

Notes

Bevan Commission

Meeting 3

Date of meeting: 18 June 2012

Time of meeting: 10.00 – 15.00

Venue for meeting: Conference Room 23, Ty Hywel, Cardiff Bay

Version: 1

Pre-meeting of Commission members only: Briefing and update from Chair

The Chair provided the Commission with an update on the review of Ministerial Advisory Bodies which had been undertaken by Peter Max. The review had been presented to the Minister and reaffirmed the role of the Bevan Commission as independent, transparent and impartial. The Bevan Commission must have links with each of the Director Generals in the Welsh Government and these links must be clear and well-thought through. It was suggested the Commission could adopt a more challenging and interrogative role. It was important for the Bevan Commission and the National Advisory Board to have a relationship to ensure they were not providing conflicting advice.

The Chair discussed ways of working with Commission members and they agreed that in order to remain independent, transparent and impartial, it was important to receive advice and information from Welsh Government officials.

Welcome and apologies

The Chair welcomed all in attendance to the third meeting of the Bevan Commission. The Chair formally offered his thanks and appreciation to Professor Sir Anthony Newman Taylor for chairing the last meeting in his absence. He also thanked Jon Matthias for producing the notes from the last meeting.

The meeting was attended by the following Commission members:

- Professor Sir Mansel Aylward CB, Chair, Bevan Commission
- Professor Bim Bhowmick OBE, Consultant Physician for the Elderly in Community Care, Anglesey
- Dr Tony Calland, Chairman, BMA Medical Ethics committee.
- Lt General Louis Lillywhite CB, MBE, QHP, former Surgeon General of the British Armed Forces
- Professor Marcus Longley, Director, Welsh Institute for Health and Social Care, University of Glamorgan.
- Professor Ewan Macdonald OBE, Head of Healthy Working Lives Group. University of Glasgow
- Professor Sir Anthony Newman Taylor CBE, Principal, Faculty of Medicine, Imperial College.

- Professor Ceri Phillips, Professor of Health Economics and Head of Research, College of Human and Health Sciences, Swansea University.
- Professor Jennie Popay, Professor of Sociology and Public Health, Lancaster University

Apologies were received from:

- Professor Allyson Pollock, Professor of Public Health Research and Policy at Queen Mary, University of London.
- Sir Ian Carruthers OBE, Chief Executive, NHS South of England.
- Dr Jo Farrar, Chief Executive, Bridgend County Borough Council
- Professor Donna Mead, Professor of Nursing and Head of the School of Care Sciences, University of Glamorgan.

Abigail Harris, Director of Strategy and Policy, Department of Health, Social Services and Children, Welsh Government, also attended the meeting.

In addition the following support staff attended: Eleanor Higgins (Public Health Wales), Helen Howson (Public Health Wales), Dr Chris Riley (Welsh Government)

Ways of Working

The Chair reiterated the Commission's agreed way of working and confirmed the following:

- the Commission must be seen to be independent, impartial and transparent;
- there must be links with the Minister and Welsh Government;
- there should be a focus on delivery;
- the Commission will produce papers and advice for the Minister;
- the Commission will adopt a role of challenge and education;
- they will host seminars, workshops and masterclasses; and
- topics will be assigned to members.

Those Commission members who are not based in Wales requested a way of working which would allow them to see first-hand what was being done in Wales. For example a small group of members could visit a rural GP practice, talk to a midwife or hold a local symposium.

ACTION: arrange visits for members to local areas.

Following further discussions focused on the ways of working the Commission agreed the following:

- the Commission must avoid a piecemeal approach to their work and take a whole systems approach;
- the Commission must look at the strategy, way forward and systems;
- it is a time for radical thinking and radical change;
- there is a need for a focus on sustainability - the current system and services are not sustainable; and
- the patient/citizen needs to remain at the focus of all discussions. We often

talk about health and healthcare, but rarely include the patient. A population health approach can make some way towards focusing on the citizen, but there need to be checks in place to ensure it remains central to the work of the Commission.

