

Delivering the new NHS for Wales - consultation response

February 2009



Delivering the new NHS for Wales

This paper is in response to the consultation document released by the Welsh Assembly Government in December 2008, *Delivering the new NHS for Wales*, which details the next stage of the proposed reform of NHS Wales. Read the consultation document here:

<http://new.wales.gov.uk/consultations/healthsocialcare/nhswales/?lang=en>

Introduction

The following comments on the proposals contained in Consultative Document *Delivering the New NHS for Wales* have been prepared on the basis of views received from our members. The Welsh NHS Confederation remains eager to continue working closely with the Welsh Assembly Government in the development of the NHS in Wales and in the implementation of the new structures in order to better serve citizens, patients, families and carers. We fully support the direction in which the NHS is travelling and are ready and willing to play our part in delivering the changes and improvements to which we all aspire.

The National Advisory Board

While it is understood that the Board's role is to provide independent advice to the Minister, our members wonder if, in its annual cycle of meetings, the Board will engage in some way with NHS Chairs/Chief Executives.

The National Delivery Group

As the Group will be responsible for providing strategic leadership and management to the NHS in Wales our members feel that its engagement with Chairs and Chief Executives will be extremely important.

Identity of Local Health Boards

Our members believe that a fresh identity for the new organisations will be important. While the title "Local Health Board" may be essential from the perspective of the legislation, perhaps in everyday usage the term "local" could be dropped from the title. While the sentiment of the use of names in the new titles is understood, their use underlines the importance of explaining clearly to the public the role and responsibilities of the new organisations and the geographic areas they serve.

LHB Board Membership

Overall our members support the constitution proposed and welcome the strategic perspective on which boards will operate. They also recognise the dilemma of keeping the boards small enough to be effective and having well balanced representation. However, keeping the constitution 'tight' with both non executive and executive membership is seen as important.

The detailed comments our members would wish to offer are:

1. It is assumed that the Vice-Chair will be accountable to the Chair and the normal process of performance review across the range of responsibilities will apply.
2. No importance is placed on a balanced number of executive versus non-executive members.
3. While commonality of approach with the executive membership of the board is needed to a certain degree, it is felt that there should be some flexibility for the new Local Health Boards to determine the structure of their executive team. In particular, the executive membership of the Powys Local Health Board will need to be customised.
4. The new organisations will need to consider how all sectors and areas within their remit are addressed operationally, who holds accountability for them, and how issues related to them are represented at board level.
5. It is assumed that the proposal for an 'independent' Local Authority representative from within the LHB area is to ensure local input from someone with local government experience and knowledge, but not representing any particular constituency. The alternative of having each Local Authority in a Local Health Board's catchment area

represented on the board would be impractical in terms of its effect on maintaining a board size that is functional and able to operate in a focused way.

6. While the concept of skill based board membership is understood, a number of issues have emerged regarding the proposed background of other independent members:
 - a) The overriding consideration for the selection of non-executive directors should be their residency in and knowledge of the local community served by the board.
 - b) There is concern that non-executive directors with legal experience should not assume direct responsibilities more appropriately placed with a Board Secretary or the board's legal advisors.
 - c) The induction and support of those members with IT experience will be important to take account of the complex nature of IT in the management and delivery of health care.
 - d) With regard other areas of responsibility for board members, it is thought that this would be best left for local determination.
 - e) The staff representative should be an employee of the LHB rather than a full time trade union officer.

Stakeholder Reference Group

Although the need to strengthen and formalise stakeholder engagement is fully supported, our members believe that there will need to be flexibility and diversity both with the approach to engagement and with the make-up of the stakeholders involved. This should reflect the differing communities within and between LHB catchment areas. Mechanisms for stakeholder engagement must reach deep into, and across the LHB's patch. The processes for engagement will need to provide a range of ways of connecting with the wider health community, at a local authority level and, where appropriate, at a micro level in villages towns and sparsely populated rural areas.

In many parts of Wales the local planning partnerships have been successful and could be considered as a foundation for future engagement. It is particularly important that stakeholder engagement works effectively and is seen by the participants and the wider community as a worthwhile venture. Its profile will need to be high and its views respected by citizens, stakeholder organisations and LHBs alike.

Any form of stakeholder engagement in the restructured NHS must be considered hand in hand with the future role of Community Health Councils. While their roles are

complementary, as currently described in the consultation documents they appear to overlap. It is important their respective roles, responsibilities and relationships are clarified.

