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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Conffederasiwn GIG Cymru

Response from: Welsh NHS Confederation

	The Welsh NHS Confederation response to the priorities for the Health, Social Care and Sport Committee consultation
Contact:	xxx Policy and Public Affairs Manager, the Welsh NHS Confederation. Xxxx Tel: xxxx
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Introduction

1. The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales (our members). The Welsh NHS Confederation supports our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.
2. We welcome the opportunity to contribute to the Health, Social Care and Sport Committee consultation. We hope that our response, which has been developed with our members, can inform the Committee's Forward Work Programme and highlight the areas where the NHS recommends that the Committee should priorities and consider. Our response builds on the information provided to the Fourth Assembly's Health and Social Care Committee's Legacy Consultation and the information that we provided to all political parties during the National Assembly elections.

The role of the Welsh NHS Confederation

3. As the biggest user of public money in Wales, it is essential that the NHS is accountable, and Assembly inquiries allow this to happen. The Welsh NHS Confederation has built a strong relationship with the clerks from the Health, Social Care and Sport Committee during the Fourth Assembly and this will hopefully continue into the Fifth Assembly. This relationship has been very beneficial for Local Health Boards and NHS Trusts and also for Committee members, with 80 appearances by Local Health Boards and NHS Trusts to the Health and Social Care Committee during the Fourth Assembly.
4. Prior to Committee inquiries and oral evidence sessions, the Welsh NHS Confederation liaises with the clerks to ensure that the most suitable representatives from the NHS in Wales provide evidence to the Committee. We contact the Health Boards and Trusts on behalf of the Committee clerks for all inquiries to ensure that the Committee hears from representatives from across the NHS in Wales. On behalf of our members we discuss with the clerks the key areas that the Committee is considering, the possible issues that may be discussed during the evidence session and liaise with the clerks after the session when draft session transcripts are sent to representatives from the NHS. We hope this relationship continues during the Fifth Assembly term to ensure that the Committee hears from experts within the NHS and to ensure that the Committee can fully understand the policies and processes of the NHS.
5. In addition to liaising with the clerks, the Welsh NHS Confederation provides significant support to representatives from Local Health Boards and NHS Trusts providing evidence to the Committee. The range of support that we provide includes practical information on what to expect on the day, organising pre-meetings to discuss some of the potential areas of questioning the Committee or

Members may focus on and providing support to NHS representatives on the day, including attending the Senedd with NHS representatives.

The priorities for the NHS in Wales

6. We support the areas highlighted by Committee members in initial discussions around the key issues that could be taken forward. However, we recommend that **any consultation or inquiry that is prioritised should assist and support the transformation required to modernise health and social care services in Wales.**
7. The next five years represents a critical period of transformation in health and care services. Changes in how people live their lives and the success of the NHS in keeping people alive for longer means demand for care is rapidly rising. An ageing population, combined with more people having increasingly complex needs, means that demand for health and social care services is predicted to grow rapidly in coming years. With increased demand it is clear that the NHS needs to modernise and adapt when it comes to the way it approaches care and treatment for people. For the long term sustainability of the NHS to be secured, and for it to continue to deliver high quality care, it cannot do things in the same way.
8. To meet these challenges the NHS needs to be appropriately resourced to modernise and adapt the way it approaches care and treatment. Many services will need to be redesigned to deliver radically different models of care which better fit the needs of people and reflect advances in technology and medical treatment. We also need to identify innovative ways to overcome historic boundaries between organisations which hamper seamless care for patients.
9. There is now an opportunity for the Welsh Government, through the planned Parliamentary Review into health and social care in Wales, to take forward the following key priorities which have been identified by NHS Wales leaders. The seven priorities that could be considered by the Committee over the Fifth Assembly term are:
 - a. To develop a long term vision and ten year strategy for sustainable health and care services in Wales;
 - b. To develop a deliverable workforce and organisational development plan to support the long term strategy;
 - c. To make best use of the physical, financial, workforce and technological resources available;
 - d. To co-design, commission and provide joined up health services and to work with partners to provide patients with an integrated health and care experience;
 - e. To work with public sector partners to invest time and resources in services and actions that promote health, well-being and personal responsibility;
 - f. To drive consistently high quality services and outcomes and develop a performance management framework that supports this; and
 - g. To provide clear and consistent leadership and take strategic decisions on national priorities and programmes.

