

Neath Port Talbot Council for Voluntary Service

A response to Consultation Paper II: Delivering the New NHS for Wales

Including feedback notes from the local Third Sector Consultation
Event held on Monday 9th February 2009 at the Aberavon Beach
Hotel, Port Talbot

1. Neath Port Talbot Council for Voluntary Services (CVS) is the Third Sector umbrella body for Neath Port Talbot and has over 400 members. It exists to support, promote and develop the voluntary sector in the locality and its surrounding area.
2. It represents the Third Sector in Neath Port Talbot predominately from a local level but also feeds into many regional and national partnerships and planning groups.
3. A mapping exercise undertaken in 2006 by WCVA for the Welsh Assembly Government identified over 900 voluntary sector organisations as having an interest in health and social care.
4. Neath Port Talbot CVS welcomes the Health Reform Programme for Wales particularly the re-positioning of services on a regional basis, providing there will be strong accountable systems in situ to safeguard localism and the irrefutable value of the individual voice/input into service planning.
5. Neath Port Talbot CVS has an historical positive and productive track record working with the key partners i.e. LHB, Trust, Local Authority, NPHS and Education in Neath Port Talbot – with many successful joint and collaborative projects that evidence local benefit to the people living and working in the area.
6. **Recommendation:** Neath Port Talbot CVS is in the best position to broker and ensure that communities, individuals, patients, carers and service users are actively engaged and involved in feeding to and from the LHB Board. This will be at a level desired by each component in a timely and effective way.

LHB Board Membership

- ❖ Neath Port Talbot CVS welcome the proposals for the LHB Board membership, however would propose that there should be at least two third sector members on each LHB Board in order to maximise

and further develop the third sector contribution to health and social care, as highlighted in Designed to Add Value – A Third Dimension – A Strategic Direction for the Third Sector in Supporting Health and Social Care.

- ❖ Ensuring that the right services are provided ‘in the right place, to the right person at the right time’. – Will need stronger coordinated and integrated services across the statutory and third sector – this needs a step change in how services are planned from their initiation– this can only be achieved by shifting the dynamics of partnership planning to include greater third sector representation.
- ❖ **Recommendation:** There are two Third sector representatives on the LHB Board - one should be a CVC Chief Officer from the LHB area and the other a third sector regional co-ordinator.
- ❖ **Recommendation:** The Welsh Assembly Government formally approve and resource the basic third sector support infrastructure.

Stakeholder Reference Group membership

- ❖ Neath Port Talbot CVS welcomes the diversity of representation on the SRG and endorses its role to support and enable citizen empowerment and participation and that the citizens voice is essential in the new NHS.
- ❖ The representation for the SRG must be done in such a way that the balance, equality and calibre of representation is at the core of its earliest deliberations in order to establish clear pathways of input and feedback to people, patients, carers and service users in localities. The service benefits to all of the aforementioned must be regularly scrutinised and reviewed and representatives who sit on the SRG must be accountable.

Professional Forum Membership

- ❖ Although it would appear that the Third Sector does not have a defined or influential role in the make-up of the PF – a valuable opportunity is being missed to broaden the knowledge and experience of professionals to work and train alongside their Third sector counterparts – which will slow down professional development and in effect cause ‘business as usual to continue’.
- ❖ **Recommendation:** A Third sector representative or external consultant should sit on the Professional Forum.

Localism and Partnership Working

- ❖ Question on everyone's lips is - How do local community needs that often vary; get effective and timely services delivered by a regional body?
- ❖ The term 'Localism' is currently banded about without much agreement on its definition by either professionals/service deliverers or public/patients/service users/carers - i.e. what does localism mean to them and/or is there a common understanding that can be brokered to ensure positive dialogue and outcomes.
- ❖ Local priorities for professionals can differ vastly from that of patient and their communities.
- ❖ In developing new active partnerships with a wider range of key partners (and this includes patients, carers and service users) local communities and local people will need to have a bigger say over what happens in their area.
- ❖ Professionals on the other hand will need to know how to put to best use patient, carer and service user input.
- ❖ In addition, patients, carers and service users have historically complained that when they do feed into consultations and planning they do not receive any response to their feedback which they say often de-motivates them from participating again.
- ❖ Whatever system is put in place for public patient involvement and partnership working on the local level, this will need to be both demonstrable, effective and accountable.
- ❖ Transport systems in localities will also need to be improved if the access to services are to improve alongside the re-structuring aims and objectives – not addressing transport needs could be short-sighted.
- ❖ **Recommendation:** Neath Port Talbot CVS is best placed through its networks and forums and positive and pro-active partnership working, to continue to further develop citizen focused 'dialogue' that will feed to and from the LHB Board

and the SRG in order to strengthen the citizen engagement and participation agenda that the success of both will depend.

