.

There were many comments about the challenges around implementation and what market rebalancing and co-production will look like in practice, especially in the current economic climate. The Welsh Government is well aware of these pressures and continues to work with local government, the NHS and other partners to address these concerns. It should perhaps be emphasised, however, that the primary purpose of the Code is to set the *statutory framework* for implementation of the provisions in the Act and its accompanying Regulations, and as such it focuses on the statutory requirements and guidelines rather than on identifying good practice or addressing wider issues around resourcing and delivery. The purpose of this revision is not to place additional burdens on local authorities, but to clarify and strengthen existing requirements in the Code by drawing upon the best of what is already happening across Wales.

The comments about the need to place similar requirements upon health bodies with respect to promoting social enterprises where appropriate, and particularly with regard to co-production, have been noted. Codes issued under the 2014 Act, however, only place requirements upon local authorities. Our proposal to amend the objectives of Regional Partnership Boards, under Part 9 of the Act (see chapter 5 of this consultation), include a new objective ensuring that when responding to the market stability report and implementing the joint area plan the partnership bodies give due regard to a local authority's duty under section 16 of the Act to promote social enterprises, co-operatives, user-led services and the third sector. It is hoped that this will ensure a broader approach to promoting these approaches across the whole partnership, including the Local Health Boards. The Part 9 Statutory Guidance also contains requirements upon the partnership bodies to promote co-production in the work of the regional partnership.

2.7. Part 9 - Statutory Guidance (Partnership Arrangements) (Consultation Chapter 5)

2.7.1 Summary of responses

Q 5.1 – Do you agree with our proposals to amend the Partnership Arrangements Regulations 2015, and to the Care and Support (Area Planning) (Wales) Regulations 2017? Are there any other amendments you feel we need to make?

58 responses commented on the proposals to amend the 2015 and 2017 Regulations. These included RPB Chairs and Leads and each RPB (8), 14 local government bodies (including 10 local authorities), 9 NHS bodies (including 6 Local Health Boards), and 6 other public bodies. The remaining 21 responses were from third sector / not for profit organisations (15), private sector organisations (3) and others (3).

Although the aspiration to support and improve partnership working was generally understood and supported in the responses, those from RPBs and local government organisations were keen to point out that many of the barriers to effective partnership working to date have been cultural, rather than to do with the design and structure of the RPBs or the partnership arrangements. Trust and relationships are key, and changes to the Regulations and Statutory Guidance will have limited impact unless this can be achieved. The need for adequate support and resources for implementation was a common theme throughout the responses to the Part 9 proposals.

It was clear from the responses that the RPBs and many of the partnership bodies, especially local authorities, have concerns about the proposed changes to the Partnership Arrangements Regulations being too prescriptive and cutting across the flexibility of local partners to determine how best to meet local need and respond to local priorities. There was also a general feeling among the statutory partners that further clarification was needed on RPB governance arrangements, in particular how to balance accountability and decision-making at the regional level with the statutory responsibilities of the individual partnership bodies.

"Many of the barriers to effective partnership working to date have been cultural issues, as opposed to the design and structure of RPBs. This is not something that can be legislated for, but is about how all parts of the system work together to support these approaches … local determination and flexibility to respond to local population need is key. This is an important principle that should flow through the guidance."

Another common theme running through the responses from RPBs and the partnership bodies was the perceived risk of increased reporting and potential duplication with regard to planning and reporting requirements. This went beyond the specific proposals around annual reports, annual delivery plans and self-assessment contained in the consultation, and extended to the links between these and other planning and reporting arrangements such as the Regional Integration Fund (RIF)

and capital investment strategies. These views were expressed in relation to both the Regulations and the revised Statutory Guidance.

Other organisations, especially those outside the statutory sector, were more positive about the approach taken to amending the regulations.

"As RPBs have evolved and the integrated health and social care landscape developed, it is timely now to revise the regulations to reflect these changes and to drive forward the vision of A Healthier Wales of an integrated, seamless health and care system."

Objectives of RPBs

It was generally thought that the proposed amendments to Regulation 10, adding to the list of RPB objectives, reflect what is happening in practice, although a few RPBs and partnership bodies expressed concern about possible over-prescription. Few of the responses expressly commented on particular objectives, although a couple explicitly endorsed the objective around integration, and it was clear from what was said here and in relation to the Statutory Guidance (Question 5.2 below) that the objective of working with the Citizen Voice Body (Llais) has broad support. The proposals to strengthen support for RPB members, and more generally to promote wider engagement with citizens, were welcomed across sectors.

A few RPBs and partnership bodies questioned the appropriateness of RPBs exercising oversight of specific local authority duties under section 16 of the 2014 Act and section 12 of the Children and Families Measure, although others welcomed these proposals. The inclusion of section 12 was particularly welcomed by the Children's Commissioner for Wales and some children's charities on the grounds that it would ensure greater accountability and transparency around how children and young people's participation is promoted and facilitated. It was suggested by one RPB that we need to be clear what is meant by oversight and what is expected of RPBs in this regard.

Membership of RPBs

The proposals to amend Regulation 11, by adding County Voluntary Councils (CVCs), Wales Ambulance Service Trust (WAST) and a primary care representative to RPBs to the list of RPB members, received a mixed response. Some RPBs and partnership bodies suggested a less prescriptive approach, giving RPBs the flexibility to include these members 'where appropriate' or to involve them at other layers of partnership governance. The overall size of the Boards was also mentioned, and the need to balance effective decision making with effective engagement and partnership. The expanded membership was welcomed by a number of third sector / non-statutory organisations, where the main concern was around equity in membership between the partnership bodies and other RPB members.

It was noted in a number of the RPB and partnership body responses that WAST and the CVCs were already members of boards in most parts of Wales.

The main issue identified in relation to the primary care provider was that of scope – i.e. whether a single provider can represent the whole sector, and how this member will be chosen. There were calls for more clarity around the purpose and scope of this representation, and on the link with clusters and pan-cluster development.

There were strong representations from trade unions in particular for additional members, including representatives from nursing, care workers, trade unions and professional bodies. Other suggestions included representatives from organisations representing groups with protected characteristics under the Equality Act, and from preventative support organisations in areas such as homelessness and mental health.

The proposal to give the Citizen Voice Body (Llais) the role of independent observer on RPBs was widely supported, with no dissenting voices, although there were some calls to clarify and define this role.

The proposals around recruitment and support for RPB members, especially service user, carer, third sector and provider members, was widely supported by RPBs, partnership bodies and third sector organisations. There was much discussion about how this might work in practice, which is explored in the Statutory Guidance (Question 5.2 below).

