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Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/P/VG/2319/18

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
Cardiff Bay
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10 July 2018

Dear Dai,

Thank you for your letter of 30 May 2018 seeking assurance and information in regard to winter preparedness for 2018/19. Please find my response to each of the points you raise below:

An update on the Committee's recommendations contained in its report published in December 2016.

Please refer to Annex A.

What further steps the Welsh Government has taken to alleviate pressures on the Welsh NHS and social services during the busy winter periods.

It should be recognised that health and social care organisations in Wales have already started their planning for winter 2018/19 and the Welsh Government continues to support them through a range of mechanisms, including our national seasonal planning meetings to inform the development of their seasonal plans, which include preparedness for the next winter period.

The most recent national winter resilience engagement event was held on 1 May 2018 and was attended by over 90 delegates from across the health and social care community. The event offered an opportunity for all local healthcare systems to reflect on winter 17/18; what went well; what did not work; and to identify the emerging priorities for winter 18/19. Workshops were also held on better management of Health Care Professional (HCP) ambulance referrals, management of risk across the system, discharge planning, better matching of capacity with demand and primary care out of hours services.

Members will also be aware that I made a commitment to evaluate winter 2017/18. Simon Dean, Deputy Chief Executive NHS Wales and chair of the National Programme for Unscheduled Care (NPUC) Board, subsequently sponsored a review. This review involved

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

engaging with a wide range of stakeholders including local health boards, local authorities and WAST, and took into account the collaborative views of key partners at the above event to share learning and to support the identification of the key priorities ahead of the forthcoming winter.

A report evaluating the winter 2017/18 period was submitted to the NPUC Board on 21 June and will be published in due course. The report and its findings have already been shared across the health and social care community to inform their early planning and the Welsh Government will continue to work with the services to take forward the learning and deliver sustainable improvements.

Our primary care fund and integrated care fund have continued to invest in new and better ways of meeting people's health and wellbeing needs through an integrated and collaborative approach including urgent and unplanned care needs where these could not have been prevented.

The Welsh Government published 'A Healthier Wales: our Plan for Health and Social Care' on 11 June with the focus on delivering seamless care and support on a 24/7 basis to prevent unplanned health and wellbeing needs and where these needs do arise, to meet them in the right way, at the right time and as close to home as possible.

Clusters and Regional Partnership Boards continue to mature as mechanisms to enable collaborative service planning and delivery by health boards, local authorities and third and independent service providers. The potential of the national transformational model for primary and community care continues to evolve and I attach the latest description of its components for the Committee's information at Annex B. This model underpins the 5 priorities which will shape the 2018-19 integrated winter delivery plans.

As part of the General Medical Services (GMS) contract negotiations for 2018/19, it was agreed that the Quality and Outcomes Framework (QOF) would be relaxed for a full year to alleviate workload pressures in General Practice. This move has been welcomed by the GP profession and provides particular benefits during the winter period. Whilst much of the work in QOF continues to take place, the pressure of returning information at set times has been removed. Work is underway to consider the future mechanism for driving quality improvement in General Practice.

Furthermore, the last period of winter pressures highlighted the importance of robust communication between primary and secondary care. A recent Welsh Health Circular (WHC 2018 014 - All Wales Communication Standards between Primary and Secondary Care) set out a number of communication standards to improve the interface and avoid duplication of activities between primary and secondary care. This is important for colleagues working in the health and social care system, but is critical for patients to ensure they are seen in the right place by the right professional. These standards were developed with a view to reducing those issues which arise when the service is under the most pressure.

In addition, £50 million ICF funding has been awarded for 2018/19 to continue to support a wide range of existing initiatives which prevent unnecessary hospital admission, inappropriate admission to residential care, delayed discharges from hospital and, ultimately, to support the integration of health, social care and housing.

Taking Wales Forward includes a commitment to retain ICF and we are continuing to work with regional partners to identify the future objectives and priorities for this fund.

Regional partnership boards will ensure partners effectively utilise budgets and funding streams, including ICF and the Primary Care Fund, so that spending is co-ordinated to bring about maximum benefits to citizens in response to the population assessment required by the Act.

