LOCAL PLANNING FRAMEWORK

Local Guidance for the Development of ILG Integrated Medium Term Plans 2021 – 24

1 INTRODUCTION, COVID SCENARIOS AND PRIORITIES

1.1 Purpose

Cwm Taf Morgannwg University Health Board (UHB) has successfully developed and delivered against its IMTP for a number of years with each year building on the success and learning of the previous. Due to the effects of Covid-19, the development and implementation of the 2021-24 IMTP is proposed to be managed differently in order to reduce the burden on operational teams, recognising that the input of the ILGs is essential and that an IMTP is required.

The purpose of the UHB's Local Planning Framework is to set the parameters for the update of the IMTP and to articulate the expectations of the Integrated Locality Groups (ILGs) IMTPs, as well as providing practical guidance and advice. The IMTP planning process will seek to build on the priorities included by the ILGs and Primary Care and Mental Health Directorates in the Resetting Plans and the Outcomes Framework developed by the Systems Groups during 2020-21.

Conscious of the current demands on the Operational Teams and the compressed timeframes that we are working within, we are looking where possible to utilise existing documents including the 2019-22 IMTP and 2020-23 IMTP as the basis for developing the IMTP that can then be reviewed and built upon by the relevant teams.

1.2 Covid Scenario

Following a discussion with the Director of Public Health, we are working on the scenario that the Covid pandemic will remain throughout 2021-22. The scenario is predicated on the Health Board's vaccination programme continuing at current levels and increasing when access to the Astra Zeneca vaccine becomes available. It makes the assumption that the vaccination programme will continue to be delivered on the agreed phased approach basis which sees Healthcare staff, Social Care staff and those clinically at risk – the shielded population treated in Phase 1. Current guidance states that the vaccines take 4-6 weeks for immunity to be in place and that immunity may be short-lived so the current scenario is to plan for re-vaccination every 12 months.

The effects that this scenario is assumed to have on Infection, Prevention and Control (IPC), Unscheduled Care, Elective streams, Workforce and Finance by the quarterly periods of 2021-22 are outlined in the below table. These assumptions will develop further through ongoing discussions with ILGs, Workforce and Finance teams.

	Assumptions			
	Q1	**Q2**	**Q3**	**Q4**
Infection, Prevention and Control: **PPE**	Will continue to be utilised until the pandemic is declared over			
Bed space		By this quarter all Healthcare staff should have received the vaccine and would have antibody positivity so the numbers of HCAI should decrease. With elements of the population also vaccinated, there is the potential for current restrictions around bed spacing to be relaxed.		
Unscheduled Care	Levels of unscheduled care admissions will continue at current levels until the shielded population are vaccinated.	Levels of unscheduled care admissions will increase as more phases of the population are vaccinated.	Levels of unscheduled care admissions will increase to pre Covid levels with the majority of the population vaccinated.	Levels of unscheduled care will be at pre-Covid levels.
Elective work-streams	Current restrictions in elective throughput due to turnaround time of PPE will continue.	As all the staff and shielded population would be vaccinated there is the potential for the re-	Will need to manage the impact of long term Covid and the potential increased referrals to Mental Health as well as continue to work towards maximum 40 RTT time.	Increased use of WLIs/private sector capacity to work towards maximum 40 week RTT times.

	Increased outpatient activity face to face/virtually to start working towards maximum 40 week RTT times by March 2022.	introduction of services that had ceased on acute sites. Non-surgical alternative treatments for cases prioritised as routine (P4) that will be unlikely to receive surgery.		
Workforce	Additional staff still required to administer the vaccines and also continue with contingencies for covering continued Covid-related absences	Assumed reduction in Covid related sickness but potential for increased levels of annual leave being take.	Potential for number of vaccinators required to decrease if all phases have received vaccinations although noting that re-vaccination of staff who received initial vaccination in Dec 2020 will commence.	Assumed that re-vaccination of staff will continue.
Finance	Vaccination programme costs incurred in Q4 of 2020/21 will continue.	Alongside the continued costs of the vaccination programme, increasing levels of unscheduled care and elective activity will need to be accounted for.	Additional costs associated with requirement for increased Mental Health provision and treatment of long Covid but reduction in the vaccination programme costs for early Q3.	Full costs of re-introduction of vaccination programme, along with unscheduled care demand in line with previous year (2018/19) levels and increasing levels of elective care and non-surgical interventions for pts listed for routine surgery that will not be undertaken.

1.3 Strategic Objectives and Priorities

As the UHB continues to respond to the Covid situation and continue to develop and align to the 'A Healthier Wales: Our Plan for Health and Social Care', it will seek to meet its four strategic objectives below in bold by focussing on the related ten priorities:

- **Work with Communities and Partners to reduce inequality, promote well-being and prevent ill-health**

COVID-19

⇒ Reduce the risk of transmission and infection of COVID-19 in Wales putting in place appropriate systems & capacities to ensure that following the easing of lockdown measures we do not see a rapid increase in illness & deaths in communities due to COVID-19 infection.

⇒ Put in place the capability to deliver a COVID-19 vaccination.

Integrated Health & Care Strategy

⇒ The engagement and implementation of the 10 year UHB Integrated Health and Care Strategy.

Partnership Working & Transformation

⇒ The continued implementation of the Regional Partnership Board transformation ambition and further alignment of Primary Care Clusters and Mental Health Localities.

- **Provide high quality, evidence based, accessible care**

Quality and Patient Safety Governance Framework

⇒ Further embed the implementation of the UHB Quality and Patient Safety Governance Framework, including across maternity services.

Elective

⇒ Plan to have capacity equal to demand for urgent patients and be meeting the 'waiting time standards' treated by 31 March 2021.

⇒ Develop alternative non-surgical pathways and treatment options where surgery is no longer reasonable in the current time.

Timely Access

⇒ Ensure access to timely care working with primary care professionals, local authority and third sector partners to deliver end to end improvement to demand and improved patient outcomes.

- **Ensure sustainability in all that we do, economically, environmentally and socially**

Enabling Workforce and Finance Plans

⇒ Develop a robust work force plan to deliver against known demand and capacity constraints

⇒ Planning for recurrent financial balance.

- **Co-create with staff and partners a learning and growing culture**

Organisational Development

⇒ The continued development of Cwm Taf Morgannwg UHB, focusing on engaging and empowering our people, embedding our values and behaviours, and a clear structure and operating model.

Leadership

⇒ Grow clinical and community leadership and deliver robust, simplified and safe decision making; learning through quality improvements and strengthening involvement of patients, staff and partners in service redesign; all in support of a reduction in escalation status.

Acute, Regional & Tertiary Services

⇒ Continued development of sustainable acute services across the UHB footprint learning lessons from the South Wales Programme. Delivering regional and national service change plans developing hub and spoke models of care.