RPB Annual Reports

RPBs gave a mixed response to the proposed amendments to Regulation 12, specifying more fully what should be included in their annual reports. A common theme was ensuring that the requirements are proportionate and do not duplicate what is already included in other documents such as the RIF End of Year reports and PSB annual well-being reports. Other organisations that responded specifically on these proposals were in favour of the amendments (including the requirement to publish the reports on partnership body websites) on the grounds of transparency, accountability and raised awareness of the work of the RPBs.

Self-Assessment

The issue of proportionality and a perceived additional reporting burden was also raised by RPBs and partnership bodies in relation to making RPB self-assessments a new statutory requirement, although with a couple of exceptions the self-assessments seem to be an accepted addition to the RPB landscape. Capacity to undertake the assessments was also raised as an issue, particularly if they were expected to be undertaken at the end of the financial year. Other responses welcomed the new self-assessments as a potentially useful tool for engagement and accountability.

Responsible Individuals

The proposal to create a new regulation requiring each partnership body to name a responsible individual for leading and ensuring co-operation within the partnership was perhaps the most controversial of the proposed amendments, and generated a lot of response from the RPBs and partnership bodies. The general feeling among them was that there would not be an additional advantage to this proposal, and that

it would not be appropriate or practical for LHBs to nominate one individual to take on this responsibility. It should be noted, however, that two RPBs, one Local Health Board and the Strategic Programme for Primary Care supported the proposal, as did other bodies such as Audit Wales and the Children's Commissioner on the grounds of accountability and transparency.

A number of responses asked that we avoid the term 'responsible individual', to avoid confusion with the Responsible Individual (RI) role within the Regulation and Inspection of Social Care (Wales) Act 2016.

Annual Delivery Plans

The majority of RPBs supported the proposal to amend the Care and Support (Area Planning) (Wales) Regulations 2017, to include a new requirement for an annual delivery plan, although there were reservations about this being an additional reporting burden, and calls for the requirement to be proportionate, clearly aligned with other aspects of the planning and reporting process, and to add value.

Q 5.2 Have you any comments on the proposed revisions to the Part 9 Statutory Guidance, including any suggestions about what is missing, what could be omitted or where wording could be improved?

57 responses commented on the proposed revisions to the Part 9 Statutory Guidance. These included PRB Chairs and Leads and all 7 RPBs (8), 11 local government bodies (including 9 local authorities), 8 NHS bodies (including 5 Local Health Boards), and 8 other public bodies. The remaining 22 responses were from third sector / not for profit organisations (17), private sector organisations (2) and others (3).

As expected, given that the Statutory Guidance sits beneath and expands upon the Regulations, many of the responses to this question expanded upon or duplicated comments made in answer to Question 5.1 above. In addition to the main themes described below, there were many detailed comments about particular aspects of the Guidance, including suggestions for amendment or improvement of particular sections.

Governance and accountability

There was a call from RPB Chairs and Leads for further clarification on accountability and decision-making within RPBs, and how this relates to the governance arrangements within the partnership bodies. Clarifying the governance arrangements, particularly in relation to decisions around funding, was also mentioned in a number of individual responses from partnership bodies. This should include acknowledging the limitations of RPB accountability. It was suggested that a distinction be made between accountability for plans that nurture co-operation and co-production, and accountability for delivering the actions and services. The point was made that local authorities have local knowledge and accountability, and that a regional approach was not always the best or most effective way of delivering quality services responsive to local populations. The RPB Chairs and Leads also called for a more simplified and aligned framework to support place-based planning.

Audit Wales thought the proposed revisions helped clarify what is expected of the various partners, and that it would therefore provide helpful context for any future work the Auditor General undertakes on areas covered by the Guidance. Care Inspectorate Wales similarly welcomed the fact that the revised Guidance goes beyond social services and seeks to strengthen ownership across the various regional partners.

Integration

A number of responses specifically welcomed the new definition of integration, but there was concern from RPBs and partnership bodies about the inclusion of the six models of care which were originally developed for the Regional Integration Fund (RIF). The key concern was the alignment between these models and the population cohort approach set out in the population needs assessment and area planning guidance. It was suggested by a couple of RPBs that different language be used – for example, referring to them as pillars or components of care that could be developed for each population cohort.

It was pointed out that there are other programmes of work (e.g. Strategic Programme for Primary Care, Accelerated Cluster Development Programme, Six Gaols for Urgent and Emergency Care) each attempting to drive integrated community-based models of care alongside the RIF, and that there was an opportunity for greater programme alignment at a national level, with the forthcoming Integrated Care Blueprint a potential opportunity to address this.

There were mixed views from health partners on whether the Guidance made sufficient links between RPBs and the new arrangements for clusters and pan-cluster planning groups. There were a couple of calls for this to be more explicitly 'hard-wired' into the Guidance.

Several responses called for greater clarity on the relationship between RPBs and Public Service Boards, and for greater alignment of functions – for example, moving towards place-based needs assessment and planning. Similar comments were made in the responses to the Part 2 Code of Practice, particularly with regard to aligning the population needs and well-being assessments.

Housing association and housing support representatives reported that finding access points for meaningful engagement with RPBs was challenging, and stressed the need for housing and housing support to be recognised as a priority area across all RPBs, with clear and consistent strategies in place.

Annual reports

There were a few useful additional points on RPB annual reports, in addition to the concerns raised above with respect to the Regulations. These included greater clarity around who the reports are for, and how greater efficiency might be achieved and duplication avoided between these and other reports (e.g. PSB annual well-being reports). It was also suggested that RPBs show how they have considered the impact of commissioning decisions on the workforce, and how they have engaged with the health and social care workforce.

Membership

There were many comments on RPB membership. The focus on increased support for members was broadly welcomed by both the partnership bodies, the third sector and others. This included being clearer about the roles and perspectives of different members, and the guidance around how to recruit and support citizen members in particular:

"Increased support for members and focus on the citizen voice is fundamental to strengthening the role of the RPB."

Some comments echoed discussions in the Engagement and Voice Task and Finish Group – for example, on what it meant to describe all members as equal, or the delegated authority of members from statutory bodies.

There were a few of calls for sufficient funding to allow individuals and third sector agencies to be fully involved, and for volunteer members to be remunerated for their time. There were also calls for greater detail on how members with lived experience will be recruited, to ensure the widest range of representation.

