

# **Integrated Medium Term Plan 2016-2019**

Powys Teaching Health Board's key purpose is to promote the health and well-being of the population and to provide and secure excellent healthcare services. This Plan sets out the key needs of the population and how we will anticipate and respond to these. Last year as a health board we set out our Plan (2015-18) to meet the population's health and healthcare needs and following scrutiny by Welsh Government Ministers the plan was approved, demonstrating confidence that the needs of the Powys population had been taken into account and that the health board had the capability of delivering. This was a significant achievement for Powys Teaching Health Board, providing a platform for continuous improvement.

Whilst the progress made will be detailed in other documents such as the forthcoming Annual Report of Powys Teaching Health Board, in summary, 2015/16 has been a very positive year. Good progress has been made in implementing the key actions we set out to achieve and the difference to patients and citizens is evident. General improvements in health indicators, improved access to local services, excellence in many service areas as judged by patients, greater engagement of staff in our collective work, increased integration with Powys County Council and a balanced budget all demonstrate the way in which we collectively have worked with partners and the public to keep improving. We would wish to take this opportunity to thank all involved for their commitment and hard work in making such a positive improvement.

Looking forward, this three year plan continues the work we set out last year as well as focusing specifically on some key priority areas that have become increasingly important. Having a prudent approach to health and care means that citizens, patients and professionals share responsibility for health and healthcare services; we wish to embrace this approach in all that we do. Furthermore, the need for responsible uptake and provision of health and care services is essential – seeking to use only services that are known to have a positive impact. We know that the NHS and care system continue to have challenges in relation to workforce availability. We will therefore need to make the most of all our skills to promote a flexible and innovative approach to care provision. Finally, we must do no harm. Healthcare in a complex business and from time to time things do go wrong. We are committed to improving safety and reducing the risk of harm, always striving for excellence.

There are some key areas of the Plan to draw out as our leading priorities including:

- The development of a long term **HEALTH AND CARE STRATEGY**- Developing a long term view of health and care for the county is essential. It will aid the access of capital funds to renew buildings and bring technological and infrastructure solutions in support of new service models.
- **ENHANCING PRIMARY AND COMMUNITY CARE** - Providing high quality and efficient care in or close to home makes sense on all fronts, especially in our rural county. Supporting GP teams, pharmacists, optometrists/opticians and dentists is key, as is developing a wide range of services in health and social care settings and our community hospitals.
- **INTEGRATED WORKING** – Accelerating our work with Powys County Council to integrate services where clear benefit can be achieved. This also includes finding new and better ways to work jointly with people who use our services, with other health organisations in and outside of Wales who provide services to the people of

Powys, and essentially with our key partner Powys County Council. Powys, with its often complex arrangements and multiple borders, can demonstrate leadership and expertise on integrated working to others.

- Excellent Commissioning – There are services we will continue to need to ‘buy’ from others for the people of Powys. We want these to be high in quality and effectiveness, innovative in approach and sensitive to the needs of the individuals who use them.

We know that health and care services will need to change and embracing that change will put us in a strong position to achieve the goals for health and wellbeing. Working together for a stronger Powys is at the heart of our values as an organisation. We look forward to continuing to build positive partnerships, networks and alliances with staff, partners and citizens to improve health and wellbeing and to deliver better services for all.

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## INTRODUCTION

This Integrated Medium Term Plan (IMTP) sets out how over the next three years, Powys Teaching Health Board (PTHB, the health board) intends to work together with the population of Powys, its partners, professionals and others to help achieve better health and better health and care services. This plan covers the period 2016-19 and is designed around the vision set out by the Board to deliver “truly integrated care centred on the needs of the individual”.

The plan sets out how the health board will achieve this through increasing the capacity, capability and resilience of primary and community services, strengthening the approach to planning and commissioning high quality services from neighbouring organisations and accelerating joint ambitions for integration with Powys County Council for the benefit of the people of Powys.

## THE DIFFERENCE WE WILL MAKE

Through delivering the plan aligned to the strategic objectives, the health board intends to achieve its six aims and realise its vision of truly integrated care centred on the needs of the individual. The below diagram demonstrates the connection between the strategic objectives, aims and vision around which this plan is shaped.

In realising this vision, the health board will make sure that wherever people receive care, in Powys or outside Powys, services are of the highest standards and wherever possible, close to home. People will continue to be placed at the heart of our work by working with other local services and the council to integrate approaches to health and social care. This will mean that people can expect the following outcomes:



1. **Staying Healthy:** People in Powys are well informed and supported to manage their own health;
2. **Safe Care:** People in Powys are protected from harm and protect themselves from known harm;
3. **Effective Care:** People in Powys receive the right care and support as locally as possible and can contribute to make sure that care is successful;
4. **Dignified Care:** People in Powys are treated with dignity and respect, and treat others the same;
5. **Timely Care:** People in Powys have timely access to services based on clinical need and are actively involved in decisions about their care;
6. **Individual Care:** People in Powys are treated as individuals with their own needs and responsibilities;
7. **Our Staff and Resources:** People in Powys can access information about how their NHS is resourced and make careful use of it.

## DELIVERING THE DIFFERENCE

Delivering effective and sustainable differences to the health and the health and care experiences of the people of Powys will remain a process of continued improvement beyond the next year, and beyond the life of this plan. This plan therefore brings together three elements of work:

### BUSINESS AS USUAL

What can be described as business as usual includes the consistent drive for continuous improvement across services, the continued strengthening of capacity, capability and engagement across the health board and ongoing actions to ensure robust governance and infrastructure are in place to support services and delivery.

### MEDIUM TERM CHANGE

Many actions and changes will be delivered within the life of the plan. These actions are clearly set out in service plans and support the delivery of the health board's strategic objectives, both in the medium and long term. This includes improvements to pathways of care and the development of new pathways, improvements to efficiency and flow across the health and care systems, the management of demand and capacity and implementing new ways of working to improve quality and sustainability.

### LONG TERM CHANGE

The plan also sets out the longer term ambitions of the health board to develop and establish a more robust and sustainable future rural model of care. This will be developed and delivered through the organisation's Change Programme. This programme of change will challenge the health board, its providers, partners and stakeholders to transform the way things are done through innovation, through implementing evidence based best practices and through co-production, integrated working and integration.

## THE PLAN



This document has been structured to present a coherent and cogent story of the health board's plan for the next three years and beyond, based on a full understanding of the challenges and issues faced and a clear presentation of the evidence.

## 1. LOCAL INTELLIGENCE AND INFORMATION

This chapter details the evidence base for the health board's plan, outlining the context within which the health board operates, its performance against objectives and targets, the key intelligence information on population need, inequality, service utilisation, projected demand, and future capacity requirements. Also detailed are the local implications of national policies and reports and what has been learned from involving the people of Powys.