Planning for winter 2018/19 - Next Steps

- July 2018 - The Welsh Government will issue national guidance to reflect the findings of the winter evaluation, and to support planning for winter 2018/19.
- July / August - Welsh Government and the NPUC Team to establish a clear evaluation process to support local delivery and the process for monitoring progress.
- August - NHS Wales and Local Authority leaders to attend a workshop to discuss their winter plans against the agreed priorities for 2018/19.
- End of August - NHS Wales and local authorities to submit integrated winter delivery plans to Welsh Government as part of the assurance process.
- Welsh Government to hold integrated winter resilience summit meetings with health boards, local authorities and WAST in the autumn to help track winter resilience plan development.
- 14 September - Welsh Government, the National Programme for Unscheduled Care Team and the NHS Wales Delivery Unit to provide feedback to organisations on their plans.
- 28 September - Final Winter Delivery Plans to be submitted to Welsh Government - although it should be noted that winter plans will be ‘live’ plans and will be subject to review based on any changes in local demand.
- September/October – NHS Wales and Local Authorities to attend a national winter resilience event in readiness for winter.
- Mid December - Welsh Government to hold integrated calls with LHBs and Local Authorities to assess joint planning and implementation.
- Mid January 2019 - Welsh Government to hold follow-up ‘integrated’ calls with LHBs and Local Authorities.
- April – The NPUC Board to commission a review of winter 2018/19 to be undertaken by Welsh Government and the NPUC Team in collaboration with key partners, including professional bodies.

Whilst not specifically for this winter, the Committee may be aware that Welsh Government recently announced that the capital element of the Integrated Care Fund has been increased from £10m a year to £105m over three years to help deliver more joined up care closer to home and help build homes to support people to live independently in their own communities. This is aimed at creating more large-scale housing which integrates social care as well as other innovative approaches. This capital funding is in addition to the £50m revenue element of the Fund announced in April this year. The fund will support the aims of ‘A Healthier Wales’, which recognises the significant role appropriate housing can play in moving health and social services closer to communities.

Appropriate housing can support people to maintain their independence and can provide the right environment for people leaving hospital - reducing delays in discharging patients. It can also support older people, people with dementia or learning disabilities, or complex needs, and enable social services to provide them with more effective care. All of this can help the NHS and social services operate more effectively.

The Impact of specific Welsh Government initiatives, such as the additional funding for health boards to reduce referral to treatment waiting times and the impact of this in handling winter pressures.

For 2017/18, the Welsh Government invested heavily to support health and social care services to deliver safe and professional services over the winter and beyond. This included:

- nearly £43m for 2017/18 via the Primary Care Fund to support primary care services deliver more local health services at or close to home, intervening early to avoid problems that may lead to unplanned admission to hospital.

- £60m through the Integrated Care Fund (ICF) for 2017/18 to help provide care and support closer to home and prevent unnecessary hospital admissions, as well as tackle delayed transfers of care (DToC) – supporting patient flow across the system.

- an additional £19 million of recurrent funding to help manage the impact of the increase to the National Living Wage (NLW) to improve workforce conditions and build increased stability and resilience into the home care sector.

- in August 2017, the Welsh Government also provided an additional £50 million for NHS Wales for winter pressures to help balance the delivery of elective and emergency work and improve waiting times by the end of March 2018, to reduce the number of patients waiting over 36 weeks, those waiting over 8 weeks for diagnostics and those waiting over 14 weeks for therapy services in particular. This investment enabled LHBs to increase internal resource capacity (including bringing in external independent providers), and outsource patients to alternative providers in Wales and in NHS England to reduce patient waits for surgery.

  As a consequence, March 2018 RTT, diagnostic and therapy waiting times figures show a 2% improvement on the all-Wales 36 week waits, a 69% improvement in diagnostic eight week waits and a 90% improvement in therapy 14 week waits compared to March 2017.

  Despite the in-year improvement, three LHBs did not meet their commitments given when the £50m was made available. These were Abertawe Bro Morgannwg, Aneurin Bevan and Betsi Cadwaladr. Consequently, these LHBs did not receive the full allocated amounts (£7.4 million, £2.9 million and £3.13 million respectively), a total of £13.43 million.

- nearly £700,000 was provided to the Welsh Ambulance Service to increase the number of clinicians in their contact centres from 18 to 30. This increased their capacity to safely treat patients over the telephone or to divert them to other services, resulting in a substantial reduction (around 10%) of unnecessary ambulance journeys to hospital.

