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Welsh Government

Consultation – summary of response

Draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024

This consultation covered: Draft regulations to strengthen regional partnership arrangements in health and social care

October 2024

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh

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Overview

This document provides a summary of the responses received by the Welsh Government to our consultation:

- Draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024.

The consultation was published on 16 April 2024 and closed on 19 July 2024. It received 24 responses from a range of stakeholders and interested parties.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

Contact details

For further information:

Partnership and Integration
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

Email: PartnershipandIntegration@gov.wales

Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: <https://www.gov.wales/draft-partnership-arrangements-miscellaneous-amendments-wales-regulations-2024>

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Section 1

Introduction

This consultation sought views on a draft set of regulations, The Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024. These will amend the following three sets of Regulations:

- [The Partnership Arrangements \(Wales\) Regulations 2015](#)
- [The Care and Support \(Area Planning\) \(Wales\) Regulations 2017](#)
- [The Partnership Arrangements \(Amendment\) and Regulated Services \(Market Stability Reports\) \(Wales\) Regulations 2021](#)

The aim of these amendments is to clarify and strengthen regional partnership arrangements under Part 9 of the Social Services and Well-being (Wales) Act 2014 ('the act'), and particularly the role and functions of the Regional Partnership Boards (RPBs).

Strengthening regional partnerships is a key element of the Welsh Government's Rebalancing Care and Support Programme.

This consultation followed our earlier consultation in 2023 on various elements of the Rebalancing Care and Support Programme. The results of this consultation can be found on our [rebalancing care and support consultation outcome page here](#). The 2023 consultation included proposals to amend the above Regulations, as well as an updated draft of the Part 9 Statutory Guidance on Partnership Arrangements. After considering the consultation responses, we drew up a draft of the Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024, and published these for consultation from 16 April to 19 July 2024.

The consultation, audience and engagement

This consultation was a technical consultation on a draft set of Regulations. The primary audience was the seven Regional Partnership Boards (RPBs), the statutory partnership bodies (local authorities and Local Health Boards), and other organisations and individuals involved with the regional partnerships and represented (or proposed to be represented) on the RPBs. These included care and support providers (from across the private and third sectors, primary care and housing associations), third sector organisations including those representing people who need care and support and unpaid carers, other statutory organisations such as the Wales Ambulance Service Trust, and organisations representing the health and social care workforce (trade unions and professional bodies). The consultation was also of interest to other statutory bodies such as the Children's Commissioner for Wales, the Equality and Human Rights Commission, and Llais.

The consultation was launched on 16 April 2024 and ran for twelve weeks until 19 July 2024. The consultation document was published on the Welsh Government's website, together with the draft Regulations.

As this was a technical consultation on a draft set of Regulations, following on from the earlier and more wide-ranging consultation, it was decided to hold only one consultation event focused specifically on a new proposal to include a representative of the health and social care workforce on RPBs. This consultation event was held on-line on 27 June 2024 and brought together representatives from the RPBs (chairs and regional leads) and from relevant trade unions.

Section 2

Responses to the consultation

There were 24 responses to the consultation. There were responses from each of the seven RPBs; two individual local authorities (Gwynedd and Conwy); three trade unions / professional bodies (Unison Cymru Wales, GMB Wales and South West, and the Royal College of Nursing (RCN) Wales); two provider bodies – one private sector (Care Forum Wales) and one third sector (Community Housing Cymru); two voluntary organisations (Wales Council for Voluntary Action (WCVA) and Age Cymru); the Welsh Local Government Association (WLGA) and the Welsh NHS Confederation; the Children’s Commissioner for Wales, Future Generations Commissioner, and the Equality and Human Rights Commission (EHRC); Llais (the citizen voice body); and two responses from individuals.

Although this was a consultation specifically on the draft Regulations, all of the responses also raised broader issues relating to regional partnership working and the development of more integrated health and social care services. In many cases these comments reiterated points raised in the 2023 consultation. These included comments on the draft Part 9 Statutory Guidance on Partnership Arrangements, which formed part of that consultation.

This consultation report summarises the range of comments received, including those which relate to the Part 9 Statutory Guidance and wider issues as well as those specifically on the draft Regulations.

Summary of responses received

Question 1: What are your views on the draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024? Are the provisions clear and designed so as to facilitate the intentions set out in this consultation document?

In general, the responses indicated that the provisions and the Welsh Government's intentions were clear, but there were differences of opinion as to whether all of the amendments were necessary or desirable, and on how they would work in practice.

