

Agenda – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date: 20 February 2019

Meeting time: 09.15

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Informal pre-meeting

(09.15 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Rural Healthcare: Evidence session with the Minister for Health and Social Services

(09.30 – 11.00)

(Pages 1 – 33)

Vaughan Gething AM, Minister for Health and Social Services

Simon Dean, Deputy Chief Executive NHS Wales, Welsh Government

Research Brief

Paper by the Centre for Excellence in Rural Health Research, Aberystwyth University, on Brexit and the determinants of rural health

Paper 1 – Welsh Government

3 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting and for the meeting on 7 March 2019

(11.00)

4 Rural Healthcare: Consideration of evidence

(11.00– 11.15)



Document is Restricted

By virtue of paragraph(s) vii of Standing Order 17.42

Document is Restricted

Evidence Paper for HSSC Committee, 20 February 2019: Rural Healthcare

1. Background – issues relating to the provision of health and social care services in rural areas of Wales

Wales is in geographical terms a predominantly rural nation, with some 80% of the land area classified as non-urban. In population terms, around a third of our citizens live in these areas.

Evidence from stakeholders in rural areas of Wales suggests that whilst there is acceptance of the need to travel to centres of excellence for highly specialised procedures, there is also strong support for the delivery of a wider range of services in the community rather than in hospitals or other clinical settings.

All of our health board and local authority areas in Wales include non-urban areas, and the delivery of safe, effective and sustainable health and social care services to these populations has always presented a particular set of challenges for service planners and providers, including:

- difficulties in recruiting and retaining healthcare professionals in rural or remote locations;
- how best to provide services in areas where populations are widely dispersed and travel distances are seen as a major barrier to accessing health and care services; and,
- an ageing population which is growing faster in rural than in urban areas.

At an operational level there are a number of longstanding provisions which help manage these issues, including for example the Cross-Border Protocol and the Mid Wales Healthcare Collaborative. The Wales Ambulance Services Trust also has specific arrangements in place to support patient and staff transport, including in relation to emergency care, in particularly rural areas, such as community transport partnerships, volunteer care services and air ambulance. Other initiatives, such as the Emergency Medical Retrieval and Transfer Service (flying doctors) have also helped to provide pre-hospital critical care and life saving interventions at the scene to seriously injured people often in rural areas that have helped them make a good recovery.

At a national strategic level, Welsh Government also recognises – and works with service planners and providers to help overcome – the additional complexities of healthcare provision in rural areas. The remainder of this paper highlights some of the approaches that have been employed in the past, and explains how our current policy and financial framework supports the delivery of accessible and sustainable health and care services in rural Wales.

2. Development of Welsh Government healthcare policy and the legacy of the Rural Health Plan

Since devolution Welsh Government health and social care policy has been set out in a succession of overarching national strategic plans underpinned by a range of policy and operational guidance, frameworks, delivery plans and codes of practice. In the decade since reorganisation in 2009 and the removal of the commissioner/provider split, greater emphasis has been placed on a 'planned approach', with services increasingly required to work together to identify and meet the different needs of local populations, including those in rural or remote areas.

The Rural Health Plan was an early example of this approach. Published in 2009, the plan identified three areas for focus - 'access, integration and community cohesion' - and over the next four years, with support from an Implementation Group and an Innovation Fund, was able to undertake research and test innovative rural healthcare approaches. At the end of its

term in 2013 the Implementation Group suggested that a centre of excellence be established to take forward the work that they had begun. The Mid Wales Healthcare Study which followed in 2014 concurred with this recommendation and further recommended that a Mid Wales Healthcare Collaborative be created to bring together partner organisations to collectively develop a service model to meet the unique needs of the particularly rural and sparsely populated geographical area of Ceredigion, Powys and South Gwynedd.

The Collaborative particularly focused on engaging local communities in discussions on how services should be provided in the more rural parts of Wales and was instrumental in bringing forward the plans for a research centre of excellence in rural health, now called Rural Health and Care Wales. The centre undertakes research into recruitment and retention issues in rural Wales, as well as hosting national conferences which bring stakeholders together to share best practice and consider wider issues around service provision. Meanwhile, the collaborative has transitioned into the Mid Wales Joint Committee, which has a strengthened role in the joint planning and implementation of health and care services across Mid Wales, with ambitions to further develop this approach into an All Wales Rural Health and Care Alliance in the coming years.