- In recognition of some significant increases in demand, in early January I agreed an additional £10m to support frontline services in taking immediate action to improve patient care. Each LHB area was required to develop a short outline plan with details of where their allocations were to be targeted and the NPUC team worked with the services

to identify how the additional money was spent, in addition to exploring the impact that spend had in delivering improvements and value for money. To support this process the team developed a standard template for the services to provide information.

The information provided identified 159 separate initiatives, focusing mainly on secondary care and resources that enhanced existing services. Examples of how this funding was used included:

- Cwm Taf extended GP Practice opening hours on weekends to support the Out of Hours Service;
- Hywel Dda increased therapy, social worker and consultant resources to support weekend discharges; and
- Cardiff & Vale commissioned additional rehabilitation beds to support patients with their ongoing care needs.

Learning from this evaluation will be used to inform future planning processes and practices in terms of both winter resilience and the overarching IMTPs.

- On 13 February, I also announced an additional £10 million to local authorities to address their most immediate priorities which had been identified following discussions with the WLGA and ADSS Cymru. The additional resource was targeted towards the provision of domiciliary care packages; care and repair services to enable quicker discharge from hospital and maintain independence at home; and for short-term and step down residential care. We are collating information from local authorities on the number of packages, services and short term care places used but the early indications are that this was successful in enabling more people to continue to remain in their own home, the avoidance of hospital and care home admissions and facilitating discharges from hospital.

“My A&E Live”:

In conjunction with the NHS, the Welsh Government developed a web-based ‘My A&E live’ tool which provided the public with information regarding the time they might typically expect to wait for diagnosis, treatment, discharge and other useful information on their local A&E department and Minor Injury Units. Its chief aim was to ‘help’ users to choose well by accessing symptom checkers and making the right choices about the service to access based on their need.

The tool went live in November 2017 and an early evaluation has been undertaken by Public Health Wales. The concept of the tool was well received and nearly 80% of those who responded stated that they would use the website in future. A number of people identified some difficulties using the website and would feel more comfortable using ‘apps’ on a smartphone. The evaluation is being considered and plans to improve the tool are being developed.

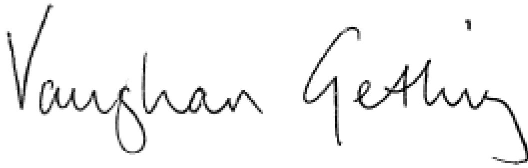
In addition to the above and given the pressures experienced in 2017/18, which included some significant spikes in demand, some of which was above that which could have been anticipated, the need to enhance operational grip and empower clinically focused hospital management to strengthen resilience and manage risk effectively has been identified as a priority for 2018/19.

The focus must be on collaborative working and early actions when under escalation across the system to enable pressure to be mitigated quickly and support flow. Some health boards and their partners introduced local time-focused interventions or initiatives such as ‘Breaking the Cycle’ immediately following the Christmas holiday period in particular.

'Breaking the Cycle' involves focusing on actions which make the most impact; implementing the Bronze, Silver and Gold escalation format; the postponement of most non-urgent meetings; increasing executive, management and clinical input to the patient pathway; a multi-disciplinary approach including community and social care; and developing clear goals and taking a whole system approach ensuring that patient flow is everyone's business.

Organisations have reviewed the implementation of their successful interventions over the winter period including stronger joint working, timely decision-making and strengthened clinical support during periods of high escalation and pressure. Organisations will be expected to take account of the lessons learnt and use that learning to strengthen the way they can respond to similar pressures in the future and improve patient experience and outcomes.

Yours sincerely,



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Cabinet Secretary for Health and Social Services

Annex A

Welsh Government Update on recommendations made in Health, Social Care and Sport Committee: Inquiry into Winter Preparedness 2016/17 Report in December 2016 (excluding those which were rejected).

Recommendation 1. The Cabinet Secretary and Minister should, as a matter of priority, focus their attention on the greater integration of the health and social care sectors, both in the planning and delivery of services. The NHS, social care and independent sectors must be key players in this work.

The Welsh Government has already provided for the establishment of statutory regional partnership boards under the Social Services and Well-Being (Wales) Act 2014 as one of a series of actions being taken to deliver integrated health and social care. These boards bring together health, social services, the third sector and other partners to improve the outcomes and well-being of people. Partners are required to assess the care and support needs of their population and produce a plan with a view to improving the efficiency and effectiveness of service delivery.

