

## **Draft Response to White Paper - 'Services Fit for the Future – Quality and Governance in Health and Care'**

Thank you for the invitation to provide a response from Monmouthshire County Council to the White Paper Consultation Document –'Services Fit for the Future – Quality and Governance in Health and Care in Wales'.

This response has been developed by Monmouthshire County Council following engagement with Members of the Adult and Children's Select Committees. We would like to thank colleagues from Welsh Government who engaged with the Council in a joint Select Committee session to outline the thinking and principles that underpin the White Paper proposals and take questions. This has enabled us to make a fully informed response. The rest of this paper responds specifically to each part of the White Paper.

### **Introduction**

The introduction talks about 'working together' to 'prevent ill health and provide the care people need, when they need it.' It states (health and social care) 'cannot continue to work in isolation and we must now look beyond the boundaries when making decisions about what services and actions will deliver the best outcomes'. These statements do not recognise that in some parts of Wales integrated working between health and social care is very well established and has been delivering improved health and wellbeing for people on a local and regional basis over a number of years. There are really good examples at a local level with Monmouthshire integrated services, delivered fully integrated community services in community hubs in Chepstow, Monmouth and Abergavenny. On a Gwent wide basis, there are many examples of integrated health and social care services working across local authority boundaries such as Gwent Frailty, Integrated Equipment Services and Share Lives. It is also important to note that integrated working to support improved health and wellbeing needs to include partners beyond health and social care: education, housing and third sector organisations are all critical and really good working arrangements with other partners can be as (or more) important to people's well-being as health and social care working well together.

The consultation references 'mature partnership working' needed at every level. This is facilitated in legislative terms through both the Social Services and Wellbeing Act (Wales) Act and the Wellbeing of Future Generations Act implemented within the last 15 months. Mature relationships take time to develop and deliver sustainable change. We question whether an additional legislative layer is really needed in addition to the really progressive legislation we have which has not had time to sufficiently embed and transform practice. The timing of the White Paper is interesting in that it is issued in advance of the recommendations to be made by the Parliamentary Review into Health and Social Care in Wales. Proposals in the resulting Green Paper will need to consider further and align with further proposals to come from the Parliamentary Review and as such may require further consultation.

Co-production is at the heart of these proposals; people making joint decision about their own care. The paper states systems across health and social care now need to

make a real shift towards this way of working and as a result standards and quality will be driven up. The paper does not reflect that co-production is common practice in social services across Wales, now reflected legislatively in the Social Services and Wellbeing (Wales) Act. The change to culture and practice in social services has been a journey over the last 10 years – whilst there is always more to do, by describing ‘health and social care’ as one the paper does not recognise what is already in place in key parts of the system. The benefits of co-production are that we do what matters to the person, align services and approaches to the outcomes they identify with us, in a way that is cost effective and ultimately more sustainable. The emphasis on quality and standards mean these benefits are not appear reflected strongly, and it is not clear if they are understood, in the consultation proposals.

The paper references a subsequent Green Paper which will seek views on how to improve the quality of services provided by the NHS in Wales as well as the governance and accountability of the organisation and the people who manage the NHS. There is no mention of engaging with people with care and support needs who have contact with social services. In summary, there is a sense within the consultation that the proposals have really been developed to support change and improve standards in the NHS and that the need for change within social services is not driving the proposals in any meaningful way.

## **Chapter 1: Effective Governance**

The role and composition of Health Boards need to reflect principles of good governance. There is clearly a balance to be struck between the numbers of people on a Board to ensure a wide range of skills and expertise, and the need for a cohesive structure. It is important that there continues to be a Director of Social Services Associate Member and a Local Authority Independent Member given the critical importance of expertise in partnership working, well-being and integration as part of a range of skills on the Board.

We are also supportive of the proposals around the independence role of Board Secretary which reflects the role of Local Authority Monitoring Officer. The impartiality of this role, set out in statute will really support effective governance of Heath Boards.

## **Chapter 2: Duties to Promote Cultural Change**

We note the intention to update and enhance the duty of quality to better reflect the integrated system and the need to work collaboratively across boundaries. As a boarder county, we would welcome further consideration to be given to working with counties on the English side of the boarder. Working with all neighbouring counties should include planning and delivering significant services in a way which is far beyond the administrative arrangements currently in place. A current example of the need to do this effectively is the consultation into the future of community hospitals in the Forest of Dean. This will impact on Welsh health services yet there is no requirement in the green paper which will mean that English or Welsh health organisations need to plan together when they develop proposals which impact each other.