Public Engagement

This is a key role for the new LHBs, but we need to recognise that public engagement is an ongoing process and not an adhoc event. As such it will need to be adequately resourced in terms of funding, people and skills. We have much to learn in Wales about consistently good and effective public engagement, particularly with the silent majority and the hard to reach groups. It is important that a senior communications manager and adequate resources are put in place in the new Local Health Boards. Both internal and external communications will need to be a core function in LHBs' work and undertaken in accord with the highest professional standards.

The Professional Forum

Our members support the concept of engaging with health professionals in this way, but have the following comments:

- The relationship with the existing statutory advisory machinery needs to be clarified.
- The process for and the appointment of the Forum's Chair will be key.
- The relationship of the Forum and its Chair with the board and its decision making processes needs to be carefully considered. The dynamics and outcomes of this relationship will be key to the good working relationships with and the commitment of health and social care professionals to the aims of the board.
- With the membership of these fora a balance needs to be struck between wide multi-professional representation and with maintaining a size that is functional and able to operate in a focused way.

Localism

The concept of localism to health improvement and service delivery is important. This must be based on the achievement of overall strategic goals through local initiatives and service provision based on a thorough knowledge and understanding of distinctive communities, their needs and priorities.

Breaking down organisational boundaries is a key task of the new LHBs and will have an internal and external dimension. Internally the organisational structure as outlined above (although our members have comments and some concerns about it), will provide a needed

opportunity to provide an integrated and better balanced approach to improving health and the delivery of health care. Externally, the new health communities will provide an important critical mass in terms of engagement with citizens, assessing need, planning and delivering services. However, their foundation and much of their work will be based on the more local basis of existing Local Government boundaries and the micro communities within them. On this basis it seems inevitable that at a local government area level, LHBs will need a presence with which to get to know and be known in the local community and to gather intelligence. In the past the evolution of LHBs was from locality teams to local health groups. It seems these steps will need to be retraced.

Partnership Working

Our members support the key issues and principles for partnership working as discussed in the consultative document. At the heart of the evolution of local partnership will be the position and development of Local Service Boards. This must be underpinned by a strategy for taking community development to new heights. LSBs are currently focused on specific areas of work, but wider community development will need to gain momentum. LSBs should now be developed to have a wider scope for overseeing public service partnerships and to take on the mantle of transformational change in public service. In this context, the relationship between LSBs and the other existing statutory partnerships will need to be reviewed. NHS restructuring should be seen as a major plank in, and a stimulus for, the development of much stronger community partnership working.

The new planning system

The proposal to replace commissioning in Wales with a strong and effective planning system is applauded. The original restructuring proposals suggested that a National Planning Forum and Local Planning Fora be set up. This offered a connected top down/bottom up framework that had much to offer and it had similarities to the Planning Forum and associated network that existed in the early 1990s. Its work attracted national and international acclaim and put Wales in the forefront of integrated and inclusive planning and implementation. It seems that the concept of planning fora no longer figures in the proposals, but is worthy of reconsideration.

An integrated national plan and the annual operating frameworks will be essential to ensuring the new structure is successful in improving health and in delivering high quality care. Its delivery plans will also need to reflect an ambitious but sustainable pace of implementation.

This offers us the opportunity of identifying priorities - the things that really matter - and focusing on their delivery. Previous broad canvass approaches to service development have diluted effort and slowed pace. There is a need for honesty in planning around the scale and scheduling of achievable developments within tight budgets.

An important role for the National Delivery Group will be to ensure that IT systems are developed and implemented as soon as possible to ensure better information flows and joined up decision making.

Effective Public Health involvement and support are an essential part of any health planning system. The restructuring of the NHS organisations in Wales and the Public Health Service are inextricably entwined and interdependent. Care is needed to ensure that the principles, aims and objectives underpinning the changes to each are compatible and mutually supportive. This must be seen as a single coordinated restructuring of the various parts of the health system rather than separate exercises. Following the maxim "form follows function" will be important in this respect.

Funding the New NHS

The characteristics of the proposed new funding system are supported. However, the introduction of a three year funding and expenditure cycle would allow greater flexibility for delivery and innovation. Our members feel that rurality is a funding factor that needs further consideration.

Managing Performance in the New NHS

The characteristics of the performance management system in the future are important and reflect the concern previously expressed about the existing process. With the 'intelligent information systems' discussed in the consultative document must come a focused set of intelligent performance measures geared to review both output and outcomes. While the balanced scorecard (or dashboard) approach currently used in NHS Wales needs improvement, it does have the potential to provide a useful and effective means of connecting the areas that together will help to develop high performing health organisations.

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



Unit 3
Waterton Park
Bridgend
CF31 3PH

Tel 0845 33 00 499
E-mail info@welshconfed.org

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