Partnership Working & Transformation

⇒ The continued implementation of the Regional Partnership Board transformation ambition and further alignment of Primary Care Clusters and Mental Health Localities.

2 PLANNING APPROACH FOR 2021-2024

2.1 The Planning Process and Timeframe

In developing an approach to the 2021/22 IMTP planning cycle it must be recognised that the UHB is going through unprecedented service demands and therefore the streamlined process is outlined below.

Stage 1	Stage 2	Stage 3	Stage 4
December	**January**	**February**	**March**
Meetings with Assistant Directors to agree Planning assumptions. Planning assumptions to Management Board for approval	Collaborative discussion with Corporate teams, System Groups & ILGs to identify priorities and opportunities to develop joint plans.	Final Plans submitted by ILGs, Systems Groups and CTM wide Departments.	Final IMTP to Management Board & full Health Board. IMTP Submission to WG

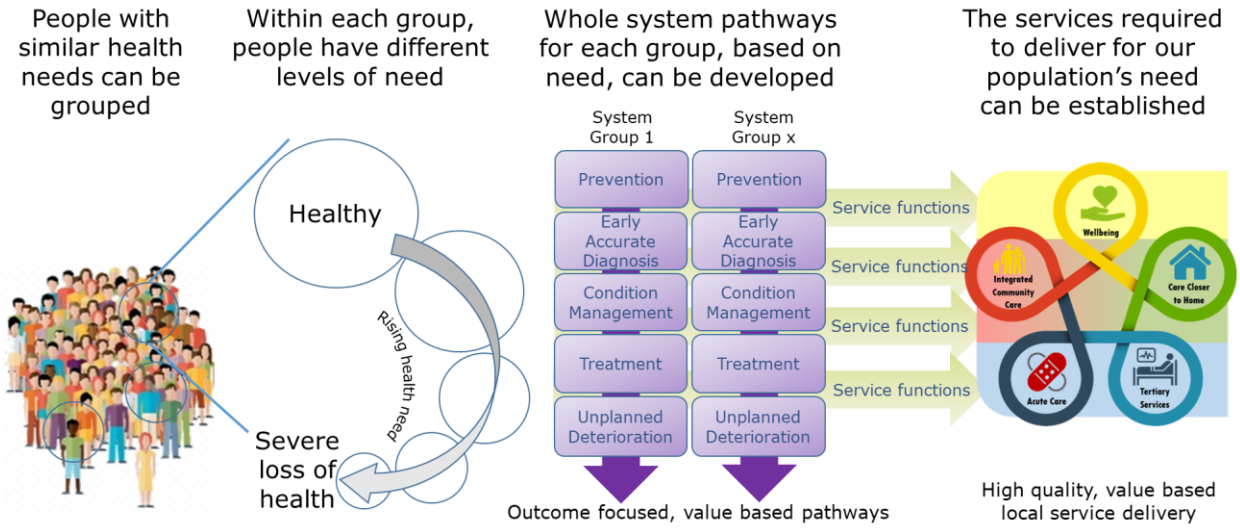
3 POPULATION NEEDS AND A SYSTEM WIDE APPROACH TO WELLBEING

3.1 Our Integrated Planning Approach

Improving population health and wellbeing in the UHB requires the following significant challenges to be addressed:

- Increasing healthy life expectancy through reducing early development of chronic diseases
- Reducing obesity and being overweight
- Tackling persistent inequalities in health outcomes
- Improving wellbeing and mental health

The new operating model which continues to develop and embed itself in the organisation includes the establishment of the four System Groups which look to improve the population health of the Health Board through providing increasingly integrated and co-ordinated services through clinically-led service development and implementation within a 'best for person, best for system' framework.



Their work programme will be characterised by:

- Developing system-wide plans for promoting and improving population health; supporting individuals and communities to become more resilient
- Evidence based pathway design that uses outcome data and needs assessments;
- Integrated pathway design that crosses the boundaries between health and social care;
- Designing health promotion and preventive interventions that ultimately reduce the need for health services in a traditional secondary care setting;
- A focus on long-term health and wellness systems rather than addressing immediate service vulnerabilities.

The Systems Group Directors have developed an outcomes framework which includes pan system measures formed from the Health Boards Vision, Strategic Objectives and the ten Design Principles of Healthier Wales which is included as **Appendix 1**.

4 QUALITY, PATIENT SAFTEY AND GOVERNANCE-

The Quality Governance Framework is an important part of the Board Assurance Framework (BAF) and links with the Health Board risk management strategy 2018 – 2023. It describes high quality care as follows-

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Timely**: Reducing wait times and harmful delays impacting smooth delivery of care.
- **Effective**: Providing services based on scientific knowledge to all who could benefit. This also refers to refraining from providing services to those unlikely to benefit from them.
- **Efficient**: Using resources to achieve the best possible value. This can include reducing wasteful resource allocation and reducing production and administrative costs.
- **Equitable**: This guards against all forms of discrimination in delivering care. Essentially, an equitable health care worker should provide care that does not vary in quality according to personal characteristics like gender, income, ethnicity or location.
- **Patient-Centred**: Providing care that is respectful of (and responsive to) individual patient preferences, needs and values.

The following have been identified as priority areas-

- **Strengthened focus on quality in strategic planning:** to include a whole system, population health perspective shaped by the wider integrated partnership agenda, aligned with each of the 5 ways of working outlined within the WBFG (Wales) Act 2015
- **Individual's voices are better heard:** actively enabled through coproduced values and behaviours, investment in real time and friends and family test, a strategic approach to patient stories and targeted focus on the individuals' experience of the services provided by the Health Board
- **Shared learning and continuous quality improvement:** Development of Cwm Taf Morgannwg Improvement**,** aligned with prevention and long term as aspects of 5 ways of working, through improved triangulation of intelligence and data integrity
- **Risk better articulated, shared & mitigated:** improving sight of significant service specific concerns and risks, improved exception reporting and development of a harm review process.
- **Strengthened two-way 'point of service delivery' to Board sight:** ensuring that quality governance and patient safety shapes and features strongly in new organisational structure supported by continued implementation and refresh of the framework.
- **Extensive review and improvement of the management of concerns and serious incidents**: through full engagement with supportive intervention of the Delivery Unit and achievement of the improvement plan.

5 SERVICE CHANGES

Over the course of developing our IMTP we will in parallel be looking to engage on and implement our Integrated Healthcare Strategy. As this stage of the development, each service change should set out the alignment to the draft Integrated Healthcare Strategy domains of: Well-being; Integrated Community Care; Care Closer to Home; Acute Care; Tertiary Services.

Further to this, each service change should:

- Clearly link the planned action with a measurable outcome (quality and/or performance measure) and a timeframe for deliver.
- Describe any workforce or finance impact, (capital and revenue)
- Describe any enabling interdependencies i.e. access to project management capacity, digital infrastructure, other project/change outside the ILG.
- Give consideration to the Well-being of Future Generations five ways of working.