Improving standards in the quality of care is fully supported. The practical mechanisms on how this achieved require more thought. Traditional quality standards do not necessarily reflect what is important to people and a really open debate with citizens at an individual and population level around what matters to them is necessary so standards are truly person centred. There is strong evidence that target driven approaches do not support quality systems that are meaningful to the people who experience them. Measuring what matters requires a far more thoughtful approach and in the spirit of the White Paper, should be genuinely co-produced. Evaluative methods such as understanding the 'most significant change' should be actively supported through a renewed approach to doing things better and understanding the impact of what health and social care services do.

Our overarching observation is that the duties set out in this chapter would bring NHS standards closer to those which are already in place in social care or in English health service, e.g. the duty of candour. Learning from good practice across sectors and borders is essential if our public services in Wales are to be the best they can be.

We would welcome explicit confirmation that the proposed changes would not impose a health model on social care systems. Many of the proposals are largely in place in social care services, for example, in the area of person centred care. It is really important that any new standards are outcome focussed and reflect what is in the Social Services National Outcomes Framework.

It is also critically important, given the fragility of the social care provider market, that the cost implications of any new standards are fully understood. The evidence base between should be clear, therefore, how any standards will actually improve quality of outcome and experience.

### **Joint Investigations of Health and Social Care Complaints**

It is already good practice for the NHS and social services to work together if a complaint cuts across the duties of both organisations. Embedding this in statute may provide the opportunity to develop a joint health and social care complaints team across organisational boundaries and is supported.

### **Chapter 4: Effective Citizen Voice, co-production and clear inspection**

We are concerned about the proposals to abolish Community Health Councils (CHCs) and replace them with a national body which may not have really effective local connections. We recognise that, as with all public bodies, the current model of CHCs in Wales can be significantly improved. In considering those improvements, there are some really important principles that need to be reflected:

**1. Ensuring a strong local voice in the work of the organisation that ensures the patient voice is heard.** The role of the CHC in supporting complainants and inspecting local health services is as important as the critical role they play in consultation and engagement in service change. Local perspectives are also absolutely critical in engagement prior to consultation on service changes, and during

the consultation processes. A national body may struggle to meaningfully understand the impact of changes to primary care, for example, on small rural communities. Whilst the proposal is for the national body to advise whether adequate involvement of the public has been achieved in drawing up the proposals, adequate involvement of hard to reach groups such as people with disabilities, mental ill health, frailty, dementia and carers may be really difficult to determine if the national body is not integrally connected to understanding local populations and the particular needs of communities.

**2. A truly independent voice for patients is vital** – positioning the new body with HIW and CSSIW may mean it will not be able to take an independent view on the effectiveness of regulation and inspection of health and social care services are in driving up standards of care. The ‘commissioner’ model would give an opportunity for a far more obviously independent and strongly heard voice speaking for citizens in the quality and transformation of care and support services. Legislating for real powers for the champion for the patient voice would seem to provide some balance of power to the understandable importance given to clinical leaders and Royal Colleges in determining the future of health services.

**3. Openness and transparency** – as with all public bodies, it will be important that the organisation representing the patient voice is fully accountable for the views it puts forward and the positions it takes on behalf of citizens. The role of locally democratically elected politicians in scrutinising health services, alongside social care services should be considered carefully in the design of the legislation.

We understand that the Board of CHCs have submitted progressive proposals for reform which include engaging directly with individuals and local communities to ensure the citizen voice is understood. They also propose representing the interests of people by scrutinising health and care services on a local, region and national basis. We would support the very thorough consideration of these proposals in designing the way forward.

## **Inspection and Regulation**

We do not have any particular comments about the underpinning legislative framework for Health Inspectorate Wales. Independence of the regulatory and inspection function is important to its effectiveness and public confidence in it. The governance structures should ensure this independence is unquestionable.

## **Conclusions**

The opportunity to comment on this important consultation is very welcome. The aspirations to improve standards and governance in health and social care are understood and supported. The detail of how to do this in a way which ensures the voice of citizens, and specifically vulnerable groups, are heard requires further consideration. We would welcome the opportunity to be part of any further engagement in this area.