Objectives of RPBs

Regulation 4 of the draft Regulations (amending Regulation 10 of the 2015 Regulations)

The new objective of requiring RPBs to ensure that the partnership bodies were responding to the market stability reports was supported. The RPBs regarded this as positive and a reflection of what was already happening in practice. The WCVA, however, suggested including specific references to working with the social value sector.

There was also acceptance of the objective to work with Llais to promote the involvement of people who need care and support, and carers, in the work of the partnership arrangements. RPBs reported that they have already developed positive links, and could see the added value and potential to improve the participation of citizens in the design and delivery of services. Llais welcomed the objective as helping them to play a meaningful part in discussions and ensuring that the citizen voice is heard at earlier stages. Two suggestions were made for strengthening the objective: the EHRC suggested making sure that this involvement included people with protected characteristics under the Equality Act; and the WCVA suggested adding consulting and working with voluntary sector organisations at local and regional level, recognising other voices representing the voluntary sector.

The new objective of promoting the development of integrated health and social services arrangements was supported by the RPBs (with one exception), but all expressed concern about how this was interpreted in the Statutory Guidance. The RPBs expressed concern about embedding the six models of integrated care in the guidance, and the WLGA also cautioned against being over-prescriptive in terms of models of care. Two RPBs and the NHS Confederation welcomed the new definition of integration in the guidance, although one thought it too academic.

There were strong objections from the RPBs to the new objective to give due regard to a local authority's duty under section 16 of the Act to promote social enterprises, co-operatives, user-led services and the third sector when responding to market stability reports and implementing the area plans. The grounds for this were not the rebalancing intention, but the claim that it would be inappropriate for RPBs to scrutinise a statutory partner's statutory duties. The NHS Confederation raised a related query about any governance implications for public sector bodies not currently bound by this duty. Unison Cymru Wales expressed its opposition to any form of social care provision that was not directly provided by local authorities.

The same objection was raised by RPBs to the new objective to monitor how local authorities exercise their duty under section 12 of the Children and Families (Wales) Measure 2010 in relation to the exercise of the partnership arrangements (and the addition of section 12 to the list of local authority functions to be exercised in partnership in Schedule 1 of the 2015 Regulations). Again, it was claimed that it would not be appropriate for RPBs to monitor delivery of any of the statutory partners' duties; moreover, that it could undermine relationships between the RPB and local authorities within the partnership.

“The role of the RPB is to facilitate integration for the benefit of defined population cohorts, promote integration principles and facilitate integrated planning and delivery. It does not and should not be the vehicle for holding individual partners to account for the delivery of their individual statutory duties.” (An RPB response)

The new objective in relation to section 12 of the Children and Families Measure was, however, supported by the Children's Commissioner for Wales.

Membership of RPBs

Regulation 4 of the draft Regulations (amending Regulation 11 of the 2015 Regulations)

The RPBs supported adding the Welsh Ambulance Services University NHS Trust and a representative from the County Voluntary Councils as RPB members. In most regions they are already board members. A couple of RPBs raised concerns about adding a representative of primary care providers – e.g. how RPBs would choose these representatives, and how they might represent all aspects of primary care. There was also concern about the overall size of RPBs, and a suggestion that RPBs should have flexibility as to how and where these additional representatives may be involved in the work of the regional partnership. One RPB mentioned the additional administration overheads of adding new members.

The consultation responses welcomed the requirement to invite Llais to have independent observer status.

There was a mixed response to the addition of a member to represent the interests of health and social care workers, with a marked divide between trade unions / professional bodies and others (EHRC and Community Housing Cymru), who supported it, and the RPBs, which did not. The WLGA supported it in principle, but was mindful of how it would work in practice. WLGA suggested building in greater flexibility for regional discretion in membership arrangements, enabling the listed RPB members to be engaged through sub-groups or other mechanisms, rather than having to be involved in every meeting of the board.

The objections from RPBs were varied, and included the appropriateness of such representation on the board (given existing arrangements between employers and workforce representatives), the difficulties of representing such a diverse workforce, and the past experience of one RPB which had co-opted a trade union representative in the past. It was suggested that it would be more appropriate for workforce representatives to be involved at other layers of the partnership rather than on the RPB. By contrast, the trade unions were strongly supportive of this move, arguing that workers' voices need to be heard at the earliest possible stage in

strategic planning including at RPB level where strategic decisions are made. The responses from the EHRC and Community Housing Cymru cautioned against the assumption that trade unions would be the single appropriate route, as a large number of workers are unrepresented by them. The EHRC drew attention to its 2022 report 'Experiences from health and social care: the treatment of lower-paid ethnic minority workers', which highlighted low-unionisation among this segment of the workforce.

