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Research, Data & Methods
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Health, Wellbeing and Social Care – Policy Briefing

Introduction

The policy field of health, wellbeing and social care has been identified as providing a clear example of the ‘clear red water’ between policies in England and Wales since devolution. The approach adopted within Wales has been characterised as focusing on the integration of health and social care and the delivery of services through partnerships at the local level (Greer, 2004). Despite a consistent rhetoric focused on the need to establish ‘joined-up government’ and integrated service delivery, the organisation of health and social care policy in Wales has undergone several stages of reform since devolution.

1. Governance structures

While functions related to health, wellbeing and social care policy are largely devolved to Wales, a range of international and UK organisations provide the wider the policy context.

1.1 *International and European level*

Globally, the World Health Organisation (WHO) is the notable relevant authority which impacts on Wales, in some cases down to the local level. The WHO is the coordinating authority for health within the UN and provides leadership on global health matters including shaping the research agenda, identifying and setting norms and standards and monitoring and assessing health trends. The WHO has supported a range of studies that have included Wales, such as the Health Behaviour in School-aged Children study and Network of Healthy School Schemes.

At the European level, the WHO Regional Office for Europe co-ordinates WHO interests within Europe and is able to influence Welsh policy in the ways outlined above. While the European Union has fairly limited responsibilities in terms of health and social care policy, it does seek to improve public health through supporting national decision-making. The EU provides a focus for strengthening cooperation and collaboration, particularly around identifying best practice through European wide evidence base and rapid responses to health threats, such as pandemics.

1.2 UK level

Although health and social care policy is devolved to the National Assembly, a range of UK-wide organisations and interest groups play a key role in providing the wider policy arena:

- The *Faculty for Public Health* is the UK wide standard setting body for specialists in public health and works with the National Public Health Service for Wales.
- The *Health and Safety Executive (HSE)*, part of the Department for Work and Pensions, includes a Welsh team (HSE Wales) which works closely with the Welsh Assembly Government to promote and regulate workplace health, safety and welfare.
- *Social Care Institute for Excellence (SCIE)* was established by UK Government in 2001 and is funded by the Department of Health and devolved administrations in Wales and Northern Ireland. The SCIE identifies and disseminates the knowledge base for good practice in all aspects of social care throughout the United Kingdom.
- *National Institute for Health and Clinical Excellence (NICE)* is the independent organisation responsible for providing national guidance on three core areas: public health, health technologies and clinical practice. The Welsh Assembly Government has an agreement in place with NICE covering the Institute's guidance, which continues to apply in Wales. However, there is scope for the Assembly Government to provide funding direction to NHS Wales which may differ to NICE guidance.

1.3 All-Wales level

Health and health services represented one of the key devolved matters included in Schedule 2 of the Government of Wales Act 1998. These functions were maintained in the Government of Wales Act 2006 and consolidated in the National Health Service (Wales) Act 2006. Responsibility for health and social care is divided between two Welsh Assembly Government departments:

Department for Health and Social Services, carries out a range of key functions, including:

- advising the Welsh Assembly Government in setting policies and strategies for health and social care in Wales;
- contributing to making legislation in the field of health and social care;
- providing funding for the NHS and other health and social care bodies;
- managing and supporting the delivery of health and social care services; and
- monitoring and promoting improvements in service delivery.

The Department is made up of a wide range of directorates and units:

- Community, Primary Care and Health Service Policy Directorate
- Quality, Standards and Safety Improvement Directorate
- Resources Directorate
- Children's Health and Social Services Directorate

- Older People and Long-term Care Policy Directorate
- Corporate Management
- Service Delivery and Performance
- Strategy Unit
- Health and Social Services Human Resources
- Children and Family Court Advisory and Support Service in Wales (CAFCASS Cymru)

The Department also has regional offices in South East Wales, Mid and West Wales and North Wales and is also responsible for the Care and Social Services and the Healthcare Inspectorates and the arrangements for the Office of the Children’s Commissioner and the Office of the Older People’s Commissioner.

Department for Public Health and Health Professions, leads on public health strategy and programmes, with the aim of protecting and improving health and reducing health inequalities. The Department is headed by the Chief Medical Officer for Wales, Dr Tony Jewell and has several core objectives, including the development of a Public Health Strategic Framework and a unified Public Health Service.