## 2. INTERPRETING THE INTELLIGENCE

The second chapter presents the health board's interpretation of the intelligence and information and how this has informed the development of the 12 strategic objectives. Also detailed is how the health board will approach strategic change and the organising principles underpinning the plan.

## 3. SERVICE DELIVERY

Plans detailing what the health board will do to deliver services and implement change are provided in chapter three. The first of these plans are those related to the areas in which the health board aims to become system leaders in Wales: Commissioning, Primary and Community Care; and Integration. The plan for delivering quality is followed by the key service areas delivered through integrated working with local partners, local service plans and the local responses to the national condition specific delivery plans.

These plans outline achievements and performance and the key priorities, objectives and actions for the period 2016-19. A summary plan is also provided in most cases, detailing specific actions against an anticipated delivery milestone along with the performance measures where available, and the risks to delivery and identified implications for Finance, Workforce, Estates and Information Communication Technology.

## 4. SUPPORTING DELIVERY

The final chapter provides the information which demonstrates how delivery of services and the implementation of change will be supported by workforce and organisational development, coherent capital and estate planning, a strong ICT infrastructure, research and innovation, sound financial planning and robust governance arrangements.

## DEVELOPING THE PLAN

The health board's IMTP of 2015 was approved by Welsh Government and this iteration has built upon the strengths of the previous versions; further developing the planning processes, broadening engagement, strengthening alignment and congruence of local and cross boundary plans and ensuring a greater level of challenge and scrutiny.

The plan has drawn together local service, delivery and primary care Cluster plans, local intelligence and information, health board performance and delivery measures, and national and local priorities to develop an integrated plan aligned to the health board's vision and aims. This has been underpinned by the organising principles of prudent



health and care, quality, safety and patient experience. Ensuring an integrated approach to developing the plan, the process was led by key individuals from across essential areas of the organisation including; Quality & Safety, Commissioning, Locality Operational Planning, Workforce and Organisational Development, Public Health, Information, Planning and Finance.

Essential to developing this plan has been the engagement of stakeholders throughout the process including directly and regularly with the Board, Executive team, Staff Partnership Forum, Joint Management Team (PTHB and Powys County Council) and Executive Management Group. Engagement with Locality Management Teams, Primary Care Clusters and the Community Health Council was undertaken through established mechanisms. In addition, the health board hosted two key workshops on the IMTP. The first with all commissioned secondary care providers at which, the alignment of our strategic direction with others' plans was confirmed and opportunities for collaboration and joint working discussed. The second workshop, co-hosted by Powys Association of Voluntary Organisations (PAVO), brought together over 50 representatives of the Third Sector in Powys providing an opportunity to share an overview of the plan and to discuss potential areas for greater integrated and joint working with Third Sector organisations.

The plans of neighbouring and partnering organisations have also informed the development of this plan. Alignment and agreements on cross cutting issues with neighbouring organisations, commissioned specialist providers and regional collaboratives have both shaped and been incorporated into the final plan as appropriate.

This plan is therefore strongly informed by local and national intelligence and information which has been reviewed and analysed to develop and confirm the priorities and actions for service delivery and the way in which the health board will work to deliver these.

# **1. LOCAL INTELLIGENCE AND INFORMATION**

# 1.1 HEALTH BOARD PROFILE

## Summary

- PTHB is primarily a commissioning organisation managing complex arrangements of care across five health economies in England and Wales.
- Community and primary care services is where care is predominantly accessed with primary care practitioners providing clinical leadership to the health board's operational management of care.
- PTHB has a strong history of partnership and integrated working with Powys County Council and there is great potential for further integration of health and social care.
- The workforce is small and largely clinical. The greatest challenges stem from the ageing workforce and the implications for Medical, Dental, Nursing and Midwifery services.
- Geography and rurality mean that health and care services are more fragile and access more difficult.
- PTHB has a high level of confidence that it will achieve a balanced outturn position for 2015-16.

## THE HEALTH BOARD

PTHB is responsible for improving the health and wellbeing of around 138,000 people living in Powys and for enabling the provision of high quality, effective healthcare services.

The health board and its coterminous county council cover a quarter of the landmass of Wales, but with less than 5% of the population it is one of England and Wales' most sparsely populated areas. The population is rural, spread thinly across a large area and consequently, where facilities and services require a critical mass of people to be economically or socially sustainable, they will out of necessity, be spread out; making factors of accessibility and transport critically important. A key resulting factor of this is the unsustainability, and therefore absence of, a District General Hospital (DGH) and the consequent outflow of patients to hospitals and health services out of county for treatment.

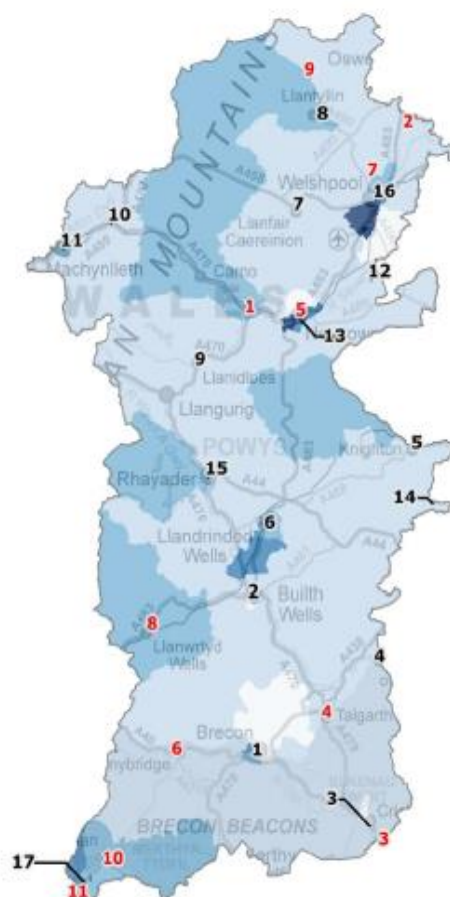
While the health board's unique profile generates complexities and challenges, it also drives the strategic direction of PTHB in developing a rural service model that balances prevention, integration with other public services and care closer to home, with the need to achieve economies of scale, sustainable service delivery and access to specialised services.

## A COMMISSIONING ORGANISATION

PTHB is primarily a commissioning organisation. The largest proportion of its budget is devoted to commissioning NHS services. Much of this care is provided in the community through primary care contractors such as General Practices, dental practices, Pharmacists, Optometrists and Nurses in Powys. Other community based services, such as community hospitals are provided through the health board's own service provider function. These General Practice locations are shown on the following map, mapped against areas of deprivation.