As well as advocating for trade union representation, the RCN suggested that each RPB should also include the health board's Executive Director of Nursing. It also suggested that RPBs should be required to report to the Social Partnership Council, perhaps through annual reports.

These mixed views reflected the discussion at the consultation meeting on this issue, which was held on 27 June and was attended by six RPBs, the WGLA and one trade union (Unison).

Some responses suggested additional membership to that set out in the draft Regulations. The EHRC recommended that representatives with expertise in equality and human rights be invited to observe meetings where the agenda would benefit from this. It also recommended that a diverse membership that covers the needs of all citizens including those groups with protected characteristics under the Equality Act. The Future Generations Commissioner suggested that each RPB should have at least one member from each Public Services Board in the region, to help ensure better integration between the work of RPBs and PSBs. The Commissioner also suggested that the Regulations should require RPBs to publish their membership. Community Housing Cymru suggested that there should be a stronger care provider voice, as the sector is very diverse and not all providers will be involved with the County Voluntary Councils or Care Forum Wales (which acts as the provider representative member on the majority of the RPBs).

Responsible persons

Regulation 11 of the draft Regulations (adding Regulation 11A to the 2015 Regulations)

The NHS Confederation supported the new draft Regulation that each of the partnership bodies must appoint a responsible person to facilitate the partnership arrangements and promote co-operation, although it did suggest that further clarification was needed on what was meant by facilitation and promotion in this context. The overall RPB response was not so clear cut, with three RPBs explicitly supporting this provision but two others expressing concerns about the implications for governance and accountability – e.g. health boards being integrated boards with all members exercising joint accountability (an issue that was also raised in a number of responses to the 2023 consultation).

The WGLA also pointed out that LHBs do not have a defined Executive Officer in the same way as social services, and that as accountability is shared across their boards identifying a single individual would be challenging. It was suggested that it would be helpful to set out, or give examples, in the guidance of the type of action that could be taken if the responsible person or organisation were not ensuring co-operation.

Administrative functions of RPBs

Regulation 6 of the draft Regulations (adding Regulation 11B to the 2015 Regulations)

The RPBs and the Welsh NHS Confederation supported the new provisions around recruitment and support for RPB members. The Children's Commissioner particularly welcomed the new requirements around publicity as leading to more transparency and availability of information about RPB roles. The EHRC recommended that the Regulations and guidance encourage RPBs to use the positive action provisions in the Equality Act 2010 to increase diversity on RPBs.

Self-assessment

Regulation 6 of the draft Regulations (adding Regulation 11C to the 2015 Regulations)

The RPBs supported the requirement to undertake a biennial self-assessment as set out in the draft Regulations. The responses also commented on the nature of these assessments and how they are undertaken, with RPBs expressing a preference for a broad and flexible framework, not tightly defined or monitored. By contrast, the RCN suggested that an independent external organisation should regularly assess RPBs' performance, and the findings made publicly available. The Welsh NHS Confederation suggested it would be useful to consider effectiveness from a range of different perspectives, including regular objective external scrutiny.

The EHRC suggested that the self-assessment tool should consider how to promote equality, eliminate discrimination and foster good relations in line with the public sector equality duty.

Annual reports

Regulation 7 of the draft Regulations (amending Regulation 12 of the 2015 Regulations)

The RPBs supported the list of what RPB annual reports must contain, and the Children's Commissioner particularly welcomed the inclusion of an account of how boards have engaged with children and young people, as well as the duty to publish the reports on-line. The EHRC also welcomed the inclusion of engagement with citizens and the focus on securing better outcomes for people, but suggested that the annual reports should also detail engagement with those with protected characteristics under the Equality Act and how this has informed the RPB's work. Unison mentioned the need for RPBs additionally to report on how they have engaged with care workers.

Annual delivery plans and annual reviews

Regulation 9 of the draft Regulations (amending Regulations 7 of the Area Planning Regulations)

Four of the RPBs supported the requirement to produce an annual delivery plan to support implementation of the area plan, and to undertake an annual review, pointing out that they are already doing this. One RPB did not support this, on the grounds that it increased the burden of reporting. The Welsh NHS Confederation also supported these proposals, and suggested that it would be advantageous to have guidance, like the NHS Annual Planning Framework, setting out WG's specific

expectations and priorities for rebalancing care for the year ahead, to inform the annual delivery plans.

The Future Generations Commissioner suggested that the annual delivery plans should take account of and align with the PSB well-being plans to ensure a better focus on population health and to integrate RPB and PSB working.

