

# Health & Social Care: Lessons from Wales

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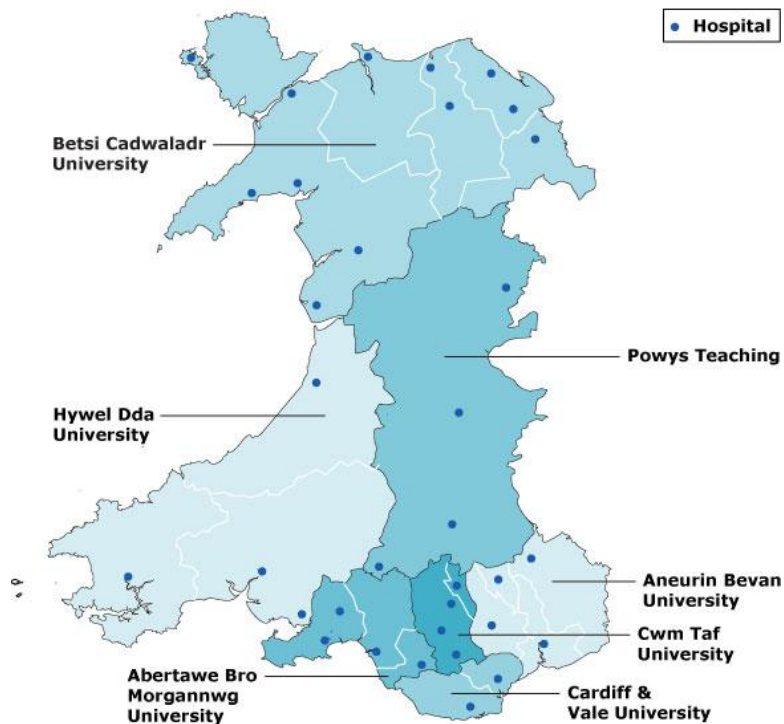


# Wales: Cymru Am Byth





# Welsh Health & Social Care System



- Wales & Context - National Assembly and Welsh Government
  - Vaughan Gething - Cabinet Secretary for Health, Well-being and Sport
  - Mark Drakeford - Cabinet Secretary for Finance and Local Government
    - Rebecca Evans - Minister for Social Services and Public Health
  - Dr Andrew Goodall - Director General - Health and Social Services
- Health & Social Care - Clinical Futures / Together for Health
- Parliamentary Review to be undertaken
- Local Government ??



# Local Government now & future

CURRENT LOCAL AUTHORITIES



BASED ON 8 LOCAL AUTHORITIES



BASED ON 9 LOCAL AUTHORITIES



- Coterminous is the way - based on geography
- Reorganisation is uncertain



# The Budget

MAIN EXPENDITURE GROUP	Resource		Capital		Total	
Departmental Expenditure Limits	£000's	%	£000's	%	£000's	%
Health and Social Services	6,731,238	51.15%	273,031	20.12%	7,004,269	48.25%
Local Government	3,347,702	25.44%	22,920	1.69%	3,370,622	23.22%
Communities and Tackling Poverty	333,592	2.54%	373,731	27.54%	707,323	4.87%
Economy, Science and Transport	587,633	4.47%	401,114	29.56%	988,747	6.81%
Education and Skills	1,580,810	12.01%	175,768	12.95%	1,756,578	12.10%
Natural Resources	277,760	2.11%	98,815	7.28%	376,575	2.59%
Central Services and Administration	300,377	2.28%	11,520	0.85%	311,897	2.15%
<b>Total Welsh Government MEG Allocations</b>	<b>13,159,112</b>		<b>1,356,899</b>		<b>14,516,011</b>	

- Combined Health and Social Services budget
- What is the investment in Health and Social Care?





# Integration – does it happen?

- Gwent Frailty Programme
- A different approach is being pioneered by the Aneurin Bevan Health Board and its five local authorities
- Formal pooled budget arrangement, with close involvement by the third sector.
- Largest single exploration of integrated care delivery in Wales.
- Funded from April 2011 with approximately £7 million of ‘invest-to-save’ money from the Welsh Government





# Integration – does it happen?

- Aim of the Gwent Frailty Programme is to create a shared resource across health and social services for older people meeting specified criteria for ‘frailty’.
- It is designed to:
  - ensure that people have access to the right person at the right time
  - focus on preventive care - wherever possible avoiding hospital admissions
  - reduce the length of a hospital stay when admission is necessary
  - reduce the need for complex care packages
  - avert crises by providing the right amount of care when needed
  - co-ordinate communication by providing a named person for all contact.
- The programme began by focusing on earlier discharge of such patients and on providing alternatives to emergency hospital admission. It will also develop a hospital-at-home arm.







