Cardiff and Vale Stakeholder Reference Group

Wed 29 September 2021, 09:30 - 12:00

Microsoft Teams

Agenda

09:30 - 09:30
0 min

1. Welcome and Introductions

Sam Austin

09:30 - 09:30
0 min

2. Apologies for Absence

Sam Austin

09:30 - 09:30
0 min

3. Declarations of Interest

Sam Austin

09:30 - 09:30
0 min

4. Minutes and Matters of Arising from SRG Meeting on 22 July 2021

Sam Austin

Item 4 Unconfirmed Minutes of SRG Meeting 22 July 2021.pdf (7 pages)

09:30 - 09:30
0 min

5. Feedback from Board

Nicola Foreman

09:30 - 09:30
0 min

6. Health Inequalities and the Director of Public Health Annual Report

Fiona KInghorn

Item 6 DPH Annual Report Questions.pdf (1 pages)
Item 6 DPH report 2021_FINAL.pdf (77 pages)

09:30 - 09:30
0 min

7. Integrated Medium Term Plan

Jon Watts

Item 7 SRG IMTP presentation Sept 2021.pdf (15 pages)

09:30 - 09:30
0 min

8. Strategic Programmes

Abigail Harris

Item 8 UHB strategic change programmes overview v2.pdf (20 pages)

09:30 - 09:30
0 min

9. Arrangements for Next Meeting

UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON THURSDAY 22 JULY 2021 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
Paula Martyn	Independent Care Sector
Tim Morgan	South Wales Police
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Nikki Foreman	Director of Corporate Governance, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Jessica Manning	Community Health Council
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Ed Hunt	Programme Director, UHW2, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB
Apologies:	
Mark Cadman	WAST
Zoe King	Diverse Cymru
Linda Pritchard	Glamorgan Voluntary Services
Secretariat:	Gareth Lloyd, UHB

SRG 21/28 WELCOME AND INTRODUCTIONS

Lauren Spillane was welcomed and introduced to the SRG.

SRG 21/29 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Keithley Wilkinson.

SRG 21/30 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/31 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 25 MAY 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 25 May 2021.

Shaping Our Future Clinical Services Engagement
The report on the engagement had been issued to the SRG for information.

Recovery Planning – Waiting Times
Gareth Lloyd explained that he had received some graphical data on the waiting times for each of the Welsh Index of Multiple Deprivation ten deciles. He was seeking an analysis of what the data demonstrated which would be issued to the SRG

Action: Gareth Lloyd

Len Richards, Chief Executive
Abigail Harris confirmed that Len Richards would officially leave the UHB at the end of September 2021. The SRG Chair agreed to write to him on behalf of the SRG.

Action: Chair

SRG 21/32 FEEDBACK FROM BOARD

Nikki Foreman drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 27 May and the Special Board meetings held on 10 and 24 June 2021.

May 27

- Patient Stories – The stories were from two patients hospitalized during the C-19 Pandemic. The first story focussed on their difficulties and the second on the little things that had mattered during their stay.
- Chair's Report – The focus had been on staff wellbeing and projects which when launched would support staff.

- Chief Executive's Report – Rachel Gidman had been appointed as Executive Director of People and Culture. There was also information on the Green Health Wales launch on 29 June which will share learning from both local Welsh initiatives and global sustainable healthcare projects across a breadth of speciality areas.
- Corona Virus Update Report – At that point there were no active hospital acquired infections. Angela Hughes updated that there were currently some very small localised outbreaks within the UHB. Non C-19 activity was continuing to increase.
- Board Assurance Framework – Two new risks had been added: the impact of C-19 on staff wellbeing and the impact of C-19 on reducing health inequalities. Fiona Kinghorn, Executive Director of Public Health would be presenting on health inequalities to the UHB Board on 29 July and it would also be the focus of the next Director of Public Health Annual Report. It was agreed that Fiona Kinghorn be invited to present on the topic at the SRG meeting on 29 September. Abigail Harris informed the SRG that it was recognised that certain cohorts of the population had been disproportionately affected by C-19

Action: Abigail Harris/Gareth Lloyd

- Performance Report – Elective surgery activity continued to increase. There had been a shift in pressure to Primary Care and Mental Health Services. Child and Adolescent Mental Health Services were under significant pressure with 244 referrals to the service in April compared to an average of circa 100 referrals per month pre-pandemic.
- Financial Position – There had been a surplus of £90k at the end of March 2021. However, due to the pandemic the delivery of savings was circa £21.3m less than planned and this had increased the underlying deficit to £25.3m
- Patient Safety Quality And Experience Report – The number of concerns were double that of the same period the previous year. Most of the concerns related to mass vaccination or the inability to visit people in hospital.
- Report on the outcome of engagement on Shaping Our Future Clinical Services
- Report on the outcome of engagement on Regional Model for Vascular Surgery
- Endoscopy Expansion Business Justification Case
- Standing Orders and Standing Financial Instructions had been approved.

10 June

- The Annual Report and Accounts for 2020/21 had been signed off.

26 June

- The Annual Plan for 2021/22 was signed off and will be published on 29 July

It was agreed that the shortened version of the Annual Plan be circulated to the SRG for information

Action: Nikki Foreman/Gareth Lloyd

The SRG enquired how staff vacancies were being managed. Abigail Harris explained that despite having success with recruitment during the pandemic the UHB still had a number of vacancies. There were a number of posts where recruitment was proving particularly difficult. One such example is the national shortage of theatres staff although the UHB generally fares better than most in recruiting these staff due to it being a centre for tertiary services.

The SRG enquired whether the UHB collated data on waiting lists by age group. Abigail Harris agreed to discuss with Steve Curry

Action: Abigail Harris

SRG 21/33 CARDIFF AND VALE UHB SUSTAINABILITY ACTION PLAN

The SRG received a presentation from Ed Hunt on sustainability in the UHB.

The SRG was reminded of the proposed targets set out in the Sustainability Action Plan and of some of the achievements against these targets. The NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030 was published in March 2021. It sets targets for Health Boards to meet in 2022 and beyond and will require the embedding of sustainable behaviour into the organisation. It is interesting to note that in 2018/19 62% of NHS Wales' carbon footprint was procurement. It was agreed that SRG be provided with a breakdown of the top 20 greenhouse gas emitting items used within the UHB

Action: Ed Hunt/Gareth Lloyd

The SRG was informed that as well as adopting the NHS Wales Decarbonisation Targets, the UHB had identified a number of headline actions (subject to approval) that would build on these Targets (subject to approval):

- Top down: build into our decision making
- Bottom up: communications, campaigns (including with Local Authorities)
- Influence what we buy

- Identification of ten 'Sustainability Scholars'. These would be healthcare professionals who were given some dedicated time to deliver sustainability improvement projects.
- Develop infrastructure ambitions in a net zero way.
- Awards for great outcomes.

Ed Hunt explained that there was limit to what could be done with a top down approach and a complete culture change is required with far more people practicing sustainability and everyone playing their part.

Ed Hunt explained he would like to see some specific targets set out in the UHB's action plan. The aim is for the Welsh public sector to be net carbon zero by 2030.

The SRG then discussed how it could help accelerate carbon reduction and made several observations

- It should be made easier for people to return equipment to the NHS
- Third sector organisation had considerable experience of maximising the use of resources and the UHB could benefit from this experience.
- Targets must be communicated to staff and the wider public.
- Consideration should be given to how and when the UHB should ask the public for support with its sustainability and decarbonisation ambitions noting that a section of the public might consider it less important than other issues such as reducing waiting lists. It will be imperative to ensure that UHB should ensure that it has its own house in order. Ed Hunt informed the SRG that one member of the UHB's Communications team had been dedicated to work on sustainability communications.

It was agreed that the SRG should hold regular discussions regarding how it assist the UHB in meeting its sustainability targets.

SRG 21/34 CARDIFF AND VALE UHB ACTIVE TRAVEL INITIATIVES

The SRG received a presentation from Colin McMillan on progress with the development of the UHB's Sustainable Travel Plan.

The objective of the Plan will be to encourage users out of single occupancy vehicles and into more sustainable forms of transport. Its themes will be

- Improved access to sites and improved patient safety/experience
- Increased travel options for staff, patients and visitors with a beneficial effect to the wider communities
- Health benefits resulting from active travel
- Reduced congestion on sites and in the wider communities
- Reduced carbon dioxide emissions

- Improved business efficiency – reduced business mileage costs

The Sustainable Travel Group meetings are scheduled to recommence in September 2021 and it is hoped the Travel Plan will be published in late 2021/early 2022.

The SRG then discussed the presentation and the Myhelathjourney App and Healthy Travel Map.

The SRG made several observations and raised several questions.

- It would be helpful to review the recent audit of the UHB's car parks conducted by the Community Health Council.
- The Myhelathjourney App and Health Travel Map are useful tools and it would be helpful if those without digital technology had access to similar information.
- Changing the location of the UHL 'park and ride' is not helpful. Park and ride facilities should be located in the most appropriate locations. Colin McMillan explained that the original site was currently being used as a Mass Vaccination Centre but the potential new location was very close to it.
- Some people will not be prepared to drive past their final destination to use a park and ride facility. It was however noted that this would be the case wherever park and ride facilities were located.
- Will the Plan include third sector transport services? Colin McMillan explained that the UHB does not use these services although they are used by Welsh Ambulance Service NHS Trust for non-urgent patient transport.
- Will there be regular travel surveys? Colin McMillan explained that prior to the pandemic the UHB had conducted annual surveys. It had also held engagement days and volunteers had asked patients to complete the survey. It is likely that these will be resurrected.
- Could information on alternative modes of transport be included in patient letters? The SRG was informed that many patient letters are generated by the Patient Management System and there is a limit on the number of characters that can be used.
- It should be explained to people that if more people used alternative modes of transport it would free up more car parking space on UHB sites for those for whom private cars are the only viable mode of transport.
- Taxis need to be part of the Plan.
- Will cycle facilities be improved at Woodland House?. Colin McMillan explained that the identified area had become a C-19 storage area but that it was hoped the scheme would be resurrected.

In response to an enquiry, Abigail Harris informed the SRG that it was likely that the disabled car park opposite the multi-storey car park at UHW would remain out of use for some time because the UHB was looking to put some mobile operating theatres on the site in order to increase theatre capacity as part of its pandemic response.

In response to an enquiry Colin McMillan explained that discussions were ongoing regarding integrating the Cardiff and Vale of Glamorgan Nextbike schemes.

SRG 21/35 QUALITY, SAFETY AND PATIENT EXPERIENCE FRAMEWORK

The SRG received a presentation from Angela Hughes on the UHB's Quality, Safety and Patient Experience Framework 2021-2026.

The SRG suggested that when communicating with patients, the NHS was still inclined to use terminology that many would not understand and frequently patients were reluctant to ask for an explanation. Angela Hughes agreed that all communications must be understandable to patients. She would also like copies of correspondence between GPs and secondary care to be copied to patients.

It was agreed that members of the SRG provide send any comments on the presentation to Gareth Lloyd

Action: All

SRG 21/36 NEXT MEETING OF SRG

Microsoft Teams meeting, 9.30am-12pm Wednesday 29 September 2021.

Director of Public Health Annual Report

Questions for Stakeholder Reference Group 29 September 2021

- How can the organisations and sectors you come from contribute to tackling inequities and prioritising prevention, as described in the recommendations of this report?

- How can we work together to achieve the vision described of meaningful engagement with communities?

Annual Report of the Director of Public Health
for Cardiff and the Vale of Glamorgan 2020

Let's leave no one behind in Cardiff and the Vale of Glamorgan

Tackling inequities and prioritising prevention through recovery from COVID-19

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

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FOREWORD

Twenty-twenty was a year like no other. The most significant pandemic in over 100 years has impacted all our lives, leading to lockdowns and disruption across the globe, and a toll of illness and death that few would have thought possible in the modern era.

Whilst some found the lockdowns a positive opportunity to become more active, spend quality time with close family, pick up hobbies and connect electronically with friends all over the globe, many have experienced bereavement, social isolation, financial hardship, food poverty and been exposed to other risks such as domestic abuse. Many inequalities affecting our population were evident prior to the pandemic, such as large life expectancy gaps between rich and poor, and clear differences in health status between the two[*], but these concepts can sometimes be difficult to grasp. However, the effects of COVID-19 provided tragic evidence of the real world impact of inequity, translating into an unequal distribution in the rates of infection, hospitalisation and deaths, with greater risk in older people, ethnic minority groups and those experiencing disadvantage. The most significant pandemic for nearly a century has shone a light on the unequal nature of our society.

The collective action witnessed in so many places, and at so many levels, is one of the positives that we can draw from our experience of the pandemic. Local partners innovated and adapted rapidly to ensure critical services remained functional, and staff were amazingly flexible and willing to be redeployed into new roles to ensure this happened at pace. The extraordinary effort of our NHS acute services in managing successive waves of the COVID-19 pandemic was evident, learning to treat a new disease whilst also continuing to care for those who were ill for other reasons. Impressive too were the efforts of staff working in social care, including care homes and domiciliary settings, who worked tirelessly and in challenging conditions to provide care to some of the most vulnerable in our society. Perhaps less publicised, but no less critical, were services run by local authorities that allowed key functions such as refuse collection to continue, whilst also providing new services such as support to those who were shielding. Third Sector organisations also transformed the ways they worked to serve communities and people who were vulnerable, aiming to ensure that people were supported in innovative ways during the lockdown periods. Private sector organisations too kept essential

[*] Public Health Wales Observatory. Measuring inequalities 2016: Cardiff and Vale [pdf]. Public Health Wales NHS Trust: 2016 [cited 2021 September 06] Available from: http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf/3653c00e7bb6259d80256f27004900db/c09cfb031cb445f880257ff8002aed48/$FILE/MeasuringInequalities2016_CardiffAndValeUHB_v1.docx

services running, including food supplies. And of course there were the many stories of individuals, groups and businesses who performed countless acts of kindness to care for those around them, even complete strangers. In emerging from this challenging time, it is this spirit of togetherness that we need to preserve and carry forward.

In this report, I describe some of the evidence we have so far on the toll the pandemic has taken upon the people who live in Cardiff and the Vale of Glamorgan, but also set a positive and ambitious vision for working through recovery in partnership. I identify priorities for focussed attention and advocate for a preventative approach to improve population health and well-being. Our people are our strength, whether living in our communities or working in our organisations and businesses. By working together, starting with the actions identified in this report, we can ensure that we leave no one behind and build a stronger and more equal future.

Fiona Kinghorn, Executive Director of Public Health

Acknowledgements

I would like to thank Catherine Floyd, Helen Griffith, Suzanne Wood, Lorna Bennett, Rebecca Stewart, Tom Porter, Rhianon Urquhart and Jess Rayner for preparing the content of the report. I would particularly like to thank Siân Griffiths for leading, co-ordinating and editing the report during what continue to be very busy times. In addition, I wish to acknowledge the work of Richard Evans from the UHBs Medical Illustration Department for the design of the front cover and Jess Rayner for building the Sway site (available at this link). Finally, my thanks goes to Helen Griffith and Deborah Page for formatting this report document.

INTRODUCTION

This year's Annual Report of the Director of Public Health focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.

Chapter 1 describes the impact of the COVID-19 pandemic on the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. It outlines the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the scene for the rest of the report. In chapter 2 the focus moves to the emotional well-being and mental health of our children and young people, again identifying the impact of the pandemic, some of which is positive but much that is negative. Recommendations are made for partner organisations, with the aim of developing supportive environments and providing accessible help and care for those who need it. Chapter 3 identifies four topics for focussed attention that will begin to address inequity, which partners can start to deliver straight away. Specifically these are childhood immunisation, screening, healthy weight…'Move More, Eat Well', and air quality; actions are identified for each of these priority areas. Finally, chapter 4 considers how we can collectively move forward through recovery, in the context of continuing to manage the impact of infections at the same time as learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working.

In order to describe the effects of the pandemic on our population, it is essential to discuss inequalities. For this to be done accurately, we need to differentiate between inequality and inequity*. **Inequalities** in health are gaps in health status between different groups, for example those who live in different areas, or of different ethnicity or socioeconomic status; such differences can be caused by a variety of factors, not all of which are possible to change e.g. inherited characteristics or geographical location. However, health **inequity** is a difference in health that is unnecessary, avoidable, unfair or unjust; such differences are amenable to action and is therefore the term used predominantly in this report.

* Glossary | NICE

Chapter 1 – Epidemiology – the impact of COVID-19 pandemic on inequities in Cardiff and the Vale of Glamorgan

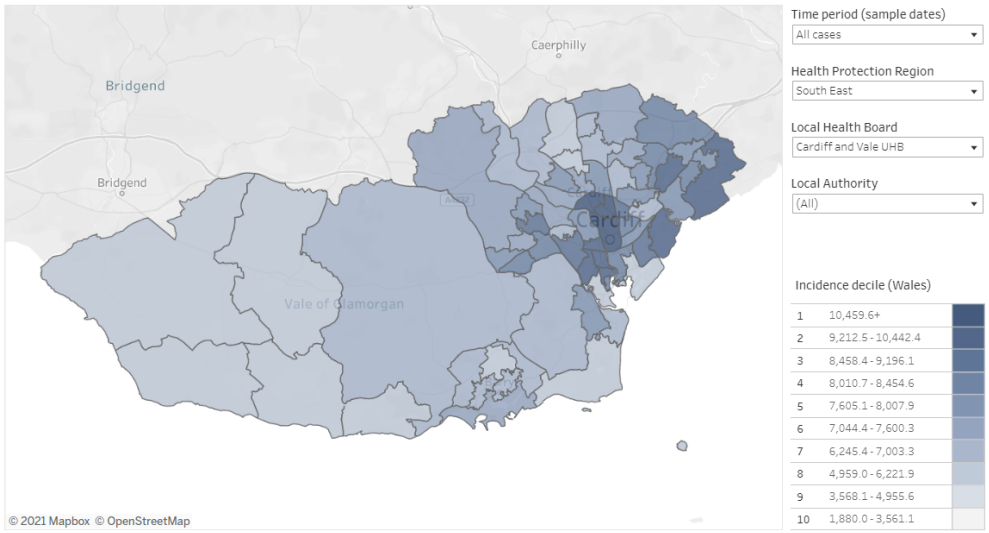
This chapter provides an epidemiological description of the impact of the COVID-19 pandemic on the health of the population of Cardiff and the Vale of Glamorgan, and how it has exacerbated existing inequities. This details not only case rates and mortality, but also the effect on service use. It outlines the influence of the determinants of health and begins identifying actions that will help us move positively through the recovery phase, thus setting the agenda and approach of the rest of the report.

1. THE IMPACT OF COVID-19 IN CARDIFF AND THE VALE OF GLAMORGAN

A. CASES

The rate of confirmed cases of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)[†] per 100,000 population has been variable across Cardiff and Vale University Health Board (UHB) during the period of the pandemic, as shown in figure 1. Western Vale and northern Cardiff show lower rates per 100,000 than areas in the southern and eastern parts of Cardiff. Among the areas with the highest rates have been areas with high student population numbers.

Figure 1: COVID-19, confirmed cases, by Middle Super Output Area of residence, cumulative rate per 100,000 population, Cardiff and Vale UHB, as at 5 August 2021



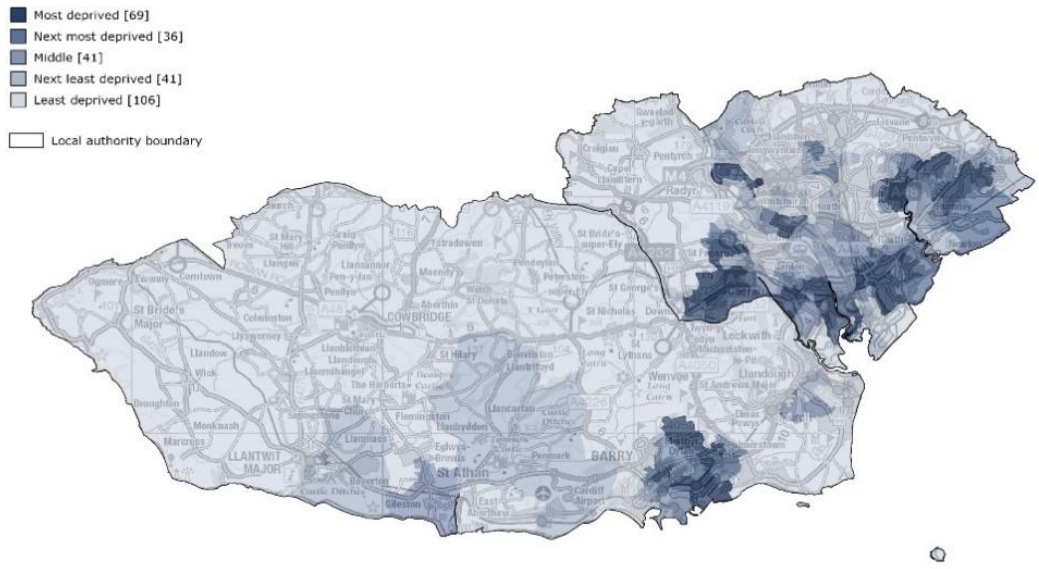
This map uses the Office for National Statistics' (ONS) middle layer super output areas (MSOAs) as defined by their 2011 boundaries. The case numbers are suppressed for any MSOA where there were fewer than three cases. The colours are defined by the decile an area falls under when ranked by their incidence per 100,000; with the highest 10% of MSOAs in Wales categorised as 1 and the lowest as 10.

Source: Public Health Wales Rapid COVID-19 virology 2021

[†]SARS-CoV-2 is the virus that causes COVID-19 (coronavirus disease 2019), the respiratory illness responsible for the COVID-19 pandemic. For brevity, the report will use the term COVID-19 and SARS-CoV-2 interchangeably.

The close association between COVID-19 mortality and geographical area deprivation emerged early on in the pandemic[1]. Although only part of the story, the experience of coronavirus infection in Cardiff and Vale appears to reflect this pattern, as can be seen by comparing with the map of the area showing Welsh Index of Multiple Deprivation (WIMD) (figure 2).

Figure 2: Welsh Index of Multiple Deprivation (WIMD), Cardiff & Vale UHB, 2019



Source: Produced by Public Health Wales Observatory, using WIMD 2019 (WG)

Not everyone living in an area will experience equal SARS-CoV-2 risk, however, and evidence internationally and at UK level[2] indicates the key population groups with multiple vulnerabilities, compounded or exposed by COVID-19 disease, include:

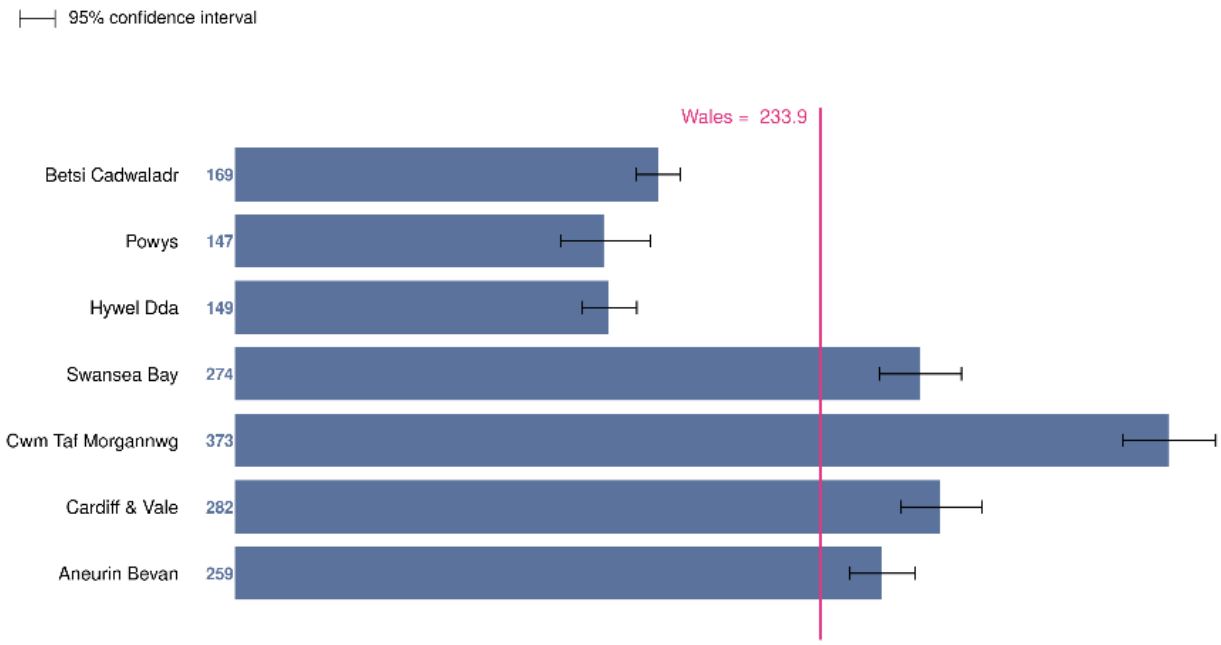
- Children and young people
- Minority ethnic groups, especially Black and Asian populations
- People in insecure/low income/informal/low-qualification employment, especially women
- Those marginalised and socially excluded, such as people who are homeless

B. MORTALITY

COVID-19 has had a significant impact on mortality in Wales[3]. The following section describe deaths that are attributed to COVID-19 during 2020-21, alongside comparative mortality data from previous years.

Figure 3 displays the age-standardised death rate, with any mention of COVID-19 on the death certificate, registered between 29 February 2020 up to and including 9 July 2021. The Welsh average death rate was 233.9 per 100,000 persons, all ages: the Cardiff and Vale UHB rate was 282 per 100,000, adjusted for age.

