

# Stakeholder Reference Group

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

Via Teams



## Agenda

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

0 min

*Chair*

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

0 min

*Chair*

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

0 min

*Chair*

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

0 min

*Chair*

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

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

0 min

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


*Nicola Foreman*

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

0 min

*Vicky LeGrys / Navroz Masani*

 Item 6a SOFCS - Powerpoint\_v4 - ENGLISH - Final.pdf (18 pages)

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

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

0 min

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

*Vicky LeGrys*

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

0 min

*To seek the SRG's views on the emerging model*

*Cath Doman*

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

09:30 - 09:30  
0 min

9. Next Meeting of SRG

1.30pm-4pm Tuesday 25 May 2021

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

**Present:**

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

**In Attendance:**

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

**Apologies:**

Paula Martyn	Independent Care Sector
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**Secretariat:**

Gareth Lloyd, UHB

**SRG 21/01**

**WELCOME AND INTRODUCTIONS**

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

## **SRG 21/02 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

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

## **SRG 21/03 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

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

### **Re-admission Rates**

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

## **SRG 21/05 FEEDBACK FROM BOARD**

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

### **November**

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

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

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

## **December**

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

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

## **Action: Gareth Lloyd**

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

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

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

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

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

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

The SRG raised a number of concerns/questions

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

## **SRG 21/07 UHB SUSTAINABILITY PLAN**

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

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

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

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

The proposed sustainability targets were then shared with the SRG.

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

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

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

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

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

## **SRG 21/08 SHAPING OUR CLINICAL SERVICES**

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

The draft questions were as follows:

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



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

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

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

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

## **SRG 21/09 KEEPING ME WELL WEBSITE**

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

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

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

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

The SRG was then asked the following specific questions:

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

The SRG made several observations.

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

**SRG 21/10**

**NEXT MEETING OF SRG**

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



## Shaping our Future Clinical Services

# Have your say on future care

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



# Overview

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

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

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



## Shaping our Future Wellbeing

### *The strategy that underpins everything we do*

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

Bricknell, Helen  
03/09/2021 14:13:39



# Our services

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



# Implementing our strategy

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

Bricknell Helen  
03/09/2021 16:43:36

# Case for change - *population*



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

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





# Case for change – *the Health Board*

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

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

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

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

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

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



# Case for change – *R&D, innovation*

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

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

**The economy, environment and climate emergency.**

- Life science sector: a key contributor to the economy in Wales, potential growth
- One of Europe's biggest NHS organisations, a big role in the local economy and labour market
- Playing our part in the Wellbeing of Future Generations, Welsh Government

Bricknell Helen  
03/09/2021 16:00:59



## Shaping our Future Clinical Services

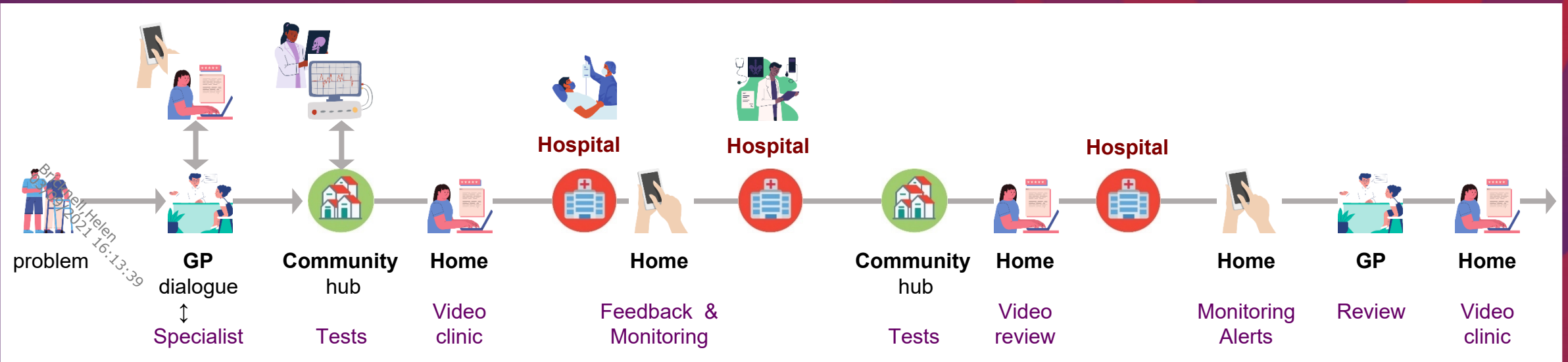
### *Our programme of clinical services redesign, transforming care to deliver Shaping our Future Wellbeing*

