Cwm Taf Morgannwg
Bwrdd Partneriaeth Rhanbarthol | Regional Partnership Board

WINTER PROTECTION PLAN 2020/21

Final Version

Contents

1.0 INTRODUCTION

The Cwm Taf Morgannwg Regional Winter Protection Plan sets out the regions response to the Welsh Government Winter Protection Plan. The plan has been developed with input from all of the regional statutory and voluntary sector partners and builds to demonstrate an integrated regional plan and an approach that is deliverable and addresses the challenges associated with both the COVID pandemic and usual winter pressures across the region.

The plan builds on existing plans that focus on preventing four harms by;

- Remaining ready to provide the full range of services needed to prevent, diagnose, isolate and treat COVID-19 patients and
- Ensuring that we can continue to provide services that are essential at all times. This includes services that are urgent and life threatening or life impacting as well as services that without timely intervention could result in harm over the longer term such as maintaining vaccination programmes
- Reinstating routine services where it is operationally possible and safe to do so, with strict adherence to infection prevention and hygiene procedures and maximising the use of virtual consultations
- Health and Social care professionals working tirelessly to ensure people have been prioritised according to need and what matters to them.

The plan provides also looks to support and retain new ways of working adopted in the first COVID wave which supported integrated working between health, social care and third sector.

This means:

- A whole system approach where seamless support, care or treatment is provided as close to home as possible
- Services designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes
- People only going to a general hospital when it is essential, with hospital services designed to reduce the time spent in hospital
- A shift in resources to the community that enable hospital-based care, when needed to be accessed more quickly; using technology to support high quality services.

2.0 AIMS OF THE 2020 WINTER PROTECTION PLAN

The aim of the plan is to;

- Respond to the Welsh Government's 6 goals of urgent and emergency care
- Prevent unnecessary hospital admission
- Optimise digital technology
- Enhanced support for the frail and elderly at home , in care and within healthcare settings
- Minimise impact of COVID 19 resurgence and seasonal influenza
- Ensure that Care Homes are supported to deliver ongoing quality care for their residents
- Enhance the working arrangements and support from third sector partner agencies
- Maximise and enhance access and support via community therapy services
- Review patient and staff experience focusing on 'what matters'
- Ensure ongoing consideration and timely support to prioritise staff well-being

A range of performance measures will be used to measure the impact of the Winter plan including;

- Preventing hospital admission for specific conditions / complaints.
- Timeliness, quality and frequency of assessment in ED.
- Improving flow of patients through hospital to reduce risk of harm and delays in onward care.
- Focusing on timely transfer home to reduce risk of harm and improve outcomes.
- Discharge data.
- Delayed transfers of care.
- Flu rates.

The National Programme for unscheduled and the NHS delivery Unit will support evaluation and measurement in relation to Discharge to Recover and assess elements of the plan and there will be regular progress updates through the RPB governance structure and within sovereign bodies as required.

3.0 DEVELOPMENT OF THE PLAN

Our winter plan has been developed on a partnership basis with the Local Authorities, Third Sector and Health Board. The plan is in line with A Healthier Wales commitments and looks to ensure that the programme of work undertaken as part of the Transformation Programme in the Region is maximised. It follows those clear design principles of:

- A whole system approach where seamless support, care or treatment is provided as close to home as possible;
- Services designed around the individual, based on their unique needs and what matters to them;
- People will only go to a general hospital when it is essential, with hospital services designed to reduce the time spent in hospital;
- A shift in resources to the community that enable hospital-based care (when needed) to be accessed more quickly; and
- Using technology to support high quality services.
- Develop more meaningful measures and use feedback from patients and staff to measure what matters most to people.

It is anticipated that we will see an increase in pressure on health and social care services as the population contends with both the global pandemic of

COVID 19 as well as the usual seasonal activity. The impact upon health services in our DGH and Community Hospitals has for the first time been modelled by month and by Hospital and accounts for the bed capacity need to accommodate also our elective programme and the potential impact of the opening of the Grange Hospital with the consequent changes in flow from this.

In preparing for Winter 2020/21, the Health Board has considered numerous scenarios for the spread and impact of Covid-19 on health and care services. The scenario which has been used as the premise for our whole system planning during quarters 3 and 4 of 2020-21, from surveillance and the TTP programme to delivery of core elective services, is based on current community infections levels and accounting for the current 14 day national lock down.

In addition, the health board have also modelled the requirements to enable them to put in place the capacity to enable Wales to respond to the most serious of circumstances, as described in the letter from Welsh Government in June 2020. This requires the UHB to have an increased number of both acute and critical care available for Covid-19 patients, whilst also being able to continue to provide the anticipated levels of capacity to deliver non–elective and maternity services safely and have assumed that critical care demand over the winter is in addition to any typical winter demand. Further detail can be found in the Health Board Q3/Q4 Plan.

