Welsh Ambulance Services NHS Trust

National Assembly for Wales' Finance Committee
Call for Information: Welsh Government Draft Budget Proposals for 2018-19

1. What, in your opinion, has been the impact of the Welsh Government's 2017-18 budget?

   It is recognised that we are only half way through the financial year and so it would be premature to assess the full impact of this year's budget. However, there are some generic observations that the Welsh Ambulance Service NHS Trust would wish to make, based on its experience.

   a) As a commissioned service, the flow of money through the commissioning system is not always as smooth as it might be. Relationships with the Emergency Ambulance Services Committee continue to mature and we are optimistic that the glitches experienced in 2016/17 and, to some extent, in the current year, will be resolved in future years.

   b) Budget constraints across the wider health and care system have an inevitable and mutually damaging impact. For example, the pressures on social services budgets can detrimentally affect not only the timely discharge of medically fit patients from hospital, but also the timely assessment and admission of patients to hospital because of capacity pressures, resulting in handover delays for emergency ambulances and the resultant risk to patients in the community for whom there is diminished ambulance resource available.

   c) Availability of additional funding mid-year (winter pressures etc.) can make planning problematic, as there is a lack of clarity both about the quantum available and how/when this will be made available.

   d) Availability of capital is and will remain an issue. While a perceived lack of capital drives pan-organisational collaboration, which is entirely a good thing, collaboration cannot provide solutions to every challenge. NHS estate particularly is in need of significant capital investment and this will remain a challenge.

   e) There is an intrinsic conflict in the NHS between a one-year revenue budget and a three-year planning cycle. Such an approach to funding similarly militates against longer term strategy development and/or service change, which may require a number of years to enable transition and for the full benefits/impact to be felt.

2. What expectations do you have of the 2018-19 draft budget proposals? How financially prepared is your organisation for the 2017-18 financial year, and how robust is your ability to plan for future years?

The Welsh Ambulance Service has a robust financial plan but with a significant (£5m, 3%) savings requirement. The organisation is forecasting break-even (as per previous year) in 2017/18 but recognises the likely challenges of the 2018/19 financial year. In addition, system and demand pressures (e.g. those resulting from a potentially harsh winter), plus economic changes (e.g. rising fuel costs, inflation) render all financial planning, however good, vulnerable.

A recently commissioned demand and capacity review has given the organisation insight into likely demand pressures over coming years, were nothing to change. The impact of this projected increase in demand has been modelled and is understood. It is clear from the work undertaken that the shift of emphasis required manage this increase and to ensure that more people can be treated and maintained at home will need better workforce planning, improved use of resources and system-wide action. The organisation understands that status quo is not an option on any one of a number of fronts, including in terms of the financial impact of rising demand.

The Welsh Ambulance Service's ability to instigate the level of service change required to fully deliver system wide service improvement for our patients is predicated on a shift in resources across the system, which will require sustainable investment. Without such funding, investment would need to be extracted from a system already under pressure.

There is an inherent conflict here in that, while releasing funds for innovation and service change is never easy, such changes can have long-term patient and financial benefits. However, the financial pressures on the service, coupled with the wider public sector funding environment, mean that there is limited ability to release sufficient money to optimise investment. In addition, there is insufficient time to "wait" for such innovative services to "mature" and demonstrate the anticipated financial benefits, when the financial pressures are current and pressing, with an expectation that there will be cost releasing savings to help fund non-discretionary inflation.

A longer term outlook/funding cycle of at least three years would be welcomed to facilitate service change in line with the ambitions outlined in the Programme for Government and other key policy directives/reviews.

In addition, consideration should be given as to how the timetables for the production of Integrated Medium Term Plans (end March) and the one-year allocation letter (usually received around 20 December) fit, given the need for sufficient time to align coherently the planning and financial agenda.

Consideration might also be given as to how outcomes from pilots are considered as part of budget decisions. Many will require an element of investment given that, while often enabling system efficiencies and improving performance e.g. lower waiting times (avoiding additional extra costs being incurred), many initiatives are not directly cash-releasing. This is particularly relevant where the costs and benefits of some schemes, for example community paramedic or falls services, transcend organisational boundaries.

The Welsh Ambulance Service anticipates more focus on leveraging and investment in whole system change, with a focus on funding/specific allocations linked to outcome. Specifically, consideration might be given to how funding might be more equitably and effectively targeted to priority areas and/or populations of greatest need to ensure optimum use of available resource to deliver optimum benefit.