 Long Term	 Involvement	 Collaboration	 Prevention	 Integration
Balancing short term need with long term and planning for the future	Involving those with an interest and seeking their views	Working together with other partners to deliver objectives	Putting resources into preventing problems occurring or getting worse	Considering impact on all wellbeing goals together and on other bodies

In developing the service changes, as a minimum the following priority areas need to be covered by the relevant ILG/Division-

- Primary Care/ Community – phone ahead, sustainability, dental, optometry
- CAMHS – achievement of Mental Health Measure (MHM) targets, Ty Llidiard (inpatient CAMHS unit) improvement/ service specification
- Adult Mental Health – achievement of MHM targets
- Fragile services including Urology and Neurology
- Regional working including Vascular and Ophthalmology
- Princess Of Wales - fire enforcement/ theatres
- Merthyr Cynon – managing the South Powys/North Aneurin Bevan flows
- Rhondda Taff Ely – Emergency Department/ Paediatrics plans
- Implementing services relating to the transformation funds

Clinical Service Groups (CSGs) will be required to identify their top 10 priority work streams and these will feed into each ILG's top 10 priority work streams.

Systems groups will also develop and submit their work areas and outcome framework.

6 PERFORMANCE

The Integrated Performance Dashboard is aligned to the National Health and Care Standards and provides comprehensive, regular monthly information to the organisation including the Management and Health Board to support their role in providing scrutiny and assurance on progress against key quality and performance indicators under the four strategic objectives of the UHB:

- Work with communities and partners to reduce inequality, promote well-being and prevent ill-health
- Provide high quality, evidence based, and accessible care
- Ensure sustainability in all that we do, economically, environmentally and socially
- Co-create with staff and partners a learning and growing culture

ILG's will need to be cognisant of their performance data when developing their plans (noting further information to be circulated regarding performance requirements – see the final section setting out the planned stages to delivery).

7 WORKFORCE PLANNING

As the Health Board develops and aligns to 'A Healthier Wales' and while reflecting on the organisation's priorities to develop their own priories, ILGs are asked to consider the following:

1. What are your plans to improve the health and wellbeing of your workforce, with a particular focus on mental health and psychological wellbeing?
2. What are your key workforce pressures? What are your recruitment challenges and gaps? How are these being addressed, and what are your recruitment and retention strategies? What are your fragile services?
3. Identify any longer term workforce opportunities/ risks which may impact on 10 year plan.
4. Identify any workforce changes arising from regional or national service change plans that affect your workforce?
5. What opportunities exist for workforce transformation within your ILG, with a focus on population health and care closer to home?
6. Are you being prudent with your existing workforce, are the tasks being done by the optimal and appropriate level, with practitioners working at the top of their licence?

ILGs are expected to work closely with their Heads of Workforce & OD and Heads of Finance in order to agree their funded establishments, and to develop more detailed Workforce Change Plans for their area, reflecting any shift over the life of the IMTP.

7.1 Key Planning Assumptions (Workforce & OD)

Work is underway with the Workforce Leads but as a minimum, ILGs should develop their plans upon the following assumptions:

- The starting point for the 2021/22 funded establishment of a Directorate will be its 2020/21 agreed funded establishment, not the 2020/21 outturn establishment;
- Any Pay Awards will be funded;
- Staff turnover to remain at approximately 6% - turnover data for the previous year will be provided via your Head of Workforce & OD;

- Retirement age assumed to be 60 plus, but note that nurses and staff with protected mental health officer status may leave from 55, therefore local intelligence must inform assumptions on probability of retirement;
- The Organisational Change Policy will be actively utilised to implement workforce change;
- VERs may be available where this is an enabler of service change;

8 FINANCIAL FRAMEWORK: 2021/22 TO 2023/24

Appendix 2 provides a detailed summary of the draft financial framework for 2021/22.

Three initial high level financial scenarios have been developed around different potential levels of cost over the recurring base budget, and the extent to which these exceed previously assumed WG allocation increases. These three scenarios are shown in the table below. They all begin with a forecast recurrent deficit for 2020/21 of at least £25.9m, which is made up of the originally planned recurrent deficit of £13.4m and the projected recurrent savings shortfall of £12.5m.

Potential financial scenarios for 2021/22-

	Scenario 1 **£m**	Scenario 2 **£m**	Scenario 3 **£m**
Recurrent deficit from 2021/22	26	26	26
Unavoidable new cost pressures/inflation and some allowance for development	52	51	49
Efficiency savings	-10	-15	-20
Covid costs	65	47	28
Planned care and diagnostic recovery costs	11	11	11
Total costs including Covid & planned care/diagnostics recovery	145	120	95
Previously anticipated WG funding	34	34	34
Deficit before increased funding prior to Covid & PC recovery	34	27	21
Deficit before increased funding after Covid & PC recovery	110	86	60

The Welsh Government draft budget will shortly be announced, along with associated budget allocation letters to Health Boards.
The key actions to develop in January a financial framework for a balanced financial plan, leading on to detailed financial planning in ILGs and Directorates from February, are as follows:-

- Consider the Welsh Government budget and allocation letters, and their implications for the high level scenarios above, which may then need substantial revision
- Review and refine the recurrent deficit brought forward and the level of demand and inflationary pressures/commitments.
- Review internal service improvement priorities, and consider the likely financial impact of the highest priorities.
- Assess the financial impact of the Covid scenarios which are being developed.
- Assess the financial impact of planned care and diagnostic recovery plans.
- Agree feasible levels of cash releasing efficiency savings to plan for and target.

9 WIDER ENABLERS

9.1 Innovation and Improvement

Improvement encompasses systematic activities informed by specific evidence-based methods, which support continuous improvement in quality, financial prudence and value, operational performance, strategic change and population health outcomes. These systematic activities are underpinned by rigorous analytics, good leadership, an enabling culture and a trained and engaged workforce.

The immediate high-level objectives for improvement are:

- To increase capacity and capability for improvement in the UHB;
- To embed a culture where improvement is integral to the operation of service and corporate functions; and
- To improve population health outcomes for the residents of Cwm Taf Morgannwg.

9.2 Digital and Data

Digital and data systems and applications are key enablers of transformational change, which can provide a shared platform for safe and effective joint working between organisations. They can support care models that work directly with patients.

ILGs must fully engage with and exploit the opportunities that digital and data offer ensuring plans inform the Health Board's Digital Strategy which is currently under development. IMTPs should demonstrate how an ILG is working collaboratively so that clinical care and services are increasingly data driven, and that information sharing provides full benefits to a multidisciplinary workforce and aid in adopting new innovative models of care that will deliver high quality, sustainable and outcome based services for the people of Cwm Taf Morgannwg.