The 2020/21 winter plan is underpinned by reference to the 6 goals of urgent and emergency care recently published through Welsh Government and with a very clear emphasis on;

- Contact Ahead and introduction of 111
- Creation of a 24/7 urgent primary care model in at least one Cluster and the ongoing enhancement of our Out of hours urgent primary care across CTM

- Enhancing the capacity and capability of the AEC/SDEC offer in each of our ILGs
- Ensuring the delivery of the four discharge to recover then assess pathways

Over and above this the Health Board in conjunction with our Local Authority Partners has been delivering the Test Track and Protect service which is fundamental to managing the COVID pandemic in the community. Plans are also well advanced in regard to Mass Vaccination for COVID 19 as vaccine becomes available and finally there is both a comprehensive staff immunization programme for influenza as well as a robust primary care delivery set up to deal with the previous cohorts of patients as well as an increase in the spectrum to those over 50 as and when vaccine supply become available for such. Further details below.

The Health Board has required the newly formed ILGs to create multiagency plans at locality level, covering all aspects from community care, enhanced primary care, additionality in mental health services and enhanced capacity both in the Emergency Departments, Ambulatory Care settings and the wider community admissions avoidance and rapid discharge services.

These three integrated plans will along with TTP and Vaccination programmes incorporate the discharge to recovery pathways as well as a strong emphasis on supporting care homes. They have a very clear focus on work that we intend to fund from the Third sector on isolation, volunteering and building digital confidence. The proposals and schemes that fall within the ILG plans can be found at Annex 1 to 3 covering the whole of the region.

Annex 1 Rhondda and Taf Ely Winter Preparedness

Annex 2 Merthyr & Cynon Winter Preparedness

Annex 3 Bridgend Winter Preparedness

In overall terms the Health Board and partners will look to deploy circa **£10.9m** towards winter protection excluding TTP and Mass Vaccination.

This will look to cover the following;

Enhanced Capacity and Capability on Ambulatory Care / Same Day Emergency Care	3.700m
Capacity and Capability in each ILG	3.050m
Discharge to Assess Pathways & Care Home support	2.000m
Community Resources and Third Sector Support	0.500m
Contact Ahead & NHS 111	0.750m
Primary Care Capacity	0.750m
24/7 Urgent Primary Care	0.150m

A submission outlining the AEC/SDEC proposals has been submitted to WG colleagues as required as has the Contact Ahead and Urgent Primary Care proposals. A summary of the proposal is contained for each of these three elements in Annex 1 to 3. The proposals in regard to D2RA and Community resources are contained in the ILG schemes by LA and are referred to in the section below. Also note the read across to the Health Board Q3/Q4 plan.

The Capacity and Capability at ILG level relates to a host of schemes that cover enhanced staffing in community hospitals and across our community services especially targeted at palliative care as well as District General Hospitals within wards and the Emergency Department.

They cover Mental Health service deployment around faster access to mental health assessment. In addition a range of schemes designed around the community respiratory hub, therapy services including the hub that operated in COVID first wave and in reached to care homes.

4.0 Initial Surge Response and Discharge to Recover and Assess

On the 24th April 2020 the Welsh Government announced £10m of financial support for Covid surge response. The purpose of the funding was to enable safe and accelerated discharge of patients from acute and community hospitals to community settings in line with the COVID-19 Hospital Discharge Requirements published by Welsh Government on 7th April 2020.

Note a further update on discharge requirements was made on the 29th April 2020 which aligned the COVID-19 Discharge Guidance with the new approach to testing on discharge for people normally resident in care homes or potentially being discharged to a care home on Discharge to Recover then Assess Pathway 3 or 4.

The Discharge to Recover then Assess model is predicated on optimising recovery and reablement/rehabilitation. The Welsh Government is encouraging a new model where going home is the default pathway given most patients benefit from assessment in their normal place of residence with the ability to cope in familiar surroundings. The 'home first: discharge to recover and assess' pathway means patients are discharged home once they are medically fit and no longer need a hospital bed. Patients' immediate support needs will have been assessed prior to discharge and the necessary arrangements put in place. Ongoing assessment of patients' support needs can be safely continued at home by members of the appropriate community health and social care team. The approach means patients are not kept in a hospital bed longer than is necessary.

Intensive effort has been put into increasing Critical Care capacity in the three acute hospitals in Cwm Taf Morgannwg, including skilling up staff in other areas to provider a higher level of care than is typical is acute medical and surgical settings. As part of this process and utilising £1.3m surge funding, Gold Covid-19 members approved a proposal to operationalise a number of former Nursing Homes.

The community intermediate step down facilities operationalised were Abergarw Nursing Home (Bridgend) and Marsh House (Formerly Glan Yr Afon) in Merthyr Tydfil. These facilities formed a key part of the regions COVID-19 Hospital Discharge Pathway and an important intermediate step whilst onward discharge planning is progressed.

An initial transfer of patients took place with Abergarw Manor going live on the 14th April 2020 and Marsh House on the 22nd April 2020.

The Health Board are providing the staffing for the facilities, including Registered Nursing, therapies and Health Care Support Workers whilst contracting some support services through the Local Authorities such as Catering and Cleaning. The Health Board is responsible for all patients in the homes and has fitted out each of the homes to ensure the environment is as safe and appropriate as possible in the context of COVID and the timescales.

