Llywodraeth Cymru
Welsh Government

A Healthier Wales:
our Plan for Health and Social Care

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Foreword

With cross-party support, the Welsh Government recently commissioned a Parliamentary Review of the Long Term Future of Health and Social Care. An international panel of experts, chaired by Dr Ruth Hussey, called for a "revolution from within", to drive the changes we need to see in our health and social care system, so that it is able to meet the needs of current and future generations in Wales. This plan is a response to the Parliamentary Review report.

When it was established 70 years ago, inspired by Aneurin Bevan and the model of the Tredegar Medical Aid Society, the NHS was visionary, bold, and radical. It transformed health services for millions of people. It brought certainty and security, especially for the people who needed those services most. It made sure that services reached the same national standards for everyone, everywhere, according to need not the ability to pay.

But we no longer live in the world which the NHS was originally designed for. People live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. Treating people in hospitals when they are ill is only a small part of modern health and social care.

Our ambition now is to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well. We want a seamless whole system approach to health and social care. Services from different providers should be seamlessly co-ordinated, and we should go beyond services to make a difference to the social and economic factors which influence health, wellbeing and life chances.

This is not a challenge which the Welsh Government, NHS Wales, or local government can meet on their own. We will need broader and deeper partnerships, new skills and ways of working and we will need people to take more responsibility for their own health and wellbeing. We may also need to change how we pay for health and social care services. None of these changes will come quickly or easily. We will need a strong sense of shared values and partnership, over many years.

We acknowledge the level of challenge to meet the aspirations of this plan, but we believe this can be met if we can rediscover the confidence and bold ambition that made Wales the birthplace of the greatest National Health Service in the world.

Vaughan Gething
Cabinet Secretary for Health
and Social Services

Huw Irranca-Davies
Minister for Children, Older People
and Social Care

Introduction

The Parliamentary Review described the increasing demands and new challenges that face the NHS and social care – an ageing population, lifestyle changes, public expectations and new and emerging medical technologies. The Review made a strong case that a service based mainly on a medical model of health, and a separate system of social care, is not fit for the future. The need for change is with us now, not just at some distant date. Our focus has to be on transformation, innovation and delivery knowing we have foundations to build on in our current system. Without response and change we will fall short of meeting the needs of the Welsh population.

Wales has made distinctive choices. We have adopted a planned approach, establishing integrated Local Health Boards and statutory Regional Partnership Boards. This has allowed social models of community based-care which cut across traditional organisation and service boundaries. New legislative powers have led to the *Well-being of Future Generations (Wales) Act*, the *Social Services and Well-being (Wales) Act*, the *Regulation and Inspection of Social Care (Wales) Act*, and to innovative actions on smoking in public places and organ donation. The Welsh Government has set out in *Prosperity for All*, the national strategy for the 5-years of this National Assembly term, its commitment to "health in all policies", to make a difference to wider social and economic influences such as housing, parenting, education and employability.

What we need now is to speed up change, not to go in a different direction. Using the idea of the Quadruple Aim, supported by practical Design Principles, we will be able to focus at every level on achieving our future vision. Through local innovation which feeds through to new models of seamless health and social care, we will scale up new ideas and better ways of working to regional and then to national level. A national Transformation Programme will bring pace and purpose to how we support change across our whole system.

We will embed change, so that it is better able to meet future challenges and opportunities, and to be sustainable for future generations. Most importantly this will invest in the people who deliver health and care services, and in making Wales a great place to work. It will develop a continuous engagement with them and with the wider public, so that we can tackle the difficult choices which lie ahead together, as partners. Stronger national leadership and direction will support these changes, enabling us to grasp the full potential of our integrated system and our planning approach, but our real test will be in the delivery of services and improved outcomes across Wales.

Andrew Goodall
Director General for Health and Social Services,
Chief Executive of the NHS Wales

Executive summary

This plan sets out a long term future vision of a 'whole system approach to health and social care', which is focussed on health and wellbeing, and on preventing illness.

We will build on the philosophy of Prudent Healthcare, and on the close and effective relationships we have in Wales, to make an impact on health and wellbeing throughout life. We will have a greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing, and on enabling people to live independently for as long as they can, supported by new technologies and by integrated health and social care services which are delivered closer to home.

To achieve this future vision, we will develop 'new models of seamless local health and social care', which will scale from local to national level. These models will build on a foundation of local innovation including through Clusters of primary and community care providers. Regional Partnership Boards, which bring together local authorities, health boards and Third Sector providers, will occupy a strong oversight and coordinating role. Regional partnership working will be at the heart of how we will develop high value models of integrated health and social care, which will be promoted for wider adoption across Wales.

A national Transformation Programme will ensure that change happens quickly, and with purpose, across Wales. The Transformation Programme will be responsible for delivering the commitments in this plan, focussed on demonstrating an early impact over three years, to build the momentum needed to shift the whole system towards achieving our long term vision. It will provide targeted funding and resources to accelerate progress, including through a dedicated £100m Transformation Fund.

We will strengthen national leadership and direction, linked to a regional focus for integrated local health and social care delivery. A new national executive function will speed up decision making and make the system more responsive to national priorities. This will include a shared planning approach at national, regional and local levels, supported by levers for change and quality statements.

We will ensure that the whole system is 'fit for the future', so that it is able to respond more quickly to future challenges and opportunities. We will increase our investment in digital technologies as a key enabler of change. We will continue to support and invest in the development of the health, social care and third sector workforce, including unpaid carers and volunteers. We will continue to pursue quality and value through co-ordinating our research, innovation and improvement activity.

All of this work, and our future system, will be underpinned by a strong shared philosophy and continuous engagement. We set out common values for the whole system, and we will use ten Design Principles to translate our Prudent Healthcare philosophy and the central idea of the Quadruple Aim into practical tools which will help to align all of our transformation activity at every level. Continuous engagement and an ongoing conversation with the Welsh population will ensure everyone has a voice in our whole system approach and how it develops.

Our vision for the future

The Parliamentary Review Panel made the case for a strong future vision of health and social care in Wales as a key part of transforming to an integrated whole system approach. Our vision is based on prudent healthcare as a guiding philosophy, on the Parliamentary Review's work, and on our engagement across health and social care with leaders, staff and the public.

"Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

This whole system approach will be equitable. Services and support will deliver the same high quality of care, and achieve more equal health outcomes, for everyone in Wales. It will improve the physical and mental well-being of all, throughout their lives, from birth to a dignified end.

When people need support, care or treatment, they will be able to access a range of services which are made seamless, and delivered as close to home as possible. Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.

People will only go to a general hospital when that is essential. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital-based care is needed, it can be accessed more quickly.

Because of its emphasis on driving change and improvement, its emphasis on wellbeing, prevention and early intervention, and on using technology to support high quality services, this whole system approach will be more effective, efficient and equitable, so that it is sustainable for future generations in Wales."

Values

It is important that we set ambitions for progress and improvement whilst responding to the challenges placed on the current system. We will drive transformation through values which focus on the Welsh population, and on the best possible delivery of public services, helping us to make better choices about how and where and when to provide support and services. The core values that underpin the NHS in Wales are:

NHS Wales core values

Putting quality and safety above all else – providing high value evidence based care for our patients at all times.

Integrating improvement into everyday working and eliminating harm, variation and waste.

Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.

Working in true partnerships with partners and organisations and with our staff.

Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

These values provide a good foundation for the distinctive character and culture we want to see across the whole of our future health and social care system. But moving from the way services are organised today to a whole system approach will need additional commitment and ambition across all providers, including the third sector and business partners. We want to engage everyone in developing the values and common priorities we will need to achieve our future vision:

Proposed whole system values

Co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services.

Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making.

Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist.

Driving transformative change through strong leadership and clear decision making, adopting good practice and new models nationally, more open and confident engagement with external partners.

Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

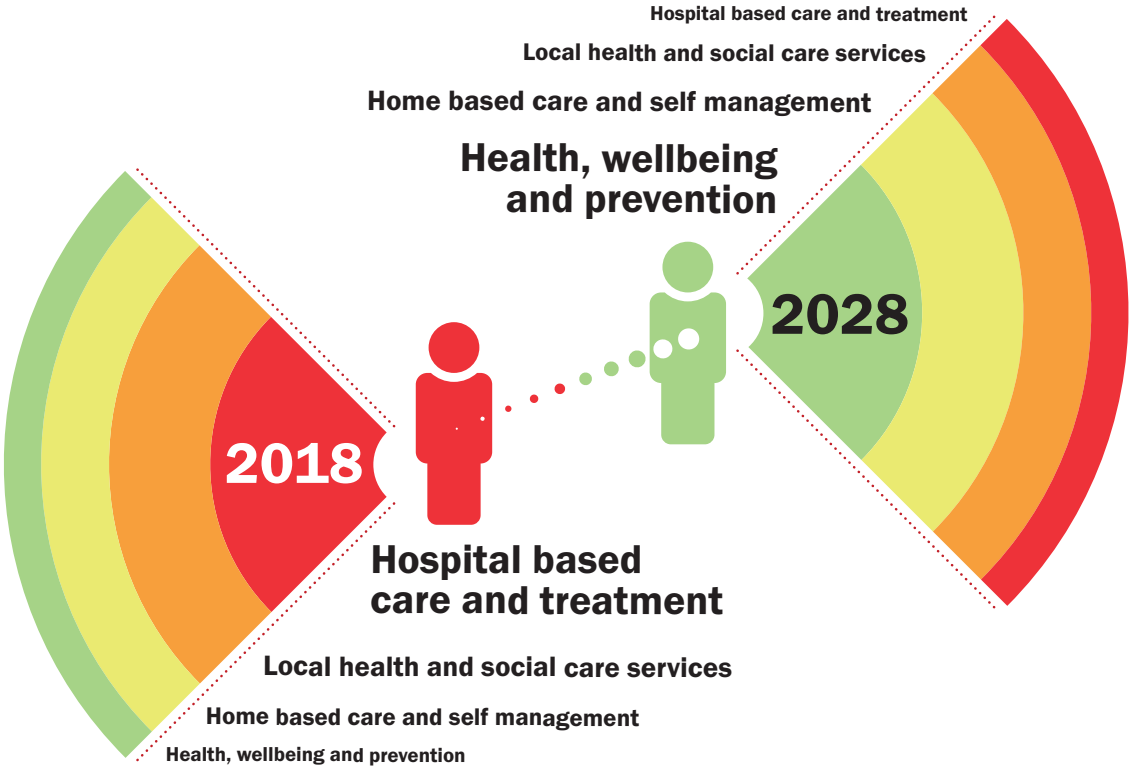
These shared values will ensure that we will all be proud of the health and care system we have in Wales. Proud of what it achieves, and proud of how it continues to deliver against Aneurin Bevan's founding principles. We will all have a shared ownership of our health and care system, and we will be able to contribute to how it develops, so that as individuals and communities we can all help make it stronger for future generations.

