

Rebalancing Care and Support Programme

Consultation questions

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Consultation Questions – Chapter 1

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?

No. While the principles set out in the Code are aspirational, and RCN Wales is supportive of them, they will not in themselves achieve this aim. To ensure Wales wide consistency, some regions are likely to require different levels of support to achieve alignment. The commissioning toolkit, and its management by the National Office for Care and Support, will be essential to achieving consistency.

RCN Wales however particularly welcomes Principle 3 (“Collaboration: share risks, resources and assets”). Continuing professional development is a career-long requirement for nurses to remain registered with the Nursing and Midwifery Council and continue practicing, yet access to learning and development opportunities and leadership programmes can vary for nurses in social care. Overall, it is relatively poor compared to that available to nurses in the NHS. Nurses working in social care need consistent access to the NHS intranet for learning/training along with protected time for professional development. While access to the NHS intranet for this purpose is progressing in West and North Wales, through the establishment of collaborative care home networks, it is needed across Wales. Shared learning opportunities, including the sharing of the learning and development provision between small and large providers could also be explored.

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?

No. While the standards set out in the Code are aspirational, and RCN Wales is supportive of them, they will not in themselves achieve this aim. To ensure Wales wide consistency, some regions are likely to require different levels of support to achieve alignment. The commissioning toolkit, and its management by the National Office for Care and Support, will be essential to achieving consistency.

Under Section 25A of the Nurse Staffing Levels (Wales) Act 2016, health boards have a duty to provide enough nurses to care for patients sensitively – including where that nursing care is commissioned from another provider. Effective workforce planning is essential for a service that meets the needs of people in the future, and services that can flex to meet the needs of what matters to the individual. For this, though, accurate and current workforce data is essential. Returning the Social Care Wales annual workforce data collection should be mandatory for providers, and not something commissioners merely encourage (as under Standard 10 of the National Framework, paragraph 1.54). If this cannot be mandated by Social Care Wales, the National Office should, in its positioning within the Welsh government, explore ways to ensure the collection of this essential data. The wording of this paragraph should be changed from “should” to “must” and from “encourage” to “ensure”.

Responses to specific standards:

- **Standard 3: Collate relevant and accurate data to ensure that commissioning is based on meaningful data and ensure there is sufficient analytical capacity and capability to inform robust commissioning planning.**
 - RCN Wales recently published *Caring for older people*, a report on care home nursing in Wales. One of the issues identified was a lack of data on nursing in care homes. A national dataset is needed to improve information about the nursing workforce in residential care settings. This should be used to support nursing education commissioning. At present, Wales is reliant on international recruitment to ensure the delivery of social care. At 17.7%, the proportion of non-UK EU workers is higher than in any other sector, according to research commissioned by the Welsh government. International recruitment is an important tool to address immediate shortages. However, to achieve a more sustainable workforce, Welsh Ministers should consider how the development of a clearer picture of the workforce could be supported and developed in partnership with relevant public bodies and stakeholders, including RCN Wales. Learning from an immediate one-off project would inform the development of a sustainable, longer-term, evidence base to contribute to a better understanding of future workforce needs.
- **Standard 6: Ensure that all care and support services are commissioned ethically and are underpinned by Fair Work principles. Local Health Boards & Local Authorities should support employers to improve status, well-being and working conditions in social care to achieve parity across (statutory, private & third) sectors.**
 - This standard is welcome, but it is disappointing that the framework does not specifically reference the need to specifically develop the nursing profession in social care. Recruiting and retaining registered nurses in social care requires specific measures relevant to this profession. RCN Wales believes that nursing in care homes should be an integral strand of work to tackle the nursing shortage. While nursing student placements in care homes have been a positive step, there needs to be further work by Ministers to ensure this happens in all areas and to support nurse training within the residential care sector.
- **Standard 7: Demonstrate that they understand the full costs of directly provided and contracted care in their area. Local Authority and Local Health Board commissioners of care and support must collaborate with Providers to determine fair and sustainable fees for all contracted services.**
 - RCN Wales welcomes this standard.

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?

An “active offer” to receive care and support in Welsh is important in terms of parity. RCN Wales strongly supports the recognition (in paragraph 1.60) of care

and support in Welsh as something which “must” be a right, and which is a matter of necessity.

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?

Having explicit requirements in relation to Equalities will help individuals who are able to hold social services to a standard that has been legislated.

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?

