

Delivering *A Healthier Wales*: Opportunities and challenges for health and social care leaders

This paper has been developed by Practice Solutions Ltd through face-to-face discussion with colleagues in leadership roles across the health, social services and third sectors, to identify and explore the challenges facing organisations in implementing *A Healthier Wales*. Facilitating this discussion was an opportunity for Practice Solutions, as a provider of business services to these sectors, to learn of the challenges that can inform our work for current and future clients.

The paper identifies several key concerns shared across the health, social services and third sectors, which emerged through the discussion, and presents recommendations for successfully implementing the *A Healthier Wales* plan.

The Parliamentary Review of health and social care

A Healthier Wales, published in July 2018, is the Welsh Government's plan in response to the Parliamentary Review of the Long-Term Future of Health and Social Care. Its goal is for everyone in Wales to have longer, healthier and happier lives and remain active and independent in their own homes for as long as possible.

The approach is based on a "seamless whole system" approach, equitable for everyone in Wales. It has a set of core values and design principles and is backed up by a national Transformation Programme. The Programme has dedicated funding and a commitment to strengthen national leadership and direction, and faster decision making.

How do we implement the plan?

The myriad of challenges around population health – or poor and inequitable health in many cases - and the health and social care system are well documented. Overall, **the approach set out in *A Healthier Wales* is welcomed**. It is aspirational and the detail around implementation is lacking, and those present could recall similar documents and approaches over the last decade and beyond. That said, it is focused and has a clear set of priorities for action. Taken together with the detailed action which it is expected will flesh out the plan and a robust approach to monitoring, review and evaluation, there is the **prospect of a robust, transparent and accountable framework** for achieving and evidencing real change.

The **prime question about implementation is "how?"**. Some elements e.g. action to start the deployment of transformational funding, have emerged but there appear to be considerable gaps in knowledge and understanding among people in health, social care and the third sector. Effective communication around the approach and its implementation is vital. The plan relies on cultural and behavioural change inside and outside health and social care. The whole workforce is critical to achieving this. **The approach needs to be "brought to life" for staff at all levels**. They need to be engaged, involved and, importantly, supported to maximise their contribution to change and progress.

The same is true for the population and its sub-groups. The success of the approach relies on people taking more responsibility for their own health. For some, this means addressing and overcoming **the challenges of behavioural change, and the creation of new "norms"** in terms of healthy living and behaviours in communities. For people who use services now or who will need to use them in the future, how can they – and their families and friends – be helped to become "experts" or "informed users". How can they be better informed on help available and where to access it, to know their rights and what they should expect from service providers?

For the continued push to more **integrated services**, the workforce – individuals and teams – is critical to success. The focus on taking pressure off hospitals is understood but to some extent hides the need to focus on what people will need in future years to come, and action now to develop to meet the needs. **Conversation, involvement and engagement is the answer. It is not a clinical answer.** Experience of hospital service reconfiguration has shown the right conditions for change in communities must be created. Time and effort must be invested in each community to reach a point at which developments emerge to assist change.

Transferring change and good practice is critical but is not one of Wales' strengths (in any sector). So too is the finer detail of the approach. Some caution is needed against the notion that a development can simply be lifted from one area and dumped in another without the need for effective engagement and involvement of the public and/or workforce.

A fresh approach or more of the same?

There is a **tendency to keep reinventing the wheel**. Reviews and position reporting can, and should, play an important part in identifying what is currently in place and whether it can be adjusted or refined either to make the required changes in delivery and operation or to move quicker towards a transformational, perhaps radical, change. Good practice exists but doesn't seem to travel, either due to a lack of awareness or, for some reason, a reluctance to adopt it elsewhere.

We are facing a demographic explosion, and one in three young people are obese. Change is needed and is the core of the *A Healthier Wales* approach. **What is the trajectory of the change(s) needed? What is the current trajectory of change(s)?** Do they match or fit? If not, why and what more needs to be done to correct the path and/or pace?

At the public/user interface, there is a need to **prevent the "pillar to post" experience** where people are referred from one provider (or department within an organisation) to another. The goal, maximising the use of new technology, should be for the system to take over and respond whatever the first point of access.