Figure 3: Deaths from COVID-19, age-standardised rate per 100,000, persons, all ages, Wales by health board, week ending 06 Mar 2020 to 09 July 2021[3]



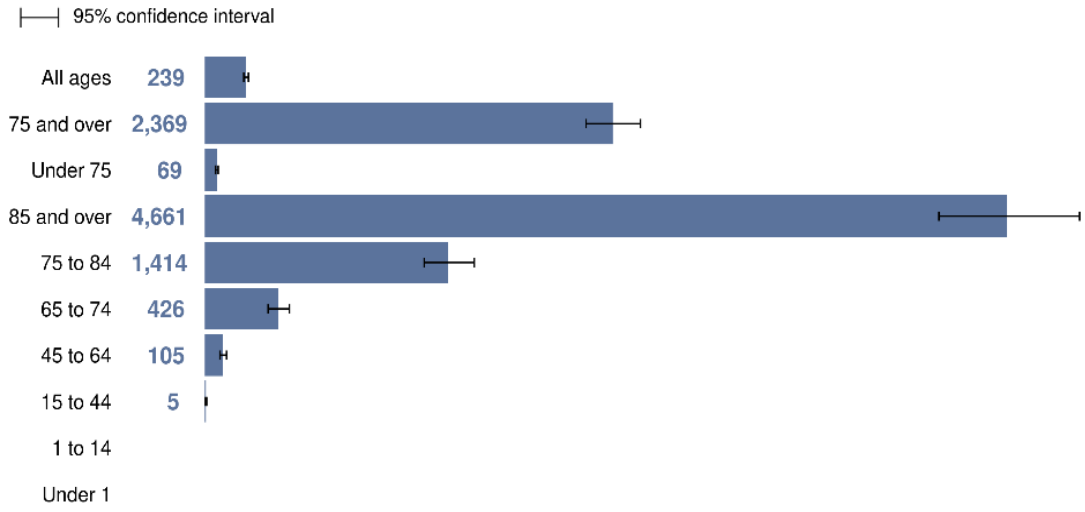
Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

Cardiff and Vale UHB had the second highest aged standardised mortality rate from COVID-19 in Wales and above the Welsh average. In Cardiff, there was an age-standardised rate of deaths from COVID-19 of 313 per 100,000, and in Vale of Glamorgan, the age-standardised rate was 222 per 100,000. Of note, the Cardiff rate is statistically significantly higher than the Welsh average for local authorities for this period and Vale of Glamorgan is just below the average. Reasons emerging for this pattern may include the close association between COVID-19 and underlying health, deprivation, occupation and ethnicity[4].

DEATHS WITH ANY MENTION OF COVID-19: ACROSS AGE GROUPS AND GENDER

Deaths where COVID-19 was mentioned on the death certificate significantly increased with age for the period 29 February 2020 to 09 July 2021 in Cardiff and Vale UHB, in line with Wales. Just over 42% of the total deaths mentioning COVID-19 (511/1,206) in Cardiff and Vale UHB occurred in persons aged 85 and over. Further breakdown in age specific rates per 100,000 are shown in figure 4.

Figure 4: Deaths from COVID-19 by age group, age-specific rate per 100,000, persons, Cardiff & Vale, week ending 06 Mar 2020 to 09 July 2021[3]



Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

The age-standardised rate for deaths in males is statistically significantly higher than the rate for females during this period across Wales and within Cardiff and Vale UHB. This suggests that males are disproportionately affected by COVID-19 mortality locally, even after adjusting for age, as shown in figure 5.

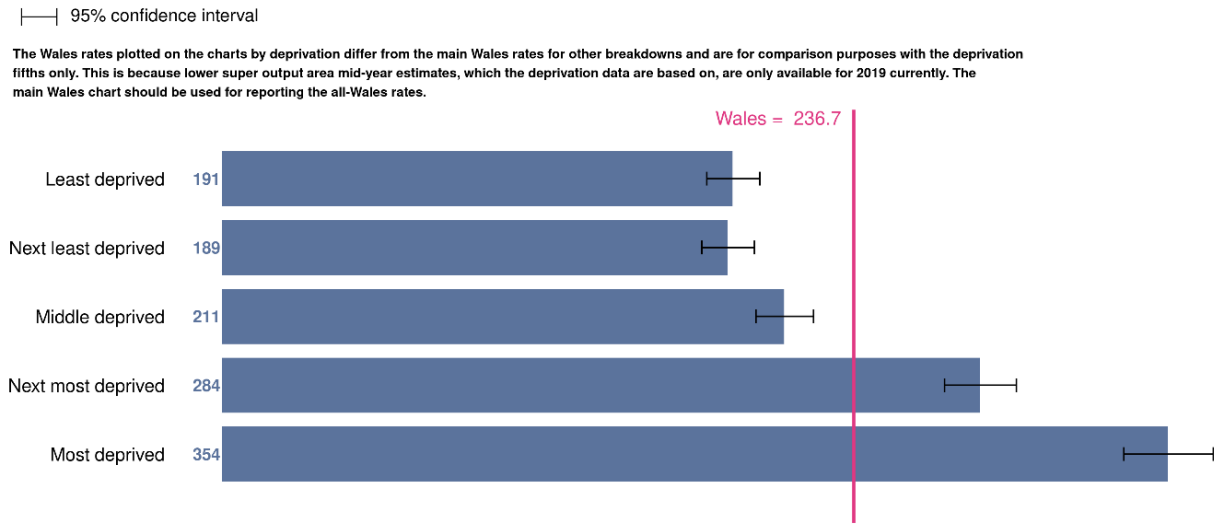
Figure 5: Deaths from COVID-19, age-standardised rate per 100,000, males and females, all ages, Cardiff and Vale UHB, week ending 06 Mar 2020 to 09 July 2021[3]

Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS)

DEATHS WITH ANY MENTION OF COVID-19: ACROSS DEPRIVATION FIFTHS

The association between socio-economic deprivation and deaths from COVID-19 has been analysed at an All Wales level. At deprivation fifth level, the highest age-standardised rate per 100,000 of deaths with any mention of COVID-19 in persons to 9 July 2021 was the most deprived fifth with 354 per 100,000. The next least deprived fifth report the lowest age-standardised rate per 100,000 of deaths from COVID-19 with 189 per 100,000 in the same time period (figure 6). For context, in 2019, around 1 in 4 of Cardiff and 1 in 8 of Vale of Glamorgan Lower Super Output Areas (LSOA) fell in the most deprived fifth of LSOA across Wales[5].

Figure 6: Deaths from COVID-19, age-standardised rate per 100,000, persons, all ages, Wales by deprivation fifth, week ending 06 Mar to 09 July 2021[3]

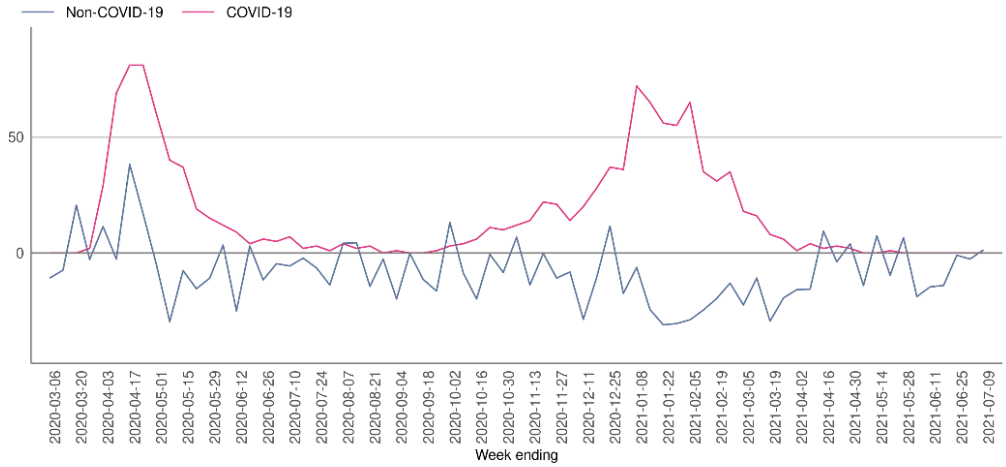


Source: Produced by Public Health Wales Observatory, using PHM & MYE (ONS) & WIMD 2019 (WG)

EXCESS DEATHS: NON-COVID-19 DEATHS AND COVID-19 DEATHS, COMPARED TO FIVE-YEAR AVERAGE

The excess deaths illustrated in figure 7 show how many deaths occurred per week, compared to the 2015-2019 average, in Cardiff and Vale UHB, including deaths which did not mention COVID-19 on the death certificate and deaths where COVID-19 was mentioned. Figures greater than zero mean that there were more deaths in this category in the week shown, compared to the 2015-19 average: below zero, mean there were fewer deaths. Between 6 March 2020 and 9 July 2021 there have been 646 excess deaths in Cardiff and Vale, compared with the 5-year average, peaking for the first wave in the weeks ending 17 and 24 March 2020 and for the second wave in the week ending 8 January 2021.

Figure 7: Excess mortality, count, persons, all ages, Cardiff and Vale, week ending 06 Mar 2020 to 09 Jul 2021*, compared to 2015-2019 average[3]



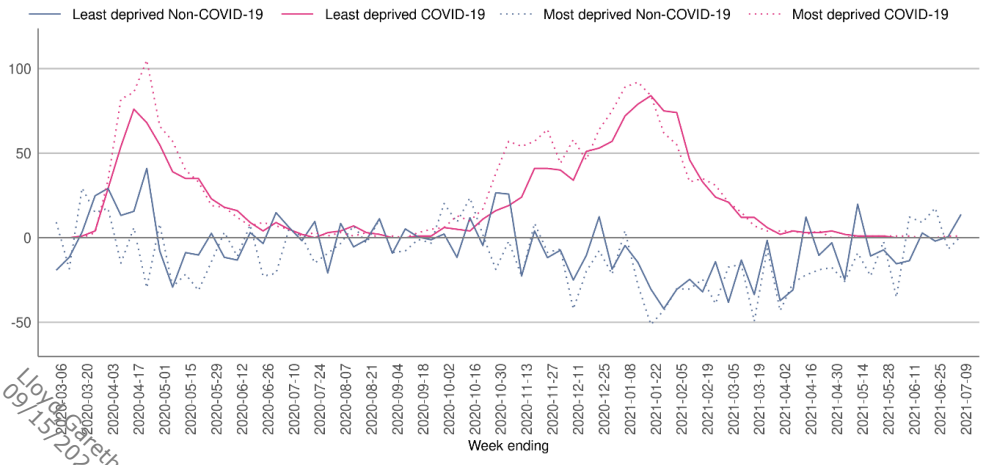
*Week 53 in 2015-2019 has been created (by duplicating week 52 data) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PHM (ONS)

These trends reflect the All Wales and UK pictures. There has been a steady decline in deaths since: there were no COVID-19 deaths in the six most recent week reported (week ending 9 July 2021). At the time of writing, the impact of the third wave on COVID-19 deaths across Wales was uncertain and will be closely monitored.

The difference between the numbers of deaths where COVID-19 was mentioned on the death certificate in the most deprived fifth compared to the least deprived across Wales is shown in figure 8. Analysis of the data is not currently available at Cardiff and Vale UHB level, but there is no evidence to suggest that this pattern would not be replicated at a local level.

Figure 8: Excess mortality, count, persons, all ages, Least & most deprived, week ending 06 Mar 2020 to 09 Jul 2021*, compared to 2015-2019 average



*Week 53 in 2015-2019 has been created (by duplicating week 52 data) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PHM (ONS) & WIMD 2019 (WG)

C. 'LONG-COVID'

The term 'long-COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (12 weeks or more) which are not explained by an alternative diagnosis[6]. Symptoms after acute COVID-19 are highly variable and wide ranging. The most commonly reported symptoms include the following: breathlessness, palpitations, fatigue, abdominal pain, cognitive impairment ('brain fog', loss of concentration or memory issues), joint pain, depression and anxiety.

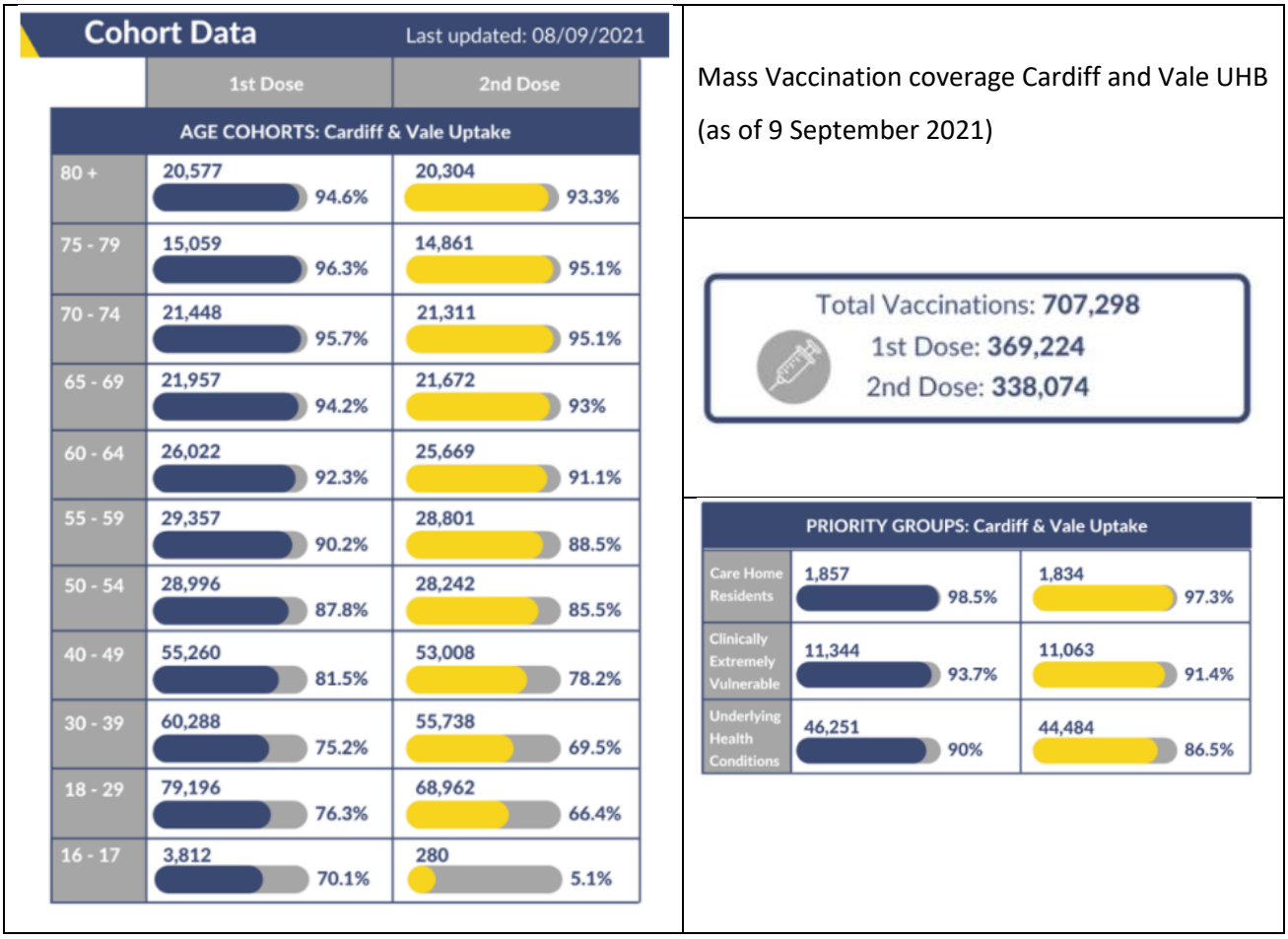
An estimated 49,000 people living in private households in Wales (1.6 % of the population) were experiencing self-reported 'long-COVID' of any duration, in the four week period ending 4 July 2021[7]. Although no data is currently available for the prevalence of long-COVID in Cardiff and the Vale of Glamorgan, evidence suggests that the prevalence of self-reported 'long-COVID' was greatest in people aged 35 to 69 years, females, people living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability[8]. The 'Marmot Build Back Fairer - the COVID-19 Marmot Review'[4] noted that the effects of 'long-COVID' are likely to be greater for people in more deprived neighbourhoods because they are more likely to have pre-existing existing health problems and, if they are able to work, are more likely to do so outside the home and in manual jobs. In some cases, they have to continue working despite having 'long-COVID' symptoms. Those who cannot work as a result of 'long-COVID' are more likely to go into debt and those who were already unemployed may face additional challenges such as finding it harder to find employment because of poor health.

Although there is currently a high degree of uncertainty around 'long-COVID', there is no evidence to suggest that these patterns are not replicated at a Cardiff and Vale UHB level. Research is needed to improve understanding of the prevalence, range, severity and duration of long-COVID to inform optimal clinical management, and support health service planning and delivery. The Welsh Government Technical Advisory Group has started to include estimates of the costs and Quality Adjusted Life Years associated with 'long-COVID' as part of epidemiological and economic modelling[9].

D. VACCINATION COVERAGE

COVID-19 mass vaccination across Cardiff and Vale UHB, alongside the rest of Wales, has been one of the key success stories of the pandemic. As of 9 September 2021, a total of 707,298 doses had been delivered (figure 9)

Figure 9: COVID-19 Mass vaccination coverage Cardiff & Vale UHB[10]



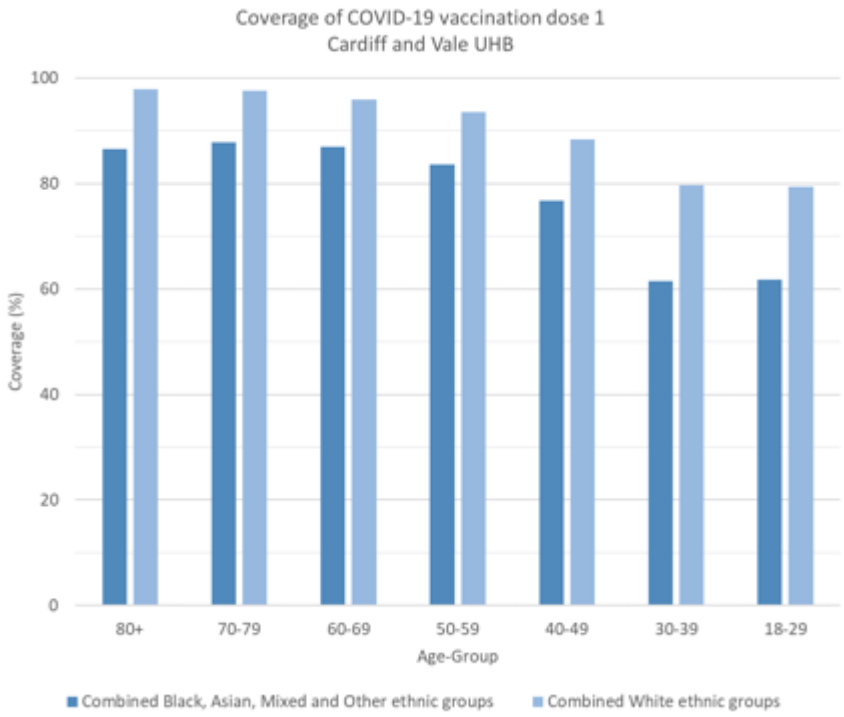
Source: Cardiff & Vale UHB website September 2021

INEQUITIES IN VACCINE COVERAGE

Inequities in COVID-19 vaccination coverage in Wales have emerged, mirroring a trend across the UK. For example, coverage for the combined Black, Asian, Mixed and Other ethnic groups in each age-group was lower compared to the combined White ethnic groups in Cardiff and Vale UHB (figure 10)[11]. The largest inequity in coverage across Cardiff and Vale UHB, as at 5 August 2021 for the first dose, was seen between ethnic groups in adults aged 30 to 39 years. This inequity gap is however lowering across all age cohorts in Cardiff and Vale UHB, as compared to baseline (except 16 to 29 year olds where it has increased); whereas in Wales, this

inequity persists in all groups aged less than 50. Overall coverage was lowest in those aged 18 to 29 years in each ethnicity grouping, in Cardiff and Vale UHB and in Wales.

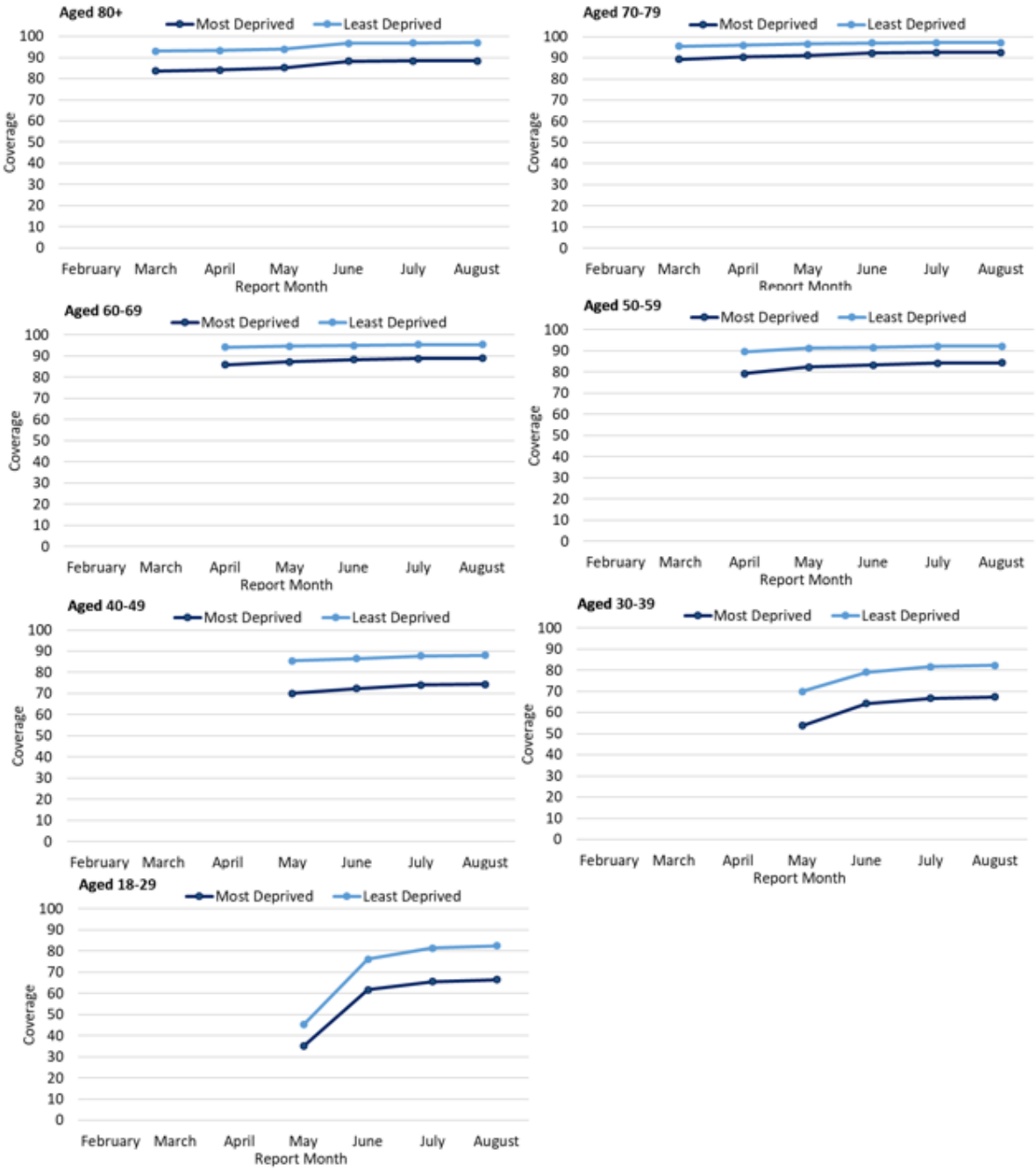
Figure 10: Percentage coverage COVID-19 vaccine by age and ethnic groups: Cardiff and Vale UHB 1st dose, 5 August 2021[11]



Source: Public Health Wales (VPDP and CDSC), Digital Health and Care Wales (DHCW) and Swansea University (SAIL)

Inequities have also been identified between adults living in the most and least deprived areas of Wales. These gaps have narrowed for age groups over 50 years, as can be seen in the figure 11. The inequity gap for one dose between those living in the most deprived and least deprived quintiles of areas in Cardiff and Vale UHB was at its highest in the 18-29 age group, showing a 16.0% difference, as at 5 August 2021. Although action is underway to address these inequities with partners, through the Seldom Heard Voices Group and the Cardiff and Vale Test, Trace and Protect Ethnic Minorities COVID-19 Operations Sub Group, a review of the coverage in these groups once this phase of the mass vaccination programme is completed must be a priority.

Figure 11: Trends in coverage (%) of at least one dose of COVID-19, by vaccination age group and WIMD quintile of deprivation of area of residence, Cardiff and Vale UHB, 7 July 2020[11]



Source: Public Health Wales (VPDP and CDSC), Digital Health and Care Wales (DHCW) and Swansea University (SAIL)

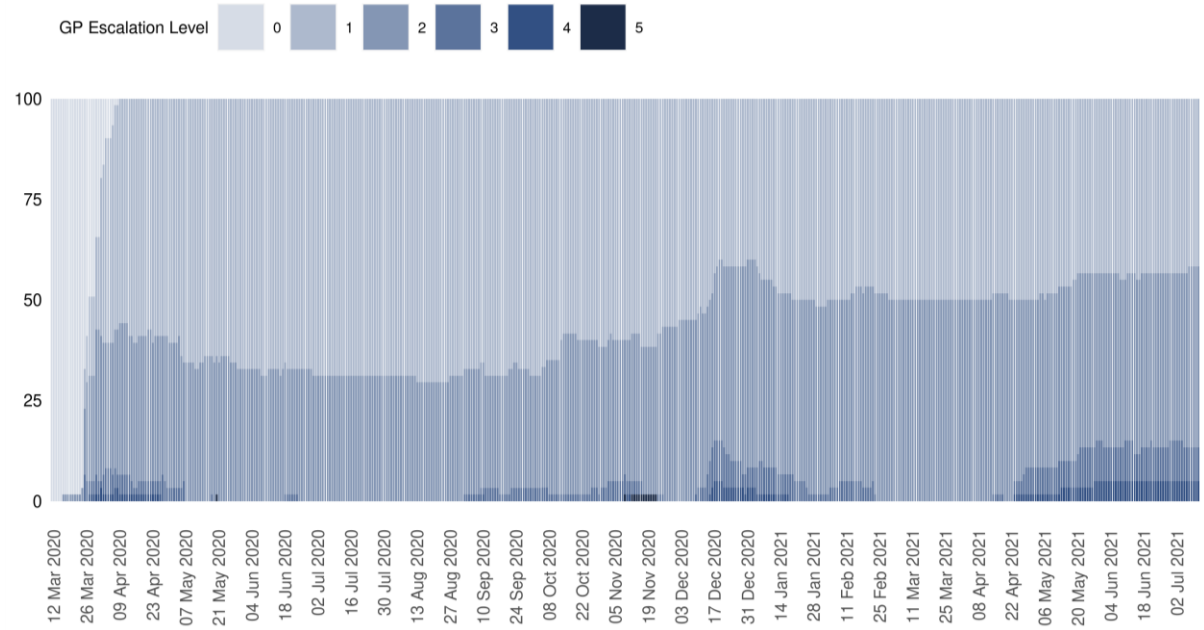
2. SERVICE USE

A. PRIMARY CARE

Over 90% of patient contact with the NHS takes place in primary care and so local primary and community services have been at the frontline during the pandemic. Since March 2020, Welsh GP practices submit daily 'levels' reflecting the balance between the number of contacts and their capacity to meet demand and maintain services.

