Cardiff Third Sector Council
Cyngor Trydydd Sector Caerdydd

Analysis of Cardiff Third Sector Council consultation response: Parliamentary Review of Health and Social Care in Wales

Introduction

The Parliamentary Review of Health and Social Care produced an Interim Report based on the Parliamentary Review of Health and Social Care which ran until April 2017.
Cardiff Third Sector Council (C3SC) submitted a response to the call for evidence. The following is a review of what is in the Executive Summary of the report against the response put forward by C3SC.

Interim Report heading	Feedback from consultation	C3SC response
The Case for Change	"*The current health and social care system in Wales was developed to serve the needs of the post-war population. Over time these have changed and increased. At the same time, there have been significant advances in care and treatment; however, the challenge of a wide gap in health outcomes between different population groups remains*." Page 9	The C3SC response in included in paragraph 2.1 the following: "*There have been many advancements in medication, surgery and health services since the NHS was formed…. Throughout all of these advances in health provision the model of care has remained consistently the same…"*
	Page 9 of the Interim Report "*Across OECD countries for the last 20 years the costs of healthcare have outstripped growth in the economy and thus the tax base. Without effective action to reduce cost pressures, increase efficiency, or reduce the demand for services, NHS spending in Wales will need to rise by an average of 3.2% a year in real terms to 2030/31 to keep pace. Cost pressures for adult social care are projected to rise faster than for the NHS, by an average of 4.1% per year. Increasing effectiveness and efficiency is essential for future sustainability."*	The C3SC response included reference to the challenges around finances for both health and social services as identified by the WPS2025 Report 'A delicate balance?Health and Social Care spending in Wales in paragraph 2.3.
	The Interim Report on page 10, states "*The scale of these challenges mean the system is becoming unstable, which cannot be resolved by incremental changes to the current models of care. This*	The C3SC response made many references to sustainability and new ways of working, an example : "*…people are living for longer frequently with chronic conditions which means that more people*

	creates an urgent need for services to be reformed – including not just where care is delivered but how and by whom"	*need both health and social care services simultaneously and not in isolation. As a result the current models need to be reviewed to ensure that both health and social care services are sustainable and effective for the 21st Century…"*(Paragraph 2.1)
	"*An increasing number of frail elderly people are hospital inpatients, and there are problems in discharging patients back into the community because of a lack of primary, community, and social care capacity. There is a shortage of GPs, and their limited time is often absorbed with problems that could be better resolved by alternative support in the community and by colleagues from other professional and care groups - all aided by new technology. There is evidence that concentrating services together can improve the quality of some specialised forms of hospital care as expertise and equipment are utilised more effectively.*" (page 10)	The C3SC response identified an ageing population (paragraph 2.8), more complex cases (paragraph 2.1) and a shortage of GPs along with the need for community services (paragraph 3.1). New technology and examples of colocation of the Wellbeing Coordinators within Primary Care and the integrated Community Resource Teams were provided as examples of services working well through integration in Cardiff and the Vale.
	"A wider set of 'social determinants' – in particular poverty, poor education, and worklessness – have a bigger influence on the well-being of a population than direct provision of health or social care. Although the review has been asked only to look at the health and care system, it evident that health and care organisations must work effectively with their partners to address the root causes of ill health; taking action expected under the requirements of the Well-being of Future Generations (Wales) Act, 2015." (page 10)	The C3SC response makes a number of references to the wider set of social determinants and health inequalities. An example of this included the mention of Public Health Wales report 'Making a Difference: Investing in Sustainable Health and Wellbeing for the people of Wales' 2016.
Future Vision	Page 11 on Future vision includes: "There is a strong consensus amongst the stakeholders that we spoke to on the broad direction of travel towards the provision of seamless health and social care,	The C3SC response: "4.1 Most primary care services are already out of hospitals, there is increased evidence to develop Secondary Care services out of hospitals to align to Prudent Health