RCN Wales welcomes the 2-year revision periods (mentioned in 1.13) to ensure that the code remains current, but the revision of the code must be done in a spirit of co-production with the workforce. An “important role” for the National Office for Care and Support is mentioned in connection with this, but more information is needed on the nature of that role. The process of engaging stakeholders for future reviews of the Code has the potential to affect the lives of everyone delivering and receiving social care in Wales. All parts of the social care workforce, including the nursing workforce, must be engaged in that process to ensure the Code is functioning as intended at the point of service delivery.

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?

If implemented effectively they will, but in themselves, no.

Ensuring individuals are able to see and understand statutory requirements and guidance should help improve their outcomes – not having the guidance and requirements alone.

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?

Recognising that price is not the only determinant of what is an acceptable care and support package is important, and the RCN welcomes this reframing.

However, for people who need care and support, some of that care will be clinical in nature and need to be delivered or overseen by registered nurses. The level of nursing care a person needs, and the availability of registered nurses to deliver or oversee it, often determines whether they can leave secondary care in a timely fashion and live in a residence of their choice. To help improve outcomes for people receiving care and support, the Code must include a specific focus on improving clinical outcomes through practices that meet people’s needs in line with professional knowledge and clinical evidence. Rebalancing “away from price” and “towards quality” is meaningless without specifically addressing how nursing care and clinical outcomes influence quality and overall outcomes for people.

This section of the National Framework should be re-written to ensure that “evidence” also refers to best professional practice and clinical evidence, and that “outcomes” refers to best clinical outcomes.

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.

No. RCN Wales is disappointed that the National Framework does not explicitly recognise that holistic care must include in its definition the best health outcomes for people. In order to achieve the best health outcomes for people, the involvement of health professionals whether pharmacists, community nurses, or GPs, is integral to the delivery of care. A seamless health and social care service requires a whole cultural change, and the National Framework would be more inclusive – and so more conducive to such a change – if it recognised the contribution all services make to individuals’ wellbeing.

Consultation Questions- Chapter 2

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?

No. The Pay and Progression framework as laid out is a welcome start to the process of achieving parity of pay between the NHS and other employers. It is an important step to achieving this aspiration, which is necessary if we are to achieve integrated care and a health and social care service that is truly seamless.

However, we note that this framework does not explicitly reference the Agenda for Change framework. It is therefore extremely difficult to understand how the knowledge, skills and competences required by individuals currently working or being educated for the purposes of working in the NHS would transfer onto this scale.

RCN Wales understands the ambition of setting out a pay and progression framework that encompasses the entire social care workforce. A similar principle of equal pay for equal work underpins the Agenda for Change framework.

In order to achieve this aim, however, every profession working in social care needs to understand how they are included in the framework. This document makes no mention of registered nurses or of care workers who may be providing nursing care under the direction of a registered nurse.

Page 2 of the document titled “Proposals for a pay and progression framework for the social care workforce in Wales” sets out that the framework will be initially limited to “workers providing direct care”. Social workers are explicitly excluded from the initial stages, but registered nurses are not, and certainly provide “direct

care”. This suggests that from day one, employers who adopt this framework do so for both their registered nurse and their care worker staff.

If the intention is to include nurses in the framework, at present there is no clear place for them in it. The highest recommended qualification for the highest band in the framework is at Level 5. All registered nurses in Wales begin their careers with a bachelor’s degree, a Level 6 qualification, *at a minimum*. The banding therefore needs revision to explain where nursing will fit.

If on the other hand the intention is *not* to include nurses in this framework at all, it should explain how the principles of fair work will be supported for nurses working in social care – for example, with a separate pay and progression framework specific to nursing. On pay or on terms & conditions, there is currently no consistency between care homes, within the social care sector as a whole, or between providers and the NHS. This is putting strain on the recruitment and retention of nurses in the sector.

In either case, RCN Wales is of the view that this Pay and Progression Framework will have the opposite of the intended effect. Nurses deliver care as part of people’s social care packages, sometimes employed by NHS Wales, other times directly by social care providers. Far from simplifying matters, this framework will create new confusion and complexity unless it is explicitly and clearly mapped against the NHS Knowledge and Skills Framework and Agenda for Change pay bands.

RCN Wales emphasises the importance of pay parity between nurses in social care and those practicing at the same level in NHS Wales in any pay and progression framework for nurses in social care. We have long called for a commitment to offering nurses (and health care support workers) in social care the pay and benefits equal to that of the NHS.