Chair's update

a) Review of Ministerial Advisory Groups

The Chair provided an update on the Review of Ministerial Advisory Groups which had been completed at the request of the Minister for Health and Social Services. The review had been completed by Peter Max, an Independent Member of the Director General for Health, Social Services and Children's National Delivery Group. The recommendations had been presented to the Minister for Health and Social Services. The Chair, Sir Ian Carruthers, Professor Ceri Phillips and Professor Marcus Longley had all been interviewed during the course of the review.

b) New Zealand

The Chair provided a summary of his recent sabbatical in New Zealand, where he had spent three months as inaugural Ko Awatea Visiting Chair at Auckland University and Counties Manukau District Health Board, New Zealand.

The Chair had completed the following pieces of work:

- a report on population health - to be circulated when available;
- a paper on leadership, culture and belief;
- a statement of intent for improving the health of the population;
- an assessment of the impact of change assessments through 'brown bag' sessions
- work with Sir Peter Gluckman on an independent commentator panel for New Zealand government;
- introducing the IHI Triple Aim to the New Zealand government and healthcare system;
 - Improving the patient experience of care (including quality and satisfaction);
 - Improving the health of the population; and
 - Reducing the per capita cost of health care.

He said health care provision for socio-economic groups 1 and 2 in New Zealand was outstanding. In contrast it was found wanting for those in the lower socio-economic groups.

The Chair had also recently attended the EUMASS (European Association for doctors with involvement in Disability Assessment Medicine and Healthcare Cost-control) conference in Padua, Italy where the challenges facing health systems across Europe were discussed.

Proceedings from last meeting, 09 May 2012

The Commission discussed the purpose and style of the notes and agreed that the notes would be published on the Bevan Commission website, along with a summary note of the meeting. The notes should document any decision made by the Commission with a bullet point summary of how the decision was reached. It was agreed to amend the notes from the last meeting to reflect this.

Terms of Reference

The Commission approved the terms of reference.

Improving and Sustaining Health and Healthcare in Wales

Helen Howson presented a thought piece on improving and sustaining health and healthcare in Wales.

It was agreed that some of the discussion earlier in the meeting had changed the context of the paper, but the essential issues of the paper remained relevant. It was agreed that the Chair would take this matter forward with Helen.

Action: Chair to have further discussions with Helen Howson about her paper ‘improving and sustaining health and healthcare in Wales’.

Minister for Health and Social Services

The Minister for Health and Social Services joined the Commission to talk about her expectations and explain the issues she would like the Commission to address.

The Minister highlighted four areas where she would like the Commission to advise her:

1. Strong effective primary, integrated health and social services to reduce inequalities;
2. Strong effective health money management;
3. Information systems – accurate and accessible; and
4. Sustainable health systems – potential service reconfiguration.

The following points were raised during discussion between the Commission and the Minister:

- the Chair confirmed that the Commission would adopt a more interrogative role to help inform the Minister of what progress was being made;
- the Commission’s role would be to challenge, inform, interrogate and advise. They would look at areas in which a difference can be made, for example integrated and effective primary and community care, diabetes, dementia, better quality services, safer services, a world class service;
- the Minister would like the Commission to look at outcome and delivery measurement;
- the Minister would welcome short and medium term advice;
- the Minister pointed out that the current reconfiguration of services were under scrutiny from the public, who were waiting to see what the outcome will be;

- the Minister admitted that trying to get the health service in Wales to work on one information system was proving difficult, but emphasised that progress was being made. The Health Boards had not previously prioritised the work, but have now nominated a board member to be responsible for information systems. One member of the Commission advised that there is evidence in Scotland that integrated information systems can improve standards of care in hospitals and transparency of care. It was agreed this can only be done with the sharing of information systems between primary and secondary care;
- the Commission discussed the Minister's concerns that unscheduled care was currently not performing as well as it should be. The Commission agreed this was an area which they could investigate further for the Minister, by opening a dialogue with Health Board Chief Executives;

Action: Chair to discuss matter with lead Chief Executive to see how best this could be taken forward.

