

HSP7 Care & Repair Cymru

Senedd Cymru | Welsh Parliament

Y Pwyllgor Iechyd a Gofal Cymdeithasol | Health and Social Care Committee

Bil Caffael y Gwasanaeth Iechyd (Cymru) | Health Service Procurement (Wales) Bill

Ymateb gan Care & Repair Cymru | Evidence from Care & Repair Cymru

General principles of the Bill

What are your views on the general principles of the Health Service Procurement (Wales) Bill?

1. Care & Repair Cymru is Wales' Older People's Housing Champion. Our aim is to ensure that all older people in Wales can live independently in safe, warm, accessible homes. We are the national body for Care & Repair in Wales, representing 13 independent agencies operating in every county offering a wide range of home improvement services, tailored to client's needs and local circumstances.
2. Our Hospital to a Healthier Home (H2HH) service currently is currently funded locally in five Local Health Boards, having received national Welsh Government funding between April 2019 – March 2022.
3. The H2HH service helps speed up safe hospital discharge for older patients who are clinically optimised by cannot go home due to a housing or environmental issue. Since 2019, the service has:
 - a. Received over 16,000 referrals, directly helping over 12,500 patients leave hospital more quickly and safely.
 - b. Completed over 21,000 adaptations and home improvements to a value of over £4.8million to improve the health, safety and warmth of patients' homes. Capital money to complete these works is resource Care & Repair brings to the service.
 - c. Saved the Welsh NHS over 77,000 bed days.
 - d. Completed over 9,000 Healthy Homes Checks, taken from a standard assessment framework and completed by our specialist Hospital to a Healthier Home trusted-assessor qualification caseworkers.
 - e. Put over £5.2m annually back in the pockets of Welsh patients via our income maximisation work.

We have concerns over the way that services such as Hospital to a Healthier Home are procured in Wales. From our experience working with five different health boards across Wales, we have experienced five different ways of working. This includes varying degrees of transparency, communication and timely decision making from within health boards across Wales. We have found it extremely difficult to communicate with health boards, despite the service being something they were already receiving and paying for. This includes difficulty about acknowledging the service health boards themselves have commissioned, having discussions about service development, reporting, and the continuation of the service. At present, we have had funding confirmed in three out of the five health boards – with two of those health boards confirming the continued funding of the service only this week (week commencing 13th March). Clearly, there are issues with consistency in communicating with partners across health boards. We are providing a service yet not viewed as equal partners, despite in our case, H2HH caseworkers being present in hospitals and a valued member of multi-disciplinary teams, working with hospital staff on a daily basis delivering a solution to a problem. Our concern is that increased flexibility will lead to increased variance across Wales, that will result in uneven service provision across Wales for services, late decision making, and allow for lack of accountability in communication and procurement processes.

Is there a need for legislation to deliver the Welsh Government's stated policy intention?

Don't know

Legislation could potentially delay much needed changes to transparency, communication and process within health boards. Giving the benefit of the doubt, we could put down difficulties we have had in engagement to capacity, resourcing issues and pressures from the LHB side, in which case we wonder how legislation will help improve these challenges. A line in legislation about improved collaboration with third sector organisations would be welcomed, but is in theory something health boards should already be doing. We also would raise questions about how long legislation would take to embed and how it would be measured, especially when these issues are live and a huge challenges for services procured by NHS today.

Regulation making powers

What are your views on the 'disapplication' regulation-making power in section 2 of the Bill?

NA

What are your views on the 'creation' regulation-making power in section 3 of the Bill?

NA

Implementation and impact of the Bill

Are there any potential barriers to the implementation of the Bill's provisions? If so, what are they, and are they adequately taken into account in the Bill and the accompanying Explanatory Memorandum and Regulatory Impact Assessment?

Although we welcome the principles of the Bill around competition, continuation of contracting arrangements etc, from our experience of already delivering a service which is not delivered by any other third sector and does not have cross over with LA provisions, and one where each year the intention has been set out by LHB to make a decision earlier in the year (e.g. BCUHB informed us in Feb 2022 they expected to make a decision on the service by September 2022 from financial year 2023/24, and it is now March 2023 and we still do not have confirmation of funding for in a couple of weeks' time) we anticipate in practice these elements of the Bill will be inhibited by capacity and resource issues.

Are any unintended consequences likely to arise from the Bill?

NA

What are your views on the Welsh Government's assessment of the financial and other impacts of the Bill as set out in Part 2 of the Explanatory Memorandum?

NA

Development of the policy and legislative proposals

What are your views on the approach taken by the Welsh Government to develop the policy and legislative proposals reflected in the Bill?

Stakeholder engagement sessions with the third sector to explain key points of the bill and potential impacts would be helpful.

Any other issues

Are there any other issues that you would like to raise about the Bill, the accompanying Explanatory Memorandum and Regulatory Impact Assessment, or any related matters?

Reiterate our very varied experience across LHBs in terms of engagement, transparency, timeliness, decision making, communication. It has been incredibly difficult and inconsistent in some areas to have any conversation at all with strategic and financial

decision makers - and that is for us as an organisation - having a SLA agreement and existing relationship of years with these LHBs already. This has huge ramifications for our staff retention (especially when relationship building, trust and experience are key to delivering our experience), our ability to plan our service, and difficult decisions to make about potentially winding down services (only for then the decision to be made to keep the service) or to take the financial risk to not serve notice to our staff and continue to fully deliver and fund the service ourselves whilst we wait for late decision making. Going forward, it is essential that any changes to procurement involve a cultural and behavioural shift within LHBs around communication, transparency and early decision making.