LSOA, national fifths of deprivation

- Most deprived (3)
- Next most deprived (8)
- Middle (17)
- Next least deprived (43)
- Least deprived (8)



Produced by Public Health Wales Observatory, using revised WIMD August 2015 (WG)  
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List of GP surgeries and branch surgeries extracted from Health in Wales website on 22/12/2014 and updated on 23/11/2015 using information supplied by Powys LPH

#### GP Surgeries

- 1 Ty Henry Vaughan, Brecon, LD3 8AH
- 2 Builth Wells Medical Practice, LD2 3DZ
- 3 War Memorial Health Centre, Crickhowell, NP8 1AG
- 4 Hay on Wye Health Centre, HR3 5DS
- 5 Wylcwm Street Surgery, Knighton LD7 1AD
- 6 Llandrinod Wells Medical Centre, LD1 5ES
- 7 Health Centre, Llanfair Caereinion, SY21 0RT
- 8 Llanfyllin Medical Centre, SY22 5DG
- 9 Arwystli Medical Practice, Llanidloes, SY18 6EZ
- 10 Glantwymyn Health Centre, Cemmes Road, SY20 8LB
- 11 Machynlleth Health Centre, SY20 8EQ
- 12 Montgomery Health Centre, SY15 6PF
- 13 Newtown Medical Centre, SY16 1EF
- 14 Presteigne Health Centre, LD8 2RJ
- 15 Rhayader Medical Centre, LD6 5ED
- 16 Welshpool Health Centre, SY21 7ER
- 17 Meddygfa Pengors, Ystradgynlais, SA9 1DS

#### Branch Surgeries

- 1 Caersws Health Centre, SY17 5EX
- 2 Four Crosses Branch Surgery, SY22 6ST
- 3 Gtwerf Surgery, NP7 0AS
- 4 Talgarth Medical Centre, LD3 0AW
- 5 Ladywell Surgery, Newtown, SY16 1AF
- 6 Sennybridge Health Centre, LD3 8RU
- 7 The Surgery, Gwilsfield, SY21 9NJ
- 8 The Health Centre, Caersws, LD5 4RG
- 9 Llanhaadr Branch Surgery, SY10 0LJ
- 10 Abercave Surgery, SA9 1XP
- 11 Ystalyfera Surgery, SA9 2LX

Figure 1: LSOA – GP Surgeries

Secondary care services are provided through commissioning arrangements with other health boards in Wales and NHS Trusts in England. This out of county activity is calculated to be equivalent to a virtual DGH of over 400 beds. The table below illustrates the annual spend by provider and the funding flows to our main secondary care providers.

External Funding Flows – Main Secondary Care Providers	
Betsi Cadwaladr UHB	£2M
South Staffordshire Trust	£1M
Robert Jones & Agnes Hunt Hospital	£9M
Shrewsbury & Telford Trust	£23M
Wye Valley Trust	£13M
Aneurin Bevan UHB	£18M incl £6M Mental Health
Cwm Taf UHB	£1M
Cardiff & Vale UHB	£1M
Abertawe & Bro Morgannwg UHB	£8M
Hywel Dda UHB	£7M
WHSSC	£32M

Table 1: External Funding Flows

PTHB also commissions in excess of £1.7M of service delivery through the Third Sector and holds contracts with nursing home providers for long term care. The health board also works with Welsh Health Specialised Services Committee (WHSSC) to commission specialised and tertiary care services, and the Emergency Ambulance Services Committee (EASC) for the provision of emergency ambulance and transport services. Furthermore, PTHB is committed to ensuring requirements unique to Wales, such as the Welsh Language and the Specific Equality Duties for Wales are factored into these arrangements.

These multiple complex arrangements mean that as an organisation, a highly developed ability to provide coherence across multiple strategies, providers and pathways, simplifying arrangements is essential.

## **PROVIDER OF COMMUNITY SERVICES**

PTHB directly provides non-specialist healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant led outpatient sessions, day theatre and diagnostics in community facilities, bringing care out of the acute hospital setting.

The local community healthcare model is operationally delivered by the health board through two locality management teams; North Powys and South Powys. Increasingly this model benefits from the clinical leadership of the three Primary Care clusters in Powys in the design and delivery of local services and on the commissioning of specialist services. These services are managed through a single Directorate of Primary and Community Services.

The fragility of the rural service model continues to be a major risk to the delivery of health and care in Powys. Recruitment to the medical workforce has been a challenge to the health board, however General Practice partners have actively contributed to ensure continued provision of local services. The fragility of primary care is in itself a risk for the continued local delivery of safe services.

## **INTEGRATED WORKING**

Being the only health board in Wales to be coterminous with a single local authority, the health board has forged strong partnership arrangements with Powys County Council. The organisations are key partners in the One Powys Plan, Local Service Board (LSB) and the LSB Transformation Board and have a history of effective collaboration in developing shared support functions.

PTHB and Powys County Council have an over-arching Section 33 agreement through which the organisations manage joint arrangements for Information Communication Technology (ICT) services, reablement services, Glan Irfon Integrated Health and Social Care project, joint equipment and substance misuse services. Additionally, a joint Director of Workforce and Organisational Development has recently been appointed across both organisations to support and progress the integration agenda. Mental health services, services for people with learning disabilities, older people, carers and children's services are also key joint areas for integrated working. There has also been a key workstream to implement the Welsh Language Strategy Framework, with the formation

of a Welsh Language Promotion, Implementation and Compliance Group. This is a first in Wales and recognised as being good practice by the Welsh Language Commissioner.

Powys' Third Sector provides a wide range of services and activities that directly or indirectly contribute to the health and general wellbeing of Powys' citizens. Capitalising upon opportunities for partnership working across sectors is an important element of developing truly integrated care and engaging people with their own and community wellbeing as well as their health services.

The strong foundation that co-terminosity and a history of successful collaboration has established provides PTHB and the County Council with significant opportunities to develop services and teams which provide integrated care centred around the individual. As such, both organisations have fully committed, at Board and Cabinet level, to further explore options of large scale integration of health and social care services at all levels.

## CROSS BORDER WORKING

PTHB is in a unique position in Wales in managing care over the five main health systems that span its borders. Each of these systems link into their own wider health economies to facilitate access to tertiary services such that residents of Powys are required to travel as far as Stoke, Birmingham, Cheltenham, Cardiff and Swansea.

In addition to managing care pathways which span multiple health economies, PTHB has a lead role in assuring that the interests of Powys residents are considered in any planning processes and programmes of change and transformation in these external NHS services. The scale and complexity of effectively engaging and influencing the complex and multiple strategic change agendas is challenging, as the below illustration shows.

