

THE **WELSH NHS** CONFEDERATION  
CONFFEDERASIWN **GIG CYMRU**



# Beecham Review of Local Service Delivery in Wales

Comments and Observations from the Welsh NHS Confederation





## 1. Vision of small country governance

The vision for health services as set out in *Designed for Life*, if effectively implemented, would lead the way to health service excellence. However, to achieve this ambition, political and managerial courage and an indefatigable approach to service redesign is essential to see this through. The irresistible drivers for change cannot be ignored in favour of short-term fixes, compromise, or expedience. To do so would only compound problems and hasten the need for structural change. We must recognise, and come to terms with the fact that there will always be pressure on health resources. Balancing the wants and needs of citizens will continue to reveal dilemmas that they and politicians will need to recognise and accept. This underlines the need for connected and in touch governance at both the national and local level. On the one hand this must effectively and openly involve citizens, and on the other, must also face up to the opportunities, limitations and consequential unavoidable choices that need to be made about services resourced from public monies. This dilemma is particularly conspicuous in health services. To openly involve citizens will require a transparency of the issues, the performance of organisations and, in particular, their clinical outcomes and a discussion about the risks associated with supporting status quo.

It also accentuates the need for public services to show themselves to be efficient, and providing demonstrable value for money at all times.

## 2. Structural reorganisation / change to meet need

We are reassured by, and support fully, the view that wholesale reorganisation of public services in Wales would be foolhardy. However, a determined, reflective and flexible approach to the evolution of organisations on the basis of organic change is essential. The proven mantra of form follows function must guide this debate with the needs of communities and individual citizens at the heart of any reform. It is crucial to keep in mind in this debate that excellent public service needs excellent leadership and management. Fragile, over stretched, economy class management structures will not provide first class services.

## 3. Citizen engagement

We agree that the development of the relationship between public services and citizens must be pursued effectively. Citizens care very much about their public services and we must be sensitive and responsive to their needs and views. But more than that, we need to ensure that engagement also means real involvement. It is important to face up to the question of how communities and consumers can become

better involved in decision making about public services and how they can make their views and experiences count. In this context, the relationship between citizens and public services, and the means of representation in Wales should be reviewed. There are a range of approaches for greater democracy in public service decision-making, both within and without the political process, which should be explored. However, with greater involvement comes greater responsibility. In health, citizens and their representatives will need to accept that they too must take responsibility for their own health and for appropriate use of health services. They will also need to accept, based on accessible, well-articulated and indisputable evidence, that health services need modernisation and change to ensure they remain sustainable and safe. Involvement in this sense is not just joining a debate and giving views, for this to be real involvement, citizens too must share the responsibility of the choices and decisions made many of which will be difficult and sometimes unavoidable. However, for citizens to accept change, they will not be wooed by promises of better tomorrows without tangible commitment from government and public service leaders. As in the case of reconfiguration of secondary care services in Wales, upstream development in primary and community care services is needed before people will truly believe that much more care and treatment can be provided outside the acute hospital setting. While some modernisation can and is taking place within existing resources, pump priming is needed up front to expedite changes, inspire public confidence, and make the release of the modernisation dividend a reality.

## 4. Delivery

**Leadership and proportionality** – Clear and strong leadership is essential to improve public service in Wales. In the health sector, there needs to be greater differentiation between strategic direction and local delivery. A strong argument can be made that the Welsh Assembly Government should shift its current focus towards strategic direction and key national health and healthcare outcomes and away from local delivery issues. WAG should try to steer away from the temptation to micromanage LHBs and NHS Trusts. Local organisations should have sufficient freedom to interpret and implement WAG strategy and policy around which clear, fair and appropriate rewards and sanctions should apply for success or failure in achieving the required outcomes. There are several organisational models currently being proposed in England that are worth keeping in mind in this context.

There should be fewer, more carefully chosen targets coupled with a very clear sanctions and rewards policy and underpinned by a robust performance management system to ensure that organizations are accountable for their actions. NHS organisations in Wales have for some time expressed a wish to work with WAG to design and implement such an approach.



