

SCRUTINY SESSION WITH THE HEALTH, SOCIAL CARE AND SPORT COMMITTEE – 15 SEPTEMBER 2016

NATIONAL ASSEMBLY FOR WALES: HEALTH, SOCIAL CARE AND SPORT COMMITTEE

Date: 15 September 2016

Venue: Senedd, National Assembly for Wales

PURPOSE

1. The purpose of this paper is to provide an update on priorities and progress in our Ministerial portfolio area, for the Committee session on 15 September 2016. It also covers topics on which the Committee requested further information.

EARLY DELIVERY PRIORITIES

2. The First Minister's statement on Taking Wales Forward included a number of priority commitments that fall in the main part to our Ministerial portfolio – a new treatment fund; recruiting and training more GPs; increasing the capital limit for residential care; and a Parliamentary review of health and social care. An update on each of these is provided below.

Establishing a New Treatment Fund, for new drugs and treatments

3. The new treatment fund will support the early introduction of the newest and most innovative high-cost medicines which have been recommended by NICE or AWMSG. We will make £80m available over the life of this government to ensure new medicines, which address unmet clinical need and represent a significant step forward for the treatment of life-limiting and life-threatening diseases are available. This will be delivered consistently across Wales as soon as possible following a positive recommendation by either NICE or AWMSG.
4. The new treatment fund will meet the cost of these new medicines for a maximum of 12 months, giving health boards the time to plan and prioritise funding from within their budgets.
5. The fund has developed from our experience of making new high-cost treatments for a range of life-changing conditions available to people in Wales. In 2015-16, the Welsh Government provided significant funding from its central reserves to enable the NHS to fund four new treatments for hepatitis C and a new treatment for a rare, genetic and progressive disease called atypical Haemolytic Uraemic Syndrome (aHUS). The medicines represented a major step forward in treatment and secured significant health and social benefits for patients. It is essential the new treatment fund is operated transparently and is widely understood. Work is progressing to develop a mechanism to manage the fund effectively. We anticipate the fund will be operational by December.

Recruiting and training more GPs and other primary healthcare professionals

6. The Welsh Government is well advanced in developing proposals for a national and international campaign to market Wales and NHS Wales as an attractive place to train and work ahead of the BMJ Careers Fair in October. In respect of training, we will build on the positive experience that our trainees have in Wales,

demonstrated by the recent GMC national training survey which showed that Wales has an overall satisfaction rate of 83.33%, which is the highest in the UK in 2016.

7. A refreshed deal for GPs, in the form of a Wales offer is being developed to communicate the benefits already in place for GPs as well as the Welsh Government's ongoing commitment to further improve working conditions.
8. To oversee the development, implementation and delivery of the commitment, a Ministerial Taskforce has been established. The Taskforce met for the first time on 11 August where the terms of reference were agreed and the outline offer for GPs was shared and welcomed by representative groups.
9. Other primary care professions are represented on the group ahead of a second phase of the campaign being developed which will focus on the importance of multidisciplinary teams and the value that each profession can bring.

Increasing the capital people can keep when entering residential care to £50,000 and introducing a full disregard for War Disablement Pensions

10. One of our top six "Taking Wales Forward" commitments is to increase the capital limit used by local authorities when charging for residential care. This will more than double the limit from its current level of £24,000 to £50,000, enabling those in residential care to retain more of their capital to use as they wish. We are also introducing from April 2017 a full disregard of War Disablement Pensions in financial assessments, so that armed forces veterans are not required to use these to pay for their care. Currently there is a disregard of only the first £25 per week of a pension.
11. Aside from the financial implications, there are a number of consequences of increasing the capital limit by such a relatively large amount. As a result, the Minister for Social Services and Public Health is considering the most appropriate approach to implementation. The Minister has commissioned independent research to verify and update the implementation costs of both commitments, while officials have commenced early engagement with stakeholder representatives. This is to identify all consequences of increasing the capital limit, so as to consider how these should be addressed to ensure a successful implementation. The Minister intends to announce her plans for their implementation in the autumn.

