

Stakeholder Reference Group

Tue 23 March 2021, 09:30 - 12:00

Via Teams



Agenda

09:30 - 09:30 **1. Welcome and Introductions**

0 min

Chair

09:30 - 09:30 **2. Apologies for Absence**

0 min

Chair

09:30 - 09:30 **3. Declarations of Interest**

0 min

Chair

09:30 - 09:30 **4. Minutes and Matters Arising from the SRG meeting on 26 January 2021**

0 min

Chair

📎 Item 4 Unconfirmed Minutes of SRG Meeting 26 January 2021v2.pdf (8 pages)

09:30 - 09:30 **5. Feedback from Board**

0 min

To highlight key issues from the Board meetings held on 28 January and 25 February 2021.

Nicola Foreman

09:30 - 09:30 **6. Shaping Our Future Clinical Services Engagement**

0 min

Vicky LeGrys / Navroz Masani

📎 Item 6a SOFCS - Powerpoint_v4 - ENGLISH - Final.pdf (18 pages)

📎 Item 6b Cardiff and Vale University Health Board Shaping Our Future Clinical Services.pdf (1 pages)

09:30 - 09:30 **7. South East Wales Vascular Service Engagement**

0 min

To receive a presentation on the proposed establishment of a Vascular Services Network for South East Wales and to seek views on the proposed changes to services. <https://cavuhb.nhs.wales/sewalesvascular/>

Vicky LeGrys

09:30 - 09:30 **8. @ Home Locality-Based Integrated Care Model**

0 min

To seek the SRG's views on the emerging model

Cath Doman

📎 Item 8 Locality-based Integrated Care CAVUHB SRG 23.03.21.pdf (7 pages)

Brighton, 021 16:43:39
Helena

09:30 - 09:30
0 min

9. Next Meeting of SRG

1.30pm-4pm Tuesday 25 May 2021

Bricknell Helen
03/09/2021 16:13:39

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 26 JANUARY 2021
CONDUCTED VIA MICROSOFT TEAMS**

Present:

| | |
|--------------------|------------------------------------|
| Sam Austin | Llamau (Chair) |
| Frank Beamish | Volunteer |
| Mark Cadman | WAST |
| Janice Charles | Vale of Glamorgan Council |
| Jason Evans | South Wales Fire and Rescue |
| Iona Gordon | Cardiff Council |
| Shayne Hembrow | Wales and West Housing Association |
| Tom Hurlock-Norton | Carers Trust |
| Duncan Innes | Cardiff Third Sector Council |
| Zoe King | Diverse Cymru |
| Tim Morgan | South Wales Police |
| Linda Pritchard | Glamorgan Voluntary Services |
| Geoffrey Simpson | One Voice Wales |
| Siva Sivapalan | Third Sector, Older Persons |
| Lani Tucker | Glamorgan Voluntary Services |

In Attendance:

| | |
|--------------------|---|
| Aaron Fowler | Head of Risk and Regulation, UHB |
| Ed Hunt | Programme Director, UHW2, UHB (item 21/07 only) |
| Luke Fox | Senior Media Officer, UHB (item 21/09 only) |
| Abigail Harris | Executive Director of Strategic Planning, UHB |
| Vicky Le Gry | Programme Director, Strategic Clinical Redesign, UHB (item 21/08 only) |
| Jess Mannings | Community Health Council |
| Wendy Orrey | Community Health Council |
| Rachel Wallbank | COVID Rehabilitation Team Lead, UHB (item 21/09 only) |
| Keithley Wilkinson | Equality Manager, UHB |

Apologies:

| | |
|--------------|-------------------------|
| Paula Martyn | Independent Care Sector |
|--------------|-------------------------|

Secretariat:

Gareth Lloyd, UHB

SRG 21/01 WELCOME AND INTRODUCTIONS

The Chair welcomed and introduced Duncan Innes and Tom Hurlock-Norton who had replaced Sarah Capstick and Amy Faulkner respectively as members of the SRG.

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Bricknell Helen
03/09/2021 16:13:39

SRG 21/02 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Angela Hughes and Anne Wei.

SRG 21/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/04 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 NOVEMBER 2020

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 November 2020.

Re-admission Rates

Abigail Harris informed the SRG that the UHB's re-admission rates for medical patients over the age of 65 for the period April 2018 to December 2020 had been around 15%. These figures include all re-admissions whether for the same condition or for a different condition to the original admission. The UHB was not an outlier on its re-admission rates. The Nuffield Trust suggests an anticipated re-admission rate of just under 15% and the Royal College of Physicians a re-admission rate of 15%.

SRG 21/05 FEEDBACK FROM BOARD

Aaron Fowler informed the SRG that in addition to the regular bi-monthly UHB Board meetings there were now hour and a half meetings during the intervening months. He then drew the SRG's attention to some specific items discussed at the UHB Board meetings held on 26 November and 17 December 2020.

November

- Revised nurse staffing levels
- The UHB's response to the climate emergency
- Mass Vaccination Plan
- The UHB's Quarters 3 and 4 Service Delivery Plan
- The Regional Partnership Board Winter Protection Plan

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Bricknell Helen
03/09/2021 16:13:39

- Revised governance arrangements. These new arrangements had been introduced to improve transparency rather than to address problems.

December

- General Update on the COVID-19 pandemic
- Retrospective agreement of the costs associated with Dragon's Heart Hospital

A link to the papers for these meetings would be sent to the SRG.

Action: Gareth Lloyd

SRG 21/06 UPDATE ON UHB'S QUARTERS 3 AND 4 SERVICE DELIVERY PLAN

Abigail Harris informed the SRG that the UHB was tracking slightly above the worst case scenario described in its Quarters 3 and 4 Delivery Plan. The significant second peak of C-19 cases had been made even more challenging by the new Kent variant. Prior to Christmas, the UHB had taken the decision to step back some non-urgent elective activity. The UHB had however been able to continue to undertake all urgent cancer work and indeed had offered to support neighbouring Health Boards by treating some of their cancer patients. The UHB had increased the number of Critical Care beds from 32 to 60 and has plans for a further increase if required. Increased non Critical Care capacity had also been secured from the independent sector.