In line with the All Wales reports, the percentage of GP practices submitting a level 3 or 4 (indicating a high number of contacts and reduced staffing levels, affecting service delivery and patient safety) in Cardiff and Vale UHB was around 5-7% during early April 2020. Lower levels were recorded in Cardiff and Vale UHB compared to the All Wales rate between May-August 2020 (Figure 12). Since September 2020 there have been two peaks, both showing 10% of practices experiencing level 3-5, one in mid-December and the other starting in late April 2021 and continuing through May. There was a 12 day period in late November 2020 where the UHB experience a level 5 (or practice closure) rate of 1.7%.

Figure 12: GP escalation levels, percentage, Cardiff & Vale, 11 Mar 2020 to 11Jul 2021[3]



Source: Produced by Public Health Wales Observatory, using COVID-19 data hub (DHCW)

The extent to which increased acute pressures will have impacted on practice staff capacity to deliver their full range of primary prevention roles is difficult to quantify in the short term. General Practice plays a central

role in cervical screening, for example, and a description of the impact of the All Wales decision to pause population screening programmes in the first wave of the pandemic is detailed further in chapter 3.

Public Health England has identified a resurgence in Human Immunodeficiency Virus (HIV), Sexually Transmitted Infections (STI) and hepatitis tests and diagnoses, and an increase in hepatitis C virus (HCV) treatment initiations, from June 2020, following the easing of national lockdown restrictions[12]. This may reflect a partial recovery in service provision and demand and they note a critical need to evaluate the impact of these changes on health inequalities, as HCV, HIV and many STIs predominantly affect socially disadvantaged and/or marginalised groups who already experience poor health outcomes, including people who inject drugs and experience homelessness, and certain Black and Asian ethnic minorities.

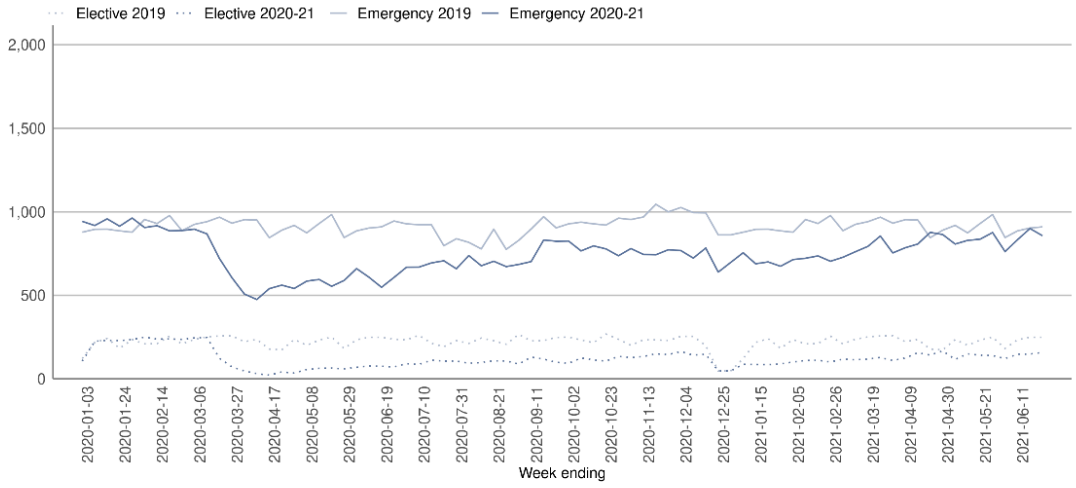
A study in Canada estimated that type 2 diabetes screening decreased by 4.5% in one region between March to November 2020, anticipating delayed diagnoses, increased mortality, and increased health care costs as a result[13]. Given Cardiff and Vale region has one of the most ethnically diverse populations in Wales[14], and the prevalence of type 2 diabetes is approximately three to five times higher in ethnic minority communities than in the white British population[15], the likely impact of failing to diagnose type diabetes locally demonstrates a need for urgent proactive remedial action focussed on our ethnic minority communities.

B. HOSPITAL ADMISSIONS BY WEEK, COMPARING 2020-2021 WITH 2019

After week ending 6 March 2020, a significant fall was recorded in 2020 emergency admissions across the Welsh NHS, but they have steadily increased since that time (to 11 June 2021). A similar trend is reflected in elective admissions, and while the numbers and rates were lower than emergency admissions, the falls in elective admissions were greater, proportionally, than the falls in emergency admissions. The apparent gap in elective admissions in particular during the pandemic is likely to demonstrate increasing levels of unmet need. Figure 13 shows Cardiff and Vale UHB elective and emergency admission rates from March 2020 to June 2021 compared to 2019. Current data suggest that Cardiff and Vale UHB emergency admissions levels in June 2021 were returning to levels comparable to those of June 2019, whilst a gap remains for elective admissions.

A similar pattern exists in Emergency and Outpatient Department Attendances both at All Wales and local levels.

Figure 13: Weekly hospital admissions, count, persons, all ages, Cardiff and Vale, 2020-21 compared to 2019*[3]

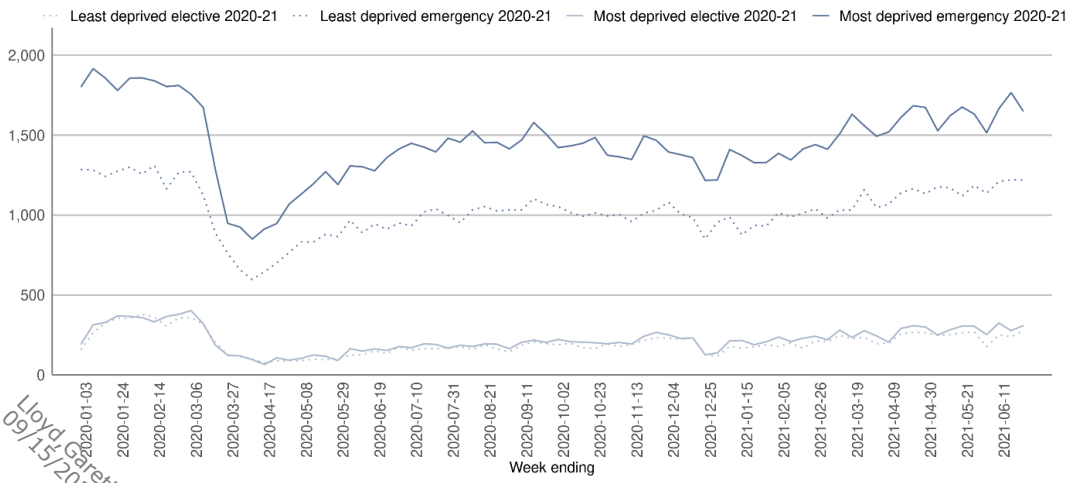


*Week 53 in 2019 has been created (by duplicating week 52 data - week ending 27/12/2019) for the purpose of comparison to 2020 data.

Source: Produced by Public Health Wales Observatory, using PEDW (DHCW), MYE (ONS)

Characteristics of this unmet need are revealed further in figure 14, which shows clearly a higher rate of in-patient hospital emergency admissions in people from the most deprived compared to the least deprived fifth at an All Wales level, but no apparent difference for elective admissions. There is no evidence to suggest that these patterns are not replicated at a Cardiff and Vale UHB level. These data suggest evidence for the 'inverse care law' whereby people from deprived areas may not seek help until later as an emergency, when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time[16].

Figure 14: Weekly impatient hospital admissions, count, persons, all ages, Least & most deprived, Wales, 2020-21[3]



*Week 53 in 2019 has been created (by duplicating week 52 data - week ending 27/12/2019) for the purpose of comparison to 2020 data.

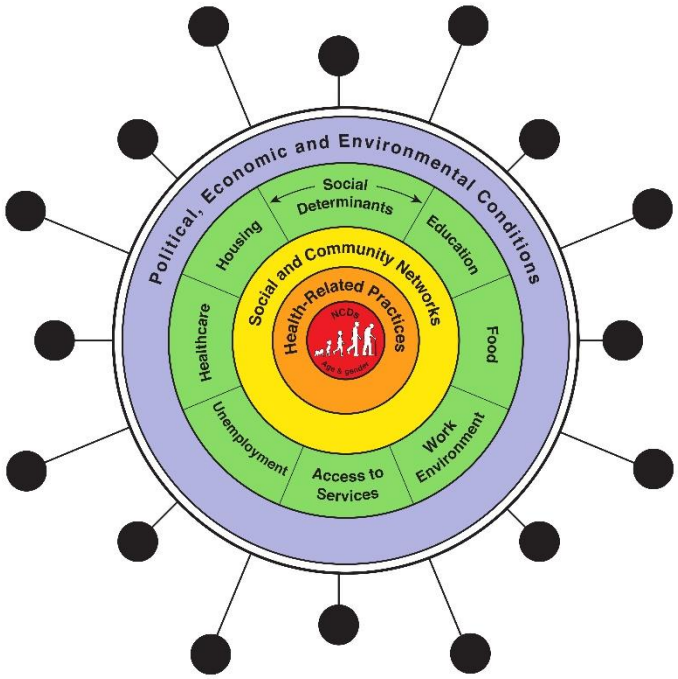
Source: Produced by Public Health Wales Observatory, using PEDW (DHCW), MYE (ONS) & WIMD 2019 (WG)

3. WIDER SOCIAL DETERMINANTS

Social inequalities in risk factors account for more than half of inequalities in the major Non-communicable Disease (NCD), especially for cardiovascular diseases and lung cancer[17]. Similarly, but contrary to commonly held belief, communicable disease pandemics are not the "great leveller", but are also experienced unequally, with higher rates of infection and mortality among the most disadvantaged communities[18].

Borrowing Singer's term 'syndemic', research suggests that the interplay between non-communicable and infectious disease have contributed to the impactful nature of COVID-19 pandemic of 2020/21[18]. A syndemic exists when risk factors or comorbidities are intertwined, interactive and cumulative—adversely exacerbating the disease burden and additively increasing its negative effects (figure 15). It is argued that for the most disadvantaged communities, COVID-19 is experienced as a syndemic—a co-occurring, synergistic pandemic that interacts with and exacerbates their existing NCDs and social conditions.

Figure 15: The syndemic of COVID-19, non-communicable diseases and the social determinants of health[18]



Source: Adapted from Singer and Dahlgren and Whitehead

Two key areas can illustrate the complexity of interactions between the COVID-19 and wider health determinants: employment and housing.

A. EMPLOYMENT – YOUR OCCUPATION, IF YOU CONTINUED WORKING – AND YOUR SUBSEQUENT LOSS OF INCOME

Understanding workers' role in the pandemic shines a light on the differential experience of different groups. For example, occupation plays a role - employees whose work is critical to the coronavirus response, and who often continued face-to-face work during lockdowns, are classed as critical workers in Wales[‡]. Critical workers are more likely to be women, and the available data indicates that more than half of employees of Bangladeshi ethnicity are critical workers, and half of Black, African, Caribbean and Black British employees are critical workers[19]. As a critical worker, being unable to work from home would mean being more exposed to the circulating virus and infection risk. Furthermore, it has been shown that shift work is associated with a higher likelihood of being admitted to hospital with confirmed COVID-19[20].

Approximately three quarters of adults, aged between 16-64 years are employed (Cardiff 74.5% and Vale of Glamorgan 74.4%[21]). Levels of employment in Wales, in line with UK, showed a slight decline over the course of the pandemic, gradually falling from 74.6% in May 2020 to 72.1% in August 2020. There was little change until January 2021 but the rate has been increasing to March 2021[3]. The Welsh rates are different for males and females; in March 2021, the unemployment rate for males was 5.8% (UK 4.9%) and for females, the unemployment rate was 2.6% (UK 4.5%).

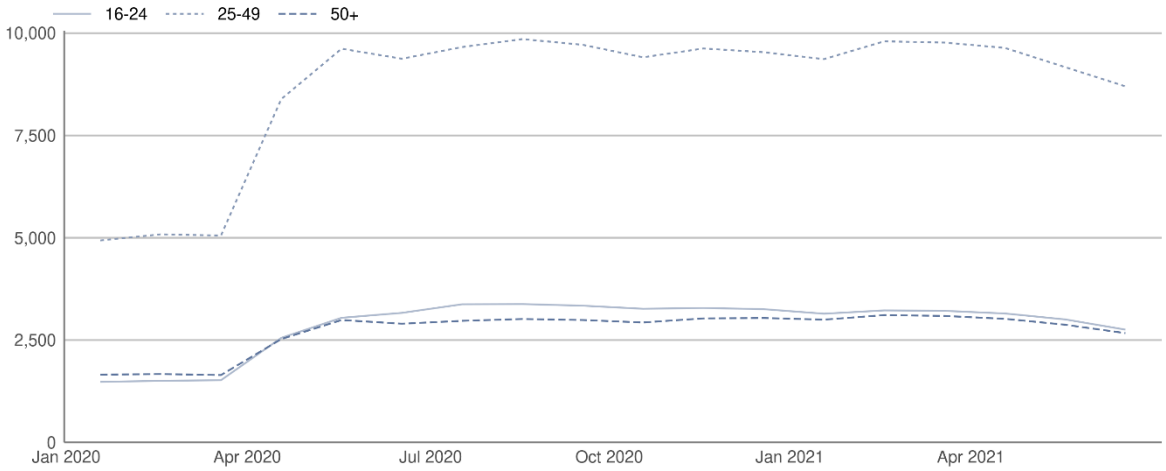
Around 230,000 people in Wales were employed in industries that were told to close after the initial COVID-19 outbreak, representing around 16% of the total workforce[22]. Employees in those industries are more likely to be women, young and from a minority ethnic background. Furthermore, a higher proportion of employed disabled people (Equality Act 2010 definition) work in industries told to close (16.6% compared to 14.7% of non-disabled employees). Although it is highly likely that most businesses will have closed at least initially, some will have changed their business models to continue to operate (e.g. selling takeaway food instead of operating as a restaurant) so the long term impact of these differential experiences as we enter the third wave are not yet clear.

All Welsh local authorities generally follow the same pattern of a sharp increase in Universal Credit and Job Seekers Allowance during April/May 2020, with a stabilisation, and then latterly a slight fall, as illustrated in figure 16 for broad age bands within Cardiff. In parallel with the rest of Wales, the number of claimants locally has not yet returned to pre-pandemic levels; in June 2021, across all age groups, the claimant count in Cardiff

[‡] This includes health and social care workers, teachers, people working in supermarkets and many more occupations. The Welsh Government provides guidance on the types of work that fall within the definition of critical workers who are eligible for access to childcare provision. A wider definition is used for COVID-19 testing purposes.

was 67% higher than the March 2020 level, and in Vale of Glamorgan, it was 76% higher than the March 2020 level.

Figure 16: Universal Credit and Job Seekers Allowance claimants*, count, persons aged 16+, Cardiff, Jan 2020 to June 2021



* All data are rounded to the nearest 5 and may not sum precisely to total figures

Source: Produced by Public Health Wales Observatory, using claimant count data (ONS)

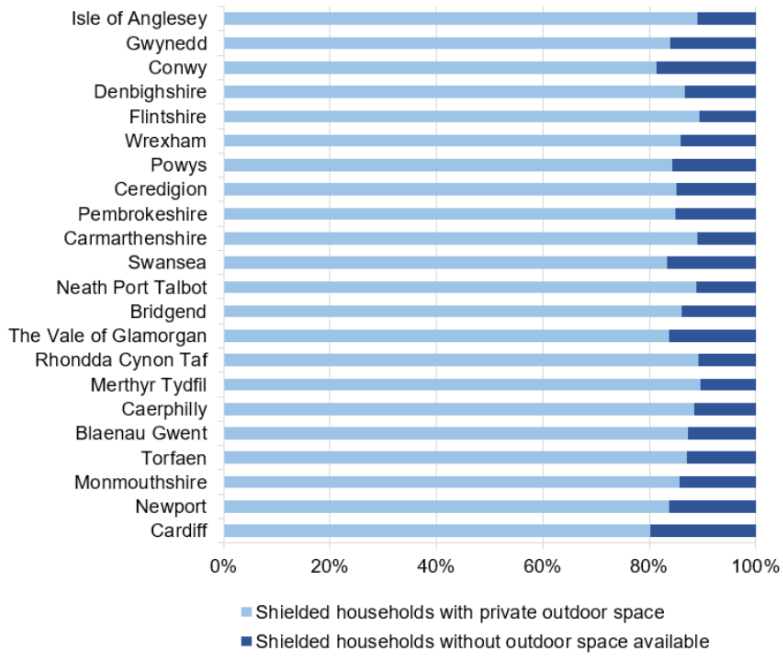
3,385 young people aged 16-24 year olds (of which 64% were male) were claiming Universal Credit and Job Seeker's Allowance between January – May 2021 across Cardiff and Vale of Glamorgan. These data do not reflect the period of the phasing out of the furlough scheme across the UK, which began in July 2021 and will be completed by the end of September 2021. Given the numbers of young people claiming Universal Credit and Job Seekers Allowance locally and the clear evidence of the links between poverty and longer term adverse health outcomes[23], this pattern is a cause for concern, particularly if it becomes sustained.

HOUSING – WHERE YOU LIVE, YOUR ENVIRONMENT, WHO YOU LIVE WITH

Overcrowded living conditions and poor-quality housing are associated with higher risks of mortality from COVID-19 and these are more likely to be located in deprived areas and experienced by people with lower incomes[24]. Furthermore, marginalised communities, such as people who are homeless, are more vulnerable to infection even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression[25]. Although further research is required to fully understand this, it is likely that these factors have contributed in part to the higher mortality risk seen in many ethnic minority groups when compared to the white population[24].

The mental health impacts of COVID-19 are discussed in more detail in chapter 2 but, of relevance to residency, research has shown there were significant associations between access to residential outside space and well-being. People with access to shared outside space or no outside space are more psychologically distressed compared to people with private outside space[26]. At an All Wales level, six in seven households with a shielded person resident had access to a private outdoor space during the first lockdown (85.8%). (The term 'shielded households' includes at least one member who is clinically extremely vulnerable to developing serious illness if they are exposed to coronavirus because they have a particular serious underlying health condition). In a 2020 survey, one in five of households with at least one clinically extremely vulnerable resident in Cardiff did not have access to a private outdoor place (figure 17). Both Cardiff and Vale of Glamorgan had lower rates than the Welsh average for shielded households having access to a private outdoor place (Vale of Glamorgan 83.8%; Cardiff 80.1%), but Cardiff had the lowest percentage across Wales. Although shielding in Wales was paused on 31 March 2021, these individuals continue to be advised to take extra precautions to keep themselves safe from coronavirus.

Figure 17: Shielded households with access to private outdoor spaces in Wales, June 2020[27]



Source: Welsh Government, 2020. Ordinance Survey green spaces data and NWIS Shielded Patient List data

Taking into account the syndemic nature of the current COVID-19 pandemic - the complexity of interactions between COVID-19 and the wider social determinants – there are opportunities to build upon excellent partnership working in Cardiff and Vale of Glamorgan during the pandemic to further address the direct and indirect harms caused by the pandemic. For example, preventing further coronavirus transmission from a confirmed case does not merely require the passing on of instructions about isolating. A fully multi-agency approach is required. Partners need to continue to engage with groups more at risk of infection, to understand

their barriers to isolation (and, potentially to vaccination), to build trust in the systems from their perspective and to focus on how the system can support them through this period and beyond, whilst increasing opportunities for building their resilience.

SUMMARY

- The COVID-19 pandemic has had, and continues to have, a direct and differential impact on communities within the Cardiff and Vale UHB area, evidenced by 'long-COVID' and premature mortality rates. Poorer outcomes are associated with underlying health conditions and disability, levels of deprivation, housing conditions, occupation, income and being from an ethnic minority community
- As well as the obvious direct impacts, the pandemic has had substantial indirect impacts on health services in Cardiff and Vale UHB (in line with the rest of Wales) which has limited access to prevention, diagnosis, treatment, and rehabilitation, and has been compounded by disruption to hospital admissions, primary care and community services. Evidence is emerging not only that this disruption follows a socio-economic gradient but that long term impacts will be felt for years to come
- As a syndemic - a co-occurring, synergistic pandemic that interacts with and exacerbates their existing Non Communicable Diseases and social conditions - the long term health and well-being consequences of the COVID-19 economic crisis are likely to be similarly unequally distributed - exacerbating heath inequalities for individuals from poorer and disadvantaged backgrounds, ethnic minority groups and deprived communities

RECOMMENDATIONS

SHORT TERM

- Continue to improve ways to facilitate those who are hesitant in taking up their offer of COVID-19 vaccination to do so, including the autumn booster campaign
- Clearly communicate the support available for those who need to isolate. This important because of the additional burden this can impose on more disadvantaged groups
- Ensure equitable access to 'long-COVID' support and care, including for children
- Ensure that all partners take account of inequities when planning their recovery strategies e.g. robust processes should be in place to ensure clinical prioritisation of elective procedures; and access to treatment should be prioritised by clinical need rather than by length of wait
- Ensure that primary care has sufficient resourcing and support in the recovery period, particularly for Winter 2021/22

LONGER TERM

- Building on existing engagement plans, co-develop with communities and organisations a comprehensive communication and engagement programme to identify and implement acceptable, feasible and effective mitigation measures to reduce transmission of COVID-19 and other infections
- Use emerging evidence on the effective control of COVID-19 in hospitals and other health and social care settings to inform the next generation of buildings, and to enable renovations of existing spaces to make them respiratory-infection safe
- Partners should advocate Welsh Government to support the global vaccination programmes needed to control the pandemic, reduce the risk of the emergence of new variants, and reduce the need for travel restrictions

Chapter 2: Children and young people: Striving to support a generation's emotional well-being and mental health.

This chapter focusses on the emotional well-being and mental health of our children and young people, again identifying the impacts of the pandemic; some are positive, but many are negative. Recommendations are made for partner organisations with the aim of building supportive environments during recovery and providing accessible help and care for those who need it.

WHY THIS IS IMPORTANT

> **"Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life."**[28]

Our early years are the most formative in our lives in terms of our emotional and mental health, determining our future well-being. We do not all start on a level playing field. Studies show that having adverse childhood experiences (ACEs) leads to lower well-being in adulthood. For example, having four or more ACEs means that your likelihood of having low mental well-being is almost five times greater than if you have zero ACEs. The greater the number of ACEs[29], the greater the likelihood of lower well-being in adulthood.

Pre-pandemic, children and young people had already started from different places in terms of their well-being. Cardiff and Vale of Glamorgan School Health Research Network (SHRN) data (from young people aged 11 to 16, sampled between September and December 2019) showed that males were most resilient across most well-being indicators as compared to females, who in turn were more resilient than those who described themselves as neither male nor female[30] (table 1).

Whilst Cardiff and Vale of Glamorgan children aged 11 to 16 had the highest life satisfaction of all Health Boards in Wales in 2019 (alongside Swansea Bay), with 82% rating their life satisfaction as 6 or above[30]; this still means that 18% or 1 in 5 reported that they do not have good life satisfaction.

In terms of socio-economic deprivation, national all-Wales SHRN data showed that those aged 11 to 16 with lower Family Affluence Scores (FAS) (lower affluence), also had the lowest life satisfaction scores (71% rated their life satisfaction as 6 or above); whereas those with the highest FAS (highest affluence) had the highest life satisfaction scores (86% rated their life satisfaction as 6 or above)[30]. In Cardiff and Vale of Glamorgan, the lower affluence group had a lower percentage than national average (68%) who rated their life satisfaction as

6 or above; whereas for higher affluence groups this was higher at 87%[31]. Therefore, the gap between high and low affluence life satisfaction was greater in Cardiff and Vale of Glamorgan (19%), as compared to the national average (15%). These figures are based on responses from 15,913 11 to 16 year olds from 25 schools in Cardiff and Vale of Glamorgan.

Table 1: SHRN responses by Gender, Cardiff and Vale of Glamorgan, 2019[30]

	% who rated their life satisfaction as 6 or above*	Mean Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**	% who felt lonely at least some of the time during last summer holidays	Mean loneliness score***
C&V average	82	24	29	5
Male	87	25	21	4
Female	78	23	35	5
Neither word describes me	47 [40,55]	19 [18,20]	64 [56,71]	6 [6,7]
Welsh average	81	24	31	5
Male	86	25	24	4
Female	77	23	38	5
Neither word describes me	48	19	61	6

Source: School Health Research Network (SHRN)

***** *The life satisfaction scale ranges from 0 (worst possible life) to 10 (best possible life)*

*** SWEMWBS scores range from a low of 7 to a high of 35, where higher scores reflect more positive mental well-being*

**** UCLA 3-item loneliness scale scores range from 3 (less frequent loneliness) to 9 (more frequent loneliness)*

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

The COVID-19 pandemic has had a noticeable impact on our children and young people, and their families. Whilst the risk to children and young people of contracting COVID-19 and having a serious consequence is low, the impact on their emotional and mental health due to the COVID-19 restrictions and school closures has been high. This section explores children's feelings during the pandemic, their families' experiences, the impact of social networks, the impact of educational settings as a setting of support, and community and clinical support.

A. CHILDREN'S FEELINGS DURING THE PANDEMIC

From a Welsh perspective, the Children's Commissioner for Wales ran an online survey for those aged between 3 and 18, for 2 weeks in May 2020. The findings culminated in the report 'Coronavirus and Me'[32]. Overall,

there were over 23,700 responses and the results were mainly analysed at an all-Wales level. Table 2 outlines how respondents felt during the COVID-19 pandemic.

Table 2: How have you been feeling during the Coronavirus Crisis? Wales – level results, May 2020[32]

	Most of the time		Some of the time		Not very often	
Age	**7-11**	**12-18**	**7-11**	**12-18**	**7-11**	**12-18**
Happy %	66	50	29	40	5	10
Worried %	10	14	37	41	53	44
Sad %	7	16	35	41	59	43
Safe %	90	78	8	18	1	4

Source: Children's Commissioner for Wales Survey

Looking at the results, secondary school children were less happy, worried more, were sadder, and felt less safe than primary school children. Of concern, 4% of 12-18 year olds did not feel safe very often.

The Children's Commissioner for Wales asked the same online survey question 'how have you been feeling during the Coronavirus crisis?' over 9 days in January 2021. Over 19,700 children and young people aged 3-18 in Wales respondents and the results are shown in table 3[33].

Table 3: How have you been feeling during the Coronavirus Crisis? Wales – level results, January 2021[33]

	Most of the time		Some of the time		Not very often	
Age	**7-11**	**12-18**	**7-11**	**12-18**	**7-11**	**12-18**
Happy %	59	39	34	44	7	17
Worried %	11	20	39	43	50	37
Sad %	8	22	41	45	51	33
Safe %	86	70	12	24	2	6
Lonely %	14	28	35	38	51	34

Source: Children's Commissioner for Wales Survey

What is noticeable is that again, secondary school children appear to feel worse across all categories, as compared to primary school children. It is also striking that respondents' results were much more negative than the May 2020 survey. This is a potential indication that as the duration of the pandemic increased, children and young people in Wales tended to feel less happy, worry more, felt sadder and less safe. The factor that had the biggest impact on how the children and young people felt was not being able to see friends during the COVID-19 pandemic (71% of 12-18 year olds cited this as their main reason)[33].