Parliamentary Review of Health and Social Care

12. The First Minister, as part of his statement, said that we would seek to establish a Parliamentary Review into the long-term future of Health and Social Care in Wales. Since then, discussions have been taking place to reach a cross-party consensus on the detail of the review, including the remit, membership and timescales. Once these details have been finalised we can move forward with establishing the review. It is essential that we reach a common understanding across the political spectrum on what this review can deliver, so that we can make the most of the opportunity it offers for health and social care in Wales. I will keep Members informed as matters progress.

Mental Health

13. As part of our commitment to take further action to make Wales a dementia friendly country we will be developing a dementia strategic action plan by the end of the year. A multi-agency task and finish group is meeting in September to begin to take forward this piece of work. Throughout the development of this plan we will also be engaging with a wide number of stakeholders.
14. We continue to work to improve access to talking therapies for people with an identified mental health problem. In addition to the £3m of additional funding in 2015/16, for both CAMHS and adult psychological therapies, we have secured an additional £1.15m from 2016/17 onwards specifically for inpatient services psychological therapies. This work continues to be supported by the NHS Wales-led National Psychological Therapies Management Committee.
15. A priority for this Government will be to ensure 'mental health discrimination is ended'. We are currently supporting *Time to Change Wales* which is the first national campaign to end the stigma and discrimination faced by people with experience of mental health problems in Wales. Tackling stigma and discrimination is also a priority area for action within the *Together for Mental Health* delivery plan which will be launched shortly.

Future Health Strategy

16. The current NHS Strategy, *Together for Health*, covers five years from 2011, although many of its delivery plans and other associated documents continue beyond 2016. We have engaged with the NHS and key stakeholders throughout the year to identify strategic needs and priorities. This included a dedicated event in July, attended by all of NHS Wales senior leadership, at which I set out my priorities and expectations for the future strategy.
17. The vision and strategy for NHS Wales will need to complement the Welsh Government's cross-cutting strategy on health and wellbeing, and also align with the outcome of the Parliamentary Review of the longer term future of health and care. Given the need to align these key processes, and uncertainty about what the UK Government's Autumn Budget Statement will say, I am still considering the timetable for publishing the future NHS strategy.

Prudent Healthcare

18. I have made clear my commitment to maintaining prudent healthcare as a set of principles and ways of working which must help to shape our future health and care system in Wales. The prudent healthcare principles are embedded in the NHS Wales planning framework as a cross-cutting theme, and this will be monitored through regular review of performance against NHS Wales integrated medium term plans. NHS chief executives are leading implementation of the actions set out in *Securing the Health and Wellbeing of Future Generations*, which was published earlier this year, and I will be receiving regular updates on progress and delivery.

Sustainable Social Services

19. In 2011, the Welsh Government published *Sustainable Social Services for Wales: a Framework for Action*, a response to *From Vision to Action*, the report

of the Independent Commission on Social Services in Wales and the Law Commission report on Adult Social Care. The Sustainable Social Services for Wales Programme, consisting of 9 projects with two major legislative components, was set up to deliver the changes outlined in *Sustainable Social Services for Wales*. The five-year programme concluded in April 2016 having delivered two substantial Acts and a major package of subordinate legislation.

20. The Social Services and Well-being (Wales) Act delivers a unique Welsh approach to promoting citizens' independence; providing them with a strong voice and real control and placing them at the heart of decisions about their own care and support. Through the Act and related actions the programme has also delivered a new improvement framework for Wales and a national outcomes framework; a new model for citizen-centred services and strengthened safeguarding and protection arrangements for people at risk.
21. The Regulation and Inspection of Social Care (Wales) Act received Royal Assent on 18 January 2016. It enables the Welsh Ministers to reform the regulatory regime for care and support services to ensure it is focused on outcomes for service users, to improve support for the workforce through the establishment of Social Care Wales and to reform the way the social care workforce is regulated.
22. A significant feature of our delivery approach under the programme has been a focus on stakeholder engagement and co-production, both through technical groups of key stakeholders and through a three-tier national leadership alliance providing fora for senior political, executive and citizen engagement.
23. We are now developing the structure and scope for a successor programme, focusing on better outcomes for people; standards and improvement; safeguarding; integration, partnership and co-operation and fairer funding and sector stability, including our "*Taking Wales Forward*" commitment around increasing the capital limit used by local authorities when charging for residential care. I am determined that the engaged approach taken during the delivery of Sustainable Social Services will remain at the heart of this new programme.
24. The Intermediate Care Fund (ICF) was established in 2014-15 and 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 £60m has been awarded to continue to support existing initiatives which prevent unnecessary hospital admission, inappropriate admission to residential care, and delayed discharges from hospital. The fund has, however, been expanded this year to provide for the development of integrated care and support services for other groups of people including people with learning disabilities, autism, and children with complex needs. The Welsh Government is committed to ICF funding being recurrent. However, funding to date has only been allocated on a yearly basis.

