

Comisiwn Bevan Commission

Exploiting the Welsh
Health Legacy: Paper 3

“ A New Way of Doing:

Delivering a Prudent Model of Health & Care:
“The Prudent Keys to Success”



Comisiwn Bevan Commission

The Bevan Commission (hosted and supported by Swansea University) brings together a group of internationally renowned experts to provide independent advice on health and care to Welsh Government, leaders across Wales, the UK and worldwide.

The Bevan Commission identifies and shares best practice from healthcare systems around the world, building on the principles of the NHS as established by Aneurin Bevan. It provides authoritative recommendations to improve Wales' healthcare system, transforming thinking into action and supporting healthcare professionals on the frontline to innovate and test out their own expert ideas.

The Bevan Commission believes that good health and care is everyone's responsibility, so works with professionals and community members to ensure their views and ideas are heard and inform in the health and care debate.

Publications

All publications are available from the Bevan Commission website: www.bevancommission.org

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SUMMARY

- The Bevan Commission recognises the unsustainability of the current health and care system that predominantly treats ill health at the expense of promoting health and wellbeing. Future health and care services will also need to be more focused upon addressing people's needs, not just on paper, but in reality.
- A Prudent Social Model sets out a clear vision and way forward for future Health and Care in Wales. It reinforces the need for rapid transformational change, moving away from traditional thinking and a solely medical model of care towards one that empowers and engages the passion and ideas of people to deliver innovative approaches based upon their own experience, ideas and expertise.
- There is an urgent need to translate the thinking behind the development and application of the Prudent Model, reinforced by the Parliamentary Review into Health and Social Care which called for 'revolution not evolution' and the more recent Welsh Government's Long Term Plan: A Healthier Wales: our plan for Health and Social Care.
- Action is now required to engage the ideas and passion of people and communities to shape current and future health and care services. A combination of approaches are needed to drive and embed Prudent Health and Care in Wales, including opportunities for patients and the public to describe what matters to them. The Bevan Commissions 'Big Conversation' is the start of an ongoing process to help make this happen.
- The paper describes how this can be done by;
 - Building upon existing ideas and initiatives through schemes such as the Expert Patient Programme, Making Every Contact Count, Social Prescribing, will help ensure we are making the most of our current knowledge and expertise.
 - Using established networks to engage wider views, skills and expertise will also help. Existing networks such as the National Federation of Women's Institutes (NFWI) the third sector, community connectors, health and care facilitators all offer access and insight to the needs and solutions held by others.
 - Collaborating further with others to use the knowledge, experience and expertise of people and organisations including universities, industry and agencies such as the Life Sciences Hub and the Bevan Commission.
- Programmes which try out and test new ideas such as the successful Bevan Exemplars and Advocates provide a tried and tested infrastructure to assist people in developing their own innovative ideas and creating social movements for change, driven by people themselves.
- We must also challenge ourselves and our ways of thinking and working – our current practice, our individual behaviours and our organisational cultures, so that we are receptive and open to deliver the seamless new models of care required with a workforce that is fit for now and for the next 70 years.

INTRODUCTION

The Bevan Commission set out its bold future vision of health and care services in the first two papers in its **'Exploiting the Welsh Health Legacy'** series.

The first paper – **'A new way of thinking'** (Bevan Commission 2017) set out why the more traditional models of service delivery do not help to alleviate the root causes and the underlying problems of many current day health and care challenges.

The 2nd paper **'A new way of Planning'** (Bevan Commission 2018) described in detail what a Prudent Model for Health and Care would look like. It represents the first stage in a process of securing essential and fundamental change of the NHS in Wales.

This 3rd paper **'A new way of doing'** uses examples of innovation and allied initiatives to provide practical illustrations of how a prudent social model can help engage the hearts and minds of people, health and care professionals, policy makers, managers and the public at large, to discover and develop together in a superior way resolutions to the tasks we confront. Only by using all the skills, knowledge, experiences and assets available to us in society and not just those held within the NHS are we more likely to achieve prudent and sustainable health and wellbeing for the people in Wales.

BACKGROUND: AN APPROACH BASED WITHIN A PRUDENT HEALTHCARE PHILOSOPHY AND FRAMEWORK

The advent of the concept of Prudent Health Care (Bevan Commission. 2015) came at a time when on both the national and international stage a number of concepts, design principles and value based ways of working were being developed. Prudent healthcare arose in response to the challenges of austerity and the need for a more robust, meaningful and workable model to tackle the current demands on the NHS and address the future burdens that increasingly frustrate the sustainability of the NHS. It sought to find a more meaningful, practical and thought through way that exploited wise, judicious and evidence informed decisions that were not just focused upon the financial bottom line. The Commission recognised the pressing need to change that climate and to focus much more on seeking to ensure fairness, equity and the pursuit of quality, alongside the effective use of all skills and resources.

