

Date: Wednesday 5 November 2003

Venue: Committee Room, National Assembly for Wales

Title: Welsh Assembly Government's Response to the Review of Health and Social Care in Wales

Purpose

1. To report to the Health and Social Services Committee on the actions to implement the recommendations from the Review of Health and Social Care in Wales. This is to achieve the vision set out in the Review, building on Improving Health in Wales: A Plan for the NHS and its Partners. We are grateful to Derek Wanless for his advice in setting out the major challenges facing health and social care. This is the Assembly's initial response to those challenges.

Background

2. The Review concluded that "the present position is unsustainable" and that there should be a strategic adjustment of services to focus on prevention and early intervention. The findings also indicated that it was imperative that the public health agenda should be given primacy. The findings and recommendations are consistent with the Welsh Assembly Government's proposed direction of travel for health and social care in Wales generally and, in relation to older people, the broad thrust of the findings and recommendations of the Wales Care Strategy Group, which will be considered as part of the implementation. The Implementation Plan must deliver measurable improvements; be inclusive and open; and be integral to the mainstream deliveries of health and social care. Implementing change will depend on effective joint action across policy areas and partnership between the NHS and local government. Cross-cutting action will build on the foundations and commitments of *Well Being in Wales*. The creation of Local Health Boards this year has established the foundation for reshaping services so that they meet the needs of the people of Wales.

Strategic Vision

3. *Wales: A Better Country* highlights the programme for improving health in Wales. At the heart of this

agenda is for the people of Wales to have access to health and social care services that are integrated and responsive to their needs; that help them to pursue healthy and independent lifestyles; and are of a consistently high quality. The Review envisaged that by acting now, the people of Wales (over the next 20 years) could enjoy a dramatically improved health status and a longer life expectancy. Treatment and care would be delivered through efficient and effective services with a strong technology base. This would be achieved through radical service redesign to meet the needs of the 21st century; through a stronger partnership with the public in terms of their responsibilities for their own health; through better engagement with the public about the services they need; and through a much stronger emphasis on preventing both ill health and increasing independence. The Review's vision sits firmly alongside the Welsh Assembly Government's commitment to a long term view; to investment in effective public services that support people; to preventing health problems and to creating opportunities.

Implementation

4. The Welsh Assembly Government has accepted all the principal recommendations of the Review. Work to address the issues raised is already in hand. The Implementation Plan blends that work with new requirements to take forward the recommendations in a systematic way. This means planning carefully and inclusively; identifying the expected outcomes; and monitoring progress regularly. A Programme Board of representatives from the major stakeholders has been set up and met for the first time on 21 October 2003 and it will be responsible for the implementation of the four themes of the Review. The Health and Well Being Council, NHS Partnership Forum and the Joint Professional Group will act as reference groups. The First Minister will chair a Cabinet group to oversee the programme on behalf of the Welsh Assembly Government.

5. The scope of the Implementation Plan is broad and this report summarises the actions that will drive the agenda for health and social care. Although the Review Team did not look in any depth at mental health services, services for people with learning difficulties, services for children and families, or the needs of carers, these will be included in the Implementation Plan, alongside the implementation of National Service Frameworks and strategies relating to these key policy areas.

Implementation plan

Themes

6. Four main themes underpin the Implementation Plan which is based on an overarching steer from the Welsh Assembly Government with local delivery. The themes are:

- Prevention
- Optimising Service Delivery
- Involving People
- Performance and Accountability

Overarching these four themes is the need for effective commissioning strategies. The Local Health Boards in partnership with local authorities will be the drivers for reshaping services. The development of the Health, Social Care and Well Being Strategies will be the key to setting the direction for change. These will be fully supported by the Assembly in securing the design and commissioning of effective services based on primary and social care services at the heart of change. These strategies will play a vital part underpinning all the areas of change set out below.

