

# The Parliamentary Review of Health and Social Care in Wales

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## A Revolution from Within: Transforming Health and Care in Wales



Final Report

January 2018

# Acknowledgements

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The panel has benefitted from a wide range of views, including those from service users and staff working in, and leading, services, from many representative bodies, voluntary organisations and independent providers of care. Welsh Government officials provided information and advice. We are deeply grateful for the time and effort put into informing our work. We are also appreciative of the support and advice provided by the Political Reference Group.

The project support team did a sterling job, which we greatly appreciate, in amassing evidence, engaging stakeholders and helping the panel to synthesise its deliberations.

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

# Chair's Foreword

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## If the case for change is compelling, then why hasn't it compelled?

This year sees the 70th anniversary of the NHS; born in Wales, based on a model developed by the Tredegar Workmen's Medical Aid Society. The NHS continues to enjoy huge public support. However, in the 1940s, no one foresaw that the demand for health and care would increase rather than diminish, due to changing needs, expectations and new forms of treatment and care. The key challenge is how public services might better anticipate and address new demands upon them effectively. This Parliamentary Review into Health and Social Care was established, on a cross-party basis, to advise on how this challenge might best be met.

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In our Interim Report, we emphasised that the current pattern of health and social care provision is not fit for the future. We presented this analysis as a 'case for change' which showed the impact of a growing and changing pattern of need, expectations of services, and the challenge of securing a future workforce. We said those factors demand a new approach to maintain and improve the quality of health and care.

The current situation is of great concern for service users, health and care organisations, health and social care workers, and society more broadly. Health and social care services experience workforce shortages; Wales' outcomes for health and care are not improving as fast as desired; and service delivery is not consistently good. A risk-averse culture hampers change in the health and care system, and limits efficient and effective decision making.

On funding, the long run picture is that spending on health and care is outpacing the growth in the country's wealth – a problem that many other developed economies also

face. The pressure for additional investment in the NHS and social care has already been set out in other reports. Currently health and care consume a growing proportion of the Welsh Government's budget, at the expense of other public service areas, for example education, housing and the arts, which also have a great influence on the health and wellbeing of the people of Wales. A key aim therefore should be to maximise the *value* of care and by being more efficient to enable resources to be directed to the areas that have a bigger impact on health and wellbeing.

However, our terms of reference did not include commenting on the level and sources of funding such as how to pay for social care in the long-term. These remain key national issues. Our focus was on how to secure better outcomes. Whatever the overall envelope of funding, given current and future demands on the system, every pound spent must be more effective in improving outcomes for the users of services and for the people of Wales. Progress is underway, but it needs to be faster even to maintain levels of care.

The extensive engagement we undertook during the course of the review is set out in the annex. We very much appreciate the efforts of all those who gave their time so generously to speak and interact with us. Nobody we spoke to during the course of this Review disagreed with our assessment that the case for change is compelling. Decision makers across Wales and front-line staff dealing with these pressures on a daily basis share this perception. The recurrent question we have been asked is this: 'If the case for change is compelling, then why hasn't it compelled?'

Our answer is that there has neither sufficient clarity of vision to guide the system nor sufficient attention on the practical means of achieving that through such as citizen empowerment, leadership, governance, improvement, performance and finance. We aim to address this in our final report. This means whilst we aimed to produce a strategic report, in some areas we have also gone into practical detail to guide implementation. The breadth of our work

means that not every issue has been addressed, instead we have focused on the aspects where we think change is most needed.

Wales has the potential to overcome all of the challenges we have identified. The strong intent to improve health and wellbeing is apparent, as is the desire for a high-quality NHS and social care system. Wales' legislation for sustainable development through the Wellbeing of Future Generations (Wales) Act, and the Social Services and Wellbeing (Wales) Act 2014, and the Welsh Government's new national strategy 'Prosperity for All' sets a positive and forward-looking context that many other health and care systems aspire to. The challenge is turning the ambition into reality.

As the Welsh Government aims to steer the health and care system into the next five years and beyond, our aim in this report is to set out a way forward and to make recommendations on how change can be supported and explain, in practical terms, how to meet the challenges of the years ahead.



Dr Ruth Hussey  
CB OBE (Chair)



Professor Sir  
Mansel Aylward CB



Professor  
Don Berwick



Professor Dame  
Carol Black DBE



Dr Jennifer Dixon  
CBE



Nigel Edwards



Professor  
Keith Moultrie



Eric Gregory



Professor Anne Marie  
Rafferty CBE

# Introduction

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Our Interim Report put the stark case that, in its current form, Wales' health and care system will need to change. By a health and care 'system,' we mean the way care and support is delivered by public, independent and third sector bodies rather than their underpinning organisational structures.

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“ Wales needs a different system of care ”

Wales is not alone in facing these challenges. The vision for care that Wales should achieve is one being pursued by most developed nations in the face of similar circumstances. This is to revolutionise care so that it empowers individuals to take decisions, tailors care to the individual's expressed needs and preferences, is far more proactive and preventative, is provided as close as possible to peoples homes, is seamless, and is of the highest quality.

Internationally, there is growing knowledge of what is needed to achieve this vision. Initially called the Triple Aim, a fourth dimension has been added due to a realisation that a key factor is the well-being and engagement of staff<sup>1</sup>. In our view this approach builds on values already developed in Wales and will help to give clear purpose and guide the vision into action.

Therefore, we recommend that the vision should aim to deliver against four mutually supportive goals – 'the Quadruple Aim' – each of which should be vigorously pursued. They are continually to:

- a. improve population health and wellbeing through a focus on prevention;
- b. improve the experience and quality of care for individuals and families;
- c. enrich the wellbeing, capability and engagement of the health and social care workforce; and
- d. increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

Progress towards this vision and the Quadruple Aim needs to be significantly accelerated. This will come about through the power of service users and communities to press for change, the ability of the workforce to test and learn what works and to accelerate change, new technology and innovation and the ability of leaders to take bold decisions.

In this final report, we recommend to the Welsh Government some key actions that need to be taken to do that, including: clarifying what a set of new models of care might look like; strengthening the power of citizens and users to make change; improving the local leadership and governance needed to implement change; harnessing digital, scientific, technological and infrastructure developments to underpin modernised models of care as well as unlock efficiencies; and at a national level designing the system to expedite and incentivise progress through increased transparency. This will not be easy, nor is it a short-term task – it is a significant test of leadership in Wales at a national, regional and local level.

We do acknowledge that healthcare and social care in Wales were established as distinct sectors. Healthcare in Wales is almost entirely publicly funded and it is planned and commissioned by the NHS. Social care is publicly and privately funded and provided through multiple public, private and voluntary providers. Our recommendations assume these arrangements broadly continue in place but the focus should be on developing '**One system of seamless health and care for Wales**'.

Wales is a small country, but it has tremendous assets in its people, especially those who use, support and work in the health and care system. We met many who are innovating and progressing towards the vision we espouse, but they are sometimes doing so against the tide. Unless faster, more widespread progress can be unlocked, access to and the quality of services

will decline in the face of the predictable pressures. The next five years will be a crucial test, which is why our final recommendation is to review progress against the vision and Quadruple Aim, alongside the rest of the UK and internationally, with open public debate as to the further action needed.

# High Level Recommendations

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## **Recommendation 1: One seamless system for Wales**

Rapidly articulate a clear simple vision of what care will look like in the future to meet the needs of the population. Care should be organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.

The public, voluntary and independent sectors all have a role to meet the needs of the population now and in the future.

## **Recommendation 2: The Quadruple Aim for all**

Underpin the “one System” vision with four aims - the Quadruple Aim. That is, health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and wellbeing, a cared for work force, and better value for money.

## **Recommendation 3: Bold new models of seamless care – national principles, local delivery**

Move to a seamless new way of working in localities – guided by the vision and Quadruple Aim with national good practice principles. There should now be rapid acceleration of action to develop, implement, and evaluate: seamless care close to home in localities; proactive improvement of population health and wellbeing; and reoriented specialised care.

## **Recommendation 4: Put the people in control**

Strengthen individual and community involvement, through voice and control in health and care, and ensuring all ages and communities have equal involvement. The public rightly want a modern service in which they have much better information about health and care, shared decision making in treatment, choice of care and setting, and peer support.

## **Recommendation 5: A great place to work**

Urgently align the workforce with new service models. Staff should be well trained, supported and engaged to deliver and continually improve a quality service consistent with the vision and Quadruple Aim. Wales should aim to be a great place to train and work.

### **Recommendation 6: A Health & Care System that's always learning**

Significantly increase support so that the pace of improvement accelerates. Invest in support to the front line, service users and local leadership that nurtures team-based learning and the use of evidence and sharing of best practice. Develop and implement a strategy for quality improvement and continuous learning for health and care, enhancing the leadership and infrastructure required to support it.

### **Recommendation 7: Harness innovation, and accelerate technology and infrastructure developments**

Maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. This needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

### **Recommendation 8: Align system design to achieve results**

Design the system better to achieve faster progress. Given the need for transformative change, at national level there should be focus on designing a more effective blend of incentives, regulation, planning, targets and performance management.

### **Recommendation 9: Capacity to transform, dynamic leadership, unprecedented cooperation**

Increase capacity at a national level to drive transformation, and strengthen leadership nationally, regionally and locally to make progress in line with the vision and Quadruple Aim.

### **Recommendation 10: Accountability, progress & pace**

Publish progress against the vision, Quadruple Aim and new models in one year, three years and five years, and benchmark progress against the other three countries in the UK, and internationally.

# Recommendations

What follows are the specific actions that we recommend the Welsh Government, Local health boards (LHBs) and trusts, local authorities and partners should undertake in relation to each of these high-level recommendations.

## Recommendation 1 One seamless system for Wales

“ We need a cultural shift – valuing and empowering people and staff, community and volunteer, as well as a resource shift – putting money and people into making the vision a reality ”

– Twitter

There is not a single, clear and captivating vision for the future for health and care in Wales. Drawing on the extensive engagement we have already undertaken, it is our view that the vision should be of **care organised around the individual and their family as close to home as possible, be preventative with easy access and of high quality, in part enabled via digital technology, delivering what users and the wider public say really matters to them. Care and support should be seamless, without artificial barriers between physical and mental health, primary and secondary care, or health and social care.**

This vision is fully aligned to the requirements of the Wellbeing of Future Generations (Wales) Act and will help the health and care system to respond effectively. It will mean substantive change in what is done and how everyone works. Welsh Government should urgently engage with the public and with health and care staff from across the public, independent and voluntary sector to publish this vision within three months.

