



Cardiff & Vale of Glamorgan
**INTEGRATED HEALTH
& SOCIAL CARE PARTNERSHIP**

**PARTNERIAETH IECHYD
& GOFAL CYMDEITHASOL INTEGREDIG**
Caerdydd & Bro Morgannwg

**Cardiff and Vale of Glamorgan
Regional Partnership Board**

Winter Protection Plan 2020-21

30th October 2020

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Executive Summary

This is the Cardiff and Vale of Glamorgan Regional Partnership Board Winter Protection Plan for the winter of 2020/21.

There are a wide range of activities across the statutory, third and independent sectors that contribute to ensuring a safe winter period for people across the region. This plan therefore draws together planning activities relating to:

- * Protection of public health
- * The Health Board's Service Delivery Plan for quarters 3 and 4
- * Care homes
- * Third sector
- * Carers

It sets out the region's response to the 6 goals set out in the Minister's national Winter Protection Plan. This includes:

- a) Existing statutory NHS and local authority social services
- b) Existing third sector support
- c) Extra capacity required to meet the anticipated additional demand arising from cold and inclement winter weather alongside the ongoing threat of the COVID19 pandemic.

The region's comprehensive plan for **goal 5 great hospital care** can be found in the Cardiff and Vale University Health Board's Service Delivery Plan for quarter's 3 and 4, submitted to Welsh Government on the 19th October.

To further enhance the ability of the RPB to play a key role in leading the development of an integrated health, social care and third sector plan for the 2021/22 season, the RPB would encourage Welsh Government to fully align seasonal planning requirements, particularly those of the Health Board which currently remain separate.

The plan sets out how the additional £1.35m *Discharge to Recover and Assess* short-term funding has been deployed to provide additional capacity within the system to enable people to return **home first when ready**, from hospital and to deliver **goal 6**.

The current funding allocation of £1.35m will provide additional winter capacity to mid-January.

The total cost for the winter period is £2.774m and we would therefore like to request a further £1.424m from Welsh Government to enable the region to meet the predicted increase in demand over the winter period.

The plan also sets out the current short-term funding gap to further enhance the delivery of the remaining four goals (excluding goal 5, great hospital care), in particular additional capacity to enhance our ability to prevent avoidable hospital admissions.

1. Introduction and governance

This is the Cardiff and Vale of Glamorgan Regional Partnership Board Winter Protection Plan for the winter of 2020/21. The period covers November 20 to March '21.

The plan sets out our understanding of the additional demand arising from the winter period, in the context of the ongoing impact of COVID19 on the population's health. The focus of the plan is on ensuring people do not remain in hospital longer than is necessary to a) protect them from the negative consequences of admission and b) to protect capacity in the hospital system when demand is rising rapidly as a result of the pandemic. Welsh Government *Discharge to Recover and Assess* (D2RA) funding will support the additional capacity in the community to enable people to recover and rehabilitate.

The plan responds to the anticipated demands as we understand them now, in October. As the actual impact emerges, the plan will flex and change accordingly, with funding redirected as necessary. This will be overseen by the Strategic Leadership Group on behalf of the RPB. A multi-agency operational management team will monitor delivery and impact of the plan and make adjustments as necessary.

The £1.35m D2RA funding is very welcome and will enable the partners in Cardiff and the Vale of Glamorgan to commission additional capacity to respond to anticipated increased demand until the beginning of January 2021.

To enable us to meet the additional demand for the entire winter period to March '21, we will need an additional £1.424m. There is however, a funding gap of £1.424m against the services eligible for D2RA funding.

Our evidence from previous winter periods shows that demand peaks early in January and discharge delays increase.

2. Protecting public health

Test, Trace and Protect

* Goals 1, 2 and 3

Across our region we have established our TTP service as one of the key pillars to the safe releasing of lockdown measures. The contact tracing service is hosted by Cardiff Council on behalf of the three organisations; Contact Tracers and Contact Advisors are managed in teams by the Council, with Environmental Health Officer oversight. A Regional Team provides oversight of the public health response across Cardiff and the Vale of Glamorgan, and provides advice on the management of incidents as they arise.

The TTP service has had to respond to an increase in local cases in recent weeks, particularly in Cardiff. This increase has led to the implementation of additional local lock down measure, and until the effect of this is seen, we expect case numbers to continue to rise.