Settlements will be challenging with little room for funding of "surprises". As a minimum, developments requiring funding will need to be clearly articulated in Integrated Medium Term Plans (IMTPs) in order to be considered for any additional investment above and beyond base allocations.

It is anticipated that capital will remain scant and that the longer term impact of this will start to be felt in terms of estates, infrastructure etc. For example, while investment in the Welsh Ambulance Service's fleet has been much welcomed, capital funding has been at a premium this year, meaning the service has had to pare back on vehicle replacement, which increases revenue costs in the long run. Further, the availability of additional capital late in the financial year makes the planning and optimising of investment more challenging.

3. The Committee would like to focus on a number of specific areas in the scrutiny of the budget. Do you have any specific comments on the areas identified below?

<u>Financing of LHBs and health and care services?</u>
Consideration might be given as to how individual, organisational budgets contribute to wider programme budgets, for example, to support elderly care, and how this can be managed more effectively across the system to lever greater pan-organisational collaboration. Given the requirements of the Wellbeing of Future Generations Act, Welsh Government may wish to consider the supporting financial and budgetary infrastructure needed to enable and facilitate greater collaboration, with a distinct focus on outcomes based delivery.

A similar approach could assist in the much vaunted shift of resources from acute to primary and preventive care, again with delivery predicated on outcomes.

The shift in resources to support a better balance between acute and community/primary care is a need clearly articulated in the Five Step Ambulance Care Pathway, for which the need for targeted, collaborative investment to engender system change will be an important consideration. As previously identified, one of the key challenges in a landscape of diminishing public finances is balancing the need for short-term cash releasing initiatives, with the need to make upfront investment in services which deliver that required shift in focus to community-based care, recognising that these are unlikely to be cash releasing, at least in the short-term.

This is why it is important that, where enabling funds are available, for example through primary care clusters or specific funding streams such as the Integrated Care Fund, there is a clear expectation that these will be used to lever system change and that evidence will be required that the intention of services funded through such mechanisms is to rebalance the system. It may be appropriate to consider a cross-system, programme based approach to change, overseen centrally, to ensure that funds are used in a way which delivers optimum benefit across organisations and care settings.

It is recognised that funding for health services accounts for in the region of 50% of the Welsh Government's budget. The sustainability of this proportion remains questionable and it recognised that such a position provides little latitude for increased investment in wider determinants of health, for example housing and education. The Welsh Ambulance Service's evidence to the Parliamentary Review of Health and Social Care is included with this submission to assist Committee in its consideration of this point.

<u>Approach to preventive spending and how this is represented in resource allocation</u>
There is currently insufficient focus on preventive spending. The impact of funding to primary care clusters in driving system change will be interesting in this regard.

Funding, and the system more broadly, remain largely focused on reactive and acute services, not upstream or demand management interventions.

This echoes the previously made point about the complexities of recalibrating a system at a time of acute funding and demand pressures.

<u>Sustainability of public services, innovation and service transformation</u>
Innovation is stifled not just by lack of resources but by architecture and accountability structures. Innovation is, by definition, risky, which is why, in a risk averse system which is evidence-focused, it has limited real traction in the NHS. Couple this with the legitimate need to account for public funds and protracted mechanisms for approval of innovations and it is unsurprising that, by and large, the public service has not innovated as effectively as one might have expected.

Similarly, many innovations have historically been linked to discrete pots of money and funded as “pilots”. Once funding ceases, many of these innovative services wither on the vine, as there is often no proper evaluation of their effectiveness through which to lever funding from recurrent funding sources.

WG’s planning and preparedness for Brexit

Clearly, Brexit presents a number of challenges both in terms of workforce issues (including the potential repeal of EU employment law) but also, less obviously, through the impact on suppliers and procurement. While various peer groups, notably NHS Workforce Directors, are actively involved in trying to assess the impact, at this stage it is difficult to gauge the likely tangible effect of leaving the European Union.

Clearly, the loss of structural funds and stricter controls on the movement of people between EU countries and the UK post-Brexit are less than helpful in workforce terms, but it is as yet uncertain to what extent Welsh Government has influence on the Brexit negotiations or can mitigate the impact of the UK withdrawal from the EU on Wales, a country which voted overwhelmingly for Brexit.

The impact on the Welsh economy of the potential loss not just of EU workers, but on exit from the single market, means that one important determinant of health, employment, may be affected, in a country where economic activity and GDP levels are already low.

