

Consultation Response II – Delivering the New NHS for Wales

Blaenau Gwent Health and Social Care Network response

This Network feels, as in their response to the First Stage Consultation Document, that the general population and communities of Wales relate to the changes being considered at this 2nd Stage in terms of maintaining accessible services, availability of treatment, quality and improvement in services.

LHB Board Membership

The Network recognised that the Document's proposed management structures are key to delivering a further priority – localism; local influence on the decision making of new Local Health Board structures. It is felt that local influence should be used to inform and persuade in planning provision decisions in the geographic areas which have different profiles across the regions of Wales. Local services have developed in response to local need and the particular inadequacies in health and social care services, or poor value previously provided. These local services are also important in their contribution to community cohesion and the local economy.

Overwhelmingly this Network wants to ensure the voice of individual boroughs are heard in the determination of their health care and the recognition of their needs. However, to feed into a decreased number of health bodies with the wider geographic areas, which they are responsible for, requires greater responsibility by representatives of the larger area's collective needs, with excellent network intelligence feeding in and commitment by each person to their accountability to individuals, the bodies they represent, and communities. It is important that all members recognise that theirs is an important role in bringing to the table the collective and agreed views of each constituency they represent and are accountable to.

This Network considers that the existing borough structures maybe disadvantaged by limitations on their influence, in this case being one of five areas on the new Local Health Board (LHB) and with a smaller population who present significantly greater health inadequacies than other areas.

1. The Network considers it vital to the interests of all areas that representation is drawn from all boroughs with LHB members including in their brief accountability to specific geographic areas.

Furthermore, we see it as vital that Social Services continue to develop joint working practices and delivery with the new LHBs.

2. In addressing this we propose Local Government be represented by a Director of Social Services. With their own network, they can deliver collective proposals and a balanced

overview of each area's position and experience to the LHB. They should have voting rights.

This position should be additional to an elected member of one of the Local Authorities.

The Network considered the considerable difficulties of just one individual voluntary sector group representative speaking for the interests of all the sector. Furthermore, the old problem of organisations lacking enough resources to provide consistent attendance at meetings. For one single organisation being informed and equitable to maintain equal representation of a wide number of interests, being accountable and maintaining communications with the local and regional voluntary sector is likely to be unsupportable.

3. This Network proposes continued support for Voluntary Sector Networks in each of the current boroughs, facilitated by the Health and Social Care Facilitators. With their range of experience in the Health and Social Care Agenda in Wales and their own Regional Network their role may support collective representation, or representation by the CVC.

Some areas do not have universities and therefore representation of the academic institutions views may be disproportionate in some areas.

4. University Representative is not proposed within the LHB Board. This Network proposes the seat being moved to Professional Forum.

5. The IT Representative should not be proposed within the LHB Board. This Network proposes the seat being moved to Professional Forum.

6. A Trades Union Representative should be added to the Professional Forum.

7. It is understood that the CHC role is to be the subject of a further consultation document but this Network believes that it can contribute significantly to the LHB, in its role as a scrutiny and monitoring body. It is however vital that it retains independence.

Members said they failed to have confidence in processes where members of different committees and groups were selected though they were not actively participating in or representing any groups or communities; neither consulting with anyone or feeding-back information.

8. This Network proposes that the selection process clearly sets out requirements of proof of involvement and commitment to accountability for each member.

9. To enable a NHS which focuses not just on health care but support and provision from within the communities of Wales, this Network recommends LHBs having a greater number of Non-Officer Members.

Role of the Stakeholder Reference Group (SRG)

The proposed resource of the SRG appears to allow the diverse experience and expertise from informed and accountable community groups and citizens to feed-in to the considerations of the LHB. However concerns were raised about how much scope there would be for really hearing the local voice from just one body in each region. Would numerically equal representation be established? Will representation be proportionate to the total population in the current borough? Will selected members have region-wide expertise or experience additional to local knowledge?

This group should provide a voice for "on the ground" groups and may find itself unable to offer equity between its Third Sector membership, and elected council members, and statutory services such as the police.

Comment was made that the structure of the SRG for each area is too small to allow sufficient representation of communities across wide areas. The location of meetings will present barriers to access. Will out of pocket expenses be paid? Where will the administrative and communication support which will be needed for the efficiency of the SRG come from?

Members were concerned that representatives from disabled people or carers were not mentioned.

10. The Network proposes recognition of views of the non-statutory agencies in the SRG with reference to statutory agencies as required.

There were concerns about opportunities provided for interested parties to feed-in and a structure needs to be introduced, or incorporated in to Health and Social Care Network structures, to provide this opportunity.

Concerns that SRG will have no vote on the LHB were raised. Attaining power to vote will increase partnerships and co-operation between officers and non-statutory representatives.

11. SRG Chairs will have no real influence without voting rights. It is proposed this should be addressed.

12. We would suggest that Chairs are elected by a ballot of membership.

Members said they failed to have confidence in processes where members of different committees and groups were selected though they were not actively participating in or representing any groups or communities; neither consulting with anyone or feeding-back information.

13. This Network proposes that the selection process clearly sets out requirements of proof of involvement and commitment to accountability for each member.

Opinion was that the make up of the SRG clearly presents difficulties in ensuring it delivers for the Board's consideration, all factors which reflect the needs, priorities, local potential for service input and improvement, particularly from the voluntary sector and community, for 5 distinct geographic areas with different health profiles. It appears that the SRG will have the potential to provide such information but it is still not clear how the issues of ensuring localism are to be successfully addressed.

Communicating and engaging with the Third Sector is far more difficult than with any statutory partners. Even when using existing instruments such as Health and Social Networks.

14. It is suggested that the Welsh Assembly Government approve the appropriate funding to allocate support to the infrastructure for Third Sector support.

This Network would like clarification regarding the Young People's Representative; it is unclear whether the proposal refers to a young person taking on this role.

15. We feel this to be appropriate to an informed accountable person from the voluntary sector or statutory services to represent Young People provided they consult the constituent bodies contributing services.

Delivery of health and social care services that communities need

The Network was concerned that in the management of a larger area commissioning and procurement processes will overlook services developed for local need.

16. It was considered that Networks for Providers be supported through Workforce Development Boards or Health and Social Care Networks to inform the SRG.