The EHRC noted that equality should be core element of population needs assessments, providing relevant evidence for joint area plans and annual delivery plans.

Market stability reports

Regulation 10 (amending Regulation 4 of the Market Stability Reports Regulations)

Amending the submission dates for market stability reports was supported by the RPBs in their responses.

Other comments

A number of responses highlighted the importance of translating the Regulations into practice, and the importance of leadership and developing a culture of partnership to achieve this. They also mentioned the need for flexibility within the partnerships' governance and structure, as well as local determination and flexibility to respond to local population need.

There were calls for additional clarity or strengthening in certain areas, particularly around engagement with different sectors – for example, explicitly including engagement with care providers and the voluntary sector in the Regulations, and obliging RPBs to establish mechanisms for regular consultation and communication with the public and other interested parties.

The ECHR suggested that the Regulations should require RPBs to meet the aims of the public sector equality duty, and set out clearly how they will meet the aims of the equality duty.

Other issues raised included the remuneration of members and independent observers, arrangements for setting up and managing pooled funds, and how data is shared and used across partner organisations.

Question 2: What are your views on the likely impact of the draft Regulations on particular organisations or sectors within the health and social care field? Are there any specific areas where you feel there will be a positive or negative impact upon particular sectors or organisations? What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Although this question was phrased in terms of the impact of the draft Regulations, the responses understandably raised wider concerns about the overall impact of the regional elements of the Rebalancing Care and Support Programme, which include the Part 9 Statutory Guidance. There was some overlap with the responses to Question 6, which asked about other issues that the consultation did not specifically address.

Several responses commented on the potential impact on the third sector. WCVA expressed concern about the viability of the voluntary sector, particularly smaller organisations, against a backdrop of contract cuts, lower charitable giving, and increased staff and energy costs, and suggested that the Regulations should specifically include a reference to the value of and expected engagement with the voluntary sector. Referring to the new objective around the section 16 duty, Conwy County Council noted that reductions in core funding, and the short-term nature of much third sector grant funding, means that local authorities cannot always commission in the most effective way. Age Cymru also noted that joint planning arrangements will need to consider the precarious position of many third sector organisations and how this will be monitored; and asked for further detail on plans for how the third sector's knowledge and experience can be part of this conversation. Llais raised the issue of partnership working with the third sector, reporting how many third sector organisations feel that their relationships with public sector bodies can be one-way or 'extractive', and noting that RPBs must be mindful how they will resource partnership working or provide reciprocal benefits for those who engage with them.

Care Forum Wales stressed the need for a balanced market that recognises the value of regulated care services and its workforce, and how this underpins the health system. They reported that care provider representatives on RPBs are often not as involved as the third sector on RPB leadership groups and other sub-groups.

The potential positive impact of including the voice of health and social care workers on RPBs was highlighted in the responses from Unison Cymru Wales and the GMB Wales and South West. Unison stated that 'many care providers are actively hostile to trade union recognition' and suggested that unions could help monitor new standards in social care and drive up service quality. The GMB also suggested that union insight could give an on-the-ground perspective of the impact of the RPB's decisions.

Gwent RPB and Gwynedd County Council listed increased administrative requirements and reporting as potential implementation challenges. Gwent suggested that the CVCs have limited capacity for RPB engagement due to a lack of resources. Reporting processes need to recognise that effective change takes time, and must allow for qualitative as well as quantitative feedback. Gwynedd expressed concern that investment in administrative functions (reporting, self-assessment) would take away from investment in the front line. The Welsh NHS Confederation also stated that it was not clear whether implementation could be accommodated within existing resources or would require additional funding. Age Cymru stressed the importance of resourcing the additional reporting requirements, noting that data collection, information sharing, and communication has been a recurring issue in Age Concern Cymru's 'Why are we still waiting' reports.

Community Housing Cymru thought the consultation proposals were a starting point to remedying current challenges, but stressed that sharing best practice and improving consistency across RPBs will be crucial to translating this into actions for improvement. Similarly, Conwy County Borough Council that the impact of the proposals should be positive, but will depend on the implementation plan.

