

Health, Social Care and Sport
Committee
**Inquiry into winter preparedness
2016/17 – conclusions and
recommendations**

December 2016



National Assembly for Wales
Health, Social Care and Sport Committee

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The Committee was established on 28 June 2016 to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters, encompassing (but not restricted to): the physical, mental and public health and well-being of the people of Wales, including the social care system.

Current Committee membership:



Dai Lloyd AM (Chair)
Plaid Cymru
South Wales West



Dawn Bowden AM
Welsh Labour
Merthyr Tydfil and Rhymney



Jayne Bryant AM
Welsh Labour
Newport West



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UKIP Wales
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Julie Morgan AM
Welsh Labour
Cardiff North



Lynne Neagle AM
Welsh Labour
Torfaen

Chair's foreword



Winter is a hugely challenging period for our health and social care services. It is a time when the year-round pressures of an ageing population, increasing demand for services and workforce challenges are thrown into sharpest relief.

For this reason, we felt it was important to examine how prepared the Welsh NHS and social services are to deal with the pressures on unscheduled care services over the coming few months. As part of this, we wanted to look at the progress that has been made in this area over the past few years, particularly since the work done by our predecessor committee in 2013-14.

There is evidence of some clear improvements within the system during this time. The Welsh Ambulance Service NHS Trust is an obvious example, and they should be congratulated for this. However, a number of matters reported on by our predecessor committee in 2013, including inappropriate A&E admissions, patient flow through hospitals and delayed transfers of care, have been identified in the course of this inquiry as continuing to need attention as a matter of priority.

Many of our recommendations, although important in terms of managing additional winter pressures, need to be considered as part of a much wider, whole-system review of health and social care services in Wales. Indeed, our overriding conclusion is that a more resilient NHS and social care service would be better equipped to cope with the considerable spikes in demand over the winter period. Without that greater resilience, efforts to manage winter-specific pressures will be more about trying to limit their effects than achieving the whole-system change which is so greatly needed.

Considerable efforts and resources have gone into planning for the coming winter. Despite this, we are concerned about the ability of the system to cope with the additional pressures of the season, and its vulnerability to one significant event such as a flu outbreak or care home closure.

The evaluation of the arrangements for this winter period will take place next spring. We look forward with interest to the findings.

Dr Dai Lloyd AM, Chair

Conclusions and recommendations

General preparedness and service integration

1. It is clear from the evidence we heard that the many pressures facing the NHS in Wales are not restricted to a particular period or season but are, in fact, all year round. Nevertheless, it is also clear that there are seasonal spikes in demand, especially during the winter months, which put an already stretched system under further strain. As a consequence, planning for this period is essentially about trying to limit the effects of these spikes whilst continuing to deliver other core services, including elective activity.

2. As such, greater resilience within the health and social care services generally would enable them to manage better during times of exceptional seasonal pressure. Considerable efforts and resources are invested in planning for the winter period, with the planning process starting as early as March. Without that greater resilience, however, these efforts seem to be more about firefighting than effecting whole-system change - change which might enable different service approaches to be taken to managing unscheduled care pressures.

3. Specifically in relation to this winter period, there was a difference of opinion amongst providers about the levels of preparedness; this, in itself, is cause for some concern. After the widely reported and much examined pressures of the last few years, there should be more confidence across the entire sector that the problem is under control and manageable. That this is not the case may be due, in part, to a lack of communication between all the relevant parties, despite arrangements, such as integrated plans, being in place.

4. Further, the evidence we have heard suggests that the main focus seems to be on preparing the health service for the pressures of winter, with more limited attention paid to the social care aspect. This approach does not seem to adequately recognise the crucial role of the social care sector, both in terms of preventing hospital admissions over the winter period, particularly for older people, and in enabling those in hospital to move on at the appropriate point.

5. Overall, there is a need for greater integration between the health and social care sectors, both in the planning and delivery of services, and there is a need to include the independent sector (both care home and domiciliary services) in this work.

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.

6. There is also a need to enable better working arrangements between medical professionals, including GPs and pharmacists, to ensure that they are not in competition when it comes to delivering national prevention initiatives such as flu vaccinations.

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.