A proportion of children and young people experienced increased stress during the pandemic, affecting their emotional well-being. This translated into health-harming behaviour for some, which might include substance misuse[34]. Children who are high risk or very high risk of emotional or behavioural problems (based on Strengths and Difficulties Questionnaire (SDQ) scores[§]), became even more so after the first lockdown. In a UK study, this increased from 61% to 68% with high or very high SDQ scores. Unemployed young people or those not in education or training also had poorer well-being scores.

In Wales in January 2021, children and young people (aged 7 to 18) who were disabled were more likely to feel sad 'most of the time' (23%), as compared to their non-disabled peers (15%)[33]; they were also more likely to feel lonely 'most of the time' (41% versus 21%). Children from ethnic minority backgrounds in Wales aged 12-18 were more likely to feel lonely 'most of the time' (34%), as compared to their white peers (28%). Furthermore, the same cohort were less likely to feel safe 'most of the time' (63%) as compared to 71% of their white peers.

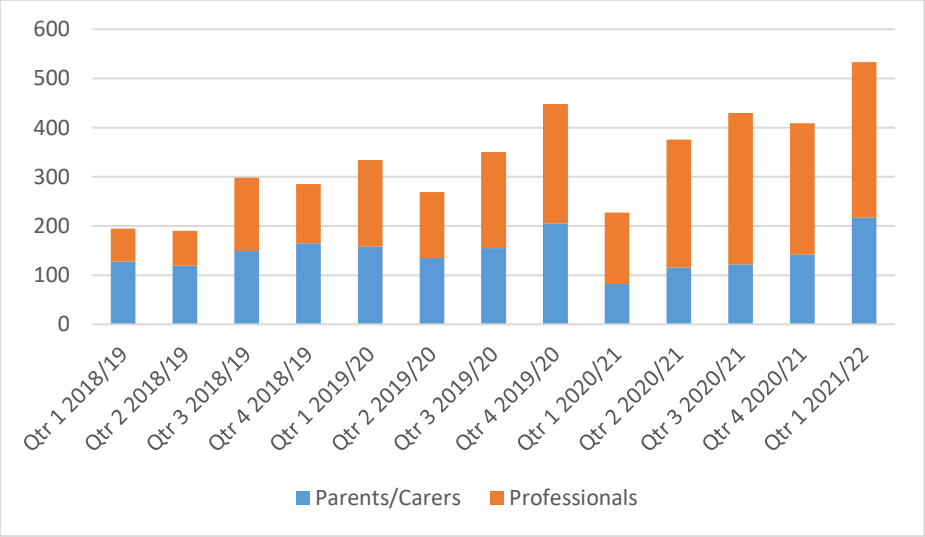
B. FAMILY EXPERIENCE DURING THE PANDEMIC

A UK online survey conducted by Ipsos Mori in October 2020 with 1,000 parents of 0-5 year olds, found that most parents (63%) reported that they have been able to spend more quality time with their child over the period of the COVID-19 pandemic to date[35]. The vast majority of these parents (83%) say that they are likely to continue to spend more quality time with their child in the future. In contrast, this positive experience was not universal. Parents who experienced financial difficulties during lockdown or who did not live with a partner were more likely to say that they spent less quality time with their child since the start of lockdown (13% and 16% respectively, compared with 9% average). International research, from a variety of countries concluded that the mental well-being of children whose parents struggled with the pandemic was lower than those children whose parents did not struggle[34]. Parental stress for those with babies increased; this was particularly pronounced in young parents and those from lower socio-economic groups. Some UK helplines experienced an increase in calls following lockdown, as compared to pre-pandemic levels; for example the National Society for the Prevention of Cruelty to Children (NSPCC) experienced a 32% increase in calls[34]. This research also found that parental sense of control has a large impact on the well-being of their children. Children were more resilient in their well-being if their parents had the skills to know how to communicate with them, or the parents had financial and mental health support.

[§] SDQ scores provide a total difficulty score (between 0-40), and a further breakdown of these results into four areas (emotional distress, behavioural difficulties, hyperactivity and attention difficulties and difficulties getting along with other children). Higher scores predict that a young person is under emotional strain.

Parental support is therefore key to positive emotional and mental outcomes for their children. Parenting skills courses are offered to those in need across Cardiff and the Vale of Glamorgan. In the Vale of Glamorgan, the Families First Advice Line noted that during 2020/21 the top issue for their calls was child emotional and mental health (28% of a snapshot of 254 cases that year). When lockdown was introduced, calls from parents and carers reduced; however, as the months passed, calls from professionals have increased (figure 18).

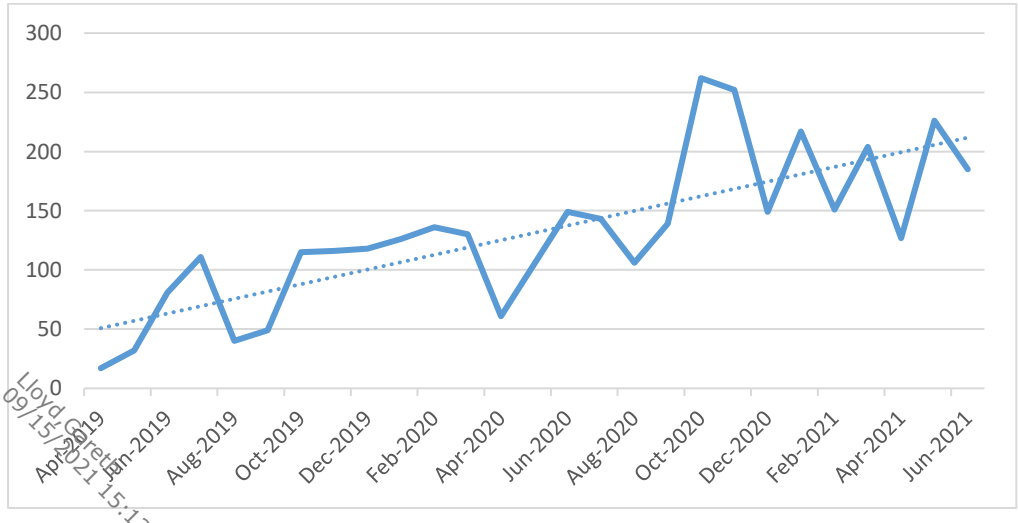
Figure 18: Number of calls by professionals and parents/carers to FFAL, Vale of Glamorgan – April 2018 to June 2021



Source: Vale of Glamorgan Council

Of particular note in Cardiff, family help referrals have increased by 81% over the last year (2020/21) compared to 2019/20 (figure 19). In addition, the complexity of cases in Cardiff has increased with most families now requiring the full 12 week follow up.

Figure 19: Family help referrals (April 2019 to June 2021), Cardiff



Source: Cardiff Council

C. THE IMPACT OF SOCIAL NETWORKS

The impact of social networks on the emotional and mental health of children and young people is a mixed picture. Based on children and young people's feedback to the Children's Commissioner for Wales' survey, the top concern for children was missing their friends, with 71% of 12 to 18 year olds citing this in January 2021[33]. Internationally, many children also reported loss of social support from friends and school[34]. However, others noted some positive aspects of the COVID-19 restrictions, such as spending more time with family and less peer pressure. Furthermore, some international studies discovered that relief from bullying was a positive outcome of home schooling. When asked by the Children's Commissioner, the majority of 12 to 18 year olds would be confident to ask for help with their emotional or mental health from their friends or family (81% stated 'yes'), the only source of support that had greater than 50% stating 'yes'[33]. This highlights the importance of friends and family for support in uncertain times.

D. THE IMPACT OF EDUCATIONAL SETTINGS ON SUPPORT

In terms of early years' settings, Swansea University and Children in Wales launched a survey at the end of 2020 to develop a better understanding of the impact of the COVID-19 pandemic on Early Childhood Education and Care (ECEC) provision. This showed that 11% of these settings across Wales have had to close due to a confirmed COVID-19 case in children or staff, causing disruption to the lives of children, families and staff. Thirty seven percent of settings have struggled to stay viable during the pandemic[36]. For older children and young people, the Children's Commissioner for Wales reported that school or college closing was the third top change that had the biggest impact on young people aged 12 to 18, with 46% stating this[33].

International research demonstrated that increased social isolation and loneliness was experienced by young people due to lack of attendance at school[34]. School/education closure has increased worry for children regarding educational attainment and support from friends and staff members, as well as reduced access to counselling and safeguarding services. Virtual learning also put strain on children. School closures particularly affected those who were already disadvantaged and dependent on schools for free school meals.

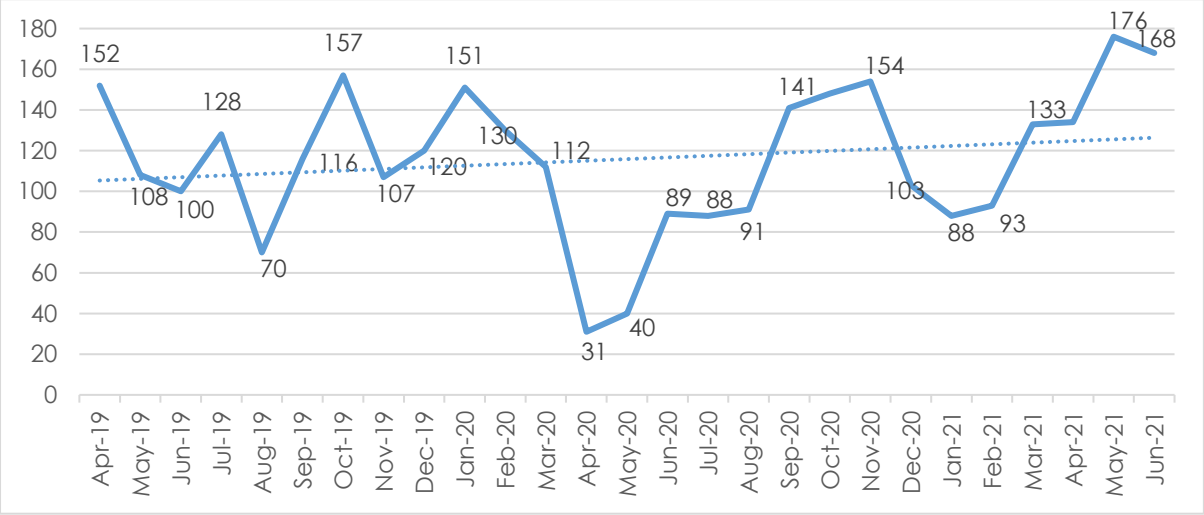
In Wales, digital inclusion was an issue before, and the COVID-19 pandemic has compounded it, with some households experiencing 'data poverty' where they either cannot afford the technology or ongoing costs of broadband/data or there is low connectivity due to poor reception[37]. This can lead to difficulty accessing online learning.

E. THE IMPACT OF COMMUNITY AND CLINICAL SERVICES ON SUPPORT

Community support services for children and young people, such as group activities, youth clubs and sport centres were closed during lockdown, and therefore reduced the social support that was available.

In terms of clinical support services, referrals into specialist Child and Adolescent Mental Health Services (CAMHS) took a dip as lockdown was introduced. Once schools reopened in September 2020, referrals into the service increased by 108%, with more complex presentations of children and young people, and with higher risk of suicide or self-harm (figure 20).

Figure 20: Specialist CAMHS referrals from April 2019 to June 2021



Source: Cardiff and Vale UHB

HOW WE ARE ADDRESSING THE EMOTIONAL AND MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE

There is a substantial amount of partnership working both regionally and nationally in Wales to enhance and support the emotional and mental health of children and young people. The voice of children and young people is paramount, and is part of Cardiff's Child Friendly City approach and the Vale of Glamorgan's Public Services Board organisations' adoption of the United Nations Convention of the Rights of the Child. Further engagement of children and young people in well-being service development will be our future ambition.

In March 2021, Welsh Government launched their 'Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being', which recognised the importance of schools in the mental well-being of children[38]. In Cardiff and Vale UHB, an implementation lead is working with schools to complete an assessment of their activities and processes in place to promote good mental health in pupils and staff. This

assessment tool will be piloted across 12 schools in September 2021, with a view to evaluation in the forthcoming months. Key learning will be shared with schools in order to develop future practice.

Formal emotional and mental health support services for children and young people in Cardiff and Vale of Glamorgan are provided through a variety of different mechanisms and organisations. The ability to text, phone, video call or have face to face support is being provided through Cardiff and Vale UHB, both local authorities and the third sector. The Regional Partnership Board (RPB), Starting Well Sub-group's vision is to have a fully integrated model of care to support the emotional and mental health of children and young people.

The 'Nurturing, Empowering, Safe, Trusted' (NEST) Framework was devised through extensive work with young people, parents, carers and staff from a range of school and children's services across Wales, and launched in May 2021. It is a planning tool for RPBs to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales[39]. NEST uses the 'No Wrong Door'[40], approach and puts the child or young person at the centre, using the system to build a 'nest' of support around them, with the services they need shifting to meet their needs. In Cardiff and the Vale of Glamorgan, a self-assessment of NEST/No Wrong Door is underway through the Starting Well sub-group of the RPB, to be completed by 31 August 2021.

SUMMARY

- Supporting the emotional well-being and mental health of children and young people is a key priority, with the early years in particular being a crucial period of development, and ACEs having a detrimental effect on adult mental health
- Poor life satisfaction is relatively common in children and young people - 1 in 5 young people reported poor life satisfaction prior to the pandemic in Cardiff and Vale of Glamorgan. Poor life satisfaction was more common in those who were female, describe themselves as neither male nor female, or were experiencing deprivation. These inequalities in well-being have been exacerbated in the last year, particularly for children from ethnic minority backgrounds, those who are disabled and those from disadvantaged backgrounds in Wales
- Although lockdown has been a positive experience for some because of increased time with family and respite from social pressures, there is growing evidence that the cumulative effects of school closures, move to online learning and social isolation, as well as concerns about COVID-19 have had a negative

effect on the emotional and mental health of our children and young people. Lockdown also increased exposure to childhood adversity for some

- The pandemic has led to increased demand and complexity for mental health services and crisis intervention for children and young people locally
- A whole system approach is needed to support their emotional health and mental well-being, using children and young people's voices, and including specialist services for those who need them. The education sector is well placed to offer significant elements of this, but all local and national partners can play their part, with a focus on preventative measures such as building resilience and adopting behaviours that maintain and improve emotional and mental well-being, with the aim of helping children and young people to live happier and healthier lives

RECOMMENDATIONS

- Use the voice of children and young people in the NHS, local authority and third sector to design services.
- Embed family support needs where children and young people are currently experiencing inequities due to the COVID-19 pandemic; for example ethnic minority groups, those who are less affluent and those with a child who is disabled
- Partners in education and health need to draw on the learning from the 'whole school approach to mental health' pilot, so as to adopt the recommendations in education settings to further enhance support for our children and young people
- All local partners that provide emotional and mental health support to children and young people need to adopt the NEST/No Wrong Door approach in order to develop an integrated system of support for our children and young people, as an upstream well-being model of recovery, and not a medical model
- For more complex cases, multi-professional teams are needed that support both parents and children on the road to improved mental well-being outcomes, with reduced risk of suicide or self-harm

Chapter 3 – Amplifying Prevention

This chapter identifies actions that can begin immediately, which will start to address the inequities made worse by the pandemic. Four topics are highlighted for focused attention, namely childhood immunisation, screening, 'Move More, Eat Well', and air quality.

CHILDHOOD IMMUNISATION

WHY THIS IS IMPORTANT

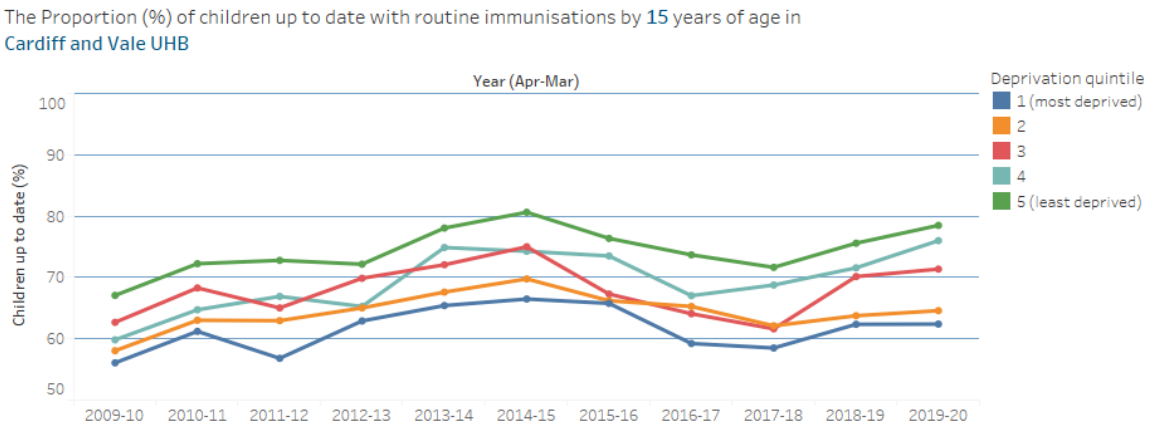
Vaccines are a safe and important way to protect children and young people from infectious diseases. By vaccinating our youngest population and creating herd immunity, we are not only protecting children from serious diseases but also helping to protect families and the wider community who cannot have vaccines. Building herd immunity means that a large proportion of the community or population becomes immune to a disease (either through vaccination or previous infection), making the spread from person to person unlikely. As a result, the whole community is protected – including those who may not be able to get vaccinated, for example due to their age or co-morbidities. Vaccinations prevent up to three million deaths worldwide every year, and since introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have either been eradicated or are seen extremely rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9%. If people stop having vaccines, or if coverage of vaccines falls to below target levels, it is possible for infectious diseases like these to quickly spread again.

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Between 2019 and 2020, (i.e. prior to the pandemic), there was variation in the uptake of childhood immunisation in Wales by Health Board and Local Authority[41]. Although uptake of scheduled immunisation in the youngest children in Cardiff and Vale UHB is high (above 90% for children aged 1 year of age), the proportion of children and young people in Cardiff and the Vale of Glamorgan who are up to date with scheduled vaccinations at ages 1, 2, 4, and 15 is the lowest across Health Boards in Wales, and below the target of 95%. There is also variation between Local Authority areas and between areas of socioeconomic deprivation. Across all age groups in Cardiff and Vale, there is an association between children living in more socio-economically deprived areas and lower vaccination uptake. A greater proportion of children living in the least deprived groups are up to date with their vaccination schedules, whereas uptake is lower in the most deprived groups (figure 21). Socioeconomic inequities in immunisation coverage in Cardiff and Vale UHB continue to be smallest in the youngest children, with the gap widening as scheduled immunisation age increases; for example, the inequity gap in coverage for children aged fifteen years in 2019-20 in Cardiff and Vale UHB was 16.1%. A large number of factors are likely to affect uptake of immunisations. Previously

published studies from other countries report that ethnic group and religious group, family mobility, family size, child age, socioeconomic status, geography and rurality as well as service delivery method can all influence the likelihood of children receiving routine immunisations.

Figure 21: Proportion of children up to date with routine immunisations by 1, 2, 4 and 15 years of age[41]



Source: Vaccine Preventable Disease Programme (VPDP) and Communicable Disease Surveillance Centre (CDSC): Inequalities in Uptake of Childhood Immunisations 2019-20

The vast majority of the childhood immunisation programmes in Wales have continued as an essential service during the coronavirus pandemic. Appropriate assurance to parents, carers, children and young people, and infection prevention and control measures were put in place by Primary Care practices where most scheduled vaccinations are delivered. The school-delivered human papillomavirus (HPV) immunisation programme and opportunistic mumps, measles and rubella (MMR) catch up sessions for teenage children were suspended after the closure of schools on 20th March 2020. Catch up sessions for HPV were arranged by the school nursing service once schools reopened, and the service is currently working to ensure that as many young people as possible are protected so that no one is left behind.

Monthly enhanced immunisation reports provided by the Public Health Wales Vaccine Preventable Disease Programme have been used to monitor the impact of COVID-19 on uptake of routine childhood immunisations across Wales[42]. Data suggests that the pandemic has had a both a direct and indirect impact upon the timeliness of vaccination uptake in young children and infants. There has been a notable impact on the 4 in 1 vaccination due at 3 years and 4 months of age in Cardiff and the Vale of Glamorgan. Across Wales, 75% of children due their 4 in 1 vaccine from 01/07/2019 to 30/06/2021 received their 4 in 1 vaccine within 3 months after it was due. In Cardiff and Vale, uptake of the 4 in 1 within 3 months of due date was lower than the Welsh average with 69.7% uptake in Cardiff and 82.6% in the Vale of Glamorgan. Uptake ranged by Primary Care Cluster from 53.6% in City and Cardiff South to 90% in Eastern Vale. Timeliness of vaccinations tends to decrease over the winter period whilst GP practices are prioritising influenza vaccination sessions. Practices have also been participating in the delivery of the COVID-19 vaccine since January. The impact of this extra workload on general practices in combination with COVID-19 restrictions may result in further decreases in timeliness. Uptake will be monitored closely to ensure children are caught up over the subsequent months and are protected against vaccine preventable disease.

SUMMARY

- Long-term trends in childhood vaccination uptake in Cardiff and Vale UHB remain fairly static with uptake consistently below 95% across the majority of scheduled immunisations
- Inequities in immunisation coverage during 2019 to 2020 remain across all age groups, with the gap widening as scheduled immunisation age increases
- The COVID-19 pandemic has impacted upon the timeliness of vaccination, particularly amongst pre-school aged children, and children of secondary school-age who would have received their HPV vaccination as part of the school-based immunisation programme
- There are some signs of recovery from data recently published showing uptake in the latest quarter has improved in some areas, but there is work to do to ensure that children receive their scheduled vaccinations at the appropriate time to ensure that individuals, families and communities are fully protected against vaccine preventable diseases

RECOMMENDATIONS

- With partners, target interventions with parents, children and young people to explore their views about immunisation, access to appointments and reasons for vaccine hesitancy
- With local authorities, drive forward increased uptake within communities, by increasing access to vaccinations within community-based settings (e.g. Well-being Hubs, cluster clinics) and reach (e.g. provide information to pre-school employees and encourage them to prompt those with unknown or incomplete vaccination history on entry to pre-school settings)
- Work with Primary Care Practices and Primary Care Clusters to provide evidence based recommendations to increase uptake and reduce inequities across socioeconomic groups.
- Find ways to improve how Primary Care practices notify unscheduled immunisations to the Child Health system in a timely manner
- Ensure that healthcare professionals have the information they need to engage with parents around vaccination e.g. uptake data, immunisation updates, signposting to pertinent resources
- Make improvements and efficiencies to how consent is obtained from children and young people and their parents/guardians for vaccinations undertaken in school settings
- Support the routine immunisation programme with a range of revised communications campaigns

SCREENING

WHY THIS IS IMPORTANT

The world-leading national NHS screening programmes save lives improves health and enables choice. For example, every year across the UK around:

- 5,000 deaths are prevented by cervical screening[43]
- 2,400 bowel cancer deaths are avoided through screening[44] and
- breast screening prevents 1,300 women dying of breast cancer[45]

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Public Health Wales Screening Division manages the eight national population based screening programmes, delivered in partnership with Health Boards. Following the Welsh Government's announcement on 13 March 2020 of plans to suspend non-urgent outpatient appointments and non-urgent surgical admissions and procedures in order to redirect staff and resources to support the response to COVID-19, the breast, bowel, cervical, diabetic eye and abdominal aortic aneurysm adult screening programmes were temporarily paused. Antenatal, newborn bloodspot and newborn hearing screening programmes continued to be offered throughout the pandemic.

As the numbers of COVID-19 cases started to reduce in May 2020, adult programmes were gradually re-introduced, taking a risk assessed approach through the period June to August 2020. Changes to the ways the services were delivered, e.g. incorporating social distancing, have further reduced capacity but all screening programmes continued to be offered through the second peak of the pandemic and subsequent lockdowns. The precise impact in terms of screening programme suspension or delay, e.g. potential loss of sight due to a missed screen, is unknown. However, modelling has suggested that when cancer screening has been suspended, routine diagnostic work deferred, and only urgent symptomatic cases prioritised for diagnostic intervention, there would be between 281 and 344 additional deaths from breast cancer, and 1445 to 1563 additional deaths for colorectal cancer over 5 years in the UK[46]. Latest estimates at a Wales level suggest that the adult programmes will take between 10-48 months to recover.

The data available up to the end of March 2020, show a mixed picture in Cardiff and Vale UHB – bowel screening uptake has increased from 56.4% to 61.0%; cervical screening uptake has decreased marginally to 71.6% from 71.8% and breast screening coverage has increased slightly to 68.8%. However, there have been significant reductions in coverage in diabetic eye screening (from 68.3% to 58.4%) and uptake in abdominal

aortic aneurysm screening (from 78.4% to 69.0%). This can largely be attributed to the pause in services that began in March 2020 so should be interpreted with caution. The pause meant that some people invited towards the end of the financial year were unable to be screened before clinics were cancelled and the services temporarily suspended, and others did not have the opportunity to rearrange appointments or be offered a second appointment as required. For the year up until December 2020, uptakes for both programmes compared favourably to the previous year. These local trends reflect the national picture. Further breakdown of coverage/uptake at local authority level is show in table 4.