Effective communication with stakeholders, services and the public is a pre-requisite of the Implementation Plan and will feature strongly across all themes. This will be particularly important in terms of the remodelling of services, where the contribution of staff and stakeholders will be influential and also in preparing the public for changes to service configuration. While each theme is considered separately in this report, the themes and the associated key actions are inter-linked and will be implemented in an integrated way.

Prevention

7. A major shift is needed towards prevention, early intervention and supporting people to take more responsibility for their own health. Taking this forward will mean:

- **orienting health and social care towards prevention and early intervention:** prevention is a key aspect of service provision and an important factor in managing demand. Emphasis on prevention of disease and reduction in dependency must be developed within secondary and tertiary care as well as in primary care, social care and community settings. Preventing admission to inappropriate care and treatment settings through the use of unified assessment processes including the Comprehensive Geriatric Assessment and, for example, *strengthening rapid response rehabilitation re-ablement services in the community*.
- **encouraging a shared responsibility for health:** all public sector organisations share responsibility for preventing ill health and can contribute to a sustained effort to improve health and to reduce health inequalities. Action to address the social, economic and environmental factors that affect people's health and well being need to be accompanied by action to encourage individual's to do more to look after their own health and that of their children by encouraging them to take more responsibility for their health, eg: *through more effective chronic disease support enabling people to support and manage themselves with better access to information to make choices on lifestyle and care options based on a proper understanding*.
- **addressing avoidable risk and harm** by preventing accidents and acquired infections in all settings and environments, preparing patients for treatment and care, promoting the use of home care technology, and optimising medicines management. Recent findings, for example, *suggest that 70% of people in Wales are taking some form of medicine but half are not taking them as directed*. Ask About Medicines Week is addressing this issue by encouraging medicine-users to take an active role in their healthcare by discussing the safe and effective use of their medicines

with a range of health care professionals.

- **extending and applying our own knowledge of what works:** all health and social care practitioners, as well as the organisations they work for, must both utilise and contribute to evidence to underpin effective prevention practice and the appropriate use of resources. This requires new efforts, co-ordinated by the Wales Centre for Health, to build knowledge bases, applicable to health and local government, incorporating practical experience and new research and ensuring that this knowledge is applied in the service context. Clinical epidemiology needs development as this provides the framework for clinicians and managers to carry out effective preventive actions. In its first 6 months the Royal Glamorgan Hospital's Heart Failure Nursing Service, which is supported by the Inequalities in Health Fund, reduced readmission to hospital by 13%. We also know from recent research, for example, *that if elderly patients who have hip fractures are given calcium on a long term basis, re-fracture is reduced by 30%. Encouraging the better use of the evidence can already be seen for example the Wales Health Evidence Bulletins.*
- **extending the coverage and reach of action programmes that work:** inequity of access to health and social care is a crucial and avoidable aspect of health inequality. Greater effort is required to ensure that action reaches those most in need and across a wider base - patients, clients, carers and their families - especially children, young people, older people and those most disadvantaged and vulnerable and the continued reform of charging systems where they apply. *The Inequalities in Health Fund, Communities First, Carers Special Grant and the Food and Fitness Grant Scheme are good examples of programmes supporting new action to prevent ill health in disadvantaged communities. Primary care teams are at the heart of prevention activity supported by the Inequalities in Health Fund.*
- **empowerment:** sustained emphasis on building capacity of individuals, families and communities to avoid ill health is needed, through enhancing the collective voice of patients in decision making. This can be achieved through reformed and strengthened CHC's, shared decision making with patients and other innovative action including evidence-based programmes to improve health knowledge, skills and access to information. The relationships between health and social care organisations and their communities should be actively developed to promote this, by harnessing the potential of Local Health Alliances and voluntary sector partners. *The expert patient programme has demonstrated that hospital admissions are reduced by informing and empowering patients in the management of their own conditions. The Spring 2003 Arthritis Care and Diabetes initiative is an example also.*

