**White Paper: Services Fit for the Future**

**Consultation response form**

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Responses should be returned by 29/09/17 to:

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or completed electronically and sent to:

e-mail: [HQDMailbox@wales.gsi.gov.uk](mailto:HQDMailbox@wales.gsi.gov.uk)

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

**Summary of questions**

**Chapter 1: Effective Governance**

* 1. **Board Membership and Composition**

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| The Welsh Government believes that the Boards of both health boards and NHS trusts should share some core key principles which are outlined including delivering in partnership to deliver person centred care and a strong governance framework to enable the Board to work effectively and meet its responsibilities.    All Boards should have Vice Chairs in order to support focussed and skilled leadership.  The Welsh Government also believes that Ministers should have the authority to appoint additional Board members on time-limited appointments if an NHS Health Board/Trust is under performing or under escalation procedures in accordance with the NHS Wales Escalation and Intervention arrangements.  The Welsh Government believes that Board Executive Officer membership for local health boards should probably include some key positions which are consistent across local health boards but also allow some flexibility to appoint based on remit and priorities. |
| **Do you agree with these proposals?** YES |
| **What further issues would you want us to take into account in firming up these proposals?**  CSP notes that both options in the consultation paper suggest the need for some key positions.  The CSP understands that the size and configuration of Health Boards and NHS Trusts needs to ensure the ability to promote an effective focus on decision, priorities and scrutiny.  These organisations are large, complex (being integrated across primary, acute and community care) and covering a wide range of responsibilities and services. It is essential, therefore, that they draw on the full range of professional leadership and accountability for delivery of quality clinical services for citizens from across the health and social care spectrum. The expertise from the three professionally regulated executive directors (GMC, NMC and HCPC) is crucial to delivering this. The CSP considers it is essential to retain professionally regulated executive directors covering the majority of registered practitioners.  HCPC regulates 20-30% of the regulated NHS workforce and the CSP is clear that the executive leadership role for HCPC regulated professions must be considered as one of the key positions on the Board. This also needs to be consistent across Local Health Boards through the Directors of Therapies and Health Scientists (DoTHS) executive role.    The DoTHS span professions working in both health and social care. The  role is crucial for leadership on the development of community service provision and progression of workforce modernisation and transformation in primary care – which are of strategic importance to Welsh Government.  Due to the nature of the work that the professions covered by DoTHS, this director brings a valuable ‘psychosocial model’ approach and insight to the Board.  This is demonstrated by growing evidence supporting the contribution of therapists on Boards and two examples are provided:   * <https://www.kingsfund.org.uk/blog/2013/08/lets-hear-it-allied-health-professionals> * <https://www.kingsfund.org.uk/blog/2017/07/realising-potential-allied-health-professions?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8509692_MKEVT_J785_AHPS_250717&utm_content=blog%20-%20image&dm_i=21A8,52E4C,NRUIOM,JDTIR,1>   The CSP supports a set of core principles for all NHS organisations and agrees with the principles set out in the consultation paper. We have some concern, however, about the bullet point - *‘It should be supported by a well-functioning and supporting committee structure that ensures it involves and receives views and input from a wide range of stakeholders including the professions and patients’*. As a principle, the Board should ensure it involves stakeholders (professions and patients), but there must also be clarity on strategic leadership and service delivery from a quality perspective. It will not be acceptable for professional leadership found only at committee level and not at Board level. This is extremely important in terms of assurance on clinical quality service provision.  The CSP supports the creation of a Vice Chair role and agrees that Ministers should be able to appoint additional Board members on a time-limited basis if Boards/Trusts are underperforming or under escalation procedures.  The CSP suggests that reference to Regional Partnership Boards and Primary Care Clusters is needed in relation to policy on effective governance. Any policy or legislation arising from the White Paper will need to place appropriate requirements on these bodies/groups in keeping with the planning and delivery of services for which they will be responsible. The Executive Directors of Therapies and Health Science as a key corporate director with responsibility for professions working across boundaries will be the ideal directors in this area overseeing transformation and service modernisation. |