We continue to devote a large proportion of our capacity to the response, currently focused on delivering TTP in our region and the recent arrival of students to the city also has the potential for

additional seeding of infection from other areas, and onward local spread which will require resources to address this.

To respond to this, Cardiff Council has been recruiting and training additional contact tracers and advisors, with the Health Board providing staff to support this service through secondments. The tracing service is now also operating 8am to 8pm, 7 days a week which represents an expansion of hours.

Whilst our performance data over recent weeks has shown response times to be above average in Wales, the recent uptick in cases, compounded with the effects of delays in results from Lighthouse labs resulting in large batches being received at once, has caused some deterioration in performance which we are clear we must try to address.

As the pandemic has progressed and we have worked together as a regional team to manage and minimise local risk and have learned much about how infection spreads within our local population. This learning is shared regularly at the regional board and has informed our local plans, for example in developing local communications to target our higher risk populations. This has also been shared at the Regional IMT, and through the escalation processes agreed locally, to report to Welsh Government.

The Test, Trace and Protect component of the minimum data set which accompanies this plan provides further detail on our position to date and our projections for the remainder of 2020/21.

Our Planning for Covid-19 mass vaccination

* **Goals 1, 2 and 3**

Every Health Board in Wales was tasked with submitting preliminary plans for the delivery of the COVID-19 vaccination programme locally by 3 September 2020 to the Chief Medical Officer for Wales. Cardiff and Vale UHB submitted a strategic level plan, approved by the CVUHB Chief Executive Officer. A more detailed operational plan for mass vaccination in Cardiff and the Vale of Glamorgan is currently being developed. Plans cover NHS and social care staff as well as the wider population. Healthcare staff employed by the UHB will be vaccinated by the existing Flu Champion Peer Vaccinator resource. Most social care staff will be vaccinated via Mass Vaccination Centres. Care home staff will be vaccinated by mobile teams going on-site from mid-December.

We are progressing a number of activities in this area which includes:

- ✓ Establishment of a Covid-19 Vaccine Programme Delivery Board, chaired by the Executive Director of Public Health, and a Multi-agency Stakeholder Group, chaired by a Consultant in Public Health.
- ✓ Establishment of five work streams to undertake detailed operational work- i) Workforce & Training; ii) Vaccine Considerations, iii) End-to-end Person Journey; iv) Venues and Logistics; v) Communications.
- ✓ Modelling work for priority population groups (based on JCVI guidance) and the required workforce to provide a better understanding of operational requirements
- ✓ Identification of three Mass Vaccination Centres.
- ✓ Development of a costed plan

We are also working through a number of risks which have been identified, including:

- ✓ Funding to support the mass vaccination programme

- ✓ The impact of a second wave of COVID-19 and consequent impact on staffing and resource
- ✓ The unknown exact timescales for vaccine availability
- ✓ Workforce capacity and training required for vaccination delivery – our workforce hub is supporting the recruitment to the Community Testing Unit in readiness for a vaccine programme.
- ✓ Compliance and engagement from eligible groups

Our Flu Vaccination Programme

* Goals 1, 2 and 3

Ensuring we have an effective flu vaccination programme is a key action we are progressing to protect the more vulnerable members of our population. It will also support mitigating the risk that our system could become overwhelmed during the winter months.

Our staff

A comprehensive flu immunisation programme is in place for NHS and social care frontline staff.

We have a working group for social care worker flu vaccination with representatives from both Local Authorities, Community Pharmacy, the UHB Immunisations Co-ordinator and the local public health team.

Care Home staff and domiciliary carers can obtain flu vaccination from 90 Community Pharmacies across Cardiff and the Vale. We are working with care homes to raise awareness of their eligibility for flu vaccination; including a recently produced a video with Community Pharmacy to encourage uptake. Around 10 Care Homes have made specific arrangements with a Community Pharmacies to obtain flu vaccination for their staff.

For frontline social care workers (who are not working in care homes or domiciliary carers), the Vale of Glamorgan Council is offering flu vaccination via their Occupational Health Service. Cardiff Council has been unable to obtain flu vaccination for their frontline social care workforce during 2020/21.