Diversity was a key theme in a number of responses, particularly from provider and third sector organisations. It was suggested that there should be greater diversity among the care provider members, covering providers of preventative and support services as well as regulated care services.

Although the proposal to include County Voluntary Councils was generally welcomed, it was noted that representing the diversity within the third and community sector would continue to be a challenge. Also, at least one third sector representative should have sufficient knowledge and understanding of issues affecting children and young people. It was suggested that RPBs have in place clear accountability arrangements to ensure that those with lived experience have been fully involved, with perhaps a formal mechanism for recording and responding to citizens' views.

Some comments duplicated points made in relation to Question 5.1 above. This included the lack of workforce and / or trade union representation on RPBs, and how the proposed new primary care member would be chosen.

Citizen voice and co-production

The establishment of the Citizen Voice Body (Llais), and the proposal to give Llais independent observer status on RPBs was welcomed, although it was noted by some third sector respondents that the role of Llais is not sufficiently explicit with regard to the partnership arrangements. For example, how would it interact with service user and unpaid carer members? Would it have a role in supporting them, or in setting up or supporting citizen panels or forums? It was noted that collaboration with Llais should properly reflects the voices of priority groups under the Social Services and Well-being (Wales) Act, such as children with complex needs.

The strengthened emphasis on the importance of the co-production at all levels was generally welcomed, as was the focus on those with lived experience, although there

were some concerns about how this would be understood and interpreted in practice. Similar issues were raised in relation to the Part 2 Code of Practice, where co-production is explored in more detail.

Pooled budgets

There was much comment about pooled budgets, with the majority expressing support for the more flexible approach determined by local need. The new flexibility was welcomed both by the RPBs and partnership bodies, and also by third sector and other partners.

"The more flexible approach to pooled budgets is welcomed and allows for this to be applied appropriately, taking into local needs and requirements."

There were some calls for the Welsh Government to support and hold the partnership bodies to account for delivery. A couple of RPBs suggested that, instead of listing services where pooled budgets might be particularly appropriate, the Guidance simply says that partnership bodies should consider pooling budgets for any integrated service arrangement. However, some third sector and other organisations welcomed the inclusion of specific items on the list (e.g. therapeutic and safe placements for children with complex needs, or services for unpaid carers). A couple of older people's organisations called for pooled budgets for commissioning older people's care homes to be a 'must' rather than a 'should'.

Self-assessment

A couple of health boards expressed reservations about the value of self-assessments as set out in the Guidance, echoing the broader concern about proportionality and additional reporting raised in relation to the proposed new Regulation above. Streamlining the assessments and making them as light-touch as possible was also mentioned, although other responses made suggestions for additions to the tool – e.g. referring specifically to the priority groups, or including a section on the recruitment of Board members.

Annual delivery plans

Alignment with other planning requirements, and the need to avoid duplication and an increased reporting burden were key themes in relation to the proposal for annual delivery plans (see Question 5.1 above). One RPB suggested a short high-level plan focusing on priorities for each year. Another suggested that instead of introducing this requirement we should simply state that the partnership bodies should work effectively together to deliver the joint Area Plan and ensure that appropriate governance arrangements are in place to oversee local delivery. Another questioned how this would fit with the five-year action plans which sit below the joint Area Plans. More generally, there was suggestion that we adopt a standardised approach to real-time data collection and set up a single system or repository for all required plans and documents, to cover all integrated working across the region and provide a 'birds-eye' view of the system.

Workforce

There were a couple of calls to strengthen and clarify the role of RPBs in relation to the health and social care workforce, including the suggestion that RPBs be given an oversight function in relation to strategic workforce planning.

Children's rights

The references to developing an integrated approach to meeting children's needs, and to promoting their participation, were welcomed, but it was noted that there was only one reference to children's rights in the document. The Children's Commissioner, in particular, expressed extreme disappointment that the revised Guidance does not include the existing requirement on RPBs follow the principles set out in the statutory guidance on the Well-being of Future Generations (Wales) Act 2015 SPSF3 – collective role (Annexe B) and pay due regard to the principles of the UN Convention on the Rights of the Child.

Sub-groups

There was also disappointment that the setting up of thematic sub-groups (e.g. for children with complex needs or for carers) had been downgraded from a 'should' to 'may wish to'. RPBs already have strategic working groups in place, and it was felt that these should be referred to and shored up in the Guidance.

Q 5.3 Do you agree that the proposed amendments to the regulations and statutory guidance will help to strengthen regional partnership arrangements and the role of Regional Partnership Boards? Do you have any other suggestions about what could be included?

43 responses commented on whether they thought the proposals would strengthen regional partnership arrangements and the RPBs. These included RPB Chairs and Leads and 5 RPBs (6), 10 local government bodies (including 8 local authorities), 4 NHS bodies (including 3 Local Health Boards), and 7 other public bodies. The remaining 16 responses were from third sector / not for profit organisations (11), private sector organisations (3) and others (3).

The need for flexibility, clear added value and avoidance of duplication were again key themes from RPBs in response to this question. There were calls to streamline planning and reporting requirements, and also to address duplication across the national policy landscape. The RPB Chairs and Leads drew particular attention to the various programmes seeking to drive integrated community-based models of care, including the Regional Integration Fund (RIF), Strategic Programme for Primary Care, Accelerated Cluster Development Programme and Six Goals for Urgent and Emergency Care.

The responses from local government were cautious, with answers such as 'in principle, yes', or 'to some extent'. It was clear that some local government partners do not consider the proposed revisions to be clear enough about governance within the regional partnerships, and the role and accountability of the RPBs. These

concerns appeared to centre on the fact that the RPB brings together separate organisations with their own governance arrangements and, in the case of local authorities, local democratic oversight, making it unclear what decisions the RPB can make. It was suggested that there are inherent structural weaknesses in the current model which remain to be addressed, particularly around what RPBs are there to do, who takes the decisions, and who is accountable for spending and performance:

"We agree that the proposals are an attempt to strengthen arrangements in the absence of RPBs not being statutory entities. However, some flexibility needs to be included and any new requirements need to be succinct with clear added value and not create additional bureaucracy. Difficulties in operating in a non-statutory partnership must be recognised in the governance arrangements adopted by the partners."

Two of the health boards which answered this question agreed that the proposals will strengthen regional partnership arrangements and make RPBs more effective. Suggestions for improvement included more emphasis on the critical nature of effective working relationships and organisational development for partnership working, including a shared attitude towards risk and change; bringing preventative services more fully into the health and social care system; and giving RPBs a greater role in planning and resourcing integrated rehabilitation services. There were calls for additional support, resources and funding, as well as clarity on how RPBs will work with the new National Office and NHS Executive.