Local Health Board Functions

- ❖ Neath Port Talbot CVS is happy with the proposals for the LHB functions outlined in the consultation document.
 - ❖ However, a clear strategic lead and planning for third sector services will need to be formally adopted, ensuring a standard access to basic services for all communities in Wales.
 - ❖ Pooling and sharing of evidence and best practice across all sectors to ensure maximum receipt of benefit to individuals and communities.
 - ❖ Recommendation: The ABMU LHB' and partner constituents continue and further develop collaborative working with the Third Sector in NPT, Swansea and Bridgend in order to support and safeguard the success of the new NHS in Wales.
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**Feedback from the Third Sector Consultation Event
'Delivering the New NHS for Wales'
Monday 9th February 2009
Aberavon Beach Hotel, Port Talbot**

Background

Over 50 voluntary sector organisations and public patient, carers and service user groups attended and participated at the consultation event held for the Third Sector in Neath Port Talbot.

The event was hosted by Neath Port Talbot CVS and included an introduction and welcome from Gaynor Richards, Director of NPT CVS. The keynote speech and overview of the consultation was presented by Dr Andrew Goodall, Chief Executive of Neath Port Talbot, Swansea and Bridgend/Transition Director for ABMU area.

Workshops were held in the second part of the morning and the following feedback and comments were captured:

**Workshop Question One
'Local Health Board Membership'**

- Concern on how to safeguard and protect local organisations - streamlining them may cause some to be disadvantaged in the process.
- At present there are two Third Sector representatives covering 3 areas – this will need representation from each county a change to one representative may result in a lack of input of needs for that locality.
- Suggestion of 11 non-officer members and 8 officer members - positive response - would present the opportunity for all views to be represented.
- How often would the board meet? This needs to be considered, as they are very important and busy people, lots of people to get together – will they have the capacity?
- Will there be any subgroups? If yes what are they, what would their responsibilities be and how can the third sector sit on or link into them?

- Could more people be taken on to the Board if required? If yes how many?
- How wide will the appointment process be? It should be as wide as possible.
- Issues around Director of Primary and Community Care and Mental Health services. – Can this be broken down?
- Would third sector representatives be from CVC's as need representation for overarching view of whole voluntary sector.
- How can somebody represent Neath Port Talbot if from Bridgend? May need another structure. It can be said of the Local Authority. Could there be a rota for each area?
- Regarding the LHB Champion, many issues to be championed so could not be one person - champion is somebody who focuses on one area.
- Would have to be a reason why a particular area is chosen – for example would it be an area that was currently falling short and this could be changed with areas of risk/need etc. Needs to be evidence based.
- More accountable if more non-officers.
- Champion for elderly membership – should be from local area.
- Need someone with hospital background on LHB board.
- Language and culture important, joining up services helpful
- Explain roles in plain English and Welsh.
- System of training of non officer/ sharing experiences/learning
- There should be a champion who is an elected member/possible Local Authority.
- Happy that mental health is integrated into the board you can't isolate Mental Health from the rest - recovery model – positive culture change.
- University – links with research/ teaching
- Third sector mustn't be 'tokenistic' their must be accountability – and representatives must be mandated.
- Need a minimum of 3 representative's maximum of 5 from the third sector to give a fairer representation.
- Concerns how we ensure that the representative is listened to.
- Whoever the member is they need to be mentored/supported in how they can contribute to the group
- Need for a surgery for local groups to give info to stakeholder group.
- Representatives could include third sector reps, disabilities –learning physical, mental health, elderly, ethnic groups.
- Need to invite groups often underrepresented and notably in need of service improvement e.g. stroke.

- Group to meet monthly, aims to be agreed. Rules constitution to include attendance.

Question Two 'Stakeholder Reference Group'

- What will be the process to be a nominated member of the group and who decides on the membership?
- How will their views be listened to? Will there be monitoring? How will the outcomes be known?
- Who will the voluntary groups go to get their voice heard? – What mechanisms will be in place?
- Accountability – needs of community not a 'personal' agenda.
- Key forums – what are they? Who will decide? Need to cover all sectors. Older people - as it is an aging generation. May need one representative from each forum from across the area. Community councils could be used. And geographical input.
- Where is the relationship with the LSB?
- Important existing structures are used.
- How will patients who do not sit on a particular group be represented?
- Should the chair be a voting member of the SRG? The SRG will need to be **effective** to ensure that people want to be involved evidence that people do not feel listened to – receive no feedback when previously engaged – de-motivating!
- Chair should be elected at the first meeting by the members
- Cost of involvement e.g. travel, replacement, care costs etc
- Area coverage – fair representation between Neath Port Talbot, Swansea, Bridgend.
- **Agreed that 25 members is sufficient.**
- May need a carer's representative – Patients committee. Mental health services – rep for carers, rep for cared for.
- Can service users be on the Stakeholders Ref Group?
- Concern that information will make it to the top of the tier.
- Ensure appropriate feedback documented 'proof' info has been fed into board member from stakeholders ref group.
- Yes - there should be an associate member , How often will they be re-elected