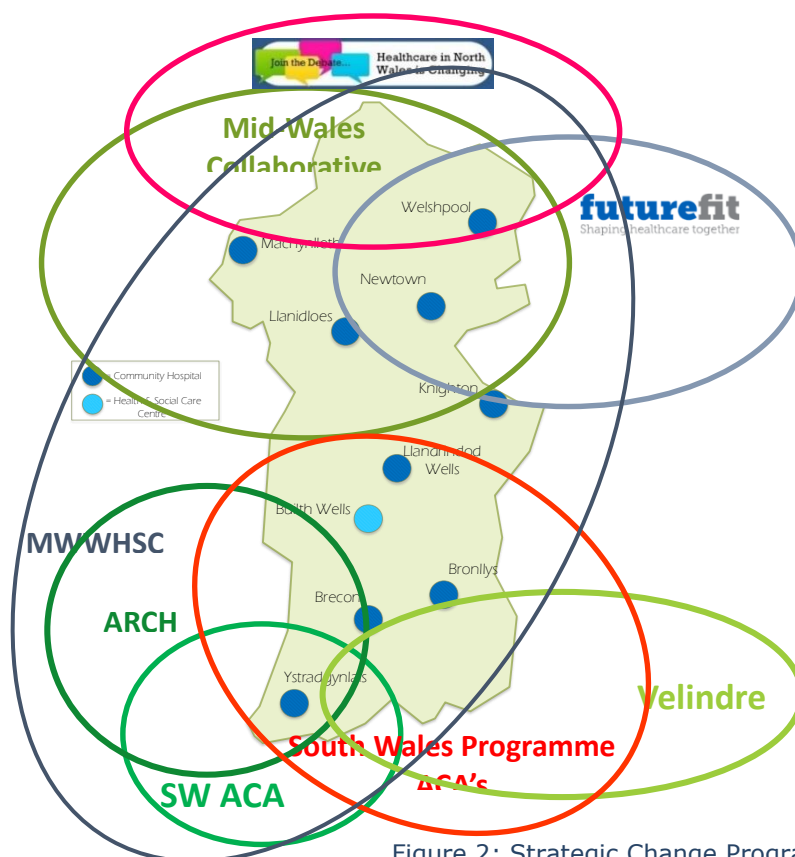


Figure 2: Strategic Change Programmes Around Powys' Borders

PTHB is also one of six pilot sites across Europe participating in European projects. The two projects currently underway are focused on Integrated Care Coordination Pathways, Patient Empowerment and Home Support Pathways, and the implementation of online supportive cognitive behavioural therapy (CBT).

Beyond Europe PTHB is an active partner in the Wales for Africa programme and has continuing active links with Molo in Kenya, primarily focussed on maternal and child health.

Participation in such international projects expands health board's opportunities for learning, innovation and increased partnership working.

## HOSTED SERVICES

PTHB provides leadership and support to Wales through hosting three functions on behalf of NHS Wales.

### COMMUNITY HEALTH COUNCILS

The health board currently hosts the eight Community Health Councils (CHC) in Wales, and the national team representing CHCs. The hosting role relates mainly to financial and human resource processes.

### HEALTH AND CARE RESEARCH WALES

The health board hosts Health and Care Research Wales which facilitates collaboration between NHS organisations, higher education institutions and the industry sector across Wales.

### CONTINUING HEALTHCARE RETROSPECTIVE PROJECT

The health board hosts the Continuing Healthcare Retrospective Project and its 56 staff.

## WORKFORCE

As a primarily commissioning organisation, PTHB has a unique workforce profile when compared with the rest of Wales. The health board spends 19% (£56.2M) of its total revenue budget on the paybill (including on costs and with variable pay element of approximately 6%), compared with other NHS Wales Organisations whose pay costs typically account for 70-80% of total budgets.

This represents a staff headcount of 1,741 people (Dec 2015), which equates to 1,335.95 Full Time Equivalent (FTE) posts excluding hosted services. There has been an increase of 144.36 FTEs compared with the same period last year, the majority as a result of the transfer of Adult Mental Health staff on 1 December 2015 from Betsi Cadwaladr and Abertawe Bro Morgannwg University Health Boards (UHB) which are 96.29 FTE's.

As of April 2015, we have 75.15 FTE GPs (93 Headcount) and 43.53 FTE (68 Headcount) Practice Nurses working across 17 practices in Powys. In addition, we have the following staff employed within Machynlleth Practice:

- Machynlleth (health board managed)
  - Admin/Dispenser x 15



- GP x 3
  - Clinical staff x 6
- Agency staff
- Pharmacist x 1
  - Advanced Nurse Practitioner x 1

As of March 2016, we have 78 Dentists (Headcount) working across 22 Practices.

As shown in the chart below, staff working in clinical services account for 65% of the workforce. Over 86% of the workforce is female which is slightly higher than the NHS Wales profile of 77%.