	focused on outcomes that matter to the individual. Key features of the health and care system to achieve this should include accessible proactive primary care; boosted preventative care; individuals supported to self-manage where possible and safe; and services provided on a home first basis or in the community where possible. / We heard and saw good examples of efforts in Wales that are working towards this future vision. Many of the leaders involved are starting to implement change by developing models of care with other stakeholders and drawing from international examples. However, current practice seems to be 'let a thousand flowers bloom'. Whilst potentially supporting local innovation, this risks dissipating effort, making evaluation unnecessarily complex, adding difficulty to identifying 'the signal from the noise' and reducing effective learning across organisations."	Principles. This is supported by the Cardiff and Vale UHB's 10 year strategy 'Shaping Our Future Wellbeing'. 4.2 Good practice examples are available from elsewhere, such as Bromley-by-Bow which has a proactive and progressive social prescribing system, where health services are only one part of improving people's health and wellbeing, with the majority of other services being provided by community groups and the wider third sector."
	In regards to a set of new models, the Report includes: *"The set should be developed with clear standards, which can be tailored to local circumstances and needs. The models require input from the public, staff, and health and social care organisations." (page 13)*	The C3SC response included under paragraphs 14.1, 14.2 and 14.3. *"The infrastructure should be standardised to reduce service inefficiencies in the ability to access and share information"* *"There could be a standardised set of options, but leaving it to local, shared decision making processes to determine which options best suit the local population. More local service options enable innovation at a local level."* *"The commissioning process should be clearly laid out and followed, but services should not be standardised unless there is good reason to do so."*
Capacity to Care	The Interim Report on page 13 states: "Stakeholders emphasised the importance of dialogue with individuals and groups on how they can best play a part in	The C3SC response included a number of references to the need for engagement with a wide range of stakeholders including coproduction in service design and delivery (for example

	influencing the design of services. Stakeholders also emphasised the need for a shared understanding of the challenges facing health and social care to be developed with the public."	paragraphs 5.3 and 5.4)
	"The vital role that both unpaid carers and volunteers play in the health and care system is acknowledged, and we heard that informal carers should be included when planning and developing the workforce. This would relieve pressure on unpaid carers, making sure their views and needs are considered as part of the overall care team." (page 14)	Paragraph 17.5 of the C3SC response said: "17.5 Include the workforce in planning, commissioning and research and acknowledge the skills and information that they hold as well as carers and those who access the services."
	Followed by: "*We heard a call to move to integrated health and care workforce planning and multi-disciplinary training on a health board or regional footprint, based on population need and new models of care. Planning should be focused on the needs of the individual and deliver the 'right professional at the right time'. Sufficient carer capacity is required for home or community settings. Utilising allied health professionals, pharmacists, advance nurse practitioners and others to the maximum of their abilities, aided by technology, will help meet the demand in primary care*"	The C3SC response included the need for value for money, the need to meet the demand on primary care, and the need for personalised care based on individual needs for health and wellbeing rather than one size fits all, as well as the need for improved health literacy across services and the population as a whole.
Making Change Happen	The second bullet point on page 16: "*A unified national performance management framework and specific shared metrics for health and social care are needed to prompt and guide progress. This would move beyond measuring processes and targets, often centred on secondary care, to one which focuses on care outcomes and patient experience across the whole system, especially population health and care outside hospitals."*	The C3SC response stated: "*The outcomes framework that covers health, social care and wellbeing (including Public Health) rather than the range of different ones which encourages silos and separation rather than integration and to meet outcomes that meet people's longer term wellbeing needs.*" (paragraph 7.5) It also made reference to integration and services outside of health to meet the needs of the population.
	"*We heard calls to develop the*	C3SC response included the