To achieve this vision, we advocate the creation of a time limited, staffed and resourced national Transformation Programme to implement the recommendations and supporting actions laid out in this report. This should be informed by an independent evaluation process to track progress and suggest adjustments. Wales needs to transform not just how much is done, but what and how it is delivered to meet the future care and support needs for the people of Wales.



Illustrations from Citizen Panel meetings



## Recommendation 2

### The Quadruple Aim for all

“ The Quadruple Aim is really important, because it builds on Prudent Healthcare and gives a tangible way of delivering it ”  
– Twitter

Drawing from international experience and evidence, we advise that the vision for a single system of health and care in Wales will be delivered by four mutually supportive goals for Wales which must be vigorously pursued. These comprise the Quadruple Aim, adapted for Wales and supportive of the requirements of the Wellbeing of Future Generations (Wales) Act. They are continually to:

- improve population health and wellbeing through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the wellbeing, capability and engagement of the health and social care workforce; and

- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste

Every plan, strategy and practice should be driven by the Quadruple Aim. To achieve the first of these aims, Welsh Government and Health Boards must significantly redistribute resources to support robust measures aimed at prevention driven by epidemiological data, scoping future trends and adopting a greater emphasis on behaviour change methodologies to significantly improve population health and wellbeing. Health Boards must contribute to action on the wider social determinants of health in partnership with other agencies.

Pursuing quality means **trying to achieve what matters to people** about their health and wellbeing. For health and care services, quality comprises safety, accessibility to all groups in society, effectiveness in producing the best achievable outcomes, and efficient utilisation of tax payers' and service users' resources. A health and care system that supports,

nurtures and empowers its employees is essential if the vision is to be achieved. For this reason we have added an additional component to what was previously the Triple Aim, to highlight the importance of staff wellbeing, training, management and engagement.

Continually seeking better use of resources to achieve improved outcomes is essential in order to meet Wales' needs. Thus ensuring that appropriate services are delivered, that provide maximum value for the user of services and tax payers is essential. These four goals are interdependent and should be considered and used collectively.

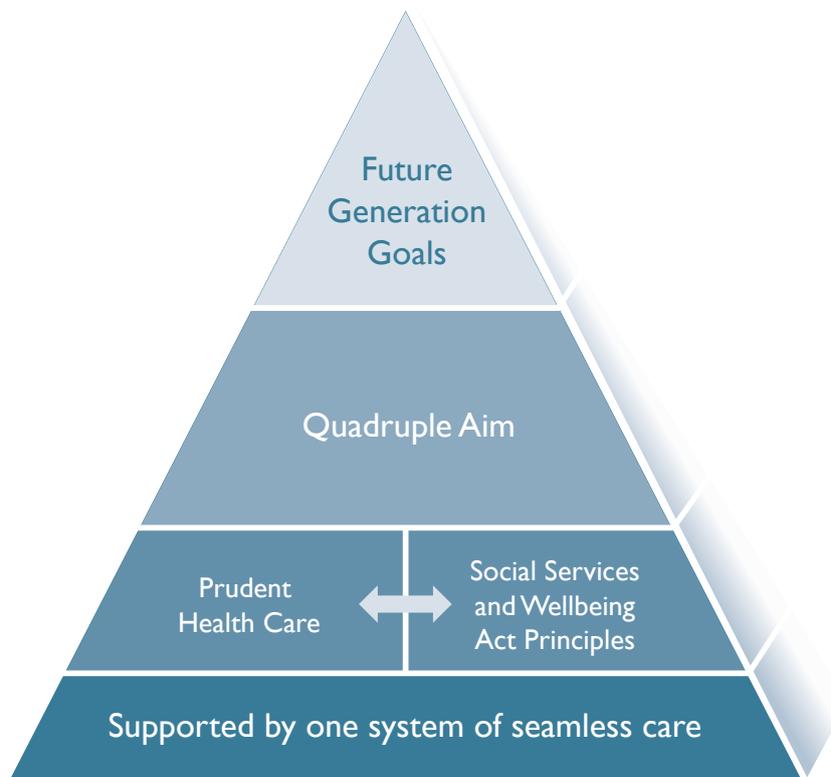
Many developed health and care systems faced with similar challenges to those being

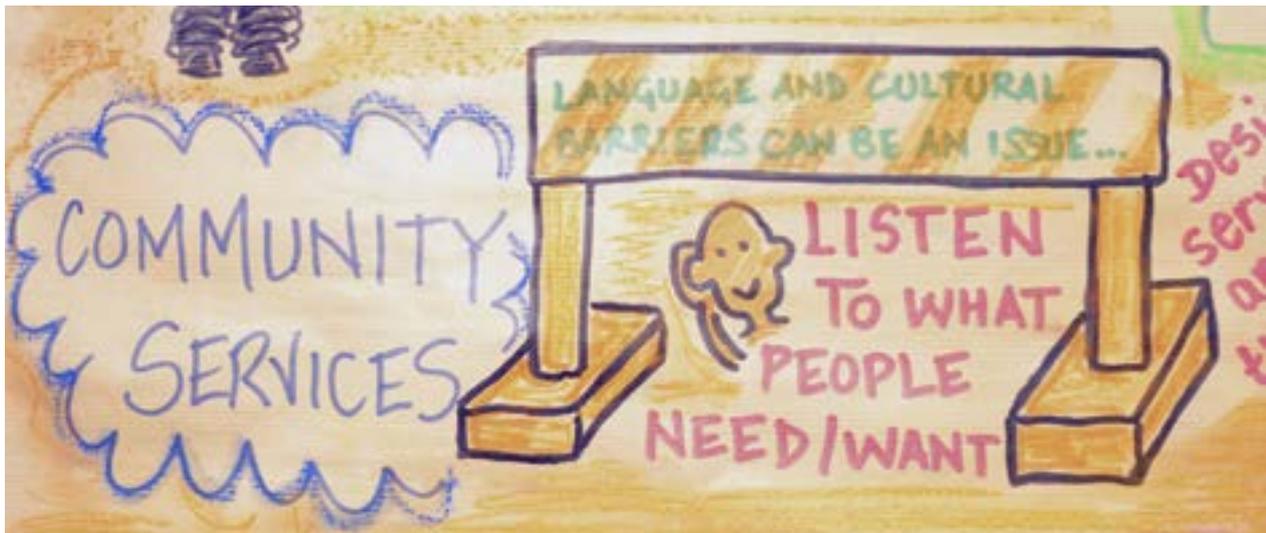
experienced in Wales are adopting this broad approach. Wales should therefore seek to learn from its peers across the UK and internationally, and make the most of its agility as a small nation to respond at pace.

This vision and these goals provide a clear 'purpose' and measurable outcomes that can guide the processes set out in recent policies and legislation, such as Prudent Healthcare and the Wellbeing and Social Services Act. This legislation is a strong foundation to build on, and should be used in conjunction with the Quadruple Aim and vision. This should be embedded within the workplace culture of all health and care organisations.

Figure 1: Future Generation Goals

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### Recommendation 3

#### Bold new models of seamless care – national principles, local delivery

“ From a frontline perspective this [integration] has been relatively straightforward, the boundaries become less and even non-existent when people are focussing on doing the right thing ”

– Stakeholder

From a clearer vision, the development, adoption and spread of new models of seamless health, care and wellbeing can be substantially accelerated. For over a decade there has been a strong national and international consensus that three broad shifts in care are needed:

- **Strengthened care close to home;**
- **Reoriented specialised care; and**
- **Proactive improvement wof population health and wellbeing**

These three elements will need to be accelerated in order to build a different system of more effective community-based services, supported by a shift of resources towards early help and support for people in their own home, and more proactive population health and wellbeing measures.

Design characteristics for these new models should include, among others, the following: (a) make care available as close to the individual's home surroundings or community as is practical; (b) maximise the use of digital technology to improve the access to and delivery of care; and (c) continually improve the quality of care and support through increased investment in care outside hospitals and rebalancing of services currently provided inside hospitals to maximise support of local services.

New models of care must be co-designed and co-developed with the public and users of care alongside front-line health and social care professionals, and be underpinned by the design concepts set out in Prudent Healthcare, the Wellbeing of Future Generations (Wales) Act 2015, and the Social Services and Wellbeing (Wales) Act 2014. It is clear from the case studies of new models of care we received from different parts of Wales that designs for innovative seamless local health, care and wellbeing services are already emerging, and we want to encourage these to be spread right across the country. We have also heard of examples from outside of Wales which offer ideas and learning for local partners to draw on. These include the Integrated Health and Social Care arrangements in Canterbury District Health Board (CDHB), New Zealand, and work in England on some

of the Vanguard health and social care pilot projects<sup>2</sup>. These and many others will offer ideas and approaches, but partners in Wales will need to build their own seamless national principles and local delivery arrangements to meet the needs of the Welsh population.

Local innovation needs to be guided and supported by common principles and implementation support through a national programme of transformation, and robust evaluation. Welsh Government, Health Boards and local authorities should make realistic and stretching projections about the expected rate of change. We therefore recommend:

- National standards and principles of design created 'Once for Wales', supported by a programme of transformation including joined-up inspection and improvement support;
- Regional joined-up leadership to support implementation;
- Joined-up local service design, development and delivery to meet the specific needs of each local population; and
- Joint planning, performance, quality, infrastructure and resources to help local areas deliver seamless care that is also actively working to improve population health and wellbeing.

### Features of new models of seamless care and support

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Taking an example from older people's services, we explored what a common set of 'Once for Wales' design principles for seamless locality care and support might look like, and tested this with an advisory group. On the basis of the evidence we reviewed and emerging best practice from local examples already in Wales, we think that every locality should work to a common set of principles for the delivery of health, social care and wellbeing services designed co-productively with the local population, and underpinned by the vision

and Quadruple Aim. Specifically, we think older people in every locality in Wales should expect:

- Well-run and well-co-ordinated public, private and voluntary services designed around the needs of the local community. Best use of workforce, resources, infrastructure and estate to ensure health, social care and wellbeing support is effective in improving outcomes for the local population.
- Reliable help to navigate the health and social care systems and access welfare, housing, employment and voluntary services to deal with any issue that inhibits maintaining their wellbeing.
- Effective prevention and early help services which ensure that people who may need help are identified, and can get community support, important screening tests, and can access help with medication, domiciliary care and therapies.
- A wide range of professionals working in a multidisciplinary way to support people at home through safe physical and psychological therapeutic interventions in the community.
- Nursing and care homes which provide high quality and flexible respite and long-term care for people who cannot live in their own home.
- Fast and responsive local 24/7 services including intermediate care, ambulance and other rapid response services with the right skills and technology to help where people need urgent care without having to go to hospital, nursing or residential care.
- Easy access to high quality care for people with complex care needs in the community, to take the right action when needed. Specialists in hospitals freed up to advise community colleagues assess and treat people with specialist needs.
- Best use of technology to improve access to services, reduce the time people have to spend in or dealing with the current system



of care, and expand the range of ways in which professionals can spot problems, provide help and share information.

