QE 36
Ymchwiliad i Fil Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru)
Inquiry into the Health and Social Care (Quality and Engagement) (Wales) Bill
Ymateb gan Leonard Cheshire Cymru
Response from Leonard Cheshire Cymru

# Consultation on Health and Social Care (Quality and Engagement) Bill

## About Leonard Cheshire

We are Leonard Cheshire – supporting individuals to live, learn and work as independently as they choose, whatever their ability. Led by people with experience of disability, we are at the heart of local life – opening doors to opportunity, choice and support in communities around the globe.

Leonard Cheshire is one of the UK's largest voluntary sector providers of services for disabled people. We work in local communities to provide people with opportunity, choice and support. We have accommodation services – including supported living and registered care homes; and social, education and leisure services – including day support, community outreach services and respite support.

## Introduction

Leonard Cheshire is in favour of the intended objectives of the Health and Social Care (Quality and Engagement) Bill. The comments in this response are focused around the three main aims of the Health and Social Care Bill: the improvement of quality in health services, the introduction of a duty of candour, and the establishment of a Citizen Voice Body for Health and Social Care, Wales.

## Duties to secure quality in health services

The Bill is intended to unite the health and social services, ensuring improved accessibility to physical and mental needs within the home environment. The Bill is clear in its proposal to ensure increased consistency across the health and social care sector. In particular, the Bill refers to the need for Welsh Ministers and NHS bodies to consider the level of quality with an emphasis on improving outcomes.

Leonard Cheshire welcomes the intended improvement of quality of care within the social and health care sector. However, the Bill and its associated Explanatory Memorandum does not provide clarity on how this will be measured or policed in delivery.

Specifically, the introduction of annual reports does not include reference to benchmarks for quality, nor how an organisation would demonstrate an “improved outcome". To improve this, it would be useful to include a more comprehensive description of quality and how this contributes to overall efficiency to eradicate any confusion between the facets of duty of candour and duty of quality.

Nevertheless, Leonard Cheshire supports the inclusion of annual reports, as this will encourage accountability, transparency, and allow the public to remain informed on the developments and improvements in health and social care. As an organisation, we would hope that these annual reports would ensure national quality standards are upheld, and are not just an exercise in data capture. Leonard Cheshire praises the inclusion of stakeholders in the creation of a definition for "more than minimal" harm. In particular, it would be useful to have more information on how the Welsh Government will initiate this, with a focus on inclusion of all forms of disability in the discussion. In particular, we would welcome more information on how participants in the stakeholder discussions will be identified. We would recommend that participants are not limited to those within the proposed Citizen's Voice Body.

## Duty of candour

Leonard Cheshire supports the principle of a duty of candour on health and social service providers. However, we have a number of concerns about the practical implementation of this duty, detailed under the subheadings below:

- Preventative and Proactive
- Individual Voice and Control
- Accessible Information and Accountability

### *i) Preventative and Proactive*

Firstly, as highlighted in the Quadruple Aims in The Parliamentary Review of Health and Social Care in Wales[1], there needs to be an emphasis on proactive approaches to improvement of health and social care. Although the Bill is intended to address this, the duty of candour is a largely reactive procedure. As stated in the Review as Recommendation 3:

> *"There should now be rapid acceleration of action to develop, implement, and evaluate: seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care."*

Though the Bill emphasises the need for proactive strategy, it only provides for a reactive procedure of report taking. Leonard Cheshire believes this does not best support the individual to have adequate, active voice and control in the delivery of their care (as highlighted above by Recommendation 3).

The duty of candour process may improve transparency and allow individuals to make complaints in a more streamlined and legitimate format. However, we are not clear that this will have a preventative application in the initial timeframe.

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[1] The Parliamentary Review of Health and Social Care in Wales

Leonard Cheshire understands that logging complaints and their resolutions can provide effective guidelines for future instances. However, because care is tailored to individuals, and their individual situations, most care is past outcomes may not have a bearing on future complaints, and past solutions may not lend themselves to resolving future issues.

