Delivering Local Health Care

Accelerating the pace of change
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Joint Foreword

Mark Drakeford AM, Minister for Health and Social Services
Gwenda Thomas AM, Deputy Minister for Social Services

Individuals, families and communities across Wales deserve high quality services to enable them to maintain good health and well-being.

There is a significant leading role for primary and community care, within the wider health and social care system, to improve services for people living in local communities. Delivering Local Health Care provides a framework for action for Health Boards, Local Government and Third Sector partners to work together, to provide high quality, safe and sustainable services to meet the needs of people across Wales. Delivering Local Health Care should be used alongside its sister plan on integrated health and social services, which will be published for consultation in July.

The Social Services and Wellbeing (Wales) Bill will give people a stronger voice and real control over the social care services they use. It will drive the development of new models of service to maintain and improve the health and wellbeing of people. There will also be a stronger focus on preventative and early intervention services. This will be achieved through greater partnership working and integration of services.

This Plan sets out a range of action to:
- improve health and wellbeing by an increased focus on prevention and rapid intervention.
- provide improved support for older people and people with long term conditions.
- strengthen locally led service planning and delivery.
- deliver co-ordinated care, focused and designed around people.

This is about ensuring the right care, at the right time, in the right place, to provide high quality services, care and support to the people of Wales.
Message from David Sissling, Director General of the Department of Health and Social Services and Chief Executive of NHS Wales:

The Welsh NHS has made good progress in providing more care in community settings since the publication of Setting the Direction in 2010. This has been achieved by developing new ways of working and greater collaboration both within the health system and with key partners in local government and the third sector.

We need to build on this progress. Health Boards and Trusts must now work together with key partners, to ensure all communities and all patients can benefit. We will support them to take this work forward and will hold them to account for the outcomes they deliver and for their contribution to the overall health and wellbeing of the people of Wales.

Delivering Local Health Care identifies the key areas for change and improvement. Through the implementation of this Plan, we will see a rebalancing of our health care system. Above all we will see services which are equitable, accessible and more responsive.

Using this Plan as the framework to accelerate the pace of change, my challenge to the NHS, Local Government, the Third and Independent Sectors, is to work together to plan, innovate and deliver effective local care, so the people of Wales can achieve and maintain good health and wellbeing.
1. Overview and strategic context

We have been working for a number of years to strengthen local care services and ensure the right care is provided in the right place, at the right time. This means delivering more care close to home, where appropriate, to reduce the need for people to use hospitals and increasing the ability of local services to support people to be healthy and by making access easier. We know this is what people want and reflects the ambitions set out in *Together for Health*.

Our local health services in Wales have a vital role to play. Over 90% of patient contact with the NHS takes place in primary care and the vast majority of people are happy with the services they receive1.

Since *Setting the Direction* was published we have seen:
- improved support and management of people with long-term conditions through enhanced community based support.
- locality networks across Wales established to shape local services, with GPs stepping forward in new leadership roles.
- community resource teams supporting people to remain safely at home, when a hospital admission is not required and enabling people to return home, quickly and safely if they do need hospital services.
- progress in linking up integrated health and social care services through locality networks, community resource teams and new frailty services.
- investment in mental health support in primary care through implementation of the Mental Health Measure.

This document aims to build on this progress and accelerate the pace of change in a way that:
- increases the focus on prevention, with rapid intervention when needed.
- helps people, families and communities influence and support their own health and local services.
- strengthens locally led service planning, co-ordination and delivery.

As this Plan is implemented, Welsh Government will work with Health Boards and other partners to ensure:
- accelerated adoption of new approaches to the delivery of primary and community care, using advances in technology and enhancing and developing clinical roles.
- locality networks are developed to really shape local services, with resources to make decisions about how care is developed.
- greater integration between health and social care, creating a single system of care planning and delivery of services.
- a narrowing of the health inequalities gap through targeted action in areas of greatest need.

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1 Latest household survey
2. Outcomes expected – what do we want to achieve?

Outcomes for local care

We want accessible, effective and sustainable local care services, which will have a real impact on people’s lives. We want people to:

✓ feel well informed and supported to actively participate in their own care – with co-production being the way we engage with people and patients.
✓ get the right care at each stage and care that is properly joined up so people do not find services are fragmented or duplicated.
✓ find services are well planned and organised, wherever they live.
✓ have more options for accessing services, care and support, for example, through using telephone, e-mail, and digital technology as well as face to face contact.
✓ only receive hospital care when that is the right option, and not because other more appropriate services are not available.
✓ be routinely asked for feedback on their care and have the opportunity to get directly involved in shaping local services.
✓ have the option to die with dignity in their preferred place of care, with their family and carers, supported by dedicated end of life care professionals.