Such cross sectoral approaches, which involve both organisations and key health groups, will be reflected in the local health, social care and well-being strategies which are the joint responsibility of local government and local health boards. The crosscutting approach set out in Well Being in Wales provides the national backdrop for these local strategies

- **the unified assessment:** engaging with users and carers to promote their independence and meet needs effectively. This depends on effective implementation of the unified assessment process to make sure services are well targeted. We will ensure full implementation across all the parties.
- **advocacy:** the need for health, local authority and other social care organisations, as well as their staff individually, to recognise that they are uniquely placed as advocates for health and well-being and to help them to make the most of this. This includes addressing the exemplar role of corporate bodies and renewed emphasis on the health promoting role of hospitals and local government services through the achievement of the Corporate Health Standard and developmental pilot work.

Advocacy will be at its most effective where it draws together the different threads of activity which impact upon individuals and communities. Such initiatives are to be found across the portfolios of the Welsh Assembly Cabinet – in, for example, *the Communities First Programme, the Climbing Higher Strategy, the Healthy Schools Network and the Rural Stress Helpline*. The whole of this agenda will, as a result of the crosscutting approach set out in *Well Being in Wales* and the continued use of developments such as health impact assessment, help to maximise our impact of our work

Outcome

Reducing the demand on health and social care from avoidable ill health and disability

Key Action

- Accelerated action to integrate prevention into primary, secondary and tertiary NHS services and social care services
- Expanded public health evidence base with co-ordination by the Wales Centre for Health to improve and disseminate knowledge on what works and makes a difference

Preventing ill health and avoiding further illness will be an important part in all services across the health and social care spectrum

Avoidable risks and harm associated with health care will be reduced considerably

- Increased public engagement programmes, including issues associated with lifestyle choices in partnership with the National Public Health Service
- Enhanced work across all NHS and local government policy areas to keep prevention of ill-health at the forefront of Health, Social Care and Well Being Strategies
- Continue to review and reorientate to prevention, the training and education programmes for NHS and social care staff, eg: review of public health training by Wales Centre for Health
- First draft of Health, Social Care and Well Being Strategies reviewed to ensure consistency on issues relating to the prevention of ill health
- Continued promotion of the wider use of appropriate home care technology building on the existing local infrastructure
- All Local Health Boards and NHS trusts and local authorities to obtain corporate health standard by March 2005. This approach to be commended to other partners
- Establish new health promoting hospital programme, with a series of demonstration projects
- Reinforce action on health care acquired infections

Inequity of access to preventative services will diminish

- Medicines management programmes strengthened, eg: Ask About Medicines Week
- Continue to contribute to the national Revitalising Health and Safety Strategy targets, eg: through manual handling programmes and other injury prevention initiatives
- Continued development of the Inequalities in Health Fund and implementation of recommendations in Professor Townsend's *'Targeting Poor Health'* report to improve access by disadvantaged groups to preventative services
- Further targeted capacity building which focuses on partnership working across agencies, voluntary bodies and local people, eg: the SHARP initiative, Building Strong Bridges, etc
- Continued development and use of health impact assessment by the Welsh Assembly Government, NHS and local government of its policies and programmes

Promote independence and care at home

- Implement fully milestones of the unified assessment and care management framework
- Continued development of targeted action such as the annual Keep Well This Winter campaign, and care and repair schemes

