Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 1 – Senedd
Meeting date: Wednesday, 19 July 2017
Member's pre-meeting: 09.15
Meeting time: 09.30

For further information contact:
Sian Thomas
Committee Clerk
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1 Introductions, apologies, substitutions and declarations of interest

2 Parliamentary Review of Health and Social Care in Wales – evidence session with Review Panel Members

(09.30 – 11.00) (Pages 1 – 5)

Dr Ruth Hussey, Chair of the Panel
Jennifer Dixon, Member of the Panel
Eric Gregory, Member of the Panel

Review of Health and Social Care in Wales – Interim Report

3 Paper(s) to note

Inquiry into primary care – Letter to the Members from Dr Arfon Williams

(Pages 6 – 17)

Letter from the Cabinet Secretary for Health, Well-being and Sport to the Chair regarding 'Services Fit for the Future'

(Page 18)

Inquiry into loneliness and isolation – additional information from the Older People's Commissioner for Wales

(Pages 19 – 22)

Implementation of the Wales Act 2017 – letter from the Llywydd

(Pages 23 – 25)

Letter from the Public Accounts Committee regarding Governance Arrangements at Betsi Cadwaladr University Health Board

(Pages 26 – 27)

4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting

5 Inquiry into physical activity of children and young people – consideration of scope and approach to the inquiry

(11.00 – 11.15) (Pages 28 – 29)

6 Inquiry into loneliness and isolation – consideration of additional briefings

(11.15 – 11.25) (Pages 30 – 47)

7 Forward Work Programme

(11.25 – 11.45) (Pages 48 – 75)

Agenda Item 2

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Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-23-17 Papur 1 / Paper 1

Tŷ Doctor, Ffordd Dewi Sant, Nefyn. Pwllheli. Gwynedd. LL53 6EG
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10 April 2017

Dr Dai Lloyd
Mr Rhun Ap Iorwerth
National Assembly for Wales
Cardiff Bay
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Annwyl Dai a Rhun,

Thank you for coming up to Caernarfon to meet with us last week. I hope you found it informative and useful for your ongoing enquiry. My name is Arfon Williams and I have been a General Practitioner in Nefyn for the past 22 years. Unfortunately, I am the sole partner in the practice, caring for about 4300 patients, extending along the north tip of the Llyn Peninsula from Aberdaron to Clynnog Fawr.

We have found it very difficult to recruit and we have had to change our whole work model in order to continue to provide a service to our patients in a safe way. The last two years have been incredibly difficult, and without the support of my excellent staff, it would have been virtually impossible for us to carry on. We have made some significant changes to the way we provide medical care, in that we have changed our skill mix, capacity, working day etc. I enclose a letter that I sent to the Betsi Cadwaladr University Health Board to explain to them the methods we have introduced in order that they might be able to disseminate that information to help others in a similar predicament. To the best of my knowledge, I do not think that this information has been shared (which is disappointing).

As regards to how we feel Cluster working has helped us in the Dwyfor area, I feel that the progress has been very slow. The positive points is that it has brought us together as a group of GP's in our locality and gives us a chance to discuss matters relevant to us. It is unclear, however, what the remit of the Cluster was and is, and it would appear to differ from area to area. There is very little

inter -Cluster discussions or interaction (which is a shame because I am sure there is a lot of good work being done all over Wales) but the sharing of information at this time is lacking. I am aware there is an annual newsletter, but this does not really fulfil what would be an useful exchange of information.

Fundamentally, Clusters was set up with money removed from the Quality Outcome Framework (QOF) which was originally paid to individual practices presumably with a view to improving patient care in each area, tailored to the needs of that area. It does not appear that this is happening significantly. Indeed, in Dwyfor we have struggled to spend the money due to difficulty recruiting staff. We are trying to set up a home visiting service to try and reduce the pressure on General Practice in this area which is sadly on the verge of implosion. The finance department seem to have a veto on all decisions regarding spending, which is frustrating to say the least.

I would suggest that my vision of Clusters should be that they be used to pilot potentially good ideas for delivering healthcare in the community and once the system has been established as providing a useful and beneficial service to patients, then that should be taken over by the Health Authority. As is stands, the money that we used to gain from QOF is now being used to fund, for example, Advanced Physiotherapists in Primary Care, Diabetic Nurse to provide a service. This is inherently unfair, since certain parts of the Gwynedd area get these services for free whilst other Clusters have to pay for it. I don't think this is the way forward and is a matter of contention between Clusters. Furthermore, there is lack of vision and co-ordination, at a Board level, to bring these ideas together. Subsequently, I am sure that many of these well intentioned pilots will fail due to lack of organisation.