We are working with both Cardiff and Vale of Glamorgan Councils with the aim of delivering a Community Hub for social care workers to obtain vaccination, who have not already done so.

In our Community

GPs and Community Pharmacies are experiencing unprecedented demand for flu vaccine amongst at risk groups and are currently implementing innovative delivery models to at-risk groups such as drive-throughs to support social distancing. We are monitoring demand locally.

The fortnightly reporting for flu uptake (IVOR) has now commenced, and the Local Public Health team will share this information regularly with Cluster Leads and GPs practice throughout the season. This along with regular newsletter updates for Primary Care Providers and a public-facing campaign with ensure we have a robust media campaign regarding the flu vaccination.

In addition, planning is underway to extend a pilot undertaken in Flying Start areas during 2019/20 to increase uptake amongst two, three and four year olds who attend flying start childcare settings. This is in addition to the established Primary School vaccination programme that has once again commenced and is also seeing high uptake rates to date.

The vast majority of flu vaccine will be administered before the Christmas break with our school programme being completed by the second week of December with catch-up sessions for year groups who have missed their scheduled school sessions due to self-isolation requirements, being planned for half term using hubs and an appointment system. Fortnightly uptake monitoring will be shared with Clusters and GP practices for each risk group. Our expanded programme (to people aged 50+) is expected to commence by the end November, pending availability of vaccine.

3. Existing core services ensuring Cardiff and the Vale of Glamorgan is ready for winter

This winter protection plan provides the additional capacity and capability required to ensure the system is able to respond to additional demand as a result of cold weather. It is in the context of existing statutory, third sector, independent sector and housing support services.

The following highlights some key areas of existing activity that enable statutory health and social services to operate within primary, secondary and community care settings:

Third sector

*** Goals 1, 2, 3 and 6**

Voluntary, community and faith sector organisations provide a vast array of support in the winter, reaching people and communities not eligible for statutory support or extending its reach. The emphasis is often on prevention, low level support, advice and information that enables people to remain safe and independent. Examples include:

- Bad weather transport
- Support to CRT/VCRS patients newly discharged hospital
- Care and repair enabling discharges and helping to keep people at home with
 - Rapid response adaptations
 - Personal safety, independence and wellbeing for people with sensory impairment
- Delivering food or providing a central point for collection.
- Christmas gifts and cards for people living in poverty, in difficult circumstances e.g. domestic violence or homeless so they have a meal at Christmas and gifts
- Christmas and New Year directory of services and support open over the holiday period, including Christmas day.
- Falls prevention through strength and balance activities

During 20/21 the RPB has committed funding to increase support for loneliness and isolation and created a capital fund for third sector organisations to access small grants to improve access to services.

Supporting carers

*** Goals 1, 2, 3, 4 and 6**

Supporting unpaid carers throughout the winter period remains critical, including younger carers. The following slide provides a brief overview of the work of the Carers Trust and YMCA.

Adult and Young Carers

Progress for 2019-20

The Integrated Care Fund has been used to launch the Carers Gateway for Cardiff and the Vale of Glamorgan. Led by The Carers Trust South East Wales, the team provide information and support to unpaid carers, helping them to make the most of their life alongside their caring role and maintain their independence.

The team helps carers with things like:

- Understanding what support is available for carers
- Signposting and supporting carers to access local services
- Identifying new services that are needed to help carers
- Raising awareness on the issues carers face
- Providing training and development opportunities for carers



Pauline Young, Independent Carers Representative and Carolyn Ryan, Young Carers Representative as they present an update on our Carers Strategy to the RPB in February 2020 along with third sector and Local Authority members of the Carers Partnership.

YMCA (Cardiff) are providing support for young carers. The joint work between the local authority and YMCA as a provider of services for young carers has developed into a positive partnership throughout 2019/20, laying the foundation for a co-produced pilot service for young carers in April 2020.

Cardiff Council Independent Living Services

* Goals 1, 2, 3, 4, 5 and 6

Cardiff Council operate a wide range of Independent Living Services aimed at early intervention, keeping people connected, well and independent and preventing, delaying or reducing the need for a package of care. The service includes community occupational therapy, the joint equipment service and the hospital-based First Point of Contact service or *pink army*.

Independent Living Services

Supporting people through the Winter in the community

Training

All ILS staff briefed on the impact of winter for the older population.

