Bevan Commission

...promoting health and health services improvement in Wales

Bevan Commission Meeting

Date of meeting: 30 September 2014
Time of meeting: 09:00am – 15:45pm
Venue for meeting: Council Chamber, Temple of Peace
Version: 2

Present:

Professor Sir Mansel Aylward CB
Sir Paul Williams OBE CStJ DL
Professor Bimal Bhowmick OBE
Professor John Wyn Owen CB
Professor Phillip Routledge
Professor Trevor Jones CBE
Lieutenant General (Retired) Louis Lillywhite CB MBE OStJ
Dr Clare Gerada MBE
Dr Helen Paterson
Dr Tony Calland MBE (from 12.30)
Ann Lloyd
Chris Martin
Juliet Luporini
Dylan Jones
Fran Targett
Helen Howson
Mary Cowern
Nygaire Bevan
Ruth Dineen
Emma Carey (Secretariat)

Apologies:

Professor Sir Anthony Newman-Taylor CBE
Professor Dame Carol Black DBE
Sir Ian Carruthers OBE
Professor Andrew Morris
Professor Ewan MacDonald OBE
Professor Sir Michael Marmot

In attendance:

Andrew Goodal

1.	**Welcomes and apologies** Professor Sir Mansel Aylward (MA) welcomed all attending to the inaugural meeting of the new Bevan Commission. Professor Trevor Jones provided a brief introduction as he was not in attendance at the pre-meeting on the 29 September. Dr Tony Calland did the same upon his arrival. Apologies were noted from Professor Sir Anthony Newman-Taylor, Professor Dame Carol Black, Sir Ian Carruthers, Professor Ewan MacDonald, Professor Sir Michael Marmot and Professor Andrew Morris.	
2.	**The Bevan Commission – background and context** MA provided a brief overview of why the Bevan Commission was set up and what the objectives of the Bevan Commission were. The group were informed that the Welsh Government had given support to the Bevan Commission to deliver independent impartial advice to the Minister over the next 18 months. The group were also advised that Welsh Government had given MA their blessing to consult with other parties in Wales. The group were informed of the concept for wider discussions around policy and other developments in Wales bringing together a number of policy bodies in Wales such as the Institute of Welsh Affairs, the Public Policy Institute, etc. The group were informed of ongoing discussions with Cardiff University with regards to them potentially hosting the Commission in the future. The group also discussed the aspiration that the Commission should strive to be a self funding not for profit organisation as an expert body-cum-think tank. The group were also informed that a panel of expert special advisors is being put in place to aid with the Commission's work. It was agreed that although the Bevan Commission should be seen as a pinnacle group, it should not set itself apart but be open to others. The Bevan Commission should be seen as thought leaders for Wales. A formal memorandum of understanding (MoU) has been put in place for the time-being between Welsh Government and Public Health Wales/host organisation which includes terms of reference etc. It was agreed that the Commission should not lose track of where things are going wrong and that it should be responsive to look at what is missing and what advice the Commission can provide to improve health and social services in Wales. It was also agreed that the Commission needed to ensure it was able to address the "Voice of the People". Determining how to get the Voice of People was critical and should be seen as an important part	

	of the way forward in the development of the Bevan Commission. The Commission members noted that there was some good work being undertaken in the public arena in Wales at the present time. Professor John Wyn Owen (JWO) enquired about the voice of children and it was agreed that finding ways of listening to the views and attitudes of children and young people is essential in the way forward. It was noted that it was of paramount importance that the Commission strongly engaged and had open dialogue with the public in Wales.	
3.	**A brief overview of Wales** Helen Howson (HH) provided a presentation on the above subject. The group were updated on five aspects when comparing Wales with England. These were: • Political • Structural • Policy • Delivery and performance • Financial In respect of policy, a discussion took place with regard to conflicting priorities, the role and establishment of responsibility for the Bevan Commission in advising on development of policy. It was noted that the Bevan Commission could help reduce obstacles faced by Welsh Government and leaders in NHS Wales to support and enhance improved delivery and performance. With regards to finance, discussions took place around the subject of whether there would be any change in the budget received by Wales following the Scotland referendum result. Also discussed was the welfare budget and whether Wales would seek to receive components of the UK welfare budget. The group discussed the need to ensure that the health service and local authorities communicate and work together effectively. The discussion then went onto ethnic diversity and the elderly and the need to recognise isolation and ensuring that the systems in place work to help mitigate this. It was noted that more radical ways of thinking should be used to get funding for the health system, reflecting on how and what needs to be tackled on the health and social care agenda One suggestion was to look at the Department of Work and Pension's programmes for getting people back to work.	