Table 4: Percentage uptake/coverage for each screening programme, Cardiff and Vale UHB and constituent local authority areas, 2019-20

	Wales	Cardiff and Vale UHB	Change from 2018-19	Cardiff	Vale of Glamorgan
Bowel -Standard 60%	61.5	61.0	4.6	59.4	64.2
Breast[**]- Standard 70%	72.3	68.8	+0.3	66.7	73.8
Cervical [††] - Standard 80%	73.2	71.6	-0.2	70	76.4
Abdominal Aortic Aneurysm (AAA) - Standard 80%	71.9	69	-9.4	68	71.1
Diabetic Eye – Standard 80%	60.3	58.4	-9.9	54.2	68

Source: Public Health Wales Screening Division 2021

Cardiff and Vale UHB level data for 2019-20 is not yet available for the newborn hearing and newborn bloodspot screening programmes. However, the national picture has been positive, as thanks to strong partnership working between Health Boards, Public Health Wales and parents, these two programmes continued throughout 2020. Nationally, newborn hearing screening uptake remained consistently high between July 2019 and February 2020 at over 99% each month. This dropped slightly in March 2020 and then again in April 2020 to 89.4%. However, uptake rapidly recovered to pre-COVID-19 levels from May 2020 onwards. All babies that were not screened in hospital at the start of the pandemic have been offered

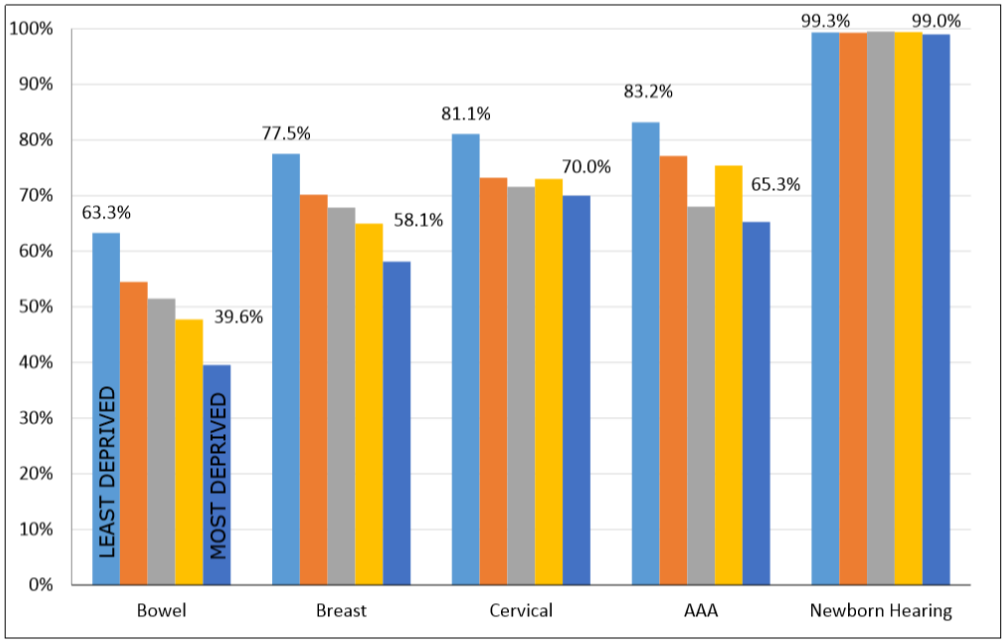
[**] Breast screening uptake for the latest completed round

[††] Proportion of women aged 25-64 who have had a cervical smear test in the last 5 years

screening through the programme or via colleagues in audiology. Prior to April 2020, coverage of newborn bloodspot screening nationally was generally high, consistently at or above 96% each month. This dipped to 93% in April 2020, although there was a quick recovery in coverage from May 2020 onwards.

Pre-pandemic, the evidence from across Wales shows decreased participation in all adult screening programmes as deprivation increases. Inequity is not seen for newborn hearing and newborn bloodspot screening programmes, however, where uptake is high across all groups. Coverage/uptake for Cardiff and Vale UHB for 2017-18 is shown in Figure 22, broken down by deprivation quintile. Analysis of data for Cardiff and Vale UHB demonstrates that uptake/coverage generally decreases as deprivation increases. However, the trend for cervical screening is less straightforward; whilst coverage is highest amongst the least deprived quintile and is lowest in the most deprived quintile, it is similar in quintiles 2 and 4, which is a similar pattern to that seen in previous years.

Figure 22: Percentage uptake/coverage for each screening programme by deprivation quintile, Cardifff and Vale UHB, 2017-18



Source: Public Health Wales Screening Division 2019

Inequalities within adult population screening uptake/coverage are evident locally between the Cardiff and Vale UHB clusters, as illustrated in table 5 (each cluster is coloured separately). The clusters with lower uptake/coverage reflect previous analysis of deprivation at cluster level, showing Cardiff City and South, Cardiff South West and Cardiff East clusters to have over 43% of their patients living in the most deprived fifth of areas in Wales[47]. Furthermore, data from Welsh Index of Multiple Deprivation 2019 show that some

ethnicities may be over-represented within our more disadvantaged populations: for example, 35% of people identifying from a Black, African, Caribbean or Black British ethnicity, have a likelihood of living in the most deprived 10% of Lower Super Output Areas in Wales[48].

Table 5: Clusters ranked from lowest to highest uptake/coverage in each adult screening programme in Cardiff and Vale UHB, 2019-20

Ranked uptake/coverage (lowest to highest)	Bowel	Breast	Cervical	Abdominal Aortic Aneurysm (AAA)	Diabetic Eye
1	City & Cardiff South	City & Cardiff South	City & Cardiff South	City & Cardiff South	Cardiff South West
2	Cardiff South East	Cardiff East	Cardiff South East	Cardiff South West	Cardiff West
3	Cardiff South West	Cardiff South East	Cardiff South West	Cardiff East	Cardiff South East
4	Cardiff East	Cardiff South West	Cardiff East	Cardiff South East	Cardiff North
5	Central Vale	Central Vale	Central Vale	Central Vale	Cardiff East
6	Cardiff West	Cardiff North	Cardiff North	Eastern Vale	City & Cardiff South
7	Eastern Vale	Cardiff West	Cardiff West	Western Vale	Central Vale
8	Cardiff North	Eastern Vale	Eastern Vale	Cardiff West	Western Vale
9	Western Vale	Western Vale	Western Vale	Cardiff North	Eastern Vale

Source: Public Health Wales Screening Division 2021

The gap between uptake/coverage between clusters in Cardiff and Vale UHB was at least 20% for each adult population screening programmes during 2019-20, revealing significant inequities in the potential to benefit from participation in screening. These gaps are detailed in table 6 for each adult screening programme.

Table 6: Percentage gap between cluster with the highest and lowest percentage uptake/coverage for each screening programme in Cardiff and Vale UHB, 2019-20

2019-20	Bowel	Breast	Cervical	AAA	Diabetic Eye
Percentage gap between clusters with the highest and lowest uptake/coverage in each adult population screening programmes	20.8%	23.5%	20.6%	24.9%	24.5%

Source: Public Health Wales Screening Division 2021

Reducing mortality from bowel cancer has been a focus for the UHB and partners, and bowel screening rates have improved during 2019-20, despite the pandemic. This is likely to have been helped by the introduction of the simpler liquid faecal immunochemical test (FIT), which requires individuals to submit only one sample rather than three. Increasing the uptake of bowel screening remains as a key action however, as early identification aids treatment outcomes. The National Bowel Cancer Audit 2020 found that 50% of patients that presented as an emergency underwent curative treatment compared to 69% of those referred through a GP and 86% of those referred through screening[49].

SUMMARY

- Maternal and child population screening programmes continued uninterrupted during 2020, and uptakes remain very high, thanks to strong partnership working between Cardiff and Vale UHB (in particular, midwifery and audiology colleagues), Public Health Wales and parents
- All adult screening programmes nationally have suffered an interruption to service during the pandemic's first wave, but all recommenced within 6 months
- A reduced number of venues having been available for screening service use in the community, particularly for AAA, Diabetic Eye and Newborn Hearing Screening. This shortage may become more challenging again as arts and sports venues being used start to open up more widely for their usual function
- Pandemic interruption has impacted two adult screening programmes in particular in Cardiff and Vale UHB, Abdominal Aortic Aneurysm and Diabetic Eye, showing a 9.4% and 9.9% drop in uptake respectively compared to the previous year. This is in line with other Health Board areas
- Cardiff and Vale UHB uptake/coverage for all adult population screening programmes is ranked 'second lowest' compared to other Health Boards, apart from breast screening[‡‡], for which it is ranked 'the lowest' compared to other Health Boards

[‡‡] at the latest screening round at 30th April 2021

- Uptake/coverage across all adult screening programmes, show a gap of at least 20% in rates between the highest and lowest Cardiff and Vale UHB clusters, with City and Cardiff South cluster having the lowest uptake in all adult programmes apart from Diabetic Eye screening, where uptake was above average
- Bowel screening has seen a 4.6% increase in uptake in Cardiff and Vale UHB compared to 2018-19, slightly higher than the All Wales increase of 4.2%. However this still means that locally nearly 4 in 10 adults aged 60-74 did not take up their offer during 2019-20

RECOMMENDATIONS

SHORT TERM

- Partner organisations to identify new community venues from which to offer screening services
- Partners to engage in specific clusters and with local communities to update stakeholder networks, communicating in new ways developed in response to COVID-19, and addressing in particular Seldom Heard Voices
- Build on learning from the pandemic and focus targeted screening work through the Engagement Coordinator (Health/Ethnic Minorities) based in the Cardiff Council Cohesion and Engagement Team, covering Cardiff and Vale of Glamorgan areas

LONG TERM

- Develop a systematic focus on inequity in areas with low uptake, to establish and share good practice for GPs, local authority and third sector agencies working at cluster level, e.g. awareness campaigns in primary care, to support promotion of, and access to, screening for older adults approaching 60 (bowel), younger women aged 25-49 (cervical), women aged 50-70 (breast), men aged 65 (AAA) and people with diabetes (eye) as priority target populations, engaging with communities and building trust at local level
- Work with Public Health Wales and local partners to implement a strengthened population screening inequalities approach, ensuring that tackling inequity in uptake/coverage is built into all our work, e.g. raising awareness of screening in partner agency workplaces

MOVE MORE, EAT WELL

WHY THIS IS IMPORTANT

Preventing obesity is a complex challenge as there are many contributing factors. Action is required at both an individual and community level, within settings as well as through the creation of healthy and sustainable food and physical activity environments, to enable people to make healthy choices. There is growing recognition that a whole systems approach involving a wide range of stakeholders from across the local system will help to tackle obesity[50]. Fundamental to the approach is a shared vision and collective action that is led by many partners involving local communities.

Most recent Child Measurement Programme data shows that just over three quarters of 4/5 year olds in Cardiff and Vale are a healthy weight (76.7%) with differences at a local authority level between Cardiff (75.6%) and the Vale of Glamorgan (80.1%)[51]. Whilst compared to other health boards Cardiff and Vale has the highest prevalence of healthy weight children, still, too many of our children are starting school overweight or obese. Childhood obesity impacts on our children's physical health, social and emotional well-being as well as their self-esteem, with consequences experienced at a both a young age and into adulthood. Previous data releases have also demonstrated differences in the prevalence of overweight and obesity amongst 4/5 year olds relating to factors such as deprivation and ethnicity[52] highlighting some of the inequities that exist.

Latest National Survey for Wales data shows that 43% of adults in Cardiff and 36% in the Vale of Glamorgan are a healthy weight[53]. Previous data releases have also shown differences at a sub local authority level, indicating that across Cardiff and Vale there are pockets of communities where the percentage of adults achieving a healthy weight is far less. This is also reflected in data relating to adult fruit and vegetable consumption and the levels of adults meeting physical activity guidelines[54]. For the people that live in these communities, in our most disadvantaged areas, the risk of developing chronic disease is significantly increased.

With the release of Welsh Government's Healthy Weight: Healthy Wales Strategy in 2019 outlining the long-term strategy to prevent obesity in Wales[55], there has never been a more opportune time to tackle obesity. Within Cardiff and Vale, the Move More, Eat Well Partnership Plan developed by Cardiff Public Services Board (PSB), the Vale of Glamorgan PSB and the Regional Partnership Board (RPB) (Cardiff and the Vale) provides a regional response to how we can encourage people to be more active and to have a healthier diet. Our Vision is clear, '*People in Cardiff and the Vale of Glamorgan will move more and eat well*'. Of the 10 priority areas for action identified, 'Healthy Communities' includes action focused within communities most in need[56]. Across Cardiff and the Vale, there are already well-established and innovative delivery mechanisms in places

through the work of Food Cardiff, Food Vale, Sport Cardiff and the Vale Healthy Living Team. Key to realising the vision of the Plan, and in order to achieve system level change, is a continued strong partnership approach to drive forward delivery that aligns and embeds action.

An Equality Health Impact Assessment (EHIA) undertaken against the Move More, Eat Well plan highlighted some specific population groups (such as people of different genders and people of different race, nationality, colour, culture or ethnic origin) where further work to ensure engagement and adequate support to meet needs may be necessary. Action is underway to gather relevant insight from the population groups identified, to understand relevant enablers and challenges to eating well and moving more.

IMPACT OF THE PANDEMIC – WHERE WE ARE NOW

The impact of COVID-19 has been greater for those experiencing obesity and multiple health conditions. Obesity is a consistent factor for hospitalisation, admission to intensive care and death[57].

Whilst the impacts of the pandemic are still emerging, there is recognition that the potential economic impacts, as well as social isolation and mental health impacts relating to lockdowns and social distancing measures, are likely to have affected people's ability to eat well and be physically active. Emerging national and local survey data collated throughout the pandemic period highlights that some population groups have been, or have the potential to be, adversely affected more than others have.

Public Health Wales's 'How are we doing in Wales?' bi-weekly public engagement survey has included questions relating to physical fitness and weight since January 2021[58]. Of those questioned since this time, 43% of adults said their physical fitness is worse now than before the pandemic. Individuals from disadvantaged communities, females and those aged 35-54 were more likely to report worse physical fitness. 40% of adults said their weight had increased since the pandemic. Females and younger adults were more likely to have gained weight but differences by deprivation level were not significant.

The 2020 Ask Cardiff Survey found that respondents from least deprived areas were more likely to report that they had been walking more than they were before the start of the pandemic[59]. Most respondents stated they were eating the same amount of fruit and vegetables as they were before the pandemic. However, those living in the most deprived areas were around three times more likely than those in the least deprived areas to state they were eating fewer fruit and vegetables. Those identifying as disabled were most likely to report

that they were eating fewer fruit and vegetables. In addition, one in ten respondents reported they had eaten smaller meals, or skipped meals completely because they could not afford food, with respondents who identify as disabled, those under 35, and those living in the Southern Arc of Cardiff being those most likely to report they had not been able to afford food. Of those reporting that they had been unable to afford or get access to food, more than half-cited lack of income as a barrier. Analysis into the impact of the Coronavirus pandemic on communities in the Vale of Glamorgan also highlighted affordability of food. 46% of the referrals received by Vale Food Bank during 20/21 (part year) were as a result of low income (including those who are unemployed) and an increase from 38% in the previous year[60].

Conversely, for some of our population, the impact of the pandemic and measures have been positive. For example, for some of our population, physical activity levels have increased. The increased appreciation of the importance of physical activity was also highlighted as a significant positive impact by a recent Health Impact Assessment of the 'Stay at home and social distancing policy in Wales'[61].

The importance of supporting the health and well-being of the workforce has been brought very much to the' fore during the pandemic, particularly within the public sector where many employees have been part of the front-line response to COVID-19, taken on new and different roles and adapted at pace to new ways of working. As part of recovery, a focus on workforce well-being is key[57], and in contributing to well-being, there is an opportunity to drive forward action to ensure that the food and physical activity offer in workplace settings supports and enables employees to make healthy choices.

SUMMARY

- As a complex public health challenge, tacking obesity requires a whole systems approach
- Within the context of the supportive national strategic policy framework provided through Healthy Weight: Healthy Wales, the opportunity presents locally to tackle obesity and drive forward the Move More, Eat Well Plan across the partnership through embedding and aligning action across the system
- Overweight and obesity levels amongst 4/5 year olds is affected by factors relating to deprivation and ethnicity
- Differences in the level of adults that report being a healthy weight, eat five portions of fruit and vegetables a day and meet recommended levels of physical activity exist between the most and least deprived areas of Cardiff and the Vale
- The pandemic is likely to have affected people's ability to eat well and be physically active. Emerging national and local survey data has highlighted population groups, particularly those from disadvantaged

communities as being most adversely affected with physical activity levels being lower, fewer fruit and vegetables being consumed and the ability to afford food being affected

- Focused action in communities and targeted at those most in need is being taken forward through Move More, Eat Well action
- The pandemic has highlighted the need to care for the workforce. Opportunities to support people to move more and eat well within a post COVID working environment could be achieved by seizing opportunities to align action as part post COVID workplace health

RECOMMENDATIONS

- Through the Move More, Eat Well Plan partners should drive forward action to improve the food and physical activity offer in public sector workplaces as part of our approach and focus on workplace health post COVID
- Use insight gathered through specific work with population groups identified through the Equality Health Impact Assessment (EHIA) and other population engagement approaches taken across the local partnership, to help shape engagement approaches and local interventions that meets needs, and enable people to eat well and be physically active
- Focus Move More, Eat Well Plan action in communities most affected by the pandemic, for example more disadvantaged communities, using strengths-based approaches. Build on the focused approach to directing action through the 'Healthy Communities' priority area of the plan by joining up and targeting action across other priority areas (e.g. educational settings, healthier advertising and marketing, informed workforce and population) within those communities, and with the population groups, most affected

AIR QUALITY

WHY THIS IS IMPORTANT

HOW AIR QUALITY AFFECTS HEALTH

The quality of the air we breathe directly affects our health. A number of different air pollutants can cause problems, but two in particular - particulate matter (PM) and nitrogen dioxide (NO_2) - are of concern. In addition, carbon dioxide (CO_2) emissions are a potent greenhouse gas, causing climate change.

Particulate matter are small particles of pollution in the air. The primary transport-related source is from vehicle exhausts, particularly diesel engines. Dust from brakes and tyre wear are also sources of particulate matter in all vehicle types, including electric vehicles.

Across the UK, around 80% of NO_2 measured at the roadside is estimated to be due to road transport. The commonest source of transport-related nitrogen dioxide is diesel engines, although petrol vehicles produce a small amount. Electric vehicles produce none. HGVs, LGVs and buses make up around half the emissions, with private cars and taxis the remainder. Newer diesels produce much less NO_2 than older diesels.

Other significant sources of pollution include domestic solid fuel, aviation and shipping, and agriculture and industry in and beyond Wales, along with natural sources.

Short-term effects of air pollution include exacerbating existing heart and lung conditions. Most people will not experience short-term ill-health effects from exposure to the concentrations of air pollution typically found in Cardiff and Vale, but susceptible individuals and population groups may be affected on occasions when air pollution is elevated. More vulnerable population groups include those with existing lung or heart conditions, and children and older people.

Long-term effects of air pollution include increased rates of lung disease and cardiovascular disease and cancer, and an association with type 2 diabetes. Polluted air is estimated to cause an equivalent of around 40,000 deaths each year across the UK, with average life expectancy estimated to be reduced by 7-8 months due to air pollution.

There is no known safe level of exposure to particulate matter air pollution, or for short-term exposure to NO_2. The effects of exposure increase the longer someone is exposed.

AIR POLLUTION AND INEQUALITIES IN CARDIFF AND THE VALE

Prior to the pandemic, emissions of NO_2 in some areas of Cardiff were projected to exceed EU legal limits. Detailed modelling, commissioned by Cardiff Council, identified that the average level in Castle Street would exceed the statutory 40 µg/m^3 level.

In the Vale of Glamorgan NO_2 levels are generally lower. Windsor Road in Cogan, Penarth had previously been identified as a local air quality management area (AQMA) due to elevated levels of NO_2, but these fell and remained low, and the AQMA designation was revoked in 2019 on this basis.

An association has been identified in Wales between higher NO_2 levels and deprivation, with more deprived areas having higher levels of the pollutant[62]. Furthermore, people in more deprived areas are more likely to have chronic conditions (e.g. lung disease such as chronic obstructive pulmonary disease, COPD), which make them more susceptible to pollution, including higher rates of emergency healthcare utilisation[63]; respiratory disease is a leading contributor to inequality in life expectancy based on deprivation in Wales[64]. Households in more deprived areas are less likely to own vehicles, thus contributing proportionately less to air pollution. There are therefore three dimensions to inequality in air pollution in Wales.

This issue was highlighted in the 2017 Cardiff and Vale Director of Public Health report, *Moving Forwards*[65], with a number of recommendations made in the report.

Given the overlap in Cardiff between areas of higher deprivation and ethnic minority communities, it is also likely that people living in areas with greater ethnic diversity experience higher levels of air pollution.

INTERVENTIONS TO REDUCE AIR POLLUTION

Interventions to improve air quality include avoiding unnecessary journeys by private car; encouraging more people to walk, cycle and take public transport, especially for shorter journeys; and encouraging take up of electric vehicles (while noting that electric vehicles still cause particulate matter pollution due to tyre wear). Encouraging walking and cycling has wider benefits too, to physical and mental well-being, social cohesion, employee sickness absence, and footfall in shopping areas.

Due to the modelled levels of air pollution in Cardiff, a Clean Air Plan for the City was developed in 2019[66], and approved by Welsh Government for implementation. The measures in the Plan included a bus retrofitting programme, taxi mitigation measures, city centre public transport improvements and a new active travel

package. This complements an ambitious Transport White Paper which describes an ambitious vision for travel in the City.

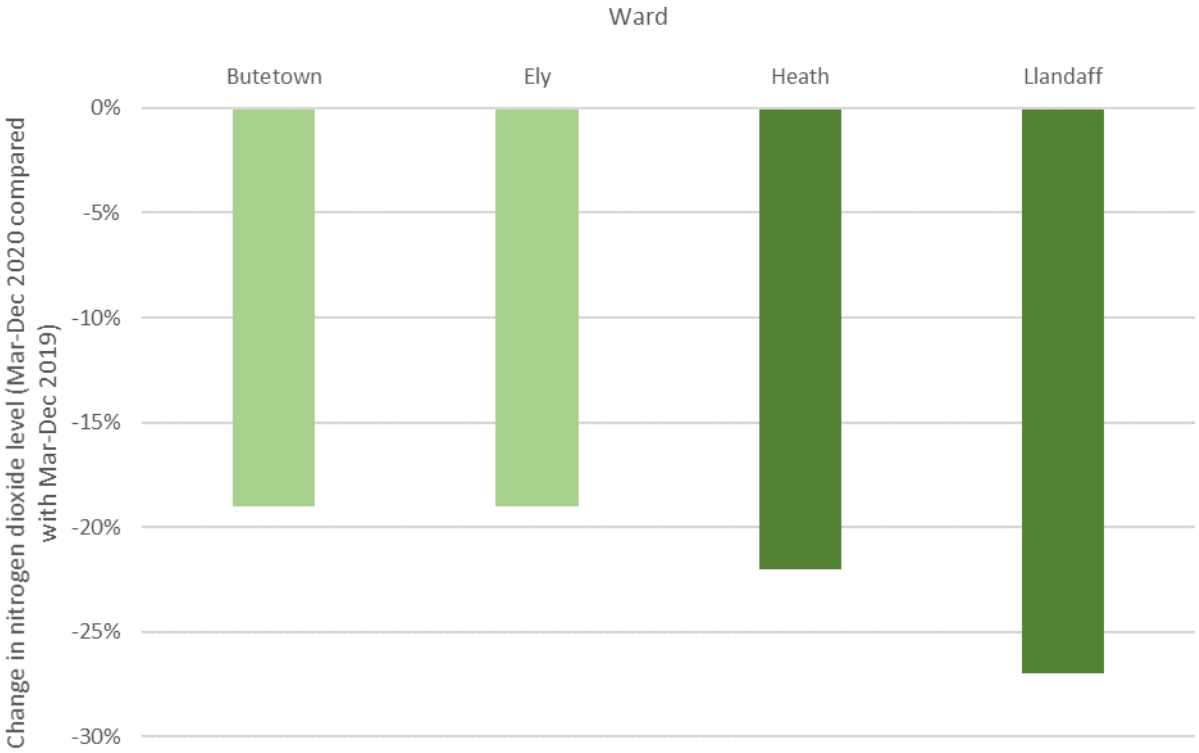
Detailed modelling undertaken for the Plan suggested that if the measures are successfully implemented, this will decrease inequities due to air pollution in the City. Broader improvements to public transport through the development of the Cardiff Metro scheme, and the development of a segregated Cycleway network across the City should also encourage a modal shift and improve air quality. Healthy Travel Charters have been launched in both Cardiff and the Vale, committing signatory organisations to take action to support staff and visitors to travel more sustainably.

Welsh Government has also committed to introducing a Clean Air Act for Wales in the 2021-26 Programme for Government[67]. Plans for 20mph to become the default speed limit in Wales in built-up areas have the potential for indirect reductions in pollution, with more people choosing to travel on foot or by cycle if roads are perceived as safer.

IMPACT OF THE PANDEMIC - WHERE WE ARE NOW

Following the first lockdown due to the COVID pandemic in March 2020, there was a marked reduction in air pollution in central Cardiff of 40% compared with the average for the time of year (14.4 µg/m^3 compared with 23.9 µg/m^3 average at Frederick Street; personal correspondence with Shared Regulatory Services). Comparing a longer time period across select wards in Cardiff, there were reductions in pollution across the City as a result of the lockdowns and changes in travel patterns (figure 23).

Figure 23: Improvements in air quality in Cardiff following COVID-19 lockdowns



Source: Shared Regulatory Services

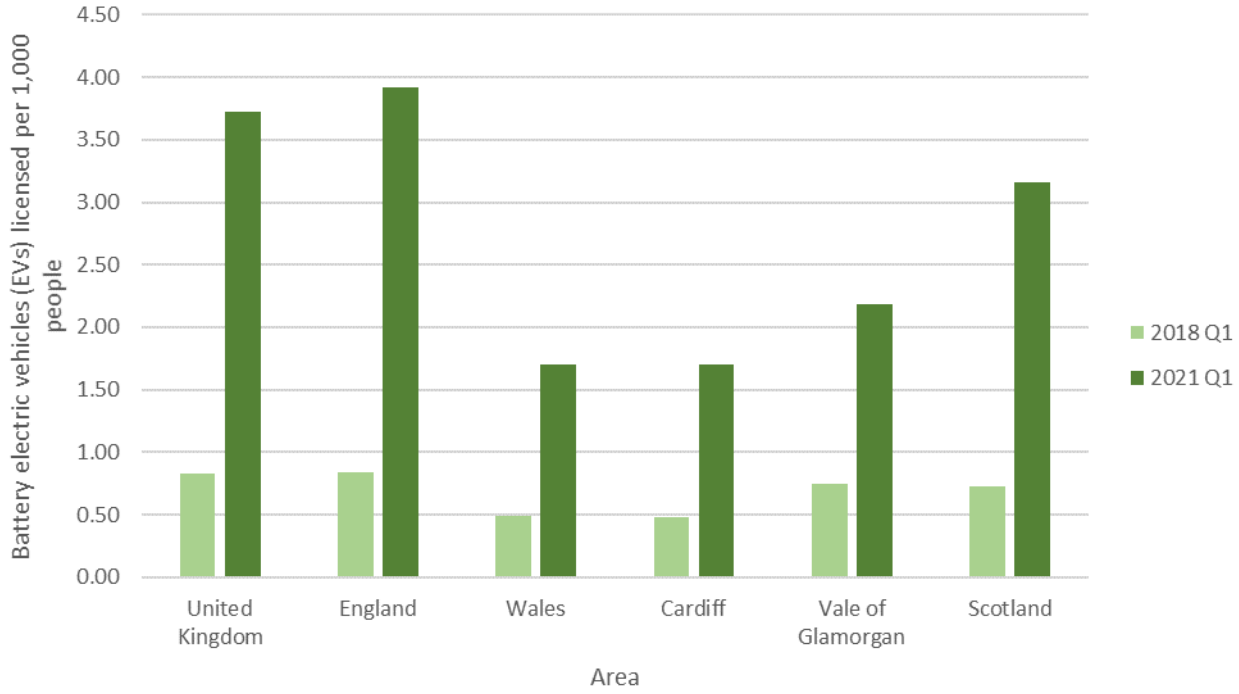
This was associated with a decrease in car travel to work and shopping centres, and an increase in walking and cycling during this period. It is notable that reductions appeared larger in less deprived areas, although this was not a systematic analysis by deprivation; this is likely to be due to a higher proportion of working adults being able to work from home in these areas. However, that improvements are also seen along a regressive social gradient is of concern if we want to narrow the health inequity gap.