The philosophy and principles of Prudent Health Care and the underpinning prudent model strongly advocates a new way of thinking and working based upon the these four principles. It sets out a different tone and ethos: a co-operative approach based upon joint responsibility and ownership, engagement and partnerships between patients, professionals and the public.

A prudent model of health and social care will;

- actively encourage everyone to take collective action and responsibility to help us all live the healthiest lives for as long as possible.
- call upon all agencies to act together and assume joint responsibility in whatever way they can best do this to ensure we make the most of the resources we have to meet individual and population health needs
- develop a strong, robust, integrated and boundary breaking health and care system
- ensure that we make the most effective use of all skills and resources available including local people, patients and the third sector

- ensure that those with greatest needs are prioritised and the most vulnerable and hard pressed people in society are not neglected.
- evolve and bring to fruition a prudent health and care system in which we all share responsibility for maintaining our health and that of others by delivering high quality, effective and efficient services which meets the needs of people, as and when needed.

The Bevan Commission (2016) expanded upon its thinking on this in 'Redrawing the Relationship between the Citizen and the State'. In this it recognised the need to engage more effectively with the public, patients and carers on a more equal basis by identifying and owning the problems and in helping to find better solutions together. It described the need to redistribute the balance of power, sharing and managing the risk to enable the changes that need to happen.

The prudent cooperative model sets out a clear and equal responsibility for us all in maintaining the health and wellbeing of ourselves, our family and friends, neighbours and colleagues. Everyone should be actively encouraged and supported to engage, to have a greater say, to take an active interest and control of their own wellbeing and the way that services are designed, developed and delivered for them.

Changing the way people think and work and the way they have done things for some time will be a formidable task. The Commission has identified some existing developments and some newly evolving ways of working that can help us move forward this approach.