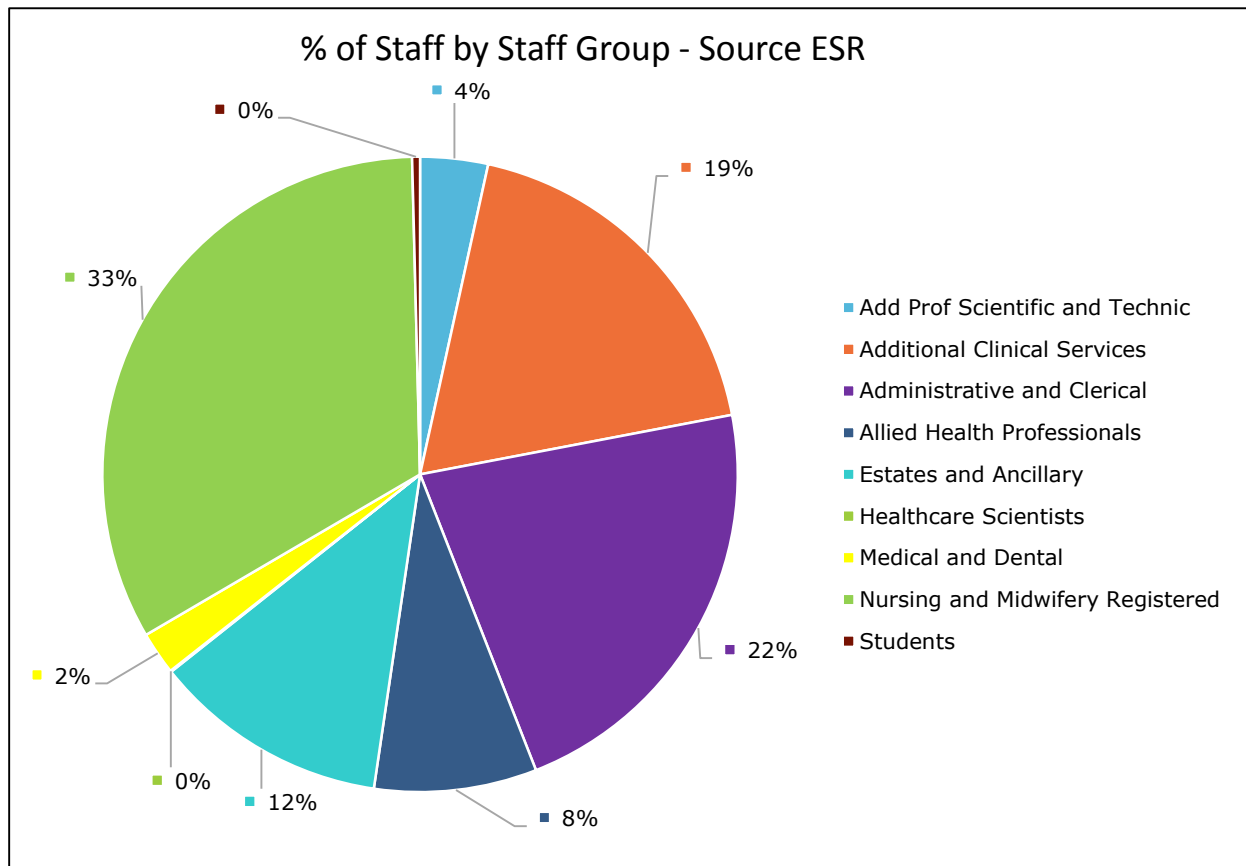


Figure 3: % Staff by Staff Group

Across PTHB, the average FTE worked by each member of staff is 0.77. This participation rate enables increased opportunities for meeting temporary workforce requirements in areas where there is a greater proportion of part-time staff. Turnover has remained low at 8.01% (98 FTE) for the last 12 months.

In terms of structure, the workforce profile by pay band is as shown in the below chart. This shows that 43% of staff are in Bands one to four and 57% in Bands five and above.

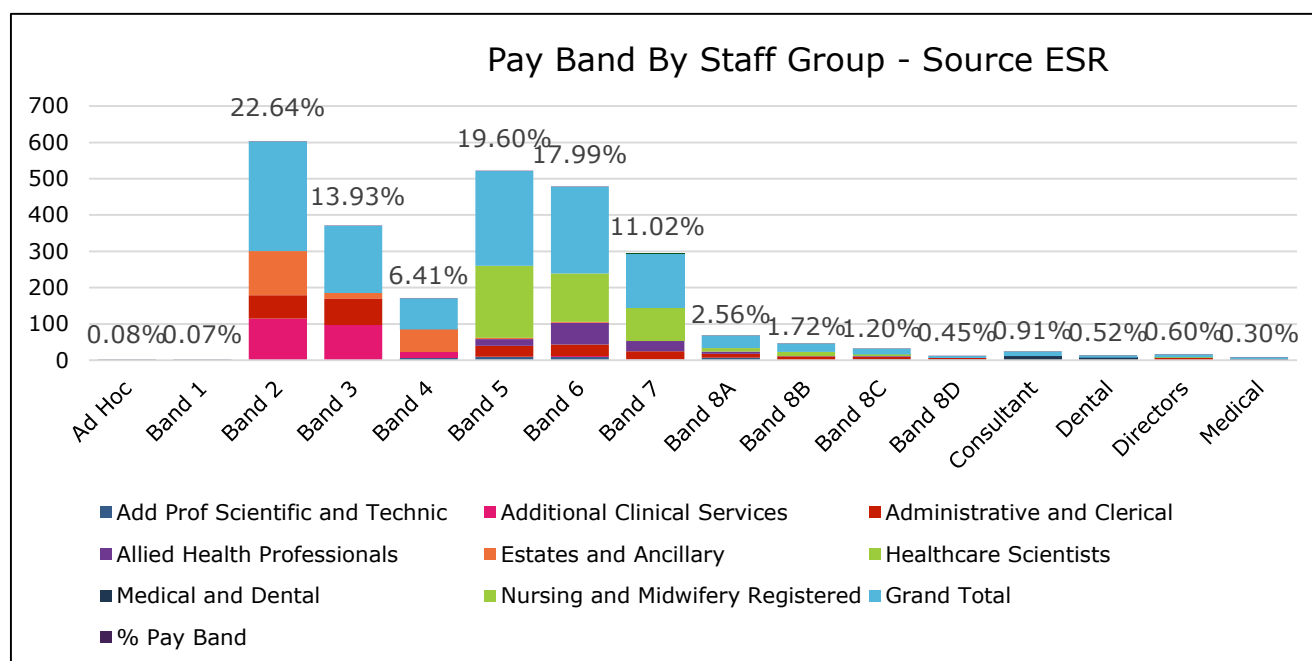


Figure 4: Pay Band by Staff Group

The workforce is an ageing one, with 49% already over the age of 50. The following chart shows the age profile of the workforce and this profile is likely to persist for the next five to ten years with the higher age bracket growing in size.

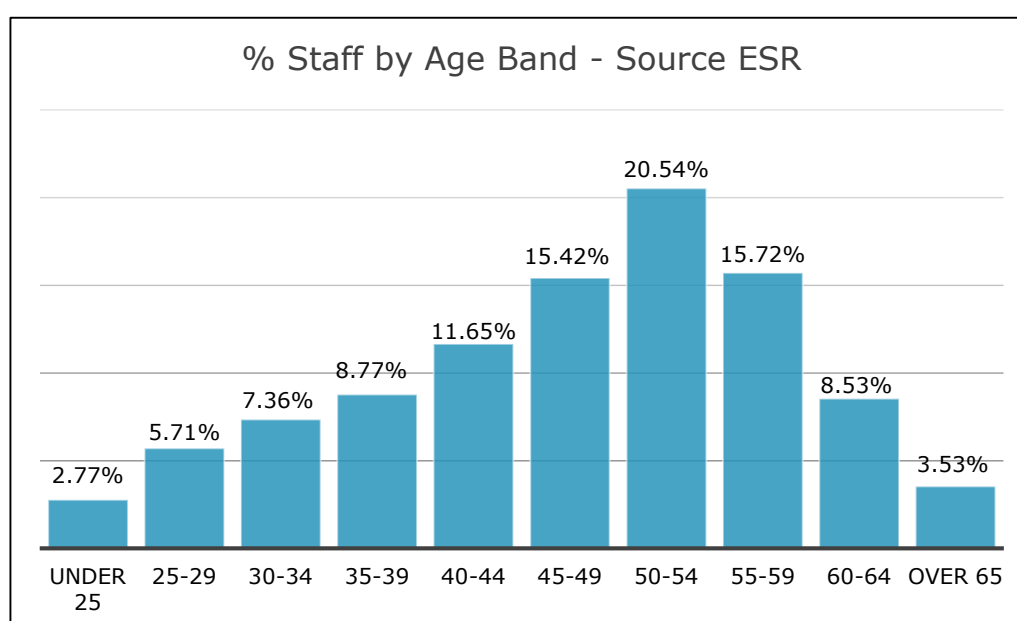


Figure 5: % Staff by Age Band

With regards to the age profile, the significant areas of concern and consequently, risk, are the Medical and Dental and Nursing and Midwifery workforces, particularly when factoring in the potential for an additional proportion of under 65 year olds who may retire. However, this does present potential opportunities for reform. This ageing workforce also has implications for sickness absence rates, with detailed analysis showing age as a contributing factor to increasing sickness absence rates. These rates are however, still below the NHS Wales rates as shown in the below chart.