How WG should use new taxation and borrowing powers

Committee members are invited to review the Welsh Ambulance Service’s evidence submission to the Parliamentary Review of Health and Social Care for further thoughts on this issue.

Given the need to ensure that Wales remains an attractive place to live and work for NHS staff, Committee may wish to consider whether potential differences in the taxation regime between England and Wales (for example potential future differences in stamp duty) could have an impact on recruitment in border areas of Wales.

How evidence is driving WG priority setting and budget allocations

This is an area which could potentially be strengthened. The future health and social care challenges in Wales are well documented. The issue for Welsh Government is to ensure that its resources are used as effectively as possible in addressing these challenges, which it is suggested requires a more targeted and outcomes driven approach.

How the Future Generations Act is influencing policy making

The method by which funding is allocated to organisations, coupled with the required focus on outcomes, is likely to be a key enabler in the delivery of the ambition outlined in the Wellbeing of Future Generations Act. Hitherto, there is little evidence that the Act has genuinely challenged silo

working, either within or beyond Welsh Government and this is something upon which Welsh Government, and the public service more broadly, may wish to reflect if Wales is to realise its laudable ambitions, as outlined within the Act.

EVH/GK/Sept17

Parliamentary Review of Health and Social Care
Evidence Submission: Welsh Ambulance Services NHS Trust

Introduction

1. The Welsh Ambulance Service welcomes the opportunity to provide formal, written evidence to the Parliamentary Review of Health and Social Care.

2. There can be no doubt that such a review is both overdue and necessary in providing a basis on which to shape the future strategic vision for the delivery of health and social care in Wales, with all that implies for the configuration of those services in the future.

3. It is hoped that, in collating evidence from a wide spectrum of individuals and organisations, with the attendant diversity of thought and ideas that this will bring, the Review findings will represent a fresh opportunity both to reframe the public debate on the future of health and social care in Wales, as well as provide the basis for a consensual and concrete future plan.

4. In providing this evidence, the Welsh Ambulance Service seeks to identify its ambitions for its own services, as well as its contribution to the wider healthcare system and offer some thoughts on the health and social care system as a whole.

5. Given the wide-ranging nature of the questions the Review Panel has posed, it is hoped that the format adopted in this submission serves to provide the Welsh Ambulance Service perspective in a fluent and coherent manner.

The Welsh Ambulance Service: Context

6. While the Welsh Ambulance Service is firmly rooted within the NHS Wales family, it retains a unique perspective as an organisation which straddles both the health and emergency services systems.

7. In addition, the Welsh Ambulance Service delivers services across the country, delivering across the seven local health board areas. This gives the Service perhaps a more comprehensive view of the challenges and opportunities in the wider system; for example, in terms of integration, adopting good practice on a universal basis, delivering change at the required pace, ensuring consistency of approach to similar challenges and the need for strategic co-ordination around organisational and geographic boundaries.

8. As an organisation which has made significant progress in delivering its transformation agenda over the last two years or so, the Welsh Ambulance Service is in a positive position to share its learning with other parts of the healthcare system.

9. This applies in particular to the Service's experience of influencing the development, and managing the implementation of an outcomes-based performance model, delivered within an environment of collaborative commissioning and with governmental and political support.

Future Ambition and Opportunity

10. In addressing the Review's request for perspectives on a future priorities for health and social care over the next decade, the Welsh Ambulance Service is mindful both of its own responsibilities to address the needs of the population, as well as the system-wide changes which will be necessary to meet demand in a way which is markedly different from the current pattern of service delivery.

11. The recent demand and capacity review undertaken by the Welsh Ambulance Service (WAST) demonstrates clearly that the current method of delivering services is not sustainable and that a significant move towards managing demand in a different way will be necessary in relatively short order (three to five years).

12. In focusing on demand reduction, and against a backdrop of ageing and increased frailty and the repercussions of poor lifestyle choices (e.g. obesity, alcohol and tobacco consumption), WAST has already recognised the requirement to address differently the needs of a number of key groups of patients, for example those with substance misuse issues, mental ill health and frequent callers who place undue demand on services.

13. The wider health and care system will also recognise these same groups of patients as those whose needs place particular demands on services. It is, therefore, incumbent on all partners to work together to identify, and implement with pace and scale, those initiatives that best meet the needs of some of society's most vulnerable people in an integrated, system-wide manner.