The SRG was informed that the UHB had not experienced as much 'winter' activity e.g. influenza, as in many previous years. This could be due in part to the measures introduced to reduce the transmission of C-19. The C-19 infection rates were beginning to reduce although regrettably, it was unlikely that the peak in C-19 deaths had been reached.

Approximately 42,000 individuals had already been vaccinated against C-19 in Cardiff and the Vale. It was anticipated that all care home residents would have been vaccinated in the coming days with the exception of those in homes where there were C-19 outbreaks. The UHB was on track to vaccinate all individuals in the top four priority groups by mid-February dependent on the supply of vaccines being as anticipated. The UHB was working with local authority partners to see how the vaccine could be rolled out to individuals over the age of 18 who were not within the top 9 priority groups. Consideration might have to be given to creating much larger mass vaccination centres and offering vaccines 24/7.

The SRG was informed that the Welsh Ambulance Services NHS Trust (WAST) had also been much busier during the second wave than during the first. Its disposition rate remained good and it was still able to respond flexibly to the changing needs of Health Boards despite the difficulties created by C-19 related staff absences.

AH confirmed that all GP practices in Cardiff and the Vale had received doses of the vaccine and supply was not considered a big problem. The way that practices were managing the vaccination process did however differ with some working together in clusters. Mobile units to deliver the vaccines to the housebound were also in operation.

The SRG raised a number of concerns/questions

- Is take up of the vaccine amongst different groups such as the Black and Minority Ethnic community, being monitored? AH explained that the UHB was working closely with community leaders and would be tracking the vaccination rates to see if they identified any issues with take up amongst certain communities.
- Is there was any reason why care home staff could not be vaccinated at the same time as the residents? Abigail Harris suggested that this would be down to the individual care home management.
- Are there any plans for community pharmacies to participate in the vaccination programme? Abigail Harris explained that this was being considered as part of the national discussions on the roll out to those not in the nine priority groups.
- Will there be sufficient the supply of vaccine to ensure that people receive their second doses within the required timescales. Abigail Harris re-assured the SRG that this had been factored into the UHB's vaccine capacity planning. She acknowledged that there were concerns about the 12 week gap between vaccinations but explained that this was the advice of the Joint Committee on Vaccination and Immunisation (JCVI). NHS Wales was using the new Welsh Immunisation (data) System which identifies who has had which vaccine and when they are due to receive their second. Some individuals are already being booked in for their second vaccine between 10 and 11 weeks after their first vaccine.

SRG 21/07 UHB SUSTAINABILITY PLAN

The SRG received a presentation from Ed Hunt on the UHB's draft Sustainability Action Plan (SAP), a copy of which had been circulated in advance of the meeting.

Climate change is the single biggest issue facing humanity and Cardiff is predicted to be heavily impacted as we move towards the end of the century. The UHB has a strong track record of reducing its environmental footprint and has a number of projects planned to make further improvements.

A working group was established to develop the SAP. The group decided to adopt the four pillars advocated by the Centre for Sustainable Development which are: prevention; patient self-care; lean service delivery; and low carbon alternatives. A proposed set of actions has also been identified which are grouped under eight themes:

- Energy
- Waste food
- Water
- Procurement
- People
- Built environment, green infrastructure biodiversity
- Transport
- Clinical.

The proposed sustainability targets were then shared with the SRG.

The SRG raised a number of questions and made several observations.

- The objective of reducing the number of cars on the UHB's sites and increasing the use of active travel is welcomed but will present a challenge as people are generally reluctant to forgo the convenience of their own cars. The SRG was informed that the park and ride service had been a great success with large numbers using the service. A significant number of outpatient consultations are now conducted 'virtually' and this has also reduced the numbers of people who need to access UHB sites. The UHB hopes that about 50% of outpatient consultations will be 'virtual' after the pandemic.
- One of the reasons why people are reluctant to cycle is that they are concerned about bike security.
- All items sold in the UHB's retail outlets should be recyclable. The SRG was informed that the UHB hoped to significantly reduce the number of plastic water bottles on its sites and the Health Charity had funded the installation of water fountains.
- How is the UHB dealing with the significant increase in 'sharps' waste created by the mass vaccination programme? The SRG was informed that this waste is incinerated and the UHB would look to ensure that as much heat as possible is recovered through the incineration process.
- A huge amount of litter is created by disposable face masks, cups etc. The SRG was informed that UHB staff were encouraged to recycle wherever possible. The UHB was also looking at possible options for

resterilizing some personal protective equipment although this was at a very early stage.

The SRG was informed that Abigail Harris and Len Richards would be meeting with representatives from Cardiff local Authority to discuss the UHB's role in the Council's One Planet Cardiff strategy. The UHB was also working with Vale of Glamorgan Public Services Board on its Climate Change Charter.

The SRG was asked how patients should be engaged/consulted on regarding the SAP. It was agreed that it would be appropriate to engage/consult when there's service change proposed such as the Shaping Our Clinical Services Programme.

SRG 21/08 SHAPING OUR CLINICAL SERVICES

The SRG received a presentation from Vicky Le Grys on the draft questions that it was proposed would be used during the Shaping Our Clinical Services engagement process, the timeline for which had been agreed with the Community Health Council.