Priority areas for the Committee to take forward (not in priority order)

Workforce

10. We support the Committees recently launched inquiry into the sustainability of the health and social care workforce. We will be providing a detailed response to the inquiry and as part of the Welsh NHS Confederation Policy Forum, which consists of over 40 health and social care organisations, will be publishing the “‘One workforce’: Ten actions to support the health and social care workforce in Wales” document. The document highlights the key issues that Assembly Members will need to consider to ensure a sustainable health and social care workforce.

Long-term conditions and Welsh Government Delivery Plans

11. We would recommend that the Committee undertakes more strategic inquiries rather than condition specific inquiries; as were conducted in the Fourth Assembly.

12. Instead of individual inquiries on specific Delivery Plans (for example cancer, stroke) we would recommend that the Committee looks at long-term conditions and all the Delivery Plans developed by the Welsh Government during the Fourth Assembly. The issues highlighted around the implementation of one Delivery Plan will be very similar for the other Delivery Plans (for example early identification, assessment and care planning, having a key worker and providing information to patients). In addition a number of patients have more than one long term condition so it is important that their care pathways are not seen in silos.

The impact of poverty on people’s health and well-being

13. We would recommend that the Committee considers the impact that socio-economic deprivation has on people’s health and well-being.

14. As highlighted in our briefing, “From Rhetoric to Reality – NHS Wales in 10 years’ time: Socio-economic Deprivation and Health”ⁱ the socio-economic inequalities in life prospects and health are stark. Socio-economic deprivation has a significant impact on child development, on people’s lifestyle choices, on healthy life expectancy, including living with an illness or chronic condition, and life expectancy.

15. As part of the inquiry the Committee could consider the impact that welfare reform is having on people’s health. In our briefing “The impact of welfare reform on people’s health and well-being”ⁱⁱ we highlighted how the changes to welfare benefits are having a significant impact on people in Wales and have led to an increase in a wide variety of health-related conditions. Research highlights that welfare reform could include an increase in a wide variety of health-related conditions including:

- Mental health problems;
- Cardiovascular and respiratory illnesses;
- Obesity-related illnesses;
- Substance misuse and associated alcohol and drug related harms; and
- Suicides, homicides and domestic violence.

Public Engagement

16. We recommend that the Committee considers how the Welsh Government and public bodies better engage with the public.

17. There is a need for an open and honest conversation with the public about what the NHS can provide in the future. While the NHS is free at the point of contact, it is not free of obligation, and

the public will need to be supported in taking more responsibility for their own health. Patients need to become partners in managing and improving their health, rather than passive recipients of healthcare. Communication and co-production with patients, the public, third and independent sectors will be required with more support in influencing the public message regarding co-production and self-management. Without support across all sectors for these messages, it will not succeed and the Committee has a role to consider where we are in Wales at the moment.

Carers

18. We would recommend that the Committee undertakes an inquiry into the support provided to unpaid carers in Wales.
19. There are at least 370,000 carers in Wales and the amount of care provided by unpaid carers saves the Welsh economy £8.1bn every year.ⁱⁱⁱ While there are a number of pieces of legislation affecting carers in Wales, including the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act, the Committee could consider the specific needs of unpaid carers, especially young carers, the adverse impact that caring can have on carers' health and well-being.

Welsh Language and Health

20. With the introduction of the Welsh language standards, it would be an opportunity for the Committee to consider Welsh language provision across health and social care.
21. The ability to provide services in Welsh is one of the key elements to delivering a quality service, especially for vulnerable groups who find it easier to express themselves in their first language. The Welsh Government developed "More than just words" in 2012, providing a strategic framework for Welsh language services in health, social services and social care, and the inquiry could consider how this is being implemented across Wales before the new Welsh language strategy comes into force from April 2017. The Committee could also consider the recommendations put forward by the Welsh Language Commissioner in her report "My Language, My Health: The Welsh Language Commissioner's Inquiry into the Welsh Language in Primary Care"^{iv} and the progress made.