The Welsh Government has specified that regional partnership boards must prioritise the integration of services in various areas, including older people with complex needs, and we continue to support their implementation.

Regional partnership boards have oversight of the Integrated Care Fund that was established to develop new and innovative models of integrated working. £50 million in revenue funding and £30 million in capital has been set aside in 2018-19 and the Programme for Government includes a commitment to continue this important fund.

Regional partnership boards were required to establish pooled budgets in relation to the provision of care home accommodation for adults from April 2018. These pooled budgets will support integrated commissioning, allowing local authorities and health boards to focus on improved quality as well securing better value for money.

The Well-being of Future Generations Act sets a new expectation of integrated planning based on population needs, going beyond the traditional health boundaries, into areas such as housing and education. When both health boards and local authorities assess care and support needs, including the support needs of carers, they must also identify:

- the extent to which those needs are not being met;
- the range and level of services required to meet those needs;
- the range and level of services needed to deliver the preventative services required in the Act; and
- how these services will be delivered through the medium of Welsh.

To achieve this, NHS organisations need to continue to develop and strengthen relationships with key partners, third sector, social services and others involved in the provision of high quality care for patients.

Integrated Medium Term Plans (IMTPs) from NHS health boards and trusts are key mechanisms for driving integration of health and care services in Wales. Our planning arrangements provide a significant focus and scrutiny process to ensure plans are in place to deliver services locally and collectively for patients in Wales. Health boards are expected to routinely engage with social care and independent sectors as part of the development of their IMTPs. Where organisations are unable to achieve an approved IMTP, they provide annual operational plans to support early improvements across their organisations including this engagement.

The Welsh Government published 'A Healthier Wales: our Plan for Health and Social Care' on 11 June and also underpinning this plan is the national transformational model for primary and community care. The Plan outlines the model for delivering seamless care and support on a 24/7 basis to prevent unplanned health and wellbeing needs and where these needs do arise, to meet them in the right way, at the right time at or as close to home as possible. Clusters and regional partnership boards continue to mature as mechanisms to enable collaborative service planning and delivery by health boards, local authorities and third and independent service providers.

Recommendation 2. The Cabinet Secretary should explore the options for enabling more effective working arrangements between GPs and pharmacists to minimise competition in delivering national prevention initiatives such as the influenza vaccination.

In July 2017, BMA Cymru Wales' GP committee (GPC Wales) and Community Pharmacy Wales (CPW) signed an agreement to encourage collaborative working, designed to improve the uptake of the NHS influenza vaccination.

The 'Memorandum of Understanding', has been developed to improve the uptake of qualifying patients accessing existing NHS flu vaccination services and to encourage a collaborative approach, whereby GPs and pharmacists work together to ensure all those eligible for the flu vaccination can access it, whilst at the same time taking pressure off GP practices.

Uptake of NHS flu vaccination at pharmacies last season increased by 34%, to just over 36,000 vaccinations. This builds on increases seen in previous seasons. Uptake will continue to be monitored in future years to ensure improved accessibility for at risk individuals.

Health boards have been asked to ensure that Patient Group Directions are issued promptly this summer to enable community pharmacists to offer NHS flu vaccinations as early as possible in the season.

From 2018-19, all staff working in adult residential care and nursing homes in Wales will be eligible for free flu vaccinations at no cost to themselves or their employer at community pharmacies offering the NHS influenza vaccination service. In deciding to offer vaccinations through pharmacies, I was mindful of not adding to the burden of GPs during the winter period.

Until now, responsibility for offering flu vaccine to social care staff has rested with individual employers. Despite having high flu vaccination rates in residents, flu can spread easily within care homes and can be passed from staff to residents when the staff member has mild or even no symptoms. Vaccination of staff has been shown to be effective in reducing the spread of disease and patient mortality in care home settings. It can also help to ensure business continuity by reducing flu related staff illness and the need to provide locum cover.

Funding for the programme will made available through the existing community pharmacy contract which has recently been re-purposed to support additional service commissioning. New funding amounting to £112,800 will be allocated to cover the cost of procuring the required vaccine.

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.