The draft questions were as follows:

- Do you agree with the case for change we have set out including both challenges and opportunities? Have we missed anything?
- Do you agree that in order to meet some of the challenges and take advantage of opportunities we have set out that there is a need to transform some of our clinical services?
- Are you supportive of the principles we have set out in section (x) for Emergency and Urgent Care, Elective Care, Specialised Care?
- Is there anything else we should consider when transforming the way in which we deliver Emergency and Urgent Care, Elective Care, Specialised Care, what haven't we thought of?
- In your view what are most important aspects of your healthcare: distance I have to travel, seeing the right specialist that it is timely, that it provides the best outcome for me, that it is delivered close to home where possible, or other?
- If the way you receive your care changes in the future, what are the most important things we need to consider in order to limit any negative impacts on your family/care givers?
- When we are looking at the design of our hospitals for the future, what features would make your visit or stay better?
- How can we help you to ensure that more of our services can be delivered at home?
- How would you feel about receiving some of your care with modern technology (e.g. virtual appointments from either home or a community facility)?

The SRG enquired how Shaping Our Clinical Services (SOCS) integrated with the UHB's Shaping Our Future Wellbeing (SOFW) Strategy. Abigail Harris explained that the UHB had taken stock of SOFW last year to see if it needed to be revised or accelerated. The UHB had concluded that the underlying principles remained appropriate but that the following programmes of work should be accelerated

- SOCS
- UHW2
- The Locality Service Model and integration with Health and Social Care (driven through the Regional Partnership Board)
- Rehabilitation Programme
- Outpatient Modernisation (to include changing way that secondary care clinicians support their colleagues in primary care and using digital technologies to reduce the number of traditional outpatient clinics)
- Primary Care reform e.g. groups of practices coming together to provide certain services.

The SRG noted that consideration would have to be given as to how to engage with the traditionally hard to reach groups. Vicky Le Grys explained that the UHB's Communications team were developing a robust communications plan and Anne Wei was looking specifically at how the UHB could should engage with these hard to reach groups.

The SRG suggested that there should be a focus on health promotion and encouraging people to take more responsibility for their own health and wellbeing and making good lifestyle choices.

SRG 21/09 KEEPING ME WELL WEBSITE

Rachel Wallbank and Luke Fox explained the background to the UHB's 'Keeping Me Well Website', a link to which had been circulated to the SRG in advance of the meeting.

The website has been developed as a rehabilitation, therapist led, first-line intervention to support self-management and recovery strategies for the identified four populations of those affected by C-19:

- 1) those individuals recovering from COVID;
- 2) those awaiting paused care who may as a consequence have a deterioration in their functioning;
- 3) those individuals who haven't accessed care and maybe at risk of deterioration of function; and
- 4) those individuals who are vulnerable and may be shielding, where isolation may cause increased risk of reduced activity/deconditioning and significant risk of reduction in mental and physical wellbeing.

The SRG was informed that circa 10% of C-19 patients develop enduring symptoms sometimes described as long COVID, Their pathway to recovery should be via supported self-care. Initial data from the Kings Colle London App suggests that 'long COVID is more prevalent amongst the mid-40s to mid-50s age group and mainly amongst women with co-morbidities. Anecdotally most of those with Long COVID do not appear to have been hospitalized.

The SRG was then asked the following specific questions:

- Do you think we have covered those populations mentioned? What have we missed?
- The site needs to be accessible to all including those marginalised by difficulties accessing digital resources. Any suggestions on how we tackle this?
- Is the site easy to navigate? Are the pages easy to read? Is the language accessible?

The SRG made several observations.

- The website is extremely helpful
- Consideration should be given to how those with sight loss can access the resources. Luke Fox explained that software to assist those with sight loss was being considered.
- Are there opportunities to share the website with other Health Boards? Luke Fox reported that he was aware that some other Health Boards had directed their populations to the website.
- Consideration could be given to imparting some of the information via telephone calls.
- The third sector could be used to get the information out to hard to reach communities.
- Consideration could be given to including a simple diagram that explains what resources are available for specific symptoms.
- It would be helpful to have data on website usage.
- There should be a section where users can leave comments. Rachel Wallbank confirmed that there would be a section at the end of the website asking for patient feedback.

SRG 21/10

NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12pm Tuesday 23 March 2021.



Shaping our Future Clinical Services

Have your say on future care

An overview of our proposed changes to make the healthcare we provide sustainable and efficient for better patient outcomes.



Overview

Cardiff and Vale University Health Board (CAV UHB) is inviting the people of Cardiff and the Vale of Glamorgan to get involved in redesigning how healthcare is delivered

- 1 Our strategy: **Shaping our Future Wellbeing**
- 2 Our services: public health, primary & community care, hospitals
- 3 Implementing our strategy, 2020
- 4 The case for change
- 5 Our redesign programme: **Shaping our Future Clinical Services**
- 6 Where future services may be delivered
- 7 Important considerations and next steps
- 8 Your Views

Brickell Helen
03/09/2021 16:13:39



Shaping our Future Wellbeing

The strategy that underpins everything we do

- Providing joined up healthcare closer to people's homes and only in hospitals when necessary
- Delivering outcomes that matter to patients and are important to the public
- Minimising harm, waste and variation in our services to improve quality, efficiency and sustainability
- Supporting people to live healthily and self-manage conditions wherever possible

Bricknell, Helen
05/09/2021 10:33:39

Our services

- **Public Health:** health promotion, tackling health inequalities, preventative healthcare advice, access to health and wellbeing services
- **Primary Care:** our 'front door' – GP surgeries, pharmacies, dentists, opticians and sexual health clinics
- **Community services:** local health centres, community hospitals (e.g. St David's and Barry), district nursing, podiatry, health visiting, and community nursing
- **Specialist hospitals:** providing specialised healthcare for our local and regional populations at University Hospital Llandough, University Hospital of Wales and the Children's Hospital for Wales



Implementing our strategy

- **Shaping our Future Wellbeing in the Community**, Phase 1
Health and Wellbeing Centres and Wellbeing Hubs: appropriate care, closer to home
- **Right place, first time**
Primary Choice and CAV 24/7: the right health advice, to see the right person in the right place, first time
- **Regional specialist services**
Major Trauma Centre: a South Wales regional network: improving outcomes for seriously injured patients
- **The COVID-19 pandemic**
The best of our NHS: rising to the challenge, innovating, introducing change despite extraordinary demands. Rethinking how we deliver care and accelerating service improvements using modern technology