Examples of what the service covers

- Identifying and resolving potential slips, trips and falls.
- Promoting winter flu jabs.
- Importance of eating & hydration
- Regular welfare calls for our most vulnerable citizens
- Ensuring thermostat at 18 degree minimum
- Taking regular medication
- Maintaining movement and exercise



Supporting People to achieve wellbeing during winter

- Maximising income
- Support to access food support and online services.
- Support for prescription delivery
- Secure and affordable winter tariffs
- Encouraging use of winter fuel payments for fuel
- Identifying grants to fund warm, energy efficient homes, i.e. boiler replacement.
- Home repair support
- Floating support where appropriate

Combating social isolation in the winter months

- 25 online groups supported to keep older people interacting in winter.
- Exploring options for an online Xmas party for older citizens of Cardiff.



Citizen feedback

Thank you Joanne, you have made Wednesday and Fridays a lot of fun

Independent Living Services

Supporting people through the Winter in Hospital

Hospital Support

- Secured winter pressures funding to expand the Pink Army to, UHL & St David's.
- Pink Army will be First Point of Contact for discharge to community services
- Supporting families and patients to ensure community solutions, enabling safe discharge and independence at home.
- Linking to all the follow up services, in ILS for our winter campaign message
- Community OT support reviewing Package of Care increase to expedite discharge: once the patient is home right sizing in the home setting.
- Same/next working day deliveries to help get people home quicker.



Clinician feedback

Benefits the full MDT. Makes it progress smoothly and enables better planning

Working with care homes

* Goals 1, 3, 4 and 6

The Covid-19 pandemic is proving a particularly challenging time for care home providers and the continuing financial pressure which many are facing to continuing operating in the current environment. We recognise that even with the additional support being made available to the sector some care home businesses may become financially unviable through the reductions in occupancy coupled with the fixed capital costs and increasing expenditure on infection control, resident isolation, and staffing.

This poses a significant risk to the functioning of the health and social care system in Wales. Consequently we remain committed to the ongoing national work to clarify the legal, financial and statutory issues regarding the NHS stepping in to support the sector if required.

Should this support need to be progressed we are conscious that this represents a significant piece of work. As such an early piece of work has been undertaken to identify what issues exist and the possible response of the Health Board. This can be found in [appendix 1](#).

Our system recognised at an early stage of the pandemic the risk to residents and staff within care home settings. Significant support has been mobilised including:

- Ensuring access to personal protective equipment and infection prevention and control support
- Rigorous pre-discharge testing and risk assessment processes
- Commissioning of care home isolation beds to ensure that no person is discharged as COVID19 positive to a care home following admission to hospital
- Ongoing access to medical and nursing support to people in care homes

The rapid review of care homes commissioned by Welsh Government and undertaken by Professor John Bolton has provided a focus around which we have planned and delivered support to care home partners. The delivery of our regional action plan is overseen by the Regional Commissioning Board can be found in [appendix 2](#).

The Joint Management Executive continues to monitor and oversee support for the care home sector, ensuring a rapid and coordinated response when needed.

There are regular multiagency care home position meetings held in each LA area as well as meetings with representatives of the care home and domiciliary care sector. This includes advice, guidance and support in relation to testing, outbreaks, business continuity and PPE, as well as supporting safe discharge from hospital including the commissioning of intermediate care isolation beds.

The current primary care Directed Enhanced Service for care homes covers 96.6% of beds across Cardiff and Vale. There are 79 patients where the enhanced service does not provide cover but there is access to support from GMS.

Home first when ready

* Goals 1, 2, 3, 5 and 6

Cardiff and the Vale of Glamorgan already have well-established *Get Me Home* discharge support and intermediate care services aimed at ensuring no-one remains in hospital beyond the point when they are medically fit to be discharged and everyone has the opportunity to reach their optimal level of independence. Additional capacity is required for the winter period due to increased demand.

Discharge support

What matters to you conversations take place on the wards and staff connect people with community-based, independent living support. This prevents the need for more lengthy assessment which can delay progress in discharge arrangements. This is delivered through Cardiff First Point of Contact officers and Age Connects for Vale of Glamorgan residents.

Intermediate care step down

Cardiff Community Resource team and Vale Community Resource Service:
Multi-disciplinary health and social care teams providing care and rehabilitation post-discharge to optimise independence. Therapists 'right-size' care packages as people regain independence.