We can confirm that social research was undertaken via the Beaufort Omnibus, which is a well established independent research organisation with expertise in conducting market and social research and has a wealth of experience in providing high quality social research to the public sector. Their research was based on 1,000 interviews with adults aged 16+ in Wales to measure awareness and impact of the communication campaign. There are also a number of existing sources of evaluation that will be used to measure the success of the campaign in delivering intended outcomes. These are:-

- Media – the level of media coverage including stakeholder publications and specialist media;
- Online and social media – number of website hits / visits and download of material and interaction on Twitter; and
- Partner channels – take up by partners and their sharing of campaign messages and latest information via their owned channels including social media.

An evaluation was undertaken in March 2018 and provided insight into the 'Choose Well' communications campaign. It can be seen from the service choice data that there is still further work to be done in terms of ensuring the public choose the correct service for their needs. As the data is broken down by ailment, it advised that future campaigns on which ailments to focus on, for example although people with toothache seem to know to go to the dentist, people are less informed about the correct services for a sick child and therefore this could be targeted. The research showed that the campaign had some impact on positive service choices and the learning from this evaluation will be taken forward and incorporated into future all-year planning, including the campaign for next winter.

Additional behaviour changes information has also been shared with our Communications team from Optometry Wales and Dental Public Health, Cardiff and

Vale University Health Board which will be used to inform our campaign and winter resilience planning for 2018/19.

The NHS Wales communications hub has had a look-back session on communications activity for the 2017-18 campaign and has agreed to hold a workshop in July or August where they will use the research and behaviour change analysis to plan communications to support winter planning in the year ahead.

This will be incorporated into the Choose Well/winter resilience communications plan that will be developed during the summer.

Recommendation 7. The Cabinet Secretary and Minister should give consideration, as a matter of urgency, to the need for improved training, skills development and supervision across the health and social care sector. This should have an increased emphasis on joint working across these sectors.

The Care Council for Wales is funded by Welsh Government to promote and maintain high standards in the training of social care workers and as such, it has an important role in the development and quality assurance of training and qualifications for social care workers. It is collaborating closely with Qualifications Wales and other stakeholders in taking forward the development of a suite of new qualifications for workers in health and social care to be implemented in 2019. A suite of new health and social care qualifications, to provide a comprehensive package of continuing education and learning that enables social care workers to progress through their careers. Social Care Wales will also lead on the development of a marketing, recruitment and retention campaign to publicise a positive image of social care work.

The Care Council became Social Care Wales in April 2017 and will use a powerful combination of functions to strengthen services and the workforce that provides them. One of its first tasks will be to prepare for the extension of workforce registration to domiciliary care workers in 2020. This will involve supporting the workforce to achieve the relevant qualification level using the substantial workforce development grant funding made available by the Welsh Government to the sector.

The Welsh Government provides an £8m annual grant to the social care sector to support training and development. The grant is made available in response to regional training and development plans formulated by regional workforce partnerships. The regional partnerships provide a collaborative approach to workforce development across local authorities and the independent sector.

A skills and career development framework for clinical healthcare support workers has been developed for the NHS. The purpose of this Framework is to provide a governance mechanism to inform the skills and career development of the clinical Healthcare Support Worker (HCSW) workforce in NHS Wales. This resource will apply to those HCSWs in Nursing, Midwifery and Allied Health Professional (AHP) roles. It will support the current and future role development through the provision of standardisation of the scope of their roles and the development of educational pathways with the underpinning knowledge and skills to practice safely. This framework will support HCSW careers and increase the professionalisation of this core workforce, building on the high quality service already delivered to individuals.

The integration of this framework with the framework being used for social care staff is being considered.

A similar learning and development framework for Occupational Therapists (OTs) in Social Care has been designed to align with all the other existing frameworks, including the new NHS Allied Health Professional (AHP) framework, “Modernising Allied Health Professional Careers in Wales”, the Career Pathway and Continuing Professional Education and Learning (CPEL) framework for social workers and the forthcoming general career framework being developed by the Royal College of Occupational Therapists. The framework was a co-produced document led by the former Chief Therapies Adviser for Wales, Alison Strode, in consultation with key stakeholders, including the Royal College of Occupational Therapists, the Association of Directors of Social Services Cymru (ADSS Cymru) and Social Care Wales (SCW). The framework will provide a useful tool for employers to see how the skills of the OT workforce can be best utilised to meet their specific needs, particularly as we develop a flexible workforce across a more integrated health and social care system.