Bricknell, Helen
05/09/2021 16:43:39

Case for change - *population*



- **Growth** – 500,000+, further 20% within 10 years
- **Ageing** – 85+ rising by 40% within 10 years
- **Social isolation** – 25% of vulnerable people in our area report loneliness, associated with reduced mental wellbeing and life expectancy
- **Increasing long-term illness and mental ill health** – associated with worse physical health, poor education and unemployment
- **Health and social inequalities** – some of the most and least deprived areas in Wales
- **Premature death due to unhealthy lifestyles** – e.g. cancer and circulatory diseases

To tackle these issues, we are working closely with partners in Cardiff Council, the Vale of Glamorgan Council and the Third Sector (voluntary sector organisations) to deliver integrated health & social care services



Case for change – *the Health Board*

Our workforce - *one of the biggest employers in the region with 14,000+ staff*

- Training, recruiting and employing a world class NHS workforce
- An environment which meets national standards for education, training and working

Our buildings - *Healthcare buildings have a big impact on patient outcomes and wellbeing*

- Future hospitals: natural light, privacy, quietness, access to fresh air
- Modern infection control standards
- A future proof environment for current and future technologies

UHW is the largest hospital in Wales. Planned in 50s, no longer fit for purpose. In redesigning our services, we aim to be world leaders in sustainability, lowering our ecological footprint, creating buildings that fit in well with their residential settings

Bricknell Helen
03/09/2021 16:13:30

Case for change – *R&D, innovation*



New diseases, treatments and technology. Developing and delivering the latest and best therapies to our population.

- Precision medicine – e.g. using genetic information to prevent or treat cancer
- Point-of-care testing – bringing diagnosis systems closer to patients' homes
- Digital technology – to allow people to choose better care, closer to home

The economy, environment and climate emergency.

- Life science sector: a key contributor to the economy in Wales, potential growth

One of Europe's biggest NHS organisations, a big role in the local economy and labour market

- Playing our part in the Wellbeing of Future Generations, Welsh Government

Bridgnell Helen
03/09/2021 16:39



Shaping our Future Clinical Services

Our programme of clinical services redesign, transforming care to deliver Shaping our Future Wellbeing

- Led by clinicians: doctors, nurses, therapists, scientists
- Designed for, and with, patients and carers
- Based on care pathways: home-to-home patient journeys
- Guided by best practice, scientific evidence and highest standards of care
- In partnership, with seamless integration

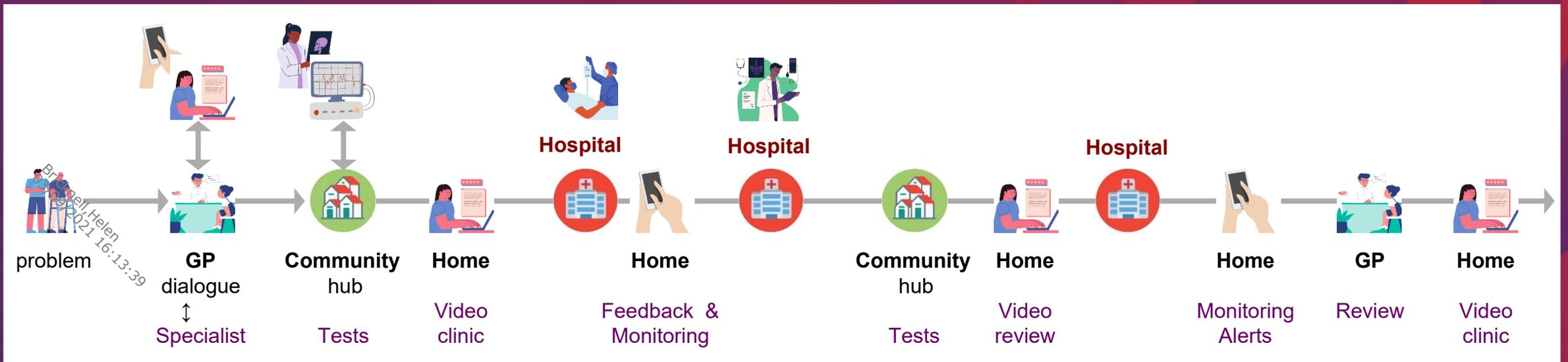
Bricknell Helen
05/09/2021 16:13:20

Possible changes to clinical pathways

Planned & elective care

Investigations and treatments that are arranged and planned; new onset or long-term symptoms and conditions e.g. painful hip, stomach problems

- Rapid access to efficient, protected diagnostic / treatment pathways, minimising cancellations / delays
- Services at home or in the community, e.g. monitoring of long-term conditions
- Coordinated care for patients with complex needs



Possible changes to clinical pathways

Emergency & Urgent Care

Life-threatening or life-changing conditions that need immediate and intensive treatment and/or people with a problem that needs attention the same day e.g. severe chest pain, head injury

- Systems which direct patients to the right service, at the right time, in the right place
- Effective integration of GP and specialist teams offering services in the community
- New ways for our staff to provide safe care 24 hours a day, 7 days a week

Highly specialised services (tertiary services)

For complex, uncommon or rare conditions, illness or injury. Includes patients with long-term conditions requiring on going specialised care and support

Working with partners across Wales to create a clear plan for specialised services

- A resilient, expertly trained, highly skilled workforce
- Pathways for the delivery of these services across different services and organisations

Bricknell Helen
03/09/2021 16:13:44

Where might clinical services happen?