- the Commission discussed how the current issues surrounding unscheduled care and information systems are aligned. In order to think about a fully integrated system, the Commission agreed, we need to stop dividing care into community, primary and secondary. When services are transferred from one area to another they should be accompanied by a transfer of skills and funding through an integrated financial management system;
- the Minister confirmed that public engagement runs through each of her priorities and is at the heart of them all. Health Boards are now engaging with the public at a level they have never done before. It is important for the public to understand that service reconfiguration is taking place to address risks to the health service and medical recruitment and not to save money. Clear explanation and understanding of service reconfiguration will be crucial during the next six months. 'Together for Health' provides a commitment to the Welsh Government having a 'compact' with the people of Wales which is intended to ensure an ongoing dialogue with the public;
- the Minister would like to look at cross-border issues and build up services in Wales, where possible; and
- the Minister is keen to involve communities and the third sector more in health and healthcare.

Priorities and next steps

It was suggested that the Commission could take a view on what was happening in Wales and gain evidence to produce a report. A suggestion was made to follow the approach outlined in 'Together for Health' and give the Minister a reasoned critique and make suggestions. 'Together for Health' lists 8 areas for which the Bevan Commission could be scrutineers. It was agreed this would provide a pragmatic approach to the challenging role. It would also provide an opportunity for those members from outside Wales to become familiar with Wales.

The Commission discussed the merits of looking at health and healthcare in Wales through different lenses. It was suggested a citizen perspective lens could be used

for example looking at the beginning, middle and end of the life course. Diabetes could be used as an indicator in the life course approach. Behaviours and lifestyles can mean different things to different people, so it is important to establish which lens you are using before looking at health and healthcare in Wales.

The Commission agreed:

- to call people to give evidence in order to address the question “if the sustainable future depends on a shift from the hospital model to a different model why aren’t we making progress”. What are the barriers to progress?
- Tony Calland agreed to write some ideas down to form the beginnings of a discussion paper for Commission members to comment on;
- Following a discussion on nature and availability of performance indices and data, Chris Riley agreed to provide data in relation to repeat admissions, length of stay and related areas; and
- it was agreed to invite the Chief Executive and Chair with the lead for unscheduled care.

Action Points

| Number | Action | Who | Due Date |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------|
| BCAP 01.05 | Invite Ronan Lyons to present on SAIL database | EH / MA | To be agreed once forward work plan is in place. |
| BCAP 02.01 | Invite Andrew Morris to present about Scottish IT system in Scotland that has improved diabetic care and reduced amputations by 40%. | MA | To be agreed once forward work plan is in place. |
| BCAP 02.02 | Invite Sir Muir Gray to present on variation in orthopaedic surgery rates in Wales and why these exist. | MA | To be agreed once forward work plan is in place. |
| BCAP 03.01 | Arrange visits for members to local areas | EH / MA | Meeting on 18 Oct 2012 will be held in Cwm Taf area. Members should contact EH or HH if they wish to visit local areas. |

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| BCAP 03.02 | Chair to have further discussions with Helen Howson about her paper 'improving and sustaining health and healthcare in Wales'. | MA / HH | Discussions are ongoing |
| BCAP 03.03 | Chair to discuss Minister's concerns that unscheduled care was currently not performing as well as it should be with lead of the Chief Executive's group to see how best this could be taken forward. | MA | Discussions are ongoing |
| BCAP 03.04 | Prepare a paper for discussion on primary care. | TC | Paper on agenda for next meeting. |
| BCAP 03.05 | Provide Commission with data on repeat admissions, length of stay and related areas. | CR | Data is being collated |
| BCAP 03.06 | Invite the Chief Executive and Chair with the lead for unscheduled care | MA | Lead Chief Executive will attend next meeting. |

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