7. Linked to this, we have some concerns about the Welsh Government's flu vaccination campaign, especially in relation to the relatively low uptake amongst NHS and social care staff. Vaccinating front-line staff is a key preventative measure, and we believe the Welsh Government and the sector should be more ambitious when setting targets in this area. We also have some concerns about the structure, visibility and targeting of the campaign this year. There is a need for clarity about the respective roles of GPs and pharmacists in the campaign and the strength and visibility of national messages to target groups. Further, we believe that more work should be done to understand the reasons why take-up of the flu vaccination is not higher across the board.

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.

8. In relation to funding, we welcome the additional investment of £50 million by the Welsh Government for winter pressures for this year. The Cabinet Secretary was quite specific about the outcomes he expected to see for this additional investment, including to contribute to dealing with the additional demands of unscheduled care and to maintain current performance in terms of planned activity, i.e. elective surgery over the winter period. We believe that these are ambitious targets for this level of investment, particularly given the financial challenges already facing a number of LHBs, and we ask that the Cabinet Secretary reports back to us at the end of the next quarter with details of progress against those targets. We are also interested to hear further from him at that time as to how the evaluation of these outcomes will feed into a general review of the whole system and the planning round 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.

Demand on services

9. Despite the significant and growing year-round pressures on the NHS in Wales, the seasonal spike during the winter period is driven by a number of specific factors, not least age. At the one end, Wales has an ageing population who often present with a number of complex conditions and who can lose access to their more regular support networks during the winter months. There is also evidence of more admissions from vulnerable older people who have experienced falls during this period, and an increasing number of patients with mental health conditions, including dementia. Many, particularly older patients, are also in need of complex care packages in order to be discharged from hospital.

10. At the other end, there is a growing emergency workload during the winter relating to children, particularly with respiratory problems such as bronchiolitis. The evidence from specialists in this field was that more of these cases could be managed at home with the right support and information for parents. This has the potential to be a "quick win" for the Cabinet Secretary and LHBs, and should be examined further.

11. More generally, it is clear that more needs to be done around the design and delivery of services for both older people and children, and that a considerable part of this involves having the appropriate staff in the right place in the system to enable it to be more responsive to the needs of its patients. (Our specific comments on the workforce are set out in Chapter 5.)

12. In addition to age, another factor in the seasonal spike is the number of people accessing the wrong services. We heard that 20-30 per cent of people presenting at A&E would be more appropriately dealt with by a different type of service. We recognise the work already being undertaken to tackle this, including the Choose Well campaign, but we feel that other measures, particularly greater co-location of primary care services in A&E departments, should be the subject of specific research to evaluate their effectiveness and potential for wider roll out. (More specific comments on co-location of services and the Choose Well campaign are included in Chapter 7.)

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.

Service capacity and workforce

13. Adequate service capacity and sufficient workforce numbers are vital components in any effective healthcare system, particularly during times of exceptional strain such as the winter period. Based on the evidence we have heard, we are concerned about the ability of the health and social care system in Wales to cope with the predicted seasonal demands this year because of a lack of both of these components.

14. Specifically in relation to service capacity in hospitals, we are concerned about a lack of availability of beds to cope with demand, particularly given the high levels of occupancy reported currently. We recognise that bed occupancy rates are not the only measure of an efficient system, and that patient flow is also an important part of any such system. However, capacity is not just about bed numbers, but about having the workforce in place to staff those beds.

15. Given the well-documented, on-going difficulties in the NHS in Wales in terms of recruitment and retention of staff, the impact of this is likely to be felt particularly during times of added seasonal pressure, when difficulties facing LHBs in recruiting extra staff to run additional hospital capacity means the system has a limited ability to flex to meet increased demand. We note the planning process that has been undertaken by LHBs in order to gain an understanding of likely demand, and whilst this is important data, without the ability to secure the necessary staff, it is only part of the solution.

16. In relation to capacity within primary care, we were concerned to hear reports of insufficient shared understanding across the sector and more widely of the extent of the pressures facing these services this winter. We were also concerned to hear that additional investment from the Welsh Government, intended to mitigate these pressures, has been slow to make its way to the front line. We heard strong messages about the shortage in GPs and the difficulties in recruiting, which could make it difficult to access not just medical but other clinical services in primary care. We are also concerned about falling numbers of district nurses across Wales and the impact this will have on services over the winter, and note concerns about the increasingly changing role of district nurses as clinical support and advisors to other nursing and care staff. We believe these areas require further, immediate attention from the Welsh Government.

