

# WELCOME

## Leadership For Better Outcomes – A Welsh Public Service Perspective Breakfast Session



CHIEF  
EXECUTIVES'  
FORUM



THE WELSH NHS CONFEDERATION  
CONFFEDERASIWN GIG CYMRU



# Welsh NHS Confederation Welsh Local Government Association (WLGA)

## Leadership for Better Outcomes A Welsh Public Service Perspective

12 October 2017

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# Part 1 - The Public Service Framework in Wales



# The Welsh NHS



The Welsh NHS is made up of 7 integrated health boards and 3 national trusts

Welsh Government is responsible for funding and setting health policy for the NHS. Around half of the Welsh budget is spent on health

NHS Wales Budget - £7.3Bn = £2,300 per capita

N Ireland £5 Bn = £2,700

England- £122Bn = £2,200 per person

Scotland- £13.2Bn = £2,500 per person

Patients in Wales come into contact with the NHS 20 million times each year, with 80% of contacts taking place outside of a hospital

# Local Government in Wales



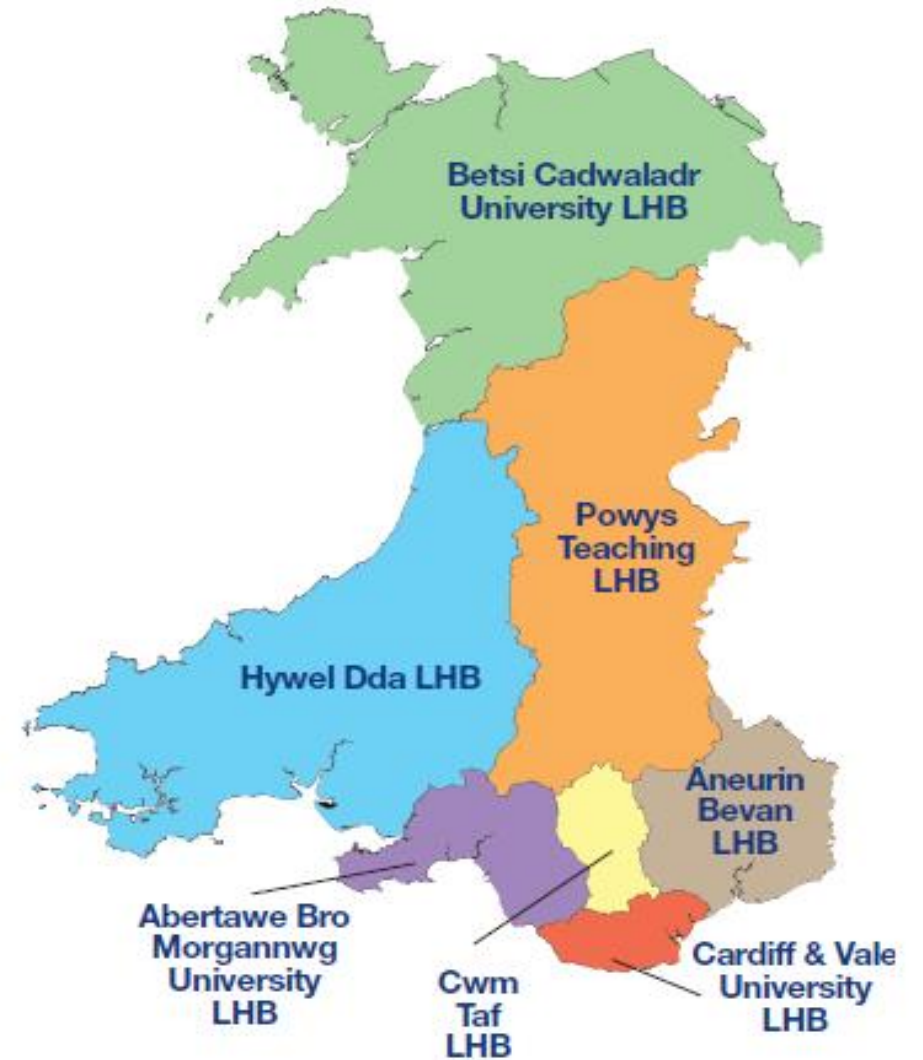
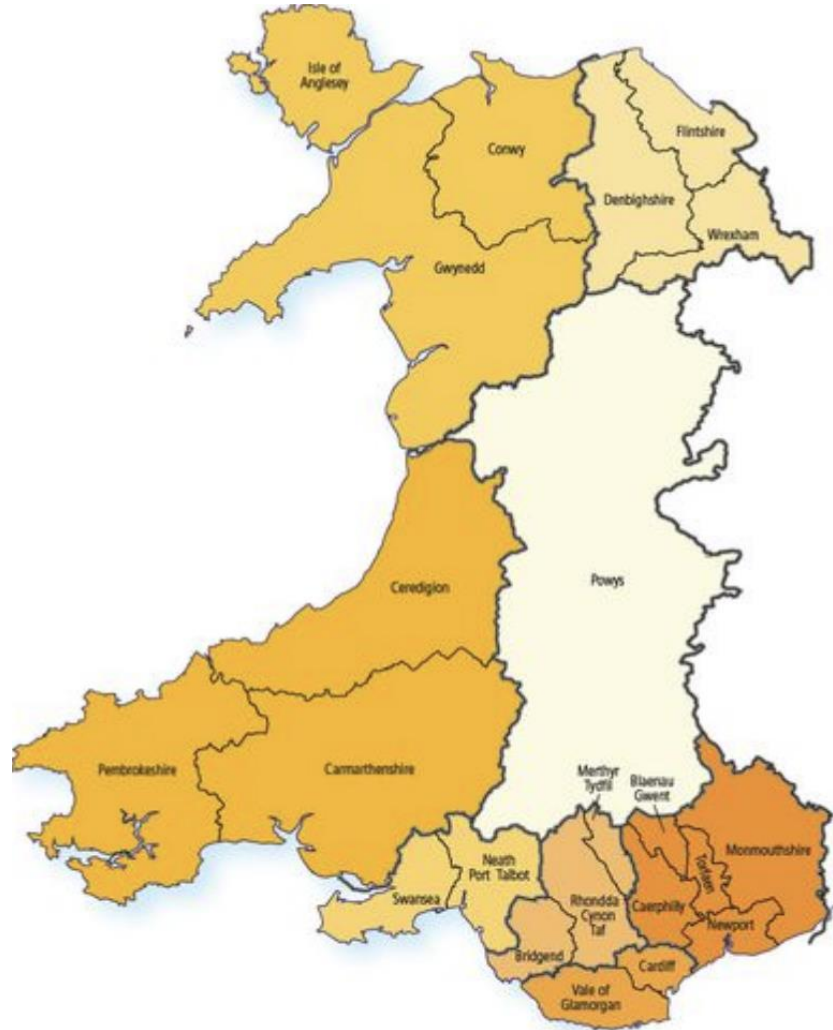
Local government in Wales is funded through the Revenue support Grant (80%) and directly raised council tax on properties 20%