Home

- Virtual clinics, test results and monitoring via apps or smartphone technology
- Face-to-face services when best for the individual patient

Shaping Our Future Wellbeing In the Community: *integrated care, closer to home*

- **Health and Wellbeing Centres** at Cardiff Royal Infirmary, Barry Hospital and North Cardiff
Services may include X-rays and ultrasound, outpatient and GP out-of-hours services, Community Mental Health Teams and Children's Services
- **Wellbeing Hubs** in each of our 9 Primary Care Clusters - the development of existing health centres, leisure centres, and local authority community hubs, and new buildings in fast-growing areas, e.g. Maelfa
Services for GPs, community midwifery, for children, primary mental health, community and independent living

Bricknell Health
03/09/2021 16:11:59



Shaping our Future
Community Care

Where might hospital services happen?

Our ambition is for two major hospital centres of excellence with clearly defined future roles

University Hospital of Wales (UHW)

A large teaching hospital serving our local population and a specialist facility serving the whole of Wales

Services include Emergency Medicine, Emergency Surgery, Critical Care, Major Trauma, Neurosurgery, Acute Stroke, Nephrology and Transplantation, Radiology, Cardiothoracics, Haematology, Women's & Children's services

Our vision is **for a state-of-the-art, sustainable and energy efficient facility that will provide:**

- High quality highly specialised clinical services
- The ideal **healing environment** for the sickest patients with complex, emergency or specialist 24/7 needs
- An optimal **learning environment** for teaching and research



Shaping our Future
Hospitals

Bridgnell Helen
03/09/2021 16:13:00

Where might hospital services happen?

Our ambition is for two major hospital centres of excellence with clearly defined future roles

University Hospital Llandough (UHL)

UHL's services include: Orthopaedic and Spinal Surgery, Breast Surgery; Care of the Elderly, General Medicine, Stroke Rehabilitation, Cystic Fibrosis; Inpatient Mental Health services.

We envisage developing UHL as a thriving hospital site specialising in exceptional care for:

- Patients who need hospital care but are stable
- Protected, safe, efficient pathways for patients who need planned surgery and procedures
- Patients who need specialist rehabilitation
- Patients requiring inpatient mental health services

Bricknell Helen
03/09/2021 16:13:39



Shaping our Future
Hospitals



Important additional considerations

Our NHS staff are our most important resource

Growing and developing our workforce to meet the needs of our future services

- Supporting health and wellbeing
- Education, Training, Research and Innovation

Digital solutions will suit many but not all of our population

Face-to-face services for people who need them. Digital tools as enabling, not replacing services

- Access to health records, reports and results; viewing and scheduling appointments
- Secure communication with the teams who provide your care
- Upload information from wearable devices

Active travel and environmentally friendly transport

We need to take decisive action to combat the climate emergency now and over the next 10 years

- Improved health and wellbeing: cycling / walking for short journeys, public transport for longer journeys

Bridgnorth
03/09/2024 16:39



What are the next steps?

1. We want to test our thinking on the need to change our services based on a full understanding of our challenges and the benefits which could be gained by delivering them differently
2. We need to find out how clinical services need to change by talking to our patients and clinical staff. This phase of engagement runs until 19th April 2021
3. We will share your feedback with the South Glamorgan Community Health Council (CHC)
4. We will make recommendations to our Board on the way forward, based on what we have heard from you and the views of the CHC
5. We will let you know the outcome of this engagement and the next steps in our plans for improving clinical services
6. As our plans develop, we will want your views on more detailed proposals on how services may change, e.g. on moving some services between our hospitals, community and home
7. We will start to make changes to our clinical services, buildings, workforce and digital systems

Bridget Helen
03/05/2021 16:13:39

How can you have your say?

It is important that as many people as possible find out about this programme and share their views

Your thoughts and opinions will help us to shape our thinking



Please visit our website or get in touch, find out more and complete our feedback form by **19th April 2021**

- Website: www.shapingourfuturewellbeing.com

- Email: engage.cav@wales.nhs.uk

- Social media: [#ShapingOurCAV](https://twitter.com/ShapingOurCAV)

Thank you for taking part



We want to hear your views on...

- The challenges and opportunities we have described
- The case we have made for the need to transform some of our clinical services
- The principles we have set out to transform:
 - Emergency and Urgent Care
 - Elective Care
 - Specialised Care
- The most important things we need to consider in making any changes, to limit any negative impacts
- How we can enable more services to be delivered at home
- What to consider in the design of our hospitals for the future

Bricknell, Helen
03/09/2021 16:43:00

Cardiff and Vale University Health Board
Shaping Our Future Clinical Services Engagement

We are seeking the SRG's views on:

- The challenges and opportunities we have described
- The case we have made for the need to transform some of our clinical services
- The principles we have set out to transform:
 - Emergency and Urgent Care
 - Elective Care
 - Specialised Care
 -
- The most important things we need to consider in making any changes, to limit any negative impacts
- How we can enable more services to be delivered at home
- What to consider in the design of our hospitals for the future