14. WAST is already working closely with partners across the health and care system on supporting those with mental ill health, substance misuse or those who call 999 frequently (individuals and institutions, for example, care homes) in a better and more appropriate way than simply through attendance and/or conveyance to hospital, which is often the poorest solution to the challenges these patients face.

15. Similarly, much work is underway across Wales, working with health, social care and, in some case, emergency services partners, to address the needs of older people who have fallen, particularly those who are uninjured but require more support to remain independent.

16. The challenge across the system is to quickly identify which initiatives work best to address the needs of these broad spectra of patients and to implement, as far as possible, common solutions across the country.

17. In many ways, this hinges on health boards adopting common ways of working and replicating care pathways which have already proven their effectiveness in other areas.

18. This includes the consistent development of alternatives to admission to Emergency Units, which are often the least appropriate and most costly part of the system in terms of meeting patient need, including pathways which are focused on community-based services.

19. For example, admission directly to the specialist mental health unit at University Hospital Llandough represents a better solution for patients in mental distress than admission to a busy EU. However, this model of service delivery is not replicated in every health board area,

resulting in patients arriving in a part of the system that is often ill-equipped to meet their specialist needs.

20. As an organisation, we would argue strongly that, where pathways are proven to work, resulting in better care for the patient, reduced conveyance to hospital (for example, in the case of the Falls Service in the Aneurin Bevan Health Board area) and release emergency ambulance resources to attend those critically ill patients who are in immediate need of our services, then they should be adopted across Wales.

21. The development of an "adopt or justify" approach should be mandated as we move forward, to ensure that the scale and pace of change required to manage the demand we will all face over the coming years is effected.

22. It is also recognised that, while the need to work in a more systemised and integrated fashion is acknowledged by partners across the health and care system, there remain challenges around how this co-ordination of services can be achieved.

23. While there is a plethora of partnership and collaborative arrangements in place across the country, the Welsh Ambulance Service is of the view that the need remains for a single and strengthened overarching strategic co-ordinating function.

24. As an organisation with a pan-Wales remit, the Welsh Ambulance Service is able to take a wider view than most and is able to identify the fault lines in the health and social care system, which are problematic both for the organisation but, more importantly, for patients.

25. An overarching co-ordinating function in terms of operational delivery would be advantageous in looking above and beyond organisational and geographic boundaries to review services as a whole and at the evidence of "what works" to help secure a map of services and pathways which are all-Wales in nature and address the common needs of a number of patient groups on a consistent and effective basis.

26. There is a lack of capacity and capability to make such an approach happen in the current delivery structures and this overarching approach is one we would ask the Review team to consider in its thinking.

27. Clearly, more effective sharing of patient information, coupled with the routine use of technology, also need to be at the forefront of how we deliver services in the future.

28. In this respect, health and social care is lagging significantly behind where it needs to be. While the technology exists, and is developing apace, and while the will seems to be there at a superficial level, there has been limited real progress, either in developing appropriate digital systems and/or information sharing protocols which really benefit both the patient and the health or social care professional treating the individual.

29. Many other organisations have already made significant inroads into the "art of the possible" which better use of technology enables. However, the health and care sector has seemingly been unable to keep pace with developments.

30. There is a need to reduce risk aversion, particularly as it applies to improved use of technology. Telecare, outpatient appointments using video technology e.g. SKYPE and online booking of appointments are all weakly developed.

31. While it is true that older people are more likely to access healthcare services, it is equally true that older people are more tech enabled than ever and we are simply not keeping pace with technology as an enabler, or people's wish and need to use it. The private sector has moved ahead rapidly with digitising its services, for example banking, and these are the examples that need to be examined to see what can be learned in the health and care sector. We would encourage the Review Panel to consider what can be learned from other sectors in terms of technology-driven change in its thinking.

32. While the importance of maintaining data in line with established protocols is readily accepted, what cannot be allowed to happen is for regulation and legislation to be used as a way of hampering progress, to the detriment of the patient and the wider system.

33. To use examples pertinent to the ambulance service, we are investing in Wi-Fi-enabled ambulances, with a view, in the longer term, to exploiting the benefits of telemetry so that information on a patient's condition (for example ECG monitoring) can be sent directly to a specialist for interpretation prior to the patient arriving at hospital or, indeed, obviating the need for conveyance, dependent on specialist opinion.