RCN Wales queries the use of the word “senior” in the descriptor for proposed job band C. To whom is a senior social care worker senior? As mentioned above, all registered nurses begin their careers with a bachelor’s degree (level 6) at a minimum.

RCN Wales also queries the use of the word “professional” in job band D, “social care professional practitioner”. It is internally inconsistent, since the framework does nothing to explain in what sense a Band D worker is a “professional” that workers in lower bands are not. There is a risk of creating confusion here with other regulated roles. We are not necessarily averse to the use of the word “professional” in this context, but its use should be clearly explained and consistent so that it is understood by all.

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

The registered nurse role in social care is important and must not be marginalised in policy development. Two-thirds of the RCN membership work outside the hospital environment. One-third works outside the NHS. It should be recognised that registered nurses in public health roles, school nursing, community mental health, and older people's care work as much in prevention and maintaining of individuals' independence as in providing specific "treatment". Current social care policy has failed to recognise and articulate the powerful benefits of this role for the individuals' best outcomes.

The document should clearly explain how professions such as registered nurses are included (or not) within its scope.

Question 2.3 What may be the barriers to the framework achieving its ambitions?

The registered nurse role in social care is important and must not be marginalised in policy development. Two-thirds of the RCN membership work outside the hospital environment. One-third works outside the NHS. It should be recognised that registered nurses in public health roles, school nursing, community mental health, and older people's care work as much in prevention and maintaining of individuals' independence as in providing specific "treatment". Current social care policy has failed to recognise and articulate the powerful benefits of this role for the individuals' best outcomes.

The document should clearly explain how professions such as registered nurses are included (or not) within its scope.

Consultation Questions- Chapter 3

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

RCN Wales is deeply concerned by the absence of any information on how the National Office will have access to professional nursing advice. The National Office will need access to nursing advice for its functions.

Holistic care must include in its definition the best health outcomes for people. In order to achieve the best health outcomes for people, the involvement of health professionals whether pharmacists, community nurses, or GPs, is integral to the delivery of care. It should be recognised that registered nurses in public health roles, school nursing, community mental health, and older people's care work as much in prevention and maintaining of individuals' independence as in providing specific "treatment".

RCN Wales called for the Chief Nursing Officer to be named as a member of the advisory board of the National Office, mentioned in the January 2021 “Rebalancing Care and Support” white paper. While accountability to the Chief Social Care Officer is made clear in the document setting out the proposed function of the National Office, RCN Wales is concerned that neither the advisory board nor the Chief Nursing Officer are mentioned at all.

England has a Chief Nurse for Adult Social Care (see <https://www.gov.uk/government/news/chief-nurse-for-adult-social-care-to-provide-clinical-leadership-during-winter>) in addition to its Chief Nursing Officer. The role works closely with government ministers and the Chief Nursing Officer to ensure the provision of high quality joined-up care.

It will be a great shame if the Welsh government does not match the ambition of the UK government in this. In Wales, by contrast with England, all national nursing matters are NHS-focused. A Welsh government Chief Nurse for Social Care could help support the National Office and be a valuable resource for all policymaking affecting non-NHS nursing care. The Welsh government should consider creating an equivalent role.

As the National Office supports commissioning bodies both with the implementation of the National Framework and with improving quality and outcomes, it should also use the information it receives to maintain a national-level picture of service quality and outcomes. Its positioning within the Welsh government and the Wales-wide scope of its responsibilities make it naturally well suited for this role. To do this, in addition to supporting the Chief Social Care Officer, the National Office should also support the Chief Nursing Officer.

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

RCN Wales is deeply concerned by the absence of any information on how the National Office will have access to professional nursing advice. The National Office will need access to this advice for its functions.

Holistic care must include in its definition the best health outcomes for people. In order to achieve the best health outcomes for people, the involvement of health professionals whether pharmacists, community nurses, or GPs, is integral to the delivery of care. It should be recognised that registered nurses in public health roles, school nursing, community mental health, and older people’s care work as much in prevention and maintaining of individuals’ independence as in providing specific “treatment”.

RCN Wales called for the Chief Nursing Officer to be named as a member of the advisory board of the National Office, mentioned in the January 2021 “Rebalancing Care and Support” white paper. While accountability to the Chief Social Care

Officer is made clear in the document setting out the proposed function of the National Office, RCN Wales is concerned that neither the advisory board nor the Chief Nursing Officer, nor any other sources of professional nursing advice (such as RCN Wales) are mentioned at all. Services commissioned through the National Framework, the rollout of which the National Office is tasked with supporting, will include nursing services.