The Welsh NHS Confederation saw potential positive impacts as increased representation and influence, citizen involvement, consistency of reporting, and

improved collaboration. Overall the Confederation thought that the Regulations would impact positively on organisations or sectors within health and social care, although they suggested some improvements – for example, with regard to data collection and sharing. However, the Confederation saw a missed opportunity in that the Regulations did not acknowledge the barriers to effective integrated planning, service delivery and partnership working – for example, different governance arrangements, constraints on use of funding, misalignment of priorities. They questioned whether the changes, on their own, will strengthen effective partnership working or help maximise opportunities, and suggested that the Regulations should identify opportunities to remove or reduce barriers. The Confederation also suggested that current arrangements for pooled budgets do not adequately support integrated planning and delivery, and called for consideration of a different approach. It would be helpful if the Regulations addressed constraints that prevent the development of alternative financial models.

Question 3: What are your views on the likely impact of the draft Regulations on particular groups of people, particularly those with protected characteristics under the Equality Act 2010? Are there any specific areas where you feel there will be a positive or negative impact upon specific groups? What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

There EHRC, Children’s Commissioner for Wales and the RCN Wales expressed disappointment that the Welsh Government had not published its impact assessments alongside the consultation document. The ECHR suggested that the consultation document did not adequately embody equality and human rights, and RCN Wales expressed disappointment that none of the Regulations contain any proposals to improve representation from various groups.

Age Cymru noted that intersectionality of protected characteristics means that the changes are likely to have a higher impact on older people, and listed some of the issues this gave rise to, including the needs of older LGBTQ+ people, the cost of living with ill health and how age-related benefits can be maximised, transport options for access to service, the growing level of need among unpaid carers, how better integrated services would reduce hospital discharge pressures, how life quality for disabled people could be improved, and how pressures on female carers could be reduced.

The trade unions reflected on how adding representatives of the health and social care workforce to the membership of RPBs might help drive change in workplaces and wider. Unison Cymru Wales highlighted the EHRC’s 2022 report on the experiences of lower-paid ethnic minority workers, and the need to link with the Welsh Government’s Race Equality Action Plan. GMB Wales and South West expressed deep concern about increasing reports of exploitation of international workers in care and called for better enforcement – flagging up abusive practices could be one positive impact of having worker voice on RPBs.

Llais suggested that the increased focus on citizen voice and co-production would have positive impact on protected characteristics, although RPBs will need to make extra efforts to meaningfully engage with seldom-heard or under-represented communities. Also, the new administrative requirements will have positive impact on

Board diversity, especially in relation to those with lived experience. Gwent RPB also suggested that there could be increased representation from groups with protected characteristics, while noting that this will need time and effort to achieve.

The WLGA suggested that the extension of membership should help ensure that people with protected characteristics are able to engage with and influence RPBs, albeit mindful of the overall size of the boards and how to find individuals who can represent different perspectives.

The Welsh NHS Confederation also felt that extending the membership had the potential to be positive, and that the arrangements to include and monitor the participation of children and young people is a positive way forward. Whilst welcoming the potential of the Regulations in making RPBs more visible to the public, the Confederation suggested that a requirement for a communication and engagement plan covering national and local activity would enhance this. It also suggested having a section in the annual reports setting out activity in relation to the promotion of equality.

Care Forum Wales noted that no RPB has in place a mechanism for engaging with residents in care homes to get their views and experiences when drawing up their population needs assessment, and suggested that the lack of reference to regulated care services in the 2015 Regulations reinforced the feeling that the people using them are somehow less important.

Question 4: We would like to know your views on the effects that the draft Regulations presented within this 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 were twelve responses to this question. Of the three RPBs that responded, two said that all their partners have an understanding of their requirement with regards to the Welsh language, and the third stated that compliance will depend on the availability of Welsh speakers in the health and social care workforce. Also noted was the need to take other language needs into account.

The WLGA noted that, if we achieve the ambitions of driving forward an integrated community care system and improving administrative arrangements, then this would have a positive effect on the Welsh language, leading to better planning, design and delivery of services to support language needs without having to ask for it.

The Welsh NHS Confederation also noted that strengthening commissioning arrangements could have a positive impact on the Welsh language, although it was unclear how the Regulations would lead to addressing the significant gaps in the availability of Welsh speaking workforce. It made three suggestions: that RPB membership should include a percentage of Welsh speakers to reflect the Welsh-speaking population of each area; that RPB members should undertake Welsh language awareness training; and that RPB membership should include a specific Welsh language advocate role.

By contrast, Care Forum Wales said that the Regulations would have no particular impact on the Welsh language. However, Conwy County Council suggested that requiring RPBs to work with Llais will have a positive impact, as it is a bilingual organisation. The GMB Wales and South West noted that implementation will be slow as it will take time to build up the language capacity of the workforce.

The RCN Wales expressed disappointment that the Regulations do not refer to the Welsh language, and that the Welsh Government had not published a Welsh Language Impact Assessment alongside the draft with the Regulations.