Additional support for people needing significant initial care packages to get home is provided through our *get me home plus* arrangements.

Discharge to recover and assess community beds

A *discharge to recover and assess* model is in place to provide more appropriate interim placements after discharge for people to continue to recover and regain their independence.

- For people whose long-term needs are unclear, this provides an appropriate environment to avoid decisions being made too early in their recovery.
- For people likely to need a permanent placement rather than to return home, this provides a safe space to take time to adapt and adjust and for arrangements to be made. People will move to their long-term home wherever this is possible
- COVID19 isolation beds are also available where care homes are unable to provide isolation facilities following a hospital admission

4. Understanding changes in demand

4.1 Population needs assessment – COVID19 impact

We are refreshing our population needs assessment to understand the impact of COVID19 on our population and initial findings have been factored into our Winter Protection Planning.

The current surge in COVID19 and the policy response to that surge, including the imminent all-Wales 'fire-break' lockdown, will have further impact on the health and wellbeing of our population. The nature of this and our understanding of the implications will emerge over time and be included in the development of the next iteration of our area plan.

Much of the response required will need to be undertaken across the Public Services Boards and the Regional Partnership Board as the impact has been as much on the public health determinants of health and wellbeing - notably the economy and employment - as it has been on people's actual health and social care needs.

Public Health Wales have published a COVID-19 [Health Impact Assessment Summary](#) and our initial findings at a local level chime with the national picture:

Interim PNA – emerging priorities for Winter 2020-21

Theme	Specific
Populations at Risk	Specific mention of people with Dementia, Asian and minority ethnic groups, children and young people at risk, carers and older people.
Mental health	Support for vulnerable groups experiencing potential loneliness and isolation
Physical health	Reduced access to physical activity and consequent deterioration in health
	Managing the long term recovery of people who have had COVID-19 / 'Long COVID'
Abuse / addiction	Increase in physical abuse: domestic, child, substance and alcohol
Family / carer relationships	Impact of family breakdown and lack of respite care.
Financial Hardship	Rise in unemployment and debt increase placing additional pressure on vulnerable groups.
Sensory impairment	Increased physical barriers for people with sensory impairment as a result of social distancing requirements.
Virtual Workforce	Impact of Virtual and Social Distanced working measures – need to ensure effective IT and Training together with enhanced employee wellbeing practices.
Workforce resources	Ensuring effective availability of staff / services to meet demand.

Interim PNA – emerging priorities for 2021 onwards

Theme	Specific
Populations at Risk	Specific mention of people with dementia, black, Asian and minority ethnic groups, children and young people at risk, carers and older people.
	Young people aged 16-25 years are a particular concern re. potential consequent long term impact re. employment opportunities, underlying mental health needs, etc.
Mental and physical health support	Increased service demand at all levels (primary to tertiary) due to limited access in 2020-21.
	Managing the long term recovery of people who have had COVID-19 / 'Long COVID'
	Deterioration in health due to lack of activity, limitations on healthy eating, etc and consequent impact on preventative health approach.
Abuse / addiction	Long term impact of increase in physical abuse: domestic, child, substance and alcohol
Family / carer relationships	Long term impact of family breakdown and lack of respite care.
Financial Hardship	Long term impact of rise in unemployment and debt increase, particularly for vulnerable groups
Sensory impairment	Increased physical barriers for people with sensory impairment as a result of social distancing requirements.
Virtual Workforce	Impact of Virtual and Social Distanced working measures – need to ensure effective IT and Training together with enhanced employee wellbeing practices.
Workforce resources	Ensuring effective availability of staff / services to meet demand.

4.2 Understanding demand

To understand the demand flowing into community services from the hospitals we need to first understand the anticipated changes in hospital admissions and occupancy levels. The graphs on this page outline three potential scenarios of hospital bed occupancy in Cardiff and the Vale of Glamorgan from October 2020 to March 2021 as a result of COVID-19. These have been used to inform the hospital's winter/COVID19 capacity planning as set out in the quarter 3 and 4 plans.

