

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport



Llywodraeth Cymru
Welsh Government

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Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
Cardiff Bay
Cardiff
CF99 1NA

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Dear Chair,

Thank you for your report and recommendations in response to our appearance before the Committee on 17 November 2016 as part of your Inquiry into Winter Preparedness.

Both the Minister for Social Services and Public Health and I welcome your report and your acknowledgement that there is evidence of clear improvements. The Committee has made a number of recommendations and a detailed response is set out in the attached Annex A and B.

The Welsh Government remains committed to working closely with health and social care organisations to build on the progress made and further strengthen our urgent and emergency services in Wales through a collaborative approach, and increase resilience on a sustainable basis.

Yours sincerely,

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Cc: Rebecca Evans AM, Minister for Social Services and Public Health

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

Gohebiaeth.Vaughan.Gething@llyw.cymru
Correspondence.Vaughan.Gething@gov.wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Annex A

Welsh Government response to recommendations in Health, Social Care and Sport Committee: Inquiry into Winter Preparedness 2016/17

Recommendation 1. The Cabinet Secretary and Minister should, as a matter of priority, focus their attention on the greater integration of the health and social care sectors, both in the planning and delivery of services. The NHS, social care and independent sectors must be key players in this work.

Response: Partially accepted

The Welsh Government has already provided for the establishment of statutory regional partnership boards under the Social Services and Well-Being (Wales) Act 2014 as one of a series of actions being taken to deliver integrated health and social care. These boards bring together health, social services, the third sector and other partners to improve the outcomes and well-being of people. Partners are required to assess the care and support needs of their population and produce a plan with a view to improving the efficiency and effectiveness of service delivery.

The Welsh Government has specified that regional partnership boards must prioritise the integration of services in various areas, including older people with complex needs, and we continue to support their implementation.

Regional partnership boards have oversight of the Intermediate Care Fund that was established to develop new and innovative models of integrated working. £60 million has been set aside this financial year and the Programme for Government includes a commitment to continue this important fund.

Taking Wales Forward also includes a commitment to invest in a new generation of integrated health and social care centres. Organisations are in the process of prioritising plans as part of their estates and service planning work. The Welsh Government is also exploring early opportunities to provide capital funding to support a number of estate solutions to assist with sustainability and promote integration.

The Well-being of Future Generations Act sets a new expectation of integrated planning based on population needs, going beyond the traditional health boundaries, into areas such as housing and education. When both health boards and local authorities assess care and support needs, including the support needs of carers, they must also identify:

- the extent to which those needs are not being met;
- the range and level of services required to meet those needs;
- the range and level of services needed to deliver the preventative services required in the Act; and
- how these services will be delivered through the medium of Welsh.

To achieve this, NHS organisations need to continue to develop and strengthen relationships with key partners, third sector, social services and others involved in the provision of high quality care for patients.

Integrated Medium Term Plans (IMTPs) from NHS health boards and trusts are key mechanisms for driving integration of health and care services in Wales. Our planning arrangements provide a significant focus and scrutiny process to deliver services locally and collectively for patients in Wales. Health boards are expected to routinely engage with social care and independent sectors as part of the development of their IMTPs and this is tested as part of the assessment of their plans. Where organisations are unable to achieve an approved IMTP, they provide annual operational plans to support early improvements across their organisations including this engagement.

Finally, in regard to planning specifically for the winter, and as outlined to the Committee, we fully recognise the need for a whole system approach and in recent years we have made significant progress in increasing resilience through working collaborative working between health and social care sectors. There is clearly more to do and we have put mechanisms in place to support further improvements.

Recommendation 2. The Cabinet Secretary should explore the options for enabling more effective working arrangements between GPs and pharmacists to minimise competition in delivering national prevention initiatives such as the influenza vaccination.

Response: Accepted

The Minister for Social Services and Public Health held a flu summit in September attended by key representatives involved in delivering the flu vaccine. This event focused on partnership working to support delivery as widely and as effectively as possible, and there were some good examples of partnership working between GPs and their local pharmacies. It is recognised that there is more to do and we will ask officials to work with professional groups to identify and support opportunities to further improve effective working arrangements between GPs and pharmacists in delivering the influenza vaccination programme.