In addition to Local Authority partners and Health board, Age Connects have been a key Partner repurposing their existing contracts to provide direct support to patients which includes access to technology to engage with friends and family thus reducing the chances of depression and decline in mental health during isolation, daily activities to support mental and physical wellbeing and supporting discharge planning as required.

The welcome announcement of the funding for delivery of Discharge to Recover and Assess (D2RA) pathways received on the 5th of October has enabled further discussion and enhancement of models of care that prevent unnecessary admission to hospital and enable people to leave hospital when they are ready is essential in order to provide care closer to home and limit time in hospital unless essential, in line with key commitments of *a Healthier Wales*.

Planning for this element of the Winter Plan has been led by Local Authority Colleagues and complements the Locality Plans.

The plan whilst responding to emerging modelling also looks to ensure we adopt a cautious and flexible approach, building on new ways of working, more robust whole systems engagement and joint working, which was clearly evidenced during the first wave of the COVID 19 pandemic.

Full list of proposals can be found within the ILG Annex 1-3.

Proposals include;

- Additional capacity for support @home services (short term intervention) over winter period to facilitate hospital discharge or prevent admission.
- Additional capacity to support carers including crisis support to facilitate hospital discharge or prevent admission.
- Increased capacity for community equipment services, including delivery drivers and equipment provision.
- Increased support to ED and frailty teams and improved partnership working, Improved patient safety and experience.
- The provision of additional capacity across community services will support people to return home through the provision of packages of care and further assessment to be undertaken.

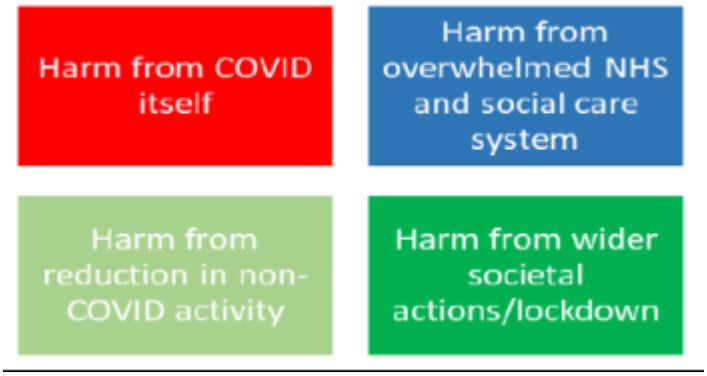
The breakdown of funding across the local authority areas is based on Social Services funding formula and is approximately;

- Rhondda Cynon Taf £1.2m
- Bridgend £0.61m
- Merthyr Tydfil £0.28m

These proposals will be submitted to Welsh Government approval alongside the winter plan.

5.0 PREPARATIONS FOR A SECOND COVID SURGE

For 2020/21 the Winter Plan needed not just to address the typical pressures of Winter but to deliver health and social care and support services through a second COVID surge. Throughout the year planning has been focused on preventing the following 4 harms:



The health board has worked to maintain essential services, reintroduce urgent and routine services and adapt to new ways of working, such as video and telephone consultations with patients via a number of virtual platforms. The HB will continue to work with partners in social care, care homes and via the Third sector to join up and deliver the services needed for our population ensuring more collaborative and joint whole system approaches.

Maintenance of essential services must be and will be the priority during the midst of the second COVID surge, initial discussion and a further military led planning exercise and strengthened our understanding that we will have to set in place specific phasing and trigger points for escalation and senior decision making for the potential to stand elements of service down. Whilst we will aim to attempt to review our ability to maintain more

routine services on an ongoing basis based on clinical risks associated and emerging guidance received.

6.0 RAPID REVIEW OF POPULATION NEEDS

In light of the unprecedented scale and impact on population and services brought by the pandemic, RPBs and their partners are required to undertake a rapid review of their population needs assessments to understand the effect of the pandemic. This review focused on some of the most affected groups and how services may need to change in order to meet needs in the new landscape for the priority groups under the RPB;

- Children and young people with complex needs (ref new part 9 definition)
- Unpaid carers
- Older people, with specific reference to supporting people living with dementia
- People with physical disabilities
- People with learning disability/autism
- People with poor mental health
- Sensory impairment

The rapid review provided a summary of Population Needs assessment as compiled for original assessment (including additional information relating to Bridgend that was outside of the original scope), national survey information regarding the impact on specific priority groups and local intelligence including feedback from Strategic Sub Groups of the RPB where this was available.