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

Bricknell Helen  
03/09/2021 16:13:20

## Planned & elective care

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



# Possible changes to clinical pathways

## Emergency & Urgent Care

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

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

## Highly specialised services (tertiary services)

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

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

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

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



# Where might clinical services happen?

## Home

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

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

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

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



Shaping our Future  
**Community Care**

# Where might hospital services happen?

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

## University Hospital of Wales (UHW)

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

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

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

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



Shaping our Future  
**Hospitals**

# Where might hospital services happen?

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

## University Hospital Llandough (UHL)

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

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

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

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



Shaping our Future  
**Hospitals**





# Important additional considerations

## ***Our NHS staff are our most important resource***

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

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

## ***Digital solutions will suit many but not all of our population***

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

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

## ***Active travel and environmentally friendly transport***

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

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

Bricknell  
03/09/2024 16:39



# What are the next steps?

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

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

# How can you have your say?

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

*Your thoughts and opinions will help us to shape our thinking*



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

- Website: [www.shapingourfuturewellbeing.com](http://www.shapingourfuturewellbeing.com)

- Email: [engage.cav@wales.nhs.uk](mailto:engage.cav@wales.nhs.uk)

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

***Thank you for taking part***



# We want to hear your views on...

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

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

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

We are seeking the SRG's views on:

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

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

# Cardiff & Vale @home locality-based integrated care

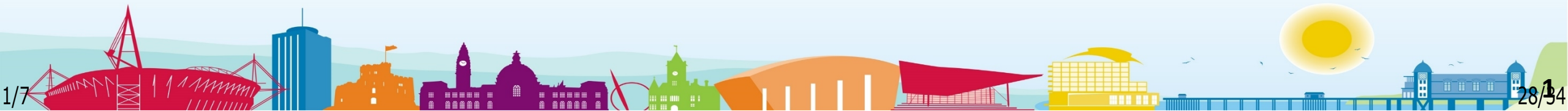
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**Cath Doman**