Recommendation 3. The Cabinet Secretary should ensure that arrangements are in place to evaluate the effectiveness of all Welsh Government campaigns relating to winter health, and to publish the lessons learned quickly. He should also ensure that arrangements are in place for effective whole-system learning from these evaluations.

Response: Accepted

We confirmed at Committee that arrangements are in place to evaluate the effectiveness of the Choose Well campaign over this winter period. Social research will be undertaken via the Beaufort Omnibus, which is a well established independent research organisation with expertise in conducting market and social

research and has a wealth of experience in providing high quality social research to the public sector. Their research will be based on 1,000 interviews with adults aged 16+ in Wales to measure awareness and impact of the communication campaign. There are also a number of existing sources of evaluation that will be used to measure the success of the campaign in delivering intended outcomes. These are:-

- Media – the level of media coverage including stakeholder publications and specialist media;
- Online and social media – number of website hits / visits and download of material and interaction on Twitter; and
- Partner channels – take up by partners and their sharing of campaign messages and latest information via their owned channels including social media.

Our officials have informed us that the evaluation will be available in Spring 2017. Learning from this evaluation will be taken forward and incorporated into future all-year planning, including the campaign for next winter.

Recommendation 4. The Cabinet Secretary should report back to us at the end of the next quarter with details of progress against targets for the additional £50 million investment by the Welsh Government in winter pressures for this year.

Response: Accepted

The Welsh Government provided an additional £50m for NHS Wales to help manage demand over the winter and support NHS performance against the key access targets over that period, mainly planned care performance whilst managing unscheduled care pressures at the same time.

We have in place a robust performance management process to scrutinise delivery of health boards against their IMTPS and Annual Plans. This includes regular performance meetings with them where we will scrutinise delivery against their performance expectations set out in their IMTPs. As part of our formal management process, we will be reviewing performance at the end of the financial year and this will include evaluating the use of the additional funding and how this supported delivery of the outcomes agreed with each health board. In the case of performance being below what is expected, the Welsh Government has made it clear that it reserves the right to recover some, or all, of the money allocated. This can then be re-directed to make further improvements in priority areas to the benefit of patients.

Due to the processes involved in validating performance information before it is published, it will likely be May before we can provide an update.

Recommendation 5. The Cabinet Secretary should commission or review available research into the effectiveness of co-location of primary care services in A&E departments.

Response: Rejected

We accept that evidence about how effective the co-locating of primary care services with A&E departments is an important step in helping to improve unscheduled care services. However, undertaking an additional review over and above our current work in this area at this point in time is not the right approach for the following reasons.

The planning of healthcare services is a matter for health boards and partners and must reflect local population need and circumstances and there will not necessarily be a one size fits all solution. In terms of co-location, the Welsh Government policy is for people to access the majority of their healthcare at, or as close to, home as possible from a range of professionals working together in integrated primary care teams.

There is evidence from across UK, not just in Wales, relating to the effectiveness of co-locating primary care services and emergency departments, so we know co-location can work. There are good examples of Out-of-hours (OoH) services working alongside emergency departments, with these services already co-located in 12 of the 13 major emergency departments in Wales. The Royal Gwent is the only exception where the OoH service is located within close proximity at St Woolos Hospital. Annex B provides a breakdown of the OoHs facilities by health board.

The Wales Audit Office (WAO) is currently undertaking an investigation into GP OoH services on a pan-Wales basis. Work has been undertaken by the WAO during autumn 2016 and health boards are expected to receive their reports during the next six weeks. Following the distribution of these local reports, the WAO will compile an all-Wales report which will help us to understand the key issues and the NHS Wales Delivery Unit will be leading a further programme of work to address these during 2017-18. This will support other national work to improve understanding of existing emergency department models of care and how they function. It will take time, but this programme will lead to implementation of a model that is based on local patient need. Partnership working with GP services will be considered as part of this work.

The implementation of the pathfinder 111 service in Abertawe Bro Morgannwg University Health Board is also a key piece in this jigsaw. Since its launch in October 2016, the service is proving to be effective in supporting patients and clinicians and providing a robust clinical service. The University of Sheffield is undertaking a review of the 111 pilot and findings from this are due around May 2017. Knowledge and understanding of how the public have responded to this new service will be important and will help to inform roll out plans.

