Aneurin Bevan Health Board

‘Together for Health’ –
A Five Year Vision for the NHS in Wales

1 Introduction and Overview

This report provides the Board with a summary of the key actions identified within Together for Health: A Five Year Vision for the NHS in Wales and seeks the Board’s endorsement of the proposed South Wales Programme Management arrangements.

The report recognises that whilst strong foundations are in place to support change and improvements in individual Local Health Boards there are still challenges and further improvements to be made either individually or collectively.

These include:
- Health status generally has improved but not for everyone and our population is ageing;
- health care quality has improved but the NHS can do even better;
- expectations are continually rising;
- medical staffing recruitment is becoming a real limitation on our services; and
- funding is limited.

The priority areas for action are set out as:
- improving health as well as treating sickness;
- one system for health;
- hospitals for the 21st century as part of a well designed, fully integrated network of care;
- aiming at excellence everywhere;
- absolute transparency on performance;
- a new partnership with the public; making every penny count; and
- always engaging with our staff.

At a national level, a Clinical Forum has been established that has met a number of times, and a national Case for Change is being developed. Local Health Boards (LHBs) are expected with its partners and local populations to continue informal engagement and pre-consultation with formal consultation on proposals taking place from June to September 2012.
The South Wales LHBs have identified that they will need to work co-operatively to implement *Together for Health*. Planning processes to date have demonstrated that LHBs cannot plan in isolation on their critical safety and sustainability issues. A clear requirement to drive forward planning, engagement and implementation of service changes will mean establishing strong programme management and clear governance arrangements across the six LHBs operating in a South Wales area.

A Programme Director has been appointed to lead this work and a Programme Management Office (PMO) is being established to progress the plan in the South Wales area. A robust governance structure is also being established to ensure clarity around the responsibility and governance arrangements that will be employed to oversee the development and implementation of the plan between Local Health Boards.

<table>
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<tr>
<th><strong>Financial Assessment and link to Financial Recovery Plan</strong></th>
<th>The Strategy recognises that improved services need to be delivered within constrained financial resources.</th>
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<tbody>
<tr>
<td><strong>Risk Assessment</strong></td>
<td>If the recommendations outlined in the Strategy are not implemented, there may be significant clinical risks to patients as services will not be sustainable, there may be financial risks and the Health Boards will not be responding to national strategy.</td>
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<tr>
<td><strong>Annual Quality Framework</strong></td>
<td>The Health Board’s approach to the national strategy and its participation in the South Wales approach will respond to all areas of the Annual Quality Framework.</td>
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### Standards for Health Services Wales

The Health Board’s response will respond to all Standards for Health Services, but will particularly respond to Standards 7 – Providing safe and clinically effective care, Standard 8 – Care planning and provision and Standard 24 – Workforce planning.

### Equality Impact Assessment

Implementing the Report should result in improved equality of access to services. Equality impact assessments will be undertaken as part of the processes of the development of proposals.

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2. **Conclusion**

This Report summarises the content of *Together for Health* and provides an update on the progress made towards its implementation nationally. The Plan recognises that Wales has made good progress in improving services, but significant further work is required to speed up delivery of better services.

The report also sets out the proposed formal Programme Management arrangements for the South Wales plan.

3. **Recommendation**

The Board is asked to:

- Note the content of Together for Health and priorities for action; and
- Approve the proposal to establish robust Programme Management arrangements for a South Wales Planning approach.

**Report prepared by:** Richard Bevan, Board Secretary

**Report sponsored by:** Dr Andrew Goodall, Chief Executive
**INTRODUCTION**

This report summarises the content of *Together For Health: A Five Year Vision for the NHS in Wales*, and sets out the progress that has been made in implementing it nationally since its launch in November 2011.

The report also sets out the formal proposed Programme Management arrangements across South Wales, which have been developed through discussions between the Chairs and Chief Executives of Local Health Boards.

**TOGETHER FOR HEALTH: A FIVE YEAR VISION FOR THE NHS IN WALES**

*Together for Health: A Five Year Vision for the NHS in Wales* (http://wales.gov.uk/docs/dhss/publications/111101togetheren.pdf) was launched by the Minister for Health and Social Services in November 2011. It sets out the Welsh Government’s (WG) vision for the NHS in Wales over the next five years. The document clearly sets out that services must change to reduce health inequalities across Wales and to improve the performance of our services.