**Director of Health and Social Care Integration  
Stakeholder Reference Group**

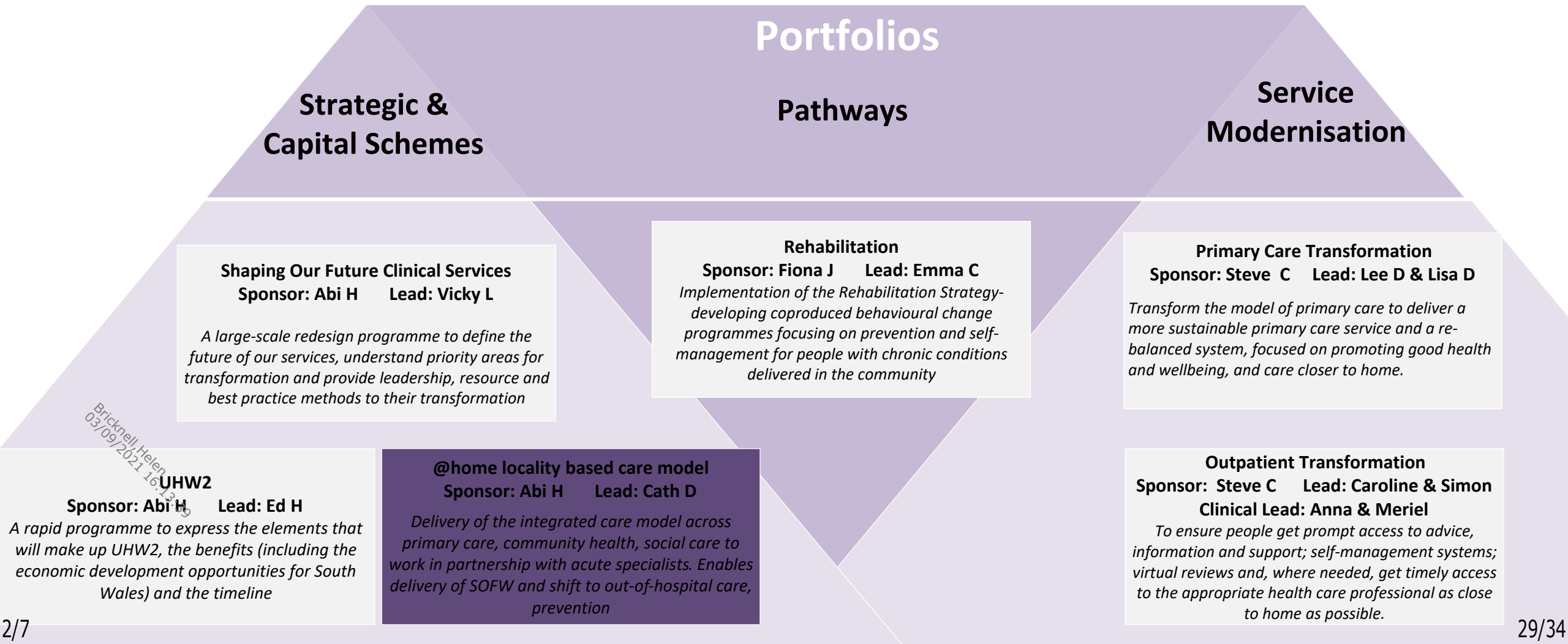
**23<sup>rd</sup> March 2021**

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





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

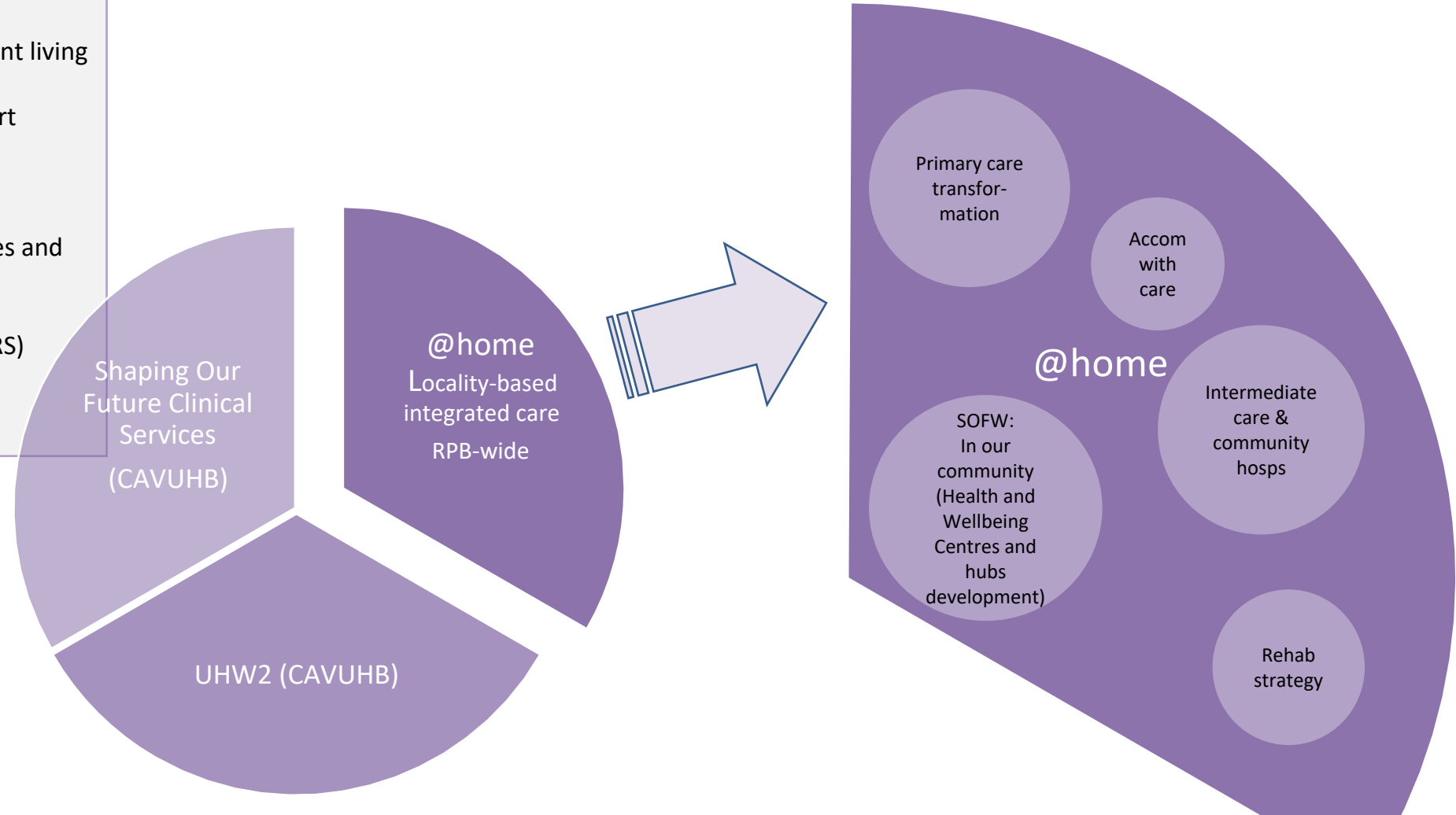


# @home locality-based integrated care– alignment with UHB Strategy

## Contributing to the aims of other UHB strategic programmes

### RPB-wide

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



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



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



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