- Scenario one: worst case, with a peak of approximately 1900 hospital admissions
- Scenario two: best case, with a peak of approximately 1450 hospital admissions
- Scenario three: COVID-19 central, with a peak of approximately 1600 hospital admissions

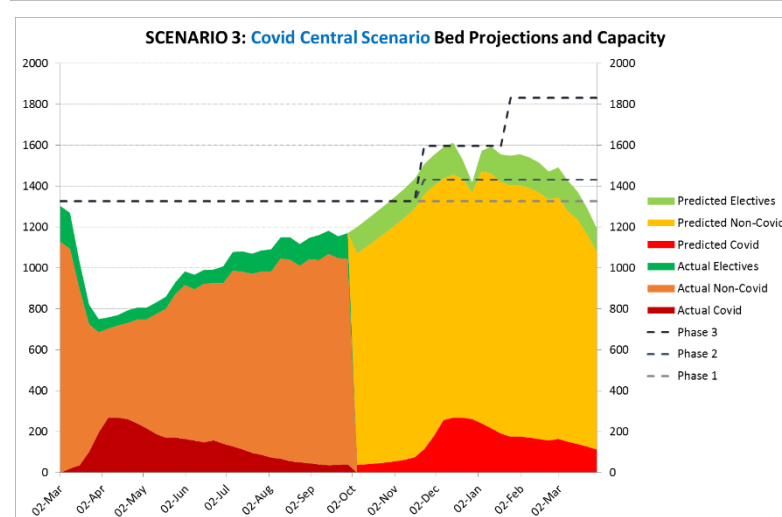
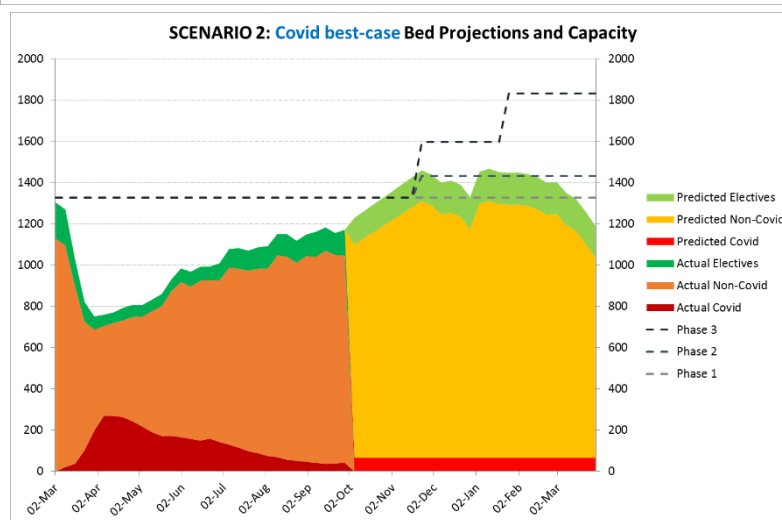
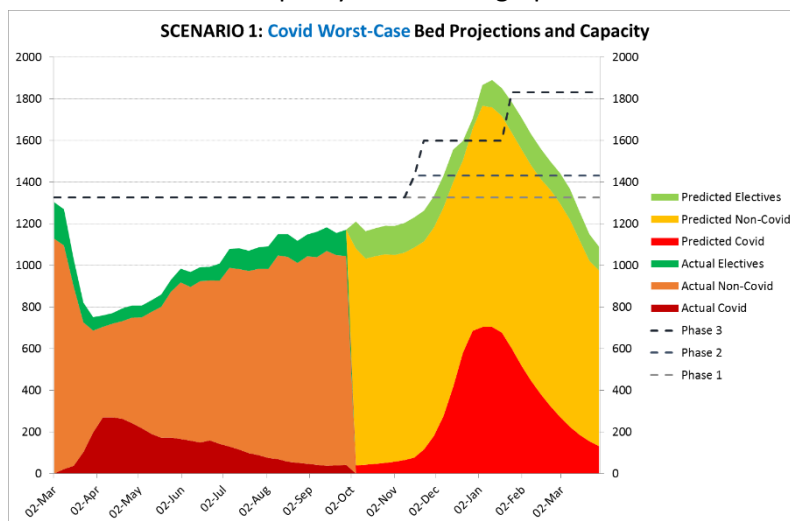
Using the early March 2020 bed occupancy data point (~1300) as a baseline figure, this equates to an additional 150-600 hospital bed occupancies at the respective peak periods of demand.

