



AGENDA ITEM

4.5

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

CTM 2030 Our Health, Our Future: Strategy Groups

Date of meeting	4 th May 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Marie Evans, Kevin Duff, Elle McNeil; Heads of Planning and Commissioning
Presented by	Linda Prosser – Executive Director Strategy and Transformation
Approving Executive Sponsor	Executive Director of Strategy and Transformation
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
Various including board development session, CTM 2030 steering board		SUPPORTED

ACRONYMS

CTM	Cwm Taf Morgannwg
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1. SITUATION/BACKGROUND

1.1 Following the approval of the strategic goals and priorities within the CTM 2030 Strategy at the Board meeting in January 2030, this paper provides an update on how these are being implemented as part of the population life course approach through the Strategy Groups as part of an ongoing programme of work.

- 1.2 This paper provides the background and detailed information on the outcomes of the six deep dive workshops undertaken with a range of stakeholders.
- 1.3 At the CTM Board meeting on 31st March 2022 CTM the adoption of the high level set of design principles that will be used to continue to develop the CTM2030 Clinical Strategy were approved.

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

2.1 The agreed strategic principles are detailed in the diagram below:



2.2 These have been developed to take account of the following:

- Aims of a Healthier Wales.
- Key elements of Value Based Healthcare.

2.3 A series of life course workshops with the Strategy Groups (and wider membership) have been held, based around local need, impact, national policy and engagement across disciplines covering:

Strategic Domains	Service Development Exemplar Models
Starting Well	Attachment and Maternal Well-Being
Growing Well	Children’s Healthy Weight
Living Well	Colorectal Cancer & Lower Limb Muscular Skeletal (MSK)
Ageing Well	Frailty
Dying Well	The last 12 months of life

2.4 These have led to these principles which will underpin all future clinical models:

- Reduce complexity and unwarranted variation or duplication
- Focus on supporting independence and self-care
- Prioritise those with the highest needs
- Align with Zero Net Carbon strategies
- Address complete patient pathways, not just organisational slices
- Be supported by data and insight using a 'single version of the truth' approach
- Driven by digital technology and innovation
- Be adopted at scale where appropriate
- Be supported by rather than driven by estate considerations
- Have the best and most sustainable use of resources

2.5 The generic actions which emerged from the workshops are detailed below:

- Facilitate **better risk stratification of patients** to aid the right channeling and most appropriate use of hospital and community resources consistent with national and local policy. Technologies to support stratification and decision making will become increasingly important.
- **Join up and map the NHS services** delivering the solution alongside public health activities – too many pathways demonstrated multiple pilots running, a crossover of services provided or a disjointed patient experience because the services were not effectively interfaced.
- **Join up and map the services with the local authority and the third sector** – many of the pathways identified better ways of working with the third sector and identified this as an area for partnership development.
- **Standardise referrals and ways of working across the ILGs** to ensure equity of treatment – referrals and entry points into the NHS differed by ILG and the services provided were also dependent on the workforce model e.g. access to language therapy differed by ILG.
- **Develop a joined up digital strategy across ILGs** addressing

community, primary and secondary care – this was a continuous theme throughout either gathering data for analysis or having access as a clinician. There are different systems and access to meaningful joined up data was a challenge.

2.6 The implications of addressing the generic actions listed above would have implications on the following areas. These will all need to be addressed in the wider vision of the Health Board as part of the development of the clinical strategy:

- Forming **a comprehensive workforce strategy** to impact the robustness of the workforce, including considering new roles.
- **Making the best use of the estate**, including looking at the services offered on the acute sites (eg. Trauma and Orthopaedics) to make best use of the facilities /deployment of services to meet future demand.
- Developing **a digital strategy and sufficient digital maturity** to support a modern, forward-looking digital infrastructure. Including developing a workforce to create strong capability in data management and analysis, and clinical decision making to the top of its licence across all three ILGs
- Working with education providers to ensure the **education, training and continuing professional development** meets the needs of the staff so they are equipped with the skills to contribute fully to a digitally enabled health board
- Addressing **governance, monitoring, and reporting** across the organisation to improve communication and delivery of services. In particular, the relationship between the framework and standards developed by the Health Board and the local delivery role of the ILGs needs to be properly articulated.

2.7 Each workshop also had a detailed set of interventions that could be applied in the short, medium or long term. These are considered in turn in each table below setting out the action, implications and the next steps required to monitor and review progress.



Starting Well: Attachment and Wellbeing

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Join up services across the ILGS that impact on perinatal wellbeing and early years parental attachment Work with local authority partners to broaden and focus resources; harness the use of the 3rd sector Map the health and social care services and handovers in place Link with infant feeding specialists where there are breastfeeding challenges Improve service monitoring and develop robust reporting mechanisms Review and standardise the rigid referral criteria Improve communication and signposting of services to families Create public health messages for parents 	<ul style="list-style-type: none"> Define a multi-disciplinary workforce and training plan to upskill existing staff Improved information sharing and processes for transition between services Improved partnership working with local government, 3rd sector and community groups 	<ul style="list-style-type: none"> Harness the recent CTMUHB regional attachment project Implement consistent Health Board wide criteria for referrals Implement an integrated data capture and reporting system