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

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

Starting well

Living well

Ageing well

This is a shared agenda across the RPB and PSBs:

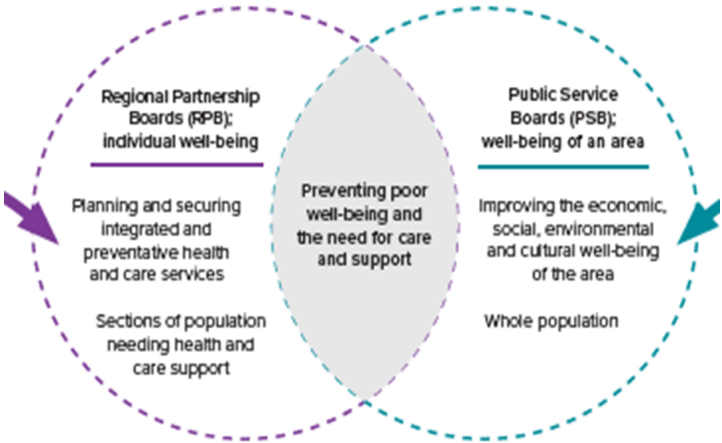
PSB priorities of economic, social, environmental and cultural well-being create the conditions for RPB partners to support people with additional health and wellbeing needs.



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

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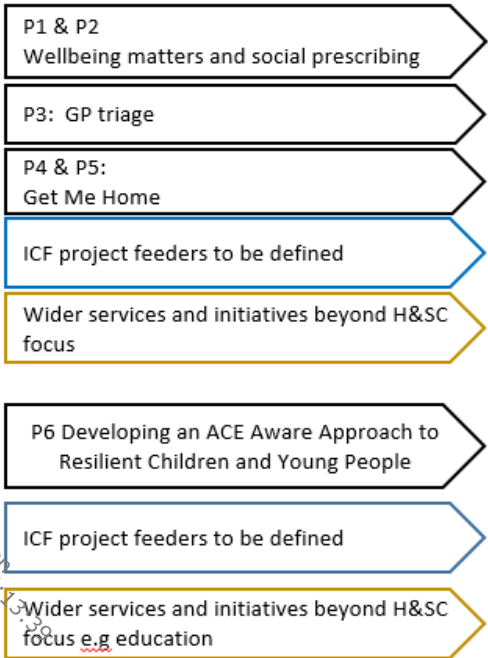
**Specialist care and support** is there when needed, e.g. hospital care, specialist children’s services etc. Much more of this is delivered in communities.