In all honesty, Clusters are terribly underfunded. The funding amounts to about £2-£3 per patient, which on a Wales wide scale would amount to between £6 -£9 million. It is highly unlikely that such a small sum of money will make a great deal of difference at any level. I think we must be pragmatic in what we hope to achieve with such a small amount of money.

As regards the more fundamental issues facing General Practice in Wales, I think the Welsh Government and yourselves would do well to concentrate on the impending implosion of General Practice, especially in the Dwyfor area, but "I am sure it is coming to area near you very soon". The demographics in Anglesey, for example, suggest that a recruitment crisis is imminent there.

Two practices, bordering our practice area, are handing back the keys – namely Criccieth and Penygroes – and it is unlikely that there will be replacements, and these will be run by the Health Authority. We are also about to lose two partners from a another neighbouring practice in Pwllheli, and we will be down from 20 whole time equivalent GP's some 10-15 years ago, to around about 6 or 7. This is obviously not sustainable and raises issues with patient access, and more worryingly, governance. Health Boards should now be looking to how we can mitigate these situations from becoming a full blown breakdown of the service, because if General Practice fails then the NHS will certainly fail. The Health Board have been quite aware of this situation getting worse for at least the past 5 years, since we have been having regular meetings with them to try and bring to their attention the urgency of the situation. Unfortunately, their response to this recruitment crisis has

been glacial. I feel that there are a number of plans that they could put in place to try and, at least, contain the situation. These are:

(1) Home Visiting Service

To provide a home visiting service to acutely ill patients in hours (ie 8am-6.30pm) much of the infrastructure for this already exists – cars, telephone systems, IT etc. We are trying to set up a pilot in the Dwyfor area, but this has already been done in areas such as Shropshire, St Helen's and also areas in South Wales. This has been shown to reduce hospital admissions by 30% in some areas. This would obviously have a beneficial effect regarding unnecessary hospital stays.

(2) Retention of Senior GPs

Health Boards should be doing more to retain senior GPs who are taking early retirement. Many of these GPs have just had enough and feel that they cannot carry on paying medical defence indemnity fees. This is incredibly expensive for GPs who work part-time, and this is another area the Government should be looking at. This is a comparatively low cost option, bearing in mind that these GPs have a wealth of experience which is lost once they give up. We should be doing everything to retain these people as they are already trained, where as a new medical graduate takes maybe up to 10 years to be a fully qualified practitioner.

(3) Resources moved from Secondary Care into Primary Care

The mantra of delivering more care in the community remains a pipe dream until resources are moved from Secondary Care into Primary Care. This will have to be done upfront – ie the system must be primed otherwise it is doomed to fail.

(4) Overflow System

Set up an overflow system whereby patients who cannot access a GP on the day can attend an OOH centre/local hospital which is manned by a GP/ ANP so they can access care on the day that they need it. This can be done in A&E departments, and is done all over the country with excellent results.

(5) Troubleshooting Team

Set up a Troubleshooting Team to go in and help failing practices. There is much that practices can do to try and reduce their workload, improve patient access and improve capacity in their system. This requires re-education of patients and staff alike. It is difficult to do, but can very fruitful. I would be more than happy to discuss this with you further as I am sure this would be a very useful option for Health Boards to consider.

(6) Co-ordination

Each area should have a "Tsar" (for want of a better description) to try and co-ordinate these ideas. The current system is not working and there is no-one for practices to turn to. There is considerable lack of leadership.

(7) Social care

There needs to be a concerted effort to improve care between social care and the Health Service. This is fundamental to a functioning health system, since the vast majority of patients require help with their social care. Just to give you a quick example, a patient of mine was admitted purely because she had no one to administer her eye drops four times a day for her herpes zoster infection (Shingles). As a last resort, she was admitted to a local cottage hospital. Two days after admission, she fell out of bed and fractured her hip and ended up having an operation. She remained unable to mobilise, and subsequently suffered further complications, mainly from being in her bed. It is unlikely that she will ever live independently again. This could have been easily avoided had there been a suitably resourced home treatment team. Patients lose approximately 1% of their body mass per day whilst confined to a hospital bed. This gives us a very short window of opportunity to treat patients and get them returned to the community before their general health and core strength diminishes to such a degree that they are unable to weight bear safely, and are more prone to falls. This is a hidden cost that seems to be lost on our Politicians. I could go on, but I am sure you get the picture, but there is so much that can be done, but is not being done at the moment, and that services in the community need to be resourced properly. We must accept that rural health care is expensive, but the alternative is even more expensive.