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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?

- As mentioned in the response to 3.1, the relationship with the Chief Nursing Officer should be clarified. RCN Wales called for the Chief Nursing Officer to be named as a member of the advisory board of the National Office, mentioned in the January 2021 “Rebalancing Care and Support” white paper. While accountability to the Chief Social Care Officer is made clear in the document setting out the proposed function of the National Office, RCN Wales is concerned that neither the advisory board nor the Chief Nursing Officer are mentioned at all.
- The profile of working in social care, as a nurse or in any other capacity, must be raised. RCN Wales strongly agrees that the National Office should work with Social Care Wales to do this. However, more also needs to be

done to articulate the role of nursing in care homes. Social Care Wales is named as “the” workforce regulator, but every nurse regulated by Social Care Wales is also regulated by the Nursing and Midwifery Council. In addition, over 29,500 nurses in Wales are members of RCN Wales – two-thirds of whom work in the community. The National Office should ensure it works in partnership with stakeholders beyond those sponsored by the Welsh government to achieve its aims.

- It is good that the National Office has executive accountability to the Director General of the Health and Social Services Group. Other than this, and an allusion on page 4 to the National Office “working in tandem with the NHS Wales executive”, the relationship with NHS Wales is not described. No relationship with the Chief Nursing Officer is mentioned. The relationship with NHS Wales, including advice from the Chief Nursing Officer, will be crucial to both sides in working to bring about services that are “integrated” and “seamless”, but this lack of detail makes it hard to comment in greater depth.

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?

- The National Office must work with organisations and national bodies representing nursing as well as social care to avoid duplications of work and, potentially, even duplications of roles and overlap of responsibilities. This should at a minimum include an explicit role for the Chief Nursing Officer in advising the National Office.

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?

- The National Office must work with organisations and national bodies representing nursing as well as social care to avoid duplications of work and, potentially, even duplications of roles and overlap of responsibilities. This should at a minimum include an explicit role for the Chief Nursing Officer in advising the National Office.

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.

- A national dataset is needed to improve information about the nursing workforce in residential care settings. In its positioning within the Welsh government and providing for a bird's eye view as described, the National Office will be well-placed to drive the development of such a dataset and ensure it can be used to support nursing education commissioning. Welsh Ministers should consider how the development of a clearer picture of the workforce could be supported and developed in partnership with the relevant public bodies, including RCN Wales. Learning from an immediate one-off project would inform the development of a sustainable, longer-term, evidence base to contribute to a better understanding of future workforce needs.
- Effective workforce planning is essential for services that can meet the needs of people in the future, and services that can flex to meet the needs of what matters to the individual. For this, though, accurate and current workforce data is essential. Returning the Social Care Wales annual workforce data collection should be mandatory for providers, and not something commissioners merely encourage (as under Standard 10 of the National Framework, paragraph 1.54). If this cannot be mandated by Social Care Wales, the National Office should, in its positioning within the Welsh government, explore ways to ensure the collection of this essential data. The wording of this paragraph should be changed from "should" to "must" and from "encourage" to "ensure".

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).

- Recognise the importance of providing social care in language people are most comfortable and emphasise the need to commission care in Welsh. There is a service gap in the availability of care and support through the medium of Welsh. In overseeing the National Framework for Care and Support and developing a National Care Service, the National Office needs to take this into account and recognise the Welsh language as a crucial factor in care provision. Older people, those with dementia and those experiencing the side effects of a stroke may find it difficult to speak in English if it's not their first language and prefer to speak in Welsh. It is important that Wales can provide this care.

- The Welsh-language service provision gap can be addressed in a number of ways:
 1. Provide opportunities for the workforce to receive education in Welsh. This will allow the workforce to gain the confidence to communicate with the individual and their family about the care they are providing.
 2. Commission bilingual education, both higher and further, to prepare for future demographic need.
 3. Market incentives. Ensure providers are aware that their ability to provide care in Welsh is a factor in the commissioning process.

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

Ensure people have access to the right care from the right professionals at the right time. Registered nurses and nursing teams deliver care in care homes and as part of Funded Nursing Care/Continuing Health Care in the community. They are crucial for ensuring people can receive care in their home and allow people to remain independent for longer.

Registered nurses promote people's independence through proactive, rehabilitative care. They help people improve their health and deliver high quality palliative and end of life care. A registered nurse's presence is essential for continuously monitoring and assessing people's health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, take action when a person's condition is deteriorating and avert hospital admissions. Simply having access to care from a registered nurse is a critical factor that can make admission to hospital unnecessary.