Intermediate care services.

22. We would recommend that the Committee undertakes an inquiry into the intermediate care services in Wales and the impact that the Intermediate Care Fund has had on helping keep older and vulnerable people out of hospital and in their own home.
23. Intermediate care describes a range of services providing time limited support to [NHS] patients (up to six weeks) which promotes independence by avoiding unnecessary hospital admission or admission to long term care, facilitates timely discharge from hospital and forms a bridge between hospital, home, dependence and independence. Intermediate care is provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment, social work intervention, or opportunity for recovery. The Intermediate Care Fund was introduced by the Welsh Government in January 2014 and funding provided to encourage integrated working between local authorities, health and housing. Funding is targeted at supporting older people, particularly the frail elderly, to maintain their independence and to be cared for in their own home. Funding is also provided to encourage innovation and developing new models of delivery to ensure sustainable integrated services. With the demands on acute provision in Wales it would be beneficial for the Committee to consider the impact that the Intermediate Care Fund has had.

Mental health

24. We would recommend that there is an inquiry considering mental health provision in Wales and whether mental health is valued equally with physical health, or “Parity of Esteem”.
25. One in four people will experience mental health problems in any given year and the cost of mental health problems in Wales is an estimated £7.2billion per year.^y Mental health has risen up the agenda during the last two Assembly terms, with cross party support for new policy and legislation such as Together for Mental Health and the Mental Health (Wales) Measure, but the Committee could consider how we further develop high quality mental health services in Wales and address attitudes to mental health. The inquiry could include CAMHS services, as recommended in the Children and Young People Committee’s legacy report, dementia provision in Wales and also the impact long-term conditions have on people’s mental health.

Feedback on the areas highlighted by Committee members in initial discussions (in order of priority)

Sport and public health:

26. We recommend that an inquiry considering public health should be a priority for the Committee and should consider the role and impact of a preventative approach to health services and work to educate the general public about the preventative agenda, as recommended during the Health and Social Care Committee legacy report. The potential health benefits and the role of NHS Wales in promoting sport and physical activity generally was only recently considered by the Communities, Equality and Local Government Committee in their inquiry into participation levels in sport which was completed in March 2014.
27. Prevention and early intervention to improve population health is a national priority for the Welsh NHS Confederation as we all recognise that it is key to improving the health and well-being of the whole population, while helping to manage demand on secondary care. Wales faces a significant number of public health challenges, including high levels of obesity, drinking above the guidelines, smoking and poor levels of physical activity. The impact of such behaviours on our health is resulting in significant demand being placed on the health service. The Committee could consider the role and impact of a preventative approach to health services and work to educate the general public about the preventative agenda.

Integration of Health and Social Care services:

28. The Welsh NHS Confederation would support an inquiry looking into the implementation of the Social Services and Well-being Act 2014 and other policies dealing with the integration of health and social care services.
29. The Welsh NHS Confederation believes that Wales, given its size, structure and close links, has a golden opportunity to achieve so much when it comes to integration. The Welsh NHS Confederation works with ADSS Cymru, Wales Council for Voluntary Action, Care Forum Wales, the Welsh Local Government Association and Community Housing Cymru to support the continued implementation of the Social Services and Well-being (Wales) Act 2014. However, to provide patient centred care, collaborative working and transformational change is vital across all of the public sector.

30. Integration needs to happen, both within and outside the health service and therefore it is important to look at integration across the public sector. The NHS will not be able to rise to the challenges it faces without the help of our colleagues in other sectors, including housing, education and, in particular, those in social services.

Primary Care

31. We would support an inquiry considering primary care because over recent years there has been a number of areas of development within primary care that the Committee could hear about. The NHS in Wales aims to provide modern, fit for purpose primary care facilities that support and enables the delivery of safe and sustainable care at or close to home. This includes the provision of integrated facilities where appropriate – “the one stop shop” – to further support the shift of NHS community services to more local settings, as well as the delivery of the wider health and well-being agenda with other public and third sector delivery partners.