Gwynedd County Council reported that holding meaningful discussions in Welsh was a challenge because of the size of North Wales RPB, noting that moving discussions and decisions away from local authorities to regional bodies inevitably has an impact on the use of Welsh, whilst also acknowledging the opportunities this creates for promotion and influence.

Finally, Age Cymru gave feedback suggesting that the right to a service in Welsh is not always possible in practice – in particular, for older people with dementia living in the community, in hospital and in residential settings.

Question 5: Do you believe there are any ways in which the draft Regulations 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? Please explain your reasons.

The five responses to this question made the following suggestions:

- Using the Regulations to place a duty on RPBs to ensure that their internal administration and public engagement are made available in Welsh.
- Referring to the Welsh Language Act in the Regulations.
- Aligning the Regulations with the Welsh Language Standards.
- Setting up a process for reviewing the impacts of the Regulations on the Welsh language.
- Providing guidance on expectations and obligations in relation to Welsh, including engaging and consulting with Welsh speakers in the development of the partnership arrangements, and in monitoring and reviewing their effectiveness.

Question 6: We have asked a number of specific questions. Are there any related issues which you feel we have not specifically addressed?

Responses to this question primarily concerned the Part 9 Statutory Guidance, which was not the focus of this consultation. These reiterated points made in the 2023 consultation. There were also comments on implementation or more general social care issues.

Gwent RPB raised a number of other issues, including sharing intelligence and data transparency across organisations and partnerships, improving transition

arrangements, early intervention, and more effective highlighting of the third sector as a vital partner around early intervention and prevention.

The EHRC recommended that RPBs be listed authorities under part 2 of Schedule 19 to the Equality Act 2010, so that they would be subject to the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The EHRC suggested that WG could do this by amending the Regulations to place a duty on RPBs to give due regard to the duties placed on the partnership bodies under the public sector equality duty (similar to the 'due regard' objective in relation to section 16).

Unison Cymru Wales raised the issue of social partnership, and the perceived failure of some RPB members to understand that this goes beyond pay and conditions, and is meant to embed a worker voice at all strategic decision-making. Unison strongly recommended that all RPB members receive social partnership training.

Age Cymru wanted to see increased references to the specific needs of older people and older unpaid carers, to prevent unintended ageism sidelining the needs of older people. The link between RPBs and the NHS Wales Joint Commissioning Committee in relation to non-emergency transport was one such issue.

The Children's Commissioner for Wales raised the following issues relating to the Statutory Guidance:

- Collaboration with Llais must properly reflect the voices of priority groups under the 2014 Act, including children with complex needs. The voice of children eligible for statutory advocacy (which is not included in the Llais advocacy offer) must also be included in the citizen membership, as they will not be able to provide views through Llais unless they have a specific health complaint.
- The deletion of two entire paragraphs about children's rights which are in the current version of the guidance. This included a reference to due regard to the UNCRC.
- Referring specifically to the priority groups (including children with complex needs) in the section on self-assessment, and ensuring that the self-assessment process highlights how RPBs have made measurable progress against outcomes.
- Including neurodiversity within the definition of children with complex needs. Disappointed that setting up a sub-group for children with complex needs has been downgraded from a 'should' to a 'may wish to have'.

The Future Generations Commissioner for Wales raised the issue of integrating and simplifying regional working arrangements between the RPBs and other regional partnership arrangements, particularly the Public Service Boards, and thought that the Regulations missed this important element of integration. The new arrangements need to have a strong focus on prevention and long-term thinking, as well as the other ways of working in the Well-being of Future Generations (Wales) Act 2015 (integration, collaboration and involvement). The Commissioner advocated for better integration of funding opportunities across Government portfolios, and making collaboration between local and regional partners a condition whenever a public body receives funding. Funding guidance could also stipulate that the RPB, PSB, CJsCs and other partnerships be made aware of the funding opportunity.

The Welsh NHS Confederation response also suggested more integrated work between RPBs and PSBs, including a requirement that RPB annual delivery plans should take account of and align with the PSB well-being plans. Moreover, it suggested that there is a lack of alignment between the Regulations and Statutory Guidance for RPBs and the Ministerial priorities for health, and that priorities for health such as Pathways of Care Delivery are not replicated across social care. It was not clear to what extent the Regulations would enable RPBs to facilitate the development of a common shared approach.

The Welsh NHS Confederation also suggested that the guidance should include a formally recognised means of redress where conflict occurs, as there is currently no local resolution or dispute avoidance process in place.

