



AGENDA ITEM

7.1

CTM BOARD

INTEGRATED HEALTH AND CARE STRATEGY ENGAGEMENT

Date of meeting	25/03/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Claire Nelson, Assistant Director of Planning; Lee Leyshon, Assistant Director of Engagement and Communication
Presented by	Clare Williams, Director of Planning and Performance (Interim)
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

IMTP	Integrated Medium Term Plan
OD	Organisational Development

Appendix 1

Welsh Government's 'National Clinical Framework:
A Learning Health and Care System' March 2021

1. SITUATION/BACKGROUND

- 1.1 During the course of 2019/2020 the Health Board had been developing its Integrated Health and Care Strategy ('Strategy'), with a Cwm Taf Morgannwg wide vision, mission and strategic objectives approved by the Board in January 2020. Further development was curtailed as a consequence of the COVID-19 pandemic, however there remains a commitment to developing an ambitious Strategy for the organisation. This must now be undertaken paying close attention to the impact of COVID, the lessons learnt and the resulting changing context for health and care services.
- 1.2 A comprehensive engagement process is required to develop the Strategy and to secure commitment from both our staff and our communities to its delivery; turning our strategic well-being objectives into tangible outcomes. Our ambition is to publish the Strategy in Autumn 2021.
- 1.3 Whilst previously it was proposed that a 10 year Strategy be developed, given the significant and rapid way that the Health Board has changed how it delivers services in order to respond to and recover from Covid-19, a Strategy focussing on the next five years is being proposed.
- 1.4 As a Health Board we have a legal duty under two separate pieces of legislation, the NHS Act 2006 and the Community Health Council (CHC) Regulations 2010, to involve and consult a) citizens and b) CHCs in:
 - planning the provision of services;
 - developing and considering proposals for changes in the way those services are provided; and
 - making decisions that affect how those services operate
- 1.5 As a general principle, we should engage with staff and stakeholders including the general public. The need for ensuring 'involvement' is one of the five ways of working underpinning the Sustainable Development Principle in the Well-being of Future Generations (Wales) Act 2015.
- 1.6 These principles have been reflected in previous work to develop the Strategy and will remain a focus.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Initial discussions have taken between Planning and Partnership and Engagement and Communication teams on the approach that could be taken to engage with internal and external stakeholders on the developing Integrated Health and Care Strategy during the first half of 2021/2022.
- 2.2 The Strategy is also due to be discussed in detail at an extraordinary Board Development session on the 22 April 2021 with a potential follow up session on the 29 April 2021.

Internal Engagement

- 2.3 It is proposed that the internal stakeholder engagement consists of at least one virtual workshop session using Microsoft Teams. This approach was used to successfully launch the Health Board values and would be similarly promoted by the Communications team in the run up to the event in a number of ways: on the intranet carousel, staff Facebook page and in the Chief Executive's weekly message.
- 2.4 Starting with a welcome address by the Chief Executive to set out the context and purpose of the session in informing the development of the Health Board's Integrated Health and Care Strategy, it is proposed that those attending would breakout into smaller groups facilitated by Learning and Organisational Development (OD) colleagues to allow for more informal discussions.
- 2.5 Staff would be asked to register their interest in attending the internal stakeholder event via Event Brite so that we can ensure that there is a cross section of staff in terms of role and geography in each breakout group.
- 2.6 It is hoped that each workshop session would include a keynote speaker such as Professor Muir Gray who advocates value based healthcare through reducing unwarranted variation and planning through a population based approach, or Carolyn Gullery, previous Director of Planning and Funding in Canterbury, New Zealand where health care systems were transformed when they were redesigned after the 2011 earthquake.
- 2.7 The inclusion of keynote speakers in the events would promote the Strategy and enable areas of best practice and exemplary thinking to be shared. It is proposed that the key speakers, availability permitting, feature early on in the engagement process so that they can encourage staff to think differently and be ambitious in shaping

the Strategy that will guide what the organisation is working towards/seeking to achieve over the next five years.

- 2.8 Alongside the virtual event, a dedicated area on the intranet site explaining the Strategy and how staff can feed into its development could be established. This would allow staff to provide feedback on the Strategy at their convenience.

External Engagement

- 2.9 It is expected that, as we emerge from COVID-19, there will be heightened interest from our communities in how we deliver our services. An initial online survey for individuals, communities and relevant organisations such as the Community Health Council and Local Authority partners, will allow us to establish the key themes of interest. Focused online engagement sessions will then be conducted. The surveys will be promoted through a range of media including local radio and press editorials.
- 2.10 Aligned to this, engagement with the development of the Strategy will also be considered through existing key groups and fora, for example, the regular meetings that we hold with CHCs and our Stakeholder Reference Group, whose members are made up of Local Authority partners, third sector organisations and specific representatives for groups such as Carers and Older Persons.
- 2.11 As the Strategy develops, specific engagement material and questions will be developed to meet the needs of our local communities.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 The establishment of a Task and Finish Group is required to progress the development of the Strategy. The engagement programme for the Strategy will act as a blueprint for the engagement of the future Strategic Plans which will develop out of the Integrated Health and Care Strategy. It is therefore a significant and ambitious piece of work. The group will include colleagues from Communications and Planning who have already been in discussion and representatives from Learning and Organisational Development (OD) who are well placed to advise on facilitation processes to enable effective engagement.
- 3.2 One of the Strategic Plans which will follow the publication of the over-arching Strategy, is on Clinical Services. As we develop both the Strategy and a more detailed Clinical Services Strategic Plan, we

will ensure that we are reflecting on the Welsh Government (WG) National Clinical Framework. This Framework (attached as Appendix 1) was published on 9 March 2021 with the aim of setting out a long term vision of how through developing clinical services with clinical networks, evidenced based pathways and national programmes to support local transformation of services, the ambition of building an NHS that is able to address some of the long-standing challenges that it faces and future proof for future generations can be achieved.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below: Staying healthy, safe care, individual care, timely care, dignified care, effective care
Equality impact assessment completed	No (Include further detail below) EQIA will be completed as part of the Integrated Health and Care Strategy
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) There are potential revenue implications in terms of speakers for the events
Link to Strategic Well-being Objectives	Co-create with staff and partners a learning and growing culture

5. RECOMMENDATION

5.1 **NOTE:** the content of this report