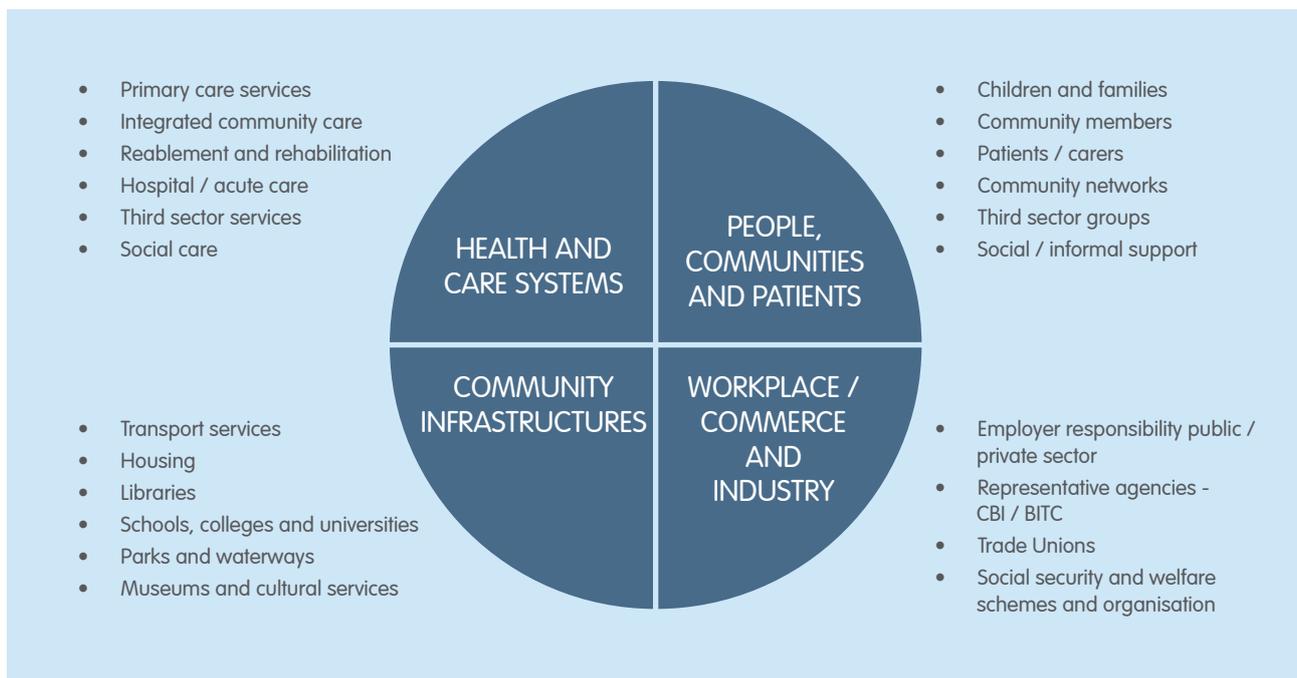
RAPID AND MORE RADICAL CHANGE

The development of prudent healthcare and the philosophy it sets out has created a growing momentum for different solutions to the current model and the inherent barriers in the system. The barriers to change are well known (Bevan Commission 2016) and in which people and the complexity of human behaviour and the large and complex systems and leadership of the organisations are central. Some people like change some do not, some are unsettled or even fear change and some are not even aware of the need to change or are not empowered to tackle the needed change as they see it.

It is also about how we create the climate to enable change to be an implicit part of everyday life. Creating a culture for change can be as basic as making sure that people know why change is needed, involving them in finding solutions and demonstrating the impact that this will have. Finding time to think about things differently is crucial otherwise it is easy to keep doing the same things in the same way As healthcare becomes increasingly complex, whether through technology, new drugs or treatments, research, the system itself or the complexity of problems being presented, the approach to ensure quality and consistency tends to be tighter control, top down directives and more and more targets.

Whilst we have seen some incremental changes and improvements across the NHS, often supported by improvement thinking and methodologies, health and care leaders nationally and globally have begun to challenge such traditional approaches to

Figure 1: A Prudent Social Model of Health and Care



change. There is a growing recognition that small incremental changes to existing models of care based upon traditional ways of thinking are no longer viable to meet future health and care needs and ensure the future sustainability of the NHS.

The Parliamentary Review into Health and Social care in Wales (2018) called for 'revolution not evolution' and a new system of care where change is significantly accelerated 'Unless faster, more widespread progress can be unlocked, access to and the quality of services will decline in the face of the predictable pressures'.

Consistent with the Bevan Commission's perspective, the Review recognised the assets and power of service users and communities in driving change, along with the ability of the workforce to test and learn what works and to accelerate change and innovation. The Review also recognised that staff are sometimes doing so against the tide and identified the need for leaders to take 'bold decisions', advocating for increased capacity at a national level to drive transformation and stronger leadership nationally, regionally and locally.

The Wellbeing of Future Generations Act (Welsh Government 2015) also recognises that to give future generations a good quality of life we must all work together now to tackle the challenges to improve the social, economic, environmental and cultural well-being of Wales.

In response to the Parliamentary Review, Welsh Government (2018) set out its long term vision of a whole system approach to health and social care which included the need to develop new models of seamless local health and social care, built upon a Prudent Healthcare philosophy and the quadruple aim.

The following examples in this paper illustrate just how a new prudent social model can be translated into practice urgently. In many cases this involves building upon initiatives that are already in operation, but not yet widely adopted or invested in effectively. It will involve the need to 'walk in the shoes of patients' more so to ensure that what we have is what is really needed, disinvesting in some outdated services and ways of working which are ineffective or may just not be in the patients best interest.

INFORMING WHAT WE DO: WHAT DO PATIENTS THINK AND FEEL?

Big Conversation

In its paper 'Redrawing the Relationship'¹ the Bevan Commission set out how it believes that working more closely with the people of Wales to help redraw and rebalance the relationship with the state, is key to the future of more successful health outcomes for people and for more sustainable health and social care services in Wales.

It is clear that a combination of approaches is needed to drive and embed Prudent Healthcare in Wales, including opportunities for patients and the public to describe what matters to them in health and care. The Bevan Commission has initiated a wider dialogue and conversation with the public through a series of events and other opportunities to capture the feedback and feelings of people in Wales and what matters to them.

This 'Big Conversation' will continue to help the Commission get a better understanding of what people think, their views and experiences and its early feedback has helped to inform this the third paper in the 'Welsh Health Legacy' series. This conversation will ensure that people's views and experiences are heard, acted on and are used to help influence the way health and care is planned and delivered now and in years to come.

We have worked in partnership with Participation Cymru to engage the feedback and support from engagement leads across Wales. Our work also draws upon people's stories which are being recorded and will also form part of the NHS 70 research being undertaken by Manchester University and from our Bevan Advocates who continue to provide an important source of patient and public feedback. We are also working closely with networks such as the NFWI to test out how we might build upon their extensive networks in communities across Wales to help create a wider social movement for a more prudent approach in communities across Wales. Initial responses indicate that when given the opportunity to engage people are keen to be involved, sharing their knowledge and experiences.