- Best systems and practices of assessment, diagnosis and care planning across agencies to ensure people's individual needs are understood and met.
- Joined-up training and development for professionals, volunteers and carers promoting generalist skills delivered in the local area.
- Care and support delivered by public, private and voluntary agencies which are so culturally sensitive and well co-ordinated that people experience seamless care.

This does NOT mean that every locality across Wales should operate in the same way, or that services should be identical. It does not mean that every locality must have every possible service in its local area, nor that the resources needed to deliver services should be the same. The needs of populations differ hugely across Wales, and health and care resources must be designed locally to meet those needs. What it does mean is that local partners must work with their communities to build care and support provision that is right for their local population, is effective and efficient, and is designed on the basis of a national framework which requires seamless care as close to home as possible.

This does not just apply to care and support for older people – we think the same approach of national principles and local delivery should apply to all population groups with different specific principles for each based on best evidence and practice from across Wales.

On population health and wellbeing, we envisage that the new models of care would include actively identifying people at high risk of ill health using (for example) data analysis and risk prediction, and work with high risk groups to offer tailored secondary and primary preventive care. Too much of current care is reactive, triggered when an individual seeks care leading to patterns of care that don't match need. Performance management and inspection does not currently incentivise prevention: they must.

With respect to wider primary prevention, tackling the social determinants of health which result in health inequalities across the country remains a key area for national and local action. There is already some good progress for example in reducing key risk factors of ill health such as smoking.

At the root of poor health and well-being is also the limited opportunity that a sizable number of people have to a good start in life. Too many children endure multiple adverse childhood experiences, meaning they are

significantly more likely to become adults with children growing up in the same circumstances. The poorest children enter schools already behind their more affluent counterparts and few ever catch-up, suffering poor mental and physical health which also deprives them of a locus of control over their own lives<sup>3</sup>. This often results in poor health literacy and a passive acceptance of inferior healthcare and social care which prevents people from accessing the services they need. While inequalities in health literacy remain, equity in health outcomes will be most difficult to achieve.

To give future generations the opportunities they deserve through the Sustainable Development Goals and their human rights as children, Wales will need interventions now to break that cycle, giving everyone the confidence and health literacy they need to manage their health and care needs. It will also need to adequately invest in a very effective supportive 'welfare state' beyond the NHS, including education, and housing, which in turn will mean making choices about the per capita cost growth in health and care to pay for it.

During our engagement work we heard a strong desire among housing providers for closer involvement with health and care services. The proposed vision, and the Quadruple Aim, builds on services at home and it is vital that

individuals can live independently and receive care, when needed, at home. Therefore we urge Welsh Government to maximise the benefits of closer planning and collaboration by taking further steps through guidance, legislation and financial incentives to ensure that housing considerations are fully aligned with health and care planning at local level.

Our Terms of Reference did not ask us to look at the social determinants of health and wellbeing, the overwhelming majority of which lie outside of the health and care system, or assess the quantum of investment needed to address them. However, the health and care system does have an important influence on inequalities of access and outcome, and further work on what Health Boards, in particular, need to do to impact meaningfully upon them is vital. This is a statutory function which has not attracted sufficient attention.

Organisational responsibility for population health and wellbeing rests with Local health boards and local authorities. Public Services Boards bring these organisations together to agree Local Well-being Plans, whilst Regional Partnership Boards are tasked with driving forward strategic regional delivery of health and social care. These bodies, using their ability to pool resources, are key to developing and implementing new care models in Wales.

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## Supporting Actions

- Principles for new models of care should be agreed on a 'Once for Wales' basis and guide local service development across the country. The principles should be developed by or on behalf of the Welsh Government with the commitment of all key national health and care delivery, inspection and improvement bodies, and with the public. Design principles and the development of services should include the central involvement of service user and carers' organisations and the models should work towards the vision and Quadruple Aim.
- As suggested above and in the supporting pack of information on the Parliamentary Review website <https://beta.gov.wales/review-health-and-social-care>, the principles should apply to the whole system of seamless health, care and wellbeing for specific groups in localities. This includes: services and practices across the NHS, local authorities and the third and independent sectors; across community, primary and specialist care; and across physical and mental health and wellbeing. We suggest that there should be related but specific principles for older people, working age adults with disabilities and

learning disabilities, people with mental health problems and children and young people. For example, we heard many calls for the need to improve collaboration and timely decision making in services for children and young people. Through national principles and local delivery this work must be encouraged and further developed as the basis for building a seamless system of health and care.

- We recommend that as part of the national transformation programme a specific workstream is established to support the development of national principles, and to support the design and development of seamless locality arrangements across Wales. It needs to be run on a multi-agency and multi-disciplinary basis with a national support team and an independent evaluation process to learn what is working well and why. It should have appropriate governance, investment, resourcing and change management disciplines and support liaison between local teams and national policymakers as to what features of national policy could help unblock progress (see recommendation 8). The workstream should have national oversight, with successful progress determining further support and investment. An independent evaluation process would involve service users in its design and the methods and the results made transparent, with effective peer support and learning encouraged between sites.
- In the next year, as part of the national transformation programme, and building on learning from the Pacesetter programme and the Integrated Care Fund<sup>4</sup>, the Welsh Government should require each Regional Partnership Board to develop and implement a substantial seamless locality model in at least two new localities in their region, using extra investment through a Transformation Fund and support from the transformation programme.
- We have explored different approaches to the design of local services using older people's services as an example and produced a supporting paper summarising what a common set of national principles might look like. We have also considered various examples of emerging promising practice from Wales and more widely, and suggest that these resources might be a starting point for further work in this area.
- Local Health Boards (LHBs) should build on the good work that has already taken place to develop primary care clusters and devolve resources and decision making to the cluster level to work in partnership as part of these new locality initiatives.
- Seamless locality based care and support for children and young people should be one of the key priorities for the transformation programme. At the same time, the Welsh Government should prioritise reducing poverty and inequality for children, scaling up what works and creating new interventions using a data-driven and outcomes-based approach. This should include driving improvement through seamless locality provision for children and young people, drawing for example on learning from the Families First and Communities First initiatives and the First 1,000 Days Collaborative to exploit potential up-scaling, stronger community links between health and social care and schools, the third sector and leisure facilities, and a stronger focus on driving health equity, continuing to focus on promoting good mental health for children through Child and Adolescent Mental Health Services, and emotional and physical wellbeing and health literacy.
- As part of Prosperity for All, Welsh Government has already committed to a step-change in public health campaign work. To ensure that this will achieve a maximum impact in empowering the people of Wales, this should include a focus on improving health literacy.



## Recommendation 4

### Put the people in control

“ We must innovate in developing effective user voices ”

– Twitter

At the heart of the vision and the Quadruple Aim is the need to empower individuals to have good health and wellbeing. We believe that there is a revolution occurring due to the digitisation, accessibility and analysis of information about people’s health and care which will fundamentally change the relationship between professionals providing care and users. Building on its commitment in legislation to involve people, Wales must respond to this ‘customer/user revolution’ very actively or risk lagging behind other nations.

Wales must be a **listening nation** not just by paying full regard to citizens’ experiences of health and care but actively seeking out diverse views and experiences. This empowerment is necessary to accelerate change and improve quality. This does not just mean those easiest

to contact and receive responses from, but all groups of citizens, including children and young people, older people, ethnic minorities, and those in disadvantaged communities or living in isolated locations. One aspect is information – Welsh citizens should be health literate, so that they are able to take appropriate responsibility for their own wellbeing, and make informed choices as to their care, which is fundamental to co-production and prudent health care. Another aspect is encouraging and supporting the citizens of Wales to be active in guiding the transformation of health and care in Wales, in particular in designing new models locally.

For this to happen there needs to be much stronger effort to find out what users think of the care they have received, and the outcomes, and that this information is regularly incorporated into the management of care at local and national level. We held Citizen Juries on the design principles for new models of care and noted the consistent and clear advice on ‘what mattered’ to the people who use the services. This included a panel specifically with young carers to understand the issues that mattered to them.

There needs to be more and clearer information available to the public on care, the outcomes of local services and the choices available not just of treatment and setting but also the location of care. There also need to be more opportunities and support for the public and users to take part meaningfully in decisions affecting them as individuals for example making choices about care and also for their communities – for example in having a say about wider services.

Wales is already already making some progress such as through the Making Choices Together work and Dewis. Further efforts must involve all parts of diverse communities, including Welsh speakers, rural communities, and particularly the most deprived and should be accelerated.

Rapid advances in the availability and use of information in treatment and care, we believe, will recast the relationship between users and professionals. Wales should aim to get ahead of the curve and respond to new expectations of service by the public. This means Wales actively providing information about care; seeking assessing and scaling technologies that enhance access to advice and information, and supporting users and care professionals to adapt. The aim is empowering the public through information, supporting shared decision making, choice, and peer support.

Some elements of these actions are emerging but an integrated, strategic approach is now needed to make it them the usual way of working.

Healthcare professionals will need active support to help them adapt to this different world.



Making Choices Together (previously called Choosing Wisely Wales) is a clinician-led initiative, that aims to:

- embed a broad culture change in healthcare where clinicians and patients regularly discuss the value of treatments and make shared decisions.
- ensure reliable and valid information is available for patients and clinicians regarding agreed interventions of low value i.e. where there is a low chance of a beneficial outcome.
- enable participating professional health organisations such as the health professional colleges and societies, to produce with patients lists of commonly used treatments/interventions whose necessity should be questioned.
- encourage local clinical teams to use shared decision-making skills in consultations, and adopt or select, locally relevant interventions, of low value, to concentrate on when applying shared decision making.
- reduce harm to patients caused by inappropriate use of tests or interventions.