Growing Well: Healthy weight in Children

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Join up existing NHS services and improve links with 3rd sector and national bodies Clarify mechanisms to identify, predict and risk-stratify children Ensure a system wide and community owned approach Develop a CTMUHB wide approach that can target interventions to the most deprived communities 	<ul style="list-style-type: none"> Consider universal and specialised workforce training programmes Workforce training in Make Every Contact Count (MECC) Improved partnership working with local government, 3rd sector and community groups to develop integrated planning and provision Review and reallocate resources towards interventions with best evidence base Develop a consolidated register of interventions for staff signposting 	<ul style="list-style-type: none"> Explore and invest in new initiatives as part of one governance structure Measure success via increased breastfeeding rates, positive public, patient and staff feedback, and increased public engagement with healthy living messaging on social media



Living Well: Colorectal Cancer

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Consolidate services across the 3 ILGs to provide one single, joined up offering Define a clear referral process from Primary Care through to post-surgical care, with a single point of access, to ensure patients are treated appropriately and efficiently Invest in diagnostic resource to relieve the bottleneck which currently impacts Colorectal Cancer and other pathways across CTMUHB Invest in administrative support to relieve pressure on clinical time 	<ul style="list-style-type: none"> Consolidation of two patient systems and investment in wider digital infrastructure Further investment required in the workforce both in cancer but also diagnostic clinical support services Recruitment of AHPs and other posts may need to be prioritised from other pathways if resourcing is limited Estates may need to be reprofiled to allow for consolidated services or single centre of excellence 	<ul style="list-style-type: none"> Using this roadmap as a basis, develop a monitoring framework to track progress on clinical strategy implementation Develop integrated data systems that enable intelligent use of data to intervene earlier to prevent conditions from developing or manage them in non-acute settings Use techniques such as statistical process control to monitor the colorectal pathway and to identify and manage unwarranted variation Develop CTMUHB as a learning organisation with a culture of using data to evaluate and continuously improve the effectiveness of interventions

Living Well: Lower limb musculoskeletal disorders

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Explore implementation of an elective hub or a green site to prioritise elective activity Conduct theatre modelling to understand capacity and utilisation Invest in parallel services, such as Pain Management, and 3rd party organisations to relieve pressure on secondary care services Shift to a prevention led model targeting highest areas of deprivation which analysis shows will be more likely to high a higher incidence of MSK issues. 	<ul style="list-style-type: none"> Estates may need to be reprofiled to increase theatre capacity Investment in workforce may be required to deliver additional capacity, either out of hours or at weekends Capacity in some parts of CTMUHB may be reduced to pool resource and reduce elective backlog 	<ul style="list-style-type: none"> Using this roadmap as a basis, develop a monitoring framework to track progress implementation Develop integrated data systems that enable intelligent use of data to intervene earlier to prevent conditions from developing or manage them in non-acute settings Use techniques such as statistical process control to monitor the MSK pathway to identify and manage unwarranted variation Develop CTMUHB as a learning organisation with a culture of using data to evaluate and continuously improve the effectiveness of interventions



Ageing Well: Frailty

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Join up existing NHS services and improve links with 3rd sector and national bodies Standardise existing frailty services to reduce unwarranted variation Implement an electronic frailty index (eFI) to provide a standardised assessment mechanism and risk stratify the ageing population Standardise Advanced Care Planning including ceiling of care and last days of life Consider equality of treatment and unwarranted variation for strokes Establish a single point of entry via community hubs in each ILG 	<ul style="list-style-type: none"> Workforce training is required to ensure all staff can identify needs and signpost appropriately Review the workforce plan needed for a standardised frailty service, optimising use of the non-medical workforce Establish a single patient record for all clinicians Increased integrated working with third sector partners Investment needed in preventative interventions and orthopaedic geriatric and perioperative services Extension of multi-disciplinary frailty hubs and frailty nurse roles 	<ul style="list-style-type: none"> Establish a shared digital vision across all tiers and ILGs Agree a common definition of frailty and establish an integrated reporting system Measure success via reduce prevalence of frailty per head and reduced inequality between areas

Dying Well: Last 12 months of life

Actions	Implications	Monitoring and review
<ul style="list-style-type: none"> Join up existing NHS services and improve links with third sector and national bodies Build on six steps of life and introduce Advanced Care Planning Implement standardised end of life care offer Reduce unnecessary interventions in line with national policies 	<ul style="list-style-type: none"> Workforce training required on core principles of last year, months and days of life Wider communication needed with public and staff to understand services available Review workforce plans across health and social care Consider investing in Hospice at Home and third sector services 	<ul style="list-style-type: none"> Improve data capture across ILGs and establish a shared digital vision across tiers and services Undertake a review of access to end of life services to ensure diversity and inclusion for all Measure success by increased proportion of patients given the opportunity to discuss their preference and proportion of patients dying in their place of choice

2.8 The Strategy Groups are actively reviewing their work programmes and planning follow through activities including where pathways for high volume, high impact specialties need to be reviewed. An example is respiratory which has a planned workshop in June 2022.

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

3.1 No specific risks or matters for escalation identified in this paper.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Development of the Strategy and its implementation aims to improve these indicators
Related Health and Care standard(s)	Staying Healthy
	Development of the Strategy and its implementation aims to improve these indicators
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) EIA's will be completed as appropriate in relation to the strategy itself as it is developed
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.
Link to Strategic Goals	Creating Health

5. RECOMMENDATION

5.1 The Committee are asked to **NOTE** the content of the CTM 2030 strategic design principles and outcomes of the life course Strategy Groups workshops.