A number of guidance documents have been issued to facilitate joint working and training between health and social care staff to benefit patients and clients. These include third party delegation guidance and endoscopy feeding guidance.

Health boards have established care home Matron forums to support the learning and development of this sector. Many health boards have also given open invitations to care home staff to access the health boards’ internal training programmes.

The Welsh Government has introduced two sets of regulations under the Regulation and Inspection of Social Care (Wales) Act 2016, that sought to curb the potential for the misuse of non-guaranteed hours contracts in domiciliary care. The first regulations placed a requirement on domiciliary care service providers to publish details of their staff’s contractual arrangements (including non-guaranteed hour contracts) within their public annual reports. However, the Welsh Government recognised that requiring transparency did not guarantee a change of behaviour in itself and that some employers might continue to use such contracts in ways detrimental to their staff. As a result, we developed a further set of regulations that placed a requirement on employers to offer their staff a choice of contract (fixed hours or the continuation of a zero hours contract) after a three month period of employment. This regulation responded to calls from stakeholders, including some workers, to retain the flexibility that such contracts can offer, but sought to make them an option rather than the norm.

These sets of regulations came into effect in April 2018. We expect the first set of annual returns to be completed by providers who are registered in 2018-19 by the end of May 2019. We propose to review the impact of the legislation in due course to see whether the proposals have delivered the objectives that we had set for them and examine the new annual reports to understand the level to which zero hours contracts are used by domiciliary care providers.

Recommendation 8. The Minister should make and publish arrangements for the structured sharing of good practice in relation to successful schemes being delivered via the Intermediate Care Fund.

The Welsh Government has, through a series of specific events, sought to ensure that regions have an opportunity to share best practice in relation to schemes being delivered via the Integrated Care Fund (ICF). There has also been more informal sharing of information and good practice directly between regions and by officials in the Welsh Government. While we do not accept the need to formally publish arrangements, we will continue to facilitate a culture of sharing best practice via the forthcoming revised guidance for regional partnership boards to support the delivery of ICF and through further national events.

The Auditor General for Wales is in the process of undertaking a review of the ICF. The review will consider whether the ICF is being used effectively to deliver sustainable services that achieve better outcomes for services users. A final national report setting out the key findings and recommendations across Wales will be published in January 2019.

To ensure the best use of resources and avoid duplication, the Minister has decided a proposed Welsh Government commissioned review of ICF will not take place until after Auditor General for Wales publishes his review. Any Welsh Government commissioned review will build upon and potentially further explore the findings of the WAO review.

In addition, a national repository of innovation learning and good practice from across Wales in new and better ways to provide the right care at the right time from the right source at or close to home was launched at the national primary care conference in November 2017.

The Committee will know that we are keen for our health and social care services to measure the impact of local and national initiatives or models of care and share good practices across Wales in a systematic way and, where appropriate, implement widely and scale up to support the needs of patients. Progress is being made and in addition to the above, the Emergency Ambulance Services Committee (EASC) has established a sub group to be known as the Planning, Development and Evaluation Group (PDEG).

The purpose of the PDEG was to initially advise and assure EASC on whether effective arrangements are in place to deliver EASC objectives and play a role in planning, development and evaluation. The evaluation element includes ensuring any proposed service changes or enabling 'products' are robustly evaluated and underpinned by credible research and development activities – with any learning and evidence shared. As part of our drive for sharing and spreading successful innovation and good practice, the remit of the group has been widened to support the national unscheduled care work in evaluating innovation in a standardised and consistent manner.

Recommendation 9. The Cabinet Secretary and Minister should make clear the position about the long-term funding for successful schemes under the

Intermediate Care Fund. They should also set out clearly how the additional investment in the Fund as part of the 2017-18 draft budget will be used, and what the expected impact will be.

Since it was established in 2014, the Integrated Care Fund has been used to develop new and innovative models of integrated working between social services, health, housing, the third and independent sectors. This financial year £50 million has been awarded to continue to support a wide range of existing initiatives which prevent unnecessary hospital admission, inappropriate admission to residential care, and delayed discharges from hospital.

Taking Wales Forward includes a commitment to retain ICF. We are currently considering the future objectives and priorities for this fund and will ensure that this is made clear to regions in advance of the new financial year.