It is currently unclear what medium- and long-term travel patterns will look like as we move out of the pandemic; current surveys of businesses in the City and more broadly across the UK suggest a 'hybrid' work pattern will emerge which would see people commuting to work on fewer days each week. Welsh Government has also set a target of 30% of employees working at or near home[67]. This has the potential to 'lock in' some of the gains in air quality, but those patterns are far from assured. In broad terms, hybrid work is more likely to be an option for people in higher paying work, with lower paid, retail and manual professions less likely to have this option. It is unclear whether this will reverse some of the previous inequities described above, with a reduction in pollution generated by the least deprived groups.

The switch to electric vehicles (EVs) has so far been slow in Wales compared with the rest of the UK (figure 24). Uptake in Cardiff is similar to the Wales average, but significantly behind the England and UK rate; uptake

in the Vale is above the Wales average but still well below the UK average. Uptake is dependent in part on having a reliable and comprehensive charging network, and should accelerate as charging infrastructure becomes more widespread and more EV models are available. Until up-front price parity is achieved with fossil fuel cars, adoption is likely to be proportionally higher among less deprived groups initially; this has the potential to reduce previous inequities, with fewer NO_2 emissions generated on average by less disadvantaged groups. However, this may also require a switch to ultra-low emission light and heavy goods vehicles to see a significant impact.

Figure 24: Uptake of battery electric vehicles (EVs) in selected areas across the UK, 2021 compared with 2018



Source: Department for Transport data, analysed with 2020 mid-year estimates from StatsWales

In Cardiff, the Clean Air Plan approved in 2020 is now being implemented, with major changes to City Centre transport.

SUMMARY

- Air pollution is a major cause of avoidable ill health and deaths, with petrol and diesel-fuelled transport a major contributor

- Across Wales, there is an association between higher levels of air pollution, and deprivation. People living in more deprived communities are also more likely to be susceptible to air pollution; and less likely to have access to a car
- Increasing levels of walking, cycling and clean public transport use, reducing unnecessary journeys, and switching to electric vehicles, will reduce NO_2 emissions
- There are significant co-benefits to tackling air pollution, with improved levels of physical and mental well-being, road injuries and fatalities, and reduced carbon emissions
- Cardiff is currently implementing a Clean Air Plan to improve air quality in the City, and has published an ambitious Transport White Paper setting out a vision for sustainable travel in the City
- Lockdowns imposed during the COVID-19 pandemic reduced NO_2 levels significantly as traffic volumes fell, but future patterns of work and transport use are not yet clear

RECOMMENDATIONS

- Cardiff Council
    - Complete implementation of the Cardiff Clean Air Plan, and monitor its impacts, particularly on air pollution in more deprived communities
    - Implement the Transport White Paper, including integrated ticketing between different travel modes
    - Promote the use of e-cargo bikes to reduce 'white van' last mile deliveries
- Cardiff Council and Vale of Glamorgan Councils (in conjunction with Transport for Wales and Welsh Government)
    - Accelerate roll out of new walking and cycling infrastructure, making the Integrated Network Maps a reality
    - Roll out a comprehensive electric vehicle (EV) charging network across Cardiff and the Vale
- Cardiff PSB and Vale of Glamorgan PSB
    - Continue to champion and support the shift to less polluting forms of travel
    - Complete implementation of the Healthy Travel Charter commitments within the three year deadline, and sign up to the Level 2 Charter when complete
- Cardiff Council, Vale of Glamorgan Council and Public Health Wales
    - Improve detail and availability of publicly-available air quality data, to increase engagement and awareness of air quality issues
- Cardiff and Vale UHB

- Use the building of the new Cycleway 1.2 in Cardiff to the University Hospital of Wales (UHW) site during 21/22 to promote a modal shift in commutes by staff living in Cardiff
- Sign up to the Level 2 Healthy Travel Charter as implementation of the current Charter nears completion

Chapter 4 – Ways of working through recovery

This final chapter considers how local partners can work together through recovery, in the context of continuing to manage the impact of infections, whilst at the same time learning to live with COVID-19. It proposes a set of collective actions aimed at addressing inequities and embedding prevention in our ways of working, prioritising meaningful engagement with and development of the communities that we serve.

Partners in Cardiff and the Vale of Glamorgan are rightly proud of the way that all organisations worked together towards the common goal. Partnership structures were developed rapidly and have persisted and strengthened throughout. This has led to the unprecedented level of seamless partnership working that has been fundamental to the COVID-19 response. A key examples of this is Cardiff and Vale Test, Trace and Protect (TTP) which is an integrated service involving Cardiff Council, Vale of Glamorgan Council, Shared Regulatory Services, Cardiff and Vale UHB, Public Health Wales and the Cardiff and Vale Local Public Health Team[68]. Coordinated partnership working has enabled partners to effectively manage the risk of COVID-19 infection across the population. Part of this too is our successful mass vaccination programme; led by the UHB, close working with both Councils has been essential in identifying and offering mass vaccination venues and delivering the ongoing service model. We must preserve this new found confidence in strong partnership working to ensure impact as we move through the pandemic recovery phase.

WHAT SHOULD BE THE FOCUS FOR ATTENTION IN THE RECOVERY PHASE?

Box 1 [69, 70]

The Four Harms of the COVID-19 Pandemic

1. **Direct harm from infections and complications** – including the ongoing risk of infection and the consequences of those infections, such as long COVID.
2. **Indirect harms caused by overwhelming of services, including the NHS** – which has direct impact on the care received by patient and clients. Importantly it includes the impact of these experiences on health, social care and other key worker staff, recognising the potential long term mental health impacts such as post-traumatic stress disorder, depression and anxiety.
3. **Indirect harms from non-COVID illness, due to limited seeking/availability of 'non-essential' health services.** This includes delays in elective care and long waiting lists. The full impact of this are starting to be recognised, with some describing a 'deconditioning pandemic'. Among the effects of deconditioning are the impacts of social isolation and lack of physical activity on older people in particular, where shielding protected them from the immediate threat of COVID-19 infection, but has increased risks associated with dementia, falls and heart disease.
4. **Indirect socio-economic and other societal harms, including economic impacts** – this includes increased unemployment, child poverty, youth unemployment and exposure to Adverse Childhood Experiences

All sectors and services are planning their recovery and much is already in place to address the four harms of the COVID-19 pandemic. These harms will present a challenge for many years (box 1). This chapter will not detail recovery plans, but will instead consider what we can do collectively and how we can work differently, to amplify the efforts of individual organisations in responding to these harms.

Potential areas of focus for collective action can be identified from the experience of disaster recovery across the world. Two reviews by the King's Fund examine this and identify a number of consistent themes[71, 72]. From these it is clear that the most successful responses involve a **whole system approach** to recovery, and that emerging from the pandemic successfully will require planning for the **long term** (10 -15 years) alongside a clear understanding of the **needs of individuals and communities**. The reviews identify the following key priorities:

- **Putting mental health and well-being at the forefront of recovery efforts**. Whilst almost everybody will have felt some symptoms of stress and anxiety during the pandemic, these symptoms may persist for a significant proportion, and in some will cross the threshold for accessing mental health services. Adults and children both need to be considered, but it is important not to medicalise unnecessarily, instead ensuring that all have access to local and community activities that facilitate people coming together and strengthen community cohesion and resilience.
- **Ensuring communities are not left behind.** Developing resilience within communities means listening to people and addressing inequities, and supporting 'community-led recovery'.
- **A step change on inequalities and population health.** Recovery plans must aim to redress the social-economic drivers of this inequity, ensuring that we 'level up' in the process and include sustained action on prevention.
- **Make collaboration work.** The most successful recovery efforts are those where a conscious effort is put on collaboration across sectors, agencies, organisations and services.
- **Prioritising workforce well-being.** Front line staff and key workers are at increased risk of developing mental health problems during the recovery phase; the usual methods of support are often not enough, and staff need to be given the time, space and resources to recover
- **Embedding and accelerating digital change.** Digitally enabled services developed in all sectors during the pandemic are a positive asset for the future and can continue to improve access and efficiency, but care must be taken to ensure this does not compound disadvantage and inequity.

Action is already in place to address elements of these across our local and regional partnerships and within organisations, and earlier chapters of this report identify specific actions that also contribute, but a collective

focus on key areas would further enhance recovery efforts. These are summarised in the following ways of working.

WAYS OF WORKING TO ENHANCE RECOVERY

ALONGSIDE OUR COMMUNITIES

Communities are not only those defined by location, but also by shared identity, interest or circumstance[71]. Other groups may emerge who do not fit into this framework, such as working age men and women, and some may be more likely to be overlooked.

It is recognised that engagement with communities is essential to help identify those in need and to inform the design of action and services to best meet the needs of the population. In recovering from the pandemic we need to work alongside our communities, including them as an equal partner. This is difficult to do well, but there are examples of successful engagement where communities have been asked what they want to see, and more acceptable and accessible services have been designed as a result, which have led to better outcomes. To be effective in the recovery phase, we need a range of ways to engage that are inclusive and ongoing.

A recent Cardiff and Vale Regional Partnership Board (RPB) commissioned report describes the experience of consultation from the perspective of both the commissioner and recipients[73]. Although there are positive experiences, the description of the limitations of consultation and engagement to date are surprisingly similar on both sides. The work to develop a Citizen Engagement Framework, which is being led by Cardiff Third Sector Council (C3SC) and the third sector, has begun to explore how to design and deliver an effective and sustainable approach to engagement; this could be expanded beyond the RPB remit to include the wider Public Service Board (PSB) arena.

Our organisations and partnerships should also aim to support communities to use and develop their resources in a way that promotes community cohesion and growth. Approaches such as asset-based community development (ABCD)[74] might be considered to mobilise people to identify and address the issues that matter to them. The critical role of community organisations, such as sports and social clubs should be recognised and their survival supported.

'Community groups and grassroots organisations play a critical role in creating and maintaining those human connections that are essential for recovery'[69]

Partner organisations can also work in ways that support local resources. An example of this is the use of social prescribing. Social prescribing enables practitioners in primary care settings to refer people to a range of local services to support their health and well-being[75]. The approach takes a holistic approach and supports individuals to take greater control of their own health and well-being. Third sector groups and organisations often deliver the activities involved, which include things like volunteering, arts activities, befriending, gardening and sports. There is also a role for individuals, where ordinary people can act as 'community connectors' and use their local knowledge to link citizens to information and resources which can assist with their needs. When implemented well, social prescribing has the power to reduce the risk of illness and therefore demand on healthcare service.

ENSURING PRIORITY FOR THOSE MOST IN NEED

In order to address inequity, there is a need to ensure those who are disadvantaged are prioritised. The causes of disadvantage are many and variable, as are the solutions to addressing this disadvantage. Although challenging, unless services commit to identifying and addressing inequity, there is a risk that any service model may perpetuate or exacerbate it. This report has identified some of the communities that have been impacted by inequity, including our ethnic minority communities. The use of Equality Health Impact Assessment can be a useful tool to help inform service development, driving a systematic approach that considers potentially vulnerable groups and identifies inequity. In time, with the development of more robust engagement mechanisms, these assessments should be supported by evidence that flows directly from effective community engagement.

ENRICHED WITH THIRD SECTOR SUPPORT

Third sector organisations are diverse in nature, ranging from very small to national in size. Some are formally constituted whilst others are informal. However, all share the feature of being embedded in local communities, often with a deep understanding of, and connection with, the populations that they serve. Experience through the pandemic showed how local people mobilised to support their neighbourhoods, and third sector organisations proved agile and innovative in addressing needs. A recent report has highlighted the work of volunteers in Cardiff and the Vale of Glamorgan through successive lockdowns[76]. In the recovery phase it will be vital to embed third sector organisations within the partnership approach, not only to facilitate engagement (as already discussed), but to use their flexibility and innovation to help shape and deliver our future vision and tackle inequity. A strengthened third sector could increase the reach to people who are excluded, deliver asset based community development, supporting co-design and integration of services, and provide prevention activities[77].

TOGETHER AS A COMMUNITY OF ANCHOR INSTITUTIONS

Anchor institutions are 'large, public sector organisations that are unlikely to relocate and have a significant stake in a geographical area'[78]. Their size, scale and reach mean they influence the health and well-being of communities. This influence can be directed positively in a number of ways, including as an employer, via procurement, the use of their capital and estates and supporting environmental sustainability. The impact of anchor organisations can be amplified by working together and encouraging others to adopt similar practices; ideally with a shared purpose around a mission and taking a place based approach. Such a community of anchor organisations across Cardiff and the Vale of Glamorgan would facilitate opportunities to share learning and best practice, and to drive forward positive change.

SETTING GOALS AND MEASURING THE CHANGE

A set of measures need to be identified which will enable partners to monitor progress in addressing a focussed set of inequities. The UHB has adopted a set of bellwether indicators for population health (box 2), and it is proposed that these form the basis of our collective measurement of inequity. Services could also develop measures to allow inequity to be systematically monitored at a smaller scale. A wider set of outcome measures are monitored at the level of our Public Service Boards

Box 2

Immunisation

- % of children up to date with scheduled vaccines by 4 years of age
- % of adults who have had 2 doses of COVID vaccine

Move More, Eat Well

- % of children aged 4/5 years who are a healthy weight
- % of adults who are a healthy weight

Tobacco

- % of adults who smoke

Inequalities

- Gap in healthy life expectancy at birth between the most and least deprived (slope index of inequality) – PHWO advise will be updated by end of 2021

Environment

- Annual mean NO_2 in Cardiff (Castle Street) and the Vale (Windsor Road Penarth)

TAKING THE FIRST STEPS FORWARD AND LEAVING NO ONE BEHIND

'To prevent perpetuating the socioeconomic crisis, inequities and related vulnerability post-COVID-19, equity needs to be placed in the heart of the short and longer term response and recovery, building on the unique assets and commitment towards a healthier, more equal and prosperous Wales'[69]

Local partners are well placed to build on existing joint working, including both our RPB and PSBs, and we are now presented with a once in a generation opportunity to work even more collaboratively to improve population health and reduce inequalities. The work of the RPB is organised around life stages, 'starting, living and ageing well', which recognises that no single organisation has the answer, and also the critical importance of the environment in which people live and the wider determinants in influencing the health of individuals. It is shifting its thinking to focus on how, by working together and with closer involvement of the users of services, RPB member organisations can have a greater impact on the health and well-being of the population. This is emphasised by the 'people and places' element of the approach. The 'ways of working' proposed in this chapter will further strengthen the partnership and build resilience for the future, an approach that is in line with the sustainable development principle set out in the Well-being of Future Generations (Wales) Act[79].

The pandemic response has already provided examples of exactly this type of approach being adopted locally (box 3 and 4), and more of which are shared in the *Sway* version of the report. They are by no means the only examples, but they serve to illustrate what was achieved under the most challenging of circumstances, and the resource and energy that exists in our local communities when we collectively gather round an issue to address it.

We are therefore proposing that in order to emerge stronger and more fairly from the pandemic, local partners should work collaboratively with local communities to address inequity and strengthen prevention. This should start with the actions identified in chapter 3, and build into a system wide approach.

Box 3

Case study 1: COVID-19 Food Response Task Group

The coronavirus pandemic resulted in huge challenges for Cardiff's local food system, with many people struggling to afford or access good food. These challenges saw our population come together, with organisations, communities and public bodies providing an enormous response in a time of great need. To coordinate, expand and amplify this incredible response, Food Cardiff, an organisation working strategically to make healthy and sustainable food a defining characteristic of where people live, convened the COVID-19 Food Response Task Group. The group consisted of Food Cardiff, Cardiff Council, Cardiff Third Sector Council (C3SC), FareShare Cymru, Cardiff and Vale University Health Board (UHB), Cardiff Business School and Cardiff Foodbank. The task group set-up a network of Anchor Organisations (AOs) to co-ordinate volunteer responses to provide resources and act as a point of call to other organisations, community groups or grassroots movements in their local area. Where possible, AOs also act as Food Response Partners to receive, store and distribute food to individuals and families who need it. This network has enabled a strong coordination pathway, streamlining access to food and resources, communication and funding.

C3SC, a Third Sector Support Wales (TSSW) partner, represented the third sector and voluntary groups through providing links to anchor organisation and local groups who have facilitated access to food and other services during the pandemic. The task group provided a forum work through any barriers encountered by member organisations and the communities they represent, resulting in solutions to meet any gaps including enabling the supply of culturally adequate food.

Box 4

Case study 2: Move More, Eat Well Grant Scheme

As part of the Cardiff and Vale UHB's 'Caring for People, Keeping People Well' strategy, the Health Board has been working collaboratively on the More Move, Eat Well 2020-2023 plan. This plan aims to bring people together to improve their health and well-being through physical activity and healthy eating.

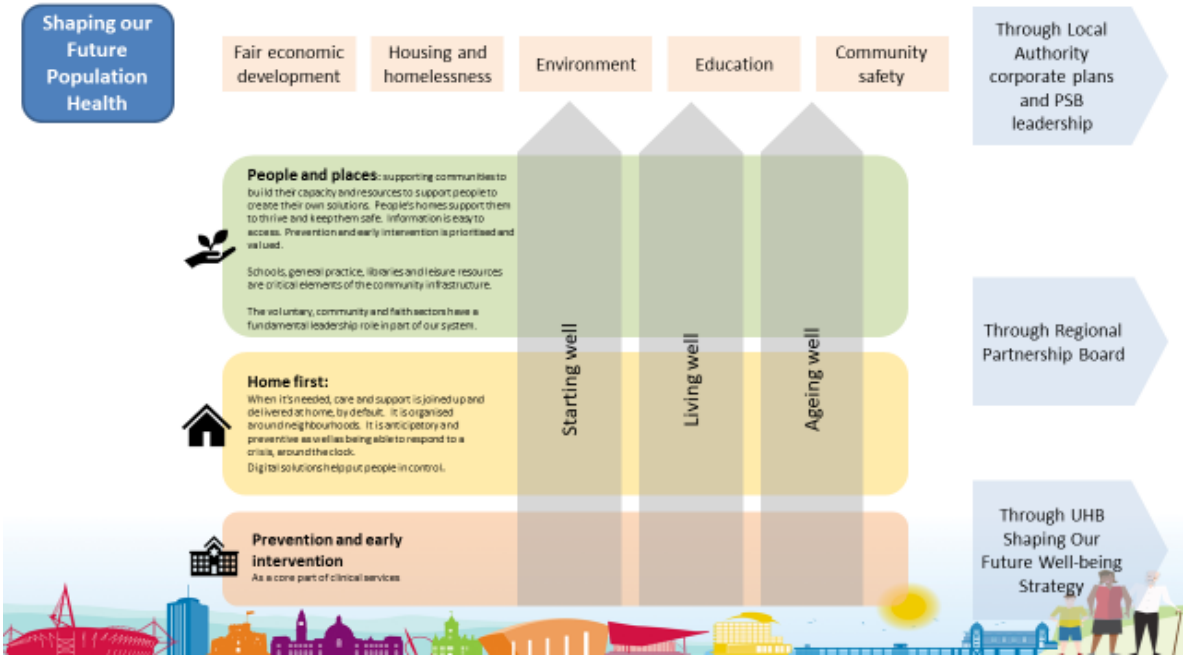
The More Move, Eat Well plan involved the allocation of a total of £46,800 grants to fund new third sector activities and support increased physical activity and/or healthy eating within communities across Cardiff and the Vale of Glamorgan. In partnership with Glamorgan Voluntary Services and C3SC, a Move More Eat Well grant scheme was created to fund third sector projects. The grant scheme, which was launched on 4th March 2020, saw organisations overcome the challenges of the coronavirus pandemic to adapt and deliver flexible projects.

C3SC administered this grant scheme providing promotion, advice, guidance and support, along with overseeing direct communications with applicants including application decisions through the creation of a virtual grant scheme panel. The scheme is yet another example of the collaborative response to COVID19,

which helped inspire communities to improve their health and well-being through a range of community based projects.

Shaping our Future Population Health (SOFPH) is being developed as system which identifies and addresses current and future population health issues, improving health, preventing ill health, and reducing health inequities among residents and communities in Cardiff and the Vale of Glamorgan (figure 25). It builds upon the RPBs life course approach of 'Starting Well, Living Well and Ageing Well', with a focus on strengthening a sense of place. Like areas such as Wigan[80], we are proposing that partners should commit to a collective vision of addressing inequity and developing a culture where prevention is everybody's business. We invite partners and the community to help shape and develop this approach and ensure that we leave no-one behind.

Figure 25: Shaping Our Future Population Health



Source: Cardiff and Vale Regional Partnership Board.

SUMMARY

- The COVID-19 pandemic has exposed and exacerbated the inequalities and inequities that are present in our communities
- A collective partnership approach, working truly alongside our local communities, is required to halt and reverse this trend, ensuring that we 'level up' in the process
- There are strong existing partnership arrangements in place in Cardiff and the Vale of Glamorgan on which to build
- Third sector organisation are well placed to support and develop this approach, and enrich the relationship with communities
- Immediate actions are identified in earlier chapters of this report which can begin this approach

- We invite partners and the community to help develop our collective approach to 'Shaping Our Future Population Health' in order to address inequalities and embed prevention as everybody's business

RECOMMENDATIONS FOR PARTNER ORGANISATIONS

SHORT TERM

- Agree to adopt the 'ways of working' identified in this report
- Support the development of the Citizen Engagement Framework and expand its remit to include wider elements of the PSB engagement agenda
- Support third sector community groups and organisations, as a significant resource for health and well-being, to ensure their survival in the short term and sustainability in the future
- Promote the use of Equality Health Impact Assessment to inform design of new or remodelled services

LONGER TERM

- Embed the 'ways of working' across the partnerships and work constructively as a community of anchor organisations
- Engage with Shaping our Future Population Health, and agree a collective vision to address inequalities and promoting prevention
- Further develop measures for monitoring inequities and well-being among the population
- Support and fund third sector organisations to develop community-led recovery approaches across Cardiff and the Vale of Glamorgan
- Work with the range of third sector organisations to meaningfully engage and work with communities in Cardiff and the Vale of Glamorgan who are facing challenges as they recover from the pandemic

CHAPTER 5: UPDATE ON DPH REPORT 2019

SUMMARY OF RECOMMENDATIONS

Who	Key Messages
Public	• Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you • Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring • If you find it difficult to use technology and access the internet, find out how you can get support to get connected by visiting your local library or Council hub • Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities • Be aware of the potential triggers for loneliness. If you are in contact with older people. 'Make every contact count' and ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community • Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted
Welsh Government	• Develop a national campaign to raise awareness about loneliness to compliment the 'Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections.' • Develop more detailed guidance around the design of age-friendly spaces and communities addressing the needs of older people in urban planning and design • Develop stronger and clearer planning policies and guidance which will facilitate the provision of a wider range of homes for older people, set clear targets for levels of provision and promote the use of quality

	design standards such as Lifetime Homes or HAPPI (Housing our Ageing Population Panel for Innovation) to ensure housing for life is available across tenures • Enable older people to able to access advice and information to guide them in moving home, whether purchasing or renting, including specialised financial advice and help to declutter and pack up their homes, and also get advice about maintaining their homes if they are not moving
Cardiff and Vale of Glamorgan Public Services Boards	• Advocate for the development and implementation of age-friendly policies across public services • Map the risk factors for loneliness and isolation and identify geographical areas to target interventions across Cardiff and the Vale of Glamorgan • Support those with low levels of digital literacy through involvement with the Digital Communities project targeting those most in need of support. • Sign the Digital Inclusion Charter and implement its six principles • Implement principles of 'Age Friendly Communities'
Cardiff and Vale of Glamorgan local authorities	• Undertake community engagement with older people as part of the local development plan review process and local developments • Include specific policy in local development plans to address the needs of older people, to include urban design standards such as the Age-friendly World Health Organisation checklist and housing requirements for older people including intergenerational developments • Apply urban design standards and accessibility criteria when redesigning existing infrastructure, for example increasing timing on light controlled pedestrian crossings to 0.8m/sec to make it safer to cross at slower speed • Create partnership opportunities to further advance planning and design opportunities for older people through progressing a World

	Health Organisation Age Friendly approach in both Cardiff and the Vale of Glamorgan
Cardiff and Vale University Health Board	• Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported • Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed • Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites

Workplaces and employers	• Develop an age-friendly framework for the organisation, which incorporates the adoption of Ageing Better's guide to become an age-friendly employer, or uses the Welsh Government toolkit
	  • Be flexible about flexible working
	  • Hire age positively
	  • Ensure everyone has the health support they need
	  • Encourage career development at all ages
	  • Create an age-positive culture
	• For employers of physically demanding job roles, consider how jobs can be adapted or assistive technology used to support people in their employment when needed
	• Support employees to ensure transition to retirement is well planned. Provide holistic information on financial planning, healthy lifestyles, volunteering opportunities, learning opportunities and activities
	• Offer retirement courses for employees to be able to receive specialist advice and information, at various stages in their employment, nor just when they are close to retirement age
	• Seek support from Business Wales on training and skills development for your workforce

	• Encourage all staff to 'make every contact count' and ask older clients and service users if they would like support to make social connections, and to be aware of triggers for loneliness • Raise awareness of the opportunities and resources available in local communities to tackle loneliness and isolation. Promote www.Dewis.wales using accessible and appropriate communication tools for older people • Support the provision of 'Time Credits' schemes to encourage older people to take up volunteering opportunities • Use intergenerational activities to bring older and younger people together to learn from one another, tackle loneliness and improve community connections • Promote volunteering opportunities for older people in the local community using methods such as fliers, posters and the local press alongside digital promotion

These actions focussed on ways in which we can contribute to ageing well into the future. The COVID-19 pandemic has impacted the level of activity that has been possible in these action areas, but we have made some excellent progress against the recommendations nonetheless.