* 1. **Board Secretary**

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| In order to deliver on the key principles outlined the Welsh Government believes that the role of Board Secretary should be placed on a statutory basis and have statutory protection to allow the role to be independent with safeguards in place to challenge the Chief Executive of an NHS organisation or the Board more widely. |
| **Do you agree with these proposals?** YES |
| **What further issues would you want us to take into account in firming up these proposals?**  The CSP has nothing to add. The proposals in the consultation paper provide clarity on the role. |

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

**2.1. Duty of Quality for the Population of Wales**

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| The Welsh Government believes that the duty of quality should be updated and enhanced to better reflect our integrated system. This duty should be sufficiently wide in scope to facilitate the needs of the population of Wales to facilitate and enable collaborative, regional and all-Wales solutions to service design and delivery  NHS bodies should also be placed under a reciprocal duty with local authorities to co-operate and work in partnership to improve the quality of services provided.  Welsh Government also believes that strengthening the existing planning duty will make sure health boards work together on the needs of the population of Wales in the planning and delivery of quality healthcare services. |
| **Do you agree with these proposals**? YES |
| **What further issues would you want us to take into account in firming up these proposals?**  The CSP considers this proposal provides the opportunity to ensure alignment across requirements in the Social Services and Well-being (Wales) Act and the Well-being of Future Generations (Wales) Act.  The CSP supports Health Boards having a duty placed upon them that addresses both their planning and provision of services. However, legislation alone will not result in collaboration and cooperation. Action will be required through performance management frameworks for Health Boards and local authorities and further consideration on the importance of clinical leadership at corporate level in order to deliver quality clinical services. |

* 1. **Duty of Candour**

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| The Welsh Government believes that the development of a statutory duty of candour across health and social services in Wales would consolidate existing duties and be in the interests of a person centred system. |
| **Do you support this proposal?** YES |
| **What further issues would you want us to take into account in firming up this proposal?**  The CSP welcomes the approach of including all health and social care bodies. We note that the remit is wider in Scotland, and includes independent healthcare, GPs, dentists and pharmacists. The consultation paper does not identify why this cannot also be the case for Wales. Clarification is required here.  The CSP is clear that, as regulations are developed that identify what can trigger a statutory requirement for organisational candour disclosure, it will be essential to make sure thresholds are the same between health and social care.  Care will also be required not to discriminate against the level of care a particular patient/service user group can reasonably expect to receive. All patients/service users, regardless of age or care setting should expect the same levels of candour disclosure regardless of setting.  There will need to be a clear communications strategy to ensure that all involved in the provision of health and social care in Wales understand what is required of them, and the organisation for which they work, under a Duty of Candour. In particular, an individual should not become a scapegoat for an organisation’s wider failings in managing concerns and/or complaints with regard to openness and candour.  The communication strategy also needs to ensure that members of the public know what they should be able to expect. |

**Chapter 3: Person-Centred Health and Care**

**3.1. Setting and Meeting Common Standards**

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| The Welsh Government believes there should be a common set of high-level standards applied to health and social care and that the standards should apply regardless of the location of care. |
| **Do you support this proposal?** YES |
| **What further issues would you want us to take into account in firming up this proposal?**  The CSP suggest that it would benefit the design and implementation of the high level standards if they were developed through co-production, with service users and with staff. |

**3.2. Joint Investigation of Health and Social Care Complaints**

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| The Welsh Government believes that requiring different organisations to work together to investigate complaints will make it easier for people to complain when their complaint is about both health and social services. We also believe it will encourage organisations to learn lessons to improve their services. |
| **Do you support this proposal?** YES |
| **What further issues would you want us to take into account in firming up this proposal?**  The CSP notes the point made at 67 (page 24) regarding the provision of a seamless service across health and social care. Due to the differences between health and social care in that some parts of care will be charged for and some will be free at the point of need it will not be applicable for people to have no knowledge or understanding that different organisations are responsible for different parts of their care. The situation may change over time, with the development of more integrated service provision and as decisions are made around paying for care. The current situation requires understanding in order to exercise voice and control. |