9.3 Capital

ILG plans should highlight the requirement for capital development to enable service change, reduce risk or replace equipment, noting that available capital funding from WG has already been highlighted as being significantly reduced compared to previous years.

The approach to developing the IMTP will be different than in previous years, to reflect the pressures on the operational teams related to COVID and the adjusted timeframes from WG and internally.

10. Timings of the proposed approach

The following provides a very high-level summary of the proposed approach-

Stage 1 (December)-

This guidance will be circulated to ensure that ILGs are sighted on the planned approach to the development of the IMTP, so that there can be clarity on this and to support any discussion that can be progressed where capacity allows. It is acknowledged that this will be extremely challenging in the context of the current COVID position and so it is anticipated that work will not be completed within the ILGs until February.

The demand and capacity templates developed for last year's IMTP have been uploaded to sharepoint and services would be encouraged to review these and validate where capacity allows, however as above there is no expectation that this will be progressed before February due to the current COVID pressures.

Stage 2 (January)-

The Planning Team will begin work on updating those sections of the plan that can be developed without impacting on operational teams i.e. progress on decarbonisation work.

To inform the development of ILG plans, a series of meetings are scheduled through January with Performance and Information, Public Health, Finance, Workforce, Planned Care, ILG Planners representation and ILGs invited to attend if capacity allows, to discuss and agree the assumptions that will inform the IMTP in terms of-

- The projected impact of COVID throughout 2021/22
- Performance requirements in the context of COVID recovery
- Workforce assumptions in the context of COVID
- The development of a financial planning framework in light of the above

Cluster IMTPs are due to be submitted to WG at the end of January and so these will also be available to inform the ILG plans.

Stage 3 (February)-

Further information from the discussions identified above will be circulated to ILGs to further inform the development of local plans to feed into the organisation's IMTP. This will incorporate specific templates for completion for Workforce, Finance and Demand & Capacity (D&C) to inform the plan.

D&C templates (available on sharepoint now) will require validation from the services, with support from the Information Team, to inform the resource requirements to achieve the agreed level of required performance delivery.

Completed documents will be required to be submitted by the end of February to feed into the organisation's IMTP.

Stage 4 (March)

The priorities identified in local IMTPs will be assessed by Execs to determine those that will be prioritised and this will inform the financial plan.

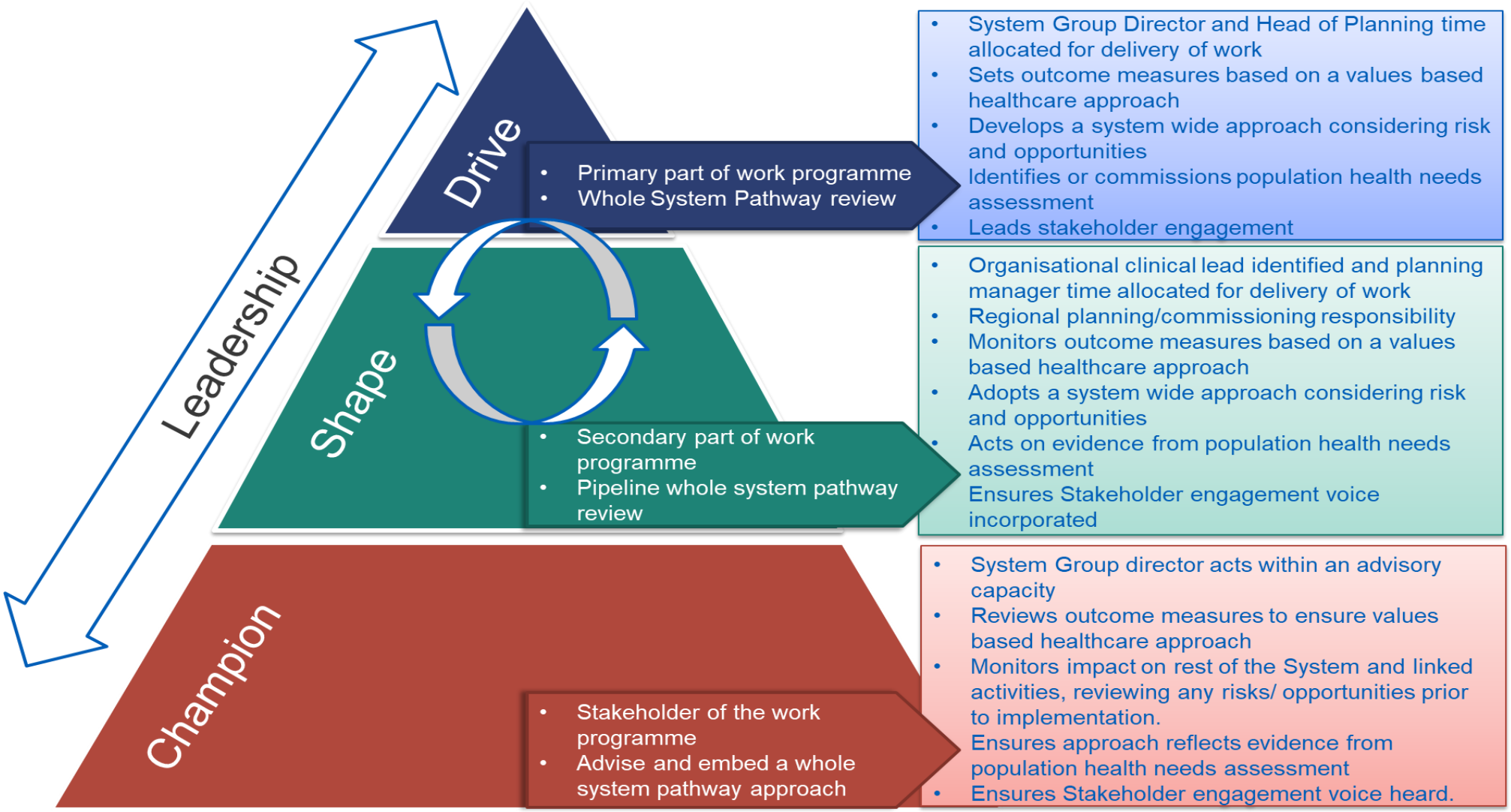
The Planning team will pull together the ILG submissions and incorporate these into the organisation's overarching IMTP.

The IMTP will be submitted for Management Board approval on 10th March before submission for full Health Board meeting on 25th March and finally to WG by 31st March.

Stage 5 (May)

ILGs IMTP to be approved at the May Board meeting with the development, implementation and monitoring of work-streams included in the plans thereafter.