The strategic vision is firmly rooted in the principles of a Bevan Commission report that sets out the ambition for Wales to provide “services best suited to Wales but comparable with the best anywhere”. It stated that the collective aim of the NHS, and WG, working with partners must now be on delivery so that significant improvements can be made over the next five years in terms of better health for everyone; better access and patient experience and better service safety and quality to improve health outcomes.

The Report recognises that, whilst strong foundations are in place to support change and improvements, there are still tough challenges to be faced. These are identified as:

**Health has improved but not for everyone and our population is ageing** – there are still significant inequalities in health across Wales, and the causes of these are often deep rooted. The population is set to age, and this older population will also have at least one chronic condition, and have more as their age increases.
Health care quality has improved but the NHS can do even better – whilst there have been significant advances around, for example, harmful incidents and technological advances, audit reports show that some services still do not perform as well as the best elsewhere.

Expectations are continually rising – as services improve, people’s expectations rise and whilst this is welcomed, the NHS must be able to respond.

Medical Staffing is becoming a real limitation on our services – delivering high quality and safe services depends on having a sustainable workforce. We know that, despite workforce modernisation, there continue to be real problems in recruiting medical staff in some specialties.

Funding is limited – the financial outlook for the NHS is extremely difficult in forthcoming years and we will need to demonstrate that we can constrain spending whilst maintaining quality.

In moving forward, therefore, the WG has set the following priorities for action:

<table>
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<th>Priority</th>
<th>Action(s)</th>
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| Improving health as well as treating sickness                            | • Every Local Health Board (LHB) will set clear targets for action and deliver against them, explaining each year how health is improving and health inequalities are narrowing.  
  • The WG will press forward its early years programme which will offer particular support for those facing the greatest challenges in life. |
| One system for health                                                     | • Within 12 months WG will issue delivery plans for major services such as cancer, cardiac care, stroke care and mental health, specifying the next steps in service improvement;  
  • Personal care plans will be introduced for people with cancer, mental health issues and chronic health problems. |
| Hospitals for the 21st century as part of a well designed, fully integrated network of care | • Every LHB will, within a year, set out its plan for creating sustainable services for all communities;  
  • Stroke services will be progressively improved including, for example, 24 hour care |
access to thrombolysis so that by 2015 every LHB will be fully compliant with the national standards and targets for stroke.

| Aiming at excellence everywhere | • By March 2012 a Quality Delivery Plan will set out how the new quality assurance and improvement arrangements will operate;  
| | • Within a year, the NHS will be able to demonstrate that every major service, such as cancer, is constantly monitored for quality and tested against the latest evidence. |

| Absolute transparency on performance | • Within 6 months, the WG will have published an Information Strategy, indicating how it will dramatically improve information for the public;  
| | • Within 6 months, the WG will have in place new clinically-focused targets, focused on key priorities such as cancer, cardiac care and stroke services, against which LHBs will be required to publish their performance. |

| A new partnership with the public | • Within 9 months the WG will issue a draft compact with the public for consultation;  
| | • Within 12 months, each LHB will have in place its own process for annual patient audits, and, following discussion at board level, these and agreed actions in response will be published. |

| Making every penny count | • A new financial regime will be put in place within the next year that will improve planning and utilisation of financial resources in line with clinical priorities;  
| | • Over the next year every LHB will develop a budgeting system which includes greater clinical involvement in financial decision making. |

| And always with our staff | • A strategic workforce and organisation development framework that secures the right staff and fully supports and engages them in delivering excellent care will be issued by spring 2012;  
| | • To help deliver this, current partnership arrangements linking the WG the NHS and trade unions will be strengthened to support the creation of an NHS people will be proud to work for. |
IMPLEMENTING TOGETHER FOR HEALTH NATIONALLY

Good progress has been made nationally, including putting in place arrangements to drive the programme forward and ensure delivery. Andrew Carruthers has been seconded from Cardiff and Vale University Health Board to act as the National Director for Together for Health, and together with Dr Chris Jones, Medical Director for NHS Wales, has visited each LHB to discuss current arrangements and initial responses to the strategy. Other developments include:

**National Clinical Forum**
The National Clinical Forum has been established and has met on a number of occasions. It is to be co-chaired by Professor Mike Harmer (Chair of WHSSC) and Mr Peter Barrett, an external appointment, to further support the programme and meetings will be rotated across Wales. It is important to note that the Forum is not a decision making body as it is designed to be advisory. The National Clinical Forum will also need to link to the local Healthcare Professional Fora, whose members need to be engaged in the development of local plans and have the opportunity to comment on them before they are submitted to the national forum. The National Clinical Forum will also expect to have two “formal” engagements with LHBs, once during the informal engagement and pre-consultation phase, and secondly to provide formal feedback on local plans.

The Terms of Reference and Operating Arrangements, and Service Change Principles, developed by the National Clinical Forum are attached as **Appendix 1**. Discussions at the Team Wales event on 14 December 2011 suggested that membership from primary care should be strengthened and this is being addressed.

**National Case for Change**
WG is working with the Welsh Institute for Health and Social Care to develop the national case for change. This will involve identifying 4-5 key messages to support the need for change, and each of these will have a supporting evidence based document, to include the issue being addressed, why it is a national issue and the evidence to support this and the benefits to the population of service change.

Various approaches to presenting this Case for Change to the public are being considered and the Welsh NHS Confederation is playing a core role in this.
SOUTH WALES PLAN

The South Wales Plan requires strong leadership to take forward this complex change process, including a detailed and robust approach to facilitate genuine engagement across South Wales. In addition, there will need to be dedicated capacity in place to both finalise the planning and implementation of new service models across the South Wales area.

The proposed high level process is described below:

**Governance**

The South Wales planning process to date has demonstrated the critical safety and sustainability issues across South Wales call for pan-LHB planning as it is recognised that some of these issues cannot be resolved by any one LHB independently. A major change in driving the planning, engagement and implementation of service changes will include governance arrangements in place across the six LHBs operating in a South Wales context.

The LHBs in South Wales have agreed through the Chairs and Chief Executives robust governance arrangements for working together across
South Wales to ensure the implementation of a properly-designed governance structure to take the process forward. Whilst LHBs are sharing resources and reaching common conclusions, they are not pooling their formal sovereignty and accountability in this programme. The delegated authority of the Programme Board will be that of its individual members. Each Health Board will be required to individually consider each significant issue and sign off each stage of the programme.

The diagram below shows the proposed structure comprising:

- Local Health Boards
- Programme Board
- Programme Executive
- Project Boards.

**Reference/Scrutiny Group:** However, further consideration is being given through the Chairs and Chief Executives of Local Health Boards to establish a Reference/Scrutiny Group, which will comprise wider representatives from Independent Members and Executive Members of Health Boards to act in an advisory capacity and as a mechanism through which ideas and proposals are further tested before progressing for approval to Health Boards via the Programme Board.
Role of the Programme Board

To deliver the required changes in a timely manner, South Wales LHBs must have a vehicle to deliver these proposals. It has been agreed that a Programme management approach will best fit the requirement, with the Programme Board setting key objectives and a Programme Executive to drive forward the process.

The Programme Board will be chaired by an independent chair and the membership will comprise the Chair and Chief Executive of each of the six participating LHBs, as well as the Programme Director. The Post-Graduate Dean and the Chief Executive of Public Health Wales will be co-opted members. Jeff James has recently been appointed as the Programme Director.

The purpose of the Programme Board is to:

- act as the collective sponsor of the Programme;
- agree the overall common purpose and objectives of the Programme;
- hold the Programme Director to account;
- ensure that there is proper public engagement and consultation which complies with WG guidance;
- sign off decisions on major issues or (where necessary) make recommendations to individual LHBs;
- agree a dispute resolution process;
- sign off regular progress reports to individual LHBs and WG;
- ensure that the Programme is governed using proper “managing successful programmes” methodology or equivalent;
- regularly to review programme risk and agree appropriate management.

Programme Executive

The Programme Executive will be chaired by the Programme Director and will draw membership from Executive Directors of the six LHBs, the Project Board Chairs, the Chair of the Engagement Reference Group and NHS Trusts. The funding from the Local Health Boards to support these arrangements is currently being assessed and estimated.