	current financial system and incentives in health and social care to prompt needed change. For example, to encourage integrated care across whole care pathways, stakeholders wanted resources to flow more easily between organisations. To encourage proactive population health, stakeholders were interested in exploring capitation financed models of care." (page 16)	need for financial change and for greater integration, as well as a number of references to health literacy to empower the population to be able to make their own choices. For example 16.3: "*Increased focus and funding on preventative services so people access the health and social care services that they need amongst a range of other information, support and services."*
	The report on page 16 also includes: "*Regulation was also identified as an area that could more effectively encourage speed of change, especially to improve quality and efficiency of care, and new models of integrated care."* *Page 17 also states:* *"Many thought the systems they worked in were far too bureaucratic, and slowed needed change. It is now critical to streamline - clarify, simplify and unify - governance and accountability arrangements for health and social care."*	The C3SC response highlighted the complexity. Specifically "*An inspection and performance framework that focusses on the patient's experience of the whole system rather than on the services provided by individual organisations. This needs to include integration of the different regulations and regulators, as the current system is often costly and involves organisations being regulated for the same service in different ways depending on who has commissioned the service.*" (paragraph 3.6)
	The Panel were: "*We were encouraged by the energy and drive we saw in initiatives largely operating outside of traditional governance structures, in particular in primary care clusters. How these will develop, and where they fit in existing accountability and governance structures, needs to be clarified, without damping their potential.*" (page 17)	The C3SC response included the mention of a range of different initiatives, such as the work being undertaken under Shaping Our Future Wellbeing, as well as specific mentioning the Wellbeing4U Coordinators and the evidence of the benefits of the service. The need for governance structure changes was a focus of section 15 of the response.
Next Steps	As part of the Next Steps the Panel have stated "*We will establish a stakeholder forum to work with the review panel to outline these new models and the principles that should be used to plan future service development. The forum should: Draw membership from service users, NHS, local government, academia, professionals, third*	The C3SC response included a number of references to stakeholder engagement, an example being: "*Engage with those who access services to coproduce the support and services that they want, this can enable them to follow their own interests and engage with those who share the interests giving additional job*

	sector, and independent sector."	*satisfaction and enjoyment to the workforce."*
From the main body of the report (not the executive summary)	Page 59 includes: "A national set of standards appeared to our interviewees as essential, but this should not be confused with standardisation of approaches. Stakeholders considered this would stifle local innovation and initiatives. While a small number of 'Once for Wales' decisions are important, in general decisions made at the regional and local level according to local population needs, informed by good practice elsewhere, and with agreed outcomes, can aid progress towards a more effective and efficient system more compellingly than mandating nationally. Local implementation can flourish when the expected outcomes are clear; indeed clarity of intended outcomes is the golden thread that links action at all levels."	The C3SC response included the following paragraphs at 14.2 and 14.3: "*The more a service is standardised across the less flexibility there is for innovation, as the funding requirements and outcomes laid down often determine the services that can be provided. There could be a standardised set of options, but leaving it to local, shared decision making processes to determine which options best suit the local population. More local service options enable innovation at a local level."* and "*The commissioning process should be clearly laid out and followed, but services should not be standardised unless there is good reason to do so. For example if there is only one best practice method then it should be adopted but if there are multiple it should be local choice with justification for reasoning."*

Impact analysis

The C3SC response was one of only two from County Voluntary Councils, just over 25% of the 80 responses received to the call of evidence were from the third sector. (Annex C).

We were pleased that the points raised around stakeholder, service user and carer engagement have been carried forward into the next steps and is being a high priority by the Review Panel.

We were pleased that the need for integration and simplification of regulation and governance was included and the third sector is mentioned as a partner. However, the report would have further benefited from inclusion of the third sector being included in some of the mentions of integration and not just around stakeholders or the provision of community services, rather than health and social care services.

Next steps

In January 2018 the Final Report by the Parliamentary Review of Health and Social Care in Wales was produced called 'A Revolution from Within: Transforming Health and Care in Wales'. The Report has made 10 recommendations to the Welsh Government based on the findings of the Panel with the detailed evidence remaining in the Interim Report.