In addition the Department has a group of Chief Health Professionals that reflect a range of different sectors, such as dentistry, pharmacy and environmental health. This group provides expert knowledge and advice to the Welsh Assembly Government and external organisations. There are also seven statutory advisory committees which provide further professional advice to the Welsh Assembly Government.

Since the introduction of devolution, NHS structures in Wales have undergone two major reorganisations which have fundamentally reshaped the governance of health and social care policy at the national, regional and local levels. The most recent stage of reorganisation of NHS Wales was completed in October 2009 and led to the creation of new structures at the national level:

- *National Advisory Board*, established in April 2009, the Board is responsible for providing independent advice to the Minister for Health and Social Services – assisting in undertaking ministerial functions and meeting ministerial accountabilities for the performance of the NHS in Wales.
- *National Delivery Group*, established to support the Chief Executive, NHS Wales (who chairs the group) and is responsible for overseeing the development and delivery of NHS services across Wales.

In addition three NHS Trusts maintain an all-Wales focus: Welsh Ambulance Services NHS Trust, Velindre NHS Trust and the newly established Public Health Wales NHS Trust, which incorporates the functions and services provided by the National Public Health Service for Wales (NPHS), the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit (WCISU), the Congenital Anomaly Register and Information Service (CARIS) and Screening Services Wales.

In terms of the development and delivery of social care and social services within Wales, the Assembly Government’s key functions are focused on funding, setting the policy, reviewing,

inspecting and regulating social services, support and advice, grants and community voluntary care. The Assembly Government works with local authorities and third sector organisations to deliver social service provision. In addition the Care and Social Services Inspectorate Wales (CSSIW), noted above, is based within the Department for Health and Social Services and carries out key functions including regulation, inspection and review.

These formal all-Wales arrangements are complemented by a range of other national structures and organisations which feed into health and social care policy:

- *Welsh Partnership Forum*, main role is the development, support and delivery of workforce policies on national, regional and local levels. The Forum is sponsored by the Welsh Assembly Government and consists of representatives from trade unions, senior management for NHS Wales and the Welsh Assembly Government.
- *Wales Office of Research and Development for Health and Social Care (WORD)*, located within the Assembly Government, WORD develops policy on research and development (R&D), commissions and funds R&D activity and contract manages projects and initiatives to reflect the health and social care priorities of the Welsh Assembly Government.
- *Health Commission Wales* is an executive agency of the Welsh Assembly responsible for planning and funding highly specialised services for the people of Wales.

1.4 Regional and Local level

The regional and local tiers of NHS Wales have undergone two major reorganisations since the introduction of devolution. The first wave of restructuring took place in 2003 and focused on the creation of 22 Local Health Boards (LHBs) based within the National Public Health Service for Wales. These LHBs were coterminous with the pre-existing 22 Local Authorities and replaced the existing 5 Welsh Health Authorities. In addition to these LHBs, the 7 NHS Trusts remained the key delivery organisations. However, it is important to note that over this period these Trusts also evolved, for example, the Cwm Taf NHS Trust was established in April 2008 following the merger of the former North Glamorgan and Pontypridd & Rhondda NHS Trusts.

The most recent stage of reorganisation in October 2009, noted above, replaced these 22 local-level LHBs and 7 NHS trusts, with 7 integrated Local Health Boards, responsible for all healthcare services. The rationale for these reforms was that the post-2003 system was 'complex and over-bureaucratic' and by adopting a more integrated model more resources could be channelled to front line services. The post-October 2009 arrangements can be seen to have created a regional tier of governance which has replaced the more fragmented, local-orientated post-2003 system. As noted in the previous section, these reforms maintained 3 NHS Trusts and introduced national structures.

Care and social services are primarily delivered in Wales through the 22 local authorities and approximately 1,800 private and independent organisations. The CSSIW also has four regional offices which inspect and review local authority social services and regulate and inspect social care and early years settings and agencies. In addition, the Welsh Assembly Government established four Regional Social Care Partnerships. Membership of these

partnerships included educators, trainers, employers, employees and service users/carers and their primary role was to support a coordinated approach to the recruitment and development of skilled staff within the sector. Initially these partnerships were funded by the Assembly Government but from April 2005 the Care Council for Wales took over the funding.