Welsh Government provides the grant to support councils to the tune of £3.8bn

Council run around 700 functions. These include education, social care, waste management, transport, planning, trading standards

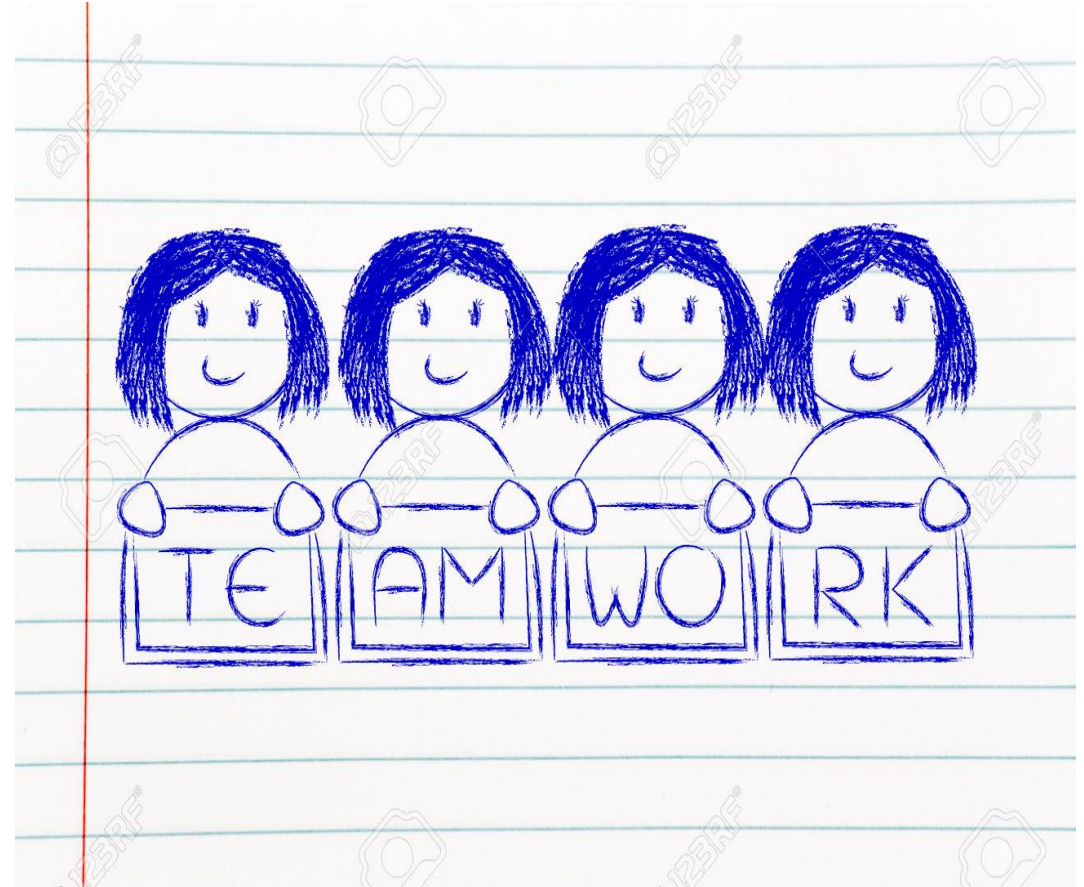
There are 1264 councillors in Wales. Cabinet models to run councils. 730 town and community councils

# The map of Welsh Public Services



# The Public Services Workforce

- **The NHS** is Wales' largest single employer, with just under 90,000 directly employed by the NHS
- NHS Pay bill is about £3.51 billion, almost 50% of the NHS spend
- Challenges facing the Welsh NHS – Significant staffing shortages across range of specialities
- **Local Government** workforce employs 130,000 people includes all teachers but not 3<sup>rd</sup> party contractors
- Loss of 25,000 jobs over the past 7 years
- Challenges – shortage of social workers, teacher recruitment, loss of professional expertise through cuts



# Welsh Devolution – 20 years after the referendum. A mature and fully developed institution?





# The Legislative Framework



- **The Social Services and Well-being (Wales) Act (2014)**

The Social Services and Well-being (Wales) Act is the law for improving the well-being of people who need care and support, and carers who need support.

- **The National Health Service Finance (Wales) Act 2014**

The Act made it a legal requirement that Local Health Boards break even over a three year rolling period, and to have a three year integrated plan that is submitted to and approved by Welsh Ministers.