Regional partnership boards will continue to manage this important fund. They are also able to ensure partners effectively utilise budgets and funding streams, including ICF and the Primary Care Fund, so that spending is coordinated to bring about maximum benefits to citizens in response to the population assessment required by the Act.

The scope of the rebranded Integrated Care Fund was significantly expanded last year and now encompasses regional partnership board's priority areas for integration. These include services for older people, children with complex needs, people with learning disabilities and carers. In this way this important fund has become a delivery vehicle for the requirements of the Social Services and Well-being (Wales) Act

The Welsh Government will carefully consider the forthcoming findings of the review by the Auditor General for Wales of the ICF, including in relation to how effectively ICF projects are mainstreamed.

Annex B

Components of Transformational Model for Primary and Community Care (version as agreed by National Primary Care Board in March 2018)

A transformational programme of change to primary care and community services is underway to safeguard the health and wellbeing of the people of Wales, building on the excellent services currently provided by professionals across the country. The new model takes a whole system approach to redesign, driven by national quality standards but with flexibility to respond to local community needs (see diagram Appendix 1).

1. Principles of Primary and Community Care Transformational Model
The citizen is central to the new model, with inclusion of all ages and demographics. Access will ensure the right care is available at the right time from the right source, at or close to home. The model is founded on:

- Service developments based on population need, with planning and transformation led through local primary care clusters
- Promotion of healthy living and the demedicalisation of wellbeing
- A population focus as the basis for service planning and delivery across local communities
- A more preventative, pro-active and co-ordinated primary care system which includes general practice and community service provision through community resource teams (CRTs) or frailty services
- A whole system approach through the integration of health, local authority and voluntary sector services, facilitated by collaboration and consultation
- Holistic care for citizens that incorporates physical, mental, and emotional wellbeing, linked to healthy life style choices
- Integrated, streamlined care on 24/7 basis, focusing on the sickest patients during out of hours
- Greater community resilience through empowered citizens and access to a range of community assets
- Advice and support available to help people remain healthy, with easy access to local services for care when people need it
- Strong multi-professional leadership across sectors and agencies to drive quality improvement
- Technological solutions to improve access to information, advice & care and support self-care

2. Informed Public
A shared understanding of the case for change, setting out what good looks like and explaining the benefits, is critical to success. Cultural change requires information, education, motivation and inspiration of the public to empower people to take ownership of their health. Communication strategies require a strong primary and community care focus to inform both public and professionals of the new models and service developments. Cultural differences between geographical areas may require different approaches to change behaviour. Involving children and young people in understanding the importance of self-responsibility is a key enabler for future change. Healthcare professionals use brief interventions and approaches including

making every contact count (MECC) to make an impact on lifestyle behaviours and choices

3. Empowered Citizens
Including people in the design of their local services, using feedback on user experiences and giving people active roles in the change process, all promote public empowerment. Local champions can share the value of primary and community care innovations through their own positive experiences. Motivational interviewing and coaching techniques have been found to be effective in supporting behaviour change. Patients and service users are encouraged to make informed choices together with their health and social care professionals.

4. Support for Self Care
People are assisted to take responsibility for their health by building their knowledge, skills and confidence. Self care and taking responsibility is key to transformational change, with active involvement of people and carers in decisions about their care, and a range of local resources available to promote self-care and self-referral. Smart technology assists with monitoring, self-care and communications.

5. Community Services
The model incorporates the ability for healthcare professionals in general practice to refer to a greater range of community services and pathways, with up-to-date information and advice on health and wellbeing. The model also includes non-clinical care and support in addition to clinical services. An increasing range of options for help and advice includes conversations with local health teams by phone, email or video call. Systems are designed to support decision-making and ensure there is access to the best professional or service when necessary. Community resources may be accessed through self-referral or by telephone triage acting as a social prescribing mechanism, with the use of Link Workers, Social Prescribers and technology to support signposting. It is essential that these local services are easily accessible, sustainable and meet the needs of the community.

6. Cluster Working
Employment of staff to work across clusters increases efficiency and ensures the local population has good access to clinical, social and managerial expertise. Cluster teams recruit professionals including pharmacists, physiotherapists, social workers, paramedics, physicians' associates, occupational therapists, mental health counsellors, dieticians, third sector workers and other local authority staff to increase capacity for managing the everyday needs of the local population.