Consultation questions – Chapter 4

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?

no comments

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?

The duty on local authorities is clear. It is important that local authorities have the mechanisms to encourage innovation by the providers working in their region including small enterprises which on their own do not have the ability to compete

with larger organisations in term of tendering yet provide a valuable and respected community service.

Specialised care services in Wales are currently in high demand and there is a shortage of specialised professionals such as registered mental health nurses, learning disability nurses, and children's nurses to provide them. To avoid sudden changes in local capacity, therefore, regional partnership boards (RPBs) should ensure they maintain a broad picture of how their members' efforts to commission services affect the overall state of care and support provision in their region.

RCN Wales welcomes paragraph 79 which states that local authorities and health boards "must ensure that the population needs assessment report meaningfully informs integrated planning and delivery".

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?

No comments

Consultation Questions- Chapter 5

Question 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?

The duty on local authorities is clear. It is important that local authorities have the mechanisms to encourage innovation by the providers working in their region including small enterprises which on their own do not have the ability to compete with larger organisations in term of tendering yet provide a valuable and respected community service.

Specialised care services in Wales are currently in high demand and there is a shortage of specialised professionals such as registered mental health nurses, learning disability nurses, and children's nurses to provide them. To avoid sudden changes in local capacity, therefore, regional partnership boards (RPBs) should ensure they maintain a broad picture of how their members' efforts to commission services affect the overall state of care and support provision in their region.

Question 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?

- RCN Wales condemns in the strongest possible terms the continued absence of nursing representation on RPBs.

It is unacceptable that seven years into their existence RPBs *still* lack decision input from the nursing workforce actually delivering much of the care and support they plan.

RCN Wales has previously called for the membership of RPBs to include trade union representatives, professional bodies and importantly nurse directors. At the time, the government response to our suggestion was that the membership of RPBs had to be limited to ensure effective decision-making. However, the proposed inclusion of new statutory partners clearly shows this is no longer a priority.

RCN Wales believes the membership of RPBs must be expanded to include:

- Trade unions representatives and professional bodies.
- Nurse directors.
- Community nursing services

Omitting these stakeholders limits RPBs' engagement, limits their access to intelligence, and consequently limits what they can achieve. Expanding the membership to include them would strengthen RPBs significantly.

Nurse directors are accountable for all nursing care provided within their local health board area including nursing care in the social care sector. The role of the nurse director should be made explicitly clear, and they should be granted membership on the RPBs. This will ensure they have the power needed to ensure the quality of care commissioned in their local health board and fulfil their responsibilities.

Community nursing has no way to input into RPB decision-making as currently structured, despite being significantly involved in the delivery of services planned at RPB level. This is unacceptable. Page 9 of the Part 9 statutory guidance sets out the six models of care which the £144.7m Regional Integration Fund, administered by RPBs, exists to embed. Two of those six models are about community-based care. Combined with home-from-hospital services, at least half of the models of care will heavily involve community nursing. The Venn diagram on page 18 then sets out the components of an RPB and clearly shows community nursing entirely absent from the membership despite delivering the bulk of care. Although general practitioners will have a voice through the inclusion of primary care providers, community nursing is a separate service from primary care.

- RCN Wales welcomes the provisions around support for RPB members who represent carers and people with support needs. We also support the naming of individuals responsible for ensuring cooperation.
- RCN Wales strongly supports the proposal to require publication of RPB annual reports on partnership bodies' websites. We support the proposed requirement for RPBs to carry out self-assessments and publish the results

in their annual reports. In carrying out self-assessments, it is essential RPBs engage with the workforce to understand areas of best practice and inform planning priorities for the future. RCN Wales believes the annual reports should also include information on how each board has engaged with the workforce.

Question 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?

They may, but RCN Wales is concerned that the strengthening of Regional Partnership Boards (RPBs) will not improve their accountability or ability to fulfil their duties. RCN Wales strongly recommends the membership of RPBs is expanded to include trade union representatives, professional bodies and importantly nurse directors.

Consultation Questions- Chapter 6

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

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

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

To ensure effective accountability, the Local Authority Social Services Annual Reports should be shared with nurse directors in addition to Regional Partnership Boards. Nurse directors are accountable for all nursing care provided within their local health board area including nursing care in the social care sector. The role of the nurse director should be made explicitly clear, and they should be granted membership on the RPBs. This will ensure they have the power needed to ensure the quality of care commissioned in their local health board and fulfil their responsibilities.

