

AGENDA ITEM

4.1

PLANNING, PERFORMANCE & FINANCE COMMITTEE

APPROACH TO DEVELOPING THE HEALTH BOARD INTEGRATED MEDIUM TERM PLAN 2021-24

Date of meeting	21/12/2020
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Claire Nelson, Assistant Director of Planning and Partnerships
Presented by	Chris Coslett, Assistant Director of IMTP
Approving Executive Sponsor	Executive Director of Planning & Performance
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)					
Committ	ee/Group/Individuals	Date	Outcome		
Managem	ent Board	02/12/2020	NOTED		
ACRONYMS					
CTMRPB	Cwm Taf Morgannwg Regional Partnership Board				
СТМИНВ	Cwm Taf Morgannwg University Health Board				
ILG	Integrated Locality Group				
IMTP	Integrated Medium Term Plan				



RPB	Regional Partnership Board
WG	Welsh Government

1. SITUATION/BACKGROUND

- 1.1 Informal guidance for developing an Integrated Medium Term Plan for 2021-22 was received from Welsh Government (WG) on the 18 November. The final WG Planning Framework 2021-22 was received on the 14 December, **Appendix 1**.
- 1.2 The guidance advised that NHS organisations will be required to provide annual plans set in the context of future recovery and transition from operational response to integrated strategic planning, for submission in March 2021.
- 1.3 As a high level overview, the planning framework requirements will focus on the following five ministerial priorities which are unchanged from previous years:
 - Reducing health inequalities;
 - Prevention;
 - Access to care;
 - Primary and community care; and
 - Mental health and well-being.
- 1.4 The guidance also advised that the following four harms which were outlined in the WG 'Winter Protection Plan' for Health and Social Care in Wales published in September 2020, remain the context in which plans must be developed to ensure both direct harm from COVID and indirect harms are considered and addressed as part of the planning.
 - Harm from COVID-19 itself;
 - Harm from overwhelmed NHS and social care system;
 - Harm from reduction in non COVID-19 activity; and
 - Harm from wider societal actions/ lockdown.
- 1.5 WG advised that they are planning engagement with organisations in the beginning of 2021 to discuss key elements of the plan such as finance, service change, workforce and activity, ahead of submission, which provides an opportunity to receive comments on our draft document.



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

- 2.1 Ahead of the publication of the Planning Framework, the Health Board has been developing the IMTP with the Resetting CTM 2020-21 Operating Framework Quarter 3/Quarter 4 Plan and Regional Partnership Board's Winter Protect Plan both submitted to WG in October 2020, forming the basis of the first year of the 2021-24 IMTP's focus on recovery.
- 2.2 The Health Board's aim is to submit a three-year IMTP enabling us through the narrative to set out our longer term ambitions for the organisation which include improving outcomes for our population by working closely with our partners, which is also a focus within our developing ten year Integrated Health and Care Strategy.
- 2.3 There will be a strong focus on the first year of the 2021-24 IMTP as the organisation seeks to manage the operational pressures arising from Covid and reduce and recover from the four harms arising from it.
- 2.4 The IMTP planning process will seek to build on the priorities included by the Integrated Locality Groups (ILGs) and Primary Care and Mental Health Directorates in the Resetting Plans and the Outcomes Framework developed by the Systems Groups.
- 2.5 The Plan will also articulate the organisational priorities, including continuing the improvement journey set out within the 2020-23 IMTP and will build in the next steps to achieve growing maturity.
- 2.6 Meetings with individual Assistant Director Teams across the corporate teams including Public Health, Nursing, Workforce, Information and Finance and the Programme Directors for Unscheduled and Planned Care Recovery, have taken place to revisit the priorities and work-plans set out in the development of previous IMTPs.
- 2.7 Regional Planning work for services including Vascular Surgery and Ophthalmology whilst slowed during the initial COVID wave have been reinvigorated and the IMTP will outline how their delivery will make services sustainable, harness technological advances to improve access and increase capacity.



- 2.8 There will be sections to the IMTP than have not featured previously but of which plans/papers have been drafted and are continually being developed. These include setting out the continued plans for Test, Trace and Protect (TTP) and the COVID vaccination programme.
- 2.9 How we can build on the positive outcomes that have arisen during recent months will be weaved throughout the document from the introduction of the new organisational structure to where we have achieved significant change at pace in the roll out of IT initiatives of for web based consultations and the switch to home working for a high proportion of our workforce.

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

- 3.1 Whilst there are significant operational pressures on teams, it remains important that we have a clear process, set of planning assumptions and priorities upon which both the UHB IMPT and local ILG IMTPs can be built. The Local Planning Framework is a more concise document than previous years as we seek to reduce the burden on operational staff yet still ensure a standardised approach is taken to the setting of priorities across ILGs and Systems Groups.
- 3.2 The UHB operating model now has business partners embedded within each ILG; it will be through these: planners, workforce, finance and performance leads that the work to develop local plans will be progressed.
- 3.3 Primary Care Clusters are required to refresh their current 3 year Cluster IMTP Plans and produce a 2021-22 Annual Plan by the end of January 2021. Priorities from this annual plan will be encompassed within the overall Health Board IMTP. The work plan of primary and community care is pivotal to effective alignment of the priorities set out in A Healthier Wales and they are also responsible for implementing a number of schemes within CTM's RPB's Winter Plan.
- 3.4 In order to meet the Welsh Government submission date of the end of March 2021, the final IMTP will be presented for approval at the 25 March Board meeting. An update on progress will be provided to the 28 January Board, with an opportunity for wider discussion during the February Board development session.

4. IMPACT ASSESSMENT



WALES I		
Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outined in this report.	
	Choose an item.	
Related Health and Care standard(s)	The development and implementation of the IMTP consistent with/meets all the themes outlined in the Health & Care Standards for NHS Wales.	
Equality impact assessment	No (Include further detail below)	
completed	The final IMTP will have an accompanying EIA	
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.	
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.	
	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health	
Link to Strategic Well-being Objectives	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	

5. RECOMMENDATION

5.1 **NOTE** the approach to developing the 2021-24 IMTP.