Much of the burden of bureaucracy in the NHS in Wales is generated by WAG processes of government and control. There is considerable scope for streamlining processes and improving the focus on key areas of control/ information exchange through better IT and system processes. We would support a root and branch review of the control mechanisms between WAG and NHS organisations. There are real dividends to be had at the grass roots level in streamlining the centralised bureaucratic process and liberating management and administrative time for refocusing on supporting service change and improvement.

**System Design** – while proberty, effective financial management and control are essential features of both central and local levels of management, the regulations, processes and accountabilities do not provide the flexibilities required to enable a responsive and proactive approach within the NHS or for its partnership with other public service organisations. While these processes must continue to be safe and sound, they need to be reviewed to be more flexible and facilitative of innovation and change.

**Integrated policy and process** – It continues to be of central importance in Wales to build healthy public policy and to put health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. This area of planning would also benefit from challenging targets and a robust performance management regime.

**Managerial and workforce excellence** – In NHS Wales we have enjoyed a tradition of pride, vocation and strong leadership. While this has been tested in recent times, it is still an asset on which we can build and which must be nurtured. In a small country such as ours it has become endemic to talk down, rather than talk up, our success and achievement, all of us are guilty of this. We must learn from others, believe in our own ability and be confident about what we can do to meet the challenges ahead. The expression ‘Team Wales’ is often used. As we see in sport, good teams attract good players and harness individual talent into team effort and coherence. In realising our potential for improvement we can become a magnet for accomplished and aspiring managers, both home grown and from further afield. All of us, Ministers, politicians, public service leaders, governors and staff have the responsibility of using the Beecham Review as a force for cohesion, solidarity and common purpose, and not for division, protectionism or gaming for position. We need to take this opportunity to show our citizens and the wider world that we are premier league public servants who can deliver world-class services.

We agree with Beecham that effective public service workforce planning is in need of urgent improvement and must be a priority part of the foundation of improvement, change and sustainability

**Strong scrutiny** – We agree that strong scrutiny with citizen involvement is an essential part of public service. However, to many the term ‘scrutiny’ reflects a negative, intrusive and adversarial process. It is treated with suspicion and feared as inquisition. Beecham, of course, sees scrutiny as an open and honest review of service performance, inter-stakeholder understanding and a path to learning and service improvement. Inclusive scrutiny needs participative design and review based on realistic expectations of public service delivery in a positive environment of learning and improvement.

**Regulation and Inspection** – We agree with Beecham that scrutiny, performance management, regulation and inspection should form and be seen to be a coherent and coordinated force for improvement. We agree that, despite the work already underway, there still needs to be better balance between: inspection, self assessment, peer review, and support for service improvement, as well as much greater clarity about the roles and responsibilities for these functions. There is a need for a comprehensive governance framework and even greater collaboration between the regulators is necessary to ensure joined up working.

**Closing the delivery gap** – Beecham has drawn attention to the importance of the Spatial Plan and the importance of ensuring national strategy is implemented locally. In this context, WAG needs to be aware that the reconfiguration of acute health services have revealed a concern that the network of services and consequent patient flows need to be considered, for example, when considering transport and highway strategies and if these criteria were given more priority it may well reduce many of the criticisms associated with plans to re-design acute services because of the difficulty of access. There is some concern within the NHS about whether the basic assumptions upon which spatial plan are based in this respect and on the wider health issues would actually stand scrutiny.

If Community Plans are to form the blueprint for service provision and coherence, then the process - their design and implementation and review - must be open and inclusive to all service partners and cognizant of their views and requirements. They must be the product of a balanced and collectively owned mission with concomitant objectives, strategies and action plans.



## 5. Partnership

We support Beecham's view that successful and effective partnership between public services and their voluntary, independent and private sector partners is crucial to the improvement and sustainability of public services in Wales. We are also pleased it is acknowledged that, to achieve this aim, both the Assembly, Welsh public services and our citizens face many challenges. We will need a determined and open-minded approach to realise the benefits that are clearly obtainable. But we also need to face up to what we know about the journey we face in their achievement.

