




Cardiff and Vale Stakeholder Reference Group

Tue 22 March 2022, 13:25 - 15:35

Microsoft Teams

Agenda

13:25 - 13:25 0 min	1. Welcome and Introductions <i>Sam Austin</i>
13:25 - 13:25 0 min	2. Apologies for Absence <i>Sam Austin</i>
13:25 - 13:30 5 min	3. Declarations of Interest <i>Sam Austin</i>
13:30 - 14:00 30 min	4. Introducing the UHB's New Chief Executive <i>Suzanne Rankin</i>
14:00 - 14:05 5 min	5. Minutes and Matters Arising from the SRG Meeting on 25 January 2022 <i>Sam Austin</i>  Item 5 Unconfirmed Minutes of SRG Meeting 25 January 2022.pdf (4 pages)
14:05 - 14:15 10 min	6. Feedback from Board <i>Nikki Foreman</i>
14:15 - 15:05 50 min	7. @Home/Shaping Our Future Community Services Programme <i>Cath Doman</i>  Item 7 @Home programme brief_SRG_22.03.22.pdf (8 pages)
15:05 - 15:35 30 min	8. Integrated Medium Term Plan 2022/25 <i>Jonathan Watts</i>  Item 8 IMTP - SRG - March 22 V2.pdf (15 pages)

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 25 JANUARY 2022
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Linda Pritchard	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust

In Attendance:

Marie Davies	Deputy Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB

Apologies:

Lani Tucker	Glamorgan Voluntary Services
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Secretariat:

Gareth Lloyd, UHB

SRG 221/01

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 22/02

APOLOGIES FOR ABSENCE

Although not members of the SRG, apologies were received from Nikki Foreman and Abigail Harris.

SRG 22/03

DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 22/04

**MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING
HELD ON 23 NOVEMBER 2021**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 23 November 2021.

SRG 22/05

**UPDATE ON THE OPERATIONAL PRESSURES
WITHIN THE UHB**

Marie Davies provided the SRG with a brief overview of the operational pressures within the UHB during the past two months.

The UHB had faced a particularly challenging period due to the Omicron variant which had resulted in a significant increase in C-19 prevalence amongst the population. The difficulties created by increasing hospital emergency attendance rates had been compounded by hugely challenging workforce issues. Some areas of the UHB had experienced staff absence rates of up to 20% due to a combination of vacancies, sickness and staff self-isolating. For the past 2-3 weeks the UHB had therefore deployed the Local Choices Framework based on the Welsh Government framework of actions within which local NHS organisations can make decisions about how best to continue to provide essential care under current pressures. This had meant that some elective activity e.g. in Orthopaedics, had been cancelled with staff being redeployed to other areas to help cope with staff shortages to manage emergency admissions. This had been an extremely difficult decision to take and these arrangements would continue for a further three weeks.

Capacity within hospitals was limited due to a combination of workforce issues, the need to close beds as a result of C-19 outbreaks and an increase in the length of stay amongst the over 65 age group. The ability to discharge patients from hospital has been hampered by the lack of domiciliary care and social care services. Twice weekly operational meetings involving senior staff are being held to make bed management plans and patients have been moved around within hospitals to cohort them in order to release space for admissions.

Marie Davies reported that it was anticipated that the UHB's financial settlement for 2022/23 would be significantly less than had been hoped for but there would be a better settlement for Education and Social Care compared to previous years. This would present the UHB with a further ongoing challenge.

The SRG raised a number of questions and made several observations

- The SRG noted how exhausted NHS colleagues must be and thanked them for their continued commitment during the most difficult of times.

Lloyd Gareth
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- It would be helpful to receive an update on progress with the integration of health and social care. The SRG was informed that senior nurse leads liaise with senior social services colleagues daily. There is, however, a fundamental shortage of domiciliary care and social care capacity. There are regular meetings between the Executives of the UHB and the two Local Authorities and a joint UHB/local authority Integrated Health and Social Care team is now well established and headed by Cath Doman. Cath Doman is also Programme Lead for the @ Home Shaping Our Future In Our Community Programme. Many of the elements of the Programme are beginning to gain some traction. One such example is the establishment of multi-agency/multi-disciplinary teams for complex discharges in two of the Cardiff GP Clusters. The aim of these teams is to ensure packages are in place to prevent admission to hospital and facilitate discharge. The intention is to establish similar teams in each of the six GP Clusters in Cardiff. The UHB is also working with the local authorities on the creation of a joint workforce with common terms and conditions. It was agreed that Cath Doman be invited to return to the SRG following her attendance in March 2021, to present on progress with the @ Home Shaping Our Future In Our Community Programme.