The purpose of the Programme Executive is to:

- manage the performance of the Programme and the Projects;
- agree and oversee the Programme and Project processes;
- agree, oversee and ensure the inclusion of feedback from the engagement and communication process for the Programme;
- provide co-ordination of cross-cutting issues;
• make recommendations on significant issues to the Programme Board.

**Project Boards**

Each major work stream will be overseen by a Project Board. The chairs of the Project Boards will, where possible, be clinicians with enough time resourced to undertake this role. Project Chairs will be appointed by the Programme Director and Chair and signed off by the Programme Board. The Project Chairs will be members of the Programme Executive.

The purpose of the Project Boards will be to:

- agree with the Programme Executive the scope and terms of reference of the project;
- oversee and performance manage the project;
- oversee the processes of public and clinical engagement for the project;
- to work with partners and professional bodies to develop plans for clinical services;
- to make recommendations on clinical services to the Programme Board.

**Programme Management Arrangements**

To ensure delivery of the programme aims and objectives, the Programme will require proper resourcing through the appointment of a Programme Director supported by a Programme Management Office (PMO).

The Programme Director responsibilities include:

- Senior responsible officer for the Programme;
- set up and lead the PMO;
- lead and ensure that there is proper public engagement and consultation which complies with the guidance provided by Welsh Government;
- co-ordinate, lead and manage the work of the project managers who provide support to the individual projects;
- lead and manage the Programme to ensure that it meets its aims and objectives;
- be a member of, and accountable to, the Programme Board from where the post holder will take direction. The Independent Programme Chair will agree and monitor the objectives of the Programme Director;
- chair the Programme Executive and ensure that the aims and objectives of the programme are fulfilled through this forum;
- recruit, lead and manage the chairs of the clinical projects;
- manage the Programme Budget;
- prepare and present programme risk management reports for the Programme Board to consider.
Appendix 1

NATIONAL CLINICAL FORUM

Terms of Reference and Operating Arrangements

Introduction

All NHS Organisations are developing service plans to improve quality, responsiveness and accessibility of care across Wales. These plans will develop new sustainable models of care that integrate the NHS in Wales as a whole system, encompassing primary, community, secondary and specialist care services. The focus is on locally-based services wherever possible maximising the opportunities highlighted in Setting the Direction, with access to high quality specialist services when needed, through a network of specialist centres and centres of excellence.

This may involve some significant change to the current pattern of healthcare delivery in Wales. Although it is for the Local Health Boards and Trusts (LHBs) to plan, lead and implement any service changes required, there is a need for them to be supported nationally. This will ensure a consistent approach to service standards and models of care across Wales.

Purpose

The National Clinical Forum (NCF), hereafter referred to as “the Forum” will be an advisory task and finish group. The NCF therefore has no decision making powers or right of veto over any proposals/plans it considers. Its role will be to advise LHBs if as a result of their service change plans, standards and policy requirements will be met, improved outcomes can be achieved and patients will be better served.

The Forum will consider if proposals for service change:

- are appropriately influenced by relevant evidence and best practice;
- provide a basis for sustainable delivery of services; and
- combine to create a realistic and ambitious way forward for healthcare in Wales.

In undertaking this role, the Forum may also be asked to consider any external/international expert advice the LHBs may decide to commission to support their plans. Its role does not include consideration of professional terms and conditions of service.

Scope and Duties
The Forum will, in respect of its provision of advice to LHBs:

- offer advice and feedback to LHBs on an individual organisation, regional or all-Wales basis on any aspect of all service change plans that will impact across Health Board Boundaries or have impacts for Wales as a whole;
- Offer advice and feedback to LHBs on any local service change plans they request the Forum to review;
- Offer advice to LHBs on the development and content of the national narrative describing the clinical case for change.
- Offer advice to LHBs on the adoption of best practice service models and innovative practice across Wales, inclusive of best practice in training and education across all professions;

The Forum may provide advice to the LHBs:

- at Chief Executive Officer Group meetings, through the attendance of the Forum’s Chair or a nominated representative;
- in written advice; and
- in any other form agreed with the LHBs.

The Forum may determine if it requires to be supported by any subgroups or additional sources of specialist advice to assist it in the conduct of its work, and may itself, determine any such arrangements.