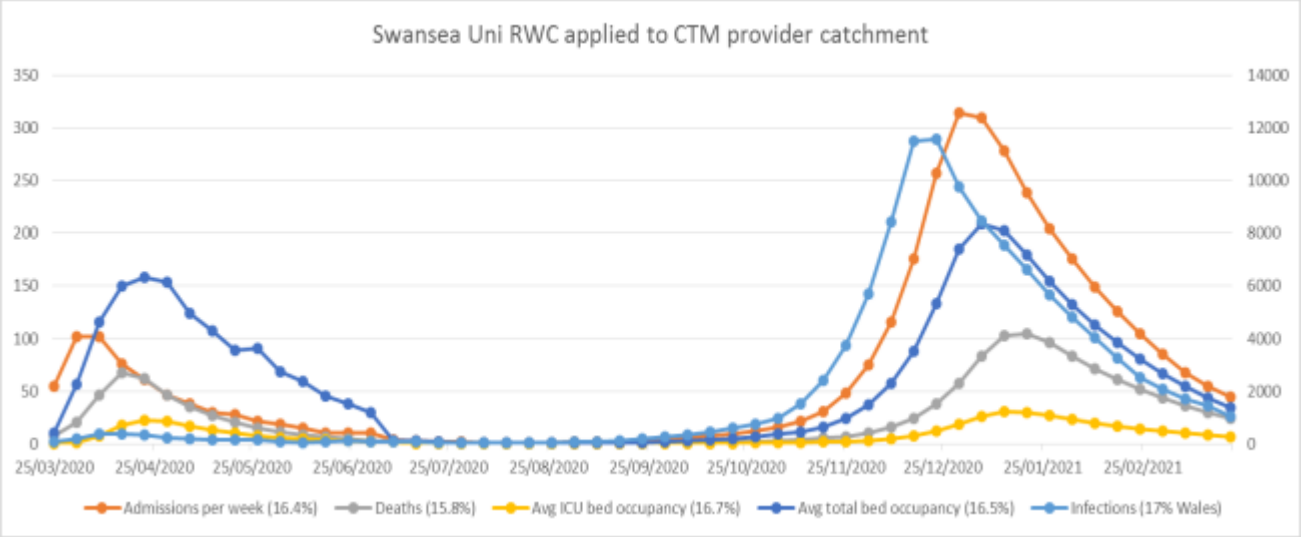
Local intelligence priorities were captured through the Citizen Engagement through Lockdown report. These priorities have been established following basic analysis of data collected by the Our Voice Matters project (ICF funded Project) in collaboration with citizens and partner organisations prior to the COVID-19 pandemic and subsequent lockdown measures through the

projects phase 1 activities, and the #CTMLockdownVoices campaign that has been running throughout the lockdown period.

The information will be used to inform Regional Partnership Boards planning and priorities and further support engagement and co-production with local communities.

7.0 COVID IMPACT ASSESSMENT

As a region we have reviewed the potential worst case scenarios for winter and bed modelling forecasts undertaken to inform further our winter planning discussions and COVID surge readiness. Modelling presumes that the reasonable worst case scenario in terms of COVID infections and admissions will be more severe than the first COVID wave experienced earlier in the year.



Therefore, taking all these assumptions and modelling into account, the health board are refocusing their winter plan and the proposals to needing to respond to a second COVID surge. With the added pressures that a usual winter pressures season bring with it, we have to react early to the clear facts presented to us, we are still in the midst of a pandemic, if we

are not prepared and ready to respond to the apparent next phase of the surge it could overwhelm everything we are aiming to do for our local communities.

8.0 SHIELDING

Based on the experience of the last 5 months and the impact this has had on residents that the areas that require resources to ensure that people previously shielding continue to get the support they need over the medium to longer term are:

- **Befriending services** which have been vital in helping to address loneliness and social isolation for many during Lockdown;
- Accessible information on the range and level of support available for people of all ages who need **mental health support**;
- Reduction in waiting times for **bereavement counselling** services so that people can access the support they need more swiftly;
- Expansion of **digital skills programmes and loaning of digital equipment** to enable more people to get online and maintain contact with relatives and friends as well as undertake a host of other activities that are reliant on being digitally included;
- Support for **volunteer training** to ensure that volunteers have the confidence and skills to provide appropriate support as the need arises;
- On-going **funding for local organisations and community groups** (on less than £1000 during lockdown, local organisations and community groups were able to deliver vital services within their area. They were quick to respond and individuals in the local area were appreciative of the comfort, entertainment and support they felt as a result of the intervention. Moving forward, this avenue needs to remain open to local groups responding to Covid 19.)

The above will be built into ongoing support to local communities.

9.0 WORKFORCE MODELLING

Our workforce challenges are likely to be significant this winter applicable to all Partner agencies.

In addition to regular seasonal illness, we are expected to experience additional staff absence due to:

- COVID illness
- Winter pressures and normal recruitment risks
- Childcare
- Bereavement
- Self-isolation
- Shielding, if reintroduced
- Stress and anxiety
- Careful management of low level symptoms where staff would usually continue to work through (e.g. Coughs, colds etc) which will result in staff being off work due to being symptomatic

The health board is urgently reviewing workforce models and rotas from medical and nursing teams to include 7 day COVID rotas to inform our staffing modelling for the COVID / winter period. These workforce models and assumptions have been used in the Q3/Q4 submission made by the HB to WG on 23 October 2020

For Social Care staff the Regional CTM Social Care Workforce Strategic Governance Board oversees the strategic planning for social care.

10.0 PREVENTION AND RESPONSE

10.1 TEST, TRACE, PROTECT STRATEGY

Welsh Government released their "Test, Trace, Protect" strategy on 13th May 2020. This was based on Public Health Wales advice. It worked by:

- Identifying those who have COVID-19 symptoms, enabling them to be tested while self-isolating.
- Tracing people who have been in close contact with the symptomatic person, requiring them to self-isolate for 14 days.
- Providing advice and guidance, particularly where the symptomatic individual or their contacts are vulnerable or at greater risk.
- Ensuring that individuals and their contacts can get back to their normal routines as soon as possible.