Action: Anne Wei/Gareth Lloyd

- Is there capacity in residential care homes to enable patients who are ready to be discharged from an acute hospital to be placed there temporarily before returning to their homes? The SRG was informed that this capacity was being monitored but was limited by closures due to C-19 and workforce shortages. Consideration has been given to commissioning capacity in the private sector e.g. hotels, but the risks associated meant that this was not deemed appropriate at this time.
- Will the financial settlement necessitate a re-prioritisation of the UHB's activities? Marie Davies explained that the UHB was developing a comprehensive suite of recovery plans based on different scenarios. The UHB's plans would be reviewed and risk assessed in light of the financial settlement, the need to continue to respond to C-19 and the recently released Ministerial priorities. Prioritisation would be inevitable.
- The SRG enquired about progress with the mass vaccination programme and whether there had been a problem with uptake of the vaccination amongst UHB staff. The SRG was informed that the UHB was currently vaccinating the 5-11 year old age group. There were still pockets of the population amongst whom the uptake was disappointing. The UHB was keen to ensure that accessibility was not a reason for this poor uptake. It had introduced a number of pop-up vaccination sessions but in so doing had to be cognisant of the

potential security risk posed by 'anti-vaxers'. Over 80% of UHB staff were vaccinated. The UHB had identified staff groups where the vaccination uptake had been relatively poor and was working with these groups to understand the reasons for their reluctance.

- The SRG enquired about the impact of season flu. It was informed that at present there was not much flu circulating within the UHB's population. There were, however, early indications that prevalence was increasing in Europe especially in France and it would inevitably cross over to the UK. Unfortunately, the current flu vaccine was not a particularly good match for the strain in circulation. It was unlikely to prevent infection but would reduce the symptoms.

SRG 22/06

NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm, Tuesday 22 March 2022, dependent on the operational pressures within the UHB at that time.

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**CARDIFF & VALE
REGIONAL
PARTNERSHIP
BOARD**

@home programme

Shaping our future community services

Cath Doman, Director of Health and Social Care Integration
Cardiff and Vale Regional Partnership Board

22.03.22

Lloyd Gareth
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Regional Partnership Board Priority Programmes



DECHRAU'N DDA
STARTING WELL



BYW'N DDA
LIVING WELL



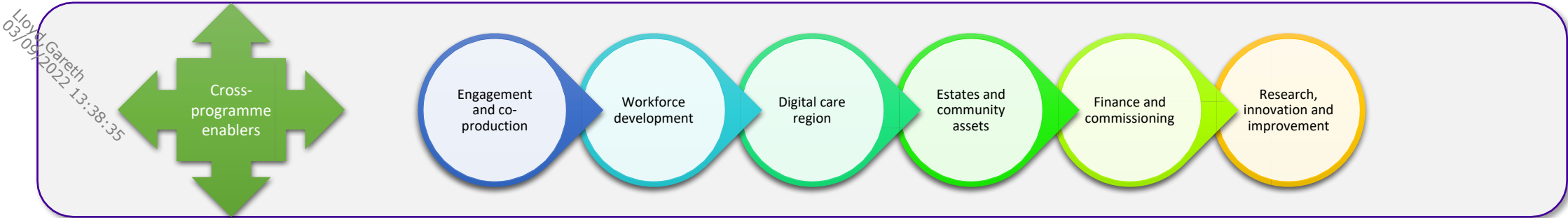
HENEIDDIO'N DDA
AGEING WELL

Priority programmes

- 1a. Integrated wellness model – emotional wellbeing and mental health (NEST)
- 1b. Integrated care model - complex health and disability needs

2. Learning disabilities strategy delivery
3. Integrated autism service (national priority)
4. Carers (national priority)

5. @home programme: shaping our future community services
6. Dementia (national)





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REGIONAL PARTNERSHIP
BOARD

CAVUHB strategic programmes



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Quick reminder: @home locality-based integrated care