¹ <http://www.bevancommission.org/getfile/documents/Redrawing-the-relationship-FINAL-March-2016.docx>

Creating Social Movements for change: National Federation of Women's Institutes - Wales

In May 2017, members of the National Federation of Women's Institutes (NFWI) met with the Bevan Commission to consider how they could help spread the message of Prudent Healthcare across Wales. As parents, grandparents carers and community influencers, the 16,000 members have an important contribution to make using conversations about personal experiences to help shape and use health and care services more prudently. This work will build upon the success of several NFWI projects aimed at improving the health and wellbeing of their member and others in the community in Wales and across the UK.

A booklet 'Our Health in Our Hands' has been co designed with NFWI members to use in meetings to explore key health and wellbeing topics including; setting personal health goals, accessing information to make more prudent decisions about treatment or medication options, caring for others and influencing local service design. 'Our Health in Our Hands' project will engage WI members in discussion, sharing their experiences, knowledge and ideas on health and care and giving them the tools and resources to influence and take greater control of their own health and support their family and friends. It will launch in the autumn of 2019 across Wales with the initial results expected toward the end of 2019.

Patient's views and feedback - Education Programme for Patients (EPP)

The Bevan Commission has been working with EPP tutors to collect and review the key issues raised by EPP course participants. EPP courses are tailored to different conditions/syndromes but follow the same general structure over a period of six weeks where Volunteer tutors take participants through a journey to identify self-management tools to assist them to live with their symptoms. As part of the session participants learn how to make better informed decisions and problem solve their everyday issues.

This work has provided a real insight through the eyes of the patients lived experience of ideas and opportunities to improve the health and care system and the way it operates. An important finding from initial reviews included a lack of communication both with and within the system fragmenting relationships and continuity of care. It was felt that the design

of the health and care system drives how care is delivered rather than based upon the needs of the patient.

Solutions proposed by course participants were often grouped around either on how to change the system or how patients could be better prepared to interact with it. However while these solutions were often simple, the issues identified were often cultural and appeared deeply embedded.

This rich source of patient driven issues and their solutions will provide further opportunities to work together to build better more prudent care in the future.

'What do people think of the NHS'² - Kings Fund

This marked the start of a debate in England about the 'contract' between the NHS and the public – what people can expect from the service and what their obligations are in return within a context of the changing relationship the public and the NHS. Initially the Fund, via IPSOS-MORI, conducted a survey of 1,151 adults on the public's attitude to the NHS. This indicated that public support for the NHS remains as strong as ever with high levels of support for the founding principles of the NHS and that these remain relevant today. Despite the considerable pressure that the NHS faces and the negative publicity it can receive, The Kings Fund concluded that it is hard to think of another public service or national institution that would produce similar findings.

The findings suggest that there is scope for a serious debate about raising taxes to increase spending on the NHS, and about what people can expect from the NHS, their own obligations and responsibilities.

With the NHS going through a period of significant change, it also suggests that it will be vital to involve the public in these changes and to ensure that they are supported and led by clinicians.

Stay Well in Wales: The public's views on public health³

In 2014, Welsh Government launched the Wales We Want National Conversation. It asked the people of Wales to say what was important to them about the country they live in and what direction it should take. The Stay Well in Wales survey sought to obtain the views of residents of Wales on a range of

² <https://www.kingsfund.org.uk/publications/what-does-public-think-about-nhs>

³ <http://www.wales.nhs.uk/sitesplus/documents/888/Stay%20Well%20in%20Wales%20Report-Eng-Final.pdf>

public health issues to inform the development and implementation of Public Health Wales' strategy for 2018-2030.

The Stay Well in Wales nationally representative household survey was administered through face-to-face interviews with individuals aged 16 years and over resident in randomly selected households across Wales. Randomly selected households (N=3,041) were informed of the study by letter; 6% of households opted out at this stage. Less than a quarter (24%) of eligible households visited by interviewers declined to participate. A final sample of 1,001 individuals completed the questionnaire.