WHAT WE DID / OUTCOMES

MESSAGES TO THE PUBLIC

- The Wales Centre for Public Policy (WCPP) has published a report 'The role of communities and the use of technology in mitigating loneliness during the pandemic'. May 2021. The role of communities and the use of technology in mitigating loneliness during the pandemic | WCPP. The WCPP has also produced a number of films to support this work
- Local authorities have been providing technology and support during the pandemic for older people to be able to get online
- Cardiff Hubs adapted groups and activities during the pandemic enabling people to connect on line. These activities include physical activity classes and 'Goldies' singing groups which continue to be delivered on line. Face to face services are beginning to start up again enabling people to meet in person https://cardiffhubs.co.uk/

- Many third sector organisations adapted their activities to make them available online and many older people took up the opportunity to take part in activities
- Walking Friends developed and many older people joined – guided social walks in Cardiff and Vale of Glamorgan. Opportunities for volunteering walk leaders will also be offered

WELSH GOVERNMENT

- Welsh Government is working with stakeholders on an action plan for the delivery of and updated version "Age Friendly Wales: Our Strategy for an Ageing Society" which is reflective of the impact of COVID-19. Priority areas within this strategy highlight the importance of community participation (including digital inclusion and the promotion of volunteering), and older workers (including promoting the re skilling of older workers and actively encouraging age friendly workplaces)
- Campaign: Let's face loneliness in Wales together – one connection at a time. Welsh Government backed the fourth Great Winter Get together campaign https://gov.wales/lets-face-loneliness-wales-together-one-connection-time
- Planning Policy Wales Edition 11 was published in February 2021. This states that development proposals must make provision to meet the needs of older people, assist in the delivery of cohesive communities and ensure housing meets the requirements of older people

CARDIFF AND THE VALE OF GLAMORGAN PUBLIC SERVICES BOARDS (PSBS)

- Vale of Glamorgan PSB have recruited a Digital Engagement and Volunteering Officer to expand Timebanking across the Vale of Glamorgan, with the aim of supporting and developing a range of voluntary sector groups to provide members of the public with digital volunteering opportunities. The post will also promote volunteering to members of the public and increase the number of people volunteering in the Vale of Glamorgan, specifically focusing on digital methods of engagement
- Cardiff and the Vale of Glamorgan Councils are leading PSB action towards gaining World Health Organisation Age Friendly status

CARDIFF AND VALE OF GLAMORGAN LOCAL AUTHORITIES

- Cardiff Council began the review of its Replacement Local Development Plan (LDP) with a consultation on its vision, issues and objectives. One of the objectives includes proving a diverse mix of housing, including responding to the needs of older people
- Older people have had an opportunity to comment on the consultation for the Cardiff LDP

- In July 2021, Cardiff Council launched its Wellbeing Support Service, providing short term, one-to-one mentoring to those that need it, helping them to access the right support. The service seeks to boost customer's health and well-being and mitigate some of the negative impacts of the COVID-19 pandemic

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

- Adaptation of Making Every Contact Count training for virtual delivery to UHB employees and partner organisations
- Commitment to work with PSB partner organisations on Healthy Workplace Principles as part of Move More Eat Well
- Social prescribing approaches well embedded in some primary care clusters
- Commissioning of a social prescribing project took place in 2020, to work in primary care across Cardiff and Vale

WORKPLACES

- Centre for Ageing Better produced a new report on the impact of the pandemic on those with health conditions. They have also provided a webinar (recording available on their website) on the importance of health, work and ageing, and what employers and government need to do to ensure that all employees are supported at work. https://www.ageing-better.org.uk/events/health-work-healthy-ageing-webinar
- Many volunteering opportunities were created during the pandemic, within employers and voluntary groups

PARTNER ORGANISATIONS

Designing and delivery of new opportunities for healthy social activities, including free access to different group activities in Cardiff and Vale of Glamorgan for a trial period via partner organisation or self-referral. It is also planned to offer Making Every Contact Count Training to the referring organisations to maximise the impact of these schemes.

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FIGURES

TABLES

ABBREVIATIONS

ACEs	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Services
EV	Electric Vehicles
HPV	Human Papillomavirus Virus
LSOA	Lower super output area
NCD	Non-communicable disease
MMR	Measles, Mumps and Rubella
NEST	Nurturing, Empowering, Safe, Trusted Framework
PSB	Public Service Board
RPB	Regional Partnership Board
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SHRN	School Health Research Network
UHB	University Health Board
WIMD	Welsh Index of Multiple Deprivation

Strategic Planning and Commissioning
'shaping the future, delivering better outcomes today'

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Integrated Medium Term Planning 2022-2025

Background and Context

- Welsh Government requirement to submit a single plan for 2022-25 that describes the organisations direction of travel.

There will be no separate recovery plan as we return to the usual *rhythm* of planning in NHS Wales

- Even without this requirement why would we not want a plan?

A plan is our tool to help us understand what actions we need to take and a tool to help us hold ourselves to account on that progress.

- We must recognise that our plan must address Ministerial and Government expectations as well as our own organisations ambitions (not that these do not naturally align in many cases)….but the level of assurance we might want to see in a plan may well!

Background and Context

We are not starting with a blank canvas though.

- ❑ Shaping of Future Wellbeing remains our extant strategy and the compass for our direction of travel – *but will require refreshing during the life of this IMTP*.
- ❑ We have our 9 strategic programmes of work as our vehicles for delivery
- ❑ We have had direction from the Minister on her priorities along with the publication of the National Clinical Framework (see later slides)
- ❑ We have the 5 harms associated with covid-19 that we must continue to address

Shaping our future hospitals	Shaping our future communities	Shaping our future Clinical services	Shaping our future population health	Primary care	Planned care	USC	Diagnostics	MH	Workforce	Digital and Data
Abi Harris	Abi Harris	Stuart Walker	Fiona Kinghorn	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Steve Curry	Rachel Gidman	David Thomas

Strategic programmes
Operational programmes
Enabling programmes

Our Mission is: (This is why we exist)
CARING FOR PEOPLE KEEPING PEOPLE WELL

Our Vision is: (This is what we want to do)
A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)
Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them

For Our Population (This is what we are offering to do)

Deliver Outcomes that Matter to People

I want to understand my care choices | I want to be healed and my pain eased | Give me hope | I want to be healthy | I want my family and me to be supported | Be there for me at the end of my life

Our Service Priorities (This is what we will focus on most)

Offer services that deliver the improvements in population health that our citizens are entitled to expect

Cancer | Stroke | Long Term Conditions (Diabetes) | Dementia | Mental Health | Oral and Eye Health | Early Years and Maternal Health

Sustainability (This is where we want to excel)

Join up what we do for the people we serve and strive for operational excellence making the best use of the resources we have

A new unplanned care system | Balance capacity and demand for all our services | Avoid harm, waste and variation

Culture (This is what we want working here and with us to be like)

Working better together across care sectors through people, innovation, improvement, research and technology | Being a great place to work and learn

OUR VALUES (These are what are important to us)

Care | Trust | Respect | Personal Responsibility | Integrity | Kind

So strategically where do we need to focus our efforts?

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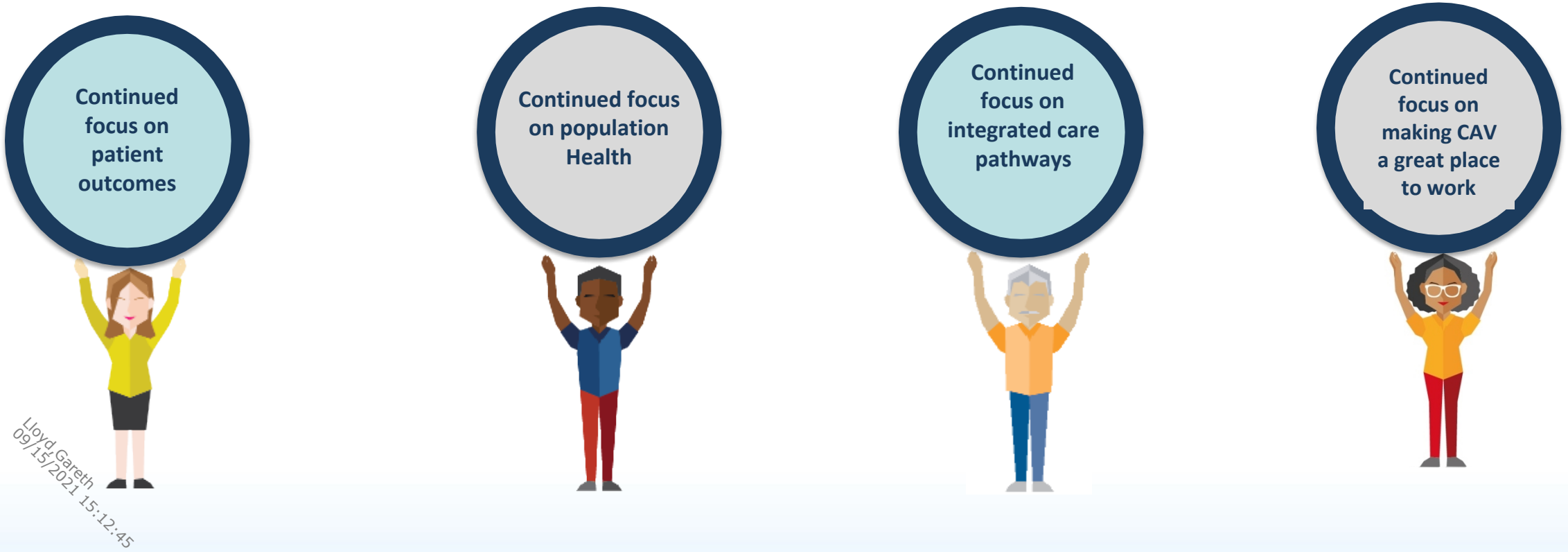
All of this tells us our 22-25 plan must stretch our ambition over the coming three years to ensure a….



Approach to the design of our 2022 – 25 plan

Developing an appropriate plan for the organisation (and an approvable plan for WG) is going to need to address these areas of focus through three lenses –

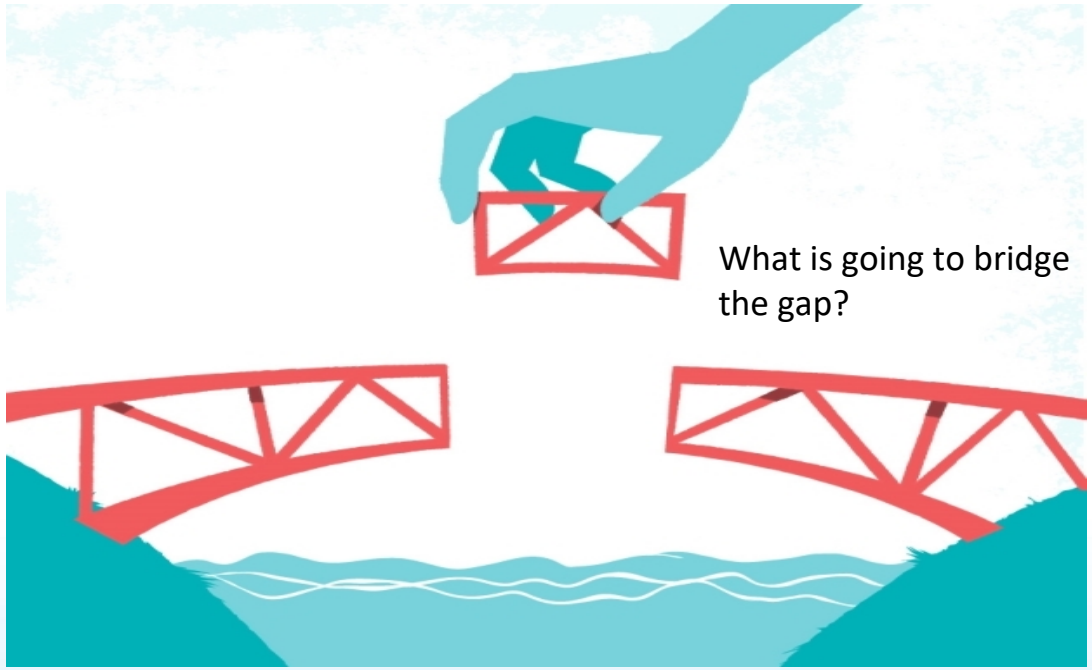
(i) Recovery and design agenda for the coming 3-5 years

(ii) The longer term strategic planning and transformational reset of the system 5 years +

(iii) Vitally the component which links the recovery and the strategic reset together.

The recovery and redesign agenda

- Unscheduled care programme
- Planned care programme
- Diagnostics
- Mental Health
- Primary Care



The strategic transformation agenda

- Shaping our clinical services
- Shaping our future hospitals (UHW2)
- Shaping our future communities
- Shaping our future population health

Lens 1: Our recovery and redesign agenda

The recovery and redesign agenda

- Unscheduled care programme
- Planned care programme
- Diagnostics
- Mental Health
- Primary Care

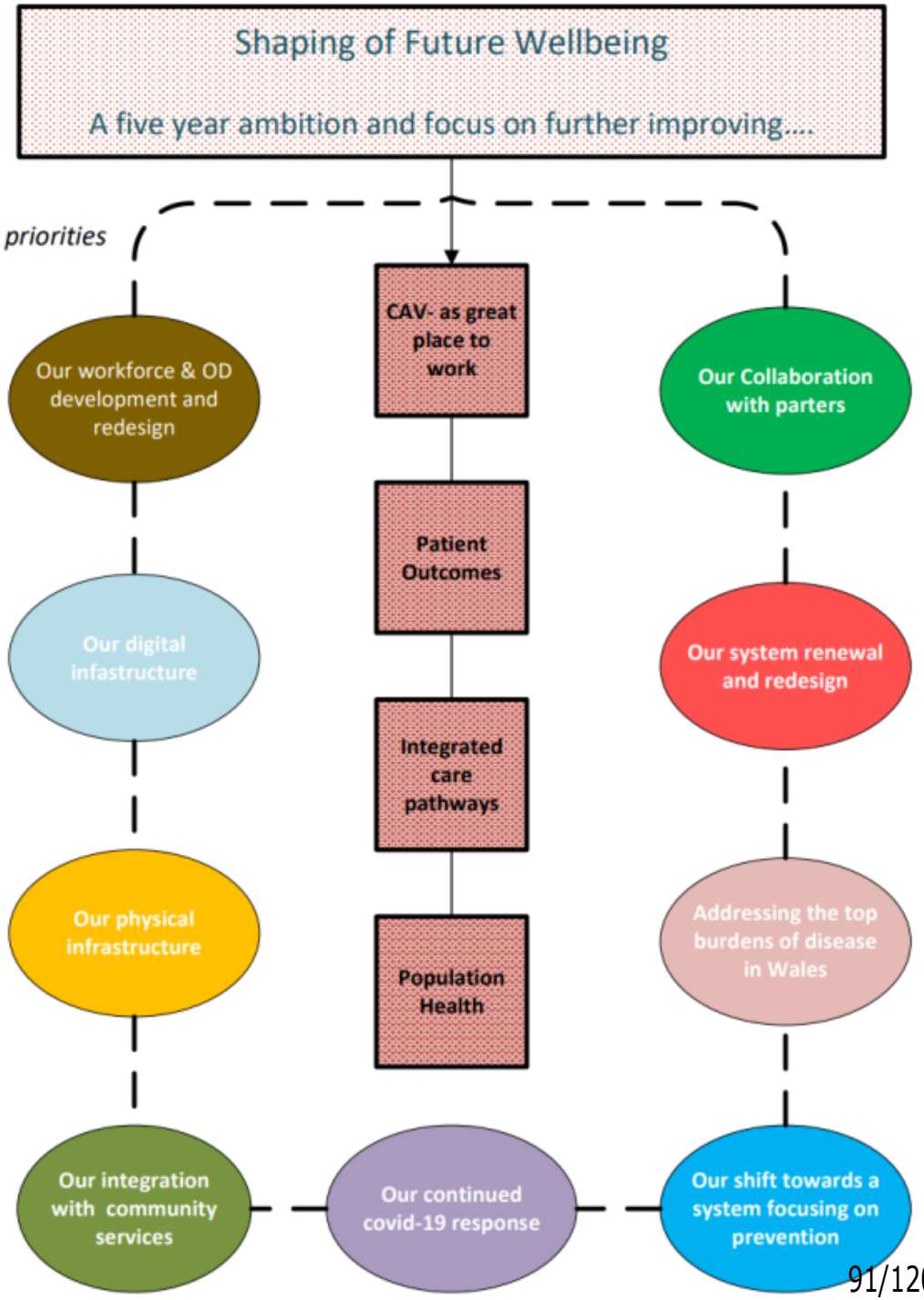
The three components described are of course not mutually exclusive- they will overlap.

However this is the component of the IMTP which will require Clinical Boards to most materially plan against for 22/23 and is thus the focus of HSMB today.

Using our strategic ambitions as a focus -

- Patient outcomes
- Population Health
- Integrated Pathways
- CAV- *a great place to work*

Early engagement with key stakeholders has enabled the organisation to consider what its 3-5 year priorities should be **Clinical Boards will need to plan against these priorities**



What these nine priorities mean in reality

Using the our existing annual plan and the recovery & redesign plan as a baseline we have then been able to describe the specific deliverables that we are going to want to realise in the next 1-3 years.

These provide the specifics which clinical boards need to plan for.

Clinical boards will need to identify which deliverables they will be directly responsible for and/or be a critical enabler for and ensure their local planning reflects this.

A 5 YEAR AMBITION / FOCUS TO DELIVER EVEN BETTER...	MEANING A 3 PRIORITY ON	....AND A NUMBER OF 1-2 YEAR CRITICAL DELIVERABLES
Outcomes	system renewal and redesign	**i. Creating more sustainable Outpatient and pre-assessment services** (a)further utilisation of the Virtual Village (b) See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) pathways **ii. Redesigning a more resilient and even more high performing unscheduled care system via continued implemenation of the six goals for urgent and emergency care** (a) Right bed first time - Same day emergency care (SDEC) - phase 2 (b) AU / EU expansion (c) continued expansion of our Medical Emergency Ambulatory Care Unit (MEACU) (d) Continued development of the Rapid Access and Treatment Zone (RATZ) **iii. Post pandemic realignment / development of USC services** (a) Evaluation of CAV 247 and Urgent Care centre model (b) Stroke services including Thrombectomy and HASU **iv. Further development of Regional and Tertiary services with our HB partners where clinically apporiate** (a)Modernising Spinal Services for South Wales - implementation of regional ODN (b) Oesophageal and Gastric Cancer Surgery (c) Hepatopancreatobiliary Surgery (d) Velindre @UHW (e) Progression of regional eye care services (g) Progression of a regional Orthopeadic solution via options appraisal **v Creating a more sustainable primary care** (a) Development of a clinically lead primary care strategy aligned to our integrated health and social care model & our clinical services plan
	Our digital infastructure	**vi. Progressing our clinical channel programme** (a)Electronic test requesting (b) Online referrals/e-referrals (c) Epma **vii. Progressing our analyst and platform channel programme** (i)Clinical, Local, National Data repository (CDR) (LDR) (NDR) (ii) Integrated diagnostics (iii) Scan4Safety (iv) Process automation **viii. Our patient channel programme** (a)E-Consent (b) Personal Health Record with PREMS/PROMS – Telehealth (c) Choose and Book / e-bookings (d) Self directed enquiry management
	Our physical infastructure	**ix.Modernising our BMT / Haematology / Acute Oncology estate** **x. Expanding our Critical care capacity** **xi. Completing estates dependent post-covid recovery plans** (a) Cardiac services (b) Fracture clinic inc peads (c) Therapy estate in the community inc Physio (d) Additional Theatre Capacity – MTC / Vascular and Modular Theatres

A 5 YEAR AMBITION / FOCUS TO DELIVER EVEN BETTER...	MEANING A 3 PRIORITY ON	....AND A NUMBER OF 1-2 YEAR CRITICAL DELIVERABLES
Integrated care pathways	system renewal and redesign	**xii. Community First Development of Services in the post pandemic realignment / development of planned care services** (a)Development of community diagnostics centres (Barry Hospital initially) (b) Pathway redesign across Eye care and Dental services into the community (initially) **xiii. Further progressing Long covid models of care**
	Our physical infastructure	**xix. Modernising our Primary and community estate** **a**) WH Penarth (b) WH Mealfa (c) H&WBC for the N&W locality (d) Redevelopment of Barry Hospital
Population Health	Covid-19 system response	**xv. Demonstrating our continued covid-19 readiness** (a) Gearing up plans offering assurance on continued delivery of essentially services (b) Phase 3 vaccination
	Integration of community services	**xvi. Enable patients to remain at home** a) Rollout/ scale up of south West cluster MDT working b) Community rapid response team supporting EU/AU @ UHW to avoid low level non medical needs c) Chronic disease management d) Supporting our 'high risk group' as identified via *signals for noise* **xvii. Ensure further integration with our RPB / PSB partners** ???
	Prevention	**xviii. Further focus on our populations lifestyle behaviours** (a) Early intervention and prevention for substance and alcohol misuse (b) Obesity Further focus on our populations long term chronic health conditions (a) Diabetes
	The top burdens of disease in Wales	**xix. Cancer** (a)Proactive management of cancer pathways (b) Focus on delivery against the Single Cancer Pathway (c). Expansion of our Post Anaesthetic Care Unit (PACU) (d) Implementation of the Acute Oncology regional network service
		xx. Mental Health (a) Access - *Extend the model for Crisis 24/7 CAHMS Liaison* (b) C&YP with LD- *Develop and build community models of care for assessment and early intervention* (c) Older people services - ??? (d) Eating disorders- ???

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A 5 YEAR AMBITION / FOCUS TO DELIVER EVEN BETTER...	MEANING A 3 PRIORITY ON	....AND A NUMBER OF 1-2 YEAR CRITICAL DELIVERABLES
CAV- An even better place to work	Wortkforce Development and redesign	**xxi. Supporting staff as they develop in their career** (a) Implement a coaching and mentoring network (b) Introduce career clinics for registered Nurses. (c) Implement Values Based Appraisal for all staff. (d) Increase education, learning and development opportunities for all staff. **xxii. Timely access to support when needed** (a) Reducing waiting times for Occupational Health & EWB services. (b) Retain Platinum Corporate Health Standards. (c) Improve communication to ensure all staff are aware of EWB services available. **xxiii. Employment practices with a clear focus on inclusion.** (a)Embed the Healthy Working Relationships principles (b) Embed the Just Culture principles. (c) Implement Values Based Recruitment (VBR) (d) Develop a recruitment & retention strategy **xxiv. Providing safe and healthy working arrangements and environments** (a) Implement e-rostering (b) Promote flexible working (c) Develop compassionate Leaders (d) Listen to our staff (e) Physical environment
	Our digital infastructure	**xxv. Our capabilities programme** (a)Upgrade desktop estate inc W10 (b) Staff mobilisation- UYOD (c) e-rostering (d)follow me print

Lens 2: Our strategic transformation agenda

The UHBs strategic commissioning intentions will continue to guide the strategic transformation component of the plan

	Empower the person	Home first	Outcomes that matter to people	Avoid harm, waste and variation
Performance Requirements	• Support patient self-care & management • Focus on prevention & early intervention • Risk stratification, remote surveillance & monitoring • Best use of specialist input building on best practice and innovation • Increase non-face to face consultations	• Increase activity and services in primary & community care • Deliver care closer to home • Increase community diagnostics and point of care testing • Increase social prescribing and early intervention	• Risk stratification, remote surveillance & monitoring • Identify inappropriate attendances at acute setting through data analytics • Use of data to identify issues in patient pathways • Investigate & identify initiatives to improve efficiency	• Reducing length of stay • More effective discharges to avoid readmissions • Improve early intervention and prevention • Improve and increase services within the community
	Reduce outpatient attendances	**Deliver more care in primary & community services**	**Reduce non-elective admissions** **Reduce emergency theatre cases**	**Reduce elective surgery rates** **Reduce elective beds**
	• Strengthen the opportunities to undertake day cases procedures where inpatient stays are not clinically appropriate • Undertake day cases in line with BADS recommended list.	• Assume 2% increase in allocation • Achieve 2% cost improvement • Remove £20m underlying deficit by end of 3 year IMTP	• Focus on deprived populations, people with co-morbidities, LD, vulnerable groups & BAME communities • Focus on wellness, prevention & early intervention • Use a population health lens for decision making	**COVID-19 Response & Recovery** • Mental Health • Primary Care • Un-scheduled Care • Planned Care • Diagnostics
	Shift to day cases from inpatient	**Achieve Financial Balance**	**Equality and inequity**	
	Shaping our future **Population Health**	Shaping our future **Communities**	Shaping our future **Clinical Services**	Shaping our future **Hospitals**

Lens 2: Our strategic transformation agenda

Shaping our Future Hospitals

Shaping our Population Health

The four strategic programmes of the UHB will continue to be the deliver vehicles

Clinical Boards remain integral to successfully deliver of this component of the plan- *these must not be programmes that are taking place in silo.*

Shaping our Clinical Services

Shaping our Communities

Lens 3: Bridging the gap

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It will be critical that we can assure ourselves (and others) that our recovery activities and our longer term strategic transformation are going to "meet in the middle"

How we;

- Use intelligence emerging from *signals for noise*
- Further increase of collective of knowledge of where and how our resources are invested
- Continue to mature our partnerships across health and social care

…… will be vital in avoiding this……

Planning Assumptions to guide plan development

- Developing a plan is often said to be ‘easy’, developing a deliverable plan however……
- Both the UHBs IMTP and Clinical Board local plans will have to be framed within the following planning assumptions.

Developing a plan does not signal the opportunity to propose new developments and expect them to be funded.

1	Our IMTP must be explicitly anchored by the ministerial priorities and Shaping Our Future Wellbeing
2	Health Inequalities, patient safety and quality, prevention and the green agenda whilst part of the ministerial priorities must be golden threads that are reflected in all we are going across our local clinical board plans and the corporate level IMTP.
3	Our IMTP must be underpinned by Cluster Plans
4	Service transformation & pathway redesign should focus first on population health improvement and illness prevention
5	Regional collaboration with Local Authority partners and neighbouring UHBs is critical to delivering redesigned and sustainable services
6	We must plan to commission and deliver services that meet statutory or mandated standards – clinical/ workforce/ environmental
7	‘Unsustainable’ services will be reviewed through a commissioning lens to assess desirability of continuing provision arrangements
8	All service change plans must be developed through effective and appropriate engagement with internal and external stakeholders
9	‘NHS Finance and Managing within Resources’ is 1 of 8 Ministerial priorities (with a focus on next years IMTP).
10	Too early to have firm resource planning assumptions from Welsh Government, these will follow in due course.
11	To stabilise the financial position we will need to deliver the similar level of savings in 2022/23 as we are planning to do in 2021/22 (2%).
12	The UHB is currently in receipt of £21.3m COVID funding to offset its ULD caused by non delivery of recurrent savings plans in 2020/21.
13	If the UHB is to recover this position without any further Welsh Government assistance it will need to increase its savings requirements over 2022/23 – 2024/25.
14	Health Board funded investments are likely to remain limited to previously agreed priorities.
15	Uncertainties over COVID response (and recovery) funding. May need to step down towards routine arrangements).