Shaping our future community services

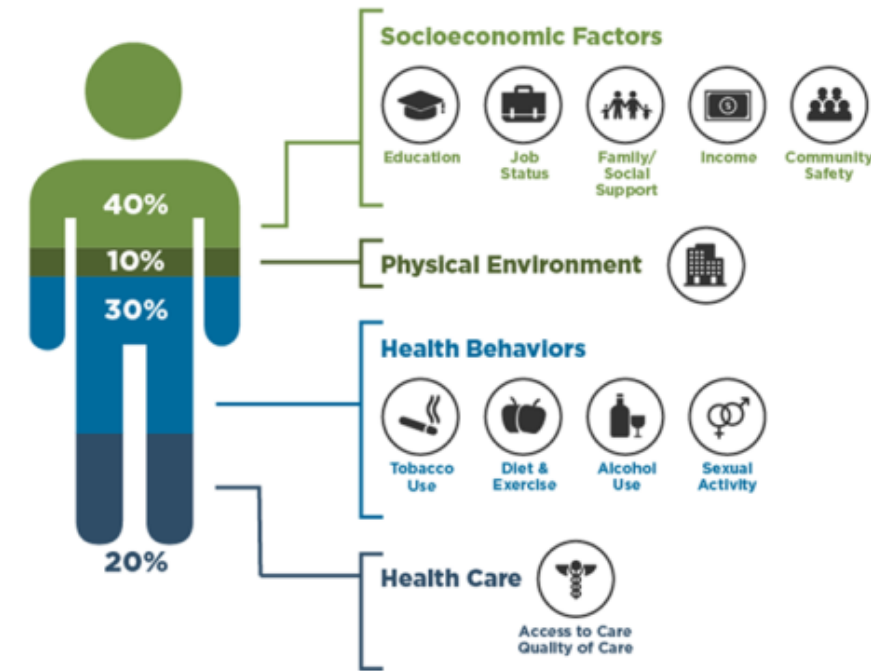


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REGIONAL PARTNERSHIP

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?'

- Start with the person and work from there
- Investing in and doing things that keep people well
- A fully integrated delivery model
- Shift of clinical models towards prevention and early intervention and out of hospital
- Shift emphasis and investment towards primary and community services
- Primary care at the centre of the model (accelerated cluster development)
- Health and wellbeing centres and community hospitals run by the locality
- Close ties with a number of the other strategic programmes – whole system approach

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

A whole person, whole system approach



People and places: supporting communities to build their capacity and resources to support people to create their own solutions. People's homes support them to thrive and keep them safe. Information is easy to access. Prevention and early intervention is prioritised and valued.

Schools, general practice, libraries and leisure resources are critical elements of the community infrastructure.

The voluntary, community and faith sectors have a fundamental leadership role in part of our system.

Starting well

Living well

Ageing well

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.



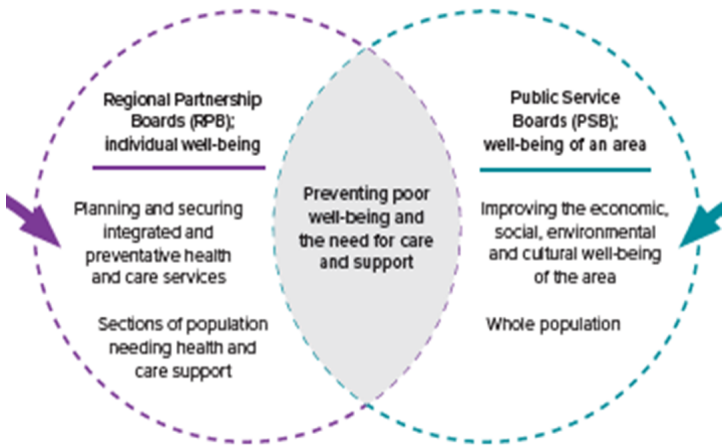
Home first:

When it's needed, care and support is joined up and delivered at home, by default. It is organised around neighbourhoods. It is anticipatory and preventive as well as being able to respond to a crisis, around the clock. Digital solutions help put people in control.