Delivering our Vision

In this section we describe what we expect some elements of this future vision and whole system approach to look like. But this is not a rigidly fixed plan for everything – there are too many different services, delivered across a wide range of settings, and they will evolve in ways we can not predict exactly today, using new technologies like artificial intelligence or genetic diagnostics. What people need and expect from health and social care will also change over the next decade.

A range of services and support will be available, from promoting nationally-based population health programmes through to personal wellbeing support. We will ensure that services appropriate to individual needs are provided at the primary and community care level. Local health facilities and services will focus on prevention and early intervention, and on seamless care and support for people when they need it. Access to hospital, and most significantly at the specialist hospital level, will be provided when this exceeds the level of local support available and this will represent a shift over time in the system's reliance on traditional hospital services.

Equally our whole system approach will involve a change in the traditional relationship between 'patients' or 'service users' and 'providers'. We will see a shift to conversations that start by asking 'what matters to you?' and lead into a discussion about how people can themselves contribute to better health, reflecting our philosophy of Prudent Healthcare.



Longer, Healthier and Happier Lives

As part of working together to achieve our future vision, we need people to take more responsibility, not only for their own health and wellbeing, but also for their family and for people they care for, perhaps even for their friends and neighbours.

The choices that individuals make have a significant influence on health outcomes, as does their feeling of control over those choices. The renowned Caerphilly Cohort study demonstrates the impact of 'lifestyle factors' such as not smoking, avoiding excessive drinking, maintaining a healthy weight, good diet and exercise. As part of working together to achieve our future vision, we need people to take more responsibility, not only for their own health and wellbeing, but also for their family and for people they care for, perhaps even for their friends and neighbours. We will enable this through different forms of engagement, for example using social media and digital platforms, linked to a better understanding of what influences behaviour and the choices we make.

A strong public health approach is key to a healthy society, even as new technologies allow more personalised health services. Through our recently revised 'burden of disease in Wales' work, we know more now about which public health approaches are most effective. Using this evidence and by learning from improvements across Wales, we will drive good practice across different settings, to reduce health inequalities and improve population health outcomes. Our future system will also continue to deliver strong immunisation and public health programmes driven by a consistent national framework, including promoting a better understanding of health, infection, and environmental hazards.

Improving the health and wellbeing of everyone in Wales is something which we can all contribute to, through a new kind of public partnership approach. This work should start early – from pre-birth and the first 1000 days, through to the influence of a new school curriculum where we will expand on the existing Healthy Schools Programme to build insights about healthy and active life choices, mental resilience and other life management skills into young people's education. It needs to continue through adult life, including through initiatives such as Healthy Working Wales which supports employers across Wales to improve health and well-being at work, and through helping people to plan effectively for their own long term housing and care needs.

A whole system approach to health and social care

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Over the next decade, we will see a shift of services from hospitals to communities, and from communities to homes. People will be supported to remain active and independent, in their own homes, for as long as possible. A lot of this change will be as a result of maintaining good health, through more emphasis being placed on prevention.

New community-based models of health and social care will combine seamlessly with assistive technologies and remote monitoring, so that people can have the same high quality of support in their own home as they would in a residential care setting, or in a hospital.

Residential care will flex over time, enabling and encouraging people to recover their independence wherever possible. When someone's needs or circumstances mean that they can no longer live in their own home, or if their wellbeing is best protected by being looked after in another setting, they can expect to have high quality care provided – across the whole system, there will be a range of support in different settings, which will be personalised to meet people's needs and preferences. This support will enable and encourage people towards more independence and self-management, but always at a pace and to a degree appropriate to the individual. Where possible, people will be supported to return to living independently in their own homes.

A holistic approach to supporting health and wellbeing will go beyond providing support services in the home or in residential care. For example, community activities and regular contact with friends and neighbours will help people to stay active, and reduce loneliness and isolation, supporting mental and physical health. For many people the support they need will be delivered by different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves. A whole system approach will enable all of these people and teams to work together, harnessing the full range of community assets, and based on a solid foundation of common values, shared information and mutual respect.

An equitable system which achieves equal health outcomes for all

The holistic approach we need is also one that provides an equitable level of treatment, care or support to people throughout their lives and irrespective of whether it is a matter of physical or mental health.

Almost everything has an influence on our health and wellbeing – for example, our family, our friends and communities, the quality and security of our housing, securing rights and entitlements, our level of education and skills, availability of good work, money and resources and also our surroundings. We know that factors in our childhood, particularly 'adverse childhood experiences,' have a significant impact on us as we grow up. Mental and physical wellbeing throughout life helps individuals to realise their full potential – coping with the challenges that life throws at them, working productively, and contributing to their family life and communities.

These influences can combine to have a big impact. In Wales there are large differences in healthy life expectancy, even for people who live in communities within a few miles of each other. Our whole system approach will include tackling these wider influences and the 'social gradient' so that people have better and more equal life chances and health outcomes regardless of where they live. Many of those who could benefit most from this support are not in frequent contact with health and care services, which is why we must go beyond what we do now, using new models which work through partners and communities, to address social causes of poor health and wellbeing. This includes, for example, loneliness and isolation, which have been shown to have a marked impact on mental and physical health. The holistic approach we need is also

one that provides an equitable level of treatment, care or support to people throughout their lives and irrespective of whether it is a matter of physical or mental health. Services must help people to have the best start in life and to live well. They must protect people from abuse, neglect or harm, provide treatment and care when it is needed, and support people to age well, in their own home or as close to home as possible.

This means ensuring good health and healthy behaviours are supported in the first few years of life, with pre-birth and the first 1000 days as the most critical time to influence healthy outcomes. It means that young people who are looked after or on the edge of care will be helped and supported to enjoy the same life chances as other children. It means those services which people rely on at major points in their life can expect the same high quality services wherever they are. It means older people will be valued, supported to live independently and treated with dignity and respect with Welsh Government, statutory partners and the third sector all playing their role to make rights real.

Services which are seamless, delivered as close to home as possible

Everything should be presented as a single package of support, care or treatment, tailored to the needs and preferences of that person, even if it is made up of services delivered by several different providers.

New models of seamless health and social care will integrate services at the local and regional level. Our future vision is of a single whole system approach in which services delivered by different providers are co-ordinated seamlessly for and around the individual. Everything should be presented as a single package of support, care or treatment, tailored to the needs and preferences of that person, even if it is made up of services delivered by several different providers.

The NHS and local authorities will play a leading role, but they will not be the only providers. For example, we will need a sustainable social care sector, which provides important employment and career opportunities as part of the 'foundational economy' in many communities. Services will be more resilient if we support new and existing providers, encourage innovation, and enable diversification. This will strengthen the prosperity of local economies, which will have a longer term positive impact on health and wellbeing.

Over the next decade we will see a shift of services from large general hospitals to regional and local centres. Routine diagnostics, outpatient services, day-case treatments, minor surgery and injury services can all be delivered safely and to high quality in smaller centres. Clinical expertise and specialisation can be shared through hub and spoke models. These changes will help to modernise services, allowing them to use new technologies and to share good practice nationally, so that services are of equally high quality across the whole of Wales.

Primary and community care will offer a wider range of professionally-led services and support. Within a local area, clusters of GPs, nurses and other professionals in the community, such as dentists, community pharmacists and optometrists, will work closely with an expanded range of professionals, including physiotherapists, occupational therapists, paramedics, audiologists and social workers as a seamless health and well-being service focussed on prevention and early intervention. These services will support people in making decisions about looking after themselves and staying independent, so that they have access to the best professional or service to meet their particular need – including by using rapidly evolving in-home web based support, as well

as in person. There will be better ways to access other sources of non-medical care and support, such as how to manage debt, housing problems or local community services and activities.

Seamless services will support people before and after their time in hospital. Community based services will help people to prepare for treatment and to recover quickly. New partnerships between health and housing will develop joint solutions and enable improvements in step-up and step-down support for people in the community. Hospitals will develop new tools to forecast flows in and out of hospitals, so that they can match resources to need, throughout the week and throughout the year. Hospital-based services are resource intensive, and most people would prefer to be closer to home, which will allow new models of partnership between different providers, and individuals, enabling people to minimise their hospital stay. Hospitals will also be oriented to ensuring that people who are frail or are at the end of their lives are placed in the most appropriate setting, and treated with dignity.