A Healthier Wales places considerable reliance on existing carers and volunteers and more coming forward in future. In the past, one could see reasonable expectations about the support being available to people from the community and families. However, society and lifestyles are very different for young people growing up. So too are the pressures on young people. There is a **risk the approach and action stemming from it is seen as focusing too much on the older people/population**. What about young people? What about families in crisis/with needs? How can carers who work be supported. What more could employers do to help?

How can *A Healthier Wales* be used to **trigger a significantly greater demonstration of prevention in practice**, with marked improvements and/or expanded services and support to better address increasing needs and demands e.g. mental health and well-being, drug and alcohol addiction, to name but a few? Such conditions carry with them significant impacts on the lives of people and their families, their basic needs e.g. their ability to get or keep a home, ability to work, as well as increased use of, and dependency on, health and social care services. This is where **a whole system approach involving the NHS, social care, housing organisations and Third Sector providers will really come into its own**, with seamless services and support from needs identification through to addressing the needs. Further dialogue would be useful to help make this a reality across Wales.

A plan for managing crisis?

For some, the document **seems to reflect the management of a crisis** i.e. increasing costs of running the NHS, the pressures and increasing demands on its resources and its workforce. A common theme is delayed transfer of care, the importance of which is acknowledged. There are many other priorities e.g. children, family support, and support for independent living.

Implementing the approach has **considerable challenges for local authorities not just the NHS**. The need to do things differently in local authorities is acknowledged. Currently, there is a tendency for each to do something its own way. While this may produce “local solutions to local needs”, the result can be many ways of doing things including different systems and sometimes, varying interpretations of what should be done e.g. laws and regulations. This can work against the need for consistent, and consistently good, services available to people in all parts of Wales. Sometimes, a **more directive approach from the Welsh Government may be necessary**.

Opportunities to draw on experience

Encouragingly, the “whole system approach” is a lynchpin of the approach. The agenda is vast, and more detail would be beneficial to all who play a part or could play a part. **What is the “whole system”? What are the incentives for organisations to move to a whole system approach?** How can a whole system approach be described? It may vary depending on who services and providers are seeking to help and the nature of support needs. **Further work to clarify the whole system approach by drawing on experience in the field would be beneficial.**

Health is clearly a priority for public finances and rightly so. However, **the role in improving health and preventing ill health extends beyond the NHS**. With the right support and investment, local authorities particularly, but Third Sector organisations too, can all exert a positive influence on health, preventing ill-health or early intervention to overcome problems before they become more difficult (and costly) to treat. **The resources allocated to the NHS need to be used differently and more proactively**. Otherwise, there will always be firefighting of budget pressures and increasing demands.

The document acknowledges but **underplays the role of functions and organisations which sit outside health and social care e.g. housing, other local authority departments, third sector organisations**. This may stem from the short, sharp, style of the document. However, this must be fleshed out as a priority as others, including in some cases such as care homes, the private care, are part of any whole system approach. Success depends on their involvement in, and contributions to, the goal of *A Healthier Wales*. With the right environment and support, teams and organisations working together can bring about real change on local/locality basis.

Similarly, the document cites the “health and social care” workforce as a priority whereas **delivery and progress will be achieved by the “public sector and third sector workforce”**. There is also merit in fleshing out the workforce aspirations of the document and considering what currently in place can assist a “one workforce” approach. This **includes shared understanding of aims and joint ownership of objectives, joint learning and more career paths for those who want it**. These are enablers to effective intersectoral and interagency working.

The importance of the whole workforce and contributors outside the immediate health and social care sector but who play and will play a vital role in joined-up solutions cannot be over-emphasised. **Strengthening sectors should be part and parcel of implementing A Healthier Wales**. For example, if social care falls apart, the NHS will be in trouble. If the Third Sector falls apart, which is a risk, both the NHS and social care will be in trouble.

Conclusions and recommendations

A brief conversation about the implementation of *A Healthier Wales* generated several key messages which can assist its successful implementation. The messages are broad but relevant to all organisations and all parts of Wales. Building on this by way of region and/or locality-specific conversations will further assist national change and transformation. Over and above refining the broad needs for successful implementation, what specifically needs to be done locally and what could be done nationally on key themes can be identified and used to ensure progress and development.

Would you like a discussion around implementing “A Healthier Wales”?

Then please contact ceri@practicesolutions-ltd.co.uk

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