(8) GP Earnings

We are, as a practice, about to lose £50,000 per annum from our bottom line income because of the removal of MPIG. Our income has dropped significantly over the past five years and continues to drop further. We are earning about 20% less now than we were five years ago. This is not sustainable as costs are going up. It is just a matter of time before more of us 'hand back the keys' resulting in some of us doing locums. As you may know, locums are able to 'call the tune' and charge whatever they want for a day's work. This will only get worse.

(9) Dispensing

The Welsh Government should consider allowing all GP practices to become dispensing practices. As it stands, some are allowed to, and some are not. This is often a historic situation. We are after all, small businesses. Currently the dispensing fees and small profit made from dispensing , often end up in multinational pharmacies such as Lloyds and Rowlands, and their monies will be distributed to their shareholders across the world. This is a small step that would keep money in Wales and further boost the economy.

Should you wish to discuss this further with me, at any time in the future, please do not hesitate to contact me.

Cofion cynnes,

Dr Arfon Williams

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

Llywodraeth Cymru
Welsh Government

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales

28 June 2017

Dear Dai

I am delighted to let you know that today the Minister for Social Services and Public Health and I have published for consultation *Services Fit for the Future,* a White Paper which contains a number of proposals relating to quality and governance in health and care in Wales. The consultation will run until 29 September 2017.

https://consultations.gov.wales/consultations/services-fit-future

It is our hope that the direction of travel set out in the White Paper will act as a platform for the findings of the Parliamentary Review, which are eagerly awaited by us all.

The White Paper builds on a previous Green Paper consultation, as well as recommendations made by the Organisation for Economic Development and Co-operation (OECD) and others on actions we could consider taking in order to further enable and empower organisations, staff and citizens in the provision of sustainable, person-centred care. It provides a rare opportunity to influence potential future legislation and I am sure your Committee will view it with interest.

If there is any information I or my officials can provide to the Committee then please do not hesitate to let me know. I am also happy to meet with you to discuss how we engage and brief the Committee on the White Paper.

Yours sincerely,

Vaughan Gething

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

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Older People's Commissioner for Wales
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Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
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28 June 2017

Additional Evidence in relation to Inquiry into Loneliness and Isolation

Dear Chair,

When I provided you with oral evidence on your Inquiry into Loneliness and Isolation on 25 May 2017, I confirmed that I would provide the Committee with further evidence on what I believe should be included in the Welsh Government's proposed strategy to address loneliness and isolation.

I have divided my thoughts into the structural aspects that the strategy must include and the issues, identified through my work, which the strategy must address.

The Strategy must:

- Have clearly defined outcomes that define the success of the strategy, covering both a strategic and an individual level.
- These outcomes should link across to those within the Welsh Government's National Indicators for Wales[1] and National Outcomes Framework for Social Services[2]. It should

also complement other key strategies such as Together for Mental Health[3] and the refreshed carers and older people's strategies. A joined-up approach will ensure that all those involved in delivery will be working towards a set of correlated outcomes.

- Be relevant to, and reflect, the diversity of older people.
- Provide an appropriate balance between a longer term strategic focus and a shorter term measurable benefit to older people, including specific reference to how progress will be measured and reported on.
- Recognise the key role that non-hypothecated, community-based services play in relation to both loneliness and isolation, in particular the risks associated with the loss of these services. It is at this practical level that impactful action will need to be taken. Aspiration will not be sufficient without a robust analysis of the resources required on the front line.
- Recognise the complexity of the issue and how loneliness and isolation can affect older people in different ways. For some, loneliness and isolation affects individuals across the life course, whilst for others 'trigger events' such as bereavement or redundancy can result in an individual experiencing loneliness and isolation.
- Recognise that loneliness and isolation can affect anyone at any time but consider how certain circumstances can place older people at greater risk of loneliness.
- Provide a balance between being prescriptive at a national level and allowing flexibility at a local level. This is important if action and access to support is not to be a postcode lottery.

In addition to these structural elements, the strategy must address the following issues:

- Clearly recognise the breadth and scale of loneliness and isolation, alongside its impact; clearly making the case that this is a major public health issue. This is particularly important due to the omission of this issue from the Public Health (Wales) Bill.