**Membership**

Membership of the Forum will comprise clinicians from within NHS Wales, but will be independent of individual organisations. Any member of the Forum should not therefore be an executive or independent member of any LHB/Trust. Its membership will be drawn from a wide range of multi-disciplinary clinical specialists.

**Chair**

The Forum will be Co-Chaired by an independent Chair from Wales identified by the NHS Wales Chief Executives, and a Co-Chair identified within another UK health system, and who has experience of significant service reconfiguration.

The Chairmanship of each meeting will alternate from meeting to meeting between the two co-chairs.

**Vice Chair**
One of the Co-Chairs will always have to be present for the Forum to proceed, and so there is no requirement to appoint a formal vice chair. The Co-Chairs will provide cover and support to each other in the absence of one of them.

**Members**

The following clinical groups will be represented:

- Public Health
- Ambulance Services
- Members drawn from WMC NSAG, representing the following specialties:
  - child health
  - women’s health
  - mental health
  - medicine
  - surgery
  - anaesthesia / critical care
  - general practice
- NJPAC, Welsh Scientific Advisory Committee
- NJPAC, Welsh Therapies Advisory Committee
- NJPAC, Welsh Nursing and Midwifery Committee
- NJPAC, Welsh Pharmaceutical Committee
- Welsh Dental Committee
- General Practitioner (nominated by BMA)
- Nurse (nominated by RCN)
- Heads of Midwifery Advisory Group
- Postgraduate Dean
- Academy of Medical Royal Colleges in Wales
- The Rural Health Plan Implementation Group
- The Institute of Rural Health

Members will be invited to nominate a named deputy in the event that they are unavailable for a forum meeting.

**Secretariat**

As determined by the National Director, *Together for Health*.

**In attendance**

- National Director, *Together for Health*
- The Medical Director, NHS Wales, Nurse Director, NHS Wales and Director of Therapies and Health Sciences, NHS Wales may be in
attendance as observers. The Forum may also determine that other Welsh Government officials or LHB/Trust staff be in attendance.

- The Forum Chair may also request the attendance, from time to time, of Board members or LHB/Trust staff, subject to the agreement of the relevant Chief Executive.
- The Forum Chair may, from time to time, invite external/international experts to aid discussion and review of specific service change issues.

Terms and Length of Office

Appointments to the Forum will be made through the National Director, Together for Health on behalf of the LHB Chief Executives. Members will either be invited on to the Forum in their role as Chair of an All Wales Professional Group/Committee, or as a nomination from such a group, committee or stakeholder organisation. The Forum is a task and finish group which is anticipating needing to meet for a minimum of one year. The need for the continued role of the group will be reviewed regularly. In the interests of consistency in discussion and review of plans/information, Members will serve for the duration of the Forums’ work, even if during the life of the Forum, they cease to be Chair of the Group or Committee that led to the original invitation. In this situation the Co-Chairs will have the option to invite the new Chair of that Committee to the Forum, if it is felt that the Committee concerned is no longer appropriately represented.

The appointed Co-Chairs of the Forum will hold those positions for the life of the Forum.

Members’ Responsibilities and Accountability

The Chair is responsible for the effective operation of the Forum:

- chairing meetings;
- ensuring all business is conducted in accordance with its agreed operating arrangements;
- developing positive and professional relationships amongst the Forum’s membership and between the Forum and LHB/Trust Chief Executives and any other relevant groups;
- ensuring that any formal feedback to LHB’s and notes of meetings accurately record the decisions taken and where appropriate, the views of individual members.

The Co-Chairs will cover for their colleague co-Chair in their absence for any reason.

Members – all members shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for any
advice agreed by the Forum. All members are accountable to the Forum Chair for their performance as group members and to their nominating body or group for the way in which they represent the views of their body or group at the Forum.

The role of the Forum will necessarily mean that Members will, from time to time, receive highly sensitive and confidential information about health services across Wales from LHBs. The highly confidential nature of this information must be respected.

**Resignation and removal of members**

A member of the Forum may resign office at any time during the period of appointment by giving notice in writing to the Forum Chair.