The fact that the legal status of RPBs has not changed, and the limitations of this, were picked up by some other public sector bodies. They are not, for example, subject to the Public Sector Equality Duty, or the duties under the Welsh Language Measure 2011. It was recommended that RPBs be encouraged to adopt these duties so far as they can. This would help ensure that RPBs meet their core aims of producing population assessments, demonstrating citizen engagement and co-production, and tackling persistent inequalities in social care. It would also help to ensure that the needs of Welsh speakers are reflected across the range of RPB activity. Other suggestions included ensuring that longer-term contracts and funding flow quickly to grass-roots organisations, and bringing services together more formally on funding arrangements. It was noted that joint commissioning arrangements will still rely on the good will of relationships between agencies, rather than on formal funding arrangements.

Private sector providers expressed concern that RPBs' lack of real powers has meant that they have not had much impact on frontline commissioning to date, leaving commissioners free to ignore or downplay the implications of population needs and market stability assessments when it comes to fee setting and wider market shaping.

Some third sector providers also expressed a wish for RPBs to have stronger powers to drive change. Funding was also an issue in the third sector responses, including greater funding opportunities for third sector organisations and ensuring that resources are more evenly distributed across Wales. It was suggested that preventative services be brought more fully into health and social care planning, with

proper resourcing; and that there should be more recognition that high quality housing is the bedrock of good health and well-being. There were also calls for engagement and co-production to be made a 'must' rather than a 'should'. There was a specific suggestion that WG sets up a national network and reference group of funded Third Sector organisations to collaborate with RPBs and support rebalancing.

2.7.2. Welsh Government response

The consultation responses contained a lot of detailed and diverse comments from across all the sectors represented on the Regional Partnership Boards. The Welsh Government will carefully consider the consultation feedback on the proposals to amend the Partnership Arrangements (Wales) Regulations 2015, and will prepare a set of amending regulations for further consultation at the beginning of next year.

We will look carefully with our Legal Services team at how some of the proposed new RPB objectives are framed, particularly where these involve oversight of duties placed on local government.

It is important to remember that the governance and scrutiny arrangements included in the revised Guidance have been shaped by decisions that were taken in response to our consultation on the Rebalancing Care and Support White Paper, particularly the decision not to change the status of the Regional Partnership Boards by making them corporate bodies. Establishing RPBs as corporate bodies would have provided for more clarity on decision-making, but it was clear from the White Paper consultation that statutory organisations (particularly local authorities) did not support this change. The Welsh Government, therefore, decided to work with the preferred position and seek to strengthen and improve the governance arrangements of RPBs within the constraints of their current legal status.

We will also look again at the requirement for partnership bodies to identify a responsible individual, including finding a more suitable term and ensuring that the Statutory Guidance explains more clearly what this role will involve and how it will relate to the collective accountability of the partnership bodies to ensure co-operation. We will also consider how the proposed requirement for annual delivery plans fits in with the overall planning and reporting requirements on the partnership bodies and the Regional Partnership Boards, to ensure that the approach is proportionate and avoids duplication.

It is our intention to reconvene the Planning and Performance Task and Finish Group to help us ensure that the new approach to annual delivery plans, self-assessment and annual reporting is robust, co-ordinated and proportionate, building on the work done prior to the consultation. The Engagement and Voice Task and Finish Group will also continue to meet to complete its ongoing programme of work on identifying good practice materials and resources on participation, voice and co-production, to support the requirements in the Part 2 Code of Practice and Part 9 Statutory Guidance.

Any further changes we make with respect to amendments to the Partnership Arrangements Regulations will need to be reflected in the Part 9 Statutory Guidance. We will also look to refine the guidance in the light of the many suggestions for

amendment and improvement that were made in the consultation responses. It is not our intention to consult on a further draft of the guidance, although any significant changes will be set out in the consultation document accompanying the draft revised Regulations.

2.8. Part 8 - Code of Practice on the role of the Director of Social Services (social services functions) and changes to the Local Authority Social Services Annual Report Regulations (Consultation Chapter 6)

2.8.1 Summary of responses

Question 6.1: Are there any barriers in implementing the new guidance for the production of the Local Authority Social Services Annual Reports?

25 respondents provided an answer to question 6.1. Of these, three answers did not contain any substantive comments, and so the summary is based on the 22 substantive responses. Of these 22 responses, 11 were from local authorities or a regional partnership board on behalf of multiple local authorities. Six responses were from third sector organisations. The remaining five responses were from other statutory organisations or individuals.

Many respondents were supportive of the updated guidance. This was due to the new guidance discussing further what is required regarding the frameworks and a "shift" to what is going well and what can be improved. Regarding specific potential barriers to implementing the new guidance, respondents discussed time, finances, as well as capacity, increased workload and duplication concerns.

When respondents discussed time, they spoke about concerns surrounding the time it would take writing the reports. There were also concerns about the timetable for publishing. This was due to "tight schedules" and how end of year data returns may present challenges due to finalising in June, and the report having to be published in July.

"Timing and capacity. End of year data and performance is often not available until the end of May and therefore, there are implications to meet the July sign off and publication deadline."

Discussions around time were closely related to finances too, with respondents discussing that requirements would need to be "lean" for local authorities to assist with resourcing. Respondents brought forward suggestions to help with these potential barriers, such as discussing that the new processes would need to be cost-effective and that a transition period would allow for a "period of adjustment" and 'be reasonable'.

Lastly, respondents were concerned that the proposals would create duplication of the reporting that they felt they were already doing with other activities. It was felt that it would increase workloads and put pressure on their already limited capacities.

Respondents were positive that it was showing more of a link to acts such as the Wellbeing of Future Generations Act and the Social Services and Wellbeing Act, but that making that link clearer and look at how it's reported may then reduce the risk of duplication.

An additional barrier that respondents discussed was around the different audiences the reports were for, especially around how the reports should be written for the public. Whilst it was felt that the focus would be social services at a local level, respondents felt that there would be a challenge to make a version accessible and engaging for citizens due to technical language and the complexity of the topic. Whilst a challenge, it was also reflected in the consultation that this was a "must" to allow for transparency with the public. As a result, respondents have suggested that there be a public summary that can be taken from the main report which would allow for the level of information needed to be there, but an easily digestible version for the public.

"Annual reports as currently published are not easily digestible by members of the public and as such consideration needs to how the public may more easily understand with work of local authorities."