The top five perceived contributors to poor health and well-being were smoking (1st), drug abuse (2nd), alcohol misuse (3rd), physical inactivity (4th) and unhealthy eating habits (5th). These issues were in the top five for both males and females, with females more commonly identifying each issue as important. Social isolation and loneliness and problems due to poor parenting of children were ranked sixth and seventh, respectively. (Fig 2)

Figure 2: Key health issues in Wales



⁴ https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf
⁵ <http://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>

TRANSFORMATIONAL CHANGE; DRIVING A SOCIAL MODEL IN PRACTICE

Current models of care can often drive people to medical professionals in hospital and general practice when it may not be the best solution for their needs. It has been suggested that 20 % of GPs time is linked to treating and dealing with social rather than medical need of patients.

Within its long-term vision 'A healthier Wales' the Welsh Government reinforces the findings of the Bevan Commission that we need a more preventive community based approach to future care delivery. The plan sets out that treating people in hospitals when they are ill is only a small part of modern health and social care, 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.

Moving towards a more social and prudent model of health will take time but there are some very simple things we can do now as well as in the medium to longer term. It requires a mix of approaches as outlined below

1. Expanding and mainstreaming initiatives we already have.
2. Building upon existing developments - learning and adopting from others.
3. Developing and testing out new approaches

Transforming the way we think and work requires a real commitment and desire to drive change as well as the means to empower everyone, whether they are; a member of the public, a patient a professional or an organisation. Everyone should be held to account to ensure that the skills resources and expertise we have between us is used to best effect i.e. most prudently and that we are doing what the patient feels is best for them and their family not the system.

Many of the examples illustrated below have been thought up, developed and tested by people in the system who have seen a better way to be doing things. Many of these are evolutionary and are still in the process of development and that they will continue to learn further by doing. It is important to remember that being innovative and taking action to change and develop is critical for any organisation to survive even if you don't have all the answers at the outset. Doing more of the same just gets more of the same – this is unacceptable.

HOW TRANSFORMATIVE ARE YOU?

- 1. Open and receptive to new ideas...**
or is it made difficult for people?
- 2. Able to easily translate ideas rapidly into practice...** or are you faced with length and complex procedures?
- 3. Empower people to try out and test new ideas...** or do you control from the top down?
- 4. Proactively learn and adopt ideas from others...** or are you wary because it was not developed here?

WHY WOULDN'T YOU?

- 1. Fully invest in self-care programmes?**
- 2. Actively encourage and support volunteers (young and old)?**
- 3. Train and support all staff to become your best health advocates?**
- 4. Engage the passion, knowledge and expertise of staff and patients to transform the system?**
- 5. Identify your most vulnerable in communities and work with others to prevent an unnecessary admission to hospital?**
- 6. Train every schoolchild in first aid using existing skills and expertise held in older pupils, school nurses, teachers, community members, voluntary sector etc.**

DRIVING A SOCIAL MODEL IN PRACTICE

SOME PRACTICAL EXAMPLES

The following examples provide an insight into some new ways of thinking and working in different organisations in different parts of Wales, and across the UK, consistent with achieving a more prudent approach to health and wellbeing. Further opportunities exist to share and learn from each other as well as working closely together to achieve common objectives for a healthy and thriving Wales.

1. Health and Care Systems

The concept of Social Prescribing is gathering momentum within health systems as a way for health professional and patients to deal holistically with issues that impact on their health and wellbeing. While there is no single agreed definition of what constitutes social prescribing, in general it's a process to connect people with non-medical community interventions that enable them to become confident in managing their conditions⁶.

The Anglesey Social prescribing project enables children with complex needs to remain cared for at home and manage their own conditions as independently as possible. It aims to provide access to a range of opportunities to all children, young people and their families to provide wrap around care and support. The project has taken a 'passport' approach as a way to enable good communication for the children and young people identified with additional needs who may need to access acute services.

Anglesey Social Prescribing Project⁷

Meets the need for local provision of healthcare services at the home of the patient, the avoidance of A&E as a route to secondary care, the personalisation of care packages and the most effective collaboration of GP and advanced paramedic skills.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

The Welsh Ambulance Service Trust⁸ is being increasingly acknowledged as an innovative and adaptive organisation that has undertaken a transformation in its vision, attitudes and underlying performance. New models that make WAST "fit for the future" have emerged which focus on innovations in service delivery. These models reflect the many challenges that the organisation faces but and more importantly, they evolve from the innovativeness of staff themselves and the new opportunities posed by trends in healthcare requirements and prudent principles.

These models reflect a trend towards keeping people at home wherever possible and avoiding the unnecessary need to transfer to hospital by providing healthcare services at the home of the patient. This avoids Accident and Emergency (A&E) departments as a route to secondary care, personalises care packages and develops effective collaboration of primary care and paramedic skills. The new models are part of a solution to releasing stretched primary care capacity and particularly the inability to conduct home visits by General Practitioners (GPs), and a release of capacity to the secondary care system, which can then be used for other patients with greater need.