Bricknell Helen
03/09/2021 16:13:39

Cardiff & Vale @home locality-based integrated care

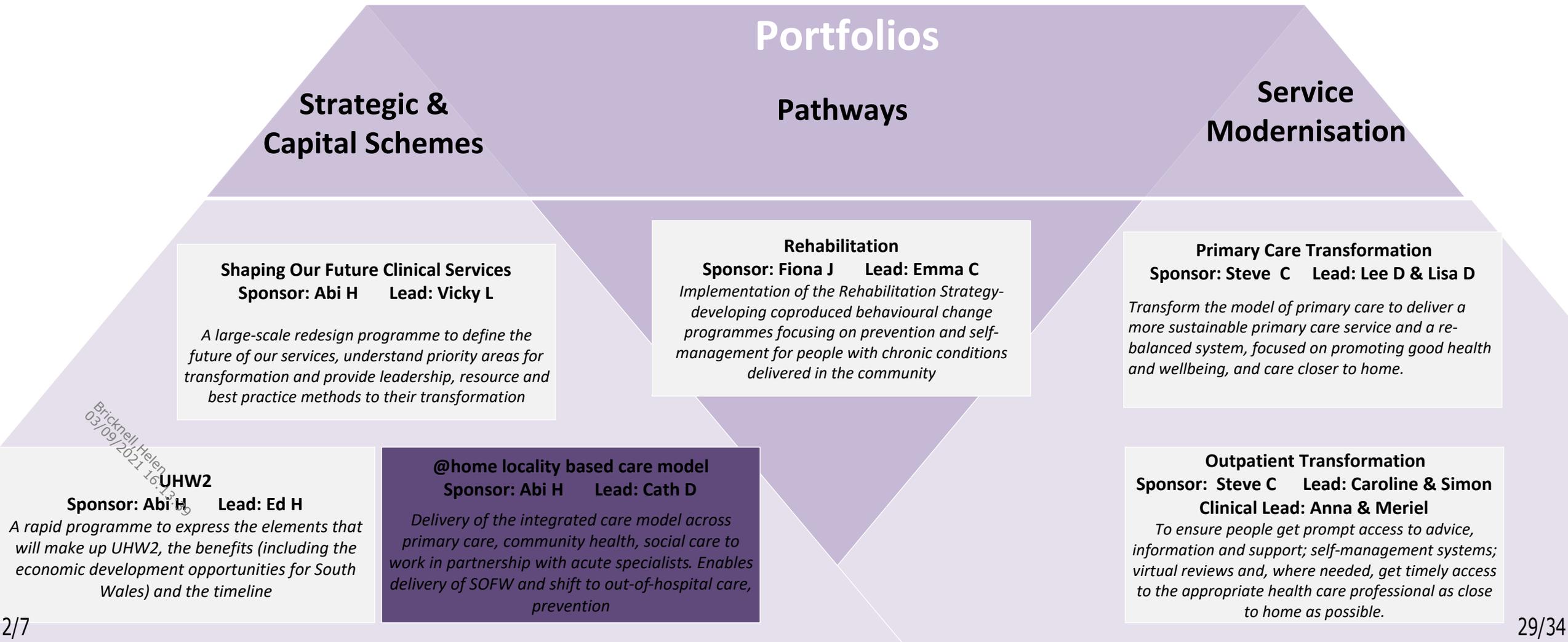
Cath Doman
Director of Health and Social Care Integration
Stakeholder Reference Group

23rd March 2021

Bricknell Helen
03/09/2021 16:13:39



The @home programme has been agreed as one of the Health Board's priority programmes to deliver the Shaping our Future Wellbeing strategy:



Strategic & Capital Schemes

Shaping Our Future Clinical Services
Sponsor: Abi H Lead: Vicky L

A large-scale redesign programme to define the future of our services, understand priority areas for transformation and provide leadership, resource and best practice methods to their transformation

Portfolios

Pathways

Rehabilitation

Sponsor: Fiona J Lead: Emma C

Implementation of the Rehabilitation Strategy- developing coproduced behavioural change programmes focusing on prevention and self-management for people with chronic conditions delivered in the community

Service Modernisation

Primary Care Transformation

Sponsor: Steve C Lead: Lee D & Lisa D

Transform the model of primary care to deliver a more sustainable primary care service and a re-balanced system, focused on promoting good health and wellbeing, and care closer to home.

Outpatient Transformation

Sponsor: Steve C Lead: Caroline & Simon
Clinical Lead: Anna & Meriel

To ensure people get prompt access to advice, information and support; self-management systems; virtual reviews and, where needed, get timely access to the appropriate health care professional as close to home as possible.

UHW2

Sponsor: Abi H Lead: Ed H

A rapid programme to express the elements that will make up UHW2, the benefits (including the economic development opportunities for South Wales) and the timeline

@home locality based care model

Sponsor: Abi H Lead: Cath D

Delivery of the integrated care model across primary care, community health, social care to work in partnership with acute specialists. Enables delivery of SOFW and shift to out-of-hospital care, prevention

