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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: Cyfarwyddwyr Gweithredol Therapiau a Gwyddorau Iechyd

Response from: The Executive Directors of Therapies and Health Sciences

2 September 2016

Priorities for Health, Social Care and Sports Committee Executive Directors of Therapies and Health Science consultation response

The Executive Directors of Therapies and Health Science (DoTHS) are pleased to respond to the consultation to inform the key priorities for the next 12 – 18 months.

1. Integration of Health and Social Care services: The DoTHS would support an inquiry looking into the implementation of the Social Services and Well-being Act and other policies on integration of health and social care services.

This would feel like a priority area given the recent implementation of the Act. From our observations, the picture across Wales feels patchy and it is important to understand the barriers that may exist e.g. is it terms and conditions, cultural issues, lack of priority. There are no meaningful targets or whole system indicators to achieve in terms of integrated services as there are for acute services and flow, we would suggest that this be considered.

We are strong advocates of collaborative working and have the only Registered professional group – Occupational Therapy – that is employed in both Health and Social Care and are therefore well-placed to champion integration and its benefits. We believe that integration is vital across all of the public sector to deliver the scale of change required and would request that greater pace is given to this agenda that needs to focus not only on the NHS but with partner public sectors and the third sector. We would suggest that it is important to look at integration across the whole of the public sector, not just integration of service provision, but also integration of policy and priorities to facilitate greater integration. The committee may want to consider metrics as a proxy for integration, such as The National Audit of Intermediate Care 2015 (England) recommendation of a 2 day wait for intermediate care access being a reasonable indicator based on the evidence that patients who wait more than 2 days lose the benefit the service. Something like this would be patient centred, simple to collect, easy to measure and could give a high level indication of improvement in integrated working.

2. Waiting Times: The DoTHS would support an inquiry considering waiting times but recommend that the remit should look at patient outcomes rather than solely tier 1 targets. An interesting from a therapies perspective is that one of the unintended consequence of maintaining waiting time targets is that services are then focussed more toward an assessment than intervention service, and areas where there is strong evidence for intervention intensity eg. Childrens services and frail elderly the focus

initial assessment may not meet clinical need and best outcomes. Waiting times are a key priority for the NHS and there has been considerable work to focus on improving waiting time. While targets have a role to play, we suggest that this is an opportunity to take a broader view to instigating a system change in the way treatment is delivered to patients and providing the best service we can within the resources available with priorities being based on clinical need. Some of the current key pressure areas outlined are familiar to Therapists and Health care Scientists and we recognise that without some change in waiting time priority services such as diagnostics and therapies will continue to have capacity deficits. It is an imperative that we develop a performance management framework that supports this with attention given to data collection systems and analytical capability and capacity.

3. Primary Care: We would support an inquiry considering primary care to inform the Committee of the pressures for change and the many developments in services across Wales. The DoTHS support the development of clusters to be inclusive or a broader Primary care team beyond the traditional Drs and Nurses. Many of our staff have key roles to perform in delivering sustainable models e.g. physiotherapy first contact practitioners, Psychologically informed care, paramedic practitioners, dietetic advisors. We hope that the enquiry would focus on the contribution of Therapists and Health care Scientists in delivering new models for sustainable community services areas such as musculoskeletal management, Point of care Testing and Dementia care are areas where we have key skills that could be more widely deployed.

4. Efficiency within the NHS and modern management practices: 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.

5. Neonatal services: Following from the “Bliss baby report 2016: time for change”ⁱ we would support the Committee considering the recommendations with the report and the issues highlighted to deliver a sustainable model for neonatal services that meet clinical needs and that is provided by a well trained workforce, which should include a requirement to meet the neonatal therapy staffing level standards.

6. Use of antipsychotic medication in care homes: We support the Committee considering the scale of the inappropriate use of antipsychotics to control the behavioural and psychological symptoms of people living with dementia, and if required examine possible solutions. Psychological interventions and management of challenging behaviour through behavioural and communication strategies, education for care home staff, environmental enrichment would be part of the solution and core skills of psychology, Speech and Language therapy and Occupational Therapy.

7. Ambulance Services: The DoTHS would support a short inquiry examining the outcomes of the new Clinical Response Model pilot and consider the Review findings of the CRM pilot that will be published next year.

8. Loneliness and isolation among older people: We would support a short inquiry considering loneliness and isolation for older people but we would recommend that this is extended to include all age groups due to the fact it is an issue that does not only impact on older people. We would like the committee to consider whether this could be linked with the integration theme and then be used as an indicator of wellbeing within intermediate care?

9. Gambling addiction: We would support the inquiry looking at awareness of gambling addiction, the provision of support services, and the steps that could be taken to reduce harm, though think this would be of greater impact for criminal justice than health services.

10. Sport and public health: The DoTHS are strongly supportive of an inquiry considering public health should be a key 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 as well as being a key pillar of Prudent healthcare.

Prevention and early intervention to improve population health is a core skills for many Therapists as well as promoting exercise and sport e.g. Dietitians, Occupational therapists, physiotherapists, podiatrists. WE recognise the benefits of the preventative health care agenda and are also skilled in treatment and maximising peoples potential – so would be strong advocates for this inquiry.