- It must recognise and focus on diminishing the stigma associated with loneliness and isolation, as this is a key barrier to identifying those who are vulnerable or at risk. There are significant parallels with the approach now being taken to mental health services.
- It must focus on anticipatory risk assessment, for example, using the 'Making Every Contact Count'[4] approach to identify those who may be at risk and thereby enabling them to access preventative support. This can include connecting people to the Information, Advice and Assistance services under the Social Services and Well-being (Wales) Act 2014. It should also focus on the importance of resilience to enable people to prepare for the inherent risks associated with growing older.
- The further development of local solutions we already have or are developing, e.g. social prescribing, third sector organisations, community connectors.
- Ensure that loneliness and isolation is reflected in all of the local well-being plans currently under development by Public Services Boards.
- Ensure that support offered to older people recognises, and is relevant to, the individual and their personal and cultural preferences. The support must be positively framed and purposeful to help people forge emotionally satisfying relationships, rediscover old skills and develop new interests.
- Recognise that some people will have lost their social skills and will need much more support to develop these before they can re-engage. For some, traditional methods of addressing loneliness e.g. befriending schemes, lunch clubs and tea parties are not appropriate and alternative solutions such as long-term one-to-one mentoring and cognitive therapy should be considered.
- Clearly outline what is known from the current evidence base and put in place action to ensure that this underpins future developments, whilst also recognising and commissioning work to fill in gaps in our knowledge.

- Public Health Wales must embrace this agenda and provide national leadership, drawing together key stakeholders to ensure delivery of the outcomes that should sit at the heart of the strategy.

I hope that my thoughts will be helpful to your Inquiry and if you have any further questions, please do not hesitate to contact my office.

Kind Regards,

Sarah Rochira
Older People's Commissioner for Wales

[1] Welsh Government (2016) How to measure a nation's progress? National indicators for Wales http://gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-en.pdf
[2] Welsh Government (2016) Social Services: The national outcomes framework for people who need care and support and carers who need support http://gov.wales/docs/dhss/publications/160610frameworken.pdf
[3] Welsh Government (2016) Together for Mental Health – Delivery Plan 2016-19 http://gov.wales/docs/dhss/publications/161010deliveryen.pdf
[4] Public Health Wales (2017) Making Every Contact Count http://www.wales.nhs.uk/sitesplus/888/page/65550

Elin Jones AC, Llywydd
Cynulliad Cenedlaethol Cymru
Elin Jones AM, Presiding Officer
National Assembly for Wales

Committee Chairs
National Assembly for Wales
Cardiff Bay
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11 July 2017

Dear Committee Chair

Implementation of the Wales Act 2017

As you will be aware, the Wales Act 2017 provides that the Secretary of State for Wales must appoint, through regulations, a 'principal appointed day' on which the new reserved powers model will come into force. The Act also provides that the Secretary of State must consult me, as Llywydd, before making such regulations.

I enclose a letter from the Secretary of State setting out his intention to appoint **6 April 2018** as the principal appointed day. He also indicates that he intends to commence most of the remaining provisions in the Wales Act at the same time.

You will note from the Secretary of State's letter that he intends to write further in relation to the implications for the Legislative Consent process as a result of the two-year Parliamentary session. I will share this letter with you in due course.

I would be grateful if you could let me know by Friday 28 July whether your committees have any comments to make on the Secretary of State's proposals.

Yours sincerely

Elin Jones AM
Llywydd

Enc

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Elin Jones AM
Presiding Officer
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Ref: 250SUB 17

10th July 2017

Dear Elin,

I am writing regarding the implementation of the Wales Act 2017. The Act provides for the Secretary of State to appoint, through regulations, a "principal appointed day" (PAD) on which the new reserved powers model comes into force. The Act specifies that I consult the Welsh Ministers and the Assembly's Presiding Officer before making regulations appointing the PAD. I am therefore writing to seek your views on my proposal to specify **6 April 2018 as the principal appointed day**.

Three key factors have informed my proposed date. Firstly, the need to implement the new reserved powers model of Welsh devolution as soon as practicable, to provide a clearer settlement and a well-defined division between devolved and reserved responsibilities. The lack of clarity that is a feature of the current Welsh devolution settlement continues to hinder our administrations working together as effectively as they might.

The 2017 Act requires the PAD to be at least four months after the regulations appointing the date are made. Making these regulations this autumn would provide Parliament, the National Assembly for Wales and both our governments with sufficient notice to prepare for the new model.

Secondly, as you know the new devolved taxes - the Land Transaction Tax and Landfill Disposals Tax - come on stream on 6 April 2018. Bringing the reserved powers model into force on the same day would deliver a strong message that Welsh devolution has come of age.