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?

Consultation Questions- Chapter 7

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?

The integrated impact assessment fails to acknowledge the necessity of health services for the best possible outcomes.

Registered nurses promote people's independence through proactive, rehabilitative care. They help people improve their health and deliver high quality palliative and end of life care. A registered nurse's presence is essential for continuously monitoring and assessing people's health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, take action when a person's condition is deteriorating and avert hospital admissions. Simply having access to care from a registered nurse is a critical factor that can make admission to hospital unnecessary. The impact assessment should acknowledge that if the process of integrating care is successful, the positive impact on the individual people accessing that care will be great.

However, the integrated impact assessment *also* needs to acknowledge the challenges in the sector that need to be addressed. RCN Wales is disappointed that Integrated Impact Assessment fails to acknowledge the specific role of, and issues faced by, the registered nurse workforce.

Under Section 25A of the Nurse Staffing Levels (Wales) Act 2016, health boards have a duty to provide enough nurses to care for patients sensitively – including where that nursing care is commissioned from another provider.

Care home providers and RCN Wales members have reported an acute shortage of registered nurses in the care home sector. The majority of those working in social care will be working in care homes or mental health residential facilities. In 2018, there were 1,545 registered nursing staff employed by commissioned care providers in Wales. In 2019, this decreased to 1,438. In 2021, this decreased again to 1,119, with an additional 204 nurses employed by local authorities. In 2021, 319 registered nursing staff left the sector, and only 204 joined. This is a deficit of 115. To add to this, at the time of gathering data there were 129 'live' vacancies. The combination of vacancies and decrease in the number of registered nursing staff working in social care is concerning given the challenges the sector faces.

Recruitment and retention problems bring with them significant impacts. They include financial impacts where homes turn to agencies to cover vacant posts, which many care homes inevitably must do. In turn, the resulting financial pressures increase the fragility of the registered care market and can threaten the viability of independent providers. This can be seen in Wales where shortages and

other matters, such as fee levels, have led a small number of homes to withdraw from the nursing care market.

Unfortunately, nurses employed in social care are often at a competitive disadvantage to those in the NHS. This includes rates of pay, access to continuing professional development, supervision arrangements, and career pathways. There is considerable competition between NHS trusts and care providers for nursing staff.

As it is currently formulated, there is no reason to think that the actions proposed will have any impact on challenges to recruitment and retention of nurses in social care.

Consultation Questions- Chapter 8

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?

There is a recognition within the consultation that there is a service gap in the availability of care and support through the Welsh language, particularly in the provision of nursing care. The clear commitment to the “active offer” and providing care that meets people’s “language needs, leading to better outcomes, without having to ask for it” is excellent.

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.

- Recognise the importance of providing social care in language people are most comfortable and emphasise the need to commission care in Welsh. There is a service gap in the availability of care and support through the medium of Welsh. In overseeing the National Framework for Care and Support and developing a National Care Service, the National Office needs to take this into account and recognise the Welsh language as a crucial factor in care provision. Older people, those with dementia and those experiencing the side effects of a stroke may find it difficult to speak in

English if it's not their first language and prefer to speak in Welsh. It is important that Wales can provide this care.

- The National Office should ensure workforce statistics on the number of Welsh speakers within the health and social care sector are gathered. In order to confidently commission care in the medium of Welsh it is important to understand not only the percentage of Welsh speakers but also their level of confidence in speaking Welsh professionally. Information regarding care providers' ability to care for people in Welsh should be recorded. This should include the number of Welsh speakers the provider employs.
- The Welsh-language service provision gap can be addressed in a number of ways:
 1. Provide opportunities for the workforce to receive education in Welsh. This will allow the workforce to gain the confidence to communicate with the individual and their family about the care they are providing.
 2. Commission bilingual education both higher and further
 3. Market incentives. Ensure providers are aware that their ability to provide care in Welsh is a factor in the commissioning process

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:

RCN Wales is disappointed with the decision to seek responses to the entire programme in a single consultation. The volume of material covered is extensive and this approach indicates a lack of seriousness on the Welsh government's part in undertaking the consultation process. While RCN Wales acknowledges the cohesive nature of the actions proposed under the rebalancing programme, the magnitude of the undertaking makes it unnecessarily challenging for organisations to provide thorough and detailed responses – particularly where those organisations are smaller or need to consult their own membership in drafting their response.