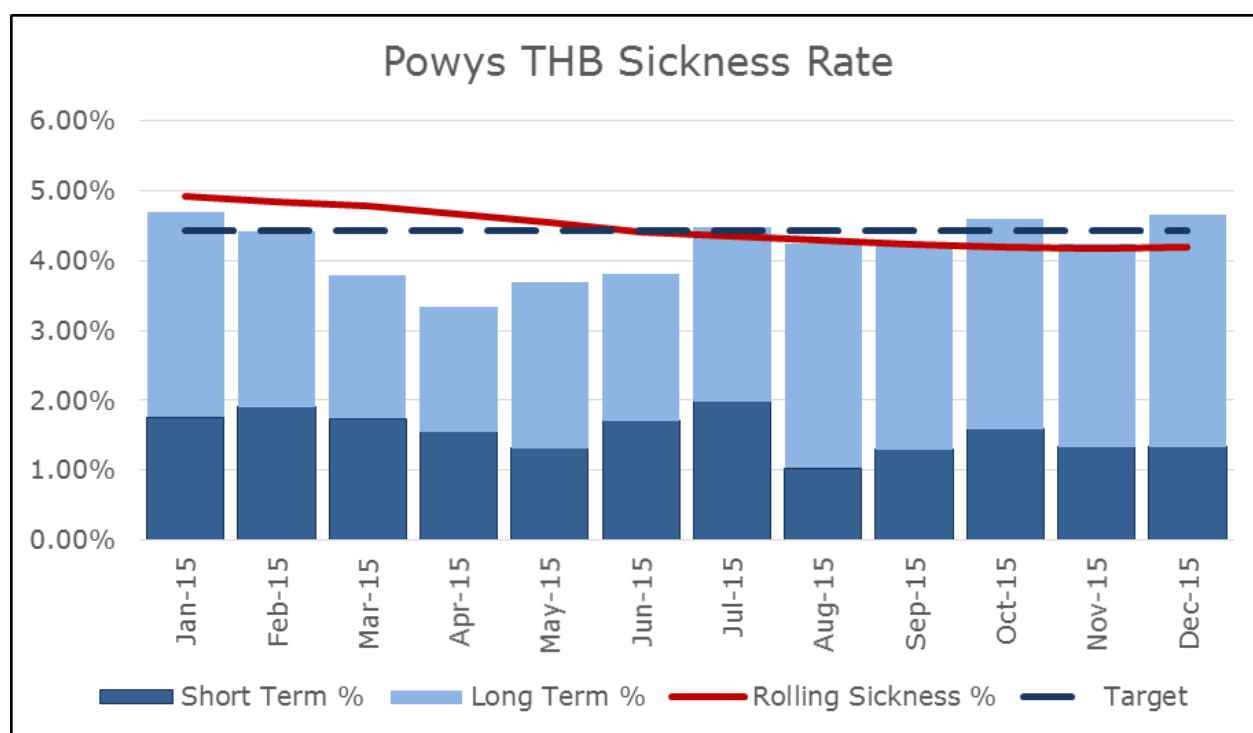


Figure 6: PTHB Sickness Rate

The age profile of the workforce therefore presents significant challenges in terms of managing sickness absence and the loss of highly skilled staff with a wealth of experience and organisational memory.

Whilst we are likely to see increases in turnover due to age related retirements over the coming years, this may not be occurring in areas where workforce reform is required. Additionally, while this may present opportunities for workforce redesign, the relatively low turnover and constraints of national terms and conditions inhibit the capacity for significant workforce reform which could release financial benefits for further improvements. These factors have to be taken into consideration when developing the future workforce.

## FINANCE

As a predominantly commissioning organisation, PTHB spends the biggest proportion of its funding on secondary care service with organisations outside of our borders. The remaining funding being spent on its own employed activities in delivering community care and securing a full range of primary care through independent contractors.

Having had a long history of financial difficulty, the health board received strategic financial assistance in 2015/16 which removed the legacy of deficit and put the health

board onto a firm financial footing going forward and for as long as the strategic assistance remains in place.

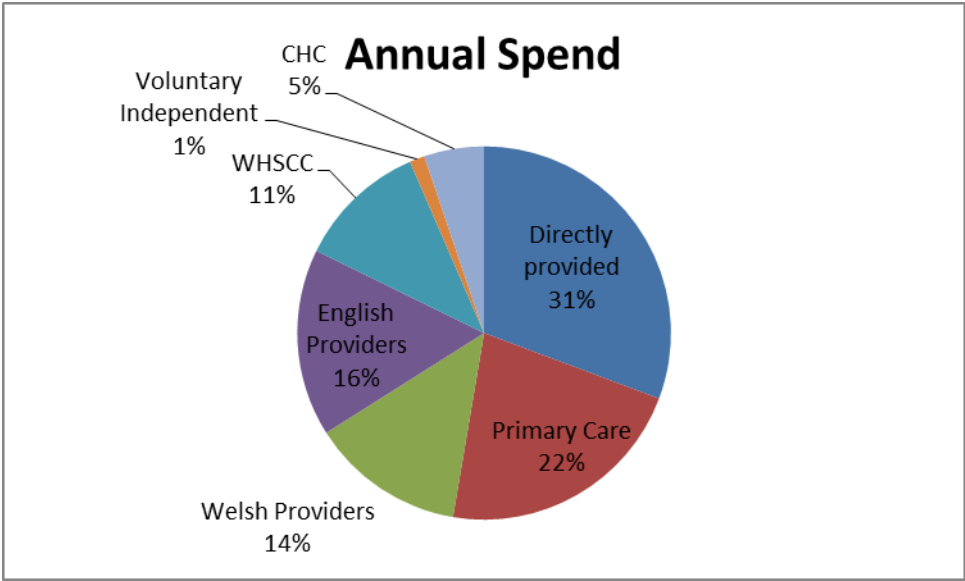


Figure 7: PTHB Annual Spend

The health board is for the second year presenting a three year balanced financial plan based on the income assumptions agreed with Welsh Government, although maintaining financial balance will remain as ever a challenge given the structure of the health board’s finances and the continually rising demands of an ageing population.