Bringing together the information and knowledge from these individual pieces of work will be important. We intend to consolidate the findings and believe this approach will be the best way forward to support emergency departments and our primary OoH services and building stronger integrated services.

Recommendation 6. The Minister should publish details of the market analysis of the domiciliary and care home sector at the earliest opportunity in order to provide a clear picture of the capacity, sustainability and financial resilience of the sector.

Response: Rejected

Work is being undertaken through the National Commissioning Board in relation to the market analysis of the care home sector. This work, however, is to inform and provide support for health boards and local authorities in developing their commissioning strategies. The exercise can also be used to inform the development of pooled budgets.

Recommendation 7. The Cabinet Secretary and Minister should give consideration, as a matter of urgency, to the need for improved training, skills development and supervision across the health and social care sector. This should have an increased emphasis on joint working across these sectors.

Response: Partially accepted

The Care Council for Wales is funded by Welsh Government to promote and maintain high standards in the training of social care workers and as such, it has an important role in the development and quality assurance of training and qualifications for social care workers. It is collaborating closely with Qualifications Wales and other stakeholders in taking forward the development of a suite of new qualifications for workers in health and social care to be implemented in 2019.

The Care Council will become Social Care Wales in April and will use a powerful combination of functions to strengthen services and the workforce that provides them. One of its first tasks will be to prepare for the extension of workforce registration to domiciliary care workers in 2020. This will involve supporting the workforce to achieve the relevant qualification level using the substantial workforce development grant funding made available by the Welsh Government to the sector.

The Welsh Government provides an £8m annual grant to the social care sector to support training and development. The grant is made available in response to regional training and development plans formulated by regional workforce partnerships. The regional partnerships provide a collaborative approach to workforce development across local authorities and the independent sector.

A skills and career development framework for clinical healthcare support workers has been developed for the NHS. The purpose of this Framework is to provide a governance mechanism to inform the skills and career development of the clinical Healthcare Support Worker (HCSW) workforce in NHS Wales. This resource will apply to those HCSWs in Nursing, Midwifery and Allied Health Professional (AHP) roles. It will support the current and future role development through the provision of standardisation of the scope of their roles and the development of educational

pathways with the underpinning knowledge and skills to practice safely. This framework will support HCSW careers and increase the professionalisation of this core workforce, building on the high quality service already delivered to individuals. The integration of this framework with the framework being used for social care staff is being considered.

A number of guidance documents have been issued to facilitate joint working and training between health and social care staff to benefit patients and clients. These include third party delegation guidance and endoscopy feeding guidance.

Health boards have established care home Matron forums to support the learning and development of this sector. Many health boards have also given open invitations to care home staff to access the health boards' internal training programmes.

Recommendation 8. The Minister should make and publish arrangements for the structured sharing of good practice in relation to successful schemes being delivered via the Intermediate Care Fund.

Response: Accept in principle

The Welsh Government has, through a series of specific events, sought to ensure that regions have an opportunity to share best practice in relation to schemes being delivered via the Intermediate Care Fund (ICF). There has also been more informal sharing of information and good practice directly between regions and by officials in the Welsh Government. While we do not accept the need to formally publish arrangements, we will continue to facilitate a culture of sharing best practice via the forthcoming revised guidance for regional partnership boards to support the delivery of ICF and through further national events.

The Welsh Government will explore the potential of best practice also being shared through the Care Council for Wales' On-line Learning and Resource Hub and working with the Social Services Improvement Agency and Public Health Wales which have key roles in improvement and sharing of good practice.

Recommendation 9. The Cabinet Secretary and Minister should make clear the position about the long-term funding for successful schemes under the Intermediate Care Fund. They should also set out clearly how the additional investment in the Fund as part of the 2017-18 draft budget will be used, and what the expected impact will be.

Response: Accept in principle

Since it was established in 2014, the Intermediate Care Fund has been used to develop new and innovative models of integrated working between social services, health, housing, the third and independent sectors. This financial year £60 million has been awarded to continue to support a wide range of existing initiatives which prevent unnecessary hospital admission, inappropriate admission to residential care, and delayed discharges from hospital.