The aim of holistic care that incorporates physical, mental and emotional wellbeing, linked to healthy life style choices, also requires a transformation in how care givers interact with the public. Every contact is an opportunity to support someone to better maintain or improve their own health and wellbeing, which will often mean looking beyond their immediate symptoms or needs. Our philosophy of Prudent Healthcare already commits to ensuring that decisions and choices are taken forward hand in hand with those receiving our services and this extends to how our system supports lifestyle and wellbeing choices. As new tools improve diagnosis and treatment, and allow people to manage more of their own care and treatment, professionals will have more scope to lead conversations with people about 'what matters' to them, and what they could do themselves to improve their health and wellbeing, or to avoid illness. This will be an increasingly important part of putting the citizen at the heart of a whole system approach.

New technologies and digital approaches will be an important part of our future whole system approach to health and social care, but they will only be a part. Some people will be unable to access digital services, others will choose not to. Face-to-face and hands-on human contact is an extremely valuable and absolutely essential part of care and treatment. There are many things which can not be delivered digitally or through technology. People will always be the foundation of high quality health and social care services.

People will only go to a general hospital when it is essential

The types of services which are delivered in our major hospitals will continue to change. People will spend less time in hospital, and will have more support to recover quickly.

Hospital based services will remain an essential and visible part of our future health and care system. People will be broadly supported by a range of community-based services and activities, building on local community hubs and on GP and primary care support. Larger general hospitals will provide a full 24/7 accident and emergency service and range of supporting specialties and facilities. They will support more specialist centres through an increasing focus on networks across hospitals and organisations.

The types of services which are delivered in our major hospitals will continue to change, as some services are moved out into community centres, and others become more specialised. We will need to lead and support changes that deliver safer services and promote better outcomes for those receiving care, in planned and emergency settings, including where necessary centralising specific services based on clinical evidence and advice. Other hospitals will develop a clear function and range of services that support communities, delivering settings for outpatient, diagnostics and ambulatory care, including the potential for centres of excellence. Community hospitals and out-of-hours services will continue to play an important access and support role in local settings across the patient pathway.

People will spend less time in hospital, and will have more support to recover quickly. Hospital based services will be developed based on the outcomes they achieve for patients, on our national approach to improving quality and safety in line with ensuring that the appropriate skilled workforce is in place. There will be a strong emphasis on speeding up diagnosis, on reducing the time people need to spend in hospital for treatment, on helping people to recover their independence after treatment, and on ensuring that they do not need to be re-admitted to hospital. Where specialist services need to be accessed, the system will ensure that patients return to the most appropriate local setting for their ongoing care, whether in a local health setting, in a step-down facility in the community or in their home.

New specialised treatments will be made possible, through developments in science and medicine. This evolution of practice will change the areas in which doctors and other staff are qualified to work, and what can be delivered safely in hospitals, or in community centres. Some of today's specialist treatments will in future become common practice, but many specialised services only treat and support small numbers of patients, meaning larger populations are required for a service to be clinically viable and for skills to be maintained for safe and effective care. Everyone in Wales will have access to these specialist services, wherever centres are based, but some very complex services may not be provided in Wales, for example if they only treat a small number of patients across the whole of the

UK. In other cases, there may be specialist centres based in Wales, which are viable only because they serve a wider UK or even international population.

Using technology to support high quality, sustainable services

As we look ahead 10 years, many of these technologies and practices are unknown fully and still emerging, so we need to provide a system that can respond with urgency and agility to these new opportunities.

New technologies will enable our future health and social care services to predict poor health, to detect early deterioration and illness sooner, to diagnose more precisely, and to make better choices about which treatment is right for the individual. New genetic diagnostics will help to detect cancer much earlier, probably from a simple blood test, and to identify specific types of cancer, which can be matched to the treatment which is most likely to cure. New assistive technologies in the home will enable people to remain independent for longer, supporting them physically, and keeping them safe through intelligent monitoring and alerting. New digital systems will improve our ability to spot gradual decline in mental and physical health, and to see very early signs of deterioration and illness through improved and better connected data and through new methods, including machine learning and artificial intelligence.

Ensuring that the relevant information is accurate, complete, up to date, and shared between everyone responsible for the individual's care and treatment will make services safer and more effective. This will help patients to access the services that match their needs. Digital technologies will support better clinical decisions, by filtering and interpreting information about the individual, and groups of similar individuals, and by predicting outcomes for different treatments. This will help to prioritise and speed up treatment, and it will help the individual to work more closely with professionals, so that their care is personalised to their own needs and preferences with more predicable outcomes.

These are important opportunities to shift the balance of our health and care system towards earlier detection and intervention, which is designed to prevent illness and to prolong independence. People will have a greater role and greater control in managing their own health and wellbeing, making decisions about treatment, and managing long term conditions. New digital services can be designed and delivered around individuals and groups, based on what they need, rather than where they live. Instead of waiting for something to 'go wrong', our system will use all the tools available to ensure that things 'stay right'.

How we will drive transformation

In setting out this vision, we recognise the size of the task that confronts us. The Parliamentary Review Report set out the stark challenges that health and social care faces, as a result of demographic and other societal trends, set within the context of ongoing austerity across the UK. Wales is not alone in grappling with these challenges.

In this Plan we set out what we see as a long-term journey towards achieving our vision. Our commitments and actions focus on the short term, and on what we will do over the next three years. By implementing the Parliamentary Review's recommendations with confidence and at pace, we aim to kick start change within the system. Through our commitment to genuine continuous engagement, including in developing this Plan, we want to lead all of our partners and stakeholders towards achieving our vision for the next decade.

A "revolution from within" must be shaped by a strong central idea. We have shaped this plan around the Quadruple Aim, using it to steer the changes we want to see, and to ensure that we are making progress on all fronts towards achieving our future vision for a whole system approach to health and social care in Wales.

The Quadruple Aim

The idea of four interlocking aims – described together as the Quadruple Aim – is driving the development of many high performing international health and social care systems. As the Parliamentary Review recommended we will use the Quadruple Aim as a central idea to help develop a shared understanding of how we want our system to develop and how we will prioritise change.

Our philosophy of Prudent Healthcare will continue to be a distinctive feature of the Welsh system, enabling higher quality and value through reducing variation, waste and harm, and through less intensive clinical interventions. Our legislation also embeds a commitment to prevention and early intervention, and to co-production and shared voice and control, for example through the Social Services and Wellbeing (Wales) Act. Using the Quadruple Aim we will map how our health and social care system contributes to achieving the goals defined in the Well-being of Future Generations Act.

The international profile of the Quadruple Aim means using it in our system will help us learn and share with other health and social care systems, so that we can share experiences and speed up learning. Sustainable health and social care is a global challenge. We are determined to have an open engagement with other countries, and with other sectors. The four themes of the Quadruple Aim, interpreted for our context in Wales are:

- Improved population health and wellbeing;
- Better quality and more accessible health and social care services;
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

We will also use the Quadruple Aim to report on our progress towards achieving the future vision.

Design Principles

Ideas need to be translated into reality, so we will use 'design principles' to help the public and staff to understand in practical terms how the Quadruple Aim and our wider philosophy of Prudent Healthcare can be applied to drive change. These design principles will help to align the many change projects and programmes we need to see, across our whole system, so that they can combine together to deliver a 'revolution from within' in health and social care.

The design principles will help people to check whether they are heading in the right direction, at the right pace. Individual projects may not meet all of the design principles. They may focus on one part

of the whole system, on one service, or on one new way of working. Trying to do everything at the same time, or requiring even the smallest projects to meet every national priority, will not allow the rapid cycle of developing, testing, refining and scaling up that we need.

As highlighted by the Review Panel, we must balance a nationally consistent framework and set of expectations with local delivery and opportunities to innovate. By finding ways of supporting change which allow people at every level to contribute to making services better, drawing on their collective experience and expert knowledge, we will promote national standards and meet local needs together.

A common approach across Wales will help to share learning – it does not make sense for every locality to design a model of care from scratch, if there is already good practice recognised elsewhere in Wales, or internationally.

The design principles will help to guide the innovation and appetite for change which we already have across health and social care, so that it builds more quickly and with more purpose into new models of seamless local health and social care, which can be scaled regionally and nationally, in line with our future vision of a whole system approach. They are principles for everyone, not just for health and social care service providers. We want to work with the wider community assets in a locality to build resilience, for example support groups and voluntary schemes, and we want to work with external partners, including industry and commercial providers.

The ten national design principles to drive change and transformation – and examples of how they could be applied are:

Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.

Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.

Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.

Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on 'what matters' to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.

Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.

Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and no harm.

Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.

Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.

Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.

We will engage with the health, social care and third sector workforce on the design principles, to make sure that they are widely understood and supported. As a learning system we will review them in three years and refine them as needed, based on what they have delivered, and on feedback from the people that have worked with them.

Action	Date
Promote understanding of our Prudent Healthcare philosophy, our Quadruple Aim approach, and the Design Principles through a public and workforce engagement programme.	**From 2018**
Evaluate the impact of the Design Principles and refine them if necessary.	**By 2021**
Publish a national overview of the overall performance of the health and care system against the Quadruple Aim and submit to the National Assembly for Wales.	**By 2021**

New Models of Seamless Local Health and Social Care

The Parliamentary Review recommended that the primary focus for change across the system should be new models of seamless local health and social care. Across Wales we have seen a number of new models and approaches emerging in recent years, supported for example by the Primary Care Fund and the Integrated Care Fund. It is encouraging that some of these models have originated in a very local context, including through primary care clusters, and that many have demonstrated effective joint working between health and social care providers. In some clusters there has been innovative collaboration with the Third Sector, as they have implemented health and social care delivery mechanisms with good outcomes and demonstrated value for money.