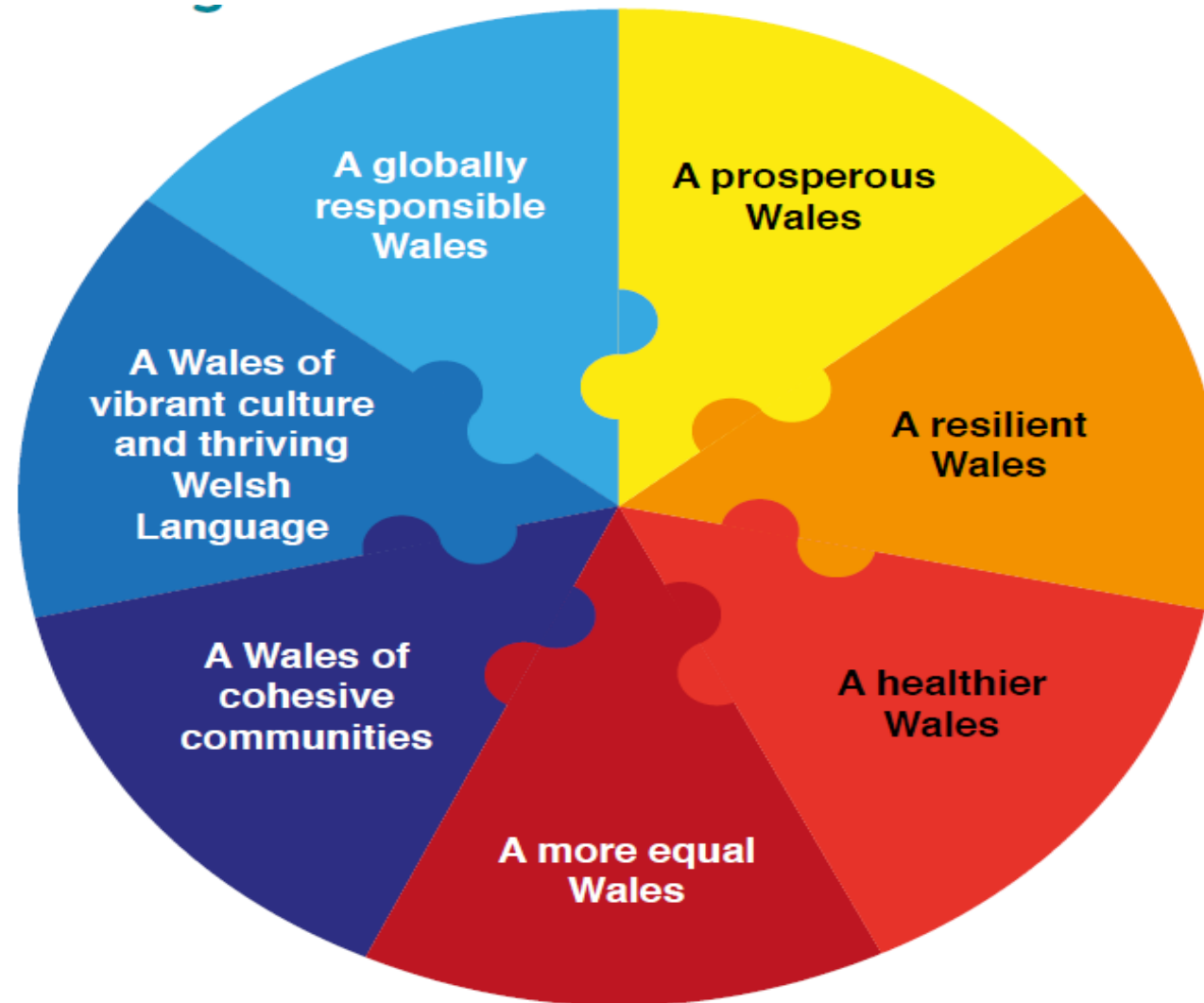
- **The Well-being of Future Generations (Wales) Act 2015**

This Act places a legal duty on public sector bodies to think strategically about the long-term impact of their decisions and to work collaboratively to tackle health inequalities and climate change.

- **The Public Health (Wales) Act 2017**

The Act aims to address a number of specific public health concerns, and to create social conditions that are conducive to good health and where avoidable harms can be prevented.

# The Future Generations Act – Should provide the “wrap around” strategic framework



# Five Ways of Working

## **Long-term**

- The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

## **Integration**

- Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

## **Involvement**

- The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

## **Collaboration**

- Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

## **Prevention**

- How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

# Public Services Boards (PSBs)

- All public bodies have to work towards the wellbeing goals and apply the sustainable development duty, or the 5 ways of working
- Produce wellbeing objectives and review and report on them annually
- This is achieved through statutory Public Services Boards including Local authorities and health through which
  - carry out wellbeing assessment (every 5 years – reporting in advance of local elections) and
  - produce 5 year wellbeing plans (with wellbeing objectives) within year of local elections
  - Conduct annual reviews and produce annual report



# Regional Partnership Boards

In April 2016, seven statutory regional partnerships established to work effectively together to:

- Respond to the [Population Needs Assessment](#) undertaken to review care and support needs, support for carers and preventative services across the region;
- Ensure partnership bodies provide sufficient resources for the partnership arrangements;
- Promote the establishment of pooled budgets where appropriate.
- Prioritise the integration of services in relation to:
  - Older people with complex needs and long term conditions, including dementia
  - Carers, including young carers
  - Integrated Family Support Services
  - Children with complex needs due to disability or illness
- Each Partnership Board is required to submit annual reports to Welsh Ministers on the extent to which each Board's objectives are being met.

# Detect a Theme? Partnership Complexity is a bit of a problem in Wales!



## Part 2 - Key issues for the NHS in Wales



# Principles guiding NHS

**Core Principles**  
The Core Principles have been developed to help and support NHS Wales staff



The infographic consists of six numbered cards arranged in a 3x2 grid. Each card features an illustration and a brief description of a principle. The cards are: 1. 'people first' (We put our patients and users of our services first), 2. 'improve our care' (We seek to improve our care), 3. 'wellbeing & prevention' (We focus on wellbeing and prevention), 4. 'reflect & learn' (We reflect on our experiences and learn), 5. 'partnership team' (We work in partnership and as a team), and 6. 'value all' (We value all who work for the NHS).