Llais suggested putting in place, and monitoring, the development of a standard operational model for RPBs.

The RCN Wales suggested that the Regulations should include a requirement to increase the public accountability of RPBs. This should include publishing minutes and agendas; publishing names and contact details of members; maintaining publicly updated websites and social media platforms; and proactively engaging with the public.

Conwy County Borough Council noted that the Regulations lack detail on implementation, governance and structure of the various groups under the RPB.

A response from an individual suggested that the Welsh Government considers extending to RPB members the recent guidance from the Wales Mental Health Forum on remuneration. It would also be helpful to clarify if remuneration is for out-of-pocket expenses or payment for work or service.

Community Housing Cymru reported that the experience of housing association representatives on RPBs differs vastly from region to region. Housing associations report challenges when trying to engage with RPBs because the routes to engagement are not obvious. A broadly similar structure across RPBs might better facilitate engagement.

Gwynedd County Council's response suggested that RPBs operate without adequate democratic oversight, as only one elected member from each authority sits on the RPB. It suggested that RPBs should include councillors with responsibility for children and adult services, and housing, to ensure accountability. It was noted that doing this would mean potentially 12 or 18 councillors being members in North Wales, raising the question as to whether North Wales is too large a region.

Welsh Government Response

The Welsh Government is grateful to all those who have responded to the consultation, and for the points raised.

Objectives of RPBs

We are pleased to see that there was general acceptance of the draft Regulations to add the following to the list of RPB objectives:

- ensuring that the partnership bodies are responding to the market stability reports
- working with Llais to promote the involvement of people who need care and support, and carers, in the work of the partnership arrangement
- promoting the development of integrated health and social services arrangements.

With regard to the integration objective, we have noted the comments about the inclusion of the six models of care within the Statutory Guidance. As set out in the Welsh Government's *A Healthier Wales* plan, the development of a national integrated health and social care system will be based on seamless models of care and opportunities to scale up new ideas and better ways of working to regional and then to national level. We will continue to develop an Integrated Community Care System on this basis, with input from the RPBs.

We have looked again at the wording of the objectives relating to promoting children's participation and promoting social enterprises, co-operatives, user-led services and the third sector. RPBs were concerned that the original wording suggested that RPBs must hold individual partnership bodies to account for how they are fulfilling their duties under section 12 of the Children and Families (Wales) Measure 2010 and under section 16 of the Social Services and Well-being (Wales) Act 2014. This was never the intention. Our aim is to ensure that the RPBs have strategic oversight of the development of partnership approaches to children and young people's participation, and strategic oversight of regional approaches to promoting social enterprises, co-operatives, user-led services and the third sector in response to the regional market stability reports and joint area plans. The existing objectives of RPBs (ensuring that the partnership bodies are responding to the population needs assessments and are implementing the area plan) also relate to oversight of duties placed upon local authorities working in partnership with the health boards on a regional footprint. The two new objectives are meant to have a similar force and to operate in the same way, and relate to the exercise of those functions with respect to the partnership arrangements.

These two RPB objectives now read as follows:

- ensuring the partnership bodies work effectively together to promote social enterprises, co-operatives, user-led services and the third sector (in accordance with a local authority's duty under section 16 of the 2014 Act) when responding to a market stability report and implementing their joint area plans
- ensuring the partnership bodies promote and facilitate the participation of children under the age of 18 in relation to decisions which affect them that are made in the exercise of the partnership arrangements (in accordance with a

local authority's duty under section 12 of the Children and Families (Wales) Measure 2010).

We have also revisited the revised Part 9 Statutory Guidance to ensure that it more clearly describes the role of RPBs in terms of strategic oversight of functions exercised in partnership, holding up a mirror to the partnership arrangements rather than monitoring individual partnership bodies' compliance with their statutory duties.

Membership of RPBs

We are pleased that there was general acceptance of the draft Regulations with respect to:

- adding representatives from the Welsh Ambulance Service Trust, County Voluntary Councils and primary care providers to the list of prescribed members of RPBs
- creating a new category of independent observer member of RPBs, and requiring RPBs to appoint the Citizen Voice Body (Llais) as an independent member.

We have noted the concerns around how RPBs will choose the primary care provider representatives, given the breadth of primary care provision. These members are not meant to be 'representatives of' all primary care providers, but a representative voice – an issue explored by the Engagement and Voice Task and Finish Group with regard to the citizen, third sector and care provider members of RPBs, and explained in the revised Statutory Guidance. We will continue to work with the RPBs to ensure that the new arrangements work effectively and to address any issues that arise with implementation. The new requirements around role descriptions and support for members will also help here.