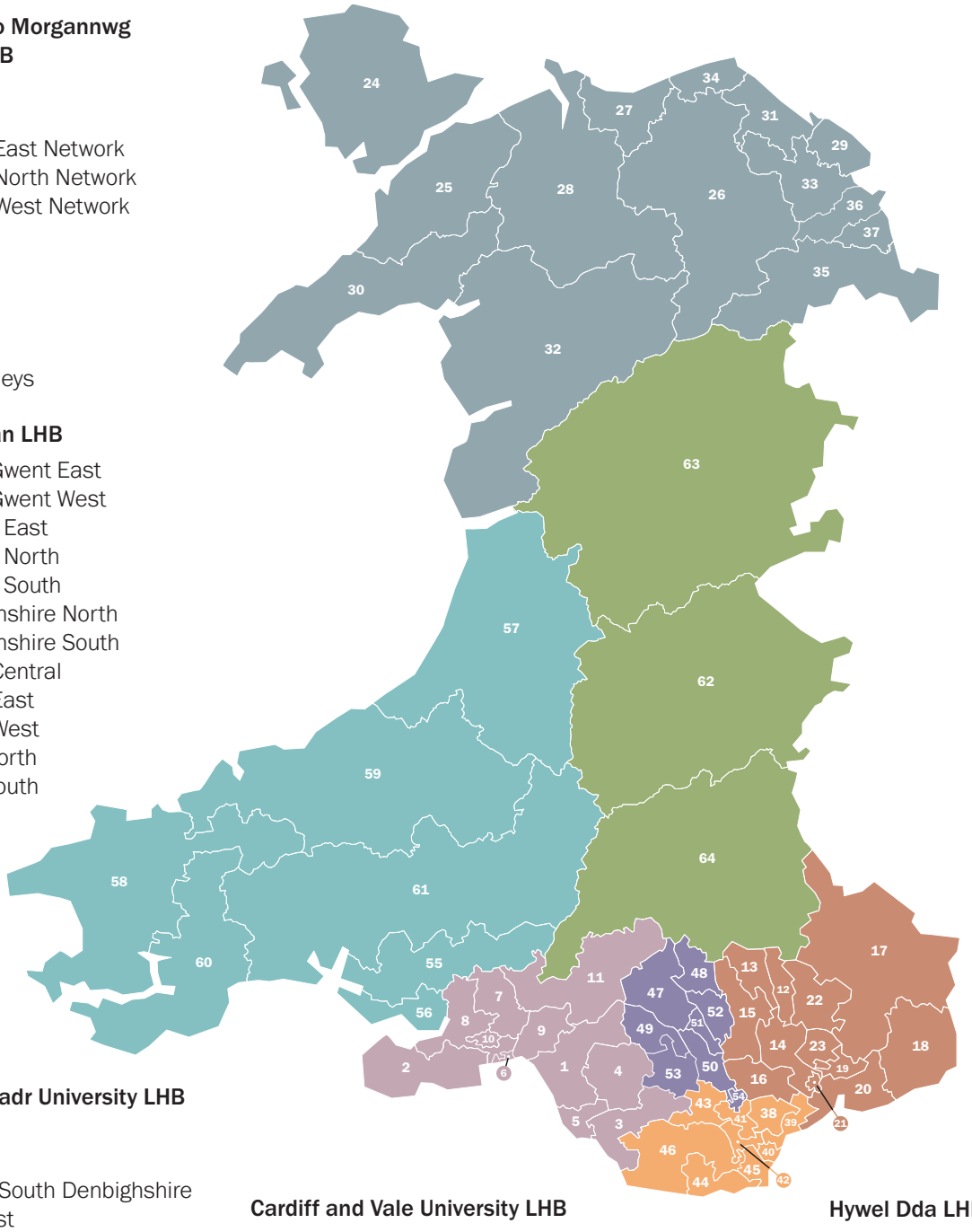
For example, innovative work by Clusters[1], through the national primary care pacesetter programme, has been the basis of much emerging good practice. These have been brought together as a national model for transforming access to, and the sustainability of, local health and care. The model, which is being used to improve locality, community and home based care, is a whole system approach with the citizen at the centre and is designed to support people's health and wellbeing in ways that emphasise prevention.

Through this plan we want to see more of these new models emerging, strongly aligned with the Quadruple Aim and the Design Principles, delivering improved outcomes which matter to people, able to scale quickly to regional and national level. We expect to see a range of new models, addressing the needs of different groups, and responding to local preferences and opportunities. The Parliamentary Review identified some priority areas – children and young people, rural areas, and people who depend on carers – and described how services to older people should be designed for the future including how they should be experienced by older people. The Review also described how primary care clusters, local citizens, and others should have an essential role in designing and developing new models of seamless health and social care.

We see a key role for Regional Partnership Boards (RPBs)[2] in driving the development at local level of models of health and social care, including primary and secondary care. Local cluster needs assessment and service plans should feed into regional assessments and Area Plans developed by RPBs. Early models of care may focus on the priority groups identified by the Review (i.e. the Welsh language, older people, children, people with mental ill health and people with disabilities), but we expect to see clusters and RPBs working together

[1] Clusters are sixty four groups of neighbouring GP practices and partner organisations across Wales which provide services for their local populations of between 30,000 and 50,000 people.
[2] Regional Partnership Boards are seven statutory partnerships between local government, the third sector and the NHS. Their purpose is to drive the strategic regional delivery of social services in close collaboration with health.

Primary Care Clusters



Abertawe Bro Morgannwg University LHB

1 Afan
2 BayHealth
3 Bridgend East Network
4 Bridgend North Network
5 Bridgend West Network
6 CityHealth
7 Cwmtawe
8 Llwchwr
9 Neath
10 Penderi
11 Upper Valleys

Aneurin Bevan LHB

12 Blaenau Gwent East
13 Blaenau Gwent West
14 Caerphilly East
15 Caerphilly North
16 Caerphilly South
17 Monmouthshire North
18 Monmouthshire South
19 Newport Central
20 Newport East
21 Newport West
22 Torfaen North
23 Torfaen South

Betsi Cadwaladr University LHB

24 Anglesey
25 Arfon
26 Central & South Denbighshire
27 Conwy East
28 Conwy West
29 Deeside, Hawarden & Saltney
30 Dwyfor
31 Holywell & Flint
32 Meirionnydd
33 Mold, Buckley & Caergwle
34 North Denbighshire
35 South Wrexham
36 West & North Wrexham
37 Wrexham Town

Cardiff and Vale University LHB

38 Cardiff East
39 Cardiff South East
40 City & Cardiff South
41 Cardiff North
42 Cardiff South West
43 Cardiff West
44 Central Vale
45 Eastern Vale
46 Western Vale

Cwm Taf LHB

47 North Cynon
48 North Merthyr Tydfil
49 North Rhondda
50 North Taf Ely
51 South Cynon
52 South Merthyr Tydfil
53 South Rhondda
54 South Taf Ely

Hywel Dda LHB

55 Amman Gwendraeth
56 Llanelli
57 North Ceredigion
58 North Pembrokeshire
59 South Ceredigion
60 South Pembrokeshire
61 Taf / Teifi / Tywi

Powys Teaching LHB

62 Mid Powys
63 North Powys
64 South Powys

to interpret the national Design Principles for themselves and aligning them to their own priorities. We will need to see models coming through which have a particular focus on Welsh language provision, building on the standards of *Mwy na Geiriau* (*More than Just Words*) so that more people can communicate in their language of choice. Clusters and RPBs should foster closer collaborative working in order to enable this.

We want to encourage all localities to think carefully about their current arrangements, and to work together, across boundaries, to design and deliver better seamless care at the community level. These conversations must include those involved in delivering care in hospitals so that full patient pathways are considered from the outset, irrespective of the delivery setting. Regional Partnership Boards will have the opportunity to promote alternative delivery models and social value organisations, in keeping with the principle of the Social Services and Well-being (Wales) Act. This could allow a more diverse and democratic social care sector, including co-produced services.

It could also deliver long-term sustainability through preventative services that improve health and wellbeing outcomes, supporting statutory services.

We are clear that there is no locality in Wales where further progress cannot be made. In particular, this will mean partners challenging each other to ensure that changes in individual services or professions are introduced as part of a shared agenda designed to create the very best whole health, social care and wellbeing system.

By aligning with the Design Principles and adapting them for different population groups if necessary, new models promoted by Regional Partnership Boards should have the capacity to scale from local, to regional, and to national level. These new models are a key enabler of the transformative change which we need to see over the next decade, acting as a mechanism for developing ground-breaking new models of seamless health and social care. Through a national Transformation Programme, RPBs and new models will be supported through continuous learning, evaluation, and sharing of good practice.