The Delivery Unit work led by Professor John Bolton on right-sizing community services modelling gives us an indication of the proportion of people leaving hospital who will need further rehabilitation and support. The modelling suggests that:

- 50% of people being discharged will not need any further support
- 20% will need community support
- 30% will need step-down intermediate care, of which
 - 5% will be bed-based
 - 25% will be home-based

Benchmarking indicates that we need to increase our intermediate care capacity. We are engaged in a longer-term piece of work to right-size our intermediate care

services and we continue to work with the Delivery Unit to refine our modelling, particularly with regard to step-up/admission avoidance capacity. In the short-term, we are able to use the Health Board's demand modelling in combination with our understanding of the predicted utilisation of each of the four discharge pathways to increase capacity in the right parts of the community-based



health and social care system. The *Discharge to Recover and Assess* funds will be deployed accordingly.

Given the uncertainty over the coming months in terms of future COVID-19 infection rates, hospital admissions and the size and severity of flu, regular monitoring of actual activity will take place and our response will be adapted.

5. Additional capacity required for winter – discharge to recover and assess funding

To ensure that increased demand arising from COVID19 and winter pressures can be addressed, Welsh Government *Discharge to Recover and Assess* (D2RA) funding for 20/21 is being used to increase capacity across:

- ✓ In-hospital discharge support (all discharge pathways)
- ✓ Intermediate care home-based capacity (pathway 2)
- ✓ Discharge to recover and assess community beds (pathways 2 and 3)

The additional capacity and investment required is set out below.

	Function	Cost	Additional capacity	unit	Period (mths)	Start	End
Discharge coordination	First Point of Contact	£114,906	7	WTE	5	01.11.20	31.03.21
	Single Point of Access triage	£147,000	4	WTE	5	01.11.20	31.03.21
	Discharge liaison	£25,200	2	WTE	5	01.11.20	31.03.21
D2RA/intermediate care step-down	Care hours	£1,357,311	2087	Hours	5	01.11.20	31.03.21
	Rehab skill mix	£369,293	24	WTE	5	01.11.20	31.03.21
						01.11.20	31.03.21
Community beds	Residential reablement	£293,750	11	beds	5	01.11.20	31.03.21
	D2RA nursing home beds	£166,667	10	beds	5	01.11.20	31.03.21
	EMI-specific isolation beds	£300,000	8	beds	5	01.11.20	31.03.21
		£2,774,127					
	D2RA funding available	£1,350,000					
	Funding gap	£1,424,127					

6. Funding gaps

6.1 Funding gap D2RA funding-eligible services

Cardiff and Vale of Glamorgan RPB has been allocated £1.35m by Welsh Government to deliver D2RA pathways.

Partners have assessed the additional capacity required in this area as costing **£2.774m**.

The D2RA funds will therefore address 48.7% of the region's assessed additional D2RA capacity requirements, leaving a funding gap of **£1.4m**.

Partners have already commenced mobilisation of services at risk.

The £1.35m will enable partners to provide the additional capacity required until the second week in January, assuming the additional capacity is mobilised from the beginning of November.

6.2 Funding gap – for services not eligible for D2RA funds

With the exception of goal 5, *great hospital care*, the additional capacity required to deliver the other four goals remains unfunded.

WPP goal	Additional capacity required	Funded	Unfunded gap
1. Co-ordination, planning and support for high risk groups.	Vale of Glamorgan rapid response (telecare) service		£88,000
	Vale of Glamorgan Mental Health Older People capacity to support EMI care		£25,645
2. Signposting, information and assistance for all	Vale of Glamorgan Contact1Vale additional specialist capacity at front door (OT and mental health social worker)		£51,290
3. Preventing admission of high risk groups	Falls programme including Stay Steady clinics additional capacity		£132,700
4. Rapid response in crisis	Primary care urgent care response (see CAVUHB Q3/4 plan)	✓	
5. Great hospital care	See CAVUHB Q3/4 plan	✓	
Non-D2RA funding gap			£297,653

5.3 Total funding gap

	Funded	Gap
Services eligible for D2RA funding	1.35m	1.42m
Services not eligible for D2RA funding	0	0.3m
	£1.35m	£1.72m

7. Measuring impact

During this period of potentially unprecedented demand as a result of cold or inclement weather and increases in demand on the health and care system as a result of COVID19, it is even more important to track the system's response and the impact of the additional investment and capacity.