- Chair should be on Executive Group.
- Some feel that there should be another stage with suggestions so that the voluntary sector can look in more detail and more consultation.
- Engaging young people? - Young people will need accurate and young people friendly information to determine whether they want to be involved?
- The process will need to follow the National Participation Standards for Wales
- What age range will be involved and is there a limit to the numbers of young people who can be involved? How will the young people be selected?
- How can the structure ensure that special interest groups such as young carers, black and ethnic minorities and LGBT are represented?
- Will they receive training and remuneration costs for being involved?
- If young people are to be involved then will this be from existing local structures, such as youth councils/forums and is this seen as the structure for disseminating and canvassing the views of young people?
- Is it a representational role and if so will this be to all three counties or representatives from each?
- Will young people have any voting rights and any parity with adults?
- Will there be a limit on the information that young people can access i.e. information on sexual health for younger young people? Will parental consent need to be sort?
- Will they need to have CRB checks and likewise for the adults involved?
- Will all aspects of volunteering be included such as health and safety, insurance etc?
- Will the young people receive support and supervision? For example, one way to ensure that young people feel comfortable about being involved has been through the pairing of young people who are attending meetings for mutual support.
- The meetings will need to be held at times where young people can attend. Young people do not generally carry diaries and will therefore need reminding of meetings.
- **Transport** – an obvious but real issues/barrier to success
- How should it be constituted? Who decides? Can this be developed it should evolve over time, be reviewed regularly.
- The Voluntary Sector could act as a broker/ liaison for the communities.
- How will it engage the harder to reach groups?

Question Three 'The Professional Forum'

- Less professional rivalry
- Shared targets, resources and knowledge. Improve information sharing between health and social services.
- Better understanding of other agency work.
- More communication and information
- LHB - basic booklet on who to contact, NHS direct – information services or produce leaflets with appropriate services i.e. Mental Health, carers, young people.
- Remember not everyone is online or has access to a computer.
- Linking in within existing structures.
- Do not waste resources. E.g. headed paper?
- Services – at convenience of consultant not patient
- Cross border working – e.g. Ystradgynlais, Amman Valley
- Relevant services in one place – falls prevention, poor nutrition/ risk assessment, more holistic approach, seamless service. E.g. Port Talbot Primary Care Resource Centre
- Mental Health - gap – admitted to hospital, what do you do? Social Services in community are not back up for NHS – Funding.
- Transition between hospital based and community care – better links and planning.
- Cardiac rehabilitation is a postcode lottery. It needs to be patient led.
- Change must be for the better.
- Best practice is transferred from each area – ensuring all of the positive practice still exists.
- Ensure funding is divided by priority i.e. high number of carers in NPT will they have less, same or more as Swansea?
- Community Liaison officers not actual police officers. Understanding the issues from the citizen's viewpoint.
- Need to start early with young people, invest in training people, grow resources already there on the spot.

Question Four 'Local Health Board Functions'

- How long is this structure for – when will terms be reviewed – representatives re-appointed etc?
- Ensuring existing expertise is maximised and protected– need medical experience. Protect and utilise front line staff more
- Be brave enough to get rid of what is not working, clean sweep.
- Acknowledging past mistakes.
- Cross border – no ring fencing – share slippages cross border, no duplication of services – transparency, continuity of services – bench making – consistency across Wales.
- Lower number of beds for elderly care.
- Staffing level on ground in hospital Collaboration – salaries and packages need to attract the right calibre of personnel.

Question Five 'Localism and Partnership Working'

- CVC's could be used to feed in the views of local community groups across to the stakeholder group.
- Some are on the border of counties, this can cause problems.
- Reduction in personnel made this difficult in a change from LHG – LHB
- We have to accept that this is happening and people need to embrace this and develop structures that are currently there.
- Voluntary Sector needs to have a regional level where all CVC forums meet. Question is: is there a need?
- Transparency and openness honest partnership
- Communication needs to be improve
 - Discharge from hospital and communication with the GP needs to be improved.
 - Record management needs to improve e.g. GP's moving to other surgery's – need to be communicated to hospital
 - Children's care education, health and social services need to communicate better
 - Communication on specialist services needs to be given locally
- Regional services/ specialist services
 - Prepare people /HV's and GP's on specialist services.

- Third sector role in Improving communication especially on e.g. transport
- Appointment systems need to be improved. Early appointments/ transport need to be synchronized
- Third Sector e.g. Red Cross schemes could help introduce people to more formal services like Home Care.
- “The Individual” is going to be non-existent – Mrs Roberts’ real issues might be from a biased view and not truly representative.

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