Thirdly, we need to be clear about the model of Welsh devolution which applies as we prepare for our exit from the European Union. Implementing the reserved powers model in April 2018 provides us with sufficient time to make the necessary preparations before exit day.

I also propose to commence most of the remaining sections of the Wales Act 2017 in the same order. These sections devolve further powers to the National Assembly and the Welsh Ministers. The devolution of these powers is already reflected in the reserved powers model and so it makes sense to bring these sections into force at the same time.

The current session of Parliament will run until 2019, meaning the new reserved powers model would be brought force mid-way through the session. Clearly this has implications for any Legislative Consent Motions that may be required, and my officials are working to assess the impact. I will write to you once this analysis is completed. You will be aware that under Schedule 7 to the 2017 Act the current *conferred* powers model would continue to apply to those Assembly Bills which have passed Stage 1 by the PAD.

I would be grateful to receive your response by **4 September**, enabling the regulations to be drafted by early autumn. I am happy to share with you the regulations in draft before they are laid.

I am writing in similar terms to the First Minister of Wales.

Yours,

Alun Cairns MP
Secretary of State for Wales
Ysgrifennydd Gwladol Cymru

Cynulliad Cenedlaethol Cymru
National Assembly for Wales
Public Accounts Committee

Agenda Item 3.5

Dr Dai Lloyd AM
Chair – Health, Social Services and Sport Committee
National Assembly for Wales
Cardiff Bay
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11 July 2017

Dear Dai,

Governance Arrangements at Betsi Cadwaladr University Health Board): Auditor General for Wales' Report – An Overview of Governance Arrangements

The Healthcare Inspectorate Wales and the Wales Audit Office undertook a further joint review on the actions taken by Betsi Cadwaladr University Health Board (BCUHB) to address the governance concerns identified in 2013, which the Auditor General for Wales published on 29 June.

The Public Accounts Committee considered this Report during the meeting on 10 July and noted the improvements that have been made to the governance arrangements at BCUHB. The Committee was satisfied with the direction of travel and agreed that I send you a copy of the **Report** and request that your Committee considers the governance arrangements at BCUHB as part of the regular scrutiny sessions you hold with the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health.

Yours sincerely,

Nick Ramsay AM
Chair

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Vaughan Gething AM
Cabinet Secretary for Health, Well-being and Sport

7 June 2017

Dear Cabinet Secretary,

Inquiry into Winter Preparedness

Thank you for your letter of 25 January 2017, in response to the Health, Social Care and Sport Committee's report and recommendations on winter preparedness. In your response you agreed to provide follow-up information in relation to a number of recommendations and I am writing to request updates in these areas.

In your response to our recommendation that arrangements should be put in place to evaluate the effectiveness of all Welsh Government campaigns relating to winter health and the lessons learned published quickly (recommendation 3), you confirmed that arrangements were in place to evaluate the effectiveness of the Choose Well campaign over the last winter period. You also advised that social research would be undertaken via the Beaufort Omnibus and that this evaluation would be available in Spring 2017. I would be grateful if you could provide the Committee with an update on the findings of these two pieces of work and also details of how the learning from this evaluation will be taken forward and incorporated into future all-year planning, including the campaign for this winter.

You also agreed to provide details of progress against targets for the additional £50 million investment by the Welsh Government in winter pressures.

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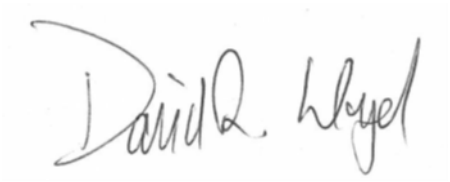
We also draw your attention to concerns recently expressed by the Royal College of Physicians and the Royal College of Emergency Medicine Wales. The RCP are concerned that health boards have not learned from past experience in respect of the winter preparedness for 2016-17. The RCEM have also provided information about winter pressures in Welsh Emergency Departments. In it they say that 'winter 2016-17 saw extreme pressures on services resulting in declining 4-hour standards, crowded departments and 'exit block', affecting the overall quality of care that patients received'.

It would be helpful if were able to provide this information by 5 July. I would also welcome your assurance that planning for this winter is well underway.

Yours sincerely,



Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
Health, Social Care and Sport Committee
HSCS(5)-23-17 Papur 11 / Paper 11

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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/P/VG/2175/17

Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
Cardiff Bay
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4 July 2017

Dear Chair,

Thank you for your letter of 7 June 2017 that seeks an update on a number of recommendations from the Health, Social Care and Sport Committee's report into Winter Preparedness for 2016/17. Please find my response to each of the points you raise below.