The partnership is developing mechanisms to enable close process-monitoring so that issues can be identified rapidly and addressed operationally.

The partnership needs to be assured that there is flow through the whole system: from hospital to D2RA and from D2RA to long-term arrangements.

The following system impact metrics will be monitored:

	Hospital discharge	D2RA support	Post-D2RA arrangements
Cohort definition	People needing support to be discharged from hospital	People accessing all forms of intermediate care step-down care (CRT/VCRS, community hospitals, residential reablement beds, D2A nursing beds)	Onward arrangements following D2RA/intermediate care support
	Length of stay (# and %) <ul style="list-style-type: none"> • >7 days • >14 days • >21 days <i>(denominator: total adult admissions)</i>	# and % of people admitted directly to a care home for D2RA. <ul style="list-style-type: none"> • Nursing home • Residential <i>(denominator: total adults needing support to be discharged from hospital)</i>	# and % of people returning to their usual place of residence. <i>(denominator: people accessing D2RA/intermediate care services)</i>
	# and % discharged within 48 hours of being declared medically fit. <i>(denominator: total adult admissions)</i>	# and % of people accessing each discharge pathway: <ul style="list-style-type: none"> • Pathway 1 • Pathway 2 • Pathway 3 • Pathway 4 <i>(denominator: total adults needing support to be discharged from hospital)</i>	Outcome for each pathway, # and % of people: <ul style="list-style-type: none"> • Home, independent • Home with support • Permanent admission to care home • Death <i>(denominator: total number of people in each pathway)</i>

Appendix 1

Cardiff and Vale University Health Board care home support and escalation issues

Work is being facilitated by the National Director of Complex Care to support Health Boards to identify the key issues in relation to nursing home contingency planning. The issues are currently being worked through nationally, including seeking legal advice. The current position can be seen below.

Directors of social services have been asked by Welsh Government to ensure sufficiency of care home provision across the region and to have contingency plans in place. In addition, the Regional Partnership Board is overseeing delivery of the action plan developed in response to the WG-commissioned rapid review of care homes conducted by Professor John Bolton. The plan can be seen in [appendix 2](#).

Issue	Response
An overarching contingency plan that could be applied to any nursing care home closure must be developed in readiness for the winter period.	Home Closure procedure already in place and would be initiated in conjunction with partners
Clarify Regulatory Requirements	Clarify the role of HIW and other regulatory bodies
To enable ownership, a clear legal position and implementable action plan must be in place. LHBs working with LAs as appropriate, are asked to consider the following as part of their overarching care home failure contingency planning.	Legal advice is requested– can a HB take ‘ownership’ of a privately owned business and what are the legal obstacles or supportive legislation to enable that to happen.
Determine clear legal advice for how a nursing care home could be run either solely by the LHB or jointly with the LA in line with legislation including NHS (Wales) Act 2006, Social Services and Well-being (Wales) Act 2016 and Local Government Act 2000;	Legal advice is requested to confirm HB position : If a home is nearing failure then administrators may already be involved. Can HBs purchase a business that is actively failing to this extent? Clarify if the suggestion of ownership if it applies to all Care Homes not just those deemed to be required to meet demand
Determine potential availability of capital funding to purchase and update buildings (if necessary), Determine understanding of potential pooled budgets ;	Funding source to secure “ ownership” HBs required to assess capital/buildings requirements within the context of NHS buildings and maintenance standards
Compliance issue re building regulations and health and safety regulations	HBs have to assess and determine any capital/buildings requirements within the context of NHS buildings and maintenance standards? Consideration of Health and Safety legislation requirements
Human resource issue to be consider	TUPE of staff, ongoing funding resource for staff, management resource, Professional Regulation and competency
Consideration of Charging Process particularly self-funding arrangements	Determination of charging element, financial assessments invoicing payment etc.
Safeguarding	What is the legal position re HBs purchasing care homes where there may be significant escalating concerns/safeguarding issues in that home?

Appendix 2

Cardiff and Vale of Glamorgan Regional Partnership Board care home rapid review local action plan



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