2022-23 Ministerial Priorities

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Cardiff and Vale University Health Board

Covid-19 Response

I. Continued progress on vaccinations, from second doses to booster and flu arrangements;
II. NHS influence and data feeding into government choices and actions;
III. Continuing to contribute and discharge an effective Wales TTP system;
IV. Responding to expectations for long covid, whilst we continue to learn about the diagnosis and treatment;
V. Ongoing safe environments for patients and staff in healthcare settings –recognising this changes based on local community prevalence;
VI. An understanding of broader harms and showing how the NHS is building these into plans.

NHS Recovery

I. There needs to be a clear plan for waiting lists and times–progress within the gift of health organisations from core allocations, as well as clarity on what proposals need national/ Welsh Government support whether for service models or facilities.
II. This is an opportunity to do different things. The Minister is committed to ensure that we do radical things, be innovative and show we are transforming the system from this difficult experience.
III. To work on service change options early, showing better access and outcomes for patients..
IV. Continuing to address NHS pressures, dealing with high volumes of patients and a return of services, whilst continuing to operate safely in a Covid environment and maintaining operational readiness if required to respond to further waves.
V. Resilience in planning and contingency planning for future threats and demands. Examples include new variants and winter pressures
VI. Collaboration with other NHS organisations to progress appropriate regional solutions in earnest.

Working alongside social care

I. Building upon relationships with Regional Partnership Boards to plan and deliver effective integrated services in response to population need.
II. Understanding any fragilities in the local social care and care home sector and working with partners to identify any contingencies which may be required.
III. Continuing to engage in discussions about the recovery and future of social care following the consultation on the white paper Rebalancing Care and Support;

A Healthier Wales

I. This provides permissions and a clear mandate for the NHS to use existing actions contained in the Workforce Strategy and the National Clinical Framework to make rapid progress.
II. Local implementation of quality statements and the new Quality and Safety Framework (when published).
III. A relentless focus on improving health outcomes and reducing inequalities (see priority 8 below);
IV. The opportunity to develop more appropriate system and clinical measures that track towards A Healthier Wales

2022-23 Ministerial Priorities

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

NHS finance and managing within resources

I. Clarity of financial planning for this year and more importantly, for subsequent years, including clarity on longer term assumptions for sustainable services and workforce planning. This will be particularly important as we reactivate the statutory requirement for 3-year, financially balanced IMTPs.
II. Tracking financial performance at national and organisational level.
III. A desire to see use of NHS funding and resources to support cross-government priorities which have an impact on the wider determinants of health.
IV. Application of prudent health care and value based healthcare to services and at system level.

Mental health and emotional well-being:

I. Raising expectations for change away from traditional and institutionally based services. This includes evidence of shifting services away from a medical model.
II. Focusing on models that meet the needs of children and young people
III. Workforce well-being and welfare, with an emphasis on staff support and resilience. How we care for our own staff further to the pandemic experience will be a reflection of how we wish to support the wider population

Supporting the health and care workforce:

I. Robust workforce planning, informed by demand projections and service planning
II. Continuing to recognise staff efforts.
III. Engaging the workforce, as well as wider stakeholders, in service change and transformation.
IV. Encouraging local innovation and implementation of national programmes.

Population health, notably through the lens of pandemic experience and health inequity:

I. Short-term decisions must be made in the context of making a future difference to our population health
II. The specific needs and impacts upon deprived populations, those with co-morbidities or learning disabilities, vulnerable groups and Black, Asian and Minority Ethnic communities must be understood and grounded in lived experiences.
III. Evidencing a shift to prevention and wellness.

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The Cardiff & Vale UHB Change Agenda

Strategic Programmes – An Overview

The UHBs 7 programmes of change

Consisting;

- A strategic change portfolio
- A recovery and redesign portfolio
- A digital enabler programme
- A workforce enabler programme

The 4 programmes within the scope of the strategic change portfolio

You will recall Steve Curry, *UHB Exec Director of Operations* has previously spoken to you about this portfolio

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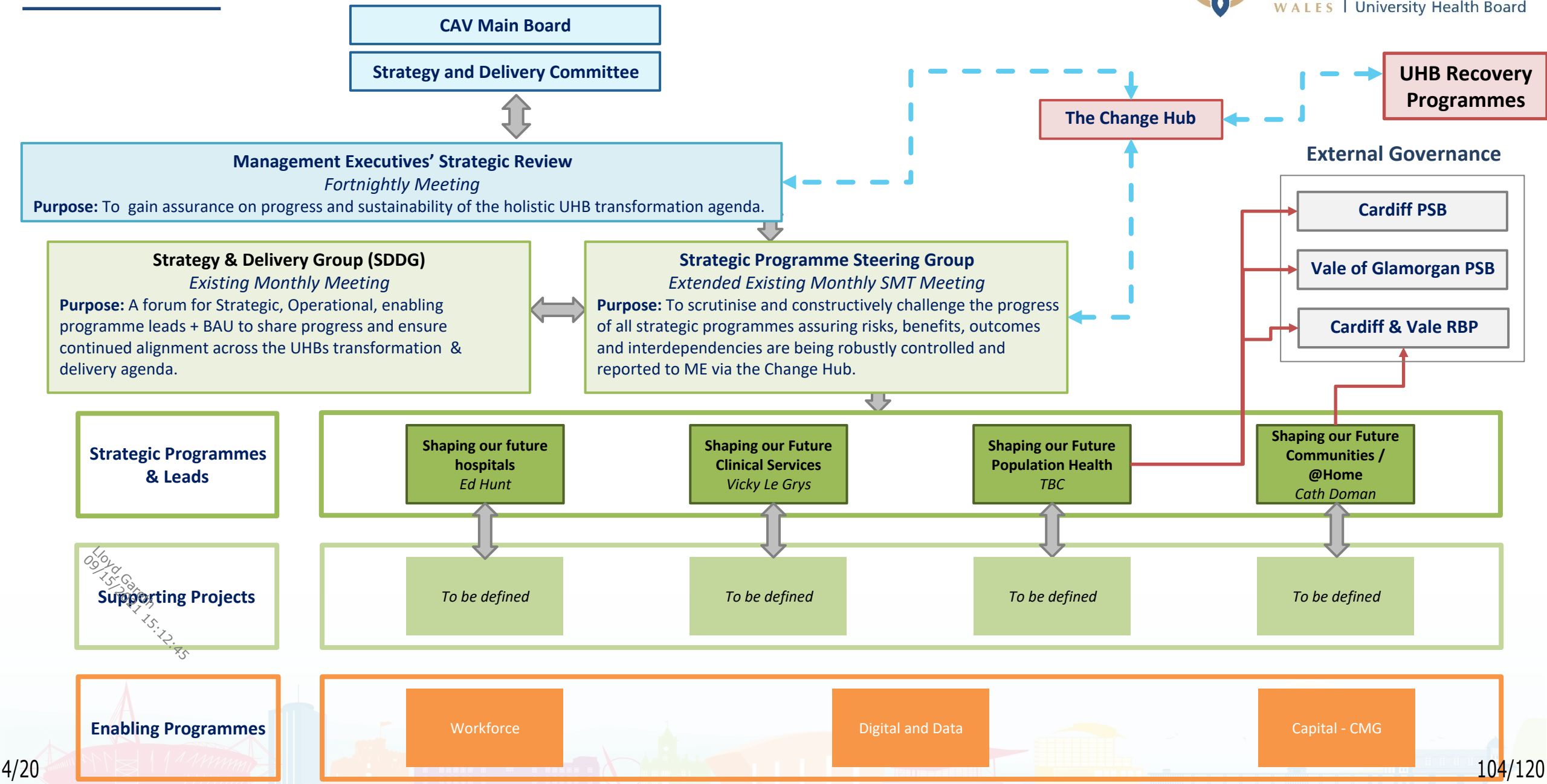
Strategic Programmes Governance Structure



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CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

@Home Programme

Shaping our Future
Community Care

How the programme links to the Regional Partnership Board's focus on population health

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.

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.

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.

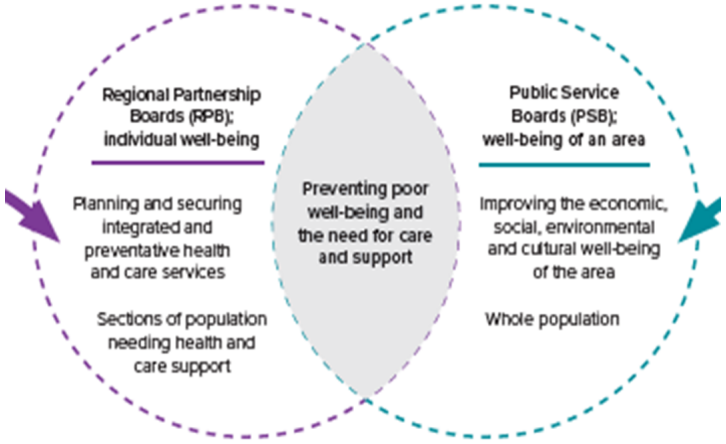
Starting well

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.



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CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Project deliverables and cross-cutting enablers

	Accelerated Cluster development	Health & Wellbeing Centres	Intermediate care	Single Access Point	Vale Alliance
Stage 1 *(by March 22)*	• A consistent target operating model which is sensitive and responsive to the needs of each cluster • Action learning set supported by national accelerated cluster development programme • Spread and scale of the SW cluster prototype to 2 further clusters	• Tbc - Detailed scoping to align the Capital developments of Barry Hospital, Cardiff Royal Infirmary and North and West Locality Health and Wellbeing Centres with the @Home programme.	• Rightsizing: A clear understanding of the demand, capacity and capability required to meet the population's need • Develop a common service specification in line with Welsh and UK-wide evidence and best practice	• Design and specification of a target operating model for SPoA that will deliver coordinated, joined up access to health and care community services	• Design and specification of a target operating model for SPoA that will deliver coordinated, joined up access to health and care community services
Stage 2 *(From April 22)*	• Roll out to all clusters regionwide		• Implementation of a consistent, region-wide intermediate care service model	• Integrated referral management system • Recruitment to integrated staffing model • Development of service performance and quality indicators • Communication of the access points to citizens and referrers	• Integrated referral management system • Recruitment to integrated staffing model • Development of service performance and quality indicators • Communication of the access points to citizens and referrers

Enablers

- **Governance** *(developing a structure for a shared responsibility of our citizens)*
- **Engagement and comms** *(the voice of the citizen – central to this work!)*
- **Digital and intelligence** *(digital enablers and how will we measure success)*
- **Workforce and OD (developing an integrated workforce – informed, skilled and enabled)**
- **Finance** *(the resource and finance perspective)*

Shaping our Future Hospitals Programme

Plan on a Page

Kick-off Date: Last Updated: 25/8/21

PORTFOLIO Strategic Programme Portfolio

Programme Title	**Shaping our Future Hospitals**	**Programme Lead**	Ed Hunt	**Exec Sponsor/SRO**	Abi Harris
Aims/Objectives	Through the definition of a world leading clinical model, supported by appropriate technology and a future ready workforce, develop renewed infrastructure.	**Dependencies / Enablers**	• Shaping Our Future Clinical Services • @Home • Digital • Recovery Transformation	**Benefits**	• Improved patient outcomes • Improved patient satisfaction • Improved staff satisfaction • More R&D • Economic regeneration • Improved env sustainability

In Scope	**Out of Scope**	**Deliverables / Timeline**	**Resource / Investment**

• Clinical services at UHW, UHL, Community
• Rebuild UHW
• Refurbish UHL
• Digital transformation
• R&D
• Optional
  • Patient stepdown
  • Private hospital
  • Staff accommodation
	N/A	• SOC – aim for one calendar year duration – est late 2022*
		• Clinical Transformation framework – c4 elapsed months (including digital implications and workforce implications of new care models)
		• Academic Health Sciences Feasibility Study (c4 elapsed months)
		• OBC c2024*
		• FBC c 2026*
		*assuming start work in late 2021
			• SOC
			  • Internal core team recurring y/y
			  • External specialist advice
			  • SOC estimated at c£4.7m
			• OBC to spade in ground
			  • Advised of c14% of capital
			  • Cambridge OBC @ c£11m

Stakeholders	**Major Programme Risks:**	**Mitigating Actions:**
• Other health boards and trusts in South Wales • Bevan Commission & Life Science Hub • Councils • Cardiff University & academia • MPs/MSs • Public	• Not affordable • Programme delays • Enabling programmes	• Set out infrastructure could be financed. 27/8/21 meet with WG. • Stakeholder management, treating as urgent with WG • Change hub monitor/control enabling programmes for exec scrutiny.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Shaping our Future Clinical Services Programme

Shaping our Future
Clinical Services

Shaping our Future
Clinical Services

We will work with our staff, patients, and partners to co-ordinate and support the design and implementation of future clinical services, transforming our healthcare pathways and clinical models.

Programme Principles:

- Have our patients at its heart & clinically-led
- Be developed collaboratively with staff, patients and partners
- Work across whole care pathways for key conditions, illnesses and injuries
- Involve primary, secondary, tertiary services
- Cover all ages
- Drive the requirements for programmes such as digital, workforce, development of a new buildings infrastructure
- Inform planning in other programmes such as @home programme
- Be closely linked with service plans for the development of services such as public health, mental health, tertiary services for Wales

Scope for the next 12 months

Objectives

1. Development of a Clinical Services Plan using the approach, principles & structure designed for and with the public and our staff.
2. Development of a programme team to oversee and support the redesign of multiple pathways using the methodology and toolkits created
3. High level D&C analysis to support SOC clinical services planning activities will the develop and further inform

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Objective 1 – Clinical Services Plan

We will deliver this by:

- Mapping current clinical pathways at both a local and regional level
- Develop and agree a prioritisation framework with weighted criteria
- Agree outcome measures and benefits for each pathway
- Develop redesign methodology to ensure the redesign produces expected outcomes
- Undertake workshops for prioritised pathways to allow level of detail for CSP & produce a framework for others
- Gather outputs to formulate the plan
- Engage with the public & staff on the plan and any specific service changes that are a result of the redesign process

Objective 2 – Programme team

- **We will deliver this by:**
- Identifying leads from across the organisation to formally lead both verticle and horizontal workstreams inc engagement and consultation
- Identify champions at all levels to support the work and allow us to maximise engagement
- Create a support team (change hub PMO)
- Develop the structure to empower and support the team
- Create the methodology, and toolkit
- Create clear links and identify interdependencies between the different workstreams

Shaping our Future Population Health

Improve the health of people in Cardiff and the Vale of Glamorgan, and reduce inequalities in health outcomes

Approach and ways of working

Shaping our Future Population Health

Fair economic development | Housing and homelessness | Environment | Education | Community safety

Starting well | Living well | Ageing well

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.

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.

Prevention and early intervention
As a core part of clinical services

Through Local Authority corporate plans and PSB leadership

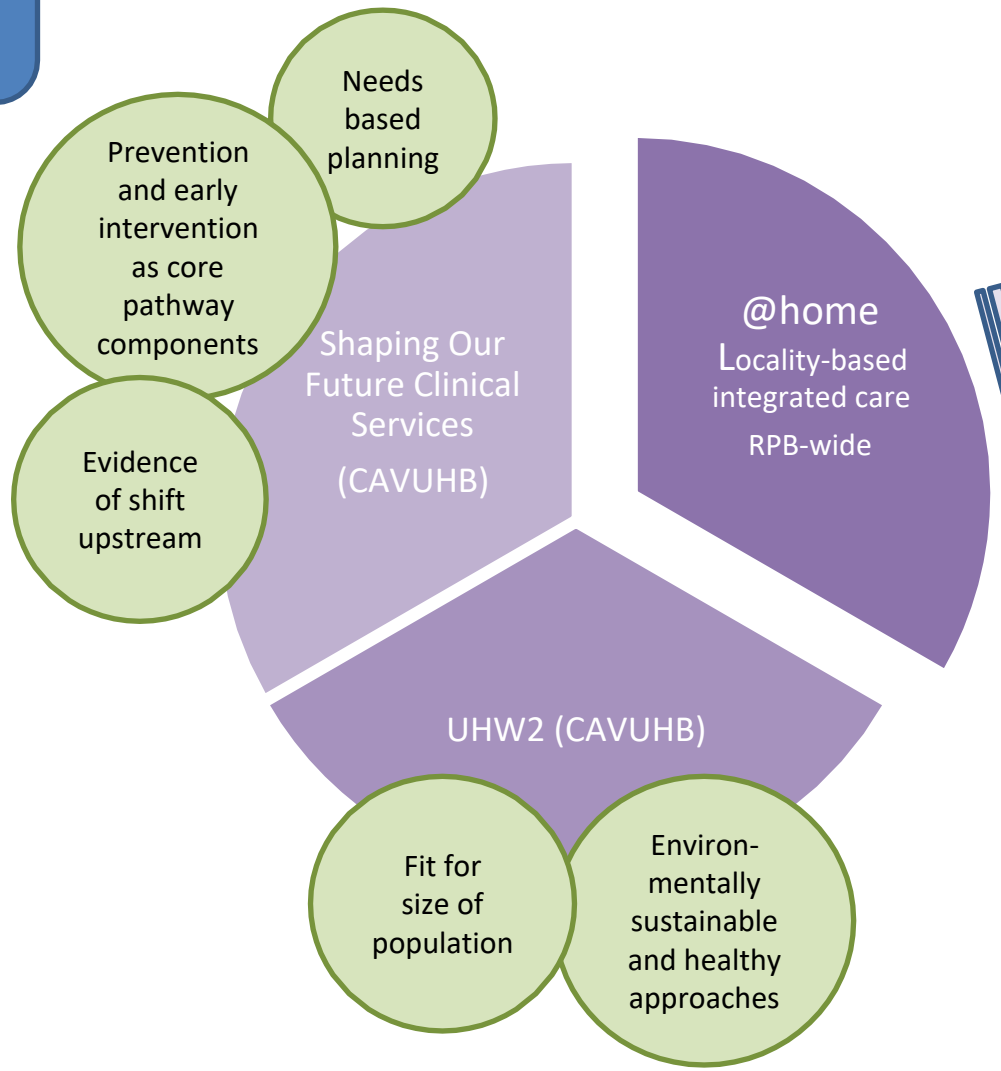
Work with partners including public and third sectors

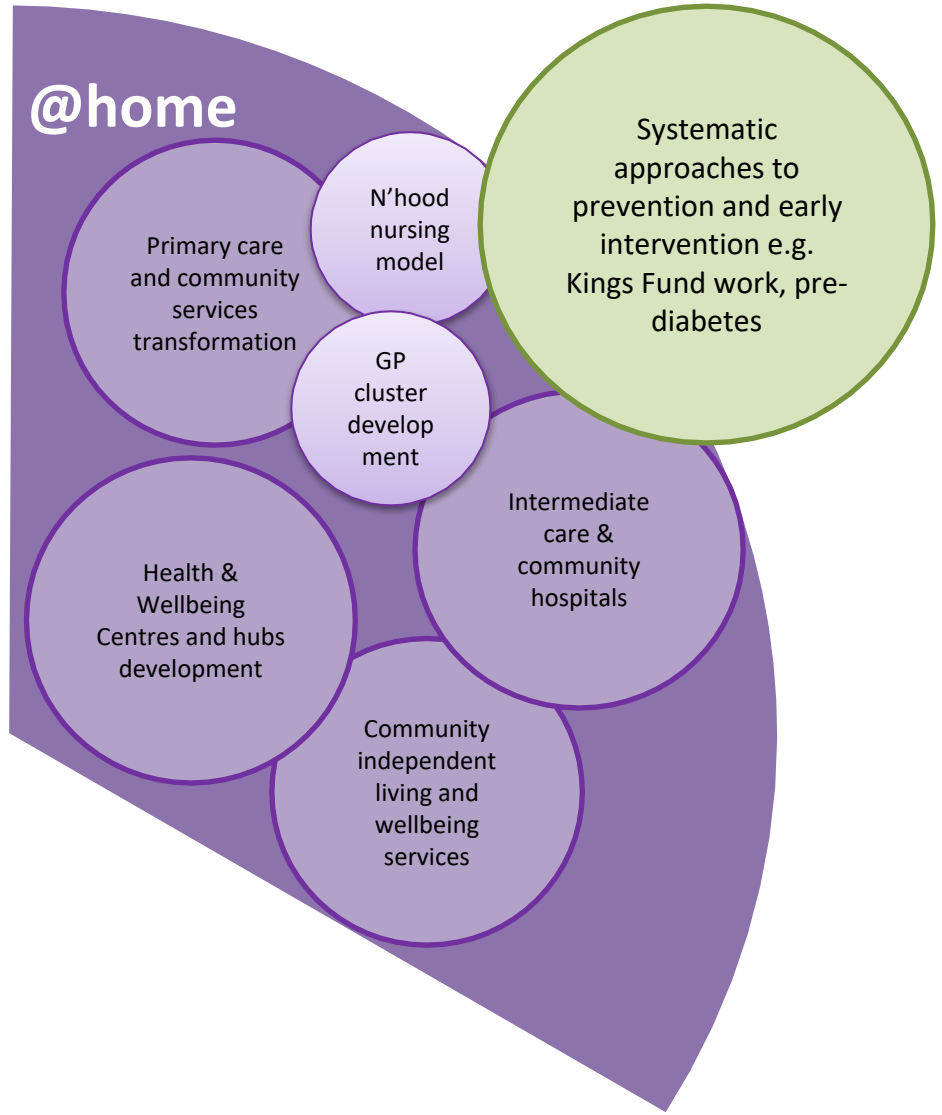
Through Regional Partnership Board

Work with partners including public and third sectors

Through UHB Shaping Our Future Well-being Strategy

Shaping our Future Population Health





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Specific system programmes

Shaping our Future Population Health

Review governance and service delivery models for childhood and flu vaccinations

Covid-19 mass vaccination programme

Vaccination and immunisation

Systematically tackle inequalities

Review of impact of Covid-19 on health inequalities; development of engagement programme with black and minority ethnic communities; specific work on vulnerable groups including substance misuse and youth justice

Systems leadership to deliver behaviour change in our communities, to achieve vision for population to move more and eat well

Healthy weight: Move More Eat Well

Sustainable and healthy environment

Partnership working with Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green/blue spaces, and healthy retail and growing environments

Work with service leads, based on evidence, to identify actions to maximise opportunities for prevention and early intervention in primary and community settings

King's Fund recommended programmes

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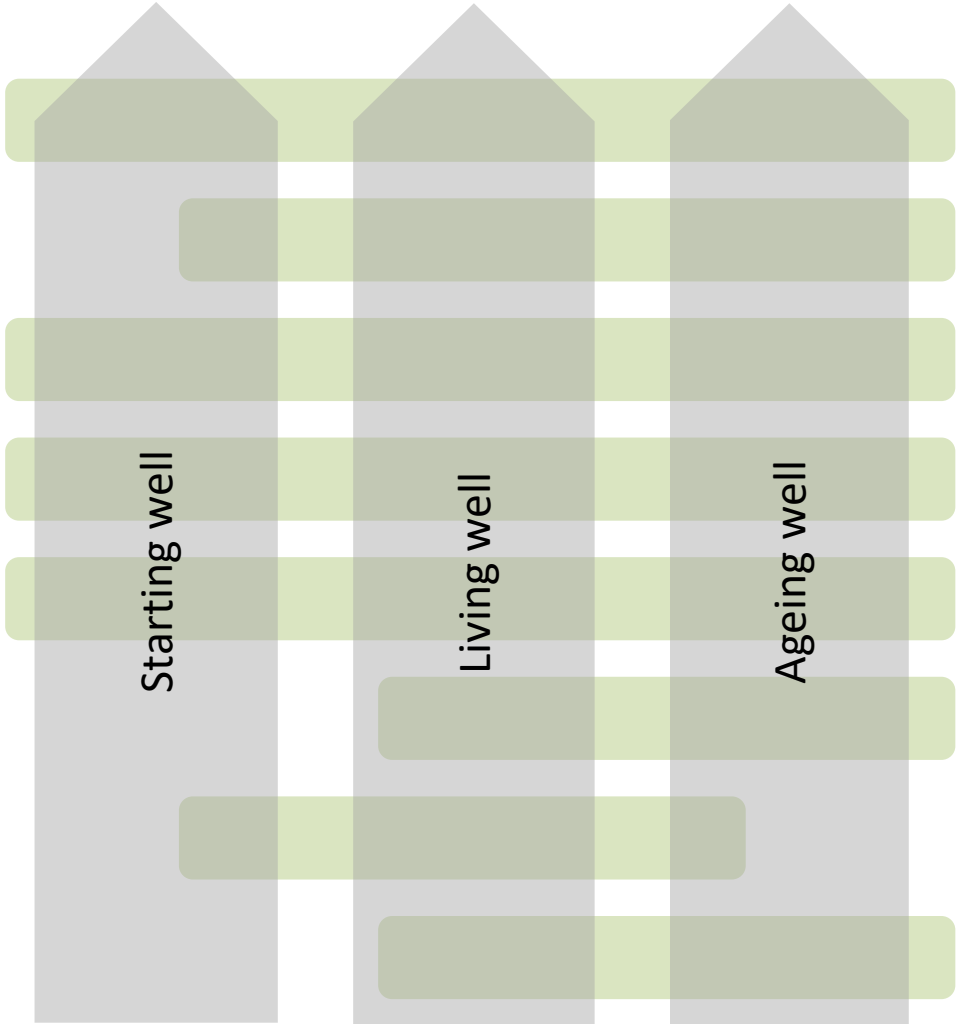
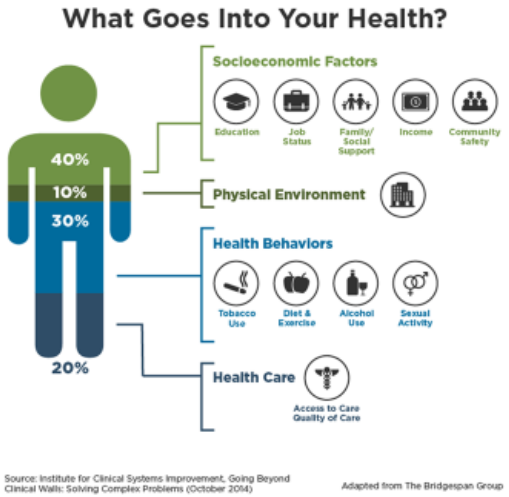
Shaping our Future Population Health

Addressing health behaviours and risks across care pathways and life stages

- Immunisation
- Tobacco
- Physical activity
- Diet
- Healthy environments
- Alcohol
- Sexual health
- Falls prevention





Partnership working on issues with public and third sectors, directly and via PSBs and RPB

Questions for SRG

- Would it be helpful to receive more detailed presentations from each of the strategic programme leads?
- Whilst key stakeholders are engaged at programme level, is there a wider role that SRG might want to undertake?