- 1** We put our patients and users of our services first
- 2** We seek to improve our care
- 3** We focus on wellbeing and prevention
- 4** We reflect on our experiences and learn
- 5** We work in partnership and as a team
- 6** We value all who work for the NHS

#CorePrinciples

**The 4 principles of prudent healthcare**



The infographic features four panels, each with an illustration and text. Panel 1: 'Public and professionals are EQUAL PARTNERS through CO-PRODUCTION' with an illustration of diverse people. Panel 2: 'CARE FOR those with the greatest health need FIRST' with an illustration of a person in a wheelchair being cared for. Panel 3: 'Do only WHAT IS NEEDED and do NO HARM' with an illustration of a clipboard and a person's head. Panel 4: 'Reduce INAPPROPRIATE VARIATION through EVIDENCE-BASED approaches' with an illustration of a balance scale.

Public and professionals are **EQUAL PARTNERS** through **CO-PRODUCTION**

**CARE FOR** those with the greatest health need **FIRST**

Do only **WHAT IS NEEDED** and do **NO HARM**

Reduce **INAPPROPRIATE VARIATION** through **EVIDENCE-BASED** approaches

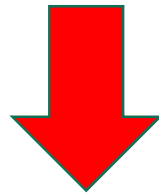
For further information visit [www.prudenthealthcare.org.uk](http://www.prudenthealthcare.org.uk)





'Nowadays people know the price of everything and the **value** of nothing" Oscar Wilde

$$\text{Value} = \frac{\text{Outcomes}}{\text{Cost}}$$



Clinical decisions

Impact of clinical behaviours

Clinical Leadership Culture

# Why is health coming under particular political pressure?

- Health funding now more than 50% of the Welsh Government's revenue budget
- Other public services have seen significant cuts to their budgets over the last 5+years at the “expense” of the NHS, for what?
- Patience of Cabinet colleagues running out
- Austerity set to continue
- Four of seven health boards under some level of intervention
- Cabinet Secretary has raised the stakes – political window of opportunity
- Number of organisations to breach their Finance Act duties
- Pressure from AMs for progress on long standing promises from NHS
- Finance Minister has indicated that there will be no additional in-year funding
- Real risk that Health and Social Services budget will be in deficit, threatening the whole Welsh Government budget in 2017-18
- Cabinet Secretary looking for a whole system response

# National programmes

*National Programmes on a Page – Prioritised Activities for 2017 with 6-12 month delivery focus*

## PRIMARY & COMMUNITY CARE

Accelerated Delivery Of Pacesetter Transfer

Demand & Capacity modelling for sustainability at practice level

National/regional development of Primary Care Support Units

Complex polypharmacy medication reviews; and reduction in antibiotic prescribing variation

Adoption of nurse led daytime triage model

**GOVERNANCE:**  
Primary Care Board and Directors  
PCMH Peer Group,  
Judith Paget as Lead Chief Executive, AL/JP Lead Directors

## UNSCHEDULED CARE

Multi Level Organising Frameworks

- ED
- Out of Hospital Care
- Discharge from acute settings

Unscheduled Care Dashboard and Whole System Measures

Benchmarking and average day

Future State Plan

**GOVERNANCE:**  
USC Board,  
Stephen Harry SRO

**ANTICIPATORY CARE MODEL**  
(List analysis and segmentation; acute exacerbation targeting)  
**VIRTUAL WARD MODEL**  
**ENHANCED INTEGRATED PATHWAYS TO PREVENT ACUTE ADMISSION**  
[Link to 111/OOHs](#)

**OUTPATIENT PRODUCTIVITY**  
**F/UP REDUCTION**  
**REFERRAL CRITERIA**  
**REFERRAL PREVENTION**  
(secondary care roles into clusters)