We recommend that the Committee seek to clarify how the Welsh Government intends to use these reports as a learning and improvement tool, both in how this data is expressed, and its function.

### *ii) Individual Voice and Control*

The appointment of a personal contact throughout the duty of candour procedure is a helpful and necessary addition to the process of complaints.

Guidance on the Bill could usefully clarify the regulatory requirements of this point of contact. Leonard Cheshire considers that the following information would be required:

- The minimum number of hours of contact the support figure is required to provide as part of the role;
- More detail on the specific role description of the point of contact – Leonard Cheshire recommends that this includes working collaboratively and proactively with the individual to resolve the issue;
- Information on the “support” that is being provided following the duty of candour process;
- The information the individual will receive on the solution proposed to resolve said issue;
- How the Welsh Government will ensure tangible and measurable consistency in points of contact on a case by case basis.

### *iii) Accessible information and accountability*

The annual report will provide a summary of the occasions when the duty of candour has been triggered throughout the year, and the resolutions or learning points associated with these complaints.

Leonard Cheshire recommends that the clarification should be provided on whether information regarding the outcomes of the duty of candour procedure will be shared with the original individual that first logged a complaint. This would allow an individual to see that their concerns have been taken seriously, and allow them to furnish the service provider with any constructive feedback on the delivery of said preventative action. This would allow for a cyclical process of prevention and proactive improvement of health and social care services.

Leonard Cheshire would welcome clarification on whether the office of the Information Commissioner has been consulted in the development of this element of the legislation.

Furthermore, we would encourage the Welsh Government to reflect upon concerns that were raised in the Measuring the Mountain Report (2019), regarding disclosure and accessibility of suitable information. 192 responses received through the Measuring the Mountain report data collection related directly to the importance of information sharing to prevent circumstances and quality of care deteriorating. 66% of these responses were negative in their experience of information accessibility for service users, and the following was concluded:

*“The timeliness and accessibility of information have been raised across the experiences and highlight the need for service providers to be more active in offering information and ensuring it is available in a variety of formats and from a variety of sources.”*

Consequently, it is crucial that the annual reports that are produced by service providers are acted upon by the Welsh Government to ensure proactive approaches to working.

The Bill does not make direct reference to how the annual reports will be used to improve quality of care, nor how this should be addressed. As highlighted in ‘Stepping up to the place’ – a collaboration between the Local Government Association (LGA), NHS Confederation, NHS Clinical Commissioners and Association of Directors of Adult Social Services (ADASS) -information is key to improved preventative measures and identifying service users at risk of decreased quality of care. We would recommend that the Committee seeks to clarify how it is envisaged that the information within reports will be used once they have been compiled- for example, whether the Welsh Government would be expected to respond to key themes arising from such reports, whether the key themes from reports would be collated into a single document to be laid before the Assembly, etc.

Leonard Cheshire would recommend that the Committee seeks to clarify a number of matters related to the annual reports and the opportunities this can provide for ensuring consistency nationwide. These are listed below:

- How many duty of candour reports could a service provider receive before action is taken to reassess whether there are adequate levels of care?
- How will service providers who fall below these standards will be held accountable?
- Will the duty of candour outlined in this Bill be tracked for progress against the current duty of candour for social care?
- How this will develop the current duty of candour required of social care as part of the Care Standards Act 2000?
- To what extent will this give individuals enhanced voice and control in their health and social care, through accountability and information sharing?

## Citizen’s Voice Body

Leonard Cheshire supports the establishment of a Citizen’s Voice Body in principle, provided it has the appropriate authority and voice to instigate change. The legal framework that binds CHCs only allows them to monitor health services rather than health and social services. Therefore, to integrate health and social care, the Citizens’ Voice Body can offer a dual approach to services in Wales.