Community Advanced Paramedics

Meets the need for local provision of healthcare services at the home of the patient, the avoidance of A&E as a route to secondary care, the personalisation of care packages and the most effective collaboration of GP and advanced paramedic skills.



Making Every Contact Count⁹ (MECC) is an approach that aims to empower staff working particularly in health services, but also partner organisations, to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. This recognition extends not only to their interaction with clients/patients, but also to their own health and wellbeing and that of their friends, families and colleagues.

⁶ <https://www.nesta.org.uk/blog/social-prescribing-and-innovate-to-save/>

⁷ <http://www.primarycareone.wales.nhs.uk/opendoc/308194>

⁸ <http://www.ambulance.wales.nhs.uk/>

To be successful MECC must not be seen as a separate public health initiative, but a core part of all health and social care. Adopting this approach will create an environment where discussion of lifestyle and wellbeing is routine, non-judgemental and integral to everyone's professional and social responsibility.

Making Choices Together/Choosing Wisely Wales Partnership

is a movement to encourage open conversations between patients and their clinicians, to make decisions together about the right care for the individual. It aims to make sure that healthcare conversations and decisions will be informed by good evidence, and responsive to what is important to the patient.



CHOOSING WISELY WALES
DEWIS DOETH CYMRU

2. People, Communities and Patients

The Compassionate Froome Project¹⁰ is a scheme aimed at tackling the connection between loneliness and ill health in Froome, Somerset. While emergency admissions to hospitals across Somerset have increased by 29%, incurring a 21% increase in costs, Frome has seen admissions fall 17% with a 21% reduction in costs in 2016 to 2017 compared to 2013 and 2014 .

Set up in 2014, Health Connections Mendip, the community development service at Frome Medical Practice, compiled a service directory of care providers and volunteers from health centres, local charities and other groups to provide support to people with poor health. These services range from attending to someone's physical and emotional needs to assisting with the shopping, walking the dog or helping someone attend a confidence-boosting activity such as the local choir.

This combination of a community development approach with the care of the medical practice is unique in Somerset. Volunteers are trained as Community Connectors to help people they meet find the right service for them. To date there are nearly 400 groups and organisations offering support, advice, companionship and creative activity. Through the project, GP services integrate the links with the community they serve in their daily work, and are able to reconnect people into the community in which they live. The Caerphilly Miners Hospital Community Project¹² works with over 20 partners from statutory, voluntary

and business sectors and the local community to deliver services more sustainably and achieve better community buy-in. Work-place trainees and volunteers are rewarded by United Welsh's Time Bank and a chance to make a difference. It runs a Partnership Committee meets quarterly to ensure synergy with other stakeholders and to jointly meet our community's needs.

The multi-use facility will provide a place to socialise, learn and develop skills, access information, and participate in community activities. It will tackle inequality, economic exclusion and social isolation, and support people of all ages and circumstances.

The project seeks to deliver the following outcomes:

- Ensuring equality, social inclusion and sustainability
- Supporting people's education and learning
- Generating interest in and awareness of the heritage of the miners
- Providing activities to support the well-being and care of community members

Caerphilly Miners is a charity working to use the former Caerphilly Miners hospital to the community as social enterprise, delivering services to support well-being. It follows the miners' ethos of mutuality and collaboration, community enterprise and self help.



Solva Care¹³ is considered to be a unique and innovative project in the UK. It is often described as a 'bottom up' project because it was set up by the community, in response to the expressed needs of the community, to enhance health and wellbeing. The plan was to set up a social enterprise consisting of a voluntary service which would provide support and to integrate this service with domiciliary or 'hands on care'. The social enterprise would offer bespoke and flexible client centred care packages which are non profit making.

The project has been set up by the Solva Community Council that runs events open to all residents, such as tea parties and music & movement sessions sometimes in partnership with other organisations. It is a well-developed support service, which is provided by a Co-ordinator and local volunteers.