In parallel to the developments described above, Welsh Government has continued to strengthen and embed joint planning and delivery requirements nationally, so that service providers across Wales are better able to identify and meet the needs of their populations – including in rural areas. For example, in 2013 the Delivering Local Health Care guidance stipulated that as part of their wider responsibilities to undertake joint assessments and develop strategies to deliver services which met identified needs, local health boards and their local authority partners ‘*must address the specific needs of their rural communities*’. These requirements were subsequently formalised through the Social Services and Wellbeing (Wales) Act 2014, and, coupled with the NHS Integrated Medium Term Planning requirements set out in the NHS Finance (Wales) Act 2014, and the primary care cluster model introduced at the same time, have provided the framework on which current Welsh Government health and care policy has been built.

3. The Parliamentary Review, *A Healthier Wales*, and the Transformation Programme

Following the National Assembly elections in 2016 an independent Parliamentary Review of Health and Social Care in Wales was undertaken. The Review gathered evidence from a wide range of stakeholders, including, in relation to rural issues, the (then) Mid Wales Healthcare Collaborative, Rural Health and Care Wales and ARCH (a regional collaboration for health in south west Wales), and the Welsh Language in Health and Social Services Partnership Board. Public meetings were also held across Wales, including in rural areas such as Narberth, Mold, Lampeter, Builth Wells, Llanwrst, Bala and Monmouth.

The Parliamentary Review report was published in early 2018. Its main recommendation was for the adoption of new models of seamless health and social care across Wales, with a greater range of services delivered in local communities rather than in hospitals or other clinical settings. The report noted that good progress had been made in some areas of rural service provision, but called for further action from Welsh Government, in particular to better engage with the public – including in rural areas – in a national conversation about the future of healthcare, and to do more to support recruitment and retention of health and care professionals in those areas.

Accepting these recommendations, Welsh Government published *A Healthier Wales*, our first plan for health and social care, in June 2018. Shortly after the plan was published a nationally-led health and social care Transformation Programme was established to oversee and support implementation of the 40 actions in the plan, including through a £100m

Transformation Fund which was made available to service providers working collaboratively through their Regional Partnership Board arrangements to develop new models seamless health and social care.

As at February 2019 some £65m of the £100m Transformation Fund had already been allocated to support programmes in all but one of the Regional Partnership Board areas¹. Each of the programmes so far supported includes proposals to deliver care closer to home, including community-based services to replace or augment those currently located in clinical settings; better use of digital approaches and assistive technologies; more social prescribing, and more locally joined-up health and social care arrangements.

Critically, Regional Partnership Boards have been able to use the evidence gathered during their Population Assessments and the development of their Area Plans to inform their proposals². New models will be subject to rigorous evaluation and testing as they develop, with the most promising approaches considered for wider adoption across Wales, so that over the next decade, we will see a shift of services from hospitals to communities, and from communities to homes.

Clearly, the rollout of these new models of care, which deliver more support in the community and at home, will be particularly beneficial for those living in rural communities or remote areas, many of whom who would otherwise be required to travel to traditional healthcare settings to receive the care they needed.

4. Beyond *A Healthier Wales*: how the wider Welsh Government policy framework supports rural healthcare

As mentioned above, *A Healthier Wales* is underpinned by a number of supporting codes, frameworks, delivery plans, protocols and circulars which set out statutory requirements and best-practice guidance to which health and social care organisations are expected to adhere. Welsh Government also provides support to service providers through a range of mechanisms to facilitate delivery of these policies.

Before considering some of these policy areas in more detail it is worth noting that, given the largely rural nature of Wales, Welsh Government has an internal process in place to ensure that the needs of citizens in rural areas are objectively considered during the development and delivery of all policy. ‘Rural Proofing’, as this process is known, is undertaken through a formal impact assessment approach throughout the policy making process and requires officials to consider in detail the implications of any proposed course of action for rural populations, including how any potential positive impacts can be maximised and negative impacts mitigated. Rural-proofing exercises will have been undertaken by officials in relation to all of the policies mentioned in the following sections of this paper (as well as to any overarching legislation or higher-level plans that they in turn may support).

Integrated Medium Term Plans and the NHS Wales Planning Framework

The planning framework provides guidance to health boards and trusts on the process for developing their Integrated Medium Term Plans, and is supplemented by the NHS Wales Delivery Framework and Reporting Guidance which states: ‘*The public expects timely access*

¹ Discussions between the Transformation Programme Team and Powys RPB regarding their proposals are ongoing, but expected to conclude shortly: an update will be provided at the Minister’s evidence session on 20 February.

² The Public Health Wales Observatory also provides a wealth of information, including population and demographic statistics; data on the prevalence of particular health conditions in different areas; health inequalities; determinants; projections and a range of other resources designed to support service planners and providers in making the best evidence-based decisions.

to the services they require, wherever they are delivered. This includes access to services provided locally, such as...GPs, nurses, dentists, optometrists, pharmacists, community connectors, therapists, paramedics, planned care, unscheduled care and mental health services, as well as from the third sector. Preventative and well resourced primary care will meet people's needs in a timely way at, or close to, home'.