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

The *Choose Well* campaign is the Welsh Government's principle method of communicating messages to citizens on how to best prepare for the winter period and which service to access for their health needs over winter. Evidence gathered this year suggests messages are getting through to the public about self care actions and appropriate use of Emergency Department (ED) with a 13% increase in attendances at Minor Injuries Units and an approximate 17% reduction in attendances at ED among the 17-24 age cohort since the campaign was launched in 2011-12.

We will continuously evaluate all communications campaigns against the objectives set at the start of the campaign and, alongside this, new research was commissioned at the end of the Choose Well annual campaign in March 2017 as part of the Wales Omnibus Survey.

A report highlighting detailed findings is due to be published in summer 2017 on the Welsh Government Social Research (GSR) web page. In line with the GSR protocol, figures can only be used internally until publication. However, initial findings were positive and we will

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use the same questions at the end of the next campaign to measure progress. The findings will also be used to shape the campaign for next year. Planning is underway and will engage and involve stakeholders with complimentary winter campaigns including Age Cymru (Spread the Warmth) and Public Health Wales (Beat Flu).

The findings and emerging plans for next winter for *Choose Well* will also be presented at a forthcoming National Programme for Unscheduled Care (NPUC) steering group meeting for consideration on how messaging can be developed further for next winter.

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

The £50 million was distributed to health boards in Wales as detailed in the table below, to help maintain an improved performance trajectory over the winter period. However, to ensure that the funding was only used to deliver performance improvements, £5.1 million was clawed back from Abertawe Bro Morgannwg University Health Board at the year end as they did not deliver against their agreed plans.

Local Health Board	Fairshare split (£m)
ABM UHB	9.33
Aneurin Bevan UHB	9.97
Betsi Cadwaladr UHB	11.09
Cardiff and Vale UHB	7.50
Cwm Taf UHB	5.80
Hywel Dda UHB	6.31
All Wales	**50.00**

Over the winter period, RTT performance was generally better than it was when compared to the previous year:

- end of March 2017 26 week performance was 88% which is 1.2 percentage points higher than March 2016;
- 36 week numbers were 28% fewer than March 2016 and the best they had been since March 2014; and
- diagnostic eight week waits were the fewest they have been for six years; and
- cancer 62 day performance was the best it had been since November 2014.

On postponed procedures, there were 564 (4%) fewer postponements on the day or day before a planned procedure over winter 2016-17 than the previous winter, with the proportion of patients who had their procedure postponed due to a lack of a bed, either on the day or day before, 965 (38%) lower than winter 2015-16.

Ambulance responsiveness, patient handover and performance against four and twelve hour standards was generally better than during winter 2015-16 despite, at times, record levels of demand. For example, the ambulance service responded to 77.9% of Red calls within 8 minutes (12.2% better than March 2016), performance against the 4 hour target improved by 4.4%, 12 hours reduced by 27% and ambulance handover delays reduced by 45%. I continue to expect more resilience and an improvement in performance on outcomes.

Feedback to the Committee from the Royal College of Physicians (RCP) and Royal College of Emergency Medicine (RCEM).

In February 2017, the NPUC commissioned a review of the resilience of health and social care services over winter 2016-17 which has now concluded and a report will be published shortly to inform planning for next winter.

Both the RCP and RCEM helpfully contributed to the review with the RCP response suggesting many members felt lessons had been learnt while being clear there was work to be done to support improved resilience for next winter. The College was also clear that clinicians should be involved at an early stage in the planning process. As you will recall, the RCEM is a member of the Unscheduled Care Programme Board.

Similarly, the RCEM felt that concerted efforts had been made to improve winter resilience in recent years, although services remained under pressure, identifying a number of areas for improvement. The review considered this evidence alongside feedback from other professional bodies, staff, patients and system leaders in developing the report and recommendations to support whole system improvement. The Deputy Chief Executive for NHS Wales wrote to Local Health Boards in April with emerging findings to ensure time is not lost in preparing for next winter.

The intention is for the report to be published in July 2017 and I will share a copy with the Committee upon publication.

I would expect this important work to support organisations in their planning arrangements, ensuring lessons are learnt and that appropriate action is taken to ensure we continue to build on the progress made in recent years and further increase resilience on a sustainable basis.