Optimising Service Delivery

8. The Review recommended radical service redesign and the rationale for this is set out below:

- **drivers for change:** a number of current initiatives will deliver real benefits to patients and will impact on how services are delivered currently. They include clinical safety and standards; changes in working practices led by the European Working Time Directive (EWTD); the new General Medical Services (GMS) and Consultant Contracts; advances in medicine and technology; and acute sector capacity
- In social care capacity development will include securing improvements in rehabilitative and intermediate care services, response domiciliary and carer support services, respite care and related local authority services such as speedy housing adaptations and other housing provision. There are significant pressures in the independent nursing and residential care sector which need to be minimised and taken into account.
- **clear strategic direction linked to dedicated resources:** to manage the drivers for change effectively, there must be a strategy based on a framework for the delivery of integrated health and social care services, underpinned by established best practice and leading to an effective and timely continuum of care. Commissioning must be evidence-based and supported by a robust research and development programme. There must be a clear sense of direction both nationally and locally about the balance between acute and non acute services, long term care, primary care services and residential and domiciliary care services. This will be supported by work currently nearing completion on emergency services (A&E), maternity services and the emerging Health Social Care and Well Being Strategies. There is a need for dedicated resources to shift patterns in mainstream services and for this to be accompanied by clear statements of expectations as to what these resources must deliver. This applies as much to primary as social care, where the focus should be on outcomes rather than means.
- **the consequences of remodelling services are significant.** The remodelling needs to reinforce the centrality of the patient pathway. We need effective intermediate and community services which embrace both health and social care. Early work indicates that this can be provided in part by a changed role for community hospitals working with partners in social care. In some areas, change has already been subject to consultation and, in some instances, community hospitals have been replaced with new services..
- In the acute sector *Improving Health in Wales* recognised that there would be "*significant changes in the design and organisation of services which lead to a greater separation between emergency and elective care*". This could lead to some existing District General Hospitals providing more specialist services to a wider population while others will focus on providing elective procedures within a 'local general hospital' context. The vast majority of existing District General Hospitals will need to provide 'local general hospital' services. Clinical areas which will require review of existing capacity and the means by which they are provided will include 24-hour accident and emergency services, maternity services and neonatal intensive care and emergency surgical services and anaesthetics.

- Changes will also need to reflect the EWTD, the implementation of Agenda for Change and more general issues such as the ageing workforce and the consequences of changing work practices. Other services already engaged in review include adult mental health services and services for people with learning difficulties following through resettlement programmes. Work is nearing completion on diagnostic and clinical support services and the further development of telemedicine. A review of tertiary services is also underway.
- **The continuing development of managed clinical networks** in Wales is a key component of the Implementation Plan and will underpin all clinical services. These changes will be part of a whole system review and will require major development in primary, social care and related local authority services (eg: use of housing stock) to provide appropriate care and treatment in local communities. Work is in progress across the regions to scope the impact of change and this is described in more detail under key actions. Good, locally based access to diagnostic services and clinical opinion is essential – the methods through which these will be delivered will be different from those used traditionally. The whole system review will also include working with the voluntary sector and the nursing and residential care sector on development alternative models of care.
- **the above will require increased capital resources and other transitional funding** as a lever for change in terms of use of the estate, facilities, information technology and clinical technology. The investment and benefits arising from improved working practices must also be realised from the additional resources allocated to implement Agenda for Change, EWTD and the GMS and Consultant Contract. The skill mix and competence requirements of those working in health and social care will need to change significantly reviewing areas for partnership, joint working and pooling resources; and implementing a new way of workforce planning
- **in the short term we are stepping up action to tackle** delayed transfers of care; new ways of working that will provide acute hospital services with the 479 bed equivalents; and achieving waiting times targets. Work in these important areas is being established on a whole system basis. In response to the publication of the Review, £4m was put in place to tackle the problem of delayed transfers of care. A range of proven and innovative plans have come forward and monies have been released to all Local Health Boards in Wales to achieve. Since then agreed plans are being used to make significant reductions in delayed transfers and to put forward innovative schemes to increase intermediate care capacity at local level. The aim is to provide sustainable long term benefits.