Appendix 1: Systems Group Draft Work Programme



PRE-CONCEPTION TO FIRST 1,000 DAYS WORK PROGRAMME

PRIMARY WORK PROGRAMME		
Family Resilience	**Oral Health**	**Preconception Care**

Wider Work Programme		**System Group Role**
National Delivery Plans	1. Maternity Care in Wales, A Five Year Vision for the Future (2019-2024)	Champion (Led by Director of Maternity Services)
	2. Together for Health: A National Oral Health Plan	Drive
	3. Rare Diseases Implementation Plan	Shape
National Programmes and initiatives	1. Neonatal Transport Task and Finish Group (WHSSC)	Shape
	2. Healthy Child Wales Programme	Champion
	3. Wales Neonatal Network	Champion
	4. Unicef UK Baby Friendly Initiative	Champion
	5. Adverse Childhood Events	Drive
Organisational IMTP Priorities 2019-2022	1. A focus on Early Years and the prevention of Adverse Childhood Experiences (ACEs). Redesign the services for families and early years, aligned with the WG Co-Construction Programme. • Early Years Pathfinder Programme • Flying Start	Drive
	2. Continue to review Neonatal model across CTM	Champion
	3. Miscarriage Pathway – Development of a CTMUHB miscarriage pathway	Champion (Led by Director of

		Maternity Services)
	4. MAMSS and Bump Start	Champion
Regional Planning	1. Review Joint Statement of Intent for Children, Young People and Families	Champion
	2. Development of an Emotional and Mental Health Strategy (inc CAMHS)	Shape
Covid Recovery	**1. Work with community partners to reduce health inequalities, promote well-being and prevent ill-health** • Identify how the System Group can help to address underlying physical and mental health of CTM population and wider determinates which have resulted in our communities being at greater risk of Covid-19. • Collaborate with community partners to identify and support vulnerable families, (in light of emerging evidence from England that the number of babies subject to serious injury has risen during Covid). • Through the resilient families pilot cultivate greater awareness of perinatal, post-natal and paternal mental health given the increased mental health challenges for new or expectant families during Covid. • Ensure information is available to all frontline staff to signpost families to help and resources available within the community, recognising that some families will have faced a drop in income in recent months. • Seek to assess impact of Covid on prevalence of domestic abuse which has known to have risen nationally. • Use the Resilient Families pilot to better understand the impact of Covid on our local communities.	Shape (In Collaboration with ILG's)

	2.Provide high quality, evidence based, accessible care • Resilient Families/ Family Health Visitor pilot commenced in October 2020. • Core early years essential services to continue as per Welsh Government guidance. • Support roll out of Hello Baby Programme via the Resilient Families pilot. • Develop family and community engagement strategy to evaluate the impact of the Resilient Families pilot.	Shape (In Collaboration with ILG's)
	3.Ensure sustainability in all that we do, economically, environmentally and socially • Surveillance – monitoring intensity, geographic spread and severity of Covid-19 in the population to estimate the burden of disease, inform appropriate mitigation measures. • Identify areas where potential harm would be done by loss of regular contact with health professionals. • Identify best practice and support staff to develop their skills and knowledge to achieve that practice. • Monitor changes in high risk groups. • Monitor impact on healthcare system to predict the trajectory of the epidemic and inform resource allocation. • New ways of working – clinical consultations, digital infrastructure. • Sustainable and innovative workforce solutions.	Shape (In Collaboration with Public Health and Digital)
	4.Co-create with staff and partners a learning and growing culture • Emotional and psychological well-being of staff. • Collaborate with external partners and to inform and create person centred services. • Engage with all clinical and non-clinical staff to allow them to communicate and identify areas of need for their service. • Provide succession planning and leadership in a wider setting.	Shape (In Collaboration with Workforce & OD)

CHILDREN AND YOUNG PEOPLE WORK PROGRAMME

PRIMARY WORK PROGRAMME

Obesity	Mental Health

Wider Work Programme		System Group Role
National Delivery Plans	1. Together for Health: A Diabetes Delivery Plan	Drive
	2. Tobacco Control Action Plan for Wales	Shape
	3. Together for Children and Young People	Champion
	4. Implementation of Additional Learning Needs Wales Act (2020)	Shape
	5. All Wales Obesity Pathway	Drive
	6. WG Healthy Weight Healthy Wales Strategy and forthcoming Action Plan, (including Tier 2 and 3 obesity services)	Drive
	7. WG Healthy and Active Strategy	Shape
	8. Sexual Health and Wellbeing Action Plan	Shape
National Programmes and Initiatives	1. Best Start research programme	Champion
Organisational IMTP Priorities 2019-2022	1. South Wales Plan implementation – Inpatient Paediatrics (PAU)	Champion
	2. Reduce smoking prevalence in line with the smoking cessation framework	Champion
	3. Shortfalls in paediatric diabetes provision across CTM - ensure referral pathway for children with suspected diabetes is embedded across the UHB	Drive
	4. Increase asthma awareness and improve outcomes for Child and Young Persons (CYP) asthma	Champion
	5. Acting on outcomes from national reviews: a. Specialist Child and Adolescent Mental Health Services (SCAMHS) peer review b. Eating disorders c. Community Intensive Therapy Teams (CiTT)/ Crisis Tier 4 service specification d. Work with WHSSC on the development of a business case to implement the new service specification e. Review of the Forensic Child and Adolescent Community Treatment services team (FACTS)	Shape

Regional Planning	1. Review Joint Statement of Intent for Learning Disabilities under Cwm Taf Area Plan (RPB)	Champion
	2. Review Joint Statement of Intent for Children, Young People and Families (RPB)	Champion
	3. Partnerships – Children Looked After	Champion
	4. Partnerships - Emotional Health & Wellbeing Strategy / Tackling Poverty Steering Group	Champion
Covid Recovery	**1. Work with community partners to reduce health inequalities, promote well-being and prevent ill-health** • Address underlying physical and mental health of CTM population and wider determinates which have resulted in our communities being at greater risk of Covid-19. • Increased number of children entering care in an unplanned manner, support community partners in delivering appropriate care. • Children regressing in basic skills and education (such as toileting). • Multi-agency Safeguarding Hub (MASH) team work to identify cases of domestic abuse. • Cultivate greater awareness of mental health issues • Community Suicide Prevention in 18-25 year olds	Shape (In Collaboration with ILG's)
	2. Provide high quality, evidence based, accessible care • CAMHS provision • Work with primary care to provide earlier intervention for children and young people living with poor mental health. • Continued health visitor interaction for high risk families.	Shape (In Collaboration with ILG's)
	3. Ensure sustainability in all that we do, economically, environmentally and socially • Surveillance – monitoring intensity, geographic spread and severity of Covid-19 in the population to estimate the burden of disease, inform appropriate mitigation measures. • Monitor changes in high risk groups. • Monitor impact on healthcare system to predict the trajectory of the epidemic and inform resource allocation and mobilisation of surge capacity. • New ways of working – clinical consultations. • New ways of involving and engaging children and young people in their own care.	Shape (In Collaboration with Public Health and Digital)