WELLBEING OF FUTURE GENERATIONS

25. The Wellbeing of Future Generations Act will guide our future health and care strategy for Wales, as part of wider government policy and delivery. It is an opportunity to ensure the breadth of Government policy contributes to health and

wellbeing, recognising healthcare is only one determinant of better health. It provides a framework for collective consideration of how good employment, quality housing, strong support in the early years and a good education can all contribute to improved health outcomes.

26. It is also an opportunity for us to drive how the health and care system in Wales contributes to strengthening our economy, to a more skilled and ambitious workforce, and making our communities more resilient. Health and care is the major part of the Welsh Government's annual expenditure, and must ensure it contributes to achieving the whole government agenda of sustainability, opportunity, and prosperity. We support the sector through workshops, guidance and resources to ensure they can fulfil their responsibilities under the Act.
27. The planned CMO report will urge a focus on managing demand throughout the life course and from within the service. The NHS must exercise a leadership role in collaboration across the public sector to reduce incremental health need and inequity from before birth. Demand also arises from clinical custom and practice and needs to be managed to reduce the scale of need for hospital care while helping it be timely when needed.
28. Patient (and public) safety must also be elevated as overarching purpose for healthcare services. A combined focus on demand and safety will transform performance measures such as waiting and emergency care times.

EUROPE

29. We are responding to the EU referendum result on a whole government basis. The implications of Brexit are not yet clear. In the short term we are seeking clarity on EU funding programmes, which make an important contribution to supporting life sciences, health and care research in Wales, and also to collaboration with other healthcare systems across the EU. We are monitoring potential implications in a number of areas relevant to health, including for example, the recruitment of clinical and non-clinical staff, licencing of new medicines, the regulation of medical devices, and rights to receive medical treatment.

PERFORMANCE AND IMPROVEMENT

30. Continuing to improve both quality and performance of NHS services remains a priority. This section sets out some of the progress made across a range of services areas.

Ambulance

31. The national target for 65% of immediately life threatening or 'Red' calls to be responded to within eight minutes has been exceeded in every month since the introduction of the clinical response model pilot in October 2015. In June, a total of 77.1% of emergency responses to this type of call arrived within eight minutes, with a standard response time of just around five minutes. While some local variability remains, the target was met in every health board area in June and July.

Emergency Departments (EDs)

32. The latest published statistics show waiting times in hospital emergency departments in Wales are continuing to improve. Despite around 2,880 attendances every day, 83.2% of patients spent less than 4 hours in emergency departments being triaged, diagnosed and treated from arrival until admission, transfer or discharge. There was also a drop in the number of people waiting over 12 hours. There is more work to be done by health boards, and they are expected to work to improve patients' experiences and eliminate lengthy delays.
33. In terms of the ED attendances - in the period March 2015-April 2016 - there were 1,165,738 attendances recorded at Welsh EDs (981,213 in January - December 2015). Attendances in January, February and March 2016 were the highest recorded for that same period and almost 10% (9.3%) higher in 2016 than the period in 2015.

Cancer

34. Latest figures released for June 2016 shows that despite targets not being achieved, more patients than ever are being treated within the target time. The statistics show that 97.4% of patients (824 out of 846 people) referred via the non-urgent route, where cancer was not initially suspected, started treatment within 31 days of the decision to treat them. The target is for 98% of patients referred via this route to start treatment within 31 days. Meanwhile, more patients (86.5% or 578 out of 668 people) who were newly diagnosed via the Urgent Suspected Cancer route started treatment within the 62-day target time, a 2.1 percentage point decrease compared to May.