Action	Date
Regional Partnership Boards will be the key driver of change in health and social care at regional level.	**From 2018**
Clusters will continue to develop models of seamless local partnership working, working closely with Regional Partnership Boards to promote transformational ways of working, so that they are adopted across Wales.	**From 2018**
Each Regional Partnership Board will identify and promote at least two models of seamless locality-based health and social care services, aligned to the Quadruple Aim and Design Principles.	**By end of 2018**
Commission the Healthcare Inspectorate Wales and the Care Inspectorate Wales to jointly examine the progress of new local models of health and social care, and the effectiveness of RPB joint working.	**By end of 2018**
The national primary care contracts will be reformed to enable the delivery of seamless local care and support.	**By 2020**

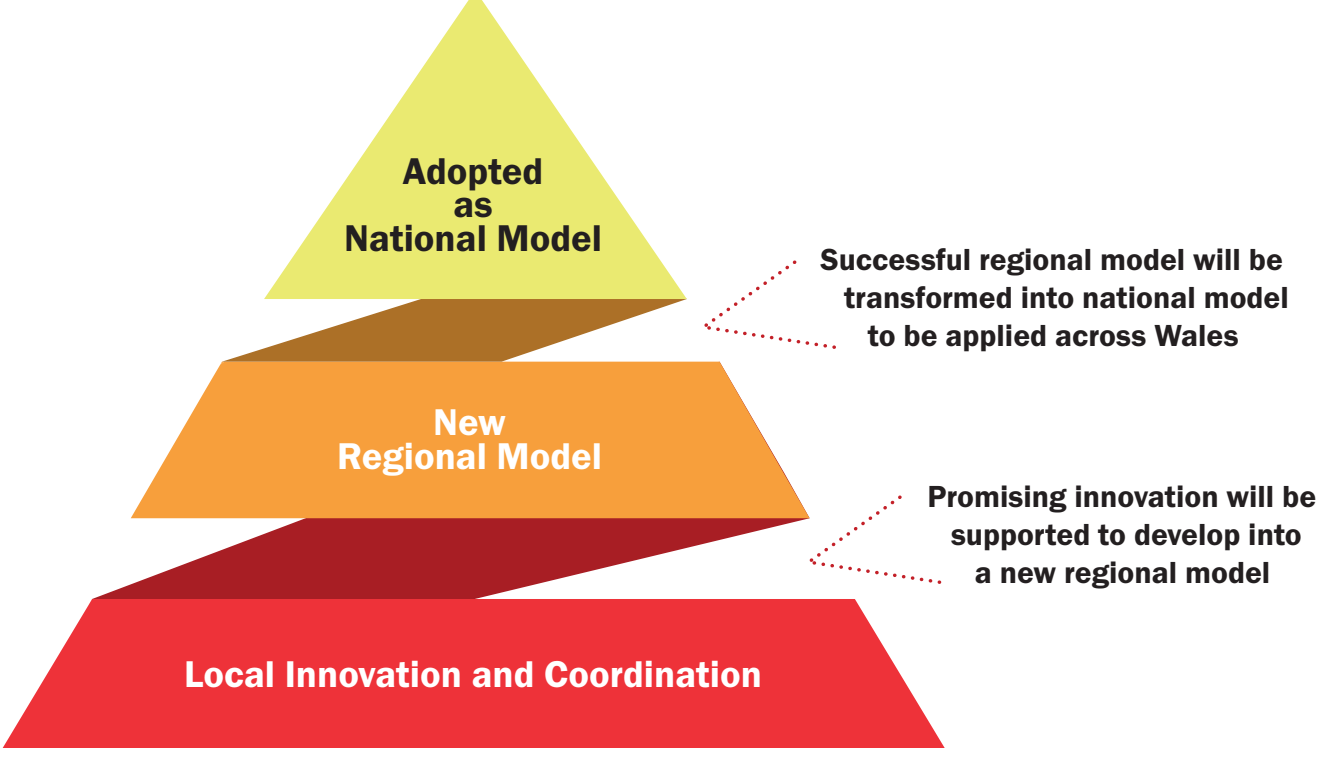
Transformation Programme

To deliver this plan, we will establish a Transformation Programme, led by the Director General, Health & Social Services, with local governance through the RPBs supported by a representative National Transformation Board of senior health and social care leaders and other key partners and stakeholders. The Transformation Programme will oversee and be accountable nationally for the commitments in this plan. It will advise on and commit targeted funding support to health and social care providers, particularly focussed on selected new models of seamless local health and social care which are identified as delivering significant enhanced value, and are strongly aligned to national priorities.

A national Transformation Programme and methodology was a prominent recommendation made in the Parliamentary Review, which also noted that there are numerous existing programme boards, networks, delivery mechanisms, funds and other initiatives which support strategic change.

As part of our drive towards a more coherent and co-ordinated approach to transformation, we will review all of these and consider opportunities to align and merge them into the Transformation Programme and our national approach to transformation. We will set expectations for local delivery through those organisations delivering health and social care locally, through governance models and NHS structures.

Our vision of a whole system approach to health and social care will require a whole system effort. The Transformation Programme is only one element of the far wider commitment and leadership which this plan requires, and the Transformation Fund is only one element of the Transformation Programme. The Fund is a significant investment, but it is currently small in the context of health and social care funding overall, so it must be targeted to priority projects and to new models of health and social care, with the aim of speeding up their development and demonstrating their value. The initial focus of the Transformation Fund will be on



models which make early progress on: seamless alignment of health and social care services; local primary and community-based health and social care delivery; and new integrated prevention services and activities. Over the long term, these and other new models must be taken up by health and social care providers, at local, regional and national level, funded from their own resources.

Action	Date
Establish a national Transformation Programme to drive implementation of this Plan, led by the Director General, Health & Social Services, supported by a representative cross-sector Transformation Board.	**June 2018**
Establish a targeted Transformation Fund to support the implementation of this Plan, particularly new models of seamless health and social care promoted by Regional Partnership Boards.	**June 2018**
Review existing programme boards, networks, delivery mechanisms, and initiatives supporting strategic change, to align and merge them into the Transformation Programme and Fund.	**By March 2019**

Making our health system fit for the future

Improving Quality and Value

> "At its core is maximizing value for patients: that is, achieving the best outcomes at the lowest cost."
>
> Michael Porter and Thomas Lee, Harvard Business Review, October 2013

Quality is about making health and social care safe, effective, patient-centred, timely, efficient and equitable. Wales has for many years promoted quality as its main principle and focus for improving health services. We have a well established and highly regarded quality management approach which can be viewed as a cycle comprising three core elements – quality planning, improvement and control.

The national 1000 Lives Improvement Programme has equipped thousands of people working in NHS Wales with the skills they need to drive improvement, as individuals and in front-line teams. Quality will be at the heart of our Transformation programme and new models of care. We should in future find ways the public can contribute directly to this cycle of improvement.

Value in health and social care is also a way of giving greater focus to the outcomes that matter to individuals, and considering their relation to the costs of achieving those outcomes. This approach therefore interprets efficiency and effectiveness by going beyond cost-savings, safety and clinical quality. In the way that it brings the individual to the fore, and considers the relative value of different care and treatment options,

it has a strong alignment with the philosophy of Prudent Healthcare.

We will continue to invest in our approach to improving quality, including through strengthening our talent and leadership, and planning on a national basis to ensure that good practice is widely shared. We will continue to develop our high quality clinical information, and develop measures using feedback from people patients and staff, so that we can embed value-based healthcare as the way we measure what matters most to people, ensuring that improvement activity is focussed on outcomes. Initially this work will focus on the quality cycle affecting whole system pathways across six different clinical areas: safer medicines management; surgery and surgical pathways; frail elderly care; managing acute illness; equitable health and social care services; and end of life care.

Like the Quadruple Aim, both quality and value are internationally recognised concepts, strongly supported by global learning communities, and by tried and tested tools and methods. Through our 1000 Lives Improvement Service, and other networked activities, we are already actively involved in a number of international networks and this will enable us to draw on case studies of good practice from other countries, considered and presented using familiar language and terminology, and use international comparison and benchmarking to evaluate our achievements and progress, for example using the "standard sets" developed by the International Consortium for Health Outcomes Measurement. Through the many networks and events focused on quality and value we will share our own learning, to promote the profile and reputation of Wales and its health and care system.

Alongside quality and value-based improvement, change is also driven by research and innovation activity across our health and social care system, and by engagement with external partners and suppliers. All Health Boards in Wales have partnership arrangements with Universities, as University Health Boards or as a Teaching Health Board. In recent years, the NHS in Wales has worked more confidently with industry, supported by Welsh Government policy and initiatives like the Life Sciences Hub. In social care, local authorities are experienced in working with commercial providers and suppliers, and with social enterprises and the Third sector.

Our aim now is to bring all of these different change drivers together, and to broaden our approach beyond the NHS, so that our entire health and social care system and workforce is directly engaged. Everyone working in our health and social care services should have the opportunity to apply their knowledge and experience to better ways of working, including through opportunities for staff to combine research with clinical roles. We need innovation from all sources to deliver on our vision of a whole system approach, focussed on what matters most to the individual and which delivers greater value.

Local innovation is essential, but it is not enough on its own. Good practice must scale up to regional and to national levels, in a systematic way, and at pace. We must challenge and support each other, as a learning community, to drive better quality and value as rapidly and effectively as possible. Better co-ordination of research, innovation and improvement, in pursuit of higher quality and value, will provide a pipeline of local opportunities which can be further developed into new models of seamless care, through Regional Partnership Boards. Relationships with important partners, including for example universities and industry, need to be developed and managed transparently, with confidence and assurance. Combining local and regional approaches with national leadership and priorities is also important – some opportunities require a national scale. Our engagement with international

networks will in most cases be done best at an all-Wales level.