2. Key Policy Documents

2.1 *NHS Wales: Putting Patients First* (WO, 1998) published by the Welsh Office in January 1998, the White Paper sets out the aims for the NHS in Wales in the post-devolved setting, in particular the role and responsibilities of the National Assembly and other actors in delivery.

2.2 *Better Health - Better Wales: Strategic Framework* (WO, 1998) published by the Welsh Office in October 1998, the framework builds upon the Green Paper *Better Health – Better Wales*, published in May 1998. The framework sets out the aims, priorities and key values that will shape the policy agenda of improving health and reducing health inequalities in Wales.

2.3 *Improving Health for Wales: a Plan for the NHS with its Partners* (NAfW & NHS Wales, 2001) published in February 2001, the document provides an overview of the Assembly's plans for the development of NHS Wales for the next ten years. The plan includes an outline of the organisational reforms carried out in 2003.

2.4 *The Review of Health and Social Care in Wales* (WAG, 2003) or the *Wanless Review*, was published in June 2003 and examine how resources should be translated into reform and improved performance, using the policy direction and structural changes to the NHS in Wales put forward in *Improving Health in Wales* as a starting point. The review made a range of recommendations around the development and delivery of health and social care policy in Wales.

2.5 *Designed for Life: World Class Health Service for Wales* (2005), launched in May 2005, the document provides the Welsh Assembly Government's 10-year vision for developing the health and social care in Wales. The document proposed a programme made up of three 3 year strategic frameworks that provided the context for individual organisational and functional strategies.

2.6 *Fulfilled Lives, Supportive Communities: A Strategy for Social Services in Wales over the Next Decade* (WAG, 2007), published by the Welsh Assembly Government in February 2008, the strategy sets out the Assembly Government's ten year programme for social services and social care.

3. Key Data Sets

3.1 *Welsh Health Survey* – conducted on behalf of Welsh Assembly by National Centre for Social Research (NatCen) is a continuous household and individual survey aiming to

achieve a sample of about 15,000 adults and 3,500 children per year. Employs multi-stage probability sampling design with appropriate stratification (e.g. to achieve a cross section across local authorities). The last survey was published in September 2009 and included data for the 2008 survey.

3.2 *Health Statistics Wales* - annual publication by the Welsh Assembly Government contains a wide range of statistical information on the health of the population and the range and quality of health care services in Wales. The document provides data on a range of issues – the most recent 2009 edition included sections on lifestyle, waiting lists and staffing.

3.3 *Social Services Statistics Wales* – published by the Welsh Assembly Government, the document is based on information collected by local authority social services departments in Wales and provided to the Local Government Data Unit-Wales (Data Unit). The most recent edition – 2007-08 – included data on children, adults receiving care, and social service expenditure.

3.4 *Statistical Focus on Disability and Long-term Illness in Wales* – published by the Welsh Assembly Government, the report presents a range of statistics on people with a disability or long-term illness. It compares their social and economic circumstances with those of other people.

3.5 *Health Behaviour in School-Aged Children (HBSC)* - 4-yearly trans-national survey is a WHO collaborative project collecting internationally comparable data on youth health and health behaviours. Participating countries have increased continually since the first survey with 5 countries in 1983/84. Wales started participating in the second survey in 1985/86 with 13 countries (thereafter it has been conducted every 4 years).

In addition a range of web-based databases provide data on health and social care – Stats Wales, Infobase Cymru and Health of Wales Information Service (HOWIS).

4. Emerging themes and questions

A wide range of emerging themes and questions can be identified within the Health and Social Care policy sector, particularly around the impact of organisational change:

- How does the reorganisation of NHS Wales help or hinder the effectiveness, spatial inequalities and joined up delivery of health and social care services as envisioned in various policy documents?
- To what extent have the post October 2009 Local Health Boards undermined established partnership working?
- To what extent has the approach adopted by the Welsh Assembly Government in the provision of public health in Wales been genuinely integrated or joined-up?

In addition the citizen-centred model adopted by the Welsh Assembly Government and its initial commitment to a 'localism' have been contrasted to the market-based, choice agenda developed within England. Therefore questions remain regarding the extent to which the Welsh model has delivered effective policy in comparison to the English model and the extent to which citizens within England and Wales are prepared to tolerate differentiation in service delivery and so-called 'postcode lotteries'.