## Supporting Actions

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- **Information access and technology:**  
The Welsh Government should fully review and assess the opportunities to deliver improved access to health and care information, and align this with existing work in this area. This should cover: service users' and citizens' needs and preferences, to what extent these are currently being met, and new digitally-enabled opportunities, particularly for remote areas; how health and care organisations are currently providing public access to integrated information regarding advice, support and care, including to support choices; and how new apps that help promote independence are identified, assessed, implemented and scaled up.
- **National public engagement programme:**  
As part of the Transformation programme, a national public engagement project should be implemented to describe the aspirations for new models of seamless community-based health, care and wellbeing, consult on best practice, build principles and desired outcomes together, and explore the implications for professionals, families and individuals across Wales. An emphasis should be on engaging the public with high needs, and those living in more remote rural areas.
- **Public engagement at local level:**  
The Welsh Government should require Health Boards and local authorities to integrate the different mechanisms they use for public consultation and engagement on decisions about community wide services, where they relate to health and social care services. There are clear standards for public involvement in Wales<sup>5</sup> and these should underpin the engagement approach.
- **User experience:** More sophisticated methods of gathering service user experience and outcomes are being developed and used in Wales, such as patient reported outcome measures and real time patient feedback on experience. These should be used routinely in the design and improvement of care. LHBs and local authorities should be held to account for the quality and extent of user feedback, and comparative metrics about services between LHBs and local authorities published routinely to help users make better decisions about which, if any, service to use to best meet their needs.
- **Empowering choice:** Wales is already on a path to encourage more shared decision-making in health and care between service users, their carers' and health and care professionals. In social care users are supported to have voice and control, but there is limited exercise of choice by patients regarding NHS facilities, or care setting (such as home, community or outpatients). Patients should be given this freedom, which is entirely consistent with the principles of the NHS and Prudent Healthcare. To encourage this, more meaningful information must be available to the public and to their GPs on the availability and quality of services (including feedback from patients and clinical outcomes) and transportation access.
- **Supporting staff in providers:** clearly better user feedback and engagement in designing care will not help to improve services unless health and social care staff are supported and enabled to act on it. How to do this better is covered in recommendations 5 and 6.



## Recommendation 5

### A great place to work

“ There’s lots of agreement on what’s needed. The issue is changing behaviours across professions to implement new models ”  
– Twitter

Workforce shortages are very acute in the health and social care system and this is a critical issue which urgently requires both immediate and longer-term action. Active steps are already being taken to address these gaps in Wales, though the uncertainty

regarding policies following Brexit makes this a critical area for attention. Our focus is on the longer-term and how to meet the sharply rising demand with the predicted decrease in working age population. The health and care sector will need to plan for the new models of care, understand their impact on the numbers and skills needed in the future, improve retention and, in order to improve safe and effective care, ensure staff wellbeing. It will also need to expand the scope of the workforce to supporting carers, who provide a large amount of unpaid care in Wales and recognise the vital support provided by the third sector.

#### Supporting actions

- There should be joint workforce planning at regional (Health Board boundary) level supported by Social Care Wales (SCW), Health Education and Improvement Wales (HEIW) and academia, with an emphasis on expanding generalist skills and new ways of working that enable staff to work at the top of their skill set and across professional boundaries. To deliver this the current and future workforce (including those in undergraduate and postgraduate specialist training) should be skilled in areas such as shared decision-making with service users and carers, team working, prevention and population health and wellbeing, formal quality improvement techniques and the use of new technologies to support the development of new models of providing care.
- We recognise the importance of the Welsh language in care and this should be factored into workforce planning with a focus on professions that use language based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people,

people suffering from dementia and those with mental health problems.

- HEIW must work closely with SCW to deliver new skills and more specific integrated career paths for the health and social care workforce at a scale aligned with the new models of care with a focus on training within the new models of care and due attention to Welsh language requirements.
- Recruitment of health and care staff in rural areas is, and will be, a challenge. The government needs to develop a strategy for enhancing access to good quality care for rural communities. This should include the opportunities for using the latest digital technologies in new models of care, the development of new approaches to providing emergency hospital care and a comprehensive approach to training in advanced skills, recruitment and retention of the workforce. Those in training should have opportunities to learn in rural care settings. Such a strategy should also look at how the resources of rural communities can be mobilised. We suggest that the new models (as noted in recommendation 3) are trialled in rural areas as a priority.
- Such models should also be tested as a priority for patient or user groups who are known to depend significantly on informal or volunteer carers. The models would be designed to support the carer on an ongoing, rather than episodic, basis and provide

opportunities for training and development for carers in their current caring role. Carers must be seen as an integral and valued part of the care system.

- There are a number of recent campaigns including the Train Work Live Campaign which have shown how short-term recruitment issues can be addressed. Health Boards and Local Authorities in Regional Planning Boards should work together with local providers to build joint campaigns wherever appropriate to make best use of resources and recruit the right people.
- All large organisations that employ staff working in health and care should have a clearly identified senior executive accountable for staff well-being. All providers delivering health and care services to the Welsh NHS or local authorities should be required to report on levels of staff well-being and engagement. These data should be collected regularly (as a minimum annually) using validated tools, and improvement of these scores incentivised by Welsh Government. Comparative data across units and providers should be publicly available for benchmarking.
- Assessment of staff wellbeing and engagement should be an explicit element of the regulatory inspection process of providers by of Health Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW), alongside other elements of the Quadruple Aim.



## Recommendation 6

### A health & care system that's always learning

“ Patient feedback is essential. As a cluster pharmacist I rely on patient feedback to improve the service ”

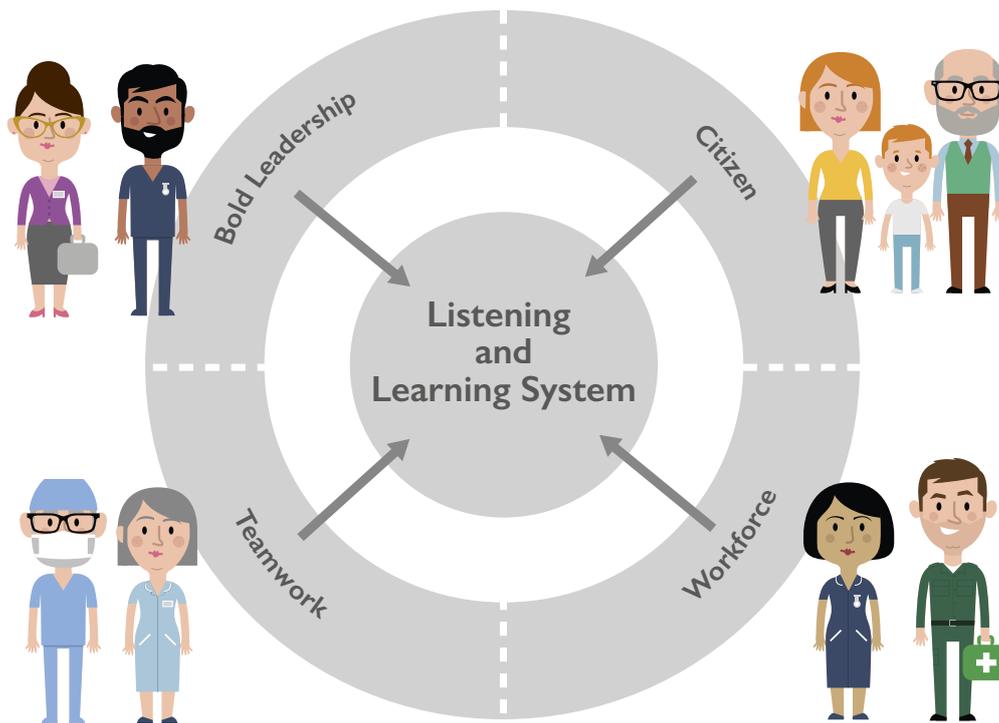
– Twitter

A leader's job is to create a system where people can learn all the time through a system of continuous improvement. To drive up quality, leaders must have as a central part of their job not just to manage or deliver care, but continuously to improve it every day. This means constant and serious attention to quality control, improvement, and planning: there is evidence that if Boards and senior executives of health and social care focus on these three issues, the results for service users are better. Leadership at Board level in NHS organisations and the senior executives in Health and Social Care, and political leadership in a local authority have a critical role here to lead by example.

Leaders also need to build skills for improvement throughout the service. A quality strategy cannot be delivered by Government, Boards and senior managers in health and care alone. Inclusiveness matters, including the health and care workforce, the citizen, and the voluntary and independent sectors. The culture and behaviour should be one of shared learning, excitement and encouragement, much more than of judgment, fear and risk aversion. Recommendation 10 sets out how the system can demonstrate progress in this regard.

The evidence received by the panel showed many great examples of quality improvement at local level, though with many driven by heroic individuals working in isolation due to a lack of support and co-ordination. On innovation, the Bevan Academy's Exemplars programme shows how some innovations have been identified and scaled up, but they needed support. What is now needed is a clear plan for embedding quality improvement approaches formally within and across the health and care system. This should include how innovative practice can be scaled from a local to national level more quickly.

Figure 2: Listening and Learning System



### Supporting actions

- The Welsh Government and national improvement agencies should work together to rationalise the range of improvement support activities across health and social care in Wales. The Government should invest resources in a national programme to support local partners to achieve the new models of seamless health, care and wellbeing practice using the national principles and an agreed set of improvement methods for Wales. This will need adequate ring-fenced resources, supported by a contemporaneous evaluation to monitor progress and identify areas for further improvement. It should be based on a partnership approach by Health Education and Improvement Wales, Social Care Wales and Good Practice Wales and draw together all other improvement activity. Within this, Public Health Wales has supported the 1000 Lives programme, but 1000 Lives must be re-invigorated and its actions fully integrated with those of other improvement agencies. Medical Colleges, Professional bodies, Trade Unions and others also have an important contribution to make to this work.
- A unified system to support quality improvement should be constructed nationally, linking with the local support systems; the broad elements include:
  - The principles of co-design and co-production embedded in health and social care, which will need behavioural and cultural change;
  - Development of skills by frontline clinical and managerial staff in systematic quality improvement, linked to applied projects and building on the progress made so far with Improving Quality Together, and Board skills as initially developed by 1000 Lives programme;

- Development of ways to support staff within providers to make change, in particular making progress on new care models, with an emphasis on supporting junior staff as well as senior leaders. This will require senior management level ownership and buy-in and recognition of their duty to create the time and resources for quality improvement within providers, and where repositories of experience can be developed;
- Development of linked data and metrics to assess progress in improving high priority areas of care, for example new care models;
- The above should explicitly link to the organisational development programmes within major providers and continuous professional development for the main staff groups, learning from best practice in LHBs and local authorities that already have developed models that are working well; and
- The above should also explicitly be linked to capital or revenue investment in innovation.