The CTM response plan, referred to as the CTM TTP Programme, is being managed on a regional (CTM) footprint under the leadership of the Director of Public Health. A multi-agency Regional Oversight Group (RSOG) comprising of members of the Health Board, Local Public Health Team, Public Health Wales (PHW), the three Local Authorities and Regional Partnership Board Chair has been set up to operationalise the response plan within the CTM area.

The CTM plan is based on the three pillars of the PHW plan (sampling and testing, contact tracing and case management and population surveillance) underpinned by a risk communication and community engagement plan.

A further area, comprising of the 'protect' element of work was agreed by the UHB and LA Chief Executives, the role of the RPB is as outlined below.

Chaired by the Chair or the Regional Partnership Board, Rachel Rowlands and the work is overseen and driven through the RPB.

10.2 PROTECT

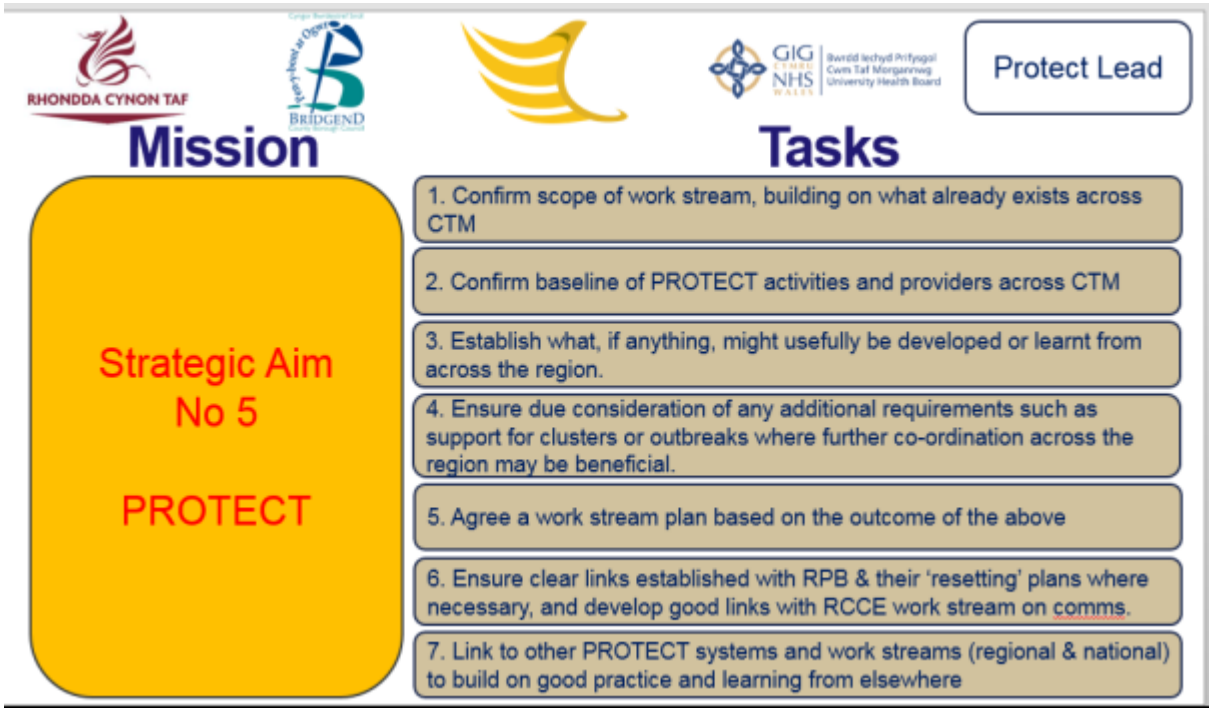
The strategic aim of the Protect work stream is to identify the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.

Ensuring high levels of adherence to the need to self-isolate in response to symptoms, a positive test for COVID-19 or having been contact traced is fundamental to the success of the overall Test Trace Protect programme. It is recognised that people will face different challenges in successfully self-isolating, potentially on more than one occasion.

A range of support has been provided to individuals who have faced challenges during lockdown. Local Authorities, in partnership with the Third Sector and Volunteers, have helped people with shopping, collecting medicine, loneliness and isolation, emergency food and support and a very wide range of other support needs.

This current 'offer' provides a guide to the kind of support likely to continue to be relevant to support self-isolation as part of the CTM Test Trace Protect Programme, as well as the identification of additional developments, depending on how events with Covid-19 unfold.

The following sets out the agreed initial scope of the Protect work stream and was endorsed at the RSOG meeting held on 30 July:



In response to COVID-19 a range of support structures were established across the region to meet the needs of the shielding community. The work led by Wendy Edwards of the RCT Core Steering Group been held up as an exemplar by WLGA, WG and the third sector and similar support networks have been established across Bridgend and Merthyr Tydfil.