4.	**Developments to date** HH provided a brief overview of developments that have taken place to date and the use of national and international evidence to inform the Commission's work and priorities. The group was informed that a process for collecting views and wider evidence on current practice had been established. The Commission invited a number of experts to give different perspectives on selected health issues. These included integrated care, data and information, care of the elderly, primary care and prudent healthcare. Commission meetings were typically split into two sessions. The morning sessions of the meetings were primarily for receiving information with the afternoon spent discussing and reviewing the information gathered to come to a consensus and inform its advice for the Minister. One or more people from around the table would then work up more formal papers which would finally be sent to the Minister. Going forward the Commission will build upon previous ways of working. Typically expert advisers and invited others will be involved in small group discussions, workshops and Task & Finish Groups. The results of which will inform the preparation of formal papers and submissions to both the Commission and others. The new Commission were then taken through some previous work undertaken by the Bevan Commission. All currently published papers can be accessed via the Bevan Commission website **4.1 Data and Information:** The group was informed that there was an underpinning problem manifesting as a lack of consistency and quality of data, inadequate data analysis and use in service planning and a confusion and duplication of data being produced across various organisations. It was noted by the group that recommendations had been put to the previous Director General for Health and Social Services who, in response, had set out resultant actions that had been taken and those that were planned. An update would be sought. It was noted that there was a need to follow up on progress in regard to other advisory papers. Moreover, there was a legacy of unfinished business which the Commission also needed to address. It was agreed that these matters should be followed up with the newly appointed Director General for Health and Social Services. **Action – MA/ HH to meet with AG to identify current position** The Commission discussed where it needed to go with regards to ensuring that the data quality received, such as the comparability of the outcomes and measures recorded, was sufficient and how the Bevan Commission can help the NHS in Wales in moving this forward. Furthermore, it was agreed there was a need to concentrate on data, information and related matters and there was a need for an	

	introduction on the concept of intelligence. **4.2 Integrated care:** The group was informed that a paper had been written which had examined Integrated Care and had made recommendations. The paper recognised that integrated Health Boards do not consistently have Integrated Care in practice and there was a need to ensure this became standard practice. The paper made a number of recommendations around leadership, giving control to services users, service and incentive alignment and case management. In addition three immediate measures were highlighted, these were: 1. That a small number of measures should now be adopted, which would describe integrated care and which should become 'must do' targets for both the NHS and local government. 2. People with complex needs should be given one professional who understands their needs, has sufficient clout to make things happen for them across all services, and who works with them to make sure that they get the support they need, in the way they want it. 3. Local teams and agencies should be given immediate pragmatic support in resolving practical problems such as lack of ICT integration, while they wait for a new, purpose-built system. The question posed was 'did we know why integrated Health Boards did not consistently achieve integrated Care?' This whole area was further compromised by many different definitions for Integrated Care. It was affirmed that Wales was leading the way towards achieving Integrated Care but yet more work was required. **4.3 Care of the elderly:** The group was informed that a paper had been written which proposed a model for how we might best look after the elderly population by applying robust co-ordination of integrated care at the community level. This paper provided an important opportunity to build upon further, particularly in considering future workforce challenges. **4.4 Primary & Community Care:** This paper presented a range of evidence and views including those discussed at two separate workshops with key stakeholders. A number of recommendations were made which aimed to strengthen primary and community care and its integrated working and management in the community building upon the locality's infrastructure. It considered a number of wider models including the Brazilian and Nuka models and also drew from a wide range of expertise through a number of workshops in order to draw up its conclusions and recommendations for the Minister. This paper will inform a paper by the Welsh Government. **4.5 Prudent Healthcare:** The group were informed that an initial discussion document entitled 'Simply Prudent Healthcare' had been developed by Sir Mansel, Helen Howson and Ceri Phillips in December 2014. The Minister felt very strongly about this concept and	

	approach and in January 2014 announced that this should form the main theme for the NHS in Wales.	
5.	**Prudent Healthcare** Professor Sir Mansel Aylward provided a presentation on Prudent Healthcare. The group were informed on a number of different factors which would impact on Prudent Healthcare including the financial challenge, key drivers and disruptive thinking. The group discussed Prudent Healthcare in further detail and its feasibility in sustaining the NHS in Wales. The Total Space project in North Wales was highlighted as an example where savings could be made by working on a family basis instead of a service specific basis. Savings could be realised by focusing on those families who used a large number of services. The group also discussed some previous work carried out by the Commission where the financial benefits brought to the local community by the NHS were calculated. Thereby indicating the interconnected nature of the NHS and the community it served. It was agreed that Prudent Healthcare had the potential to be a game changer in transforming NHS services, redrawing the relationship between the citizen and the state and should be adopted as a social movement. The group discussed opportunities for disruptive thinking and hypothetical examples were raised; can we afford free prescriptions; increasing personal responsibility; the Bismarck system and co-payment. It was noted that patients were not informing their GPs that they were not taking their tablets and that most people prescribed chronic medication stopped taking the medication after 3-6 months. The presentation continued with the essential precepts for Prudent Healthcare which included the maintenance of the Bevan Principles, radical and urgent redistribution of funding and vigorously tackling inefficient business processes, management and administration. There was a need to find out what professionals' and the people's expectations were with regards to Prudent Healthcare. It was noted that if the NHS overspends its budgets, the Welsh Government overspends. The group discussed whether there was a need to manage Health Boards/NHS on a business arrangement where the Board is corporately responsible. A major problem with the NHS was a general lack of good leadership. It was discussed whether accountability was the real issue and not so much a lack of good leadership. The group agreed that the mindset and culture of the NHS needed to	