## Recommendation 7

### Harness innovation and accelerate technology and infrastructure developments

“ We need a greater focus on agile implementation of innovation ”

– Twitter

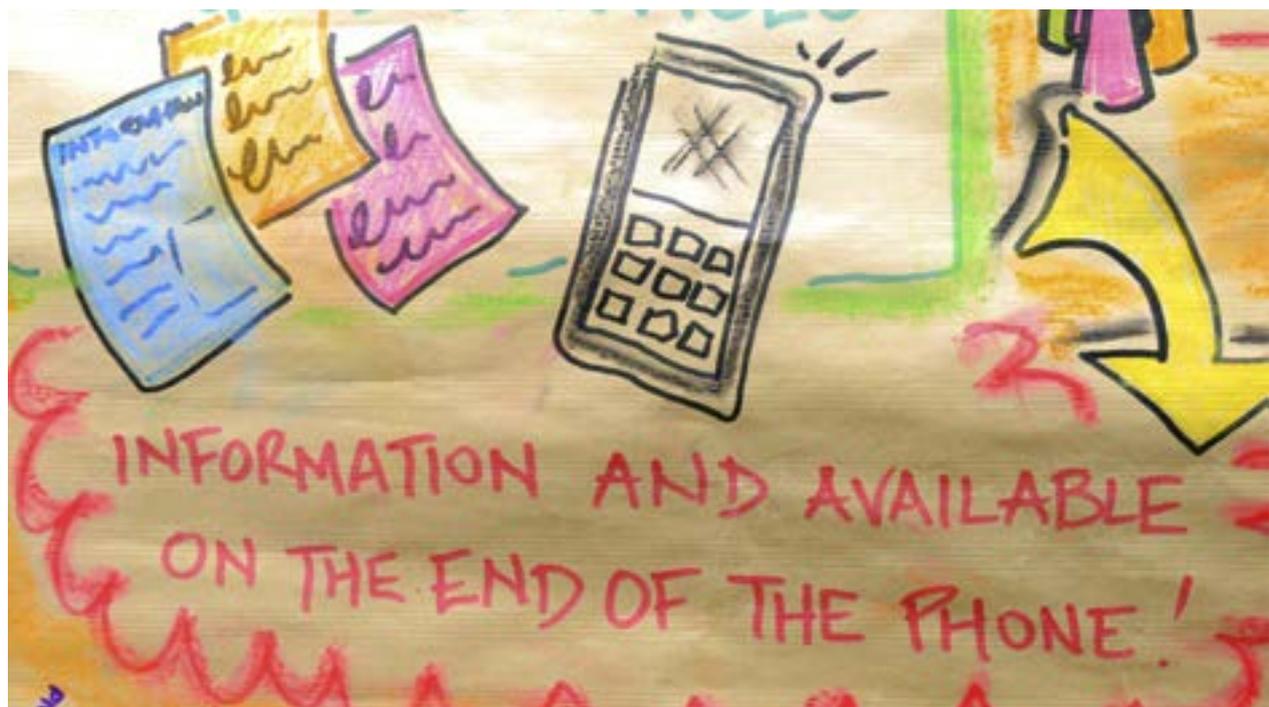
Wales should maximise the benefits of technology and innovation to pursue the Quadruple Aim and deliver more effective and efficient care. Wales needs the right culture, behaviours and leadership to embrace innovation, embed collaboration and support prudent risk-taking.

New technologies will transform health and care in Wales when systematically deployed. Our vision for Wales relies upon faster and smarter provision of and access to care, and better targeted, immediate and co-ordinated access to health and care information, which is a critical and precious asset for Wales.

Current and emerging technologies include smartphone apps, localised and portable diagnostics and support systems (including

assistive technology and alerting systems), robotics, digital therapeutics, data analytics, artificial intelligence (AI) including machine learning, and genome sequencing<sup>6</sup>. Importantly, technology is increasingly underpinning online communities of citizens, service users and professionals, including Dewis<sup>7</sup> in Wales, which in itself is driving the change agenda<sup>8</sup>. Welsh local authorities also have extensive information websites and ratepayer-based information systems.

There are several examples of technology-enabled care initiatives (the collective term for telehealth, telecare, telemedicine and other technology-related activities) in Wales, provided by the health, social care and voluntary sectors, including: remote consultations and therapy; teledermatology<sup>9</sup>; telestroke<sup>10</sup>; diabetes and cardiac monitoring; and virtual clinical networks. The NHS Wales Informatics Service (NWIS), Health Boards, local authorities and industry partners are developing a national approach, via the Technology-enabled Care Programme<sup>11</sup>, to accelerate the adoption of technology-enabled care services at scale across Wales. Objectives include facilitating early intervention, avoiding escalation, supporting wellbeing



and helping people remain at home. Initial 'pacesetter' plans will build on the early work of the mid-Wales Healthcare Collaborative<sup>12</sup> and initiatives funded by the Efficiency Through Technology Fund<sup>13</sup>.

There is much to commend regarding the established core digital and infrastructure/ shared services arrangements in Wales, not least the national architecture, cross-sector Welsh Community Care Information System (WCCIS), and shared service benefits from procurement, professional influence, e-learning and estate services. Nevertheless, we heard a series of concerns and frustrations emanating from both the users and providers of the digital services. Simply put, activity is just too dispersed and stretched, and lacks overall commitment around a unified vision and set of priorities. The principal concerns include integration challenges (centred around the need for common standards, and data and systems interoperability), information governance, cultural and behavioural issues, and the limited capacity and capability to deliver change and innovation at pace.

Wales has a real opportunity to better leverage its technology and infrastructure assets to deliver a transformed and seamless system. The recent life sciences<sup>14</sup> and industrial strategies<sup>15</sup> are a sound basis for progress, provided that these focus on supporting Wales' biggest industry – health and social care – to modernise and become more cost-effective, and in identifying and scaling up innovations across the country. We are pleased to see the recent publication of Wales' economic strategy, *Prosperity for All: the Economic Action Plan*, which recognises the importance of digital innovation and that the care sector is a foundational economy. Within Wales, the Life Sciences Hub<sup>16</sup>, Health Technology Wales and the Digital Ecosystem initiative<sup>17</sup> will be pivotal to future progress.

Our recommended actions, some of which have been recognised and are beginning to be addressed by the Welsh Government and the service providers, are summarised below with further detail in Annex C.

**Health Technology Wales (HTW)** has been established to support a strategic, national approach to the identification, appraisal and adoption (including disinvestment) of non-medicine health technologies into health and care settings. This includes medical devices, surgical procedures and a range of other interventions such as psychological therapies and rehabilitation. To deliver these functions HTW is working with health, academic, patient and industry bodies in Wales and internationally.

The **Life Sciences Hub Wales** supports health professionals, researchers and entrepreneurs to bring their ideas to the point of being a commercial reality. The Hub brings together the various elements of the Welsh life sciences network to drive forward innovation.

NHS Wales Informatics Service (NWIS) should:

- 'Rightsource' its activities with the optimal balance of internal digital, health and social care staff, third sector, third party, service users, industry and academia;
- Deliver the national data resource, in line with the Statement of Intent from the Welsh Government, so that health and care systems can take full advantage of the value that data and information offer;<sup>18</sup>
- Finalise and share its design, development and service principles;
- Together with NHS Wales Shared Services Partnership (NWSSP), adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions;
- Confirm funding requirements with the Welsh Government for its revised Informed Health and Care Strategy; and
- Together with NWSSP, undertake external benchmarking assessments vs. peer organisations and 'best in class' to highlight areas of opportunity.

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### Supporting Actions

- Following the life sciences and industrial strategies, Research and Development investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models.
- The Digital Ecosystem project developed by NWIS and the Life Sciences Hub should be progressed at pace, providing NWIS with platform access and analytics to accelerate innovation and support product adoption.
- The Welsh Government, together with all digital and infrastructure service delivery organisations in both health and social care sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme.
- The Welsh Government should clarify its 'Once for Wales' policy and principles with regard to digital, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust 'stop, start, accelerate' review.
- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future.
- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority.
- Both NWIS and the NHS Wales Shared Services Partnership (NWSSP) should have greater national presence and authority linked to a strengthened national executive, and the Welsh Government should review their hosting and accountability arrangements.

## Recommendation 8

### Align system design to achieve results

“ I don't think we have the right levers in place to effect change ”

– Twitter

The vision and Quadruple Aim sets out radical change to the way care is delivered, and the challenge is to increase the historic pace of change. Whilst Welsh Government has set out its broad strategic aims in legislation and policy, this has not always translated into actionable priorities and practice on the ground, as documented by many previous reports. Faster progress will require at least, as the Organisation for Economic Co-Operation and Development (OECD) put it, a 'stronger central guiding hand' to play a more prescriptive role<sup>19</sup>.

In a nationally planned mostly public system of healthcare, as is the case with the NHS in Wales, as well as through legislation there are a number of ways that the system can be 'guided'.

The current traditional approach of targets and performance management focused on a small number of 'must-do' targets is narrow and achieving only limited results. Meaningful progress will require strengthened management especially at LHB level (see recommendation 9), and a wider and more creative combination of national support; incentives; benchmarking (both nationally and internationally); regulation; accountability and transparency.

Delivering improved value and reduced waste is a key component of the Quadruple Aim. More specifically it will be important to support the NHS hospital provider function as the largest 'cost centre' in the NHS, to identify where efficiencies can be made, and act on the information. On identification, transparency and benchmarking of indicators of efficiency, in particular developing meaningful measures at provider and directorate level of labour productivity, will be critical. The work already in progress, drawing from the Carter review, 'Getting It Right First Time' programmes, and the new 'Use of Resources' assessment by the Care Quality Commission, are important with

Figure 4: Illustrative Dashboard – metrics across Quadruple Aim



a view to rapidly developing full programmes appropriate for Wales. On acting on the results, a good quality improvement system within each NHS provider (see recommendation 6) will be the key to support staff with the right skills, and permission, to make the changes needed. We heard ample testimony that clinical staff can see clearly where changes need to be made but do not feel empowered to make them. Continuing to extend the work based on the International Consortium for Health Outcomes Measurements (ICHOM) provides an opportunity for 'value' to be the focus for improvement in line with the Quadruple Aim.

Along with a clear and consistent management model, a wider set of approaches to make progress on the Quadruple Aim, and new models of care, could include:

- a more creative set of financial incentives (revenue, capital and transformation funding) such as pay for performance, pay for quality (including productivity);
  - a much stronger underlying financial system that supports the costing of care pathways;
  - Integrated Capital Funding to support new models of care;
  - simplifying the rules around access to funds to support new models of care, particularly where the models cross organisational boundaries (see Principles of Good Governance at Annex B.);
  - contracting levers (e.g. through the GP contract);
  - investment and support to promote quality improvement and a learning health and care system;
  - strengthening regulation for example on the quality of care, or the governance of integrated care models operating across organisational boundaries;
  - improved use of data metrics across all domains of the Quadruple Aim;
- regularly benchmarking performance and outcomes of providers across Wales (and between Wales and other UK countries, and internationally) in a form accessible and meaningful to the public; and,
  - empowering users to choose services from different NHS providers.