General practice stability lies at the heart of the new model and is essential to ensure that local health services are sustainable and can respond to future demands. Local support from health boards helps to stabilise vulnerable GP practices and effective local workforce planning will ensure sustainability in the longer term.

Cluster teams are breaking down artificial barriers within local health and social care systems to promote integrated care around the needs of the local population. Integrated working and cultural change are facilitated by joint contracts, shared learning sessions, co-location of staff and opportunities for professionals to rotate between different sectors. The emergence of various models that promote

collaborative cluster working, such as Federations, Social Enterprises and the Primary Care Hub, are aligned to this integrated multi-professional approach.

6. Clinical Triage / Telephone First Systems in General Practice
Safe and effective call-handling and clinical triage systems at the front door of primary care are designed to direct people to the most appropriate professional / service, moving away from the current system in which the GP filters the majority of patient contacts. Telephone advice is appropriate for a significant proportion of people's requests and, if given by a suitably experienced professional, can safely and effectively reduce the number of face-to-face consultations. This telephone first model, incorporating call handling (or care navigation) and clinical triage, has the potential to direct or signpost people beyond the multi- professionals around the GP.

The telephone first / triage model is also about ensuring access to the right care from the right service in a timely way, directing people to:

- Clinical professionals integrated within the local multi-professional cluster team, including optometric and dental professionals to manage eye, tooth and oral health problems; community pharmacists to manage common ailments and medication-related problems and physiotherapists to manage musculoskeletal problems
- Non-clinical community services when appropriate, with referrals assisted by link workers or social prescribers who are integrated within the local multi professional team

111 and Out-of-Hours Care
The redesigned 111 Service ensures appropriate management of people with urgent needs in the out-of-hours period, with good communication systems to ensure that professional teams have access to contemporaneous clinical records. This is essential for seamless care across in- and out-of-hours, especially for patients with complex conditions and / or at the end of life.

111, supported by a national virtual directory of services, also acts as a social prescribing mechanism to signpost people 24/7 to local services and sources of help.

8. Direct access
People can directly access a range of local health services that include: community pharmacists for advice and treatment for a range of common ailments; optometrists for advice and treatment of routine and urgent eye problems; dentists for toothache and oral health; physiotherapists for musculoskeletal problems; audiologists for hearing problems. Some of these services may not be available yet everywhere but they are developing and transforming over time.

9. People with Complex Care Needs
As a result of effective triage and enhanced multidisciplinary cluster working, GPs and Advanced Practitioners have more time to proactively care for people with more complex needs at home or in the community - often the elderly with multiple co-morbidities. Significantly longer consultation times are required to assess, plan and coordinate anticipatory care.

People who present with both health and social care needs can be supported by seamless care from community resource teams, frailty or other integrated local health and care teams. Complex issues arising from welfare, housing and employment problems can be better managed through a whole system, multi-professional approach. The cluster team is also well placed to support care of the acutely ill within Virtual Wards and Community Hubs, working alongside specialist colleagues to care for those who would otherwise be admitted to hospital and risk losing their independence. Such community teams can also facilitate prompt discharge from hospital.

This holistic multidisciplinary model therefore offers a more proactive and preventative approach to care, with people managed earlier in their care pathways when they respond better to education and support for self-care. The result is better outcomes and experiences for people and carers.

The model has the potential for a wider range of planned care to be undertaken in the community, including outpatient appointments and treatments, and diagnostic tests. It could also reduce referrals to secondary care and unscheduled care admissions, allowing hospital staff to focus resources on the very sick and on planned specialist care.

10. Infrastructure to support Transformation

The Primary Care Transformational Model must be underpinned by an infrastructure that is fit for purpose and designed to facilitate enhanced MDT working. Local health facilities, informatics and telephony systems need to be flexible and responsive to future changes, supporting multi-professional working and telephone first/triage components. Digital options to seek and receive care need to become commonplace. Direct access to diagnostic services in the community by cluster clinicians is essential to the delivery of quality care closer to home.

11. Anticipated Outcomes

National and international research, taken alongside the evidence emerging from the Pacesetter Programme, indicates the potential benefits of the transformational model for primary and community care:

- Improved citizens’ health and wellbeing
- Greater community resilience
- Better practitioner morale, motivation and wellbeing
- Increased recruitment and retention of primary care and community staff
- Sustainable models of care

Annex B

Appendix 1