# 1.2 PROGRESS AND DELIVERY IN 2015/16

## Summary

- PTHB is continuing to improve its position against national targets.
- Mental health services in the north and south west of Powys have been successfully returned to the direct management of the health board.
- PTHB is the highest performer in Wales for investing in community models of care.
- The patient experience agenda has advanced significantly and a new Patient Experience Strategy was approved in 2016.
- PTHB has a high level of confidence that it will achieve a balanced outturn position for 2015-16 in line with the financial plan.

## DELIVERY AGAINST AIMS AND OBJECTIVES

The health board's 2015-18 IMTP was approved by Welsh Government in June 2015. Progress with delivery of health board's Annual Plan has been monitored through the Health Board Finance and Performance Committee.

There have been many areas of achievement and progress throughout 2015/16 and some of these are described briefly below. These actions and the broader efforts to improve delivery of care across services have contributed to positive performance against the majority of NHS Outcomes Framework Indicators. The health board's progress is mapped below against our key aims and strategic objectives.

### AIM 1: IMPROVING HEALTH AND WELLBEING

#### STRATEGIC OBJECTIVE 1

**Improve health now and lay the foundations for maintaining good health for the future**

Measure		Target	End of Year
NHS Outcomes Framework	% estimated LHB smoking population treated by NHS smoking cessation services	5%	1.86% (Q4)
	% Smoking Prevalence	20%	19% (2014)
	% smokers treated by NHS smoking cessation services who are CO- validated as successful	40%	40% (Q2)
	% uptake of the influenza vaccine in the following groups:	Over 65's	63.8% (M11)
		Under 65's in at risk groups	44.1% (M11)
		Pregnant women	46.6% (M11)
		Healthcare workers	54.9% (M11)
	% uptake of childhood scheduled vaccines up to the age of 4:	5 in1 age 1	95.1% (CQ4)
		MenC age 1	95.8% (CQ4)
		MMR1 age 2	93.6% (CQ4)
		PCV age 2	93.9% (CQ4)
		HibMenC Booster age 2	94.3% (CQ4)
	% of reception class children (aged 4/5) classified as overweight or obese	Annual reduction	23.9% (2014/15)
	% Crude Mortality	Reduction (12m trend)	10.18% (M11)

Table 2: Progress against Strategic Objective 1 2015/16

- The number of Public Health Wales consultants in the Powys Public Health Team doubled from one to two during 2015/16. This has facilitated improved delivery of public health expertise across the three domains of public health practice;

- The national smoking prevalence target has been achieved in Powys. However, as is detailed elsewhere, efforts continues in partnership to improve local delivery of the Public Health Wales smoking cessation service, in accordance with the local plan. Services were mapped against local deprivation to assess equity of provision. There were a number of examples of pathway development, including for maternity services. The PTHB Smoke Free policy was reviewed and will be presented for approval during 2016/17;
- In summary, immunisation rates in Powys show an improvement trend. For example, flu performance during the 2015/16 season (to date) shows improvements in absolute/relative performance on a number of the measures;
- The Team also led a range of other developments, including in relation to more effective local use of Public Health Wales intelligence; implementation of the Healthy Weight Plan; Making Every Contact Count (delivering training to over 100 PTHB staff); mental wellbeing; and Healthy Schools.

## STRATEGIC OBJECTIVE 2

### Improve the emotional wellbeing and mental health of the people of Powys.

	Measure	Target	End of Year
NHS Outcomes Framework	DToC delivery per 10,000 LHB population - mental health	Reduction (rolling 12 months)	5.3 (M10)
	% of assessments by the LPMHSS undertaken within 28 days from the date of referral	80%	76.6% (M10)
	% of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	48.4% (M10)
	% of LHB residents (all ages) to have a valid CTP completed at the end of each month	90%	96.2% (M10)
	% LHB residents sent their outcome assessment report 10 working days after assess	100%	60% (M10)
	% of hospitals with arrangements to ensure advocacy available to qualifying patients	100%	100% (M6)

Table 3: Progress against Strategic Objective 2 2015/16

- Delayed Transfers of Care (DToC) in mental health have reduced to their lowest level since 2010;
- The successful transfer of mental health staff working in Powys, previously managed by Betsi Cadwaladr and Abertawe Bro Morgannwg UHBs, is providing PTHB with greater mental health expertise. The remaining transfer of staff and services from Aneurin Bevan UHB is planned for 2016;
- Leadership and governance of mental health services has been strengthened with new key appointments including an Assistant Director for Mental Health;
- A revised Board level Mental Health Services Assurance Committee has been established.
- A pilot of on-call psychiatry is underway, re-establishing access for the first time in six years in the north of Powys;

- Patient environments have been improved on Fan Gorau, Clywedog and Felindre wards and new premises established for the community mental health team in Ystradgynlais;
- The implementation of the Hearts and Minds Strategy is on track, to include refreshing of the Dementia Plan addressing Ministerial priorities, and partnership working remains strong.

## AIM 2: ENSURING THE RIGHT ACCESS

### STRATEGIC OBJECTIVE 3

#### Increase the capacity, capability and resilience of primary and community care

NHS Outcomes Framework	Measure	Target	End of Year
	Of those practices set up to use MHOL, % who are offering appointment bookings	Improvement (12 month trend)	71% (M11)
	Of those practices set up to use MHOL, % who are offering repeat prescriptions		76% (M11)
	% GP practices offering appointments between 17:00 and 18:30 at least 2 days a week	Annual improvement	100% (M11)
	% of GP practices open during daily core hours or within 1 hour of the daily care hours		100% (M11)
	% people aged 50+ who have a GP record of blood pressure measurement in the last 5 yrs.	Annual improvement	91% (2014/15)
	Patients treated by an NHS dentist in the last 24 months as % of population	Improvement (12m trend)	60% (2014/15)
	% of patients waiting less than 26 weeks for treatment – all specialties	95%	99.0% (M11)
	Number of 36 week breaches – all specialties	0	0 (M11)
	% of patients waiting less than 8 weeks for diagnostics	100%	99.6% (M11)
	DToC delivery per 10,000 LHB population - non mental health	Reduction (rolling 12m)	232.8 (M10)
	Number of emergency admissions for basket of 8 chronic conditions per 100,000 of population		96.81 (M8)
	Number of emergency readmissions for basket of 8 chronic conditions per 100,000 of population		10.76 (M8)
	Number of follow-up appointments delayed past their target date (booked & not booked)		1133 (M10)
	New OP DNA rates for selected specialties (E&P measure)	Reduction (12m trend)	4.6% (M9)
	Follow up OP DNA rates for selected specialties (E&P measure)		5.0% (M9)