	• Engage with children and young people to co create a vision for their current and future health. • Identify areas where potential harm would be done by loss of regular contact with health professionals. • Identify best practice and support staff to develop their skills and knowledge to achieve that practice. • Sustainable and innovative workforce solutions.	
	4. Co-create with staff and partners a learning and growing culture • Emotional and psychological well-being of staff. • Collaborate with external partners and to inform and create person centred services. • Engage with all clinical and non-clinical staff to allow them to communicate and identify areas of need for their service. • Provide succession planning and leadership in a wider setting.	Shape (In Collaboration with Workforce & OD)

ADULTHOOD WORK PROGRAMME

PRIMARY WORK PROGRAMME	
Heart Failure	**Critical Care**

Wider Work Programme		**System Group Role**
National Delivery Plans	**1.** Together for Health – Cancer Delivery Plan	Champion (Link with Cancer Team)
	2. Liver Disease Delivery Plan for Wales	Shape
	3. Together for Health Delivery Plan for the Critically Ill	Drive
	4. National Clinical Plan Musculoskeletal	Shape
	5. Eye Healthcare Plan for Wales	Shape
	6. Together for Health: A Heart Disease Delivery Plan	Drive
	7. Together for Health: Respiratory Health Delivery Plan	Shape
National Programmes and Initiatives	**1.** Organ Donation and Transplantation	Champion
Organisational IMTP Priorities 2019-2022	**1.** Value Based Healthcare Pathway development focused initially on Heart failure.	Drive
	2. Value Based Healthcare Pathway development focused exploring pipeline areas such as Lung Cancer, Cataracts and Hips and Knees.	Shape

	3. Support the Public Health team with the development of a Vague Symptom Pathway for CTM that will focus on early Cancer diagnosis to improve survival outcomes for our local population.	Shape
	4. Outpatient Improvement – explore options to introduce new ways of working to deliver outpatient services closer to patient's homes and communities.	Champion
	5. Develop a sustainable Heart Failure Team across the Health Board.	Shape
	6. Critical Care Options Appraisal for the service sustainability across CTM	Drive
	7. A review of Eye Health Care across CTM with a view to develop a model that will provide patients with equitable access to a safe, effective and sustainable service which can cope with changes in the future	Shape
	8. Support the clinically led re-design of elective/emergency Trauma & Orthopaedic Service applying a Value Based Health Care methodology that focuses on improving patient outcomes.	Shape
Regional Planning	**1.** Regional Diagnostics	Champion
Covid Recovery	**1. Work with community partners to reduce health inequalities, promote well-being and prevent ill-health** ▪ Provide oversight and guidance to Clinicians sharing learning to establish alternative pathways for long waits for surgical interventions. ▪ Provide oversight and guidance to Clinicians sharing learning to ensure all patients that fall within the categories 1 to 3 (those requiring treatment under 3 months) are treated before 31st March 2021.	Shape (In Collaboration with ILG's)
	2. Provide high quality, evidence based, accessible care ▪ Address underlying physical and mental health of CTM population and wider determinates which have resulted in our communities being at greater risk of Covid-19. ▪ Support the development of a plan for sustainable Critical Care provision ▪ Finalise pathways to increase capacity in essential services rated as amber	Shape (In Collaboration with ILG's)

	▪ Continued work with DrDoctor in Heart Failure and Acute Coronary Syndrome exploring opportunities of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)	
	3. Ensure sustainability in all that we do, economically, environmentally and socially ▪ Surveillance – monitoring intensity, geographic spread and severity of Covid-19 in the population to estimate the burden of disease, inform appropriate mitigation measures. ▪ Monitor changes in high-risk groups. ▪ Monitor impact on healthcare system to predict the trajectory of the epidemic and inform resource allocation and mobilisation of surge capacity.	Shape (In Collaboration with Public Health and Digital)
	4. Co-create with staff and partners a learning and growing culture ▪ Emotional and psychological well-being of staff. ▪ Collaborate with external partners to inform and create person centred services. ▪ Engage with all clinical and non-clinical staff to allow them to communicate and identify areas of need for their service. ▪ Provide succession planning and leadership in a wider setting.	Shape (In Collaboration with Workforce & OD)

OLDER YEARS, FRAILTY & MULTI-MORBIDITY WORK PROGRAMME

PRIMARY WORK PROGRAMME	
Dementia	**Stroke**

Wider Work Programme		**System Group Role**
National Delivery Plans	**1.** National Clinical Plan – Rehabilitation (and Welsh Government Framework for Rehab).	Shape
	2. Neurological Conditions (including Dementia) Delivery Plan	Drive (links with RPB)
	3. Together for Health: Stroke Delivery Plan	Drive
	4. Living with Persistent Pain in Wales Guidance	Shape
	5. Together for Health: Delivering End of Life Care Delivery Plan	Shape
	6. Plan for Primary Care Services for Wales	Champion
	7. Together for Mental Health Delivery Plan	Shape (links with RPB)
National Programmes and Initiatives	**1.** National Neurological Implementation Group	Shape
	2. All Wales Thrombolysis Review	Champion
Organisational IMTP Priorities 2019-2022	**1.** Embedding of Welsh Government Dementia Action Plan with CTM and CTM Dementia Steering Group	Drive (links with RPB)
	2. Continued implementation of RPB transformation ambition and further alignment of Primary Care clusters and Mental Health localities	Shape
	3. Ongoing redesign of adult community mental health services to ensure an emphasis on integrated support at universal and local primary mental health service level, enabling	Shape

	secondary mental health services to offer more intense input for people with complex needs.	
	4. Development of integrated memory assessment pathway, enhancement of community based support.	Shape
	5. Development of the organisational frailty model	Shape
	6. Development of 7 day stroke service aligned with the frailty model	Shape
	7. Deliver joint commissioning statement for older people's services 2015-25.	Shape
	8. Mental Health Partnership Board priority service developments: • prevention of suicide and self harm; • dementia; • co-occurring mental health and substance misuse; • redesign of adult community mental health services and crisis support.	Shape
	9. Implementation of Stroke Service Improvement Plan.	Shape
Regional Planning	**1.** Regional Partnership Board Transformation Programme focusing on areas that target older years	Champion
Covid Recovery	**1. Work with community partners to reduce health inequalities, promote well-being and prevent ill-health** • Combating loneliness and isolation • Covid-19 rehabilitation model and pathway and the principles that underpin both for Cwm Taf Morgannwg UHB and partners, ensuring alignment with Right Sizing Community Services to Support Discharge from Hospital. • Cwm Taf Morgannwg Together for Mental Health Partnership Board - Support to Voluntary Sector Mental Health Service Provision distribution of £200k. • Action plan for Older People's Commissioner Report 'Leave No-one Behind'.	Shape (In Collaboration with ILG's)