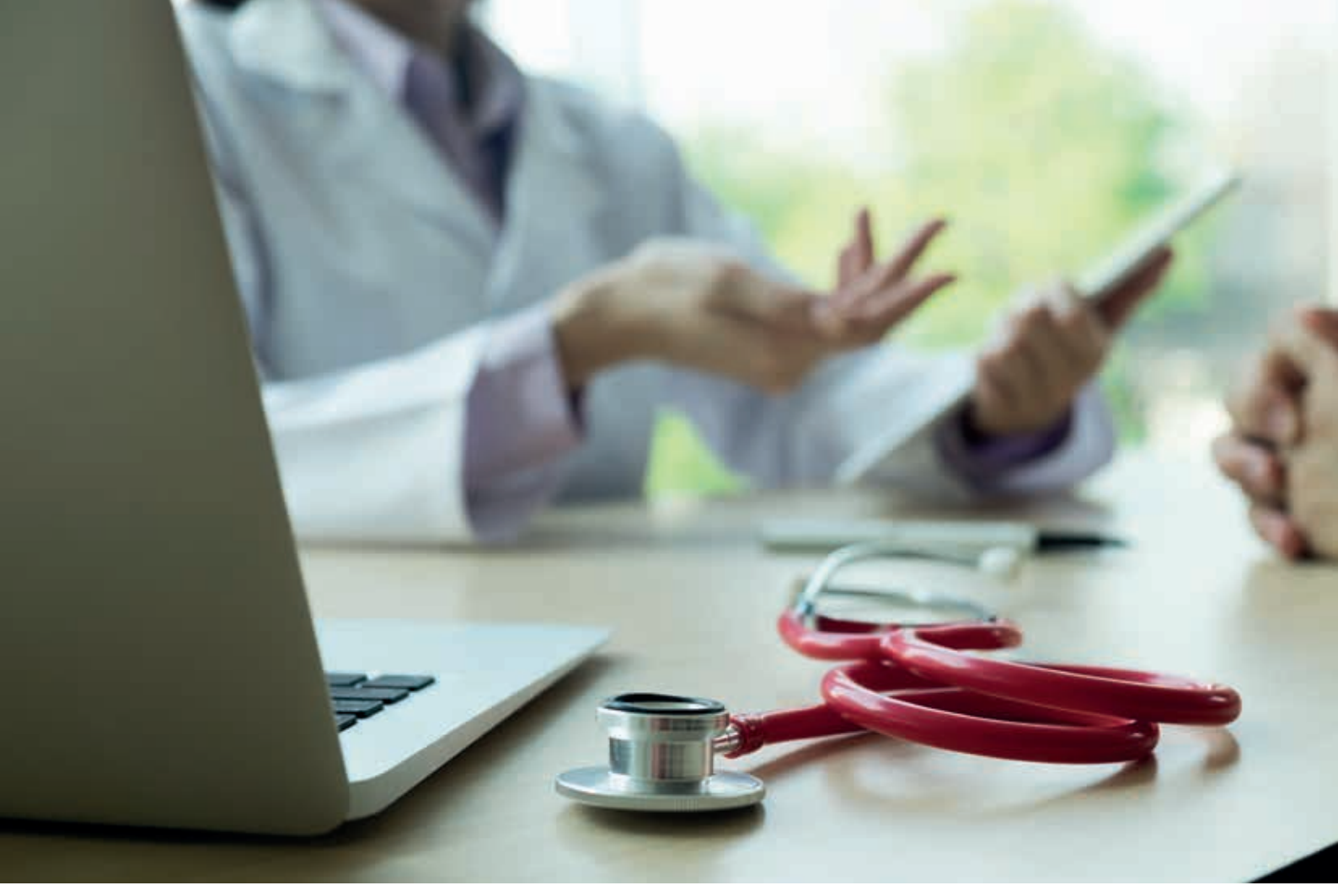
We will bring together all research, innovation and improvement activity within each regional partnership board footprint, focussed on supporting local innovation and partnerships which drive towards new models of care. In doing this, we will not lose the strength of established Research Offices, Quality Improvement Hubs, and partnerships with Universities, or engagement with industry and other external partners. The NHS and social care is an essential part of our cross-cutting approach to supporting science, research and innovation, set out in the Economic Action Plan and other national strategy documents, including the recent recommendations of the Reid Review of government funded research and innovation. These changes are about better alignment and co-ordination of what happens within the health and social care system with the wider economy and communities, so that it contributes more clearly and directly to achieving all of our national priorities.

Action	Date
Establish a nationally co-ordinated network of hubs which bring together research, innovation and improvement activity within each RPB footprint.	**By March 2019**
Adopt national standards for rapid evaluation of all innovation and improvement activity, using a value-based approach to measuring quality and outcomes.	**From 2019**
Invest in a small number of priority areas which offer opportunities to drive higher value health and social care, through new approaches, emerging technologies, and strategic partnership opportunities.	**From 2019**

Digital and Data

Digital is a key enabler of transformational change, which the Parliamentary Review recognised as an important priority. It provides a shared platform for safe and effective joint working between different organisations, and with citizens directly. Making better use of digital, data, and communication technologies will help us to raise the quality and value of health and social care services, so that they are cost-effective and sustainable and also bring our offer in line with increasing expectations of technology in people's day-to-day lives.

Digital technologies will bring information from different providers together, so that they can model and predict the demand for health and social care services, and improve understanding and management of how services work together. An integrated platform will also capture much more information about the health and wellbeing outcomes which actually matter to people, so that this information can be used to prioritise services, based on a full picture of their quality and value, not just cost and volume. This is essential in ensuring that clinical care is provided prudently with a focus on what works and the avoidance of which



does not, based on up to date and robust outcomes information which can be shared across the system.

We already have excellent examples of digital systems sharing information across and between primary care, secondary care and social care. The Welsh Community Care Information System is a national programme enabling the safe sharing of information between health and social care. Providing a single electronic patient record will enable health and social care to undertake joint decision making and provide joined-up care, benefiting everyone who receives health services, care and support. At the same time we will also ensure delivery at pace locally, across organisations and nationally.

This ability to share information is essential for realising the multidisciplinary workforce we need to see under new models of care and without it the pace of change will be slowed. Informatics and digital technologies are a foundation for safe high quality care. Having all the information needed about the individual, or about groups of similar people, will deliver better outcomes by helping clinicians at every level to make better decisions. Digital systems can monitor issues that could cause harm and alert staff so that they are able to take early preventative action. New technologies, devices and digital approaches can also act as agents of transformative change, helping people to shift more quickly to new ways of working, and to do so in ways that ensure we meet the same standards of clinical quality and safety across Wales.

Our ambition is also to provide an online digital platform for citizens, to give people greater control and enable them to become more active participants in their own health and well-being. This will help people to make informed choices about their own treatment, care and support: finding the most appropriate service for their needs, contributing to and sharing information about their health and care, managing appointments and communications with professionals, and working with others to co-ordinate the care and treatment they need, so that it is delivered seamlessly.

Digital technology develops at a very rapid pace, and we expect to see new opportunities and challenges throughout the life of this plan. We cannot predict fully what those will be, but we will be more agile in how we respond to emerging technologies such as artificial intelligence, machine learning, precision medicine and genomics. We will invest to develop the skills we need within our own workforce, for example to make better use of clinical informatics, and to drive digital transformation projects. We will also ensure that our digital architecture, and the way we work digitally, is more open to the outside world, in ways that support economic development in Wales, and which offer exciting career opportunities, as well as improving health and social care services. To do this we must focus our efforts through a revitalised 'Once for Wales' approach which sets standards and expectations and where common platforms are mandated where there are clear benefits of doing so.

Action	Date
Accelerate progress towards a fully integrated national digital architecture, the roll out of the Wales Community Care Information System, and creating an online digital platform for citizens, alongside other nationally mandated services.	**From 2018**
Invest in the future skills we need within the health and social care workforce, and in the wider economy, to accelerate digital change and maximise wider benefits for society and the Welsh economy.	**From 2018**
Develop an 'open platform' approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.	**From 2018**
Significantly increase investment in digital infrastructure, technologies and workforce capacity, supported by stronger national digital leadership and delivery arrangements.	**From 2019**
Establish a national data resource which allows large scale information to be shared securely and appropriately.	**By 2020**

Sustainable health and social care funding

The value we place on our health and social care services is reflected in our future spending decisions. We spend over £9 billion annually on health and social services in Wales, 8% more per head of population than is spent in England, and over the next two years we will invest a further £450 million in the NHS and over £100 million in social care.

The Parliamentary Review's terms of reference did not include future funding of health and social care services, but reports by the Nuffield Trust and the Health Foundation have previously assessed the long term funding challenge for health, setting out a framework of expectations for efficiency and sustainability. Such independent analysis brings a transparent and well-informed challenge to funding decisions and they will continue to have a central role in informing the annual budget setting process for Welsh Government.

Developing a long term sustainable funding framework for social care is a significantly more complex task. The Welsh Government has taken action to reduce the financial burden on individuals associated with current charging arrangements with the introduction in 2011 of a maximum charge for non-residential care and the commitment to increase the amount of capital individuals can retain without having to pay for their residential care.

To meet the vision of a whole system approach to health and social care, we will need to improve our understanding of how demographic change and other factors impact on future costs for social care, of the interaction between social care and health spending over the long term, and of how closer integration around the Quadruple Aim can help to balance spending across the health and social care interface. We also need to increase our understanding of the levels of resource we are currently investing in preventing ill-health and the progression of disease.

Achieving a sustainable funding model for health and social care that will stand the test of time will not be a quick task to complete, and discussions to find the right approach will potentially continue beyond the lifetime of this current Assembly. Through this plan we will make an urgent start on that work, by commissioning a new analysis of current spending in health and social care, and how adoption of new models of care can impact on the future costs. We will also start a national conversation to explore more radical options for funding social care in future, including how Wales' new tax-raising powers could be used to provide a renewed promise. This will take into account Professor Gerry Holtham's proposals for a social care levy, which are currently being explored by the Welsh Government.