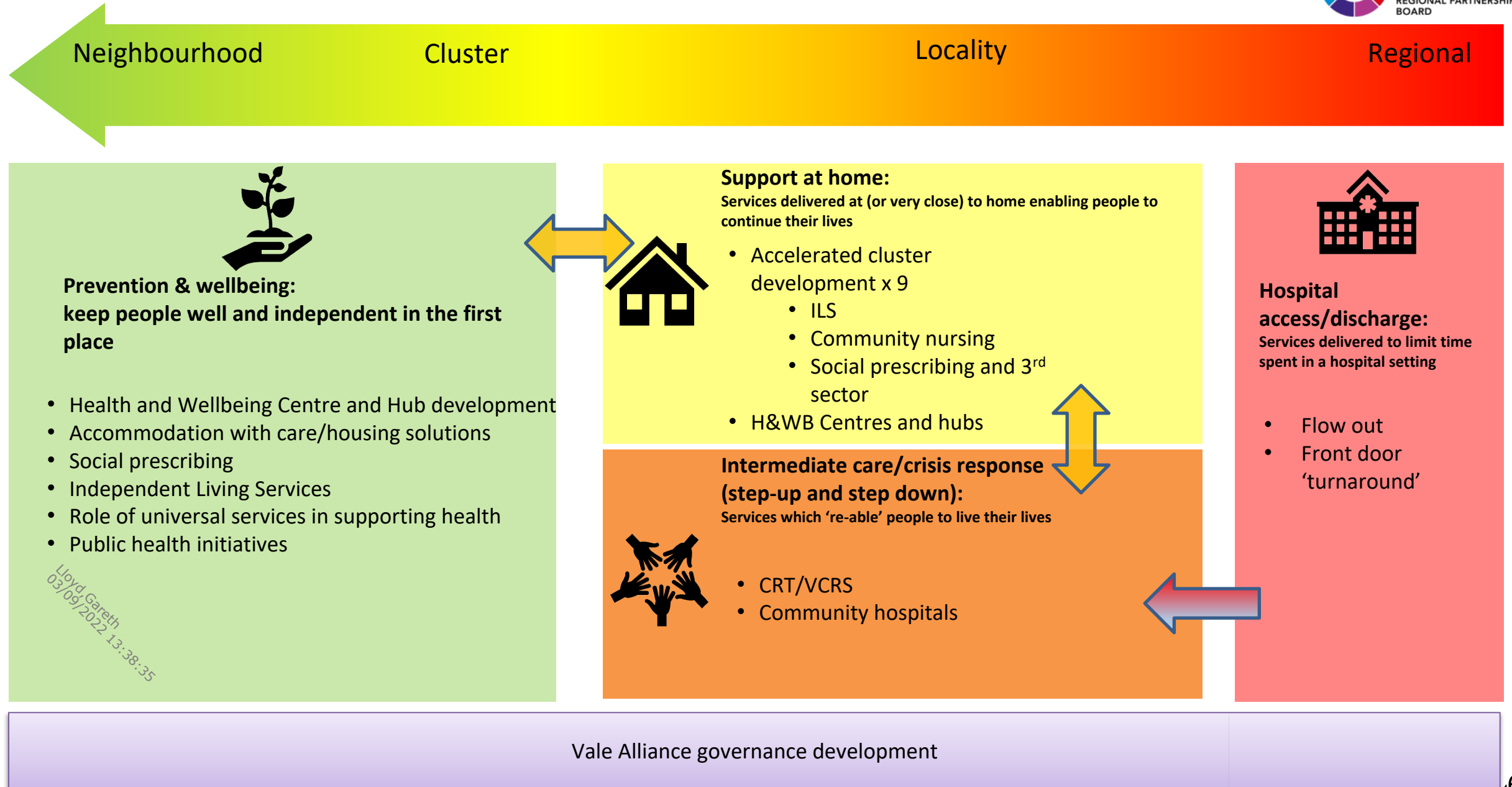
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Specialist care and support is there when needed, e.g. hospital care, specialist children's services etc. Much more of this is delivered in communities.



Main buckets of work



@home projects

Access	Health and wellbeing centres	Accelerated cluster development	Intermediate care	Hospital to home	Vale alliance development
<p>Alignment of arrangements currently covered by:</p> <ul style="list-style-type: none">• Contact1Vale: Wellbeing Matters• First Point of Contact - Cardiff• Single Point of Access –Cardiff• Links to CAV24/7	<p>Feasibility and prep for Outline Business Cases:</p> <ul style="list-style-type: none">• North Cardiff• Barry• CRI	<p>Role out of SW model to North, East plus 4 further clusters</p>	<p>Coordinated model of intermediate care:</p> <p>Intermediate Care Crisis Response.</p> <p>Right sized provision of IC home based, reablement and bed based intermediate care</p>	<p>Integrated discharge hub</p>	<p>Design and delivery of the Vale Alliance integrated locality model</p> <p>Development of supporting governance model.</p>
Care model					Care model

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Question for SRG

As we progress the delivery of the @home programme, the changes required will start to be deeper than we've attempted before. It will move us towards planning, thinking and acting as a single organisation across a range of partners, which is entirely new to us.