To be effective, local care must be responsive to the needs of local people, whatever their circumstances and wherever they live. As part of the process to identify the needs of local people, consideration will need to be given to Welsh language and other language requirements. Whilst we expect the quality of services to be consistent across Wales, the ways in which services are designed and delivered will vary according to local circumstances. This will include ensuring services are designed to address issues such as rurality, in-line with the Rural Health Plan and deprivation.

3. Improving local care

Improving health and wellbeing

This Plan aims to seize the opportunity of combining information, technology and professional skills to improve local health and wellbeing and reduce inequalities. Every opportunity must be used to provide information and encouragement to people to adopt healthy lifestyles and to signpost people to the wide range of support available.

The over 50s health checks programme is being introduced to provide an online resource for people to assess their health and wellbeing. It will help identify risks to their health and provide advice on action to reduce those risks and improve their health. It will also sign-post people to the most appropriate local support in changing lifestyle behaviours – for example, providing a link to the nearest smoking cessation service, which may be run by a local pharmacy or to the wide-range of support...
provided by the third sector. People will also be directed to seek advice from their GP, or other health professional when this is appropriate. Third sector organisations also have a key role in assisting GPs to access and get messages to the “hard to reach” people and communities.

To address the widening of inequalities in health, care must be provided to those who need it most. We have established a programme to tackle the ‘inverse care law’ which is aimed at providing targeted interventions in two local health board areas initially. The outcome will be a measurable closing of the gap over time, between better off communities and those in more deprived areas. This will be achieved using a collaborative approach across health, local government and with the third sector. The Communities First Programme, recently refreshed and refocused, will provide investment in health workers in areas of greatest need, to support the work of GPs and their teams.

**Actions:**

**By September 2013,** Health Boards to develop a locality level assessment of population need. Locality network plans to be updated to include specific action to respond to this assessment.

**By December 2013,** the online health checks programme will be in place.

**By December 2013,** Health Boards in the two selected areas covered by the Inverse Care law programme, to take necessary action to ensure there is a review of smoking prevalence, hypertension and cholesterol, with agreed targets to be met by April 2016.

**Improving access to local care**

**Routine care**

Accessible, person centred primary care services sit at the core of local care. GPs and their teams will continue to provide first contact services to the people registered with their practice, considering all their needs – including physical and mental health and wellbeing. This whole person perspective puts GPs in a key position to form a full and balanced view of the overall needs of their local population.

How people access these services is changing and will continue to develop. For example, in seeing greater flexibility in the timing, length and nature of consultations, enabling GPs to change the way they engage with patients. *My Health On-line,* which enables people to book GP appointments and order repeat prescriptions, will allow people to be more active participants in the management of their own care. The internet will increasingly be used to create secure ways for people to access information about their own care.

The role of the GP will continue to evolve, along with that of the extended primary care team to respond to shifting patterns of demand due in part to social changes and increasing number of older people. As locality working matures, we will see the expansion of new and extended roles – specialist GPs, community physicians, nurse
practitioners and healthcare/physician assistants. Whilst the primary care practice partnership will remain a key feature of local care, there will be an increased mixed-model approach, building on the use of directly employed primary care clinical staff, including salaried GPs.

Effective local care requires people working well together - nurses, therapists, care workers, community pharmacists, dentists, optometrists and where appropriate, social workers, third and independent sectors. An extended range of services will also be delivered, for example, the new community pharmacy common ailments scheme, being launched in July, initially piloted in two Health Board areas. We will see more oral health and eye health care delivered in the community, as a result of implementing the national Oral Health and Eye Health Care Plans.

For those people who need specialist care, the GP role is critical in facilitating quick and easy access to the services required, in line with agreed pathways of care.

**Urgent care**
95% of urgent care contacts occur within primary care. The local care system will retain a vital role in managing urgent care needs. Local care must be organised and responsive 24 hours a day to meet the needs of frail, older people and those people towards the end of their lives. Work is underway to drive improvements at the interface between in-hours and out-of-hours GP services and to link to social services. Proposals are being developed on out of hours services, with a national, free to call NHS telephone service, to access urgent care.