Annual Quality Statement for NHS Wales 2015

35. The Annual Quality Statement for NHS Wales 2015 is an overview of all the work going on within NHS organisations to improve the quality of care in NHS Wales. NHS Wales can boast of many examples of world-beating services but where things could be better, staff are working tirelessly to make improvements.
36. Every year, there are 18 million contacts in primary care, half a million ambulance calls and three quarters of a million hospital admissions. One million people attend A&E, 78 million prescriptions are issued and three million outpatient appointments take place. The recent UK report from the Organisation for Economic Co-operation and Development (OECD), found we prioritise high-quality and patient-centred care.

HIW Report

37. Every year, hundreds of thousands of people receive high-quality, safe care in Wales. The Healthcare Inspectorate Wales' Annual Report 2015-16 identified positives in the service, especially around quality of patient experience. This is very much in line with our recent annual survey that showed overall patient satisfaction within the NHS remains extremely high here in Wales. Where the report identifies areas where improvement is needed, we expect all health services to take the necessary steps to ensure wider learning.

COMMITTEE REQUESTED UPDATES

38. The Committee has requested updates around a number of specific areas. The section below seeks to provide the information requested.

NEONATAL CARE

39. The Committee has requested an update on the progress in the development of neonatal services in Wales, specifically in response to concerns that neonatal units and neonatal transport services are under-staffed and under-resourced.
40. There are 35,000 babies born in Wales each year, of which, about 1 in 12 need lifesaving neonatal care. Our aim is to ensure that every baby needing neonatal care gets the best chance of life, which has been demonstrated through the Welsh Government's establishment of the Neonatal Network in 2010. The Network provides leadership across the services and supports health boards in improving skills, learning, training, quality and safety across all neonatal units and transport services. The Neonatal and Maternity Networks undertake parallel, but aligned, work to coordinate on an All Wales basis all effective health interventions to improve neonatal outcomes. This includes preventive and care services from conception through delivery to discharge from the neonatal unit.
41. Advances in knowledge and technology mean that the chances of survival for babies who are born early or sick are better than ever before. Standards have been raised, those set in 2008 were superseded by the 2013 version, and these are again being revised to keep pace with advances in care.
42. To support improvements in neonatal services, structural changes are being implemented in both North and South Wales. Betsi Cadwaladr University Health Board approved the full business case for the new Sub Regional Neonatal Intensive Care Centre in July. The changes in delivery across Hywel Dda University Health Board have helped increase compliance with neonatal standards. Improvements to neonatal transport are also being delivered. In addition to the 24-hour transport services provided across North Wales, the Welsh Health Specialised Services Committee has agreed proposals for a similar level of service to be implemented across South Wales. The Neonatal Network closely monitors health boards' progress against the neonatal standards and health boards are making steady progress in meeting or coming closer towards the All Wales Neonatal Standards. I expect this to continue against what are appropriately, increasingly stringent standards. Ultimately, we want to see improved outcomes for all neonates in Wales, with health interventions during pregnancy reducing the risk of babies needing specialist neonatal services in the first place. The MBRRACE report published in May 2016 showed that Wales' neonatal outcomes were comparable with the UK as a whole, and better than similar areas with high deprivation. We will continue to build on this and strive to achieve further improvements, but this key outcome measure shows that Wales is meeting the challenges effectively.
43. A core aspect to achieving the neonatal standards is the workforce, especially nursing establishments. Nurse establishments have improved in Wales since 2011, despite the impact of austerity, and the £85m package of support for education and training of health professionals announced by the previous

Minister for Health and Social Services provides additional funding to ensure we have appropriately skilled and trained staff to deliver services safely and effectively, including specialist neonatal services.

GP WORKFORCE IN WALES

44. The actions contained in the Primary Care Workforce Plan, published in November 2015, were informed by the recommendations made under the HSC Committee's inquiry into the GP workforce. The offer currently under development to support the marketing campaign explicitly covers a number of these areas including, exit interviews, exposure to general practice, incentives for practice in targeted areas of Wales and retaining experienced GPs.