# Integration – does it happen?

- *How has the journey been?*
- An assessment by WAO after 18 months of operation came to the following conclusion.
  - *Partners are strongly committed to the Gwent Frailty vision... [It] is in the early stages of implementation and challenges remain to ensure it is sustainable, to change established behaviours and to demonstrate its impact. (Wales Audit Office 2012a)*
- A sober assessment of the scale of the challenges faced by the programme
- Project still struggles with some inconsistency in performance frameworks and referral criteria in practice.
- Some ‘tensions’ between some of the stakeholders
- Some different approaches to scrutiny
- Difficulties the programme may experience in establishing precisely what has been the contribution of the programme itself to the outcomes for frail people.
- No denying the enthusiastic support of senior figures and many clinicians for what is Wales’ cutting-edge programme in this area.





# Integration – does it happen?

- *How has the journey been?*
- Review in September 2014
- One of the first integrated care partnerships in Wales
- Strength that the partners have had the tenacity, vision and commitment to do this.
- Implementing new ways of working is not easy and takes time
- Forefront of policy initiatives in Wales and other parts of the UK to implement integrated care
- Many of the issues that have arisen could be addressed by
  - clarifying leadership of the programme;
  - ensuring a clearer delineation between strategic and operational decision making and
  - putting in place a multi-dimensional performance management system.
- Ultimately, the programme is well placed to be a starting point for greater integration of community services within and across localities.



# Building Relationships

- It is about Leadership and ‘Crossing Professional Boundaries’
- Future Focussed Finance - *Closer Partnering*
- Developed a ‘**toolkit**’ in conjunction with the King’s Fund
  - Simple seven-step process to enable cross-functional teams to reflect on how they work together, with a view to improving
  - Toolkit was developed under the guidance of Professor Michael West of The King’s Fund,
  - In 2012 he said, “*While some doubt the wisdom of taking time out from a team’s busy work to conduct such reviews, there is strong evidence that teams which do this are far more effective than those which do not.*”



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# Building Relationships

- It explores four areas:
  1. the reasons why collaboration between finance and clinical staff matters
  2. the current levels of collaboration between finance and clinical staff
  3. the challenges to joint working across financial and clinical boundaries
  4. the factors that are needed to improve joint working between finance and clinical staff.



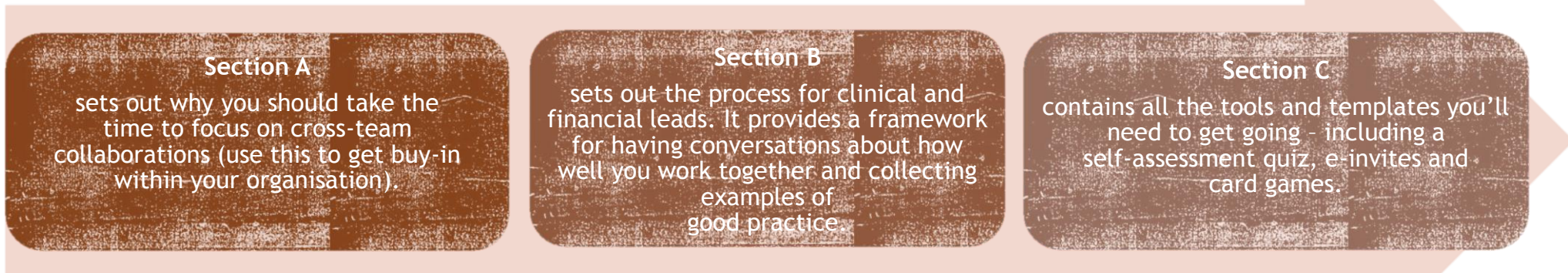
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# How do we use this toolkit?

This toolkit forms part of a suite of materials developed by Future-Focused Finance and The King's Fund. All the resources are designed to help finance and clinical staff think about how well they work together and find ways to collaborate better.



There's also a **research summary slide pack**. This sets out the conceptual framework and the factors needed for successful teamwork across functions.

# Final Message

- Still more to be done!
  - Opportunities of the 7 integrated Health Boards still to be realised
  - Weakness is 7 LHBs working with 22 LA's is very difficult
- An old paradox.
- While most leaders in health and social care in Wales readily accept that greater integration would deliver better care for their patients and clients, and would be a key element in solving many of the other problems which currently confront them, it often seems just too difficult to make the initial step change that is required.





**Diolch  
yn**

**Fawr!**