The aim should be to have a wider, stronger and coordinated blend of approaches to guide the system into the future. This is an important but considerable task which needs to be developed coherently at a national level.

The national executive function in NHS Wales must be strengthened to develop a more strategic and coordinated set of incentives for LHBs and providers to ensure faster progress towards the Quadruple Aim and new models of care, and effective use of pooled budgets. A clear focus should be on the financial incentives in the system, and how regulatory effort to improve quality can be significantly strengthened.

At present, there is insufficient executive capacity consolidated at national level to do this, and some significant necessary national assets such as specialised services, commissioning and NWIS are hosted at LHB or Trust level which we think is contrary to the OECD position. More specifically, given the urgency for transformation, within the context of increasing value in the Quadruple Aim, health and care in Wales needs to be ambitious about creating headroom for the future. At the extreme minimum NHS Wales will need to set itself a target of efficiency savings to break even and create the space for new ways of working. Improving quality and reducing waste is really important – the day job really matters to people, so doing that well and getting value from it will help achieve efficiency savings.

## Supporting Actions

- Improving value and reducing waste is a key element of the Quadruple Aim. An effective national blend of incentives in the healthcare system must more strongly drive Health Boards to become more efficient. The work under the aegis of NHS Wales Efficiency and Healthcare Value Improvement Group (NWEHVIG) and the NHS Wales Delivery Framework needs to be fully coordinated with other national efforts (such as regulation, incentives, targets, developments in the data infrastructure, and investment in innovation). It should be part of the overarching transformation programme so that there is coherence and a clear link to the delivery of the vision and the Quadruple Aim.
- The impact of a strengthened and wider set of system level incentives in the NHS should be assessed through indicators published by the Welsh Government.
- Wales should be clear about the efficiency saving required in order to create the headroom needed. The Welsh Government and the NWEHVIG should agree metrics for efficiency and productivity that can be benchmarked across Wales by LHB, and monitor these as part of the NHS Wales Outcomes and Delivery Framework arrangements.
- There needs to be a close harmonisation between the NHS and social care at a national level, to ensure that the blend of incentives is effective to develop new models of integrated health and social care, especially where social care is provided by a large number of non-public organisations in many different settings.
- Welsh Government should revise national contracts with GPs, community pharmacists and other independent community practitioners to support delivery of enhanced community-based provision within localities that ensures effective seamless and prompt responses to health and care needs.
- The Welsh Government should review its grants to local and regional health, care and wellbeing agencies, to refocus them on supporting the delivery of seamless locality-based care services against national principles and outcomes.
- In addition to reviewing and coordinating, at an all Wales system level, financial and other incentives in NHS Wales, there needs to be an explicit financial strategy aimed at LHBs to strengthen local financial systems to enable cost of pathways of care to be assessed and clinical outcomes data to be combined to assess the 'value' produced for the cost. The partnership with ICHOM is a promising way of developing a value based system and should be actively progressed. This will support local decision making – in particular by clinicians – and localities should be able to understand where resources are being allocated for their local population.

## Recommendation 9

### Capacity to transform, dynamic leadership, unprecedented cooperation

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“ Without true leadership and disruptive thinkers nothing will change ”

– Twitter

National, Regional and local capacity and capability must be strengthened to encourage the health and care system to make progress along the lines of the Quadruple Aim, and develop new models of care. When that occurs, service planning, collaboration, decision-making and resourcing should be devolved to the locality level whenever possible.

We argued above that there needs to be more coordination at national level on planning ‘Once for Wales’ programmes and more focus on delivering the transformation programme, overseen by national cross-sector governance boards, and taking due account of UK and international lessons for major service transformation. We also argued that the ‘strengthened executive centre’ needs to develop and agree with the Welsh Government a wider and more effective blend of ‘system’ incentives to steer the health and social care system in Wales towards faster progress. This will require greater focus of time and consolidated technical expertise at national level than is currently the case.

At local level from the evidence we have heard, our view is that the emphasis should be on building effective locality and regional governance, and management expertise. We have seen many positive examples of strong and effective governance and management, as well as forward-looking thinking. However, we have also heard that decision making needs to be quicker and less risk averse, planning should be streamlined, innovation requires better support, and that common metrics and assurance processes

should be in place. We heard repeatedly that Health Boards’ systems and processes were not always easy to work with and that collaboration and partnership working across sectors was difficult at times.

For 2016-17, four of seven Health Boards failed to meet their duties under the NHS Finance (Wales) Act 2014, and the Wales Audit Office highlighted other issues including those concerned with corporate governance capacity, assurance arrangements, performance reviews and citizen engagement<sup>20</sup>. It is evident that there is a need for an overarching strategy that consolidates the clinical approach, Integrated Medium Term Plan (IMTP), the financial plan and other strategic initiatives; that there is a significant variance in leadership and governance models; and that an accountability framework, investment in leadership development and more insightful performance information are all required<sup>21</sup>. The existing governance and accountability arrangements are inherently complex and should be streamlined. This is particularly true for the NHS, where there is a plethora of national boards on a range of issues outside the organisational board structures.

In terms of the NHS specifically, to enable stronger national focus on ‘system design’ and management of the NHS transformation needed, we recommend that there should be a clearer separation between the NHS Wales national executive function, and the national civil service function. We do not recommend that the current dual role of the Welsh Government’s Director General for Health and Social Services, who is also the NHS Wales Chief Executive, be separated. However, we do believe that there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and Social Care priorities as set by Welsh Government Ministers.

## Supporting Actions

### National level

- As part of differentiating the national executive function and the civil service delivery function of the Director General role, the Welsh Government should consider making explicit, and publicising, its role with respect to a strengthened executive function for NHS Wales.
- Welsh Government should require a strengthened national NHS Wales executive function to be fully aligned to the national Social Care policy leadership to work jointly towards new models of care. This should include both making sure that the vision for care is aligned, along with the goals of the Quadruple Aim, with agreement on the concrete models of care to be encouraged across Wales and the blend of incentives for doing so. The NHS in Wales is a large and complex sector, which like every other sector needs strong leadership and guidance and a steer from the executive on priorities.
- Welsh Government should ensure that its Health and Social Services Group aligns all health, social care and wellbeing policy and implementation with the Quadruple Aim. A simplified centralised governance system of control is needed against a framework informed by the Quadruple Aim and the principles of the Wellbeing of Future Generations (Wales) Act, Social Services and Well-Being (Wales) Act and prudent health care.
- Clinical leadership at national level should be engaged and involved in reformulating health and care in Wales, strengthening primary and community care, and reorienting the balance between care delivered close to home and in an acute setting.
- The new national executive function should review the wide range of boards established to oversee national work programmes with a view to streamlining and developing a coherent, single focus on transformation. Specialist service hosting and governance arrangements need to be revisited, and the merits of consolidating these in one national location – the national executive of NHS Wales – assessed, looking at the bundle of operational and commissioning functions that need a different national home/system such as NWIS, NHS Wales Shared Services Partnership (NWSSP), specialised services and EASC.
- Welsh Government should work with stakeholders to redesign organisation accountability and reporting arrangements on an integrated health and social care basis. Specifically, it should undertake a review of existing performance indicators and who is responsible for them across health, social care and wellbeing. Joint accountability of local authorities and Health Boards should be established, and joint responsibility between Chief Executives of local authorities and Health Boards for their performance in delivering better outcomes through seamless health, care and wellbeing in each of their local community areas with parity of esteem between mental and physical health.
- It is important that such a framework incorporates indicators that measure health equity and population health and wellbeing. These could include the Slope Index of Inequity in Life and Healthy Life Expectancy, premature deaths from key Non-Communicable Diseases, measures of fair access to care for groups and communities in Wales, as well as robust measures of user experience, and outcomes of care drawing from published Health Equity Indicators<sup>22</sup>.
- National inspection agencies across health, wellbeing and social care should develop a shared programme of inspection of integrated locality arrangements for all population groups which use a common national set of principles as the basis for inspection standards. National inspection agencies should undertake joint inspections of Regional Partnership Boards and their regional development programmes and assess the quality of collaboration.

- Leadership development is essential and in particular Wales should ensure it is developed in a way that maximises its ability to realise its ambition for health and care transformation. Cross-sectoral skills and experience of integrated planning and delivery are essential and should be built into development and training. People management skills are also essential to deliver the Quadruple Aim.
- Clinical leadership is vital. There should be a review of current leadership programmes to ensure a clear pipeline of development so that clinicians from all professions and sectors have the opportunity to participate in developing the skills needed to lead and manage the new system of care.

### Regional level

- The Welsh Government should reflect on the existing RPB and PSB arrangements, and identify and implement governance changes to better harmonise the health and social care sectors in support of seamless models of care delivered at local level. Whilst this is not directly within the remit of the review panel's work, it was raised by many stakeholders and is more relevant to the Public Services reform programme to address. However the Welsh Government could develop further regulations under the SSWB Act which require RPBs to take account of the national principles of good practice and ensure they are applied to each locality in their region and specify annual national reporting arrangements on progress.

### Local level

The Williams Report<sup>23</sup> described weaknesses in management capacity in the public sector and made clear recommendations as to how managerial and leadership skills can be improved. We agree. Good management is crucial if care is to be significantly modernised.

We also believe the Wales Audit Office (WAO) assessment of maturity of local health boards is valuable and should be continued. The Welsh Government must ensure that decisive leadership and the right culture and behaviours are embedded throughout both sectors through strong development programmes for leaders. The Welsh Government should set out clearly what is expected of leaders – embedded within recruitment, regularly holding to account, and the consequences of not adopting the expected leadership approach demonstrating by example at all times.

Over time, requirements by the Welsh Government on Health Boards for planning healthcare have become overly complex, with limited evidence that this approach is delivering effective services. While it is welcome that the current Integrated Medium-Term Plans, required of LHBs, cover more than one year, the extensive requirements have resulted in overly-long plans, running to hundreds of pages. The production and oversight of these plans require resources which could be deployed to much better effect.

### Overall Supporting actions

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- Welsh Government should streamline its planning guidance and require Local Health Boards and local authorities to prepare short combined medium-term plans across health, social care and wellbeing to replace NHS Integrated Medium Term Plans. They should include details of how localities in the region will be supported to deliver on seamless local health, care, wellbeing and improving health equity.
- Medium-term planning guidance should be focused on maintaining standards and the priorities for transformation, including a requirement for plans to have detailed targets for a greater share of investment in primary and community services over time, including specific goals and timeframes.