How do we support the organisation to move toward this way of thinking: from direct control to negotiating and agreeing joint service planning and delivery with other organisations?

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CARDIFF & VALE STAKEHOLDER REFERENCE GROUP

Integrated Medium Term Plan – 2022 - 2025

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Purpose of this document

On the 31 March 2022 the Cardiff & Vale UHB 'Board' will be asked to approve the organisation's three year IMTP prior to submission to Welsh Government.

The plan's development has been tested in earlier 21/22 SRG meetings along with other key internal and external stakeholders.

When the full document is finalised (mid March) and published in the UHB's Board papers, a copy will be circulated to SRG members (this will only be a short time before the meeting however).

The purpose of this presentation is therefore to provide SRG with an early summary of the plan to support thinking on some of the questions we would like to explore with group when it next meets.



Question to consider when reviewing the plan

Whilst the IMTP is a public document with a requirement that it be readily available to the general public it remains, in essence, a technical document by the nature of it having to respond to multiple stakeholder needs / requirements. These include- the organisation's own Board, Welsh Government, external commissioning bodies (for example).

Despite best efforts, the document can be hard to navigate. The breadth of services which the UHB delivers means any plan will always be quite lengthy in nature as we look to describe what we want to do in the coming three years.

Support from staff and the public for these ambitions will be critical to our success. What are the key messages from the plan we should be sharing and asking our population to 'buy-in' to?



Requirements

- 3 year plan that delivers Ministerial Priorities
- Achieves financial balance over three years
- Delivers Health Board's strategic objectives



2019 – 2022 IMTP = approved by Welsh Government
2020 – 2023 IMTP = approvable by Welsh Government
2020 – 2021 quarterly and six-monthly plan
2021 – 2022 annual plan

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What We Want to Achieve

Our mission: Caring for People, Keeping People Well

Our vision: A person's chance of leading a healthy life is the same wherever they live and whoever they are.

Our strategy is:

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

Empower the Person

- Support people in choosing healthy behaviours
- Encourage self-management of conditions

Home First

- Enable people to maintain or recover their health in or as close to home as possible

Outcomes that matter to People

- Create value by achieving the outcomes and experience that matter to people at an appropriate cost

Avoid harm, waste and variation

- Adopt evidence based practice, standardising as appropriate
- Fully use the limited resources available, living within the total
- Minimise avoidable harm
- Achieve outcomes through minimum appropriate intervention

Our strategic objectives are:

For Our Population - we will:

- reduce health inequalities;
- deliver outcomes that matter to people; and
- all take responsibility for improving our health and wellbeing.

Our Service Priorities - we will:

- offer services that deliver the population health our citizens are entitled to expect.

Sustainability - we will:

- have an unplanned (emergency) care system that provides the right care, in the right place, first time;
- have a planned care system where demand and capacity are in balance; and
- reduce harm, waste and variation sustainably making best use of the resources available to us.

Culture - we will:

- be a great place to work and learn;
- work better together with partners to deliver care and support across care sectors, making best use of our people and technology; and
- excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.



our priorities:
maternal health and early years, eye and oral health, chronic conditions (diabetes), stroke, cancer, mental health and dementia