⁹ <http://www.makingchoicestogether.wales.nhs.uk/home>

¹⁰ <http://www.swsn.org.uk/wp/wp-content/uploads/2015/07/Community-development-in-Frome-the-GP-perspective-Dr-Helen-Kingston.pdf>

¹¹ <https://www.resurgence.org/magazine/article5039-compassionate-community-project.html>

¹² <https://www.caerphillyminerscentre.org.uk/>

¹³ <https://solvacare.co.uk/>

The aims of Solva Care are to maintain and improve health and wellbeing by:

- enabling residents to stay in their own homes and remain part of the community
- offering a way to counteract loneliness, isolation and social disadvantage
- providing extra support for those who are caring for relative

Solva Care is a not for profit social initiative, that offers friendly, local support and help to those who need it in Solva and the surrounding area. It is a community based project focusing on social care. It was set up in 2015, in response to wishes of the local residents, to support individuals and families with a variety of services



Torfaen Public Services Board was established in April 2016 under the Well-being of Future Generations (Wales) Act 2015 and brings together public services operating across the County Borough to improve resident's well-being.



The purpose of Adult Social Care and Health in Monmouthshire is to help people live their own lives. Key to this is the ability to intervene at the earliest opportunity and support people to build networks and connections and to find their own solutions to the issues they face. Monmouthshire County Council set out a strategic vision and priorities for social care services and continues to progress its ambitious change programme across adult and children's social care in order to achieve this vision. As part of the plan and it's vision of an interconnected, sustainable, systems approach three key themes were identified; 1) Nobody is Left Behind; 2) People are Confident, Capable and Involved; and 3) Our County Thrives.

3. Community Infrastructures

Torfaen Public Services Board (PSB) published its assessment of well-being for Torfaen in May 2017 and this was used to create the first well-being plan for Torfaen in 2018¹⁴. The plan sets out 7 well-being objectives to work at together and with citizens, to improve well-being across the county borough. The PSB is looking at how it can work differently, bringing in other public bodies that can help the work going forward in Torfaen and how private business could also be part of local discussions and collaboration.

The Torfaen Well Being team has already undergone radical transformation in the way it works, starting with the needs and wants of its clients in the community. It has set out its Vision that looks to give power and autonomy back to people through inclusive partnerships based around a person centred co-productive approach. This included promoting independence and improving quality of life, enabling cohesive neighbourhoods that engender community spirit and responsibility and supporting people to be as happy and well.

It aimed to shape its services in order to focus on prevention, early intervention and supporting people to remain independent. Its strategy seeks to draw on social enterprise, partners and communities to deliver services. The approach undertaken created on behalf of the Monmouthshire Local Service Board (LSB) one single integrated plan that replaced all existing statutory plans and strategies.

The **Monmouthshire Integrated Care plan**¹⁵ was created to address many of these wider problems, economic, social, demographic and environmental that are currently faced in a clear and coherent way. It was designed with an approach that embraced joint working and involvement with partner organisations and communities.



¹⁴ <http://www.torfaenpublicservicesboard.co.uk/en/Documents/Well-being-Plan-for-Torfaen-2018-2023.pdf>

¹⁵ <http://www.wales.nhs.uk/sitesplus/documents/866/APPENDIX2SIP%20MCC%20Draft%20v3%20Final.pdf>

The **Community Connectors** scheme in Wales has been set up in each of the local authorities in Wales to support adults to continue to live independently in their own home, either on their own or with their family/carers. Service users receive individualised support which is tailored to their personal circumstances having consulted with them, their families and other professionals who know them.

Community Connectors aim to combat isolation, to help lonely adults feel less isolated and achieve personal goals. They spend time getting to know people and what matters to them. They also work with unpaid carers (people who care for loved ones). Many people care for a family member or a friend who has an illness, disability or someone who requires a high level of support.

4. Workplace, Commerce and Industry

The development of the Well-being Champion role within Abertawe Bro Morgannwg NHS UHB was a Bevan Commission supported project and is thought to be the first of its kind in NHS Wales. The Well-being Champion Network is an important resource in supporting the Values Work Programme and will support the delivery of the 'Team Climate and Culture' Sessions and will also encourage colleagues to complete the 'In Our Shoes 2017' Values Staff Survey.

Staff with the support of their Line Managers volunteered to be trained as Wellbeing Champions. The Values Programme Lead delivers an 'Our Values' session during the workshop and feedback from the Champions is that it is critical to make the link between embedding the Values and Behaviour Framework with the well-being of staff. The Well-being Champions project aimed to contribute to the Health Board's plan to increase attendance at work and reduce sickness absence by developing the role of 'Wellbeing Champion'.

The Wellbeing Champions have increased knowledge of the range of staff health and wellbeing services that are available to staff in order to increase awareness and promote early uptake/intervention to their teams.



Remploy was established in 1944 by the Disabled Persons (Employment) Act, the aim of which was to provide employment for people injured during the war and coal miners with health conditions. As a government-owned business, it provided direct employment for disabled people in a national network of factories. The first factory opened in 1946 in Bridgend, south Wales making violins and the network developed over several decades.