Question 6.2: What support/training is required in implementing the new guidance?

19 respondents provided an answer to question 6.2. Of these, two answers did not contain any substantive comments, and so the summary is based on the 17 substantive responses. Of these 17 responses, 10 were from local authorities or a regional partnership board on behalf of multiple local authorities. Five responses were from third sector organisations. The remaining two responses were from other statutory organisations or individuals.

Respondents predominantly discussed training and tools that would be useful if they were available to them.

"It would be helpful to have a library of design options for presenting such reports, particularly as this requirement is now standard practice within Welsh public services, and regional partnerships."

Regarding tools, respondents discussed having things such as a 'library of design options' for presenting the reports, shared FAQs and templates. It was felt this would allow for an element of peer review and quality assurance.

"As the new guidance involves changes to the Annual Reports, the staff needs to be trained on new data collection methods, reporting formats, data entry, validation, and reporting procedures."

Respondents were welcoming of potential training that would be available to them for these changes. It was discussed that training, potentially through workshops or seminars, would allow them to understand best practice and allow them to follow the guidance to the best of their abilities. Specific topics included report writing,

evaluation, quality assurance data collection methods (both quantitative and qualitative).

Respondents also commented on support in the form of additional funding, as well as steps to recognise and reduce the impact of the added time this would take.

Question 6.3: What outputs or analysis of the Local Authority Social Services Annual Reports would you want to see undertaken?

23 respondents provided an answer to question 6.3. Of these 23 responses, 10 were from local authorities or a regional partnership board on behalf of multiple local authorities. Six responses were from third sector organisations. The remaining seven responses were from other statutory organisations or individuals.

Related to Question 6.2, respondents wanted to have a space where they would be able to share best practice within the social care sector and to service users. It was felt that this could be shared in a "central hub" potentially owned by the National Office, and would allow sharing of expertise, data and best practice.

"The National Office should do a learning process for LAs – sharing good practice. Significant time and resource is put into developing the annual report – in return we need robust, expert analysis of what is being done well and what needs improvement across Wales."

"There needs to be a steer from Welsh Government with regards to what they would like the report to look like (an example would be good), and this to be shared to ensure consistency across Wales."

This included receiving feedback from with Welsh Government or the National Office on the Annual Reports to ensure that the reports are meeting the objectives. This information may relieve concerns over the proposals and why this work is being done.

Respondents discussed wanting a wide variety of data and were in support of the inclusion of qualitative data within this. Topics respondents wanted data on included:

- Stories of individuals and groups, including unpaid carers and caregiver support
- Staffing and workforce analysis, including care workers' wellbeing and the role of trade unions
- Demographic breakdowns
- Service utilization, quality and costs
- Outcome measures
- Preventive services
- Safety, protection and safeguarding
- Community engagement
- Effectiveness of partnerships
- Specific topics that were related to their professional background, such as dementia and children's social care.

Aside from specific areas, respondents also wanted to be able to look at trends over time, potentially leading predictive analysis. They also discussed different levels of analysis, from regional analysis through to national analysis.

As discussed in Question 6.1, there was also support for outputs to link to the five principles within the Social Services and Wellbeing (Wales) Act 2014 and progress towards them.

Question 6.4: Do you consider that the combination of the Performance and Improvement Framework, National Outcomes Framework and Local Authority Social Services Annual Reports provides sufficient guidance and structure for local authorities in achieving the outcomes?

19 respondents provided an answer to question 6.4. Of these, one answer did not contain any substantive comments, and so the summary is based on the 18 substantive responses. Of these 18 responses, 10 were from local authorities or a regional partnership board on behalf of multiple local authorities. Four responses were from third sector organisations. The remaining four responses were from other statutory organisations or individuals.

Respondents agreed that the Annual Report and guidance will be helpful for the sector moving forward. While it may provide sufficient guidance, respondents discussed there would be a need for patience during the implementation of the guidance and for a review to take place to measure the effectiveness of the frameworks. Given the concerns regarding the resources discussed previously, we would recommend regular reviews to feedback to our stakeholders and ensure further pressure isn't added to the sector.

"The revised code of practice, national framework for Performance and Improvement and technical guidance are comprehensive and certainly represent a considerable step forward. The aspect that is particularly helpful is that the framework offers scope for a more intelligent, flexible and sustainable interpretation of performance within local authorities and across the whole health, social care and public services arena."

Consistency was discussed within this question, with respondents mentioning how the frame has changed and the impact that it has had, such as lacking consistent data, and potential for duplication of processes and lack of clarity leading to inconsistencies in reporting.

Respondents discussed the interconnectivity of the frameworks and reports. It was felt that whilst they do provide sufficient guidance, they would need to make it clearer how the frameworks interlink and where there are differences. We would recommend making this link clearer, and this may then assist with the inconsistency and duplication concerns discussed.

2.8.2. Welsh Government response

In response to the concerns and issues raised by respondents, Welsh Government is proposing to provide additional supportive actions to assist in the implementation of the new Local Authority Social Services Annual Reports. It is expected that the new guidance will take effect from 1ˢᵗ April 2024. There will be a transition period after that for a year and so reports written concerning the 2023/24 financial year will be based on the original guidance. Reports written concerning the 2024/25 financial year onwards will use the new guidance.

Firstly, regarding the timescales for publication of the reports, the expected publication date will be moved back to the end of September. This will allow the reports to be completed to the expected quality and making use of the necessary evidence. However, Welsh Government would continue to recommend that local authorities provide a short, public-facing summary of the reports as a separate standalone document. This will allow transparency and accessibility of the reports and information contained within them. However, the production of the reports will need to continue to be met within existing budgets.

Welsh Government is also proposing to supplement the new guidance with the production of a toolkit, which will include templates, design options and a FAQ document. Providing the tools and training discussed will mean that those producing reports will have templates and guidance provided to them resulting in less time in writing the reports and free up capacity. The FAQ will also allow for clarification on how the annual reports fit within the wider performance reporting framework for social services.

In order to produce this toolkit, a network of local authority staff who are involved in the production of the annual reports will be established. This network will have the purpose of discussing and reviewing methods, findings, and outputs, and to review and revise the toolkit, as required. From this network, a group of volunteers will be sought to act as a working group to draft the first versions of the toolkit. To further assist in the implementation of the new guidance, training sessions and webinars will be provided on the new guidance and toolkit.