Yours sincerely

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

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

Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT
BY
THE WELSH GOVERNMENT

TITLE **Health Education and Improvement Wales Transition Update**

DATE **6 July 2017**

BY **Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport**

In 2014, the Welsh Government commissioned a review of investment in health professional education and workforce development. That review was led by Mel Evans who subsequently published a report in 2015 which made a number of recommendations – one of which was to establish a single body for the commissioning, planning, and development of education and training for the NHS workforce in Wales. Mark Drakeford, AM, the then Minister for Health and Social Services accepted that recommendation but determined further work was required to scope out detailed proposals for the new single body. Professor Robin Williams, CBE agreed to take this work forward. This report was published in November 2016. I confirmed the new organisation would be established by April 2018.

The reports which informed this work – the Evans and Williams Reports – considered a wide range of activity associated with the workforce planning and resourcing agenda. While there are a number of organisations across Wales which are involved in the current arrangements, there are two main organisations - NHS Wales' Workforce, Education and Development Services (WEDS) and the Deanery within Cardiff University which undertake a large proportion of the work that the new body will be expected to take forward. The move to a single organisation will create opportunities to build on the strengths of both the Deanery and WEDS, whilst learning from elsewhere. The approach will:

- Simplify and streamline structures and processes to strengthen collaboration across agencies, ensuring efficiency and cost-effectiveness;
- Develop a coherent and focused organisational approach that can drive forward all-Wales approaches;
- Remove artificial barriers – structurally and financially; and
- Optimise the value of the investment made in health education and training in Wales

Over the past six months, the Welsh Government has been working with the key organisations involved, as well as the wider sector, to scope out the new body and the details of how it will operate. I am now able to update Members on the decisions I have taken to date as a consequence of these ongoing discussions.

Firstly, to reflect the role of the new organisation I have decided it will be called Health Education and Improvement Wales (HEIW).

There remains much work to be done between now and April 2018, but I am confident, with the commitment of partners, HEIW will be in a position to make a positive impact in Wales from next year and to play its part in delivering better outcomes for patients.

Functions and remit

In his report, Robin Williams set out a minimum set of functions for the new body. These were:

- strategic workforce planning – providing clarity about how national and local processes will work together;
- education commissioning – for all aspects of the workforce, working with NHS organisations to ensure education and training resources at a national and local level are focused on strategic priorities – to include both undergraduate and post graduate education and training;
- organisational role design – identifying roles required within the NHS to address changes in workforce models and changes in delivery of care; and
- NHS Careers – working with key organisations to ensure promotion of the full range of NHS careers.

In addition, I can confirm HEIW will also be responsible for providing a strategic approach for the widening access agenda - to identify and implement a range of opportunities for individuals of all ages to access the appropriate programmes, whether academic or vocational to pursue an NHS career. HEIW will ensure mechanisms are in place to promote awareness of potential NHS careers, co-ordinated work experience programmes, apprenticeship opportunities and an increased number of flexible training routes.

To underpin this work, HEIW will require an enhanced workforce intelligence function which will build on the current workforce modelling capacity, currently available within WEDS.

I have agreed that these will be core functions of HEIW. However, I am persuaded that the bringing together of WEDS and the Deanery in to a new, strategic body is a unique opportunity to do more.

HEIW will provide leadership across a range of important areas. This will include setting the agenda in terms of senior level development ensuring our leaders, clinical and non-clinical, of the future are identified and supported to ensure they have the skills, knowledge and experience to address the challenges they will face as part of a Team Wales approach to delivering a sustainable health care system within Wales. This will mean working collaboratively with others for example Academi Wales to reimagine the offer we make across Wales through our NHS Graduate Programme.

Some individuals have suggested HEIW could take up wider responsibilities for the ongoing development of health care professionals, perhaps even leading a national approach to continuous professional development. While I understand this proposal, it is important health boards lead on the development of their staff. HEIW will set national expectations for the professional development of staff, but the leadership of Continuing Professional Development for professional staff will remain with health boards and trusts. However I want to ensure HEIW has the capacity and capability to develop and deliver training.

The creation of HEIW will represent a new strategic approach to developing the Welsh health workforce for now and for the future. It will, of course, need the right resources to be successful. For example, that means bringing together within HEIW the funds we use to support the placement of medical and dental undergraduates (SIFT) and the bursaries we offer to those in training, such as student nurses. It will also mean drawing together in HEIW those who are currently undertaking similar functions in other bodies. For example, work is currently underway to consider whether elements of the Welsh Centre for Pharmacy Professional Education (WCPPE), Welsh Postgraduate Education Centre for Optometry (WOPEC) and the NHS Liaison Unit should sit within HEIW under the new arrangements. . In addition, the creation of HEIW provides us with an opportunity to co-ordinate our pan-Wales work on improvement in health services, and I will expect the new organisation to work with 1,000 Lives Improvement and NHS Wales organisations to bring a more strategic focus to work in improvement.