In addition to our continued core investment in the NHS and social services, our Transformation Programme will be supported by a £100 million Transformation Fund. This is time-limited funding that will be targeted towards the rapid development and implementation of new models of seamless health and social care, selected for their potential to scale up to a wider population base, and their alignment with national priorities. There will be a robust evaluation of this investment to understand what works and how it works, to inform further investment in transforming services and beyond its immediate priorities to establish the potential for enhancing and embedding such a fund as an enabler for change into the long-term.

Over the next year, we will align other existing funding streams, supporting service improvement, integration and transformation, around the Transformation Programme. This will include the Integrated Care Fund, Primary Care Fund, Delivery Plan funding, the Aids and Adaptations Fund and other relevant funding streams. The evidence we gain from our evaluation of the Transformation Fund will inform how we apply future core investment in health and social care. Channelling resources to support new models of care that are consistent with the national design principles will mean increased investment in prevention and early intervention. In order to determine whether the rate of change is sufficient, we will design a methodology to track this changing pattern over time and publish the results that it provides.

To ensure we drive the maximum medium-term benefit from this investment, we will ensure that planning and governance systems are aligned, as far as is possible, across health and social services to remove any barriers to delivery of these new models of care. We remain committed to implementing pooled funding arrangements between the NHS and social services around client groups, to emphasise a seamless health and social care system and to increase value by aligning these funding streams more closely around shared objectives.

Our transformation of locally-based care will be initially supported through our £68 million capital

investment in new health and care centres across Wales. We will build up the capital element of the Integrated Care Fund and use it to support housing options consistent with our vision of care closer to home and the opportunity for different service models. Our ambition is to deliver modern and fit for purpose facilities to support the new models of care, but we will always have to balance this against maintaining our existing infrastructure when prioritising the application of capital funding. This will inevitably mean continuing to invest in the hospital estate alongside improving primary, community and social care facilities. To do this we will undertake a review of investment in capital and estates programmes to determine a broader understanding of current investment and future need. This will consider how different capital funding options can be used as well as where public service assets which would not normally be considered as health and social care can be part of a wider, community based approach to locating services. Our future approach to the health and social care estate will support Welsh Government's overarching commitment to decarbonise the public sector.

The actions above will inform the development of a longer-term and more sustainable approach to funding the seamless service we aspire to. The evidence gathered and improvements made will build an evidence base to inform how future resource allocation decisions can help a shift to population health, prevention, early intervention and integrated pathways of care, in a way which maintains quality and safety for people at whatever point in the system they receive services.

Action	Date
Commission analysis of future health and social care spending and the relationship between them, including new models of care and new funding arrangements.	**By end 2018**
Develop a method of tracking how resources are allocated across our whole system including through new seamless models, integrated pathways and pooled budgeting arrangements, highlighting the shift to prevention.	**By end 2019**
Undertake a review of capital and estates investment, to identify future need and the full range of assets that can be used to drive service change.	**By end 2019**

Continuous Engagement

Consistent with our commitment to the Wellbeing of Future Generations Act and its 'five ways of working' we are determined to listen to all voices, to build mutual understanding and trust not only with citizens, but also with those who work in our health and care services, to develop a shared sense of ownership and responsibility. To help achieve this we will adopt an engagement approach which is continuous and integrated. This will be a change of approach in three ways.

Firstly we want to see different organisations engaging on a collaborative basis, rather than separately, whether with the public or with their workforce. Providers of health and social care services now have varying legal duties to consult and engage,

which means they must sometimes do so separately, and in different ways. We want to bring that together so that it is more efficient, effective and easier for people to contribute.

Secondly, we want to engage continuously, not just from time to time. Our future vision will need to change as new challenges and opportunities emerge, or as people's needs and expectations develop. Digital developments mean there are many more ways of reaching our population and our workforce, in real time, allowing a more dynamic interaction. This will be an important part of our approach to providing an open engagement, which allows people to contribute their knowledge and preferences throughout the life of this plan.

Thirdly, we want to engage on a more holistic basis, so that conversations about changes to services are more clearly linked to how they will be delivered and to how they will be funded and paid for. Initially, we will engage on three different themes together to highlight the way they all depend on each other: our Future Vision of a whole system approach with a greater emphasis on wellbeing and preventing illness; the Quadruple Aim and Design Principles which are our central idea and priorities for how we will drive change; and Future Funding Models which explore how we will pay for health and social care services over the longer term, making them sustainable for future generations.

We will therefore develop a comprehensive engagement programme which is jointly delivered by all partners, uses digital platforms alongside regular events and communications and fully reflects the National Principles of Public Engagement. This will mean an ongoing conversation with citizens, communities and the Welsh population overall about the future of our whole system of health and social care.

Action	Date
Establish a new national 'offer of involvement' through which people can participate in the decisions that need to be taken about the future of health and social care services.	**By end 2018**
Underpin this with a joined-up and multi-year "Future Health and Social care" engagement programme, jointly delivered by all partners (Welsh Government, NHS, Local Authorities, the Third Sector, Regional Partnership Boards and others).	**By end 2019**

The Health and Social Care workforce

Our staff, their skills, experience and values, are fundamental to a successful NHS and social care system. Delivering a truly seamless system of health and care calls for a fundamental shift in our understanding of who constitutes the workforce and how we support the contribution that each individual makes. It means thinking about who is best placed to provide care and equipping individuals with the skills and expertise to deliver the new models Wales' needs, regardless of their professional affiliation, employer or location.

It also means a more equitable appreciation of the wide and varied roles people play in the joint aim of delivering high quality services, across a broad system which runs from primary and community provision through to hospital based care and specialised services. This requires not only greater parity of esteem between health and care professionals, but also recognising and supporting the vital role played by the informal workforce of unpaid carers and of volunteers, without whom there would be no overall system.

The best new models being developed in Wales share a common characteristic: a broad multidisciplinary team approach where well-trained people work effectively together and all the up-to-date and relevant information about the individual's circumstances and preferences is shared, in order to make the best possible use of everyone's skills and experience. To support these new models of care, we must strengthen the support, training, development and services available to the workforce with a focus on building skills across a whole career and supporting their health and wellbeing. This will enable them to continue to care, to maintain and improve their own physical and mental health, and to act as role models to encourage others to do the same.

As more new seamless models of health and care emerge with the encouragement and support of this plan, we will need a clear and coherent approach to developing and planning the whole workforce so that we are ready to develop and roll-out the best new ways of working across Wales. To do this, the Welsh Government will commission Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS and Local Government, the voluntary and independent sectors as well as regulators, professional bodies, and education providers.

This new strategy will address the Parliamentary Review's call for joint regional workforce planning, with an emphasis on expanding generalist skills and enabling staff to work at the top of their skill set and across professional boundaries, in line with the philosophy of Prudent Healthcare. It will include action to secure better data and undertake improved modelling of future needs and it will move forward commitments to providing care though the medium of Welsh and other languages. For the workforce themselves, the strategy will mean they feel valued and supported at all stages of their career, supported by access to refocused education and training as well as ongoing development offers. It will open up opportunities to flexible career pathways and maximise opportunities for multi-professional learning. Through the strategy we must enable everybody to deliver individual care alongside excellent treatment based on clinical and well-being needs.

Recruitment and retention will also form a key theme. Whilst our health and social care services already attract some of the best talent in the world we do not take this for granted. Irrespective of our future intentions and record levels of workforce, we have evidence of fragility in specific services and areas that are affecting delivery now. The national Train, Work, Live campaign has started to make a difference to recruitment in the NHS but we need to do more if we are to continue to attract and retain the best, and to provide an attractive environment and culture for new entrants to the workforce.

Wales is a country of diverse and inspiring communities. The NHS and local authorities are the two largest employers. To make the most of these benefits, health boards and local authorities will need to work together with local providers to establish joint campaigns, make best use of resources and recruit the best people. In doing so they will need to identify shared recruitment and staffing needs and develop attractive employment packages which can help entice individuals and families to train, work and live in Welsh communities.

A key feature of any positive employment offer is the opportunity to learn and to develop and here new, community based models of care provide a real opportunity to re-evaluate education and training and to develop more flexible career pathways. Specific education and training needs will differ for each staff group and profession. Our national approach will be guided by emerging models of health and social care which will require workforce skills focussed on prevention and wellbeing, underpinned by increasing generalist skills which can be a platform for people to adapt and diversify throughout their careers. To make this radical reworking possible all health and social care organisations will need to establish strategic partnerships with education providers across Wales – at every level from school to university, and in all sectors from which the workforce is drawn.

We will also kick start capacity building in core areas by establishing a small number of intensive learning academies focussed on the professional capability which we will need in the future. These will act as hubs for developing the skills and expertise needed, for sharing knowledge and good practice, for translating research into outcomes, and for working with external partners. Graduates of the academies can then take a leading role in supporting

redesign of the systems/policy in key areas and act as informed advocates of change.

The Parliamentary Review recognised that a key factor in delivering high quality health and social care is the wellbeing and engagement of staff, making one dimension of the quadruple aim: "to enrich the wellbeing, capability and engagement of the health and social care workforce". Our commitment is to make NHS Wales an exemplar employer in its support for wellbeing at work and a healthy workforce, building on work that is already underway in the NHS. We want to see the NHS leading change in this area across health and social care, and into other sectors, by sharing good practice, guidance, and online promotion and evaluation tools.