If the Forum Co-Chairs and the nominating body or group, consider that:

- it is not in the interests of the Health Service that a person should continue to hold office as a member; or
- it is not conducive to the effective operation of the Forum. (This could include an attendance rate considered to be poor by the Co-Chairs, or evidence that confidential information has been shared outside of the forum without explicit permission to do so)

it shall terminate the membership of that person by giving notice in writing to the person and the relevant nominating body or group.

A nominating body or group may request the removal of a member appointed to the Forum to represent their interests by writing to the Co-Chairs setting out an explanation and full reasons for removal.

**Handling Conflicts of Interest**

All members should declare any personal or business interest which may or may be perceived (by a reasonable member of the public) to influence their judgement. A register of interests will be established, kept up to date, and be open to the public. A declaration of any interest should also be made at any Forum if it relates specifically to a particular issue under consideration, for recording in the notes of the meeting.

**Relationship with LHB Chief Executives**

The Forum’s main link with the LHB Chief Executives is through the Co-Chairs.

The Co-Chairs and Lead Chief Executive shall determine the arrangements for any joint meetings between the LHBs and the Forum, should it be
The lead Chief Executive shall put in place arrangements to meet with the Forum Co-Chair as required to discuss the Forum’s activities and operation.

**Relationship with Local Healthcare Professionals’ Fora**

The Forum Co-Chairs will liaise with local Fora as they deem appropriate. It is expected that the Local Healthcare Professionals Fora would be an integral part of any local “continuous engagement” during the development of service change proposals, as per the National Guidance on Engagement and Formal Public Consultation. Therefore, the Forum would not anticipate being asked to consider plans that hadn’t yet been advised upon locally by the Local Healthcare Professionals Fora.

The Forum may delay review of any LHB Service Change Plans, until it has received assurance that the Local Fora have been consulted, and their advice taken into account.

**Support to the Forum**

The National Director, Together for Health, will ensure that the Forum is properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the Forum Co-Chairs on the conduct of its business and its relationship with the LHBs and others;
- ensuring the provision of secretariat support for Forum meetings;
- ensuring that the Forum receives the information it needs on a timely basis; and
- facilitating effective reporting to the LHBs Chief Executives.

**Forum meetings**

At least one Co-Chair plus 50% of the agreed membership must be present to ensure the quorum of the Forum.

Meetings should be held no less than monthly and otherwise as the Chair deems necessary. The requirement to meet and frequency of meetings will be reviewed on a regular basis.

To facilitate attendance, Video Conferencing Facilities will be made available at all meetings.

The LHB’s commitment to openness and transparency in the conduct of all
its business extends equally to the work carried out by others which advise it. Meeting dates, agendas and minutes should therefore be publically available unless there are any specific, valid reasons for not doing so.

Following each Meeting, the Co-Chairs will produce a report summarising the items taken, discussions held and any advice being provided to the Health Boards. This will be available to the Public, and Members may use it to brief their respective committees.

**Withdrawal of those in attendance**

The Forum may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussions of particular matters.

8th December 2011.
NATIONAL CLINICAL FORUM

SERVICE CHANGE PRINCIPLES

Any Service Change Proposal should:

• maintain and ideally improve the safety of the service being changed;
• improve the sustainability of the Service;
• improve the quality and clinical outcomes of the service being provided;
• be based on best practice and clinical evidence;
• contribute to improved training and education of trainees from all professions, and ensure the whole workforce has the skills and competencies required to make it fit for purpose;
• highlight extensive stakeholder engagement in its development, in accordance with the national guidance on engagement and formal public consultation;
• be consistent with National Policy (e.g. Together for Health, Setting the Direction, The Rural Health Plan);
• ensure services are provided as locally as possible, recognising the need to concentrate more specialist services on fewer sites and the social aspects of service provision;
• set out the impacts on transport arrangements and demonstrate early engagement with providers of emergency and non urgent patient transport services;
• describe clearly what services will be provided, where and how patients will access them;
• articulate the benefits of the change proposed explicitly;
• fully consider and describe the impacts on population health;
• demonstrate evidence of the transformational change required to deliver an integrated approach health and social care, as well as the required shift from Acute Services to the Community, recognising any associated resource movement needed; and
• recognise where relevant, the links to the National IT Strategy for NHS Wales.