Through locality working, there will be a more systematic approach to using the knowledge and information held by the extended primary and community care team, to predict those individuals at increased risk of needing unplanned care. There will be active management of the care of these individuals, to reduce demand for unplanned care. However, where people need emergency treatment, the ambulance and hospital services will ensure rapid access and high quality care.

**Actions:**

**By July 2013,** the National Urgent and Emergency Care Board’s Out of Hours sub group will develop proposals on out of hours services, including a national NHS telephone service to access urgent care, information and advice.

**By October 2013,** Health Boards to include within their integrated business plans how they will develop local care services. This will include detailed workforce plans to support the sustained introduction of new and enhanced roles and new models of care.

**By December 2013,** Welsh Government, working with the NHS will complete a review of the GMS contract and make recommendations for changes to the contract to enable GPs to drive the changes needed in the local care system.
Supporting people with long term conditions

People will be empowered and supported to take greater responsibility for, and control of, their own health and wellbeing. This means people and families doing more for themselves and making better lifestyle choices, as well as having more control over the services, support and care they receive. Primary care services, working closely with the third sector, must be organised to mobilise, activate and support people’s self-management.

In Programme for Government, we committed to ensuring people with long term conditions have an individual care plan. Care planning will be characterised by professionals working together, to take account of the whole person and all of their needs as well as involving the person in making decisions about their care. The focus will be on anticipating needs and preventative care. A particular aim of the Social Service and Wellbeing (Wales) Bill is that care and support needs are assessed earlier, and the right intervention provided to reduce any later need for ongoing care.

To support this, Welsh Government is developing a Framework for Care Plans setting out the purpose, benefits and key principles. The Welsh Government is also developing a Framework for Self Care. This will include action to raise public and professional awareness of the information, support and advice available nationally and in the local community. It will build on the education programmes currently available, such as the Public Health Wales’ Education Programme for Patients, designed to give people confidence in managing their long term health conditions.

**Actions:**

**By March 2016**, Health Boards and partners to agree individual care plans, proportionate to need, for people with long term conditions.


Improving care for older people

Despite the progress made in the last few years, too many people are admitted unnecessarily to hospital in an emergency, when earlier intervention or a broader range of service options might have prevented that problem occurring.

Community based services, which support the interface between primary and hospital services, together with social services, have developed considerably over the last few years, supporting more people to be cared for in their own homes, or local community settings. The models of care that appear to work well, include integrated health and social care teams, with both specialist care of the elderly and GP clinical expertise, provided as part of a multi-disciplinary approach. They support frail older people to be cared for at home, and help provide access to diagnostics, treatment and care provided in the home, or as close to home as possible. Services such as these are already proving successful in reducing acute hospital admissions.
and shortening lengths of stay. It is not sufficient just to provide a service; what is needed must be capable of meeting the need 24 hours a day.

Whilst there is not one model of care suitable for every area and all needs, evidence suggests that a service to manage the problems of older people with complex needs will need to include:

- a clinical champion (likely to be a geriatrician or specialist GP) working as part of a wider multi-disciplinary team including GPs, district nurses, pharmacists, ambulance services, specialists, social services and the third sector.
- a single, well-advertised, point of access to the service (usually via GPs in and out of hours).
- an initial home visit to the patient to undertake an assessment (within 2 hours of referral) and investigations or tests, including results, on the same day.
- an appropriate plan of care and support based on the investigation and results, incorporating health and social care needs, developed in discussion with the patient and relevant carer.
- a daily visit, usually 4 or 5 in total - but continuing as long as necessary (acting as a virtual ward round similar to the daily checks undertaken in a hospital ward) by a relevant professional (likely to be an advanced nurse practitioner or care of the elderly consultant) to assess progress, with an update provided promptly to the GP and wider care team.
- a safe and competent transfer of responsibility for care back to the GP and statutory services.

Baroness Ilora Finlay is leading work to establish the needs of older people, this will be used to inform future service planning.

**Actions:**

**By October 2013,** Health Boards, local authorities and the third sector will confirm the local frailty model for their area, ensuring full implementation by **March 2015.**

4: Making it happen

**Locality networks**

Locality networks are now established across Wales, although they are at different levels of development. We now need to see the networks progress to take on the full set of functions and accountabilities envisaged in *Setting the Direction*. The role of locality networks includes:

- assessing the needs of the local population and planning, co-ordinating and delivering services to meet these needs, taking account of deprivation, rurality, the need for services in Welsh and the needs of black and minority ethnic populations.
- facilitating all parts of the NHS to work better together with social services, the third sector and local communities.
- making decisions about how local resources are best deployed to meet local demand – commissioning care for their populations.