	2. Provide high quality, evidence based, accessible care • Address underlying physical and mental health of CTM population and wider determinates which have resulted in our communities being at greater risk of Covid-19. • Care Homes and Rehabilitation (framework developed by Director of Primary Care and Strategic Programme for Primary Care; WG rehabilitation framework). • Mental Health Recovery Plans	Shape (In Collaboration with ILG's)
	3. Ensure sustainability in all that we do, economically, environmentally and socially • Surveillance – monitoring intensity, geographic spread and severity of Covid-19 in the population to estimate the burden of disease, inform appropriate mitigation measures. • Monitor changes in high-risk groups. • Monitor impact on healthcare system to predict the trajectory of the epidemic and inform resource allocation and mobilisation of surge capacity.	Shape (In Collaboration with Public Health and Digital)
	4. Co-create with staff and partners a learning and growing culture • Emotional and psychological well-being of staff. • Collaborate with external partners and to inform and create person centred services. • Engage with all clinical and non-clinical staff to allow them to communicate and identify areas of need for their service. • Provide succession planning and leadership in a wider setting.	Shape (In Collaboration with Workforce & OD)

Appendix 2: Financial Planning for the 2021-24 IMTP

An outline of the financial planning position and scenarios at this stage is described below, together with the suggested actions to take this forward. This is a very initial assessment and is likely to change significantly.

Recurrent deficit brought forward from 2020/21

The financial position of the Health Board is balanced in the current financial year, but this is due to the very significant additional allocations from the Welsh Government for Covid and these allocations are non-recurring and will not run at the same level into 2021/22.

A recurrent underlying deficit of £13.4m was planned for the current financial year, and this has increased by at least £12.5m a result of our inability to develop efficiency savings schemes due to the necessary focus on Covid. As a result the recurrent deficit is at least £25.9m. This excludes costs of the ongoing Covid response, costs of stabilising and starting to recover planned care and diagnostic performance, and some smaller non-Covid cost pressures which have emerged during 2020/21.

Looking forward to 2021/22, over and above the £25.9m recurrent deficit brought forward from 2020/21, there will be further requirements and potential priorities for spending, as outlined below:-

Unavoidable new commitments

- Inflationary pressures (pay rises, incremental drift and inflation). Estimated £21.3m
- Service and demand pressures (NICE, CHC, primary care prescribing etc.). £15.9m
- Out of hospital transformation final transitional year. Circa £10m of which over £3m funded from existing CHC and other income streams and £7m from WG (21/22 only).

Service and capability improvement priorities (excluding Covid and planned care recovery)

- Internal service priorities such as responding to the Grange patient flows, ED service and staffing models, vascular surgery reconfiguration, paediatric reconfiguration, continuing high value “Winter” schemes and potential actions resulting from the value-based review of heart failure and ACS pathways. Pending further consideration a range of between £2m and £4m is assumed (with the Grange being net zero).
- Priorities for investing in enablers for improvement, such as continuing the work responding to TI/Special Measures, CTM improvement including Value Based Health Care, digital capability and potentially improved business partner support. Pending further consideration a range of £3m to £4m is assumed (including TI £2m funded by WG)
- Welsh Government service improvement priorities supported by specific funding over mainstream allocation increases, and so with no net cost to CTM. These may become clearer from the planning guidance and the allocation letter.

Covid response

The level of cost of the Covid response are obviously hugely dependent on the impact of social distancing and vaccination on Covid cases in the community and in hospital, and on the developing strategy on TTP. The run rate of spend on the Covid response as we enter 2021/22 is estimated to be in the region of £65m, but obviously this would

reduce as the levels of Covid reduced. Three extremely crude scenarios have been calculated to illustrate a potential range, which are

- No reduction in cost from March 2021 run rates. Presumably extremely unlikely but the cost would be circa £65m.
- TTP costs for the year at 85% of full cost, Long Covid costs at 100%, and other Covid response costs at 66% of full cost. This gives a cost of £47m.
- TTP costs at 70%, Long Covid costs at 100%, and other Covid costs at 33%, which gives a cost of £28m.

This is obviously a huge range in the potential costs. The Covid forecasting and impact modelling approach we have used for planning during 2020/21 needs to be used to develop 2021/22 planning assumptions, which can then broadly costed, but we will inevitably have to deal with a large degree of uncertainty on an ongoing basis.

Planned care and diagnostic recovery

The current level of planned care and diagnostic activity is running well below demand, and so the backlog of patients waiting for diagnosis and treatment is steadily increasing. The costs of addressing this depends on a number of factors, including the following in particular:-

- Local and national objectives and expectations around the level/degree of recovery affect the activity we plan to undertake
- The level of Covid and the resultant IPC measures is a major determinant of planned care and diagnostic core capacity, both in terms of bed and staffing capacity. The greater the internal capacity, the greater the level of spend on clinical consumables(implants etc.), but with a resulting lower requirement for high cost outsourcing or premium rate activity
- The potential for pathway and productivity improvement to make the most of the capacity that we do have to address appropriate demand.
- The feasible options available to us to expand capacity and/or procure external capacity.

Indicative costs have so far been included for continuing use of the Vale and Cardiff Bay Nuffield facilities at roughly the current rate of c £0.5m per month (£6m for the year), and for the endoscopy recovery plan which has been developed (£5.4m). This is an area where further work is being done to develop plans, which can then be used to refine the financial picture.

Efficiency savings

The original target/plan level of efficiency savings for 2020/21 (set pre Covid) was just over £20m, a little over 2% of controllable expenditure. In the current year given Covid constraints we are forecasting to deliver around £6m.

Factors impacting on the deliverability of efficiency savings in 2021/22 include the following:-

- The focus of clinical leadership and management time in the short to medium term will inevitably be on Covid, particularly in the remaining planning period for 2021/22 over January to March.
- While there is a lot of potential for pathway and productivity improvement, including through VBHC approaches and reviews, there will be a need in most cases to use the benefit of this, at least in the short to medium term, to close the “burning gap” between planned care and diagnostic demand and capacity, as flagged above, rather than to make “cash” efficiency savings. It will still be extremely important to demonstrate the efficiencies that are made and utilised in this way.

- Due again to Covid, we have not been able to put CTM Improvement in place. It will be developed through 2021/22 and so the support to improvement will gradually increase through the year.
- Similarly, while we making good progress with the wide-ranging VBHC review of heart failure and ACS pathways, and are commissioning Dr Doctor to support us on outcomes collection, we do not yet have a proper VBHC support capability within CTM Improvement. This will be developed as part of CTM Improvement.

It is proposed that we:-

a) Focus cash-releasing savings efforts in the following areas:-
   - Workforce - recruitment, management and efficiencies focussed on reducing agency and premium costs
   - Medicines management (both primary care and secondary care prescribing)
   - Procurement and product usage savings

This would not preclude work in other areas where there are opportunities and where the work can be supported by clinical leaders and managers.

b) Focus on pathway and productivity improvement on reducing the closing the gap between demand and capacity in planned care and diagnostics.

