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**CYFARFOD BWRDD / BOARD MEETING: 25.01.18**

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| **EITEM/ITEM:** | **9** |
| **TEITL/TITLE: SCW/18/05** | **Parliamentary Review of Health and Social Care in Wales** |
| **AWDUR/AUTHOR:** | **Sue Evans** |
| **CYFRANIADAU GAN/ CONTRIBUTIONS FROM:** | **Leadership Group**  |
| **ATODIADAU/APPENDICIES:** |  |
| **Appendix 1** | **Social Care Wales response to the interim report of parliamentary review of health and social care in Wales** |
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| **TRAFODWYD YN FLAENOROL YN/ITEM PREVIOUSLY DISCUSSED AT:** |
| The Interim Report of the Parliamentary Review of Health and Social Care in Wales was discussed by the Board at its seminar in July 2017.This report was discussed at the Leadership Group Meeting on 15.01.18  |
| **PENDERFYNIAD / DECISION:** |
| Members are invited to **consider** and **agree** our approach to the final report from the Parliamentary Review.  |

**Parliamentary Review of Health and Social Care in Wales**

1. **Purpose of the report and recommendation**
	1. This report provides an overview of the Parliamentary Review of Health and Social Care in Wales and how it relates to Social Care Wales’s work.
	2. Board members are asked to note the actions taken to date, note the next steps and agree our approach to respond to the final report, launched on 16 January 2018.
2. **Background**

2.1 In November 2016, an international panel of experts was established by the Welsh Assembly to conduct an independent review into the future of health and social care in Wales. The panel included:

* 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
* Eric Gregory
* Professor Keith Moultrie
* Professor Anne Marie Rafferty

2.2 An interim report setting out the case for change and initial findings was published in July 2017. A copy of Social Care Wales’s response to the interim report can be found in **Appendix 1**.

2.3 The final report and recommendations were submitted to the Cabinet Secretary for Health, Well-being and Sport at the end of 2017 and publically launched on 16 January 2018.

**3. Summary of the final report**

3.1 The final report is available on the members’ portal.

 A reminder of key elements of the **Interim Report:**

*1 The case for change is compelling. Wales can attain better health and wellbeing outcomes for its citizens and meet the goals of the Well-being of Future Generations (Wales) Act 2015. But to do this it will need to speed up how the health and social care system adapts to the changing needs of the population and other major challenges.*

*2 Wales has very significant assets that can be used more effectively. A bold and unified vision for the whole health and social care system, underpinned by a clear strategy based on the relentless pursuit of continuous quality improvement and prevention, will be needed urgently to drive this forward.*

*3 The Social Services and Well-being (Wales) Act 2014 and Prudent Healthcare offer powerful sets of principles, which can apply equally to both the Welsh*

 *NHS and social care and have a high level of support. Widespread and comprehensive use of these principles will transform health and social care in Wales.*

*4 To translate the vision into concrete action, in the first instance a limited set of new models of care should be developed, trialled, evaluated, and scaled up rapidly.*

3.2 Key messages from the **Final Report:**

1. *The case for change is re-iterated, with principles for a new model of health and care proposed. The model focusses on older people but national principles are applicable for anyone with both health and care needs, where other agencies would also need to be involved, including education, housing and community resources.*
2. *The concept of quadruple aims as the underpinning measure of progress includes population health and well-being; quality of care; value for money and the well being of the workforce, with recommendations to benchmark internationally for outcomes, rather than the current Performance Targets.*
3. *It is recognized that culture and system change is required, rather than a major re-organization but change must be at pace, focused on redirecting resources from acute health care and substitute care to support at or near home, with a stronger voice for citizens.*
4. *Social Care Wales is referenced in several areas, including workforce planning, leadership, training in data, digital and improvement skills.*
5. *There are 10 high level recommendations, with detailed actions supporting each recommendation. A companion on-line resource is available which provides examples of service models and ways of working that meet the recommended national principles. A national transformation programme is proposed to oversee delivery.*

**4.** **Social Care Wales’s contribution and next steps**

4.1Sue Evans and Gerry Evans will attend a joint ‘Team Wales’ event with NHS colleagues in early February to consider the report and agree priority actions to be recommended to respective Boards and Welsh Government.

4.3 The Executive Management Team will consider the report and outputs from the joint event and present proposed actions for Social Care Wales during a Board seminar in March.

4.4 Welsh Ministers will respond to the report in Spring and Executive Management Team will consider this to inform priorities for action.



**SOCIAL CARE WALES RESPONSE TO THE INTERIM REPORT OF PARLIAMENTARY REVIEW OF HEALTH AND SOCIAL CARE IN WALES**

**1 September 2017**

1. **Introduction**

1.1 Social Care Wales’s vision: “We want every person who needs support to live the life that matters to them”.

We aim to achieve this by working with people who use care and support and a broad range of organisations to:

* set standards for the care and support workforce, making them accountable for their work;
* develop the workforce so they have the knowledge and skills to provide the best care and support;
* work with others to improve services for areas seen as a priority, such as care and support in people’s homes;
* set priorities for research to collect evidence of what works well;
* share good practice with the workforce so they can provide the best care;
* provide information on care and support for the public, the workforce and other organisations.