Outcome

Key Actions

Health and social care systems are in balance

Health and social care services are accessed easily and care, treatment and support is prompt, effective and safe

Local government working jointly with Local Health Boards to move services away from institutional modes of care to rehabilitative, intermediate care, domiciliary services, carer support services, and respite care

- Delayed transfers of care systematically reduced through a whole systems approach from avoiding preventable hospital admissions at one end to safe, timely discharge to the most appropriate care setting with appropriate support at the other, with funding linked firmly to clear targets
- Building capacity across the NHS and social care requires a broad approach and new ways of working across all care sectors. All these various elements, including work already underway, are being brought together into a framework to ensure consistency and the identification of any gaps, allowing a robust expansion of capacity
- Complete the framework for integrated health service provision against which local services can be measured and assessed
- Rolling programme of local health and social care service remodelling from 2005 onwards (5-10 year duration) implementing Health, Social Care and Well Being Strategies
- Service commissioning should focus on those best placed to provide the service, including joint provision where appropriate
- Review of existing research and development mechanisms to assess the capacity to support the commissioning process

High levels of technology support health and social care services thereby releasing staff to spend more time with patients and providing valuable information for decision-making

- Implement *Informing Healthcare* including completion by April 2004 of the technical proof of concept for Single Integrated Health record; improve access through information technology to learning and knowledge for all staff; and improve public access to information on disease areas and healthcare options and services
- Improve services through assessing how technology can support the patient pathway; research clinical processes around the single record such as e-prescribing; and improve access at clinician level to their data to support service improvement eg: developing the *iLab* project
- Conclude and assess responses to *Informing Social Care* and take forward from 2004
- Pursue developments from *Informing Social Care* and *Informing Healthcare* and establish the basis for a joint approach. Monitor and support work of Consortium
- Pay modernisation initiatives implemented during 2004/5 (GMS and Consultant contract, Agenda for Change, EWTD)
- Step up workforce planning across health and social care to reflect all drivers for change associated with the workforce, to underpin service remodelling
- Recruitment and retention work undertaken within the Human Resources Strategy

A workforce that is well trained, motivated, flexible, appropriately rewarded with the skills to deliver the necessary care

9. The Implementation Plan will focus on **supporting**:

- **individuals:** in terms of their choices about support, treatment and care; how they access services; and their rights about information held about them. User, carer and patient support initiatives, expert patients programmes, advocacy and extending networks will be valuable measures to develop effective partnerships with people. Working alongside people and local communities to help them take responsibility for their own health and care will be a key component of future work. New forms of communication using new technologies will support this through the use of new records and e-government initiatives
- **communities:** through improved information about services and the need for change and better access to services. The implementation plan includes further measures to help communities tackle inequalities in health and inequalities in access to health services based on Professor Townsend's report. An enhanced role for Community Health Councils (CHCs), including monitoring and assisting Trusts and Local Health Boards with patient and public involvement activity, will provide a firm foundation for this work. Links will also be made with Communities First and other regeneration initiatives
- **partnerships:** through Local Health, Social Care and Well Being Strategies, partnership boards and locality partnership forums and initiatives. Partnerships are needed to underpin an effective change programme and work is already addressing the different interests and values of the various stakeholders across the spectrum of health and social care (work such as that arising from *Building Strong Bridges* is being supported to facilitate increased partnership working capacity)
- **staff:** through a new way of working and a better workforce. The Review's vision for a well-equipped, well-trained and flexible workforce will need professional commitment and leadership. In addition, the public perception of the value of public services and the contribution of professionals to maintaining individual's good health must be improved.

Outcome

Individuals take ownership of their health status and are enabled to make informed choices about treatment and care; and understand and are confident about the use made of information held about them

Key Actions

- User, carer and patient support initiatives, advocacy and extending networks as a contribution to assess effective partnerships with people, eg: expert patients programme

All stakeholders have the opportunity to influence the development of local services to meet priorities. Access to information about performance of local service providers is accessible

Local communities are enabled to influence policy so that it addresses the health and social care priorities that matter to them