17. Capacity continues to be a significant problem in the domiciliary and care home sector, particularly given the increased reliance on it during the winter period and the very real concerns about its sustainability in light of a number of recent home closures. We note the steps being taken by the Minister and her officials in relation to gaining a greater understanding of the demands on the sector, and we were interested to hear that she will shortly be in a position to have the first market statement for the whole sector. We would be interested to see the results of this, and we ask that she makes this information publicly available at the earliest opportunity.

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.

18. The following points apply more widely than just in relation to winter pressures, but we feel it is important to include them in this report in order to reflect the evidence we have received.

19. The well-documented difficulties in recruiting for the domiciliary and care homes sector persist, with the independent care home sector continuing to be reliant on both EU and non-EU staff. Competition from other care and non-care organisations is impacting on the available workforce, and more generally, we feel there is a pressing need to make social care an attractive and valued place to work. Linked to this, is the potential for professional isolation of care homes nurses, with limited access to shared training with NHS and social care staff. We believe that the Minister needs to take a clearer role in setting the strategic direction and in monitoring progress in this area.

20. More broadly, we believe there is a need for improved training, skills development and supervision across all the health and social care sector, with an increased emphasis on working jointly across these sectors. We urge the Cabinet Secretary and Minister to give consideration to how best to achieve this.

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.

Discharge from hospital

21. Despite some progress, delayed transfers of care remain an on-going issue, with evidence of rising numbers during the winter period. This problem is exacerbated by the often frail nature and increasingly complex needs of many patients waiting to be discharged.

22. We recognise the impetus that exists within hospitals to 'keep the system moving' in order to enable both admission and discharge, to ensure there is adequate capacity within hospitals to meet demand. However, there is a definite need for more effective discharge planning arrangements at a local level, including better engagement with the independent sector as part of this.

23. We recognise the important role of the Intermediate Care Fund (ICF) in helping to manage delayed transfers of care, and we welcome the continued investment in the Fund by the Welsh Government in its draft budget for 2017-18. We acknowledge the Minister's evidence of increased resilience and capacity as a result of the ICF, including the data about reduced bed days and hospital stays avoided as a result of particular ICF-funded schemes. Given this, we believe that the Cabinet Secretary and Minister need to have a clear position on the on-going nature of funding for these schemes, rather than the current year-by-year arrangements. Further, we believe there is a case for the Cabinet Secretary and Minister to be more specific about the outputs and outcomes expected for this additional investment over the course of the next budget period.

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.

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.

24. Finally, as part of our recent consideration of the Welsh Government's draft budget for 2017-18, we expressed interest in hearing more about the arrangements for increasing evaluation of the Fund, including arrangements for intelligence sharing across Wales.¹ We re-iterate that point here.

Service models

25. In terms of service modelling, we agree with the Cabinet Secretary that the real challenge is for genuine, whole-system learning. As part of this, there is a particular need to look at A&E services, including the potential for, and the available evidence relating to, co-locating primary care services and a possible role for "front-door physicians". This could be an important tool to mitigate the problems associated with people presenting "inappropriately" to A&E.

26. We heard the claim from LHBs that they understand the dynamics of in-patient hospital services well, but that some patients were staying in hospital longer than is ideal; the level of bed occupancy remains very high in key specialties; and the increasing number of old and frail people needing care has impacted on capacity planning. There is a clear need to look at the way in which capacity planning is undertaken as a much more "whole systems" approach across health and social care services and encompassing the whole patient journey.

27. Further, there is a need to look at alternative models of care in the community as a preventative measure to avoid hospital admission, as well as the need for greater evaluation of existing services, such as those funded through the Intermediate Care Fund (discussed in the previous Chapter).

¹ [Letter to the Cabinet Secretary for Health, Wellbeing and Sport and Minister for Social Services and Public Health regarding the Welsh Government's draft budget 2017/18](#)

28. Finally, there is a need for greater integration across sectors and services, and more effective sharing of the good practice that exists in areas across Wales. On this point, we note that the Cabinet Secretary has commissioned an evaluation of the Choose Well campaign during the spring next year. We wait to see the results of this with interest and to hear from him in due course as to how this will feed into next year's planning process. We also look forward to the results of the 111 Pathfinder Pilot evaluation (see recommendation 3).