2022 – 2025 IMTP – challenge

Five Harms

Ten SOFWB Goals

Covid Ready



Recovery

Transforming

Enabling

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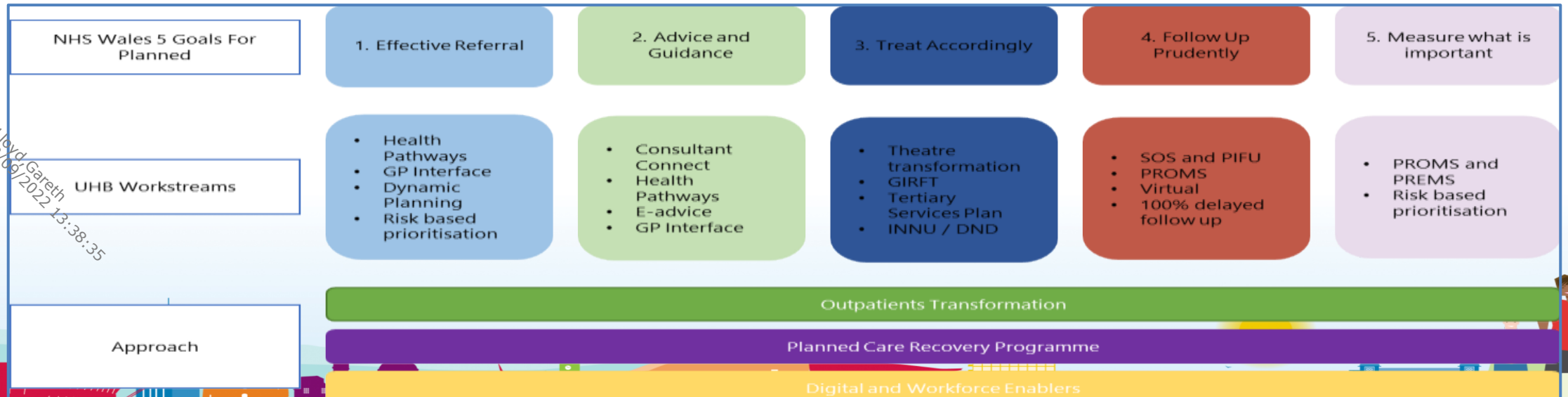
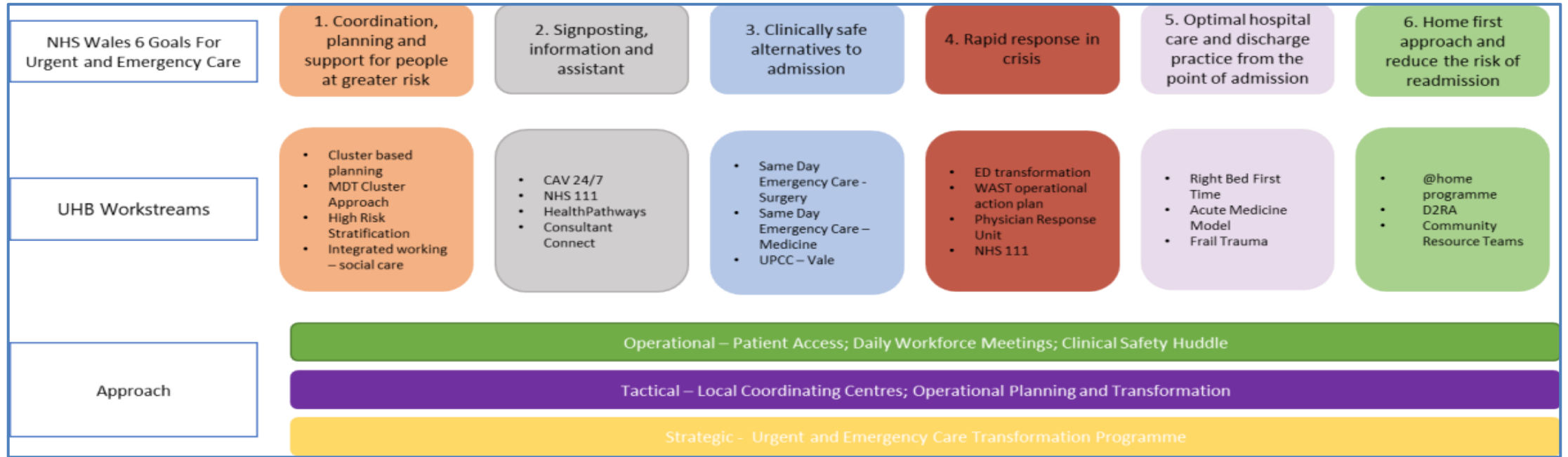


Ministerial Priorities

Phase 1	Number of targets and areas covered
Population health	5 – weight, smoking
Care closer to home	2 – diabetes in primary care (prevention and early intervention
Infection, prevention and control	2 – acquired infections/bacteraemia
Emergency and urgent care	5 – UPCCs, conveyances to EU alternatives, SDEC, >21 length of stay
Access to timely planned care	8 – IP/DC/OP, diagnostic and cancer access times – specific targets
Workforce	6 – engagement, wellbeing, agency use, sickness and appraisals
Digital and technology	1 – embedding value based healthcare systematically
Economy and environment	3 – zero carbon and contribution to Foundational Economy