Health, social care and other partners have the same priorities

All staff can influence the development and quality of services

- Building on the *Signposts Two* programme, review policy to ensure work addresses all facets of public engagement. Building on the strong community membership of Local Health Boards, public engagement to be manifested in Local Health, Social Care and Well Being Strategies. Roll out programme 2004-5
- Develop and implement more effective community engagement, eg: the Cynon Valley model – from 2004 onwards
- CHCs to extend local networks and work with Trusts and Local Health Boards on patient and public involvement models. Strengthen CHCs responsiveness by evaluating such mechanisms as elections to CHCs
- New guidance on statutory consultation on substantial service change by end 2003
- Build upon community strategy and engagement experience and good practice, eg: The Better Life Consortium in Rhondda Cynon Taff - ongoing
- Local Health, Social Care and Well Being Strategies with agreed joint priorities in the initial Implementation Plans from 2004/05
- Communication strategy to support the programme - engaging staff in taking this forward
- Carry through Organisational Development and Training programmes

Performance and Accountability

10. This theme embraces the recommendations concerning finance and capital, performance and universalising best practice and accountability. This area of work underpins the themes of prevention, optimising service delivery and involving people. The Implementation Plan will set out the timescale to action these recommendations to modernise the way in which we deliver services, including:

- **putting** positive incentives into the system and ending perverse incentives (eg: encouraging those strategies that promote independence and avoid people progressing unnecessarily to more intensive interventions)
- **driving out** waste and ensuring value for money - making services more efficient and ending the under-writing of deficits
- **improving performance and evidence based decision making** by creating a holistic whole system approach that recognises the NHS Performance Improvement Framework, Excellence Wales, the Wales Programme for Improvement and the linked Social Services Inspectorate for Wales (SSIW) Review and joint review responsibilities
- **ensuring a robust longer term financial strategy** that reflects: joint objectives and different principles of funding agreements; costed and timed strategic programmes; and underpinned by robust financial and management information
- **reflecting high quality standards** based upon a clinical standard set for the NHS in Wales, a strengthening of peer review, self-assessment and policy agreements within local government, and the role of the Care Standards Inspectorate for Wales, supplemented by appropriate external inspection and evaluation
- **enhancing leadership**, innovation and research and development
- **strengthening the accountability** of Local Health Boards and NHS Trust Chairs and Chief Executives to the Assembly Government.

11. The overarching aim for the Implementation Plan in terms of this theme is sustainable action to ensure that Wales receives the maximum benefit for the investment in health and social care.

Outcome

Key Actions

All new health and social care policies are: joined up, costed, prioritised, assessed for feasibility, positive health impact and based on evidence

- An agreed set of priorities informed by the local Health, Social Care and Well Being Strategies
- 5 year Strategic and Financial Framework to identify the key strategic NHS policies for the next five years and support service reconfiguration
- NHS financial information strategy to be developed to improve the quality of cost information, support decision making and benchmark performance. Work commenced October 2003
- As part of the Welsh Assembly Government spending review, NHS financial strategy to be developed with a strategic schedule of programmes that are fully costed
- Introduce incentives into the system that reflect a whole system approach to service improvement during 2004. Develop regimes for securing progress which reflect different accountability arrangements for the NHS and local government.
- No deficits to be funded. All deficits covered by repayable loans commenced 2002/03
- Work will commence to develop a system in which money follows activity through a commissioning mechanism that both reflects need and rewards greater productivity. The proposed national tariff system in England will be reviewed in 2004/2005 as part of that work

Health and local government via Local Health Boards have strong incentives to improve services

Year on year continuous improvement in services which are measurable

- Implement the NHS Performance Improvement Framework including the Balanced Scorecard by 2004
- Continue to strengthen the existing performance evaluation arrangements for social care and to assess the respective performance management, inspection and evaluation arrangements for health and social care to identify common areas and promote joint approaches where feasible
- The new Healthcare Inspectorate for Wales established in 2004 to work alongside SSIW and Care Standards Inspectorate for Wales
- Continued application of the Wales Programme for Improvement

New initiatives are evaluated rigorously and when proven to work are mainstreamed. Health and social care organisations adopt benchmarking as a fundamental management tool.