- Welsh Government should revise the regulations under the Social Services and Wellbeing (Wales) Act 2014 to introduce a national requirement for joint regional commissioning strategies across health, care and wellbeing by population, with clear requirements on pooled resources and locality-based services to deliver them, and for market position statements giving clear messages to private and third sector providers about the services needed and planned in localities for the future.
- The “commissioning” role in LHBs needs to be strengthened and used to incentivise the local reshaping of seamless services on behalf of the populations they serve. LHBs, Trusts and local authorities must give greater focus to their population health and wellbeing responsibilities and the development of primary and community services – at present, albeit important, much of the focus of LHBs and their performance management appears to be in managing acute NHS services. This should be accompanied by a reformulation of the membership of LHB boards to ensure executive membership is representative of the wider health and care professional community – including a strengthened presence of primary care and community services to rebalance and equalise them.
- When procuring goods and services, health boards and social care commissioners should assess the social value added. The third sector can play an increasing role in addressing local needs, and RPBs as well as LHBs should seek to utilise fully the sector’s unique capabilities. Whenever possible contracts should be used to support and collaborate with social enterprises and other community based organisations.

## Recommendation 10

### Accountability, progress & pace

“We have the wrong targets. We are driving people through a system many may not need and we don't know the outcome”

– Twitter

The need for change is urgent and essential. Stakeholders, including service users and providers, will need to understand and accept the need for change. Crucially they will need to be part of developing the solutions and making progress quickly against the vision and Quadruple Aim.

The Welsh Government should require organisations and bodies at each level

of the system responsible for delivering transformation to be subject to regular ongoing independent monitoring and public reporting arrangements. This includes national level, regional level (via the local health boards and Regional Partnership Boards) and at locality level about the new care models.

Stakeholder support for service transformation – including amongst the wider public – will be sustained if oversight and scrutiny are undertaken in an open and accessible way. It is about a different relationship with the public where people should have choice and control over their care, an input into the service they want, and see the modernisation of the service they use happen quickly. Above all, transparency is essential to accountability.

### Supporting Actions

- Welsh Government should publish a national annual overview of the overall performance of the health and care system in Wales against the Quadruple Aim. This should allow transparent benchmarking across the Wales, the UK and internationally. This information should be published in a way to engage the public in evidence-based debate. A report by the Welsh Government should be submitted to the Assembly Committee for Health, Wellbeing and Sport and debated subsequently in the Senedd.

- In three years' time, Welsh Government should review progress on developing the new models of seamless care and their impact, not just on the demand for and quality of care, but also on value created, the wellbeing of individuals and staff, and on population health and wellbeing. Progress should be benchmarked against the other three countries in the UK, and internationally (where possible). If sufficient progress is not made a reconsideration of the implementation of advice in this report should be commissioned. In the shorter term, a one-year review should take place to ensure the Transformation programme is on track.



## Conclusion

We have heard from a wide range of people including members of the public, service users, staff in health and social care, and the third sector; and considered evidence about national and international models of care. Thank you to everyone for their generous input and advice.

Wales has lots of good things going for it. The policy context in Wales is positive: The Wellbeing of Future Generations (Wales) Act is ground-breaking and the requirements of the Social Services and Well-being Act and the principles of Prudent Healthcare provide a firm foundation for new designs. However, we believe that change is essential and will have to be delivered quickly in the context of the case for change.

Wales needs a different system of health and care, and nobody should underestimate the scale of the challenge ahead. We find strong agreement on what could be done differently to meet the changing needs of the population. The focus now must be on action: delivering the change people want to see.

Health and care funding will continue to be pressured. Deriving the maximum value from the finite resources available will become increasingly important if Wales is to meet the challenges ahead. That is one reason why we are recommending a fundamentally different approach to health and care in Wales. Evolution is no longer enough – Wales needs revolution.

In this report, we have recommended the vision to be adopted in Wales, guided by the clear goals of the Quadruple Aim, to support this new approach to service delivery. We have suggested practical actions to build a new model of seamless health and care, a system that is focused on innovation and improvement, a learning, listening and empowering system that continually adapts to provide health and care services of the highest quality.

To achieve this, Wales will need a different relationship with the public; to support and nurture its health and care workforce; adopt and make full use of technological innovations; and be clear and bold in its leadership. Change has been difficult in the past and it is essential that the skills and capacity for change are nurtured and developed. Much of what is needed is not about structures but about culture and behaviour. Changing these aspects requires long term commitment to working in a different way. Building a modern health and care system on this scale requires bold and confident political leadership in the same way as when the NHS, with its roots in Wales, was born 70 years ago.

This is the right time to take a new approach. Those who deliver and those who use health and care services share an appetite for change, and they share a recognition that a better way must be found. We urge Wales to seize this opportunity with vigour.

# Annexes

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# Annex A

## Engagement undertaken during the review

In formulating our views and developing this report, the panel has heard from a wide range of people and organisations. We are grateful to all those individuals who contributed their views through the variety of channels we have used to engage with people, including:

- Stakeholder Conferences – January, May
- Models of Care Forum – September, October
- Social Care Group – February, April, June, November
- Political Reference Group (Opposition Spokespeople for Health and Social Care)
- Mental Health Roundtable
- Care Forum Wales Essentials Engagement Update Event with Social Workers
- Workshop with Junior Doctors and Nurses
- Professional led events and attendance at committees
- Oral Evidence Sessions
- Invitation for written evidence
- Citizens Juries including one for young people
- Regional Focus Groups
- Targeted awareness-raising at regional events
- Website questionnaires
- Twitter chat
- Older People's Engagement events
- Community event organised with the Co-Production Network

Our thanks go to the following people and organisations, who have submitted written evidence or contributed oral evidence through formal sessions or individual meetings with panel members.

### III Roll Out Team

Abertawe Bro Morgannwg University Health Board  
 Academy of Medical Royal Colleges Wales  
 Action for Children  
 Age Alliance Wales  
 Age Cymru  
 Aizlewood Group  
 Aneurin Bevan UHB  
 Applied Psychologists in Health National Advisory Group  
 ARCH  
 Association of British Pharmaceutical Industry  
 Association of Directors of Social Services  
 Dr Rafael Bengoa  
 Betsi Cadwaladr University Health Board  
 Bevan Commission  
 Bliss  
 British Association of Social Workers Cymru\*  
 British Dental Association  
 British Dietetic Association  
 British Heart Foundation  
 British Medical Association Wales  
 British Red Cross in Wales  
 Cancer Research UK  
 Cannabis 4 MS in Wales  
 Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership  
 Cardiff and Value University Health Board

\* incorrectly omitted from the list of contributors to the Interim Report

Cardiff Third Sector Council	Hospice UK
Cardiff University	Housing an Ageing Population Group
Care and Social Services Inspectorate for Wales	Hywel Dda University Health Board
Care Council for Wales	Institute of Welsh Affairs
Care Forum Wales	Integrated Services Team Bridgend (Susan Cooper)
Carers Trust Wales	Dr Thomas Kitchen, Welsh Clinical Leadership Fellow
Chartered Society of Physiotherapy	Dr Neil J Kitchiner
Chief Dental Officer for Wales	Learned Society of Wales
Chief Medical Officer for Northern Ireland	Dr Richard Lewis – National Primary Care Lead
Chief Medical Officer for Wales	Linc Cymru
Chief Nursing Officer for Wales	Lyndon Miles
Children in Wales	Macmillan Cancer Support
Children's Commissioner for Wales	Marie Curie
Citizens Advice Cymru	Medical Directors
CLIC Sargent	Mid Wales Collaborative
Community Health Councils	Mind Cymru
Cross Party Group on Cancer	Monmouthshire Housing
Cwm Taf University Health Board	Eluned Morgan AM
Directors of Adult Social Services	Motor Neurone Disease Association
Directors of Children's Social Services	MS Society Cymru
Directors of Nursing	National Osteoporosis Society
Directors of Primary, Community and Mental Health	National Provider Forum
Directors of Public Health	NHS Wales Chairs Peer Group
Directors of Therapies and Health Sciences	NHS Wales Chief Executives
Directors of Workforce and Organisational Development	NHS Wales Informatics Service
Exercise for All Campaign	NHS Wales Shared Services Partnership
Expert Reference Group Domiciliary Care Wales	Older People's Commissioner for Wales
Faculty of Public Health	Paediatric Continence Forum
Faculty of Sport and Exercise Medicine UK	Pembrokeshire Association of Voluntary Services
Dr Sue Fish	Police and Crime Commissioner for Gwent
Future Generations Commissioner for Wales	Powys Teaching Health Board
General Medical Council	Primary Care Clusters
HAFAL	Public Health Wales
Health, Social Care and Housing Group	Public Policy for Institute for Wales
Health, Social Care and Sport Committee	Public Service Ombudsman for Wales
Healthcare Inspectorate Wales	Public Service Workforce Council
	Regional Partnership Board (Swansea)

RNIB Cymru	Welsh Health Specialised Services Committee
Royal College of GPs	Welsh Institute of Health and Social Care
Royal College of Midwives	Welsh Language Commissioner
Royal College of Nursing	Welsh Language in Health and Social Services Partnership Board
Royal College of Occupational Therapists	Welsh Local Government Association
Royal College of Paediatrics and Child Health	Welsh NHS Confederation
Royal College of Physicians Cymru	Sir Paul Williams
Royal College of Psychiatrists Wales	Wrexham District Medical Society
Royal College of Speech and Language Therapists	
Royal College of Surgeons	
Royal College of Surgeons Edinburgh	
Royal Pharmaceutical Society	
Samaritans Cymru	
Sandeep Hammedi on behalf of Consultant Orthopaedic Surgeons	
Shared Lives Plus	
Shared Services Partnership	
Social Care Wales	
SOLACE	
Jack Straw	
Swansea Centre for Improvement and Innovation	
Swansea University	
Swansea University Medical School	
Tenovus Cancer Care	
TUC	
UNISON Cymru	
United Kingdom Homecare Association	
Wales Ambulance Services NHS Trust	
Wales Audit Office	
Wales Cancer Network and Cancer Implementation Group	
Welsh Consultants Committee	
Wales Dietetic Leadership Advisory Group*	
Wales Institute of Social and Economic Research, Data and Methods	
Wales Principal Youth Officers Group	
Wales Public Services 2025	
Welsh Council for Voluntary Action	
Welsh Government	

\* incorrectly omitted from the list of contributors to the Interim Report

# Annex B

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## Principles of Good Governance

The promise of seamless health and care in Wales will require strong and effective governance across organisational boundaries, so-called governance between organisations (GBO), with mature partnership behaviour and the associated sharing of risk, accountability, delegation and reservation. Every governance body should have clear and unambiguous terms of reference, always including safety, quality, control and risk elements, and should highlight the core principles of the NHS<sup>24</sup>. The Good Governance Institute and others<sup>25</sup> emphasise the importance of governance principles, and there are three sets of principles

central to ethical behaviour in public services in Wales (Nolan, Welsh Public Service Values and Citizen-Centred Governance)<sup>26</sup>. In our view the principles set out below are essential to support the delivery of our recommendations, and should be integrated with those in the Wales Good Governance Guide. Several of these principles would apply to the Primary Care Cluster arrangements and are aligned with the appropriate governance recommendations from the recent Health Social Care and Sports Committee inquiry into Primary Care Clusters<sup>27</sup>.