However, we also have a number of associated concerns, detailed under the subheadings below:

- Recruitment and Inclusion
- Roles and Responsibilities
- Consistency

### *i) Recruitment and Inclusion*

Leonard Cheshire is concerned that there is currently a lack of clarity on how citizens themselves will be recruited onto the Citizen Body and how many citizens there will be. Leonard Cheshire believes that consideration should be given to including specific legislative principles that would underpin the recruitment process to enable a wide diversity of citizens (including a range of people with learning, physical and mental disabilities).

As of yet, there has been no mention on how the Welsh Government will assure that a range of disabilities are represented in the initial Citizen’s Voice Body. As an organisation, we understand that the new Vice Chair role for NHS Trusts will widen the application pool, yet there is still yet to be evidence of inclusive recruitment processes.

To ensure that the Citizen’s Voice Body tangibly represents the voice of the community and general population, Leonard Cheshire recommends that the Citizen’s Voice Body inclusively represents a breadth of disabilities. In particular, the Citizen’s Voice Body should:

- Be informed through engagement with individuals, community groups and organisations who receive and deliver social and health care services in a meaningful capacity.
- Be informed through methods of engagement that are inclusive of disabled people. This will enable the voice of all groups of service users to be heard, including vulnerable individuals, young and old (online surveys and online data collection may not suffice in gaining views of older generations).
- Be facilitated through a volunteer recruitment process that is not too lengthy, so as to not discourage people from applying.

- Be facilitated through payments being made to volunteers to recompense them for their time and expenses (not doing so will inevitably shrinks the available pool of potential applicants to those who have the time, and financial situation, to take part)
- Be supported such that all materials required to apply to be on the body, or in a voluntary capacity, are available in an accessible format (such as easy read).

Additionally, the Bill's Explanatory Memorandum states that the Citizen's Voice Body will not represent children and young people, as they are already being represented elsewhere. This potentially could be detrimental to the purpose of the Citizen's Voice Body; to enable citizens to have a voice in their individual communities. In the Measuring the Mountain Report, parents of young people and children claimed that there is not enough support for them to make complaints in health and social care. Though the Bill's Explanatory Memorandum states that this decision is to prevent duplicating other services in Wales, it may be important to reflect on this. Leonard Cheshire would recommend that consideration should be given to requiring the Citizen's Voice Body to include:

- Parents and carers of children and young people; and
- Organisations representing the interests of children and young people.

Leonard Cheshire would also welcome clarity on the role of the Citizen's Voice Body in terms of how it will present the views of the public to the Welsh Government. Specifically, the formats these views will be represented in, and whether there will be a duty upon the Welsh Government to set out the actions that it has taken in response to receiving such information. This is arguably the primary role of the Citizen's Voice Body, and therefore this should be elaborated on in the Bill.

### *ii) Roles and Responsibilities*

The Bill suggests that the current CHCs will be abolished in favour of a nationwide Citizen's Voice Body. This would mean that the local nature of the CHCs would be replaced by a body that represents all of Wales. Across a range of engagement exercises, a range of disabled people have highlighted the importance of the new body both having influence, and listening to and engaging with their views.

The Bill does not currently detail how or whether the new Citizen's Voice Body will have influence and power in the delivery of services. Currently, this is unclear. It is crucial to demonstrate this, so that people feel they will be heard if they contribute, and that change will occur as a result.

### *iii) Consistency*

Leonard Cheshire is concerned that members of the Citizen’s Voice Body will not have the power to visit service providers, unannounced or otherwise.

Members of CHCs are currently able to carry out unscheduled visits to ensure standardised and consistent quality of care.

Leonard Cheshire would advise that either:

- the Welsh Government should explain which other body will take over this role; or
- reinstate this power as part of the Citizen’s Voice Body.

It is of great importance that the body is able to visit premises, otherwise quality healthcare standards will be difficult to uphold. The use of unannounced visits also represents proactive working, as it allows standards to be measured before the duty of candour needs to be triggered. Therefore, it would be preventative and proactive in its monitoring of health and social care, and allow the Citizen’s Voice Body to act swiftly to pick up early warning signs of inconsistent care.