Table 4: Progress against Strategic Objective 3 2015/16

- The role of Primary Care Clusters at both Board and operational level have continued to be strengthened;
- GPs and local teams have already made significant shifts in delivery to out of hospital care models, for example Wales Audit Office (WAO) audit of orthopaedic services shows that Powys has moved from being the health board that invested the least in community models, to be the highest performer in this category;
- The award winning virtual ward is another example of a community service that has reduced emergency admissions through a strengthened primary care, multi agency model which has been successfully rolled out across the county in 2015;



- Powys as a provider has consistently performed well with under 26 week RTT waits, at no point this year have they dropped below 98% compliance;
- Therapy waiting times performed well with a low number of patients breaching the 14 week target, these occurred in audiology, speech and language and physiotherapy;
- Diagnostic waits have also demonstrated an improved position with only Sonography exceeding a wait of eight weeks, with action taken to deliver an improving position across year;
- PTHB has worked to improve performance management in respect of the specific pathways around stroke, mental health, cancer and unscheduled care;
- PTHB has undertaken the management of a GP practice in Machynlleth ensuring ongoing access to GP services in rural north Powys;
- Key projects have been prioritised under the Primary and Community Care Delivery Programme;
- The health board has undertaken further re-modelling of strategic demand and capacity and applied this to the 13/14 dataset, refining some of the assumptions to inform future plans;
- A point prevalence study across all community hospital sites has been completed and the key findings are being analysed and will inform future planning around health and social care capacity and patient flows.

## STRATEGIC OBJECTIVE 4

### Develop whole system commissioning to ensure appropriate access to effective services across the whole health system

NHS Outcomes Framework	Measure	Target	End of Year
	Cancer Welsh Providers % of patients referred as non-urgent suspected cancer seen within 31 days	98%	100% (M10)
	Cancer Welsh Providers % of patients referred as urgent suspected cancer seen within 62 days	95%	100% (M10)
	Cancer English Providers decision to treat to first definitive treatment (31 days)	96%	95.6% (M10)
	Cancer English Providers urgent GP referral for suspected cancer to first treatment (62 days)	85%	84.0% (M10)
	% of Red 0-8 min Ambulance responses	65%	63.3% (M10)

Table 5: Progress against Strategic Objective 4 2015/16

- A Commissioning Assurance Framework has been developed and approved;
- There remain areas of challenge, including full compliance with referral to treatment times targets, ambulance response times, mental health services performance and delayed transfers of care that feature highly in this Plan to ensure we provide the best care for patients;
- There have been two specific challenges with English providers, namely Wye Valley NHS Trust and Robert Jones and Agnes Hunt Foundation NHS Trust.

## AIM 3: STRIVING FOR EXCELLENCE

### STRATEGIC OBJECTIVE 5

**Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings**

NHS Outcomes Framework	Measure	Target	End of Year
	Number of cases of C Difficile per 100,000 of the population	28 per 100,000	13.18 (M11)
	Number of cases of MRSA per 100,000 of the population	20 per 100,000	0 (M11)
	% procedures postponed on >1 occasion, had procedure <=14 days/earliest convenience	Improvement (12m trend)	0% (M10)
	Number of healthcare acquired pressure sores in a hospital setting	Reduction (12 m trend)	2 (M11)
	% compliance with National Patient Safety Agency Alerts issued prior to Apr-14	100%	100% (Q3)
	% compliance with National Patient Safety Agency Rapid Response Reports issued prior to Apr-14		100% (Q3)
	% compliance with Patient Safety Solutions Wales Alerts issued after Apr-14		100% (Q3)
	% compliance with Patient Safety Solutions Wales Notices issued after Apr-14		100% (Q3)
	Of the Serious Incidents due for assurance within the month, % which assured in agreed timescale	90%	0% (M10)
	Number of new Never Events	0	0 (M10)
	% of new patients spend no longer than 4 hours in A&E	95%	99.7% (M10)
	Number of patients spending 12 hours or more in A&E	0	0 (M10)

Table 6: Progress against Strategic Objective 5 2015/16

- In 2015, PTHB focused attention on the patient experience agenda, reviewing the approach in line with the national framework for service user assurance. A new Patient Experience Strategy (2016-2019) was approved, strengthening the approach to listening and learning from patients and carers, embracing the four quadrant approach;
- The effective management and resolution of complaints has been a critical workstream to enhance patient experience and health board reputation. The significant backlog of complaints has been addressed, with improved compliance in 30 day turnaround time. Internal Audit have conducted a follow up review and the rating has shifted to 'reasonable assurance';
- Legal & Risk Services have provided staff training in 'Putting Things Right' and the Board approved the new Concerns Policy in October 2015;
- Clostridium Difficile rates remain low, which is positive, but there is much work to do to address antimicrobial resistance within primary care and this will be a focus during 2016;
- The new Health and Care Standards are being implemented, with a vibrant steering group in place. A quality check toolkit has been piloted on a number of community hospital sites in response to the 'Trusted to Care' report developed with the Third Sector.

## STRATEGIC OBJECTIVE 6

### Develop an estate that is fit for purpose and progressing to meet service needs

- PTHB completed a Strategic Outline Programme (SOP) to outline a five year programme of capital investment to address the considerable concerns in respect of health and safety compliance in the health board's estate;
- In 2014-15 PTHB has secured an additional £2M in capital investment to both address compliance matters and rationalise the estate, and this programme of work continues;
- In 2015/16 delivery of the Llandrindod Wells Hospital Reconfiguration project to improve the front elevation of the hospital and birthing centre.

## STRATEGIC OBJECTIVE 7

### Secure Innovative ICT solutions, built on a stable platform

- A Joint ICT Strategy was refreshed in partnership with Powys County Council; The health board's key milestones within the National ICT plan have been implemented; including GP systems implementation;
- A local solution for e-discharge with Shrewsbury and Telford NHS Trust has been implemented;
- Progress has been made in rolling out Wi-fi across health board sites;
- Joint project management arrangements have been established for the implementation of WCCIS, WCCIS being the first region in Wales to proceed to joint implementation.

## STRATEGIC OBJECTIVE 8

### Ensure a well governed organisation

NHS Outcomes Framework	Measure	Target	End of Year
	Number of Audits the organisation is participating in against the national clinical Audit Programme	Annual improvement	100% of applicable audits

Table 7: Progress against Strategic Objective 8 2015/16

In 2015, the Board put in place a Governance Improvement Programme.

The improvements made to governance arrangements during 2014-15 were acknowledged by the WAO in its 2015 Structured Assessment of the health board. The WAO reported that:

- Planning and performance management arrangements have improved;
- A comprehensive Governance Improvement Programme and revised Executive portfolios provide a better position from which the health board is able to deliver its strategic objectives;
- The Board has made good progress in relation to the strengthening of its overall effectiveness although further work is required before it can demonstrate sustained good practice and innovation;

- Board members demonstrate a clear commitment to openness, constructive challenge and quality improvement