Health Boards need to support locality network leadership teams to assess themselves against the maturity matrix set out in **Annex 1**. They then need to set out the steps to reach the advanced level of maturity and ensure this is achieved by
March 2015. Although many locality networks will be expected to reach this level of maturity during 2013/14, with the right support and development from Health Boards and other partners.

Locality networks will be incentivised to take on more responsibility for improving local services. They will have opportunities for decision making in relation to resources, including the transfer over time of budgets. There will be a shift of resources into local care services on an annual basis, to ensure the appropriate rebalancing of resource. Up-front funding from Health Boards and partners may need to be made available to enable locality networks to invest in change and new approaches. Health Boards, supported by the Welsh Government, will develop an agreed approach for locality networks to share savings achieved through new models of working in the community.

Accountability agreements between the locality network and Health Board will set out the expectations of each party (including local government and other partners) and the outcomes to be delivered.

**Actions:**

**By October 2013,** Health Boards and locality network leadership teams to assess the level of maturity of each locality network and agree a development plan to achieve full maturity (level 4) by March 2015.

**By October 2013,** Health Boards and partners to establish accountability agreements for each locality network, clearly setting out the roles and responsibilities for all partners.

**By October 2013,** Health Boards, supported by the Welsh Government, will develop an agreed approach for locality networks to share savings achieved through new models of working in the community. This will feature as part of the new financial regime.

**Integrated health and social care**

Building on the progress made to deliver integrated intermediate community based care and joint working through locality networks, a “sister plan” will be published in July, setting out in detail, how the integration of health and social care will progress over the next three years. Its initial focus will be on older people with complex needs. Services will be based on agreed models of care, significant use of pooled budgets, single management structures and robust governance and accountability arrangements with shared outcomes.

The Social Services and Wellbeing (Wales) Bill will reinforce this work and set out in legislation the requirements for Health Boards and Local Government to strengthen significantly the statutory collaborative approaches to the planning and delivery of care and support. It will give people a stronger voice and real control over the social care services they use, to help meet their changing needs. It will drive the development of new models of service that maintain and improve the health and wellbeing of people.
There will also be a stronger focus through the Bill on preventative and early intervention services, based on greater partnership working and integration of services between local authorities and partners

**Actions:**

| By July 2013, Welsh Government will issue for consultation a National Framework for Integrating Health and Social Care. |

**Measuring success**

A list of key actions for the delivery of this Plan is at Annex 2. The Welsh Government will work with the NHS and other partners, to take forward the programme of work underpinning these actions. This will include detailed discussions on how the actions will be progressed, with key milestones and outcomes. These will be monitored to ensure successful delivery and improved services, care and support for the people of Wales.
## Locality network maturity matrix

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>4 Advanced</strong></td>
<td>• Devolved budgets in place; • Robust governance and accountability arrangements in place; • Hard evidence to demonstrate the delivery of agreed outcomes.</td>
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<tr>
<td><strong>3 Performing</strong></td>
<td>• Each leadership team has agreed key service priorities and action plans based on local need; • Operating procedures and protocols are in place; • Ongoing scaling up service re-design.</td>
</tr>
<tr>
<td><strong>2 Developing</strong></td>
<td>• Configuration, core principles and key deliverables agreed with all partners; • Locality network leadership team terms of reference, functions and lines of accountability and communication agreed; • A performance framework in place.</td>
</tr>
<tr>
<td><strong>1 Establishing</strong></td>
<td>• Discussions with local partners commenced to develop and agree core principles; • Development of core information at a locality network level; • Agreement on role, accountabilities and contractual arrangements of key locality network leadership team members, including lead manager and clinician.</td>
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</table>
## Key actions for delivery

