



**August 2016**

## **Health and Social Care in Wales**

The Health and Social Care system in Wales is facing a daunting set of challenges – constrained budgets alongside increasing cost pressures, an ageing population and an ageing workforce, and a system in which bringing about change is not only difficult, but takes time and resources. Wales is not unique in this, although some of the pressures are more pronounced in Wales than elsewhere.

The Welsh Government has set in train a programme of reform to address this. [The Prudent Healthcare agenda](#) is based around a set of ‘principles’, which include the key elements of a reform programme: changing the relationship between patient and provider through co-production; reducing unwarranted variation; eliminating waste and unnecessary treatment; and focusing resources on those with the greatest need.

Alongside Prudent Healthcare, there are two recent pieces of legislation, the [Social Services and Well-being Act](#) and the [Wellbeing of Future Generations Act](#), that are intended to encourage Health Boards to work with local government, and other public and third sector bodies to map need in their local area, and work together to develop services which reflect this.

We are working with the Health Foundation, Wales Public Services 2025, and the Wales Institute for Health and Social Care to model demand pressures on the Welsh NHS over the next 10-15 years, and the likely impact that different approaches, and particularly Prudent Healthcare, might have on addressing these pressures. This work will conclude in autumn this year.

But our work over the last two years has looked at a range of related issues. In response to Ministers’ evidence needs, we have worked with experts to:

- Review international evidence on the impacts of conditional entitlement to healthcare.
- Compare the effectiveness of different approaches to prioritisation of elective surgery.



- Review the evidence on ways of increasing physical activity levels.
- Analyse the resilience of the care home market for older people in Wales.
- Develop advice on increasing the uptake of advanced decisions.
- Reviews ways of increasing the role of social enterprises in health and social care provision.
- Approaches to de-escalating interventions for adolescents.
- Explore how approaches to demand management can inform the prudent healthcare agenda.

Some of the key messages from this work are summarised below.

### **Conditional entitlement to healthcare must be accompanied by safeguards for vulnerable groups**

Evidence about the impacts of introducing conditional entitlements to healthcare is limited because it has not been tried in many countries. Where restrictions have been introduced in response to austerity they have usually involved user charges and/or co-payments. The evidence suggests that unless there are appropriate safety nets, vulnerable groups can suffer and there are examples where conditionality has led to expensive unintended consequences.

### **Clinically-based guidelines appear to be the most effective way to prioritise access to elective surgery**

The most common methods of prioritising access elective surgery are waiting time targets, 'scoring' systems (as used in New Zealand), and clinically-based guides. There is evidence that targets drive down waiting times but encourage 'gaming' which may not be in patients' best interests. The literature on 'scoring systems', and specifically the New Zealand approach, suggests that it is seriously flawed and has not delivered anticipated improvements in prioritisation, more equitable access, or consistency between areas. The evidence on a 'guideline' based approach is limited but the early signs are promising. Regardless of which approach is used, there is a need to address issues around data collection, implementation and buy-in by the public.

### ***Increasing physical activity requires coordinated action to deliver significant behaviour change***

Increasing levels of physical activity in Wales will require significant changes in lifestyle – increasing everyday activity (e.g. walking) not just participation in sport. The evidence suggests that achieving this requires strategies that combine social marketing, a focus on interventions in community settings



(e.g. schools, workplaces), greater use of prompts or cues at the point of choice (e.g. signs to encourage use of stairs rather than lifts), and coordination of interventions at individual, community and national level. It also calls for a joined up approach across policy areas such as education, planning, transport and health, as well as effective monitoring of progress.



### ***The number of small providers is a risk to the care home market in Wales***

The care home market for older people in Wales is less vulnerable to a ‘Southern Cross style’ collapse than England. However, the number of single ownership homes is a potential threat. A number of smaller providers are approaching retirement age and financial pressures on care homes may deter new entrants. Established providers show some interest in expansion, but capital costs are high and future demand uncertain. Data gaps limit central and local government’s ability to spot potential problems and work with providers to secure future services. We need better monitoring and analysis - at national, regional and local levels - of services, ownership, financial stability, staffing and quality of care to ensure that risks can be minimised.

### ***Increasing the take up of Advance Decisions to Refuse Treatment requires a public awareness campaign, the provision of information and support, and staff training***

Less than 2% of people in Wales have written an ADRT, which is low by international standards, and there is a lack of awareness and understanding among the public and healthcare professionals. The Welsh Government could play a key role, alongside partner organisations, in improving understanding of ADRTs and ensuring that they are respected. Our report makes detailed recommendations for a comprehensive long-term strategy and highlights five key actions that could be implemented in the short term including: a consultation to raise awareness; training to give healthcare practitioners the information and confidence to inform people about ADRTs; development



of a Welsh-language resource; a pilot which gives healthcare staff access to support to write their own ADRT; and the creation of an All-Wales repository for ADRTs.

### **[Increasing the use of social enterprises in the health and social care will require commitment and support from Welsh Government](#)**

There is international evidence that social enterprises bring a number of benefits to the provision of health and social care. There are a range of ways in which the Welsh Government and other agencies could promote a greater role for social enterprises including: providing business and financial support to assist with the upfront capital investment; encouraging the development of consortia which pool resources, risks and costs to unlock financial support from banks; support for NHS and social care staff to deliver services through social enterprises; ensuring regulatory processes are proportional; addressing barriers to commissioning (an overemphasis on price and track record); providing information and training to commissioners and other purchasers; developing guidance on the opportunities provided by new EU procurement rules; and developing a single framework to measure and report added social value.

### **[There is strong evidence de-escalating interventions for troubled adolescents has benefits](#)**

There is widespread support in youth justice, mental health and social services communities for ‘de-escalation’ of interventions in the lives of troubled adolescents. In practice this means avoiding ‘labelling’, working to address issues at an early stage, improving working across agencies (including through combined risk assessments), and equipping professionals to manage the risks of lower level interventions. De-escalating interventions is not always about doing less – it can mean doing things differently in order to use existing resources in a more timely and effective manner, freeing up specialist resources for those with the greatest needs.





***The principles and practices of demand management can help to inform the prudent healthcare agenda***

Approaches to demand management have much in common with the prudent healthcare agenda – early intervention and prevention, building community and individual resilience, and a focus on meeting needs (rather than demands). Some of the principles and practices of demand management being developed in local government can help inform the prudent healthcare agenda. Similar challenges are also being faced, particularly around encouraging innovation and the spread of good practice, and approaches to leading transformation across policy areas, organisations and sectors. These connections offer the opportunity for shared learning.

We aim to build on this portfolio of work in the coming months, working with partners to continue to articulate and respond to the challenges that Wales faces.