Taking Wales Forward includes a commitment to retain ICF. We are currently considering the future objectives and priorities for this fund and will ensure that this is made clear to regions in advance of the new financial year.

Regional partnership boards will continue to manage this important fund. They are also able to ensure partners effectively utilise budgets and funding streams, including ICF and the Primary Care Fund, so that spending is coordinated to bring about maximum benefits to citizens in response to the population assessment required by the Act.

Annex B

GP OoH co-located services

Health Board	Out of Hours Primary Care Centre	Co-location with Emergency Department
Abertawe Bro Morgannwg UHB	Based at Morriston Hospital, Princess of Wales and Minor Injuries Unit (MIU) in Neath Port Talbot Hospital.	Based next to the emergency department in Morriston and Princess of Wales (fracture clinic). Based next to Minor Injuries Unit in Neath Port Talbot Hospital.
Aneurin Bevan UHB	Three main Primary Care Centres based at St Woolos, Nevill Hall and Ysbyty Ystrad Fawr.	Emergency department re-direction policies in place. Gwent OoH co-located within the Local Emergency Centre in Ysbyty Ystrad Fawr. OoH based in Nevill Hall in same building but in outpatients 2.
Betsi Cadwaladr UHB	The three main treatment centres, which are co-located with the emergency department and Minor Injuries Unit and open throughout the OoH period, are based in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor. These are staffed with a mixture of GP's and ANP's.	All co-located with the emergency department/MIU.
	There are also nine local urgent care services / MIUs	The OoH treatment centre in Deeside is open from 18:00 to 23:00 on weekdays, and from 8:00 to 23:00 at weekends and on bank holidays. This is

		<p>staffed with GPs and Advanced Nurse Practitioners (ANP).</p> <p>The OoH treatment centre in Llandudno is open from 8:30 to 20:00 at weekends and on bank holidays. GP always present.</p> <p>The OoH treatment centres in Ysbyty Alltwen (Porthmadog) and Dolgellau are co-located next to the MIU and open through the OoH period – staffed by a GP. The GP based in Dolgellau can access clinical rooms etc. in Tywyn Community Hospital to see Tywyn patients.</p> <p>The OoH treatment centres in Holyhead and Pwllheli are staffed by an ANP from 9 to 17:30 on Saturdays, Sundays and on Bank Holidays.</p>
Cardiff & Vale UHB	Three centres based at Barry Hospital, University Hospital of Wales (UHW) and Cardiff Royal Infirmary.	The OoH centre at UHW is situated in the trauma unit located next to the emergency department.
Cwm Taf UHB	Two centres based at Prince Charles Hospital and Royal Glamorgan Hospital.	Royal Glamorgan Primary Care Centre is next door to the emergency department. Prince Charles Hospital Primary Care Centre is embedded in the emergency department/Minor Injuries Unit. OoH services are also located at Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.
Hywel Dda UHB	Carmarthenshire: Primary Care Centres in Prince Philip	Co-located in Prince Philip, Withybush and Bronglais Hospitals with discussions

	<p>and Glangwili Hospitals.</p> <p>Pembrokeshire: Withybush</p> <p>Ceredigion: Bronglais and Llynyfran surgery</p>	<p>underway to work towards integration here.</p> <p>Withybush Primary Care Centre is adjacent to the emergency department. Co-working is on the agenda for this year but there is a facility for the emergency department to access OoH by simple negotiation with the service for inappropriate attendees.</p>
<p>Powys tHB</p>	<p>Bases in Brecon, Welshpool, Llandrindod, Newtown and Machynlleth</p> <p>Weekdays:</p> <p>Welshpool and Llandrindod open 7pm-12am, Newtown from 12am-8am and Brecon all night. On-call GP based at Llandrindod for overnight.</p> <p>Weekends:</p> <p>Welshpool open 8am-7pm on Saturdays & Sundays, Newtown from 12 midnight-8am, then 10am-4pm, then 7pm-12pm (Saturdays & Sundays) Brecon open 12am – 12pm on Saturdays & Sundays, Llandrindod: On Saturdays there is an on call service from 12 midnight-9am , open 9am-4pm, then open 5pm-11pm, On Sundays there is an on call service 12 midnight-9am, open 10am-5pm, open 5pm-12pm.</p>	<p>Not applicable.</p>