32. Health Boards in Wales have formally developed arrangements for 64 Cluster networks (Clusters) of GP practices and partners to work collaboratively to develop services in the community, serving populations of between 30,000 – 50,000. GPs in the Clusters play a key role in supporting the ongoing work of a locality network (in some areas these are known as neighbourhood networks). The Clusters are charged with working together and with primary and community care partners within health and social care to meet local need and through working together and supporting individual practices it will hopefully enable GP practices to be more sustainable in the future.

Efficiency within the NHS and modern management practices:

33. We would support an inquiry considering the efficiency within the NHS. The rise in demand, coupled with constrained financial resources, has made delivering health and care services in the current model increasingly difficult. The NHS is committed to working more efficiently in order to rise to the challenges that it faces. However, it has become increasingly clear that traditional methods of savings are unlikely to deliver what is needed in the future.

34. According to the Wales Audit Office’s (WAO’s) report,^{vi} since 2011, the NHS has reported making around £800 million in savings. The vast majority of NHS respondents to the WAO survey said that their organisations’ financial savings had come entirely or mostly from improved efficiency. Overall, revenue spending on health remained below 2010-11 levels until it rose in 2014-15. According to the WAO report the majority of spending in the NHS goes towards the costs of providing hospital and community based healthcare services. In 2010-11 and 2014-15 spending on these services has increased by around £52 million (1.4%).

35. It is important that we are realistic about the current and future costs of health and care services and we need to work with all stakeholders to understand the future resources required to secure the system. Later this year the Health Foundation will be publishing a report looking at efficiency in healthcare which the Committee could consider the findings in more detail.

Waiting Times:

36. The Welsh NHS Confederation would support an inquiry considering waiting times but recommends that the remit should focus on patient outcomes rather than tier 1 targets. Waiting times are a key priority for the NHS and there is much work going on to try to improve waiting time targets. While targets have a role to play, we must also look at the bigger picture, which is about instigating a whole system change in the way treatment is delivered to patients and providing the best service we can within the resources that we have. It is vital that we develop a performance management framework that supports this, focusing more on outcomes rather than

processes, as has been done during the Clinical Response Model introduced in October 2015 for ambulance targets.

37. NHS Wales is the first system in the UK to move to a national pilot of a new ambulance model. The piloting of a new Clinical Response Model (CRM) for 12 months from October 1, 2015 by the Welsh Ambulance Services NHS Trust (WAST) recognises the importance of clinical indicators as a measure of quality, rather than exclusively time-based targets. The pilot reflects clinical advice and evidence that the use of an out-dated, time-based target is not a good measure of performance, clinical care or patient outcome.

Other areas discussed by the Committee

38. While the Welsh NHS Confederation is supportive of the inquiries into neonatal services, ambulance services, loneliness and isolation among older people, the use of antipsychotic medication in care homes and gambling addiction, we do however believe that the issues highlighted above are of greater strategic significance and will support the transformation required within the health and care system.

Conclusion

39. As highlighted in our response there are a number of significant strategic areas where the Committee could take forward and consider. With the number of challenges health and care services face we recommend that any future consultation or inquiry considered by the Committee assists and supports the transformation required to modernise health and social care services in Wales.

ⁱ Welsh NHS Confederation, June 2015. From Rhetoric to Reality – NHS Wales in 10 years’ time: Socio-economic Deprivation and Health.

ⁱⁱ Welsh NHS Confederation, March 2015. The impact of welfare reform on people’s health and well-being’

ⁱⁱⁱ Carers Trust Wales, 2016. Investing in Carers, Investing to Save.

^{iv} Welsh Language Commissioner, June 2014. My Language, My Health: Inquiry into the Welsh language in Primary Care.

^v Mental Health Foundation, October 2015. Fundamental Facts About Mental Health 2015.

^{vi} Wales Audit Office, December 2015. A Picture of Public Services 2015.