Lastly, Welsh Government will seek to make further use and analysis of the submitted reports. It is intended that a 'State of the Nation' report will be produced, which summarises the findings from the Annual Reports, supplemented by data from the Performance and Improvement Framework activity and performance data collection. This summary report will include themes and analysis of annual reports, but also data analysis of the national data, structured around the five principles of the Act. Through this analysis, feedback can be provided to individual local authorities on the content and structure of their annual reports.

2.9.   Overarching questions - Integrated Impact Assessment (Consultation Chapter 7)

2.9.1 Summary of responses

34 of the 96 consultation responses addressed this question (or the equivalent easy read question) and the analysis is focused on these responses. Of these 34 responses 11 were from organisations representing the third/voluntary sector, 10 were from local government. 3 responses were from NHS bodies with the remaining 10 responses representing regulators (2 responses), statutory commissioners (2 responses), providers (2 responses) representative bodies (1 response), independent statutory bodies (1 response), regional partnership boards (1 response) and the trade union sector (1 response).

Question 7.1: We would like to know your views on Sections 1 and 8 of the Integrated Impact Assessment. Are there any specific areas where you feel further detail is required, or any specific issues you wish to highlight which may have an impact on a specific group?

Some respondents felt that the level of detail within the draft Integrated Impact Assessment (IAA) sections was sufficient, with several giving positive feedback. However a number did suggest that further detail was required, for example citing the need for the integrated impact assessment to take into account protected characteristics such as age and gender, as well as groups such as children. Related to the level of detail a respondent also highlighted the need for the impact assessment to include cost and resource implications relating to the series of proposals, with another referencing more generally the budgetary gaps within organisations in addressing the assessed needs of their populations.

Highlighting cost and resourcing issues was a theme across several responses with one highlighting the additional resource required to support implementation of these changes, and the challenge of ensuring there is no negative impact in service delivery within organisations as these are rolled out. Another response also referenced this short timescale, highlighting in particular the upcoming National Office implementation from 2024.

Continuing the theme of resourcing one response queried whether the impact of implementing the recommendations could be considered at a local authority level. Other responses highlighted potential cost implications associated with specific proposals, for example the level of fees paid by public sector commissioners when considering the potential costs implications of the National Framework.

2.9.2. Welsh Government response

We note those responses which requested further detail on certain elements of the IIA. As a general point it is worth highlighting that the two sections of the IIA included in the consultation in draft form represent only a proportion of the totality of

the impact assessment process. In addition to the overarching IAA specific impact assessments will be carried out for the different proposals, for example equality impact assessments. These will consider the potential impacts on those with protected characteristics and from different groups.

We also note the requirement for a Children's Rights Impact Assessment to be completed, to comply with the due regard duty under section 1 of the Rights of Children and Young Persons (Wales) Measure 2011. Again, these will be completed for the individual proposals being taken forward.

Regarding detail on the potential cost and resource implications of the proposals these will be considered as part of the Regulatory Impact Assessment documents which will be completed for each the consultation proposals involving legislative changes, for example the proposed changes to the Partnership Arrangements (Wales) Regulations 2015 and the Care and Support (Area Planning) (Wales) Regulations 2017. The final overarching IIA will also include a section on considering the effect of the proposals on economic well-being which will also provide a space for the potential economic impacts to be recorded.

2.10. Overarching questions – Welsh Language (Consultation Chapter 8)

2.10.1 Summary of responses

Before summarising responses to the below questions it is important to highlight that specific questions on the Welsh language were also included within other sections of the consultation response. These were:

- **Question 1.3** within the National Framework for Commissioned Care and Support section which asked: "Do you think the requirements in relation to Welsh Language will help to bring about consistency around the provision of Welsh language services and the active offer?"

- **Question 3.6** within the National Office section which asked: "What do you see as the specific opportunities for the National Office to lead culture change in relation to Welsh language? In particular, the 'More than just words' five-year plan (2022-27)."

Summaries for responses to these questions have been prepared and are presented in those respective sections of the consultation response.

Question 8.1: We would like to know your views on the effects that any of the products presented within this rebalancing consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

28 of the 96 consultation responses addressed this question (or the equivalent easy read questions) and the analysis is focused on these responses. Of these responses 9 were from local government and 8 were from organisations representing the third/voluntary sector. The remaining responses were from regulators (2 responses), social care providers (2 responses) individuals (2 responses), a statutory commissioner a provider representative body, a trade union, a regional partnership board, and an NHS body.

A number of responses did not respond substantively to this question, instead citing their responses on Welsh language issues given within their other consultation answers which they felt also addressed this question. As above any responses to the other specific Welsh language questions (question 1.3 and question 3.6) have been considered as part of the analysis of those specific questions.

A range of positive feedback was received in response to this question with one respondent feeling that the new arrangements should have a positive impact on Welsh language, particularly in respect of strengthening commissioning arrangements to ensure that social care providers are making the active offer in a meaningful way. Several responses also felt that the proposals reinforced existing duties and standards including the Welsh Language (Wales) Measure 2011, the Welsh Language Standards and More than Just words / Mwy na Geiriau. This positive feedback was also reflected in another response which welcomed the role of the National Office in supporting culture change in relation to the Welsh language.

Some more mixed feedback was also received. Several respondents felt that the impact of the proposals on the Welsh language were unclear with one citing wider issues around both the availability of Welsh speakers within the wider labour market, and competition from other sectors to recruit those with Welsh language skills. One local authority felt the proposals would have no impact in their area, given that they already provide for language choice in their authority.

Some broader points on the Welsh language were also made within responses to this question. For example several responses highlighted the resourcing challenges in terms of time and staffing on organisations to provide a comprehensive Welsh language offer, while recognising the value of doing so. On this theme another response acknowledged positively what they felt was Welsh Government's recognition of a service gap in the availability of care and support through the Welsh language, particularly in the provision of nursing care. Staying with the theme of broader issues another response highlighted upcoming proposals such as the White Paper for a Welsh Language Education Bill and the Cymraeg 2050 strategy which would set greater expectations for a bilingual workplace.

Related to the National Framework one local authority highlighted in response to this question that they have a greater capacity to provide services in Welsh compared to

other regional partners, and that a National Framework could potentially strengthen Welsh language provision in some areas. Conversely, they also highlighted that there was a risk of lowering standards in some areas as a result of a greater national approach.

In terms of suggestions one response suggested that there could be an opportunity for existing services and the National Office, once established, to link with Welsh language immersion courses already in place.   Further development of Welsh introduction courses associated with funded apprenticeships was also cited as being beneficial.