HOSPITAL RECONFIGURATION

45. The Fourth Assembly saw major consultations on reconfiguring hospital services across Wales.
46. In North Wales, a number of old and outdated community hospitals have closed or partially closed. These are being replaced by new primary care resource centres in Blaenau Ffestiniog, Flint and Llangollen, funded by Welsh Government capital finance.
47. In West Wales, changes included concentrating neonatal, consultant-led maternity and inpatient paediatric services at Glangwili Hospital in Carmarthen; and the introduction of an emergency nurse practitioner/GP-led emergency service at Prince Philip Hospital in Llanelli. The changes have worked well and led to improved compliance with clinical standards and helped address recruitment and staffing issues. A recent review by the Royal College of Paediatrics and Child Health has confirmed that the neonatal, maternity and paediatric services are now safe, sustainable in the long-term and have led to improved outcomes for mothers and babies in the region.
48. Work continues on the detailed implementation plans relating to the services included within the South Wales Programme including the detailed model for paediatrics, neonatal and obstetric services. Business cases have been received for investment to support these changes. Cwm Taf University Health Board has recently opened a new acute medicine centre at the Royal Glamorgan Hospital to improve the quality of care delivered locally and to help ease pressures on its A&E department. The hospital is to be developed as a 'beacon site' for acute medicine in the region, and capital funding has been earmarked next year for supporting the diagnostic hub at the hospital.
49. Aneurin Bevan University Health Board has submitted the Full Business Case for the Specialist Critical Care Centre (SCCC) to the Welsh Government. The SCCC represents a significant investment for the NHS in Wales and the release of funding of £36.930m has been earmarked from the All Wales Capital Programme in 2016-17, subject to the outcome of the business case process.
50. The proposed new Velindre Cancer Centre will be the first Welsh Government project to be taken forward using the Public Private Partnerships (PPP) innovative finance model. Velindre NHS Trust is making excellent progress on

developing the project for the new Cancer Centre. The Trust is on track to submit the Outline Business Case to its Board at the end of November 2016 and the Centre will be open by the end of 2022. The Trust will also submit a Programme Business Case (PBC) which describes the development of cancer services across S E Wales. It looks at services being provided as close to home as possible, where safe and appropriate. In addition to the Cancer Centre the programme will look at the provision of satellite radiotherapy services in the community.

51. Other examples of service change in South Wales have been less high profile but nonetheless significant. For example, Cwm Taf and Aneurin Bevan university health boards have redesigned their stroke services to enable more patients to return home more quickly and be supported through their rehabilitation in their own homes. This was done in collaboration with the local community and the community health councils.
52. A review of lessons learned from the NHS service change engagement and consultation exercises undertaken by health boards in Wales was carried out by Ann Lloyd CBE in 2014. Significant changes were made to the 2016-17 iteration of the NHS Wales Planning Framework guidance to reflect the importance attached by the Welsh Government to continuous engagement as a means of achieving service change and planning for the delivery of health care services generally. This includes a new chapter emphasising that planning as a core activity requires a high level of continuous engagement to develop solutions and deliverable plans. Health board's integrated medium term plans should provide evidence of the approaches taken to ensure meaningful engagement takes place on service change and other plans. Engagement must also take place at a number of levels: local communities; boards; frontline staff and delivery units; partner organisations; and regional collaborations across NHS Wales.

USE OF ANTIPSYCHOTIC MEDICATION

53. As a result of the Older People's Commissioner's Care Home Review, health boards have agreed to publish annual information on the use of anti-psychotics in care homes in Wales.
54. Recommendation 3.5 from the Older People's Commissioner *A place called home* 2015 report, regarding annual publications use of antipsychotics in care homes was made to the LHBs. This was not a recommendation to Welsh Government. Welsh Government does not collect prescribing data at this level. National data is collected by drug name and number of times the drug is dispensed. It is currently only possible for LHBs to monitor this locally using local mechanisms and it is a matter for the LHBs to publish such information. Work is commencing in September to develop a Dementia Strategic Action Plan for Wales by the end of the year, prescribing in dementia is likely to be considered in that context.