Each organisation's IMTP is set within the context of a longer-term clinical services strategy, which must be based on sound population projections, analysis and stakeholder engagement to inform decisions about service models, pathways, workforce planning, finance and infrastructure investment, and which must set out how the organisation will meet the needs of the communities it serves.

The primary care model for Wales

A Healthier Wales is clear that primary care, as an integral element of the healthcare system, will be at the heart of new models of seamless care. The components of the Primary Care Model introduced in 2018 echo the Design Principles in *A Healthier Wales* – for example, greater emphasis on health promotion and self-management; joined-up multidisciplinary working at cluster level; service development based on population needs assessments, and a progressive move to providing more support close to, or even in, people's homes.

Welsh Government supports implementation of the model through a strategic programme and the National Primary Care Fund. In rural areas a range of initiatives are currently underway including, in Powys, expanding the skill mix within the cluster practices by investing in new roles such as Urgent Care Practitioners; the Virtual GP scheme, and the Invest in Your Health self-management service for patients with long term health conditions. Innovative approaches are also being tested in rural areas to deliver audiology, eye care and dentistry to small populations in rural or remote communities.

Integrated Care Fund

Regional Partnership Boards bring health, social services, the third sector and other partners together to provide effective integrated and collaborative care services that improve well-being outcomes, including strategically identifying how resources can best be utilised to meet specifically rural challenges. In support of this, regions are required to undertake population assessments to provide a clear and specific evidence base of the range of care needs that the region is required to respond to.

Welsh Government has provided £50m in revenue to regional boards via the Integrated Care Fund, with £8 million allocated to the West Wales Regional Partnership Board in 2017-18. ICF projects in Pembrokeshire to date include the Pembrokeshire Intermediate Voluntary Organisations Team (PIVOT) which provides comprehensive 7-day admission prevention and discharge support service through an innovative third sector partnership, and has reported avoiding 132 admissions to hospital, with an estimated 1320 bed days saved. Whilst in Powys around £2.5m revenue has been allocated: £217,000 of this funding continues to support a primary care development and discharge pathway to improve patient flow, which has resulted in a 20% reduction in delayed transfers of care from community hospitals with an estimated 176 beds saved.

Technology and Digital

New technologies, devices and digital approaches are key to transformative change, helping providers to move more quickly to new ways of working, whilst informatics are the foundation for safe, high quality care, as they can help clinicians at every level to make better decisions

based on up-to-date and accurate information. *A Healthier Wales* commits us to making full use of the latest digital and communications technologies to improve access, facilitate mobile working and deliver more services remotely - approaches that are particularly helpful in relation to rural areas or dispersed populations.

We have established a National Technology Enabled Care Programme, which encompasses telecare, telehealth and telemedicine, to look at the opportunities technology can offer. This activity spans across primary, secondary, community care including care homes. Early priorities include challenges presented by the analogue to digital switch over, remote access to AHPs include out of hours GP access in Care Homes. The programme is actively seeking out pockets of activity in Wales that have the opportunity to scale up, as well as services outside of Wales proven to work on a regional or country-wide level.

Welsh Language

Health and social care providers are required to meet the statutory requirements set out in the Welsh Language (Wales) Measure 2011 and the Welsh language standards for the health sector. These include a requirement for NHS organisations to publish a five year plan setting out the extent to which they are able to increase the ability to offer clinical consultations in Welsh, and all organisations must also have a Welsh Language Bilingual Skills Strategy in place and show that in the development of service change and improvement plans they have paid due regard to the need to actively offer services through the medium of Welsh.

These requirements are of particular importance in rural areas and communities where use of the Welsh language is widespread, and both *A Healthier Wales* and the Transformation Fund Guidance are clear that we need to see models coming through which have a particular focus on Welsh language provision, building on Mwy na Geiriau (More than Just Words) so that more people can communicate in their first language: for some, being able to access services through the medium of Welsh is not always a matter of choice - it can be a matter of need and vital in securing positive wellbeing outcomes.

The forthcoming Workforce Strategy for Health and Social Care in Wales – another *Healthier Wales* commitment – will also include actions to strengthen Welsh language skills within services further.