Alignment with National Programmes



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Overarching Covid Planning Assumptions

- Covid will remain in the general population and continue to have an impact on the planning and provision of health and social care services for some time
- Minimising and balancing the “Five Harms” from Covid will be central to the planning and provision of health and social care services for some time
- New variants will emerge; the NHS will need to be prepared for the potential for a rapid and significant change in the Covid position (deterioration or improvement)
- There may be an increasing disconnect between community prevalence and associated demand on healthcare services
- There will be a requirement for a vaccination programme of some form
- Predicting the timing of future waves is challenging. The nature and extent of waves will be impacted significantly by population immunity (increases and decreases), the implementation of new treatments and, to a lesser extent, seasonal variation (including the associated impact of traditional winter pressures/respiratory illness)
- It will be necessary to develop operational planning within the context of the NHS Wales Covid Control Plan

Lloyd-Jones
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Four planning scenarios (TBC)

Cardiff and Vale Covid Scenario Planning 2022-23		
Scenario	Description	What might this look like?
Covid Eliminated	Covid exists but rarely seen. No impact on primary and secondary care services	No consideration of covid in operational planning and delivery. Unlikely to be achieved in the next three years.
Best Scenario (Covid Low)	Covid associated demand on primary and secondary care services reduces to historically low levels with minimal variation.	Vaccination programme for high risk groups. Low requirement for testing. Staff absences return to pre-Covid levels. No / minimal requirement for social distancing. Minimal requirement for streaming and zoning of services.
Central Scenario (Covid Stable)	Covid associated demand on primary and secondary care services, reduces to levels perhaps similar to summer/autumn 2021. Peaks occur but are lower than previous waves.	Vaccination programme for high risk groups. Higher than normal staff absences. Ongoing Covid impact which provides challenges in achieving pre-pandemic levels within core 'footprint'. Covid admissions continue at low level. Requirement for some level of streaming and zoning continues.
Worst Scenario (Covid Urgent)	Covid associated demand on primary and secondary care services increases significantly. Likely to see peaks in line with most significant previous waves.	Significant impact on service provision. Vaccination booster programme expanded. Likely impacted by new variant. High levels of staff absence. Reduction of non-covid services to meet demand.

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2021/22 Financial Year

- UHB breakeven forecast 2021/22, third successive year, however:
- Shortfall of £4.4m on recurrent savings
- Receiving £140.3m funding to support:
 - COVID national programmes - £33.7m
 - COVID local response - £50.0m
 - COVID recovery - £25.2m
 - COVID other - £10.1m
 - Non delivery of 2020/21 recurrent savings - £21.3m

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2022/23 Financial Year

- Increase in core revenue funding at 2.8% is greater increase than recent years
- Funding to support COVID related consequences is reduced
- Capital funding is lower than in 2021/22 (e.g. 25% reduction in discretionary funding to £11.3m from £15.9m)

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Income Assumptions

- Baseline allocation for 2022/23 (2.8% uplift)

	2022-23 £'000
Core Uplift 2.8%	20.037
Mental Health uplift	2.989
Top slice	(0.369)
Invest 2 Save annual impact	(0.642)
WHSSC uplift 2.8%	6.075
LTA uplift 2.8%	1.752
COVID Recovery	22.618
Value Based Recovery	2.004
Total	54.464

- Core uplift used to address
 - underlying deficit due to Covid-19
 - new in year national and local cost pressures
 - enhanced cleaning standards
- Other funding streams:
 - Pay award to be fully funded in addition to core uplift
 - Recovery income stream confirmed
 - Value based recovery income stream confirmed
 - National Programmes: TTP, Mass vaccinations and PPE to be funded on actual basis in 2022/23
- For 2022/23 there is not a separate funding stream to cover Covid-19 response/sustainability costs

Lloyd Gareth
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Financial Management Response 2022/23

- Financial assessment of our:
 - Cost pressures, recognition that some are exceptional (and volatile), e.g. energy
 - continued COVID response – best, likely and worst scenarios
- Use of existing core capacity alongside Recovery plans
- Efficiency/Transformation Plans scale of programme being worked through – what is deliverable in 2022/23?

Lloyd Gareth
03/09/2022 13:38:35



Any Questions?

Question for SRG:

Support from staff and the public for these ambitions will be critical to our success. What are the key messages from the plan we should be sharing and asking our population to ‘buy-in’ to?

Lloyd Gareth
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