1.2 We work with people who use care and support services, and organisations, to lead improvement in social care. We’re committed to working in a way that’s collaborative and inclusive.

1.3 Social Care Wales welcomes the review of health and social care and is in agreement that the review is urgently required to address pressures on the current system which are increasing in their impact on the ability to provide care and support to the people of Wales. We are also firmly of the view that the social care sector needs to be central to the review and remain of equal importance to the health care system. The answers to the challenges facing the current system lie primarily in the development of the social care and community health sectors, so that less reliance is made on acute NHS services.

1. **The Case for Change**

2.1 Social Care Wales recognises all the issues identified in the Case for Change and would confirm that the points made highlight the major challenges currently being experienced and growing in impact. We would wish to expand further through suggesting that consideration particularly needs to be given to:

* assessment of quality of life as being critical, as well as clinical health outcomes
* the population structure changes and resultant availability of a social care workforce is of particular concern
* while it may be appropriate to focus initially on the care of older people it has to be recognised that many of the issues also apply to the care of children and adults with care needs and many of the responses required are also applicable across these groups. In developing the models of care for older people there will be a need to assess the impact of the development of such models on the care of children and adults within those localities
* linked to the above issue, the terms and conditions of the care workforce are a significant obstacle to recruitment to roles which require increasing levels of complexity and skill and expectations to deliver more health related tasks. This is further exacerbated by the disparity between NHS and social care pay levels

* + the current levers appear to reinforce a pattern of service that is no longer relevant or sustainable and in the context of a new vision require significant change.
1. **Future Vision**

3.1 Social Care Wales would again concur with the key points made under the Future Vision and would wish to add the following.

* + the scale of Wales should make national consistent change more likely than in larger geographical areas and the importance of the strong and effective relationships between key personnel in health and social care should not be under-estimated. This is a leadership challenge, requiring leaders at all levels to meet the challenge.
	+ there are important developments to be built upon such as projects funded through the Intermediate Care Fund but such developments need to become mainstreamed. The establishment of the grant on a recurring basis should enable this, supporting regions to be more confident that they can sustain service transformation.
	+ we would agree with the need for the pace of fundamental change to be increased and that a tipping point is required within the next 3 to 5 years which moves us from the existing system to a new sustainable pattern of services.
	+ while the legislative framework exists for social care and health the scale of change required will have wider implications for the Welsh economy and other public services. Placing this agenda in the context of the Future Generations legislation would place developments in the context of the wider scale of change required.
	+ we would agree with the need for evidence based development of models of care but would emphasise that, due to the relative lack of investment in social care research, the evidence base for cost effective models of provision will need to be developed. In the last section of our response we outline the contribution that Social Care Wales would wish to make in this area.
	+ there is a recognition and drive across Wales to better understand and support resilience, for individuals and communities. We are improving our understanding of the current capacity in communities and the ways in which we can build resilient communities that can meet lower level care and support needs and prevent escalating needs. We support the statement in Key Point 2 for learning and improvement on how we can identify and make best use of our assets to build community capacity and resilience.
1. **Capacity to Care**

4.1 We would again endorse the importance of the points made in the Capacity to Care section. Public involvement is central to the governance of Social Care Wales with its Board comprising of a majority of lay members and a lay Chair. The current Board and the predecessor Board of the Care Council for Wales has demonstrated the strength of having lay people alongside professionals discussing key issues of policy and practise.

4.2 While technology can have an important part to play in the provision of care and needs to be developed further, ultimately both social care and health are reliant on a skilled and compassionate workforce. This is central to the role of Social Care Wales and significant progress has been made in professionalising this workforce through development and regulation.

4.3 Ultimately good social care and health care is dependent on high quality professionals working to the highest standards and using the expertise to the full. In implementing models, we need to support (and encourage) the workforce, services and individuals to look at innovative ways of meeting needs, not just prescribed responses which can stifle innovation and lead to blanket responses to need. In its role as the regulator of social care professionals Social Care Wales seeks to ensure that social workers, managers and care workers are enabled to use their skills and knowledge while at the same time providing assurance to the public regarding the care workforce.

4.4 However, we are conscious that the limits of what can be expected of care workers for what they are paid has been reached or exceeded. This is being demonstrated in difficulties in recruitment and retention of care workers and managers of care when alternative employment opportunities do not bring the same pressures and offer greater financial reward.

4.5 Care workers now undertake high levels of health care tasks and further delegation of tasks to care workers is being discussed and promoted. As the body which is now planning to regulate the domiciliary and care home workforces we are concerned that until issues of pay and conditions of employment are addressed there will be further difficulties in recruitment with consequent implications for the quality of care delivered. The disparity in pay between NHS health care support workers and social care workers is likely to be a major inhibitor to joint social care and health collaboration and the desire for seamless delivery.

4.6 At the end of this report we provide further detail of our current work programme of relevance to the agenda set by this review and how we believe our programme of work could be aligned further to address the change required.

1. **Making Change Happen**

5.1 There will inevitably be a significant degree of cynicism across the health and care sectors and in the wider population about whether change will be achieved due to previous initiatives having failed to achieve the change required. Similar reviews such as the Wanless review have highlighted the need for change and the nature of change required however the money did not follow through from the analysis of evidence. Initiatives such as the Intermediate Care Fund was non- recurring until this year, making it difficult to plan sustainable change. However the evidence as outlined earlier in this report and as experienced daily by those within social care and health, regarding the growing pressures and public expectations, will reinforce the view that change has to happen soon. Indeed it appears to us that it is the commitment of unpaid carers and the workforces in both health and social care, many of whom are on relatively low wages, that has sustained our ability to respond to the needs of the Welsh population.

5.2 We would agree that there will be a need for greater central direction in defining the service standards and direction of travel and expectations regarding the nature of change required. Regions will need to be supported to deliver, with planning and implementation taking place at the local level. Performance management built on

clear expectations of change will be critical with the degree of central intervention being dependant on the change being achieved locally. If we are serious about transforming service models at the community level, this may require a review of current Performance Indicators, which focus staff and public attention on quantitative measures within the acute NHS sector.

5.3 While the funding of health and social care is not within the remit of the review, it is clear that ultimately resources (human and financial) and the way in which they are allocated and used will determine whether change will or will not happen. In this respect it will not only be the scale of resourcing alone but the way in which resources are allocated that will ultimately determine the nature and speed of change. There are important lessons from the Integrated Care Fund, which give reassurance that joint endeavours produce tangible results and incentives and levers can be marshalled to deliver expectations.

5.4 Critical to the achievement of change will also be the achievement of political consensus at both the national and local levels on the need for change. The profile of social care on the national agenda is indicative of a recognition of the pressures on the care and health sectors. This will need to be translated into the development of agreed joint approaches to addressing the needs of the Welsh population at both national and local levels. As indicated above the legislative framework exists to support such collaborations however a clear jointly agreed social care and health response to care needs in local populations and the most effective use of resources has to be the foundation for achieving the implementation of such plans.

5.5 In addition critical to achieving agreed plans for change at the political level will be the full involvement of the public in debates regarding the change this will need to be done in an honest way at national, regional and local levels. This will include developing an understanding of the challenges facing Wales and other parts of the world and how new developments are designed to develop the best possible care as close to people’s homes as feasible. This will also involve an honest debate about the balance between clinical outcomes and quality of life and what matters to individuals rather than purely the result of a third party assessment.

1. **The Contribution of Social Care Wales**

6.1 This response to the Interim Report has been endorsed by the Board and Executive Management Team of Social Care Wales. As a new body established to drive improvement in the social care sector we would see taking forward the agenda outlined in this and the final report of the Review as central to the work of Social Care Wales. A significant part of the current work programme of Social Care Wales is already designed to achieve the nature of change outlined in the Interim Report. The following provides a brief summary of elements of this programme and the ways in which we believe it can be developed further in response to the agenda set out by the review.

1. Leading the development of care and support at home in Wales in response to the pressures on this sector and its central role in enabling individuals to remain in their homes.
2. Developing a new joint health and social care induction framework for care workers to support joint working across the sectors and also working with Qualifications Wales to develop a new suite of qualifications for the care sector. This programme is designed to ensure that the social care workforce

is skilled to address the increasingly complex demands being placed on this workforce.

1. Developing recruitment framework to attract individuals to work in social care through creation of career pathways for care workers.
2. Implementation of the regulation of domiciliary and care home workers from 2018. This again is designed to ensure that these workforces are skilled and supported to deliver high quality care including the delivery of healthcare related tasks.
3. Commissioning reviews of evidence on models of care and good practice in social care from the Social Care Institute of Excellence (SCIE). This could be developed to support the development of evidence based models of care as identified in the Interim Report. We are currently in discussion with SCIE on collaborating with their programme of work on social care and health integration commissioned by the Department of Health in England to support similar initiatives in Wales.
4. The implementation of a new Research and Development Strategy for Social Care in collaboration with Health and Care Research Wales and the School for Social Care Research. Social Care Wales has a lead role in identifying the priorities for social care research including joint social care and health projects. This again could support an evaluative programme of models of care, as well as developing skills in the acquisition of evidence for policy and practise development.
5. The development of on-line resources and data available to practitioners and policy makers to inform workforce planning, evidence based models of high quality of care and social care practise.
6. Proposed joint work with the new Heath Education and Improvement Wales in areas such as joint workforce planning to meet health and social care needs. Social Care Wales is currently undertaking preliminary work on a workforce strategy for social care.
7. Supporting Welsh Government and Regional Partnership Boards with Population Needs Assessments that will inform outcome based commissioning.
8. Supporting the National Commissioning Board to improve commissioning skills and capacity across the health and care sector.