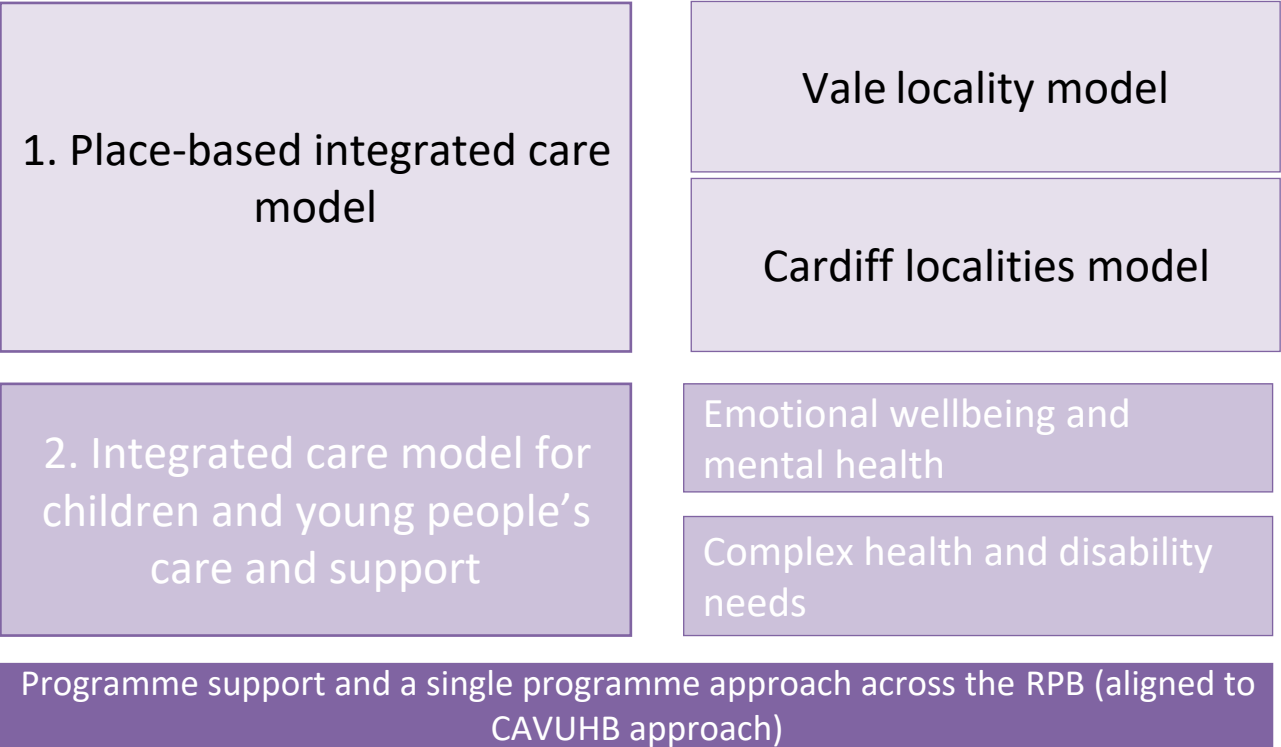
# Integrated Care – a step-change in ambition

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

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



## Looking ahead 21-22

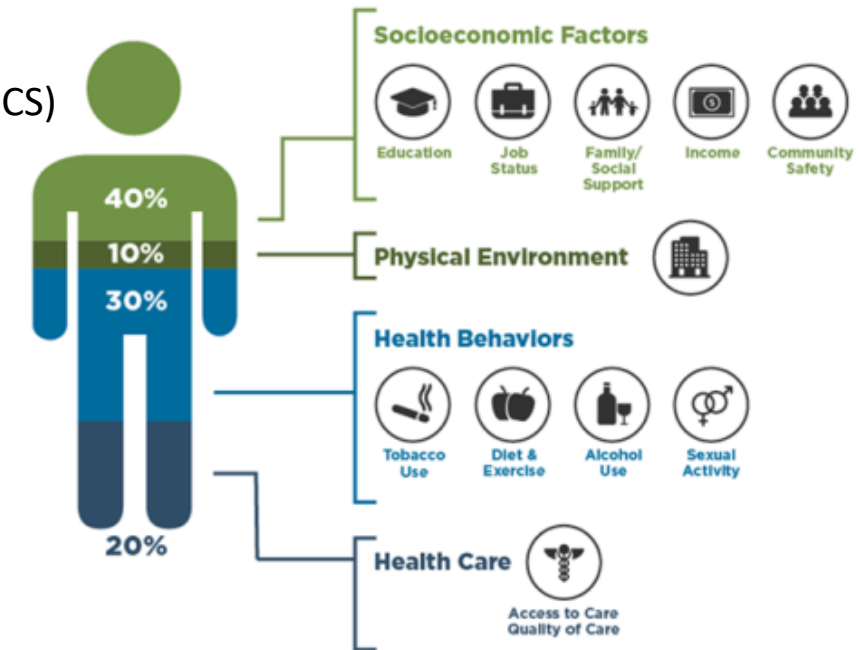


Each locality responsible for the health and wellbeing of the local population:

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

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

## What Goes Into Your Health?



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

Adapted from The Bridgespan Group

### *For discussion*

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

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

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

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

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

Bricknell, Helen  
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