It is important that as we move into COVID recovery planning that work plans and activities are routed within existing governance arrangements and structures. It will also provide opportunity to re-align pre-COVID multiagency work streams such as social prescribing and asset based community development and rehabilitation programme into a post COVID re-setting agenda.

A weekly 'Protect' task group, Chaired by Rachel Rowlands is set up. The group provide local intelligence and dissemination of key local messages and coordinate any gaps in service.

The RPB is firmly placed to provide the lead in the development and oversight delivery of the health and social care elements incorporating and recognizing the role of third sector service providers and community groups in providing the front line practical and emotional support needed to help protect those at risk.

10.3 Vaccination (Flu and COVID-19)

A sixth work stream under the CTM TTP programme has been added in order to help us to respond to the requirements in the recent Chief Medical Officer's letter – that of the COVID-19 mass vaccination work stream. This is closely linked in with our current arrangements for delivering the flu vaccination also this year.

The aim of this work stream is to deliver an end-to-end pathway for the delivery of a Covid-19 Mass Vaccination Programme within CTM ready for when required.

The objectives for the work stream are as follows:

	Objectives	**SMART Measures (further work required to make them measurable where possible)**
1.	Agree mass vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from mass testing arrangements.	Mass Vaccination Plan developed and tested via exercise and scenario planning, with local learning built in together with learning from elsewhere.
2	Ensure a blended delivery approach with flu vaccination programme	Blended delivery programme developed and tested as part of the above exercise testing.
3	Identify and put in place the necessary resources, including workforce, training, PPE,	All necessary resources in place including with contingency plans where required.

	vaccination supply and storage etc.	
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	Vaccinations delivered to priority groups with agreed target measures.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	Vaccinations delivered to remaining groups with agreed target measures.
6.	Work with Surveillance work stream & others to establish agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Agreed metrics and reporting arrangements established.
7.	Work with the RCCE work stream & others to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Clear, underpinning communication and engagement plan.

Seasonal flu immunisation has commenced. there is both a comprehensive staff immunisation programme for influenza as well as a robust primary care delivery set up to deal with the previous cohorts of patients and essential workers.

11.0 HEALTH INEQUALITIES

People from Black, Asian and Minority Ethnic (BAME) backgrounds, vulnerable groups and poorer communities are disproportionately affected by coronavirus. We are committed to reducing health inequalities across the region and remain focussed on equity and equity of access to the services individuals and communities need.

The all Wales COVID-19 Workforce Risk Assessment Tool addresses individual risk factors and has the potential to be used in a wider range of workplace settings for staff to assess their personal risks and support discussion with employers about appropriate protection.

12.0 THIRD SECTOR PROVISION

Third Sector organisations across CTM operate at all levels of in our communities and are best placed and often far more responsive to the daily and ongoing needs within and across our local communities.

They are able to make a significant – and rapidly increasing – contribution to the health and well-being of local communities across CTM and indeed Wales. It has been made every clear that charities and Third sector voluntary organisations would be expected to perform an increasing amount of the social and cultural functions which previously the public sector struggled to provide. Our attempt's and efforts to fully and truly engage with our Third sector colleagues has enabled us to refocus more of our health and social care services to the more clinical aspects across our communities releasing much resource within the Third sector across our communities, therefore maximising the excellent work undertaken and looking at how they influence and build on this work further.

The Third sector are currently playing a vital role in developing high-quality services the public rightly expects and helping direct existing and future pathways as they are developed and reviewed. They have particular strengths, such as reaching the most disaffected people, finding innovative solutions and offering a personal touch as well as really understanding the needs at a local level.

We are as a region benefitting from effective Third sector engagement and this plan looks to continue our approaches by further increasing the community resources and support mechanisms within a consistent community wide system of care and support.

Voluntary Sector proposals can be found in Annex 5 and focus on supporting discharge, hospital to home services, loneliness and isolation and supporting carers.

13.0 Primary Care and Community

Primary Care provides the essential and high value services including TTP, immunization, vaccination, screening, prevention services. The focus will be equally on prevention as it is on treatment and rehabilitation.

As in recent year within the region there will be increased investment in community and primary care services to meet demand and continue the care closer to home focus. This will include providing support to care homes to support vulnerable residents and specific areas of focus include an enhanced COVID and winter respiratory and palliative care hub and multidisciplinary response to prevent acute admission and support discharge. In addition to this central to the plans is increased support to the care home sector in line with the requirements of the revised Direct Enhanced Service and enhancing capacity on primary care out of hours to ensure this is 24/7. Flu is covered earlier but critical to the wider plan is the increased delivery in primary care this year and this is well underway through GP's and Community Pharmacies.

14.0 SOCIAL CARE

Key areas of focus remain;

- Protecting the rights of people who need care and support and carers who need support, including through developing a National Plan for Carers
- Supporting the workforce

- Stabilisation and reconstruction of the sector
- Continued focus on integration of health and social care, with regional partnership boards supporting the integrated delivery of winter plans.

Through the winter, there will be a continued focus on maintaining the resilience of the social care sector to support people's wellbeing in keeping with the principles of integration, prevention, collaboration and co-production.