## PLANNED CARE

Workforce modelling for service sustainability

Welsh Health Circulars

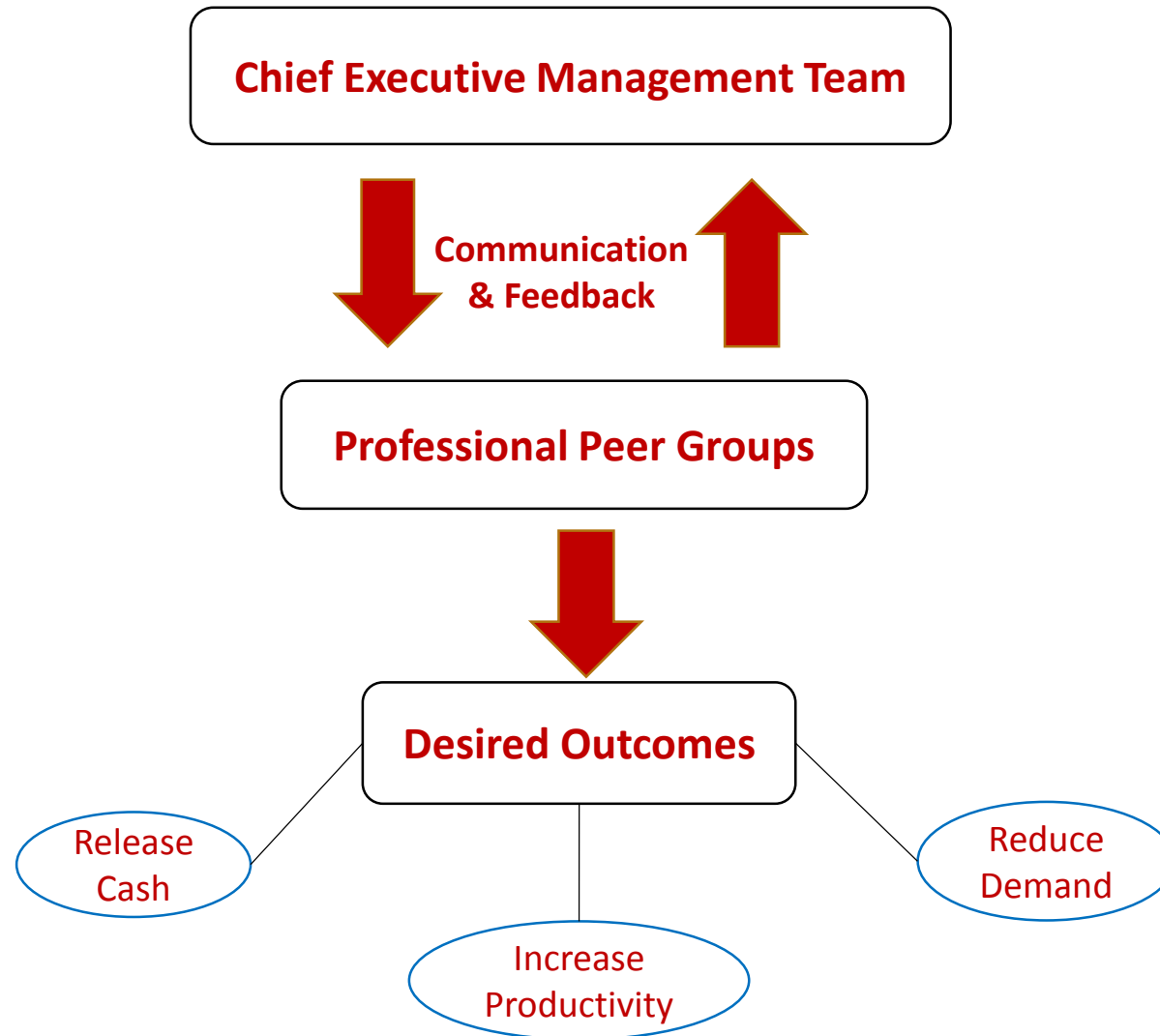
Demand & Capacity Planning

Outcome Measures

**GOVERNANCE:**  
PC Board, Chris White SRO

- ENT
- Urology
- Ophthalmology
- Orthopaedics
- Dermatology to follow

# NHS response...National Improvement Programme



# PROMS and PREMS



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**These are validated questionnaires that patients complete to give us a better understanding of how they feel about their experiences of the care they receive**

**By providing patients across Wales with the opportunity to use patient reported measures (PROMS, PREMS), clinicians and service providers will be able to use the information to identify areas for service improvement and evaluate the effectiveness of particular treatments in delivering health gains to patients.**

**Helps the NHS to get a better understanding of the value of the service we deliver by providing the patient with the opportunity to tell us about their health status and experience of care**

# WAST – Ambulance Quality Indicators (Aqi)



RED	Immediately life threatening
AMBER	Serious, but not immediately life threatening
GREEN	Neither serious or life threatening