Recognising that social attitudes to disability were changing, in the late 1980s, it started to develop programmes to support disabled people into mainstream employment with other businesses. In 2006, Remploy opened the first of what would become a network of high street and city centre branches providing a wide range of specialist employment support.

This move toward supporting disabled people into mainstream employment meant that within a few years it was operating dozens of branches across Britain. Today it delivers a range of programmes and services providing employment and skills support for disabled people and those with health conditions, as well as providing services to employers enabling them to become more disability confident.

Remploy is the UK's leading disability specialist part owned by its employees, with more than 70 years of experience delivering employment and skills support. organisation is committed to:

- Transforming the lives of communities across Wales, supporting individuals towards social and economic independence

Remploy

Putting ability first

LEARNING FROM OUR LEARNING; HELPING MAKING IT HAPPEN IN PRACTICE

Over the past 3 years of the Bevan Exemplar scheme, the Commission has had the privilege to work with over 120 remarkable individuals across NHS Wales. During their time with us they have demonstrated greater confidence and know how in their work as well as a greater sense of self belief, leadership and confidence. The following, which we have learnt from working with them, sets out some of the most important components of success in translating ideas into practice.

- **New thinking** – For an organisation to drive transformational change then the organisation will need to think differently before ideas or initiatives can be taken forward. As long as ideas remain 'projects' or initiatives on the periphery, then that is where they will remain
- **Honesty and Openness** - is essential to help maximise ideas and to create a climate of trust should things not succeed.
- **Commitment** – there is no point in putting pen to paper, writing edicts and strap lines if there is no commitment to see things through This is a journey of discovery, it is unpredictable and everyone should accept this for the long term
- **Creating a climate for change** - moving from transactional to transformational processes where connections, networks and relationships are equally important rather than just traditional top down hierarchies. Empowering and trusting people to use their judgement to help drive the changes across and between organisations
- **Building upon what we have** – a plethora of great ideas, passion and commitment already exists within staff and patients. Using levers and incentives will help find these, building upon schemes such as the Bevan Exemplars and Advocates and other developments.
- **A platform to try out and test** – create an environment in which people are expected continually to find new and better ways of working so that it is everyone's business not just the few. Find ways to make it easier and more open for staff – giving them headroom to think, taking their ideas seriously and bringing people together
- **Support and encouragement** – sometimes people need a little help or moral support to get through barriers or just advice on how best to take things next – other support such as training or access to other expertise or views can help
- **Recognising and rewarding success** – many people are self-motivated and identify and drive change because they are passionate about making things better. Simple rewards, recognition and acknowledgement goes a long way in boosting morale and confidence
- **Sharing, adapting and adopting** – finding and developing new ideas can be relatively simple compared to the widespread adoption. Using the passion of the people who developed it to encourage others to adopt can help and avoids being driven from top down.

CONCLUSIONS

The Commission have recognised the unsustainability of the current system which predominantly treats ill health at the expense of promoting health and wellbeing. In response it has proposed a different model of health and care for Wales, one that is not just based upon fixing people in the traditional way, but one which is sustainable and which engages people and their ideas. It applies the four prudent principles to preventing and protecting health and treating ill health most effectively using all skills and resources to best effect.

This approach was recently reinforced in the Parliamentary Review and the Welsh Governments response to this in its Long Term Plan, A Healthier Wales. The Commission recognises that individual and collective health is everyone's responsibility; it cannot be just the responsibility of the NHS. This 3rd paper in the Bevan Commissions Heritage series sets out how a Social Model for Health and Care provides a basis for sustaining future health and care services. It shows how this starts with people and communities to harness innovation that transforms care and the services and thinking that supports this. Health and care services will need to be more focused upon people's needs, not just on paper but in reality. There are already clear examples to illustrate how we can re-design services around needs, not vice versa, without the constraints of existing roles, responsibilities and ways of working.

Health Boards and their workforce will need to be open, flexible and responsive to change. Expanding support and building on initiatives already aligned to the approach will help bring some early wins. Using established networks to engage wider views, skills and expertise will also help, as will working with others to use their knowledge and assets including; universities, industry and agencies such as the Life Sciences Hub and the Bevan Commission. These can all also help in making change happen faster.

It is imperative that we all come together to share what we have and to find better ways to make this work in reality across Wales.

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The Bevan Commission (hosted and supported by Swansea University) brings together a group of internationally renowned experts to provide independent advice on health and care to Welsh Government, leaders across Wales, the UK and worldwide.

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