Partnership can be defined as *"a relationship between individuals or groups that is characterised by mutual cooperation and responsibility, as for the achievement of a specified goal"*. While keeping this definition in mind we must also recognise the international learning on partnership tells us that to be successful the following factors are important:

- Agreement that a partnership is necessary.
- Respect and trust between different interests.
- The leadership of a respected individual or individuals.
- Commitment of key interests developed through a clear and open process.
- The development of a shared vision of what might be achieved.
- Time to build the partnership.
- Shared mandates or agendas.
- The development of compatible ways of working, and flexibility.
- Good communication, perhaps aided by a facilitator.
- Collaborative decision-making, with a commitment to achieving consensus.
- Effective organisational management.

Similarly, the following are characteristics of failed attempts at partnership, or warnings that something is going wrong:

- A history of conflict among key interests.
- One partner manipulates or dominates.
- Lack of clear purpose.
- Unrealistic goals.
- Differences of philosophy and ways of working.
- Lack of communication.
- Unequal and unacceptable balance of power
- Key interests missing from the partnership.
- Hidden agendas.
- Financial and time commitments outweigh the potential benefits.

If we are honest we will recognise that, while we do have strong and successful public service partnerships in Wales, we would be wise to acknowledge that the above warnings ring true and must be addressed in a mature and professional way

by all concerned.

Beecham sees PACts and Public Service Boards as possible way of cementing partnerships in Wales. In their culture, values and protocols, they must be cognizant of the above factors avoiding inequalities of status, authority or accountabilities. There needs to be a very clear message from WAG in terms of what it expects from partners in terms of whole systems working, collective accountability, improved synergistic working and delivery within defined timescales.

Clearly from our perspective, there are two key areas for partnership fundamental to the sustainability of health and social services in Wales.

First we must resolve the persistent and debilitating issue of delayed transfers of care. This is corrosive to partnerships between social care and health services that, in many places in Wales, this issue is badly affecting patient care, causing inappropriate use of healthcare facilities, delaying access to treatment and care to others, and eroding the reputation of both services. The Welsh Assembly Government must find a way to deal with this issue as a matter of urgency as

it will have real consequences for the whole concept of partnership working and at worst will affect the ability of the Health Service to meet its challenging targets for the next few years.

Second, the responsibility for health promotion, protection and improvement is shared among individuals, community groups, health professionals, health service institutions central and local government. They must work together towards a health and well-being system that continues to consolidate and strengthen their contribution to the pursuit of health. For its part, the health sector must continue to move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Local government too needs to further energise its approach to health and well-being. Public services need to embrace an expanded mandate that is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health and social services also requires stronger attention to research as well as changes in professional education and training. This must lead to a change of attitude and organisation of all services that refocuses on the total needs of the individual as a whole person.

While Wales has a good record in promoting health, and Health Challenge Wales provides a good focus for cross sector activity, we must not allow ourselves to become complacent. We must ensure that we keep up this momentum and keep it as a central feature to our national and local strategies and plans, with all partners playing their full part.



## 6. Challenge

We support the concept of balanced performance management adopted by WAG for the NHS. Basic concepts of the balanced performance management approach apply to the public sector, but they can also be used to create a successful organisation. The balanced approach to performance planning, measurement, and management is helping government agencies across the world achieve results people - whether customers, stakeholders, employees, or others—actually care about. We still need to improve the process and application of the balanced performance management system. We also need more focus in the objectives and measures set. Those objectives set by the Welsh Assembly Government should be based on strategic goals from which public service organizations can match local and national priorities and deliver services designed to meet the required outcomes. Developing high-performing organisations is essential if public services in Wales are to keep pace with a fast-changing world. Rising expectations and demand, new technologies and treatments, demographic change and unprecedented political and public scrutiny: these and other changes require us both to focus on delivering high performance, and to think differently about how to achieve it. But this must be based on public services being assessed on an even playing field with objectives and measures that are focused, owned and shared between partners and subject to collective review and scrutiny. There is a feeling of imbalance within the NHS, in terms of the rather more direct management and control of the NHS as compared with local government in Wales. This is felt to represent inequities of approach and application in the performance criteria and measures set and their assessment. Both performance management systems must be brought into line as part of the foundation of partnership work, shared accountabilities and joint review. In all of this there is the dilemma of politically driven local authorities, perhaps with differently driven imperatives that will either be for or against decisions on which partnerships may stand or fall,

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## About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: trusts and local health boards. We act as an independent voice in the drive for better health and better healthcare through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

[www.welshconfed.org](http://www.welshconfed.org)

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