Question 8.2: Please also explain how you believe the products presented within this rebalancing consultation could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

21 of the 96 consultation responses addressed this question (or the equivalent easy read questions) and the analysis is focused on these responses. Of these responses 8 were from local government and 6 were from organisations representing the third/voluntary sector. The remaining responses were from regulators (2 responses), social care providers (2 responses) an individual, a trade union, and a regional partnership board.

As with question 8.1 some respondents referred back to their previous answers, either for that question or the answers they gave to specific Welsh language questions for the National Framework (question 1.3) and the National Office (question 3.6).

Regarding potential changes to increase opportunities for people to use the Welsh language some respondents highlighted the challenge for some providers to meet the active offer and suggested additional practical support for providers for example recruitment materials encouraging Welsh speakers to apply for jobs in the social care sector, and the provision of learning materials staff to learn Welsh. A related point was made by another respondent on ensuring that promotional efforts within services are conducted in both languages. One respondent suggested that the ability to speak Welsh should be made desirable (as a minimum) for front line staff delivering care, and that this should be mandated by Welsh Government. Another respondent also suggested that there should be more categorised as 'Welsh to be learnt' within contracts.

Another respondent made a broader suggestion for the different elements of the consultation having supplementary documents for practitioners and people receiving care and support, for example easy read documents and other accessible materials (e.g. best practice videos) highlighting how the Welsh language has been promoted

across Wales. They suggested that this may raise awareness for people and improve standards.

Accessibility was highlighted in the context of Welsh language with one respondent raising the importance of making Welsh language materials accessible to Disabled People e.g., through providing Braille or large print versions.

Regional Partnership Boards were one area highlighted by a specific respondent with them contending that RPB's should have a more focused approach to the Welsh language including translation opportunities being provided alongside bilingual documents and reports. The same respondent also suggested strengthening the Integrated Impact Assessment regarding the Welsh language. Related to translation another respondent made a general point about the importance of ensuring translation of materials is of a high quality to avoid any misinterpretation.

Another area of the consultation highlighted by one respondent in their answer to this question was the National Office where they suggested that the Office, once established could collect workforce statistics on the number of Welsh speakers within the health and social care sector.

As a broader point a Regional Partnership Board highlighted that local authority and health boards in that region continue to promote use of Welsh language and delivery of 'More than just words' programme to ensure services are provided through the medium of Welsh and partners will continue to take opportunities to promote the use of Welsh.

2.10.2. Welsh Government response

On the suggestions for services and the National Office linking with existing Welsh language immersion courses this is something we will reflect on in terms of how Welsh Government could best promote this approach, and how we work with partners to do the same.

While free opportunities for social care workers to learn Welsh are available, for example via the Social Care Wales initiative to create a new online Welsh course for social care workers we do recognise the resourcing challenges for organisations in providing a comprehensive Welsh language service, in terms of both the financial costs and the recruitment challenges.

In terms of supplementary materials highlighting the Welsh language in an accessible way (videos etc) Social Care Wales has a 'using Welsh at work' section of its website. This highlights the importance of using the Welsh language within the workplace and includes various resources workers can refer to, for example in delivering the active offer. It also includes videos from both social care workers and people using social care services speaking about the importance of Welsh in these settings. They are also in the final stages of completing a e-learning resource on why

the Welsh language is so important and have an employer project which aims to support workforce planning in relation to the Welsh language.

Regarding other practical support around recruitment materials encouraging Welsh speakers to apply for jobs within social care this is something we will consider as part of wider discussions with SCW in the context of their existing work to promote the Welsh language within the social care workforce, described above. A specific Wecare Wales campaign was launched earlier this year and the assets for this are still available should a further campaign be needed. Wecare Wales regularly highlight the importance of the Welsh language as part of their ongoing social media presence and campaigns.

The specific points about RPBs will be considered as part of the final revision of the Part 9 Statutory Guidance on Partnership Arrangements. Regarding the feedback on the IAA this was addressed in response to question 7.1 in that specific impact assessments will be carried out for the different proposals, in addition to the IIA and Welsh language issues will be considered as part of these.

We note the specific point about the National Office providing statistics on levels of Welsh language within the health and social care workforce however it is worth highlighting that this data is currently collected by Social Care Wales

On the broader points made about the accessibility of Welsh language materials all published Welsh Government guidance will be published bilingually on our public website as a matter of course with members of the public able to request the information in a different format, for example Braille or large print.

2.11. Overarching questions – Any other related issues (Consultation Chapter 8)

2.11.1 Summary of responses

Question 8.3: 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 report them:

27 of the 96 consultation responses addressed this question (or the equivalent easy read questions). Of these responses 6 were from local government and 7 were from organisations representing the third/voluntary sector. The remaining responses were from social care providers (3 responses), Trade Unions (2 responses), Representative bodies – professional (2 responses), NHS Bodies (2 responses), Regional Partnership Boards (2 responses), 1 Individual, 1 Regulator and 1 Representative body – provider.

Given this was an open question responses covered a wide range of varied issues, many of which were highlighted elsewhere in the consultation within specific

chapters. This summary is focused on some of the common themes across the answers, as well as issues raised which have not already been highlighted elsewhere.

A number of responses provided feedback on the consultation structure as a whole, and the documentation included within it. One respondent highlighted that the questions within the easy-read version of the consultation differed from the main document and some were missing altogether. Clarity of presentation was a key theme running through responses with a respondent commenting on the large number of separate consultation documents, highlighting the importance of keeping any regulations/guidance as short and straightforward as possible, with no duplication. Similarly another respondent raised the importance ensuring that information is provided in a user friendly format. On the format of the consultation a number of responses highlighted the consultation length, suggesting it was over-complex and that shorter, separate consultations may have resulted in a greater number of responses.

Of the many responses which raised wider issues within this section several highlighted Direct Payments. One respondent suggested it was not clear how the consultation proposals would affect these payments while another highlighted what they saw as inconsistencies of how these were applied across Wales. On other wider issues another response highlighted the Welsh Government programme to developing a National Care and Support Service and sought an update on next steps.

Finally a number of respondents used this question to offer their thoughts on the programme as a whole, and it's broader aims. Some expressed support for the overall aims of the programme such as creating a more sustainable and integrated health and care sector. However others cautioned that a number of barriers to achieving these aims remained, for example cultural barriers, a lack of alternative services provision and financial challenges, as highlighted in other parts of the consultation. Related to some of the broader aims including partnership working one respondent highlighted the importance of sharing intelligence and having data transparency across organisations and partnerships which they suggested would both improve partnership working and avoid duplication.