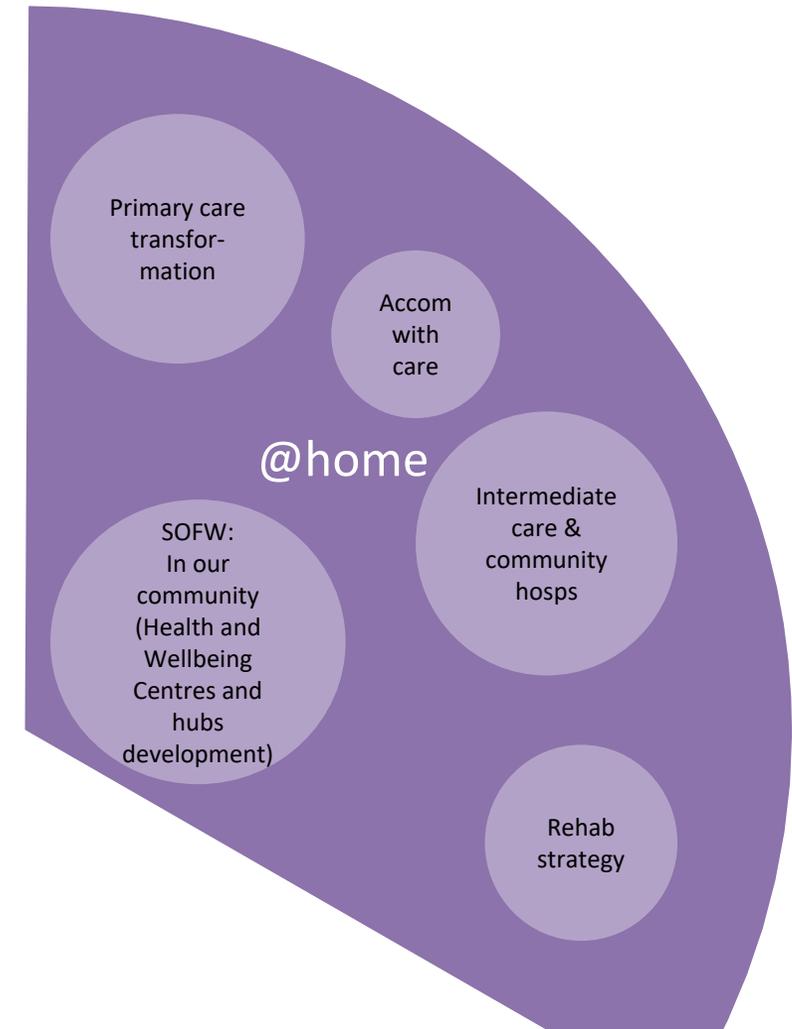
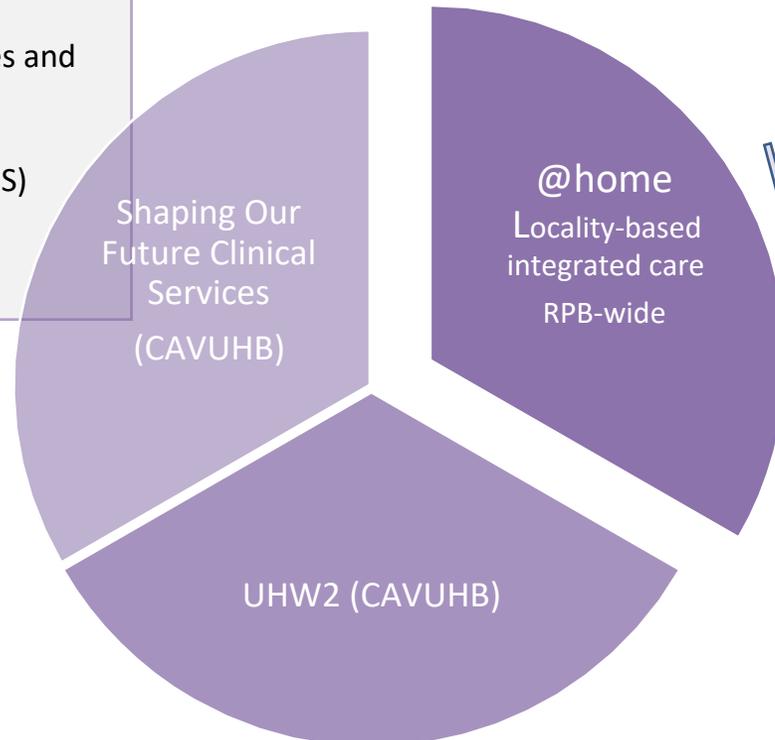
Bricknell Helen
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@home locality-based integrated care – alignment with UHB Strategy

Contributing to the aims of other UHB strategic programmes

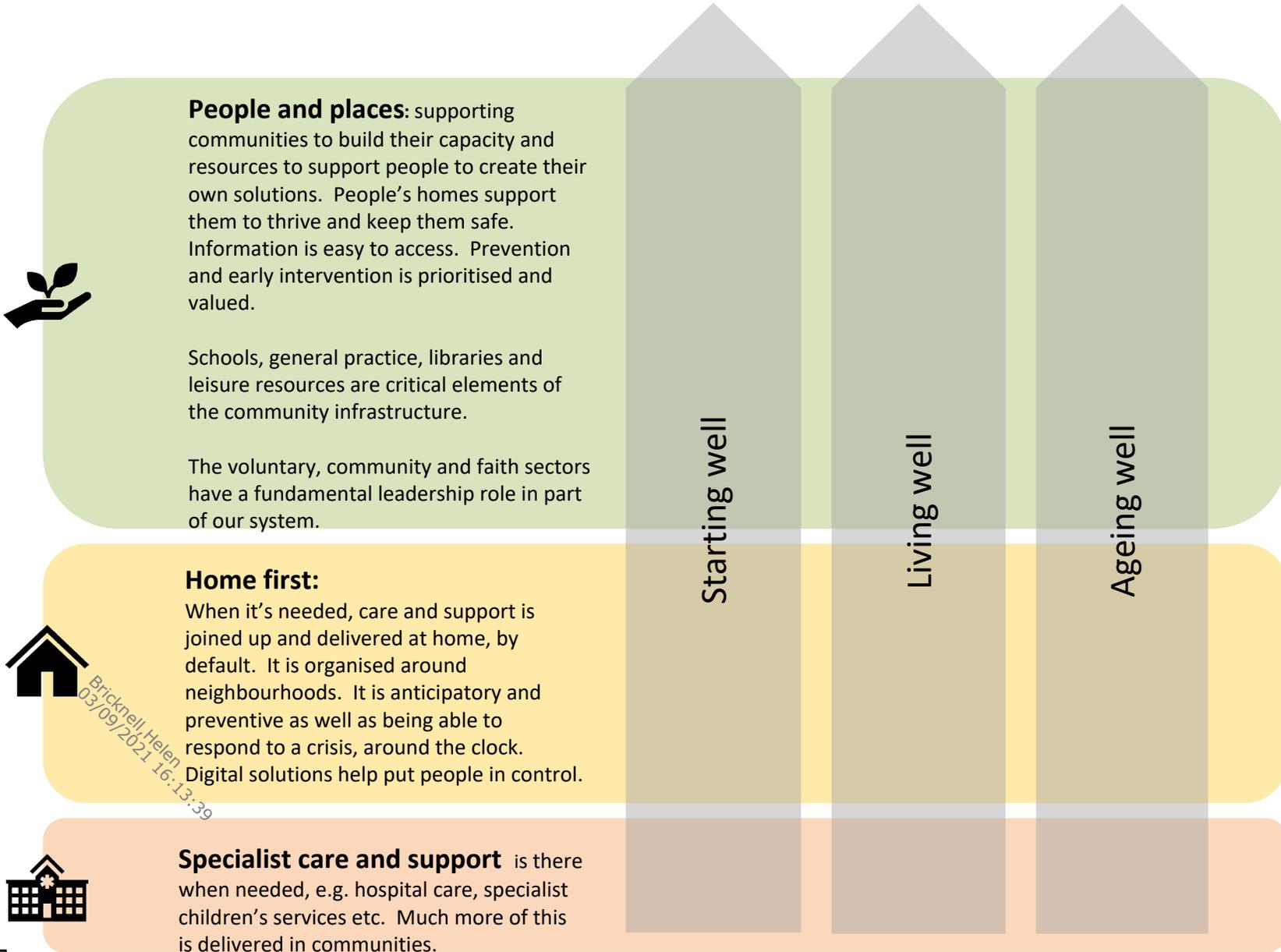
RPB-wide

- Community and independent living services
- Housing and housing support
- Third sector
- Community health services
- Social care
- Health and wellbeing centres and hubs
- Community hospitals
- Intermediate care (CRT/VCRS)
- General practice
- Universal services