Dynamic leadership will be needed to instigate change, empower others and lead by example, as well as to create the conditions for continuous innovation and improvement to drive up the quality and value of services. Building on the evidence about effective programmes, we will develop a new leadership competency framework and development programmes. Generating a shared language and approach will enable leaders to pursue career pathways across organisations and sectors, supported by a comprehensive framework of leadership development programmes and targeted secondments.

Action	Date
Develop a new Workforce Strategy for Health and Social Care in Wales, which includes planning for new workforce models, strengthening prevention, well-being, generalist and Welsh language skills, developing strategic education and training partnerships, supporting career long development and diversification across the wider workforce.	**By end 2019**
Align recruitment across sectors and with partners to attract talented people to train work and live in Wales.	**From 2018**
Make NHS Wales an exemplar employer on wellbeing at work and a healthy workforce, with the intent to share this approach across the health and social care sector and the wider economy.	**From 2018**
Establish intensive learning academies focussed on the professional capability and system leadership which we will need in the future.	**By end 2019**

National Leadership and Direction

Every system is perfectly designed to get the results that it gets. A major purpose of this Plan therefore is to re-align policy levers so that they support and incentivise decision making that is consistent with our vision. Specifically, planning, performance and accountability arrangements will be reshaped to drive services towards the vision. Commensurate with this approach we will provide stronger direction to decision making at a national level.

National and regionally integrated planning

We will improve the system's capacity to plan effectively and efficiently. A key priority will be to work

with health and social care organisations and other partners to simplify and streamline the planning landscape.

A series of 'quality statements' which describe the outcomes and standards we would expect to see in high quality, patient focussed services will be developed for the NHS. These will set out ambitions to be delivered consistently across Wales. They will inform national oversight of delivery through the planning framework and the performance management system.

Through a national clinical plan, we will set out our strategic approach to delivering high quality health and social care services which meet the needs of people across Wales. This will include consideration of how specialist services and hospital-based services should be provided, and the skills and technologies needed to support them, as part of the broader health and social care offer.

The NHS and local government will work together through RPBs and build strong relationships with the wide range of organisations which contribute to achievement of our Vision. We also recognise that the wider determinants of health are in people's environments, including their early years, schooling, their communities and their work. Public Service Boards are therefore central to this broader agenda to develop effective working and longer-term thinking at a local level.

We look to the NHS and Social Care to play a full role in these partnerships. We will expect to see effective and streamlined working at local, regional and national levels.

We believe that integrated planning will deliver better value for citizens and that it has the capacity to drive change with more pace and strategic purpose. We will continue to strengthen our approach, building on the existing statutory framework, and extending our approach beyond health services:

- We will support strong integrated health and social care planning by RPBs. RPB Area Plans will provide a robust platform for new pooled budgeting and joint commissioning agreements. Area Plans and joint commissioning strategies will be central to the partnership agenda, within which the housing sector will have a more prominent role.
- The Integrated Medium Term Plan (IMTP) process will be strengthened. Set within the context of population focussed, longer-term clinical services strategies and jointly produced Area Plans, IMTPs will continue to form the bedrock of health planning. We will expect these plans to be developed in close liaison with key partners, and for plans to be complementary and aligned. Our aim will be that all local plans are developed and agreed in partnership.
- A national plan for the NHS will be developed, bringing together all NHS Health Board and Trust IMTPs to produce a national picture. This will set out the progress that the NHS will make across Wales as a whole in the coming years. The national dimension of the planning system will develop as we strengthen the foundations of local and regional planning.

We expect the Area Plan produced by each Regional Partnership Board and the Health Boards' Integrated Medium Term Plan to be inextricably linked and to be entirely consistent, including with Public Service Board planning. Each serves a distinct, but complementary, purpose. Over time, all three aspects of this planned approach – local health board/trust level health planning, regional health and social care planning, and national health planning – will converge to make whole system planning a reality. We will work with our delivery partners to ensure that local and regional needs and preferences are balanced appropriately with national direction and priorities.

Action	Date
Strengthen planning capacity and capability throughout the health and social care system, including in Regional Partnership Boards and Public Service Boards.	**From 2018**
Support Regional Partnership Boards to develop their Area Plans setting out new models of seamless care, pooled budgets and joint commissioning arrangements.	**From 2018**
Develop a range of 'quality statements' which set out the outcomes and standards we expect to see in high quality, patient focussed NHS services.	**By end 2019**
Simplify and streamline the existing NHS IMTP approach, and develop a National Integrated Medium Term Plan to strengthen strategic direction and prioritisation.	**By end 2019**
Develop a national clinical plan for specialist health services setting out our strategic approach to delivering safe and high quality health services which meet the needs of people across Wales.	**By end 2019**

Integrated performance management and accountability

The Parliamentary Review proposed changes to performance measures and management in order to steer the whole system towards new ways of working and the Quadruple Aim. It recommended a 'wider and more creative combination' of national support, incentives, benchmarking, regulation, accountability and transparency. As planning evolves to incorporate delivery plans across all dimensions of the Quadruple Aim, performance management and accountability will need to keep pace.

The continued integration of health and social care services, and the development of new joint models of working, are a real opportunity to take a fresh look at the ways in which the performance of the health and social care system as a whole is measured and reported. It is also an opportunity to shift our emphasis from what the system does to what it achieves for people, in terms of health and wellbeing outcomes. Most importantly, it is an opportunity to develop joint incentives and accountability, particularly in the context of regional and integrated working. Current ways of working can lead to incentives and sanctions which make sense in the context of individual organisations, but which are in conflict with each other when looked at from a whole system perspective.

The existence of three national outcomes frameworks – for the NHS, for Social Services, and for Public Health – illustrates how our system has evolved in different ways. We will review all of these frameworks and align them to the Quadruple Aim, using shared indicators wherever possible. Both the Social Services and Well Being (Wales) Act and the Wellbeing of Future Generations (Wales) Act require public service delivery partners to take an outcome focussed view of performance, which provides a strong legislative foundation for this approach. A single national health and social care outcomes approach, aligned to the Quadruple Aim, will emphasise the importance of what services actually deliver for communities and individuals.

It is essential that our future approach to outcomes and performance management provides an opportunity for people to themselves report their assessment of health outcomes and their experience of health and social care services. The outcomes we use must be both clinically and professionally informed and understandable for the public. Combining these frameworks will make it far easier to establish joint accountability for providers and commissioners of health and social care services.

As we develop an integrated outcomes framework, we will move also to joint monitoring and inspection.

There is already a willingness to explore partnership working between Inspectorates, and this should move towards a combined approach to ensuring effective scrutiny of health and care delivery. Regional Partnership Boards and their Area Plans are still at a comparatively early stage, but as that work matures the scope of regulatory inspection should include the robustness of regional joint working, assurance of pooled budgeting, joint commissioning arrangements, and the delivery of integrated services.

Action	Date
Introduce a range of 'levers for change', a combination of incentives and sanctions, to drive performance, reward achievement and address failure to deliver.	**By end 2018**
Develop new population health and service user feedback mechanisms, and transparent reporting on outcomes, to support strong citizen engagement.	**By end 2019**
Implement a single national outcomes framework for health and social care aligned to the Quadruple Aim.	**By end 2020**
Introduce joint inspection, to include partnership working, pooled budgets and joint commissioning.	**From 2020**

National Executive Function

Throughout this plan we emphasise the importance of effective joint working at the regional level, particularly planning and operational alignment between regional partnership boards and health boards. We set out how that should be an engine for transformation and how a national transformation programme will help to drive this activity with pace and consistency.

To achieve our future vision for health and social care, our system needs to be dynamic and oriented to change and continuous improvement. Local Health Boards and NHS Trusts will retain their statutory responsibilities, building relationships and delivering for their populations alongside their partners. They must also function effectively within the context of a single national system and contribute to securing benefits for the population of Wales as a whole.

A stronger 'national executive' for NHS Wales, as recommended by the Parliamentary Review, is an essential part of making our system fit for the future. This national executive function will provide the strong leadership and strategic direction which any complex system requires if it is to be capable of change. A national executive function will ensure

a consistent approach to planning, priority setting based on outcomes, performance management and accountability. It will support and challenge health boards and NHS Trusts, and ensure the development of capacity and capability across the system.

Our national health system includes a number of services which are already planned or delivered nationally. Examples include some digital and informatics services, shared administrative services, commissioning of ambulance services, and specialist services. These are important national services, many of which will be key enablers of the strategic change and transformation we need to see. They are currently managed through a variety of mechanisms with complex governance arrangements.

Our system structure and size gives us the opportunity to adopt new technologies and digital approaches quickly, to secure consistent outcomes for citizens, to use purchasing and commissioning to drive greater value and to find substantial cost-saving efficiencies. We need now to create a national executive function which brings these key services together in a more coherent and streamlined way, and which maximises the benefits of our Welsh system.

This national function will also look outwards, building a positive relationship with local government and other strategic partners within a whole system approach. It will explore ways to secure greater benefits for the wider Welsh economy through more confident engagement with external partners, including industry. This will be an important part of how our whole system of health and care contributes to achieving the cross-sector ambitions set out in the Welsh Government's Prosperity for All strategy.

Action	Date
Bring together appropriate collaborative planning, delivery and performance management activities as an NHS Wales Executive function, reporting directly to the Chief Executive of NHS Wales.	**By end 2018**
Confirm governance relationships between Welsh Government, the NHS Wales Executive, the Transformation Programme, and other key stakeholders.	**By end 2018**
Review specialist advisory functions, hosted national functions (e.g. NWSSP, NWIS, WHSSC, EASC) and other national delivery programmes, with the aim of consolidating national activity and clarifying governance and accountability.	**By end 2019**