Output

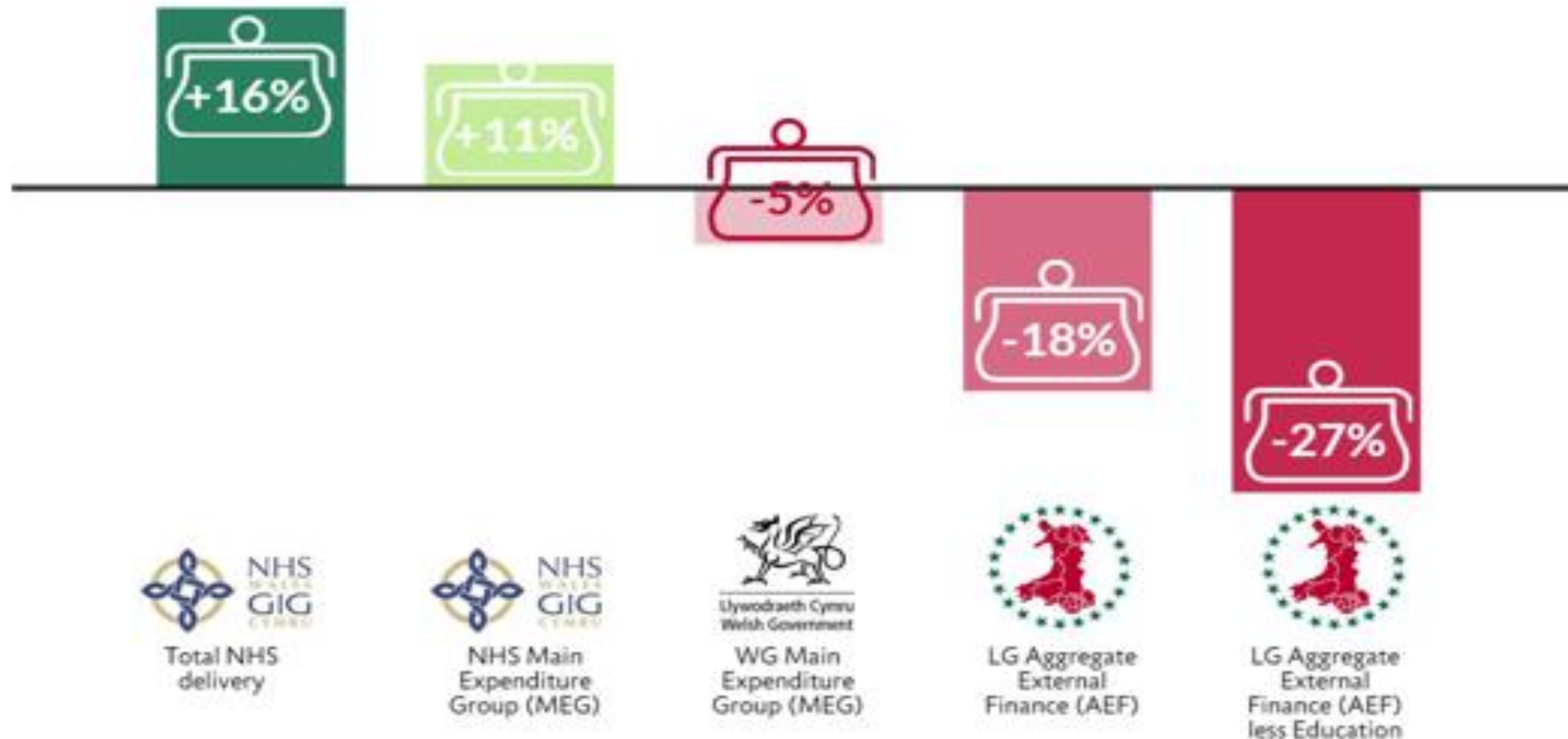


Outcome



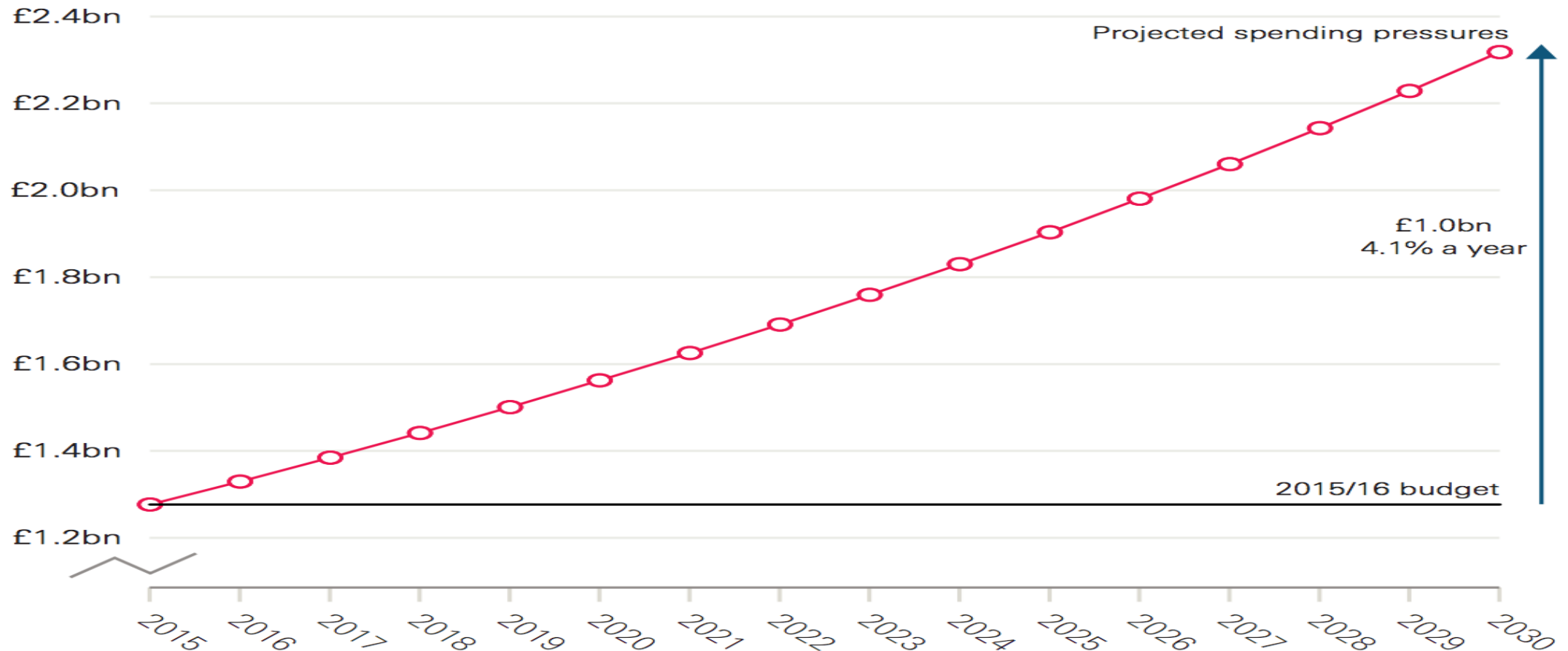
# Part 3 - Key issues for Local Government in Wales

## Funding change since 2009-10



# “Houston we have a problem” Social Care costs in Wales going off the chart

**Figure 12: Projected cost pressures for adult social care in Wales**





# Local Government Reform – the fine art of wading through treacle

~~Plan A~~

~~Plan B~~

Plan C

# The Thoughts of our Cabinet Secretary for Local Government and Finance – The Regional Agenda

Retain existing 22 local authorities - the 'front door' through which people access services – but with key services being delivered regionally.

“Behind this front door, we would have an enhanced level of **mandatory and systematic regional working**. This will ensure that services are planned and delivered on the right scale.”

**Two Geographies** to deliver such services in the future: one based around city regions covering strategic transport, land-use planning and economic development

**Another aligned to health boards for services such as education improvement, social services and public protection.**

Voluntary mergers remains a key option and combined authorities

# The emergence of city deals, regionalism and health and social care integration?



# A new role for Joe and Josephine public? Pay more and do more?



**The days when councils provided all services "in house" have gone. Stock Transfer RSLs**

**Give paternalism a decent burial but recognise the default role of public services.**

**Public responsibility – paying more for valued services. successful European countries all have tax rates expressed as a % of GDP over 40%**

**Community mutuals, co-ops, social enterprises, the charity sector as the way forward?**

**Community trusts –Leisure & Libraries-  
The active citizen – running theatres.  
Cinemas and libraries**

# The silver bullet for both our systems? – the Digital revolution



# Conclusions

- Some unprintable reflections from Vanessa and Steve!