**Chapter 4: Effective Citizen Voice, Co-production and Clear Inspection**

**4.1. Representing the Citizen in Health and Social Care**

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| The Welsh Government believes that local health and social care organisations should be working with the public to co-design and co-create services and that the way they do this needs to be independently monitored. We propose replacing the current statutory CHCs and their functions with a new national arrangement to represent the citizen voice in health and social care, to advise and provide independent assurance. The new body will work alongside Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales and have autonomy to decide how it will operate at local level. |
| **Do you support this proposal?** Yes. Public services need a strong voice and effective participation. |
| **Can you see any practical difficulties with these suggestions?**  The CSP highlights that under the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, Health Boards developed stakeholder forums. These will need to be considered within the development of more detailed proposals. It does not say in the consultation whether these will stay, go or be changed. This needs to be clarified.  It will be important to ensure that all current functions carried out by Community Health Councils are considered carefully, so that nothing is lost in transfer to the new body. As the model appears to be based on the Scottish Health Council model, the CSP would welcome more detail on the success of this model in Scotland, and how its functions compare to that currently undertaken by the Community Health Councils here in Wales.  The CSP notes that, in relation to social services, there already exists the National Social Services Citizen Panel. This is not referred to within the consultation document yet the new, proposed body will represent the citizen voice in health and social care. Further clarification is therefore required in this area. |

**4.2. Co-producing Plans and Services with Citizens**

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| The Welsh Government believes that introducing an independent mechanism to provide clinical advice on substantial service change decisions, with advice from the proposed new citizen voice body, will encourage continuous engagement and increase the pace of strategic change through enabling a more evidence-based, transparent process and a more directive and guiding role on the part of Welsh Government. |
| **Do you agree with this proposal?** Yes - the CSP supports the idea that service planning should be carried out in a co-productive way. |
| **What further issues would you want us to take into account in firming up this proposal?**  The CSP notes that the proposals in the consultation removes the requirement for an independent consultation for substantial change as is currently carried out by the Community Health Councils. The new independent citizen advice body will only be advising on whether public engagement processes undertaken by the Health Board complies with guidance. This is a substantial change.  The CSP suggests that, in figure 1, on page 34, in the Planning Stage there should be reference to co-production with service users and professionals. The CSP also suggests that the word ‘clinical’ (where it refers to Advice – Clinical) should be changed to ‘professional’ to ensure inclusivity of the wide range of clinicians and professions working across health and social care who may be required to provide advice. |

* 1. **Inspection and Regulation and single body**

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| The Welsh Government believes that ensuring a clearer underpinning legislative framework for HIW will help to foster closer integration and joint working with CSSIW and at the very least this should be taken forward. |
| **What do you think of this proposal?**  The CSP supports the need for a clearer legislative framework for HIW in order to foster closer integration and joint working with CSSIW. |
| **Are there any specific issues you would want us to take into account in developing these proposals further?**  The CSP has no additional comments to make in relation to the proposal for more joint work between HIW and CSSIW. |
| However, we (Welsh Government) also believe there could be merit in considering a new body – for example, a Welsh Government Sponsored Body – to provide more independence in regulation and inspection and citizen voice. |
| **Would you support such an idea?**  The CSP considers there could be merit in considering a new body but the proposal in the consultation is a big one and will require comprehensive planning to ensure the functions currently carried out by CSSIW, HIW and the CHC continue to be carried out appropriately and effectively. |
| **What issues should we take into account if this idea were to be developed further?**  There will be a need to ensure clarity about function and independence to act of the various parts of the new body. There will be lessons to learn from organisations that have come together to form National Resources Wales and Health Education and Improvement Wales in respect of merger of organisations.  Welsh Government will need to ensure that size of the new organisation will not create any adverse effects. |