2.11.2. Welsh Government response

We appreciate the feedback regarding the consultation structure, and the documents within it. Regarding the easy-read version of the consultation we acknowledge there were differences in the number of questions compared with the main consultation document. In some cases, multiple questions were assimilated into a single question to where it was judged to enhance readability. Conversely other questions judged to be more complex were split into multiple questions. This approach is not unique to this particular Welsh Government consultation however we will consider

whether this difference could be more explicitly set out within any future consultations in this area.

Regarding the large number of individual consultation documents we appreciate that this was a large consultation package, however including individual documents was a way of enabling those with a particular interest in specific areas to focus on just these elements. That being said we will reflect on the feedback and consider whether there are alternative ways to present information within any future larger social services consultations.

On the work towards developing a National Care and Support Service we expect to give a public update on progress before the end of the calendar year. .

We appreciate the wider feedback on the programme and its strategic aims and the thoughtful reflections from many on some of the wider challenges and barriers. While the proposals in this consultation represent considerable progress since the initial rebalancing White Paper back in 2021 we recognise that there is still much to do across the different elements, as well as broader issues affecting the sector including the ongoing financial pressures. We will continue to engage the sector to collectively identify and address the barriers to progress as we move to finalise the various proposals.

2.12. Next Steps

As per the 'Welsh Government response' sections the responses to this consultation exercise and resultant analysis will inform further development of our policy and legislation, as we take forward these proposals as part of the Rebalancing Care and Support Programme. We will continue to engage with our delivery partners and other stakeholders as we take forward this work.

Annex A - Consultation Respondents

Organisation / Name	Respondent Type
Centre for Care, Sheffield University	Academic
Audit Wales	Independent statutory body
Llais	Independent statutory body
Anonymous	Individual
Anonymous	Individual
Gaynor Daniel	Individual
Margaret Price	Individual
ADSS Cymru	Local Government
Adult Services, Cyngor Sir Powys County Council	Local Government
Adult Social Care & Homelessness Service, Denbighshire County Council	Local Government
Anonymous	Local Government
Anonymous	Local Government
Anonymous	Local Government
Bridgend County Borough Council	Local Government
Cardiff Council, Adults Services	Local Government
Carmarthenshire County Council	Local Government
Ceredigion County Council	Local Government
Commissioning Care Wales Partnership Group	Local Government
Conwy County Borough Council	Local Government
Flintshire County Council	Local Government
Gwynedd Council	Local Government
Neath Port Talbot Council for Voluntary Service & Swansea Council for Voluntary Service	Local Government
Pembrokeshire County Council	Local Government
The Childrens Commissioning Consortium Cymru (4Cs)	Local Government
Torfaen County Borough Council	Local Government
Vale of Glamorgan Council	Local Government
Welsh Local Government Association	Local Government
Wrexham County Borough Council	Local Government
Aneurin Bevan University Health Board	NHS Body
Betsi Cadwaladr University Health Board	NHS Body
Cardiff and Vale University Health Board	NHS Body
Cwm Taf Morgannwg UHB	NHS Body
Hywel Dda University Health Board	NHS Body
Powys Teaching Health Board	NHS Body
Strategic Programme for Primary Care	NHS Body
Welsh NHS Confederation	NHS Body
Presbyterian Church of Wales	Other
Anonymous	Regional Partnership Board

Organisation / Name	Respondent Type
Cardiff and Vale Regional Partnership Board	Regional Partnership Board
Cwm Taff Morgannwg RPB	Regional Partnership Board
Gwent Regional Partnership Board / Byrddau Partneriaeth Rhanbarthol Gwent	Regional Partnership Board
North Wales RPB	Regional Partnership Board
Powys RPB Board	Regional Partnership Board
West Wales RPB	Regional Partnership Board
Care Inspectorate Wales	Regulator
Social Care Wales	Regulator
Care Forum Wales	Representative body – provider
Homecare Association	Representative body – provider
Royal College of Occupational Therapists	Representative body- professional
Royal College of Physicians	Coleg Brenhinol y Meddygon	Representative body- professional
RPB Leadership Forum – all Wales Chairs and Leads	Representative body- professional
Social Care Fair Work Forum	Representative body- professional
Welsh NHS Confederation Health and Wellbeing Alliance	Representative body- professional
Bro Aled Centre	Social care provider
Caron Group	Social care provider
Drive – Learning Disability Support Provider	Social care provider
HC-One	Social care provider
Pobl Group	Social care provider
SICS Gofal Cymru cyf	Social care provider
Equality and Human Rights Commission	Statutory Commissioner
Older People's Commissioner in Wales	Statutory Commissioner
The Children's Commissioner for Wales	Statutory Commissioner
Welsh Language Commissioner	Statutory Commissioner
Age Alliance Wales	Third/Voluntary Sector
Age Cymru	Third/Voluntary Sector
All Wales Forum of Parents and Carers of People with Learning Disabilities (AWF)	Third/Voluntary Sector
All Wales People First	Third/Voluntary Sector
Alzheimer's Society	Third/Voluntary Sector
Barnardo's Cymru	Third/Voluntary Sector
Care & Repair Cymru	Third/Voluntary Sector
Carers Trust	Third/Voluntary Sector
Carers Wales	Third/Voluntary Sector
Children in Wales	Third/Voluntary Sector
ClwydAlyn	Third/Voluntary Sector

Organisation / Name	Respondent Type
Community Housing Cymru and Cymorth Cymru joint response	Third/Voluntary Sector
Cwmpas	Third/Voluntary Sector
Cymru Older Peoples Alliance	Third/Voluntary Sector
Guide Dogs Cymru	Third/Voluntary Sector
Hengoed Care	Third/Voluntary Sector
Jackies Revolution	Third/Voluntary Sector
Learning Disability Wales	Third/Voluntary Sector
Leonard Cheshire	Third/Voluntary Sector
Llamau	Third/Voluntary Sector
Marie Curie	Third/Voluntary Sector
Mencap Cymru	Third/Voluntary Sector
NSPCC	Third/Voluntary Sector
Oxfam Cymru	Third/Voluntary Sector
RCT People First	Third/Voluntary Sector
RNIB (Royal National Institute of Blind People) Cymru	Third/Voluntary Sector
Stroke Association	Third/Voluntary Sector
WCVA	Third/Voluntary Sector
YMCA Cardiff	Third/Voluntary Sector
Royal College of Nursing	Trade Union
UNISON Cymru Wales	Trade Union
Anonymous	Unknown
Anonymous	Unknown