34. Similarly, digital access to existing patient clinical records at the first point of contact by ambulance staff would assist in better decision-making at scene, resulting in fewer conveyances and/or more appropriate treatment; for example, in the case of end-of-life care.

Modernising Models of Care and Performance Metrics

35. One area where the Welsh Ambulance Service is ahead of other similar services nationally and, indeed, globally, is in the development and implementation of its clinical model, which focuses on measuring what matters.

36. In the case of the ambulance service, this is attending the sickest patients (those in a life threatening condition) most quickly and according a time target only to those condition codes where there is strong clinical evidence that time has a real bearing on patient outcome, for example, those patients in cardiac arrest.

37. While the performance data speak for themselves in terms of performance against the red call target of eight minutes, what is equally important is the introduction of the Ambulance Quality Indicators (AQIs) which measure patient outcome for a range of conditions, for example stroke.

38. AQIs look at a range of clinical indicators and measure what matters for the majority of patients; that they receive the right care at the right time, and that this has a positive impact on their outcome.

39. Working in a commissioned environment where health boards are our commissioners, supported by the Chief Ambulance Services Commissioner, it is important that performance is looked at holistically, both in terms of performance against evidence-based time targets, but also against the quality of care patients receive. You can read more about AQIs, which are published quarterly, here.

40. The advent of the Five-Step Ambulance Care Pathway which aims to move services "left", i.e. away from ambulance dispatch and conveyance and towards self-care advice and community-based alternative care pathways, is an integral part of our collaborative commissioning arrangement and seeks to move the ambulance service away from traditional models of delivery by commissioning services across the five steps. You can read more about the five step model here.

41. Examples of changes to the way we now deliver services include the development of the Clinical Desk, which enables calls to be triaged by clinicians to ensure patients receive the right response. We are also actively working with both North and South Wales Police on basing clinicians permanently in police control centres to deliver clinical advice to police officers at scene as a way of freeing up resources from both services.

42. Similarly, the introduction of the pilot 111 service in the Abertawe Bro Morgannwg Health Board area, which WAST hosts, and which brings together telephone and on-line advice and support, together with the GP out-of-hours service, is an example of thinking differently about the way services are corralled for optimum benefit to patients in the future

43. While there are innovative initiatives happening across Wales, the lessons from them can be broadly summarised as two-fold: no single health, social care or, indeed, emergency services organisation can continue to deliver its services in isolation and, to reach fully their potential, initiatives that work need to be supported financially and operationally to mainstream them across the country, not just piloted in isolated pockets or through non-recurrent funding streams. Again, this could be resolved, to an extent, through the "adopt or justify" approach, but will also require a culture change in respect of entrenched organisational, professional and, notionally, geographic boundaries. This reflects our earlier reference to the need for an overarching co-ordinating function.

44. If the health and social care system is to survive the onslaught of shrinking public finances and increasing demand, it is only by learning quickly that isolationism is no longer an organisational option that services will be able to evolve and morph rapidly enough to keep pace with changing demography and patient need.

Developing the Workforce

45. However, even assuming that those organisational barriers start to come down more rapidly than is currently the case, the issue of having sufficient numbers of staff trained with the right skills not just for now, but for the next decade and beyond, remains a challenge.

46. As an ambulance service, our demand and capacity modelling shows that we will need a differently skilled workforce in the future, one which is able to make better decisions at scene for patients who are less likely to have a life threatening injury or condition, but a multiplicity of complex co-morbidities, with no single diagnosis and resultant frailty.

47. Similarly, it is increasingly the case that the expertise of some of our clinicians is more effectively utilised in the community, for example supporting GP clusters through the community paramedic model currently being trialled in several areas of Wales, or in providing "hear and treat" services, for example through the aforementioned Clinical Desk or 111 model of service delivery.

48. The skills required to deliver these new services effectively are quite different from those traditionally developed by ambulance service personnel, and the need to develop clinicians of the future who are able to work in multiple different settings, and with a range of different clinicians and professionals, means significant change to the training and development of ambulance staff.

49. However, this is by no means an isolated instance of the need to attract, train and retain a different breed of health and social care employee in the future. Who does what clinically has changed over the years and it needs to continue changing. The workforce and employee relations implications of this could be significant.