	be addressed. It was also noted that there needed to be a re-think on the models of care.	
6.	**A View from Cathays Park** Andrew Goodall, Director General of the Health and Social Services provided a presentation which highlighted his areas of intention for NHS Wales following his first three months in the role (link to presentation). The group were informed that the 5 priorities for action were: • Performance delivery and expectations • Driving service configuration • Population health • Distinctive approaches for Wales, e.g. Prudent Healthcare • Team-working: NHS and public services The group discussed how best to apply Prudent Healthcare across the whole healthcare system and the timelines involved. It was noted that Welsh Government were starting to make aspirations for Prudent Healthcare and were open to further discussions. The group discussed the important need for an educational / communication programme designed to engage and inform people and professionals on prudent healthcare. With regards to performance and delivery, members discussed the need to change targets and contracts. It was noted that there was a need for full and frank debates with the public on Prudent Healthcare It was agreed that it was important that there is early engagement with the public and local communities. It was noted that there are many different ways to enter the NHS and that patients get confused and worry about where to go and if they are attending the wrong part of the NHS. The group discussed how we change the ethos and culture and that it is everyone's responsibility to implement change. It was noted that there was a need to learn from industry and how they deal with innovation. MA thanked AG for the presentation and for sparing his time to attend the first meeting of the refreshed Commission and his attendance at the meeting on the previous evening.	

7.	**Prudent Healthcare principles** The group were informed that the provisional Prudent Healthcare principles were: • Treating greatest need first • Do no harm – achieve measurable good • Do the minimum appropriate intervention to achieve the desired outcomes • Choose the most Prudent Care, openly together with the patient • Consistently and appropriately apply evidence based medicine in practice • Co-produce health with the public, patients & partners The group discussed in great detail the definition of need in the first principle. It was agreed to amend this to read "treating greatest clinical need first". It was also agreed to amend the wording in the final principle to "co-produce" from "co-create" It was also noted there was a need get the message of Prudent Healthcare right and consistent and that the language used should be clear and precise. The Commission was informed that the principles are currently in their formative phase and would need to be expanded and clarified by an accompanying subtext. It will be the Bevan Commissions task to provide the Minister with a recommended set of the principles in January 2015. This would be done by taking into account feedback and views from across the NHS, the public and other stakeholders. **Action – MA asked members to send in their comments on the Provisional principles so that they can be amended prior to approval at the January meeting. The secretariat would contact the Commission members to facilitate this.** It was noted that there was a need to continue the conversation and work on Prudent Healthcare with the Minister and others **Action – Commission secretariat to further develop the draft work plan for approval at the January meeting and to identify potential leads and other contributors to progress the work on prudent healthcare.**	
8.	**AOB** Due to the limited time available the group was informed that it would not be possible to fully address the Terms of Reference, Constitution and the Programme Definition Document. MA asked members to send in any comments they may have that can be then taken into account prior to signing them off. **Action – Commission secretariat to circulate the Terms of**	

	Reference, Constitution and Programme Definition Document for comment by the Commission members prior to finalisation and sign off by the Chair. The group were invited to attend a roundtable discussion with Wendy Levinson on Choosing Wisely at the upcoming Public Health Conference (7th October). The dates for the Bevan Commission meetings for next year were confirmed as follows which includes a pre evening meeting and supper: 15 January 2015 14 May 2015 15 October 2015 Sir Mansel thanked everyone for attending the meeting and it was agreed that the meeting had been a great success. The evident commitment of members had been fully evident and rewarding.	

Actions:

No.	Action	Who	Start date	Due date	Status
1.1	MA/ HH to meet with AG to identify current position	MA/HH	30 September 2014	December 2014	In progress
1.2	MA asked members to send in their comments on the Provisional principles so that they can be amended prior to approval at the January meeting. The secretariat would contact the Commission members to facilitate this.	MA/All	30 September	1st round of comments: 16th Nov 2014; 2nd round of comments 7th Dec 2014	In progress
1.3	Commission secretariat to further develop the draft work plan for approval at the January meeting and to identify potential	MA/All	30 September 2014	15th January 2015	In progress

	leads and other contributors to progress the work on prudent healthcare.				
1.4	Commission secretariat to circulate the Terms of Reference, Constitution and Programme Definition Document for comment by the Commission members prior to finalisation and sign off by the Chair.	MA/All	30 September 2014	16th November	In progress