- Review existing mechanisms for introducing innovation and its synergy with research and development capacity
- Joint Working Special Grant to be extended but adapted to encourage joint working to become mainstreamed

Clear lines of accountability arrangements

- Strengthened accountability arrangements within the NHS
- Engagement and dialogue with local government on accountability models in 2004

Financial Implications

12. The financial implications of the Wanless Review are far-reaching. All health and social care spending in the future will need to be tested against the policy outcomes which are set out in the Review. Early examples of this approach include the decision to channel an additional £4 million in this financial year to tackle delayed transfers of care through Local Health Boards and the commitment of £7 million to secure enhanced primary care services through implementation of the new GP contract. Helping people move on from hospital as soon as possible, and preventing admission through strengthened primary care services are two key Wanless priorities, and both these decisions illustrate the way in which mainstream financial programmes will be shaped by these priorities in the future.

In order to help create this sort of change in the system £25m is earmarked for 2004/05 so that progress can be made particularly on:

- Promoting independence and intermediate care services
- Supporting people at home in the community
- Preventing avoidable admissions
- Accelerating departure from hospital
- Relieving pressures on the acute sector.

All partners will need to develop further this strategy to invest in favour of prevention and early intervention. The £16 million investment in *Informing Healthcare* is recognised as a priority in the Review and this, together with £2.5m in *Informing Social Care* will underpin the required service change. Alongside this, concentration of effort is required to improve the access to care for people to reduce unacceptable waiting times.

As well as new investment, implementation of this Plan will mean that existing money will have to be put to use in new ways. Some actions will release resources for redirection; others will require investment in order to realise the full savings. At a time when the service is already managing within tight financial limits, mechanisms for these reallocations will need to be agreed as part of the implementation process.

Similarly, remodelling services to make them fit for the 21st century will require substantial investment in community, primary and social care capacity so that care can be refocused away from acute services. As settings change, so capital and revenue expenditure will need to be applied in ways which provide the public with confidence that new ways of working will produce real improvements in service.

The individual initiatives will need to be worked through to assess the level of investment that is required; the financial strategy will need to profile the timing of that investment and the realisation of any potential savings might be realised.

Underpinning the financial strategy will be a method of tracking changing patterns of investment as service renewal takes place, to ensure that resources are used effectively in the delivery of this important agenda.

Conclusion

13. Health and social care services have always faced a range of pressures and today is no exception. Change is a necessary and desirable part of service development and this paper forms part of a long-term strategic agenda which is needed to secure modern and responsive services for future generations. Fundamental change in some areas is inevitable including a lessening of pressure on the acute sector and a move into different ways of providing care. The look and feel of health and social care will be different as new ways of working release staff and patients from the constraints of having to provide care in a hospital setting. For social care the existing focus of services on supporting people in their own homes and local communities will need to diversify into new forms of care and step up the level at which these are provided.

However, there are immediate issues that need to be tackled now which have been identified in this paper. These will be addressed in the Implementation Plan and will be a key feature of the first five-year NHS Strategic and Financial Framework and parallel local government mechanisms.

The changes outlined in the Programme will bring benefits to local communities, not least in deprived areas. The Programme envisions major improvements in health and social status; the ability for the community to influence how services are provided; and systems and information to allow individuals to make informed decisions about their own health and to contribute to the collective improvement of services. Bringing about these improvements will require a long term change agenda which will also need to harness the collective energies both of those who use our services and those work for them. The scale of change which this paper sets out is considerable, and its pace and scope will need to be realistic, feasible and focused on the important priorities which deliver the results that will make a difference.

The Welsh Assembly Government endorses the conclusions in the Review which has provided a timely opportunity to reinforce current policy areas; strengthening and accelerating the pace of change where appropriate. Whilst recognising that bringing about significant change is difficult, the rewards - improved health as well as effective, safe and accessible health and social care services - are also significant. To secure sustainable benefits, it is vital that we work with local people and our staff to ensure they are able to influence and shape the way forward, which is why the Implementation Plan places such a strong emphasis on involving the public.

Jane Hutt
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