<table>
<thead>
<tr>
<th>ACTIONS FOR: Welsh Government.</th>
<th>By When</th>
</tr>
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<tbody>
<tr>
<td>Incorporate the monitoring and delivery of key actions and outcomes within this Plan within existing performance management mechanisms for Health Boards and other partners.</td>
<td>During 2013/14.</td>
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<tr>
<td>Deliver enabling legislative programmes including the Social Services and Well-Being (Wales) Bill and the potential Public Health Bill.</td>
<td>2014/15.</td>
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<tr>
<td>Review the GP contract and develop proposals to drive changes in the local care system to support the delivery of this Plan. Review GP and other contracts on a regular ongoing basis to ensure alignment with key priorities.</td>
<td>December 2013</td>
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<tr>
<td>Develop a national financial and planning framework to enable and align resources needed to support the delivery of local care.</td>
<td>During 2013/14.</td>
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<tr>
<td>Develop a National Framework for integrated health and social care (initial focus will be on older people with complex needs).</td>
<td>Consultation to commence July 2013.</td>
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<tr>
<td>Revise the focus of the NHS Delivery Framework Tier 1 measures to incorporate primary and community care as part of a whole system of performance.</td>
<td>During 2013/14.</td>
</tr>
<tr>
<td>Work with Health Boards and partners to develop proposals on out of hours services, including a national NHS telephone services to access urgent care, information and advice.</td>
<td>Proposals developed by July 2013.</td>
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<tr>
<td>Launch new community pharmacy common ailments scheme with initial pilot in two Health Board areas.</td>
<td>July 2013.</td>
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<tr>
<td>Implementation of the on-line over 50s health checks programme.</td>
<td>December 2013.</td>
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<tr>
<td>Work with Health Boards and the National Wales Informatics Service to develop an all-Wales approach to share information securely and confidentially.</td>
<td>October 2013.</td>
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<tr>
<td>Through the Digital Wales Programme, work with Health Boards and partners to provide people with more online services and access to information.</td>
<td>Ongoing.</td>
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<tr>
<td>Work with Health Boards and other partners to ensure national recruitment, education and training programmes support local service workforce plans.</td>
<td>Ongoing from 2013/14.</td>
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<td>ACTIONS FOR:</td>
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<tr>
<td>Health Boards, Local Government and partners.</td>
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<td><strong>Report to Welsh Government on how they will ensure collective delivery against the key themes and actions within this Plan.</strong></td>
<td>September 2013.</td>
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<tr>
<td><strong>Ensure key documents e.g. Single Integrated Plans, Business Plans and Locality Network Plans include how local care services will be developed, with detailed workforce plans to support the sustained introduction of new/enhanced roles and new models of care.</strong></td>
<td>Developed during 2013/14.</td>
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<tr>
<td><strong>Assess the maturity of each locality network and agree a development plan to achieve full maturity by March 2015.</strong></td>
<td>October 2013.</td>
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<tr>
<td><strong>Ensure accountability agreements are developed for each locality network, clearly setting out roles and responsibilities for all partners.</strong></td>
<td>October 2013.</td>
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<tr>
<td><strong>Develop an agreed approach for locality networks to share savings achieved through new models of working in the community for implementation from April 2014 (supported by Welsh Government).</strong></td>
<td>October 2013.</td>
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<td><strong>Develop a locality assessment of population need, with specific actions included in Locality Network Plans to respond to the assessment.</strong></td>
<td>September 2013.</td>
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<td><strong>Ensure compliance with the Welsh language requirements and adheres to the Strategic Framework It's more than just words.</strong></td>
<td>Ongoing.</td>
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<td><strong>Identify clear priorities and actions for addressing health inequalities, with specific proposals for the two Health Board areas involved in the Inverse Care Law Programme.</strong></td>
<td>December 2013.</td>
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<td><strong>Agree individual care plans for people with long term conditions (proportionate to need).</strong></td>
<td>March 2016.</td>
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<td><strong>Confirm the frailty model for their local area, ensuring full implementation by March 2015.</strong></td>
<td>October 2013.</td>
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<td><strong>Implement actions in the Framework for Self Care.</strong></td>
<td>Ongoing from 2013/14.</td>
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<td><strong>Establish effective mechanisms to involve individuals and local communities in the planning and delivery of local care. The Third Sector to lead a 'conversation' with the public to discuss the role people have to play in taking responsibility for their own health and wellbeing by December 2013.</strong></td>
<td>Ongoing from 2013/14.</td>
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<td><strong>Review, develop, manage and quality assure all contracts to ensure high quality and cost effective services to meet local need.</strong></td>
<td>Ongoing from 2013/14.</td>
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<td><strong>Improve access to GPs and other primary and community care health professionals.</strong></td>
<td>Ongoing.</td>
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<tr>
<td><strong>Explore and exploit the use of technology to improve service delivery and access to information, advice and support e.g. telemedicine, telehealth and telecare, electronic referral and discharge systems.</strong></td>
<td>Ongoing from 2013/14.</td>
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