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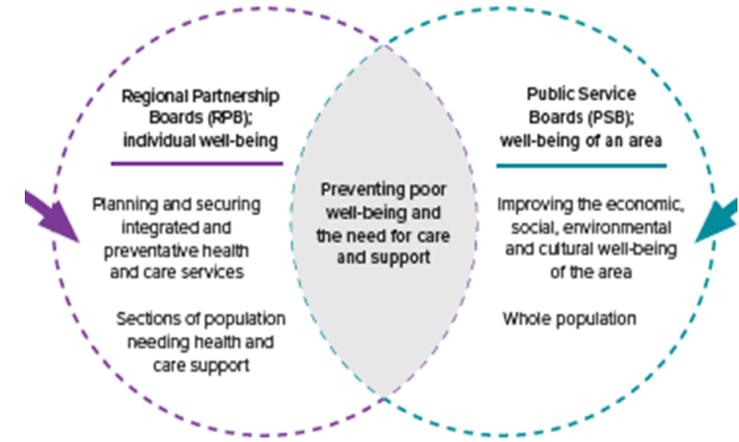
Integrated Care – focused on people and places and the health of the population



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This is a shared agenda across the RPB and PSBs:

PSB priorities of economic, social, environmental and cultural well-being create the conditions for RPB partners to support people with additional health and wellbeing needs.



Integrated Care – a step-change in ambition

This programme will bring projects already delivered by the Regional Partnership Board together into **3 programmes of work**, underpinned by a **single programme delivery approach**.

Original Transformation Fund and ICF feeder projects plus wider context e.g. housing, community services

P1 & P2
Wellbeing matters and social prescribing

P3: GP triage

P4 & P5:
Get Me Home

ICF project feeders to be defined

Wider services and initiatives beyond H&SC focus

P6 Developing an ACE Aware Approach to Resilient Children and Young People

ICF project feeders to be defined

Wider services and initiatives beyond H&SC focus e.g. education

Looking ahead 21-22

1. Place-based integrated care model

Vale locality model

Cardiff localities model

2. Integrated care model for children and young people's care and support

Emotional wellbeing and mental health

Complex health and disability needs

Programme support and a single programme approach across the RPB (aligned to CAVUHB approach)

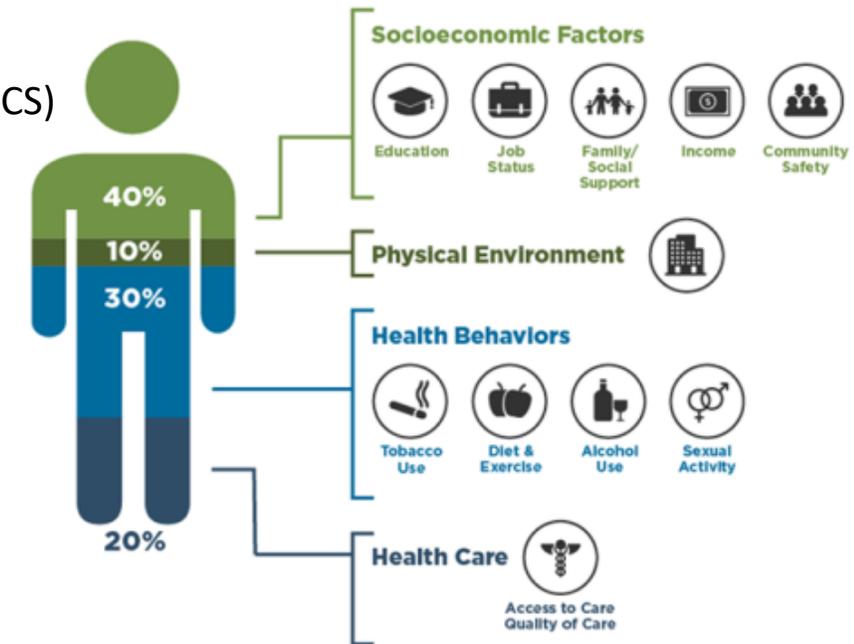
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Each locality responsible for the health and wellbeing of the local population:

'what would it take to improve the health and wellbeing of the people who live here?' (probably not what we do now...)

- Investing in things that keep people well and a shift away from a fix-it shop
- A shift of emphasis and investment towards primary and community services
- Shift of clinical models towards prevention and early intervention and out of hospital (SOCS)
- Health and wellbeing centres and community hospitals run by the locality
- Primary care at the centre of the model (primary care strategic alignment)
- Ceding control:
 - a fully integrated delivery model spanning NHS, social care, third sector and wider community services
 - Pooling budgets where it helps to deliver the outcomes
- Breaking down silos:
 - For children: CAMHS, education and social care working as a single system
 - For adults: social care, primary care, community health services, voluntary and community services working together as a single system

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

For discussion

1. If we used the collective skills, commitment and resources of the Health Board to help people lead longer, healthier lives, how would it be different?

(...or another way of looking at it...)

What if the Health Board's objective was to do everything it could to keep people out of hospital?

2. Where do we miss opportunities to keep people well?

3. What could make the biggest difference and where could we start?

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