50. The ability to work across organisational and professional boundaries and in different settings; the need to be creative and innovative in the delivery of services; the need to develop more appropriate and flexible but robust governance structures across organisations predicated on fundamentally different operating and governance principles (e.g. the NHS and local government); the ability to procure more efficiently and manage resources prudently, coupled with the skill to work closely with patients and stakeholders to identify innovative solutions to difficult issues, are all skills the health and social care workforce needs now, but which will be writ even larger in the future.

51. Developing the skills and ability to confront and work with these challenges must be hard-wired into the training of health and social care professionals from the outset. Given the length of time it takes to agree and change curricula, those debates need to be happening at pace now, if we are to develop a different breed of professionals who can meet the challenges we face in the next decade with confidence.

52. A child of eight in 2017 will be training as a clinician or social care professional in 10 years' time and will form a view of the attractiveness of such a career probably in five or six years' time when they make GCSE choices at 14.

53. It is, therefore, critical that we develop a clear vision for the future of health and social care now so that the process of shaping an attractive career "offer" for young people can gather momentum and engagement with education providers to deliver the training they need can move forward apace.

54. Allied to this will be the need not just to alter the skills base of our health and social care professionals, but also the organisational cultures in which they operate.

55. More empowering leadership, support for balanced risk-taking as opposed to risk aversion, the use of technology to support decision-making and tangible and meaningful support for innovation, with a culture predicated on learning from failure as well as success, mean a radical shift in thinking, performance management, both locally and centrally, if we are to develop organisational cultures that are agile enough to respond quickly enough to societal change.

56. These cultural moves won't just happen organically. They will need to be supported now with different performance metrics, funding flows, and governance arrangements to begin the process shift necessary to make real change happen.

The Contribution of the Welsh Ambulance Service: A Different Future Role

57. The Welsh Ambulance Service has made significant progress in recent years in redefining its role, moving away from the concept of a "transport" service to a clinical service at the forefront of the pre-hospital, unscheduled and planned care systems.

58. Our priorities for the future are to build more significantly on our clinical expertise and pan-Wales infrastructure, coupled with our unique role in straddling both the NHS and emergency service systems, to provide support to the wider system in new and different ways.

59. There are a number of opportunities for us to do this, some of which are already in train and which are referenced throughout this document. However, in the interests of clarity, they can be summarised as follows:

    - Providing an integrated single point of contact for health and social care, potentially building on the developing 111 model, utilising and developing the role of our clinical contact centres which represent a pan-Wales infrastructure ripe for future development

    - Building on the paramedic brand to enable us to play an enhanced role in promoting better population health, utilising the "Making Every Contact Count" approach and working in concert, rather than competition, with partners on this important work

    - Developing the concept and practice of community paramedicine, working closely with primary care clusters to develop new models of primary care delivery across Wales, with a much more multi-disciplinary focus

    - Optimising the benefits of emerging technology to take services currently provided in the fixed estate out to communities

    - Supporting better outcomes for patients and system efficiencies by working closely with partners to deliver an enhanced non-emergency patient transport service (NEPTS)

60. In order to exploit fully the opportunities we have identified, there is a clear and unambiguous need for infrastructure and other investment to ensure that, as a system, we can optimise the latent potential of our collective organisations.

61. Such investment includes in technology, in developing the strategic leadership and workforce capacity to drive and deliver new models of care and to make things happen.

62. Recognising the current and future constraints on public finances, we would welcome the Review Team giving detailed consideration to, and recommendations on, the priorities for future investment, particularly in the enablers of change.

63. It is critical that future investment is targeted appropriately to deliver optimum, system-wide benefit. The Review Team will be ideally placed to make recommendations in this regard, which could provide a blueprint for identifying system-wide priorities and leveraging the necessary changes.

Broader Observations

64. Health and social care are inextricably linked. While governance accountabilities are different, in practical terms they are on the care continuum and the future has to reflect a smoother, more integrated trajectory of care for patients than is currently the case.

65. The Regional Partnership Boards (a function of the Social Services and Wellbeing Act 2014) have a significant role to play here. However, the proof of the pudding will be in delivery and there has to be shared will to pool resources, efforts and to overcome professional boundaries. This will require bold leadership and sufficient organisational and governmental support to remove obstacles to change.

66. Given the challenges we face, it is clear that we need to redefine the social contract between those organisations engaged in the delivery of health and care services, and the public we serve.