15.0 CARE HOMES

In order to inform the Welsh Government Rapid Review of Care Homes Cwm Taf Morgannwg RPB were asked to;

- Provide a summary letter setting out the key actions led by the authority or health board and the issues undertaken in partnership with one another identifying successful achievements and actions that they wish to fulfil in the forward look towards the autumn.
- Participate in an individual discussion with Professor Bolton about the summary letter.
- Join a regional workshop to reflect on the partnership actions required, and
- Produce a regional action plan for care homes by early September 2020.

Building on a solid foundation of working in partnership across the health and social care system in Cwm Taf Morgannwg we were able to collaborate and shape a regional response from the outset of the COVID19 pandemic.

This platform has shaped our response, ensured we are consistent with government guidance and best practice across the region and to target and

deliver an enormous amount of support to these vital assets in our community.

This extends beyond the focus of residential and nursing care home market as we are providing daily communications on all relevant policy and practice to care providers.

Working in partnership across the health and social care system

Our work, across partner agencies, to ensure care market resilience locally and regionally includes;

- General and bespoke advice on all areas, including infection control, PPE, testing and a range of support in response to individual care homes requests.
- Supplies of Personal Protective Equipment (PPE).
- Surveillance and response to cases and outbreaks.
- Additional health and care support, as required.
- Dedicated regional Public Health Wales support and advice providing a valuable "golden thread" across health and social system.
- Testing of new admissions and symptomatic cases – and the rollout of testing to asymptomatic cases.
- Hospital discharge planning and in particular early regional response to step up/down accommodation and negative discharge testing.
- Set up of regional respiratory hub to support care homes.
- Responding to assurance from government on future funding, we acted swiftly to support financial pressures experienced by care providers.

Key actions of the Regional Care Home Action Plan are;

- Review the CTM Complex Care Group objectives and representation.
- Develop a Regional Support Structure / Escalation Process to assess Risk and provide appropriate support care homes who are experiencing difficulties.
- Operational Group to present options to the Complex Care Group how the region can support Care Homes to provide appropriate level of care, emotional and well-being support to all residents
- Operational Group to work with Care Homes across the region to develop robust Contingency Plans and Infection Prevention Plans.

A workshop will be held on 15th October 2020, with the current Cwm Taf Morgannwg Complex Care Group to consider appropriate timescales and implementation leads.

16.0 OLDER PEOPLES COMMISSIONER REPORT, LEAVE NO-ONE BEHIND - ACTION FOR AN AGE-FRIENDLY RECOVERY

The Commissioner's recommendations for immediate action are:

Public bodies should take action to ensure that public health messaging is communicated more effectively to older people.

• Public bodies should undertake community-level audits of vulnerable older people who have been digitally excluded during the pandemic and provide user-friendly devices with access to the internet.

The Commissioner's recommendations for longer-term action are:

• Establish a right to digital connectivity – viewing digital infrastructure as an essential service that the whole population needs affordable access to

• Introduce a social tariff for internet access and work towards the provision of free universal access to the internet.

• Place a duty on public bodies in Wales to demonstrate how they will engage with and serve citizens that are not online.

• Health boards and local authorities should establish outreach programmes to build digital confidence for older people to access digital public services, building upon the work being delivered by Digital Communities Wales.

The Commissioners report will be addressed via the strategic planning group under the RPB. Communication and engagement is being addressed under a sub group of the Test, Trace and Protect work streams and digital inclusion for older people to engage in online platforms of support has been picked up within planning for ongoing support.

17.0 TRANSFORMATION PROGRAMME

Within the Cwm Taf Morgannwg Region the Transformation programme comprises 8 Work-streams supported by a Welsh Government grant under the national Transformation Programme to support the implementation of the A Healthier Wales plan.

The Work-streams are focused upon building up community-based services in order to both improve patient/service user/carer outcomes and to create greater efficiency within the health and social care system as a whole, reducing the reliance and pressure on in-patient services.

In Cwm Taf there are 5 Work-streams building on and scaling up existing services to improve support for people at risk in communities and to reduce pressures on acute services by:

- Scaling up the **Population Segmentation & Risk Stratification** pilot to tailor interventions to specific populations and to support targeted and anticipatory care.
- Building on the **Assistive Technology** service to include a mobile responder service that will operate 24 hours a day, 365 days a year responding to triggered alarms and establishing/deploying the most appropriate response.
- Scaling up cluster focused **MDTs with a 'virtual ward' approach** to reduce demand on general practice both in and **out of hours** and on A&E.
- Extending the **SW@H** hospital model to give community professionals an alternative to hospital care and support, providing access to social care, community equipment and @home nursing services 7 days a week, 8.30a.m. to 8.00p.m.
- Developing a service to deliver urgent primary care out-of-hours, with new roles and an MDT approach.

In Bridgend 3 Work-streams are concerned with accelerating the pace of change for its integrated services by:

- **Ambition 1**: Providing 7-day access to community health and social care services – "*Every Day Is Tuesday*", delivering extended alternative service options to hospital and long-term care
- **Ambition 2**: Having a primary & community care MDT approach, delivering a one team approach around people, coordinating primary care and community services cluster responses.
- **Ambition 3**: Developing and delivering resilient coordinated communities; with key organisations, their partners and the communities they serve developing benefits, by working collaboratively to apply preventative approaches that enhance the wellbeing of the population of Bridgend.