5. Welsh Government financial support for rural healthcare

The NHS Wales Resource Allocation Formula

The NHS Resource Allocation Formula is used as the basis for distributing funding to Local Health Boards, and distributes funding on a direct needs weighted population basis. The current 'baseline' allocation for each health board was set when they were established in 2009, and increases since then have been allocated through a formula which takes account of a complex range of factors such as health need and population age. The model also includes a rural cost adjustment methodology based on settlement patterns and assumptions about travelling time and workload.

A recent Nuffield Trust report on the Impact of Rurality on the Costs of Delivering Health Care concluded that whilst there are certain unavoidable additional challenges and costs associated with the provision of healthcare in rural and remote areas, quantifying these costs is 'problematic...[with] some sources suggest[ing] that these unavoidable costs are either minimal or non-existent, while others suggest varying degrees of unavoidable costs in certain contexts'.

A full review of the current NHS Wales formula is currently underway, and the impact of rurality on costs of delivering services is being considered as part of that work. A revised funding formula is planned to be ready for the 2020-21 funding round.

Capital Investment

A *Healthier Wales* is clear that a move towards more community based services does not mean that hospitals will no longer be needed in the future: hospital based services will remain an essential part of our health and care system and it is important therefore that our estate is fit for purpose. To this end, Welsh Government works closely with health boards and trusts across Wales to support the ongoing modernisation of existing infrastructure and new builds.

Some recent examples of significant investment in predominantly rural areas include: £38m for the development of Bronglais Hospital in Aberystwyth and £25m for the redevelopment of Glangwili Hospital's obstetric and neonatal facilities; £12m for Wthybush hospitals dialysis and pathology services; and an additional £3m to improve facilities at Llandrindod Wells War Memorial Hospital in Powys.

New models of care also require new types of physical infrastructure to support them, and again Welsh Government continues to work with providers to develop the facilities necessary for 21st century approaches. Recent examples include £24m for the development of Cardigan Integrated Health Centre and £3.9m for the new Canolfan Goffa Ffestiniog health and wellbeing centre at Blaenau Ffestiniog. The development at Cardigan will enable multi-agency integration, with a single point of assessment and rehabilitation making the best use of NHS resources. The range and scale of services in Blaenau Ffestiniog has also been expanded and services integrated into a single location.

As part of the initial phase of the £68m primary care estate pipeline a number of rural schemes have been included. This includes £1.8m capital funding to redevelop the health centres at Penclawdd and Murton in the Gower to provide modern fit for purpose facilities, and £500,000 for the refurbishment of the Healthcare Centre in Fishguard. A number of other rural schemes are included in the first phase of the pipeline which are all due to be completed by the end of 2021.

6. Future developments

In addition to the approaches described above, Welsh Government also has a number of policy initiatives in development which will further support service providers and citizens in rural areas. These include:

Workforce Strategy

As mentioned above, Health Education and Improvement Wales and Social Care Wales are developing a new workforce strategy for health and social care, in partnership with the NHS, local authorities, the voluntary and independent sectors, regulators, professional bodies and education providers. The plan will set out priority areas of work to address the workforce challenges that the health and care sector faces.

The Welsh Government and NHS Wales 'Train Work Live' campaign will continue to address recruitment and retention challenges across Wales, including promoting the benefits of training, working and living in rural areas. The package of incentives introduced as part of the campaign in 2017 for GP trainees in order to address recruitment and retention challenges in primary care represents significant investment in predominately rural areas.

In 2018 the Welsh Government agreed a collaborative approach between Cardiff and Bangor University which will ensure that more medical student study in north Wales and also provide a pathway for doctors being trained completely in north Wales.

Loneliness and Isolation

There has been a growing awareness about the impact of loneliness and social isolation and the detrimental effect they can have on our mental and physical well-being. In response to the Health, Social Care and Sport Committee's inquiry on the impact of loneliness and social isolation among Wales' older population Welsh Government has recently confirmed our commitment to developing a nationwide cross-government strategy to tackle these issues.

People living in rural areas are particularly vulnerable to loneliness and isolation, and health boards, local authorities and third sector organisations will be key partners in developing the strategy with us and potentially in the delivery of new approaches to help tackle this complex issue.

7. Conclusion

Wales's internationally-recognised legislative framework, supported by our first strategic health and social care strategy *A Healthier Wales*, and the range of policy and financial support described above, will continue to ensure that service providers in rural areas of Wales are able to deliver accessible and sustainable healthcare for the populations they serve.

The move towards more community and home-based rather than hospital-based care described in *A Healthier Wales* will benefit individuals living in rural areas, as will the increasingly sophisticated use of technology to deliver services remotely, whilst initiatives such as Train, Work, Live and the proposed All Wales Rural Health and Care Alliance will continue to develop new approaches to tackle the particular challenges of healthcare provision in rural areas.