There are many other opportunities, not least in unscheduled care pathways and flow. It is proposed that we refresh our benchmarking and opportunity analysis of all areas in Q4, to agree and prioritise future improvement potential in all areas, whether that is needed to support cash releasing savings or to improve outcomes, quality and performance.

A potential range of feasible efficiency savings to target across the Health Board is suggested to be between £10m and £20m.

There is also the potential for non-recurring resources from a further release from the balance sheet or other sources. This is not yet known, and a decision would need to be made once it is known whether to build it into the initial plan, or to treat it an in year contingency.

Welsh Government allocations

The previously expected level of non-earmarked allocation growth based on previous years and WG financial strategy is around £25m. We also know that WG has agreed a £7m final year of non-recurring transformation funding, and previous indications have been that WG would provide a final year of TI funding, probably at a reduced level from the £3.5m in 2020/21 (£2m is assumed).

Further funding is expected in the following areas, and we will learn more once the planning guidance and the budget allocation letters have been released:-

- Non earmarked funding to recognise that Covid has increased the underlying deficits of all Health Boards
- Earmarked funding for Covid
- Earmarked funding for planned care and diagnostic recovery
- Earmarked funding for non-Covid related Welsh Government priorities

Overall financial position

Taking into account the assumptions above, three scenarios have been developed around levels of cost over the recurring base budget, and the extent to which these exceed previously assumed WG allocation increases. These three scenarios are shown in the table below.

Financial Plan Scenarios for 2021/22	Scen 1	Scen 2	Scen 3	Comments
	£m	£m	£m	
Existing commitments				
Recurrent deficit planned for 20/21 at March 2020	13.4	13.4	13.4	
Increase in recurrent deficit due to 20/21 savings below plan	12.5	12.5	12.5	Forecast as at Month 7
Starting recurrent deficit excl Covid & Planned Care recovery	**25.9**	**25.9**	**25.9**	
Unavoidable new commitments				
Out of hospital transformation	7.0	7.0	7.0	
Pay rises, incremental drift and inflation	21.3	21.3	21.3	As previously planned for 21/22
Service and demand pressures	15.9	15.9	15.9	As previously planned for 21/22
sub-total	**44.2**	**44.2**	**44.2**	
Potential new priorities - service				
Commitments already made(robotics & cancer)	0.5	0.5	0.5	
Grange flows (net impact of expenditure & income s/b nil)	0	0	0	
ED service and workforce models	?	?	?	Need to agree priorities. May be other priorities not shown here.
Paediatric configuration	?	?	?	
Vascular reconfiguration	?	?	?	
Continuation of the most effective "winter" schemes	?	?	?	
Proposals coming out of VBHC review of heart failure & ACS	?	?	?	
sub-total	**4.0**	**3.0**	**2.0**	Need to consider overall affordability
Potential new priorities - enablers				
Response to Targetted Intervention & Special Measures	2.0	2.0	2.0	Indicative estimate - to be refined
Digital enablers	0.6	0.6	0.6	Commitments already made
Improvement support (including VBHC)	?	?	?	To be included in TI plans as 20/21
Increased business partner support & corporate capacity	?	?	?	
sub-total	**4.0**	**3.5**	**3.0**	
Potential new priorities - WG priorities supported by funding	?	?	?	Await WG planning guidance
Efficiency savings	-10.0	-15.0	-20.0	Need to consider feasible delivery
Balance sheet release and other non-recurring opportunities	?	?	?	
sub-total	**-10.0**	**-15.0**	**-20.0**	
Total expenditure above existing recurrent WG allocations before Covid and Planned Care/Diagnostic Recovery	**68.1**	**61.6**	**55.1**	
Covid associated costs				
Reactive costs on acute sites (demand, staff absence etc)	18.3	12.1	6.1	100%, 66%, 33% of current run rate
TTP including vaccinations	19.3	16.4	13.5	100%, 85%, 70% of current run rate
Additional bed capacity outside acute sites	9.3	6.2	2.8	100%, 66%, 33% of current run rate
Primary care prescribing	7.2	4.8	2.2	100%, 66%, 33% of current run rate
Primary care costs (dental income shortfall & hub costs)	6.5	4.3	2.0	100%, 66%, 33% of current run rate
PPE	4.0	2.6	1.2	100%, 66%, 33% of current run rate
Long Covid service	0.5	0.5	0.5	Cost of scheme agreed at Man Board
sub-total	**65.2**	**46.9**	**28.2**	
Planned care and diagnostic recovery costs				
Use of Nuffield facilities	6.0	6.0	6.0	Current level of use and cost
Endoscopy	5.4	5.4	5.4	Endoscopy proposal at MB
Other	?	?	?	tbi
sub-total	**11.4**	**11.4**	**11.4**	
Total expenditure above existing recurrent WG allocations after Covid and Planned Care/Diagnostic Recovery	**144.7**	**119.9**	**94.7**	
WG allocations				
Allocation increase anticipated pre-Covid	25.3	25.3	25.3	
Transformation funding	7.0	7.0	7.0	Confirmed allocation
Indicative assumption around TI support	2.0	2.0	2.0	Indicative allocation
Higher increase for increased recurring deficit due to Covid	?	?	?	May become clear in Dec alloc'n letter
Funding for WG service improvement priorities	?	?	?	Not yet known
Covid funding	?	?	?	Not yet known
Planned care/diagnostic recovery funding	?	?	?	Not yet known
Total	**34.3**	**34.3**	**34.3**	
Deficit before increased funding prior to Covid & PC recovery	**33.8**	**27.3**	**20.8**	
Deficit before increased funding after to Covid & PC recovery	**110.4**	**85.6**	**60.4**	

Proposed actions

The key actions to be develop the financial plan, linked to the development of the overall plan, are as follows:-

- Review and refine the recurrent deficit brought forward and the level of demand and inflationary pressures/commitments (Lead - ILGs/Directorates and central finance team)
- Review and prioritise internal service improvement plans, and cost the highest priority plans(Lead – MB/Leadership team)
- Development and impact modelling of Covid scenarios which then be used to refine financial scenarios (Lead – DPH, COO and Informatics team)
- Development of planned care and diagnostic recovery plans, supported by national and local objectives for recovery(Lead – COO/Planned Care Programme Director)
- Agreement on the feasible levels of cash releasing efficiency savings to plan for and target(Lead – Director of Finance with MB/Leadership Team)
- Consider the implications of the WG allocation letter when it released(Director of Finance)
- Agree the framing and timing of the development of bottom up ILG and Directorate plans, linked to agreement on a Health Board planning framework and associated demand and capacity planning and workforce planning (DoPP – Leadership Team).
- Develop initial financial plans for 2022/23 and 2023/24 so form a 3 year plan, but significant further work on the 2021/22 will be needed before this is possible(Director of Finance).