All of the service-based projects were due to 'go live' between January and April 2020. Whilst there was disruption to implementation, with resources required to be diverted to meet urgent demands over the short term, the capacity and drive for delivering these services remains across the region and will provide additional support within local communities over the winter period.

18.0 REHABILITATION

The health board has allocated funding to ensure the capacity to deliver rehabilitation has been enhanced to respond to winter pressures and the additional Covid surge. Evidence suggests that timely assessment and a clear rehabilitation focus improves patient outcomes.

- Therapy staff have been deployed to Ysbyty Seren to sustain patient flow from acute services, to provide rehabilitation to those recovering from Covid-19 and to ensure timely discharge back to the patient's own home or locality.
- A Therapy hub has been developed which will provide a single point of access for both secondary and primary care to meet the rehabilitation needs of people recovering from or affected by Covid-19. This will be staffed by a multidisciplinary team of therapists who will facilitate immediate needs assessment, triage and signposting to appropriate community rehabilitation services or self-management resources.
- Therapy support to the three DGH's has been enhanced to ensure timely assessment, intervention and discharge planning to support patient flow.

19.0 CHILDREN AND YOUNG PEOPLE

The CYP specific winter plan recognises the current pandemic crisis in addition to expected winter pressures. The plan makes proposals for additional pediatric staff to respond to the increase in activity arising from the combination of COVID 19 and bronchiolitis / influenza (usually November until March) the department are already seeing these expected pressures early during in September.

The impact of COVID on children and young people's mental health is well documented. The British Psychological Society (2020) explain children who have experienced care may be more vulnerable to the pandemic, having faced insecurity and stressful situations before or they may have had to be alert to danger, which can cause stress responses during lockdown, affecting their behaviour and emotions.

National Youth Advocacy Service (2020) found 50% of children in care and 4 in 5 care leavers felt lonely and anxious during lockdown. Voices from Care Cymru (2020) also found children felt more isolated and anxiety had increased, they claim isolation may impact mental health of children who have already experienced trauma, and those receiving mental health support may have found this disrupted.

The Regional Partnership Board is committed to engaging and responding to children and young people's mental health and wellbeing and there are a number of developments being driven by the PRB including development of therapeutic services for children looked after and finding innovative ways of engaging children and young people through the development of mobile phone application to improve communication between social work teams and young people.

20.0 MENTAL HEALTH

In a press release from the Royal College of Psychiatrists (2020), psychiatrists have reported a 43% increase in emergency appointments and a 45% reduction in routine appointments, they warn of a surge in mental health cases could be ahead. The report from NHS Confederation (2020) reflects this prediction, highlighting increased referral rates, higher than pre-lockdown. They are expecting further rises with; those with existing mental health issues, those relapsing and new patients. Statistics from the Office for National Statistics (2020) show depressive symptoms doubled during lockdown with 1 in 5 adults experiencing some form of depression and we know that the shorter daylight hours in winter will only make this worse. Mind (2020) reported 1 in 5 people in Wales were unable to access mental health support at the start of lockdown, they claim this can lead to people reaching crisis point and needing emergency care. Mind, also report increased access to their online services. With this in mind our focus for supporting people's mental health will focus on a number of areas. The first includes increased capacity led by the voluntary sector for Tier 0/1 interventions using the recently allocated Mental Health Covid Response Grant and the 6 priorities identified included people who are finding themselves socially isolated, particularly digitally excluded, people experiencing economic hardship, those with Co-occurring Mental Health and Substance Misuse needs and carers who are providing support. In addition to this crisis services are being strengthened to ensure both timely responses to ensure no delays in hospitals but also to test the demand for a crisis community drop in facility.

A study from Mental Health Wales (2020) showed 1/3 of children experienced mental health issues during lockdown. Alfven (2020) also reported an increase in anxiety and depression amongst children and raised concerns about how; missing education, poverty, malnutrition and inequalities may exacerbate these problems. See Children and young people's section above.

21.0 CONCLUSION

Across Cwm Taf Morgannwg we will continue to work in partnership ensuring continuous learning and development through our plans as they are implemented, enabling reflection and collaborative approaches to service modelling into and throughout the winter period.

We will aim to ensure successful delivery of the six goals approach, transformational interventions and their underpinning operational plans will change the ways that individuals access services across our local communities and into our acute or nursing home / community resources, as set out in *A Healthier Wales* commitments and design principles.

This should result in both an improved experience and outcome for patients and reduced risk of nosocomial transmission. We will strive to ensure a more supportive and clear service model for our staff in order to maintain and enhance their well-being. Throughout this plan we will look to deliver greater efficiency and clinical effectiveness through treating individual's at the most appropriate care setting for them.

We will utilize any resources to support effective operational implementation of our winter plans and service remodeling across our community services and acute site, thus removing any barriers to services and ensuring patients are not caught between rigid inflexible service pathways.