67. This means a national, governmental focus on:

    - Improved public education around healthy lifestyles, coupled with levers for change in public health legislation. This needs to be embedded in the education system from the earliest age and should be based less on "lecturing" and more on the development of practical skills; for example a focus on teaching children to cook, helping them understand what constitutes a healthy lifestyle, as well as skills such as CPR and basic first aid, possibly delivered through the Welsh Baccalaureate, so that there is an opportunity for structure, consistency and potential assessment of these important skills with which our young people, and wider society, need to be equipped.

    - This proactive approach could be supported by other levers, for example the introduction of a "sugar tax", stricter licensing laws and potentially controversially, a more systemised focus on supporting lifestyle changes prior to surgery where this is clinically and socially appropriate

    - Given the move towards Wales having revenue raising powers under the Wales Bill, consideration could also be given to hypothecating revenue raised in Wales to the NHS and social care, ensuring people have the opportunity to see the benefit of a devolved tax regime

68. Recalibrating the acute/primary care balance will need to be moved on rapidly, with the possibility that any available additional funding is predicated on such a recalibration. The ambulance service is already commissioned using the five step ambulance care pathway, with a focus on "shifting left" towards helping people secure the right health and care advice, often modelled on self-care based on telephone and online advice, as well as community-based services. The Welsh Ambulance Service has learning to share with the system in this regard.

69. Similarly, the nature of the primary care workforce will need to diversify to reflect this shift, moving away from a GP-based model to one where a range of clinicians and social care professionals work together to meet the needs of patients. The Welsh Ambulance Service is already piloting a community paramedic model, as outlined above, which will provide evidence on which to build future, more permanent models of primary care support.

70. A performance regime which “measures what matters” in the right way will be key to unlocking the potential inherent in the system and harnessing the innovative skills of the current workforce.

71. As an ambulance service, we know from experience that arbitrary targets, with limited or no clinical value, generate more heat than light. Ensuring healthcare targets have an intrinsic value for patients and clinicians, and that they are outcome focused, is important. Otherwise, there is a danger of perpetuating a culture of measuring what is easy (time) rather than what is important (impact).

72. The challenges of the future health and social care workforce are referenced earlier in this submission but should not be underplayed. Thinking differently about our professionals, where and how they work, will be key to altering models of service delivery and the culture needed to optimise their benefits.

73. Pushing the concept of prudent healthcare at a time of increasing demand may prove controversial, but it is something which bears further scrutiny. Such a debate exemplifies the real value which the Parliamentary Review can bring, which is genuine public engagement on the health and social care challenges we face and a real, cross party debate on what is reasonable to expect from a publicly funded health and care system.

74. Such a debate could be framed around the renegotiation of a “social contract” between the people of Wales and health and social care providers, based on an agreement that “this is the part that we will both play in improving my health and wellbeing” (patient/clinician/care giver).

75. The Wellbeing of Future Generations Act reflects our ambitions as a society but, as long and until we resolve the resourcing and delivery of health and social care services, there will be precious little public resource to invest in those other major investments that will bring about the major socio-economic change that we all wish to see in Wales, for example in housing, the environment, education and infrastructure.

76. Streamlining processes will be critical for patients and service users. The current system is difficult to navigate, with limited choices for many. This often results in patients ending up in the “wrong” part of the system.

77. Much work is needed to simplify how and where services are delivered, and to provide genuine, easy to access services for people who need help and advice. This is where telephone and online-based services could be developed to provide a more effective gateway into the non-urgent health and care system. The current 111 pilot could provide a model for this in the future, providing a single point of access as outlined earlier.

78. Similarly, interface between elements of the system needs to be smoother. Handover delays encountered by ambulance staff are an example of where there is limited integration or recognition that all healthcare providers are working in a single system of care. This disconnect is to the detriment primarily of patients, but also to staff caught in that disconnect.

79. Much has been made in this submission of the need for consistency in service delivery and the “adopt or justify” approach to implementing evidence-based improvements. However, despite many years of training staff in a range of improvement techniques (e.g. Lean, Six

Sigma, IQT), progress has perhaps not been as anticipated and there remains a lack of capacity to mainstream activities. This is a challenge that will need to be resolved.

Closing Remarks

80. The Welsh Ambulance Service welcomes the work of the Parliamentary Review and is committed to supporting a refreshed vision for health and social care in Wales.

81. While the outcome of the Review will be much anticipated, of primary importance will be continued political boldness to support changed models of delivery and performance measurement where there is sound clinical evidence to do so, and the will to engage with the public to develop confidence in a new model of health and social care delivery in the future.

Ends/EVH/April17