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**The Terms of Reference of Boards and Governance Bodies should include the principles of good governance below, as appropriate to their functions.**

**The principles should be included in Guidance on Good Governance for Health and Care.**

- Align governance objectives with the new strategy for health and social care in Wales;
- Deliver the Quadruple Aim, aligned with the principles of the Wellbeing of Future Generations (Wales) Act, Prudent Healthcare and the Social Services and Well-being Act;
- Deliver improved outcomes via seamless health and care systems;
- Consider national, regional and cross-sector opportunities ahead of local concerns whenever appropriate;
- Assess their performance based on a common set of outcome indicators;
- Assess maturity against the Good Governance Institute's Maturity Matrix<sup>28</sup> and System Transformation Matrix<sup>29</sup> as appropriate;
- Have proportionate and consistent oversight, regulatory and inspection arrangements, with consistent metrics, incentives, sanctions and intervention triggers. Assurance recommendations should be taken seriously, tracked and actioned (as emphasised by the Williams Commission Report on Public Service Governance and Delivery);
- Be empowering and ensure effective leadership and transparent decision making at all levels with clear lines of accountability throughout;
- Adopt a continuous improvement approach, involving staff and service users;
- Embrace a 'participative enterprise' culture with closer involvement of staff, clinicians, service users and other key stakeholders, including primary care and third sector;

- Maintain a sharp focus on staff engagement and wellbeing, including addressing issues in Staff Survey results and medical assessment scale surveys<sup>30</sup>;
- Have consistent annual effectiveness reviews overseen by an independent member, focussing on leadership and behaviours, operational performance and delivery of change;
- Ensure that their membership is sufficiently diverse, and that a successful background in change delivery, organisational development and behavioural science skills are well-represented;
- Share successes and challenges with one another as part of a learning system that promulgates best practice and helps eliminate waste and unwarranted variation. This should include 'exemplar' Regional Partnership Boards; and
- Be transparent regarding performance, and open to public and political scrutiny.

## Annex C

### Recommendation 7: Innovation, Technology and Infrastructure

“ I do not, for example, want patients to be disadvantaged because the technology used in one health board is different to another and the information available is incomplete and the pathway of care disrupted. This is why Wales has committed to working together to adopt common information services and I expect all parts of the NHS in Wales, supported by the Informatics Service, to adopt them ”

– Source: Andrew Goodall, Chief Executive NHS Wales, speech to Wales Informatics staff, September 2017

#### Detailed Supporting Actions

- Following the life sciences and industrial strategies, R&D investment in health and social care research, bioscience, and new technological innovations including AI and robotics, should be linked strategically to the Quadruple Aim and the development of new care models, and in particular new forms of prevention and home- rather than hospital-based care.
- The development of new digital products and services will benefit from collaboration between industry, academia and NWIS. We therefore recommend that the Digital Ecosystem project developed by NWIS and the Life Sciences Hub is progressed at pace, providing NWIS and Health Technology Wales with platform access and analytics to accelerate innovation and support product adoption. The focus should be on initiatives which have the maximum impact and reach and generate the most beneficial outcomes, are scalable, support individual and community-based care, and are readily integrated and adhere to common standards.
- The Welsh Government, together with all digital and infrastructure service delivery organisations in both sectors, should reassess their strategic priorities and the opportunities for more collaborative and consolidated working in the light of this report. This should include considering enhancing and accelerating the Technology-enabled Care Programme, as there may be a shift to primary, social and community care initiatives and associated technology-enabled care.
- The Welsh Government should clarify its ‘Once for Wales’ policy and principles with regard to digital, taking account of the National Informatics Management Board Task and Finish Group’s recommendations, and agree prioritisation criteria to be applied to all existing and candidate initiatives. This should underpin a robust ‘stop, start, accelerate’ review to better focus efforts on a smaller number of key system user-centred initiatives, including regional and local exemplars with ‘national promise’. This requires an aggregated and rationalised view of the full portfolio of digitally-enabled initiatives. Core national ‘foundation’ initiatives, including the Electronic Patient Record (EPR), the gateway/portal for citizens and professionals to access multiple information sources and services, and initiatives delivering significant efficiency benefits, should take precedence.
- Common standards and platforms should be mandated whenever possible across both health and social care sectors to support interoperability and integration in the future. They should explore the opportunity to integrate and consolidate local authority, LHB,

- Trust and national infrastructure and systems (which will require a new funding model). Legacy systems should be replaced via an Infrastructure Refresh Plan aligned with a national infrastructure 'route map', although the immense challenge here should not be underestimated. Robust infrastructure, system and information security (which includes cyber security) must be of paramount concern, with clear and agreed protocols and principles in place to meet all legal, regulatory and advisory requirements, and with response plans regularly tested.
- Health Education and Improvement Wales (HEIW) should oversee the development of a cadre of trained clinical informaticians and leaders, who in turn can help strengthen efforts to develop a learning health and care system, and quality improvement expertise. Social Care Wales (SCW) should also ensure that training in digital skills is a priority. The Welsh Clinical Informatics Council (WCIC)<sup>31</sup> representatives could potentially develop into a leadership group of Chief Clinical Information Officers. Programme and project teams should be multidisciplinary from the outset, with appropriate medical and social care involvement and system user input. Users should champion and lead the delivery of new systems, with a keen eye on the challenges of adaptive change (as highlighted in the Wachter report<sup>32</sup>).
  - Both NWIS and NWSSP should have greater national presence and authority linked to a strengthened national executive and look to extend collaboration (e.g. e-learning). The hosting and accountability arrangements at the Velindre Trust may no longer be appropriate. The Welsh Government should evaluate alternative models for consolidated national governance, including the HEIW arrangement, as well as the leadership seniority and governance board presence of both organisations. This should include considering leveraging the remit of NWSSP to deliver wider public services in Wales, but will require legislative change for NWSSP to provide services beyond the NHS.
  - NWIS, in particular, should review and rebalance its resourcing profile such that design, development and support activities are 'rightsourced' with the optimal balance of internal digital, health and social care staff including clinicians and front-line staff, third sector, third party, system users, industry and academia. They should explore opportunities to better pool and share LHB, Trust and NWIS IT resources. Wales should look beyond its national boundaries and exploit co-operative alliances with other national health bodies with a similar agenda, including NHS Scotland where a close relationship already exists.
  - We would support the recommendations from the Informatics Task Force and the resulting Statement of Intent from the Welsh Government to develop a national data resource, with workstreams focussed on information governance, national data resource, clinical information standards and workforce development. Health and care systems must take full advantage of the value that data and information offers to underpin new systems, drive decision making, improve health and care quality and exploit future business intelligence and data analytics initiatives. This will require health and social care professionals to be fully reassured regarding the integrity, security and sharing of data, and for citizens to be fully informed and to have provided appropriate consent.
  - NWIS should finalise and share its design, development and service principles, including agile development opportunities, 'process before technology' considerations, evidence-based redesign, inclusion, user involvement, and outcomes-based benefits assessment principles (for example, Government Digital Services (GDS) have a set of digital service standards<sup>33</sup>).
  - NWIS and NWSSP should adopt a common, staged and disciplined business case process to underpin prioritisation and investment decisions, in part to ensure that initiatives genuinely add value, and not workload, to professionals and service

users. Independent gateway assurance and post-implementation outcomes-based benefits realisation and 'lessons learned' reviews should be mandated and shared, together with clear internal communications to manifest the value of initiatives to staff, citizens and system users. NWIS and NWSSP should have leading roles on the NWEHVIG to help raise productivity, reduce unwarranted variations and waste, and promulgate best practice (including regarding the Carter report recommendations<sup>34</sup>, where NWSSP is already fully engaged with the NWEHVIG).

- We understand that NWIS' 5-year 2016-21 Informed Health and Care strategy requires substantial funding on an all-Wales basis. If so, both prioritisation and technical and allocative savings are all the more crucial, and we would wish to see this clarified, and to understand the impact this may have on the funding envelope for other work. The Welsh Government, NWIS, and Finance Directors should evaluate alternative

funding models, including assessing the opportunity to consolidate and integrate LHB, Trust and NWIS infrastructure, systems and resources, and the reinvestment of cashable benefits from change initiatives, and optimise the mix of capital and revenue funding sources. The Welsh Government should consider if core 'Once for Wales' funds should be pooled and ring-fenced rather than allocating a subset to LHBs. We assume there is a full current asset register for NHS Wales and professional procurement and contract management processes in place.

- The existing internal digital maturity assessment should be supplemented with external benchmarking assessments of both NWIS and NWSSP vs. peer organisations and 'best in class' to highlight areas of opportunity. This should include resource profiling and stakeholder feedback elements to improve co-production and alignment.

## Annex D

# Parliamentary Review into the future of Health & Social Care in Wales Terms of Reference

The establishment of a Parliamentary Review into the long-term future of health and social care in Wales is a key commitment in the Programme for Government launch in September 2016. The independent panel of experts, established in November 2016, was tasked with producing a report in 12 months focussing on the sustainability of health and social care in Wales.

The report should consider the current situation and draw out the challenges facing health and social care over the next 5-10 years bearing in mind the context set by the Social Services and Well-being Act, and the seven goals of the Wellbeing of Future Generations (Wales) Act alongside rising demand, demographic changes and financial sustainability.

The review is tasked with producing recommendations that will deliver improved health and wellbeing outcomes for people across Wales with a particular focus on reducing health inequalities.

The Terms of Reference for the report are:

- Define the key issues facing health and social care
- Identify where change is needed and the case for change
- Set out a vision for the future including moving health and social care forward together; developing Primary Care services out of hospitals.
- Advise on how change can be delivered, building on the positive aspects of the current system.

These areas will be explored initially via six strands across health and social care:

- Situational analysis including learning from previous work
- Future Vision including Delivery Models, & Organisational Issues and the citizen's perspective
- Metrics, Systems, Governance and pace of change
- Workforce including culture, morale, education & training, rurality and Welsh Language
- Quality and Safety including, R&D, and Innovation
- Productivity including Data and Insight, Digital, & Finance

# Annex E

## References

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