The proposed Regulation around worker voice representation on RPBs showed a clear divide between RPBs and trade unions / professional bodies. We were pleased to see that all parties recognise the importance of engaging with care workers and their representative organisations in the partnership arrangements. The key issue in contention is around where this voice is best articulated within those arrangements, and whether having a worker representative on the RPB itself is the most effective way of achieving this. We have considered this issue further and believe that the arguments are finely balanced. There are ways of feeding the voices of health and social care workers into the RPB which do not require formal membership – for example, through establishing a worker voice forum which could periodically report into the board. An RPB also has the option of co-opting a worker voice or trade union representative as a board member or independent observer member. On the other hand, it should be noted that there will be strategic discussions taking place at RPB meetings which touch upon workforce issues – for example, when considering the market stability reports, which are required to include current and future trends, challenges, risks and opportunities affecting the sufficiency of care and support and the stability of the market for regulated care services – and where having a workforce representative on the board might be particularly helpful.

After careful consideration, we have decided to retain the provision for there to be at least one representative of the health and social care workforce on each RPB. There are already representative voices from care providers, the third sector, service users and unpaid carers on the RPBs, and not to have a representative voice from the care

workforce is a clear gap, particularly given the clear commitment we have to social partnership in Wales. We acknowledge that we need to do further work with the RPBs and the trade unions / professional bodies to develop a suitable role description and mechanisms for nominating and recruiting workforce representatives with the appropriate skills to contribute at this strategic level. This will also include the best mechanisms for ensuring that health and social care workers have meaningful opportunities to be involved in shaping the provision of care and support and preventative services across their region. This will require a social partnership approach. We will ensure that there are clear messages in the Statutory Guidance about the need for such engagement.

We propose re-establishing the Engagement and Voice Task and Finish Group to undertake a further piece of work around the issues of primary care representation and worker voice and engagement.

Responsible persons

We have noted the comments calling for further clarity around the role and responsibility of the 'responsible person' from the health boards, and how to define this, and we will discuss this further with the RPBs and health boards in order to support implementation.

Administrative functions of RPBs

We were pleased with the positive response to the new provisions around recruitment and support for RPB members. The Statutory Guidance provides further requirements and guidelines in support of these provisions, including the need to increase diversity of representation.

Self-assessment

We were pleased that the RPBs supported the Regulation requiring them to undertake biennial self-assessments. RPBs have already piloted self-assessments, with support from the Institute of Public Care Policy (under contract to the Welsh Government), and useful lessons have been learned. We will consider the consultation comments as we evaluate the results from this first set of self-assessments, and we will discuss future steps with the RPBs.

Annual reports

We were pleased that the Regulation listing what RPBs must include in their annual report received widespread support. This reflects existing good practice across RPBs. We will consider the need for further guidance on engagement with those with protected characteristics in the Statutory Guidance. We will also ensure that the Statutory Guidance refers to the need for engagement with health and social care workers, and for RPBs to report on this.

Annual delivery plans and annual reviews

We were pleased that the majority of the responses accepted the new Regulations around area planning, which introduced requirements for annual delivery plans and annual reviews. We note that these arrangements are already in place in some regions, and do not consider that these requirements will add significantly to the existing arrangements for planning and reporting.

Achieving better and more strategic alignment between joint area plans, overseen by the RPBs, and the well-being plans prepared by the Public Service Boards, is not something we feel we need to legislate for, but can be left to the discretion of the RPBs and PSBs. There is already much good practice around alignment in population needs / well-being assessments and joint planning, which the Welsh Government will continue to encourage and facilitate through our relationships with the RPBs and PSBs.

Market stability reports

We will make the amendment to change the submission dates for future market stability reports. As explained in the consultation document, this addresses an issue that had arisen during submission of the first set of reports. We will consider, ahead of the next round of reports (due in 2027), whether we need to issue any supplementary guidance to support the Code of Practice on Market Stability Reports.

Next steps

We will make the changes to the draft Regulations as detailed above, and will also amend to the Statutory Guidance (taking account of the responses to the 2023 consultation, and any additional suggestions made in this consultation). We will lay the revised draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024 and the revised Part 9 Statutory Guidance: Partnership Working before the Senedd in November. If approved in Plenary by the Senedd, it is our intention to bring the new provisions into force on 31 December 2024.

We will publish an integrated impact assessment, including a children's rights impact assessment, equality impact assessment, and Welsh language impact assessment alongside the Regulations and Statutory Guidance when they are laid before the Senedd in November.