HEIW will provide professional advice to the Welsh Government on issues related to its functions.

Finally, I will expect HEIW to work closely with Social Care Wales in relevant areas of its work to develop an integrated view of workforce needs now and in the future across both health and social care. This will include continuing support and development of shared career opportunities for workers across both sectors.

Governance

The Welsh Government will establish HEIW as a Special Health Authority using powers set out in the National Health Services (Wales) Act 2006. I will bring forward legislation to achieve this in two stages, beginning with an order and regulations over the coming months to allow us to proceed with the recruitment of the independent board that will oversee the work of HEIW.

The Welsh Government will begin the recruitment process for the Board members and for the new Chief Executive in the autumn. This will allow governance arrangements to be established in advance of the new organisation beginning its work.

Given the importance of these changes, and the timescales ahead, I have decided to appoint Dr Chris Jones as the interim Chair from 1 October, to guide the transition to HEIW, subject to the will of the National Assembly in relation to the legislation necessary for HEIW's establishment. Chris' appointment will ensure that HEIW has clear leadership as it is developed. He brings with him a wealth of experience, not least from his successful role as Chair of Cwm Taf University Health Board, which will come to an end at the end of September. Between now and the formal creation of HEIW, Chris will sit as a member of the Programme Board that is managing the transition, chaired by the Welsh Government's Director of Workforce and Organisational Development in the department of health and social services. As a member of that board, Chris will sit alongside members with a range of expertise, including representatives of Chief Executives of NHS Wales and the employers of the affected organisations.

The appointment of Chris reflects the importance I place on the year ahead as we establish HEIW and its place within the NHS in Wales. Chris' experience within the NHS will be key to this latter point, shaping the new relationships between HEIW and the boards and trusts of NHS Wales. HEIW will of course need longer-term leadership. I will therefore undertake a full public appointments process to ensure the appointment of a permanent Chair prior to the end of September 2018.

People

My top priority over the period ahead will be for the Welsh Government to work with the staff affected by the transition to HEIW to ensure that any changes are understood and handled sensitively. However, there will be changes for some and I want to ensure those changes are done *with* staff, not *to* them. Of course, staff can be reassured by the protections offered through the Transfer of Undertakings (Protection of Employment) Regulations and we will work with them and their trade unions throughout the process.

One of the most important such changes will be where people work. I am committed to HEIW becoming a truly Wales-wide organisation, working with education providers and the health sector across the country. However, I am also aware of the current locations of the staff that will be brought together to create HEIW - most are in Cardiff or Nantgarw. These staff will be critical as we shape the new organisation and therefore I have decided that the main location for HEIW should be within the south-east Wales footprint. I will announce the location in the autumn of this year.

Part of NHS Wales

The new organisation will be a new body in the NHS Wales family, playing its role alongside health boards and trusts on the NHS Wales Executive Team. The staff will be NHS employees and where possible all systems and processes will be those of NHS Wales. HEIW will utilise the significant success of the Shared Services approach alongside the rest of NHS Wales.

HEIW, working alongside other health bodies in Wales, can deliver a step change in our support for professionals. By removing artificial barriers, HEIW can take further the culture of collaboration across the health sector in Wales, ensuring the priority for all our work remains the well-being of patients.

The transition, of course, cannot be allowed to disrupt the excellent work being done across Wales to recruit, train and develop our professionals. I will expect no decrease in the strong results achieved this year.

Consultation

I believe this statement takes us a significant stage forward in the transition towards HEIW. However, there remains much to do and to consider between now and April 2018. The creation of the new organisation will only be a success if the sector works together to deliver it. I am pleased that a programme board with membership from across the sector is overseeing the transition, supported by dedicated workstreams that bring expertise together to tackle important areas such as organisational development, governance and finance. These arrangements, alongside the important stakeholder events being put together by my officials, should ensure people know what is happening and how to contribute to the process.

In line with the recommendation from the recent Medical Recruitment Report by the Health, Social Care and Sport Committee, I will publish an action plan and timeline for the creation of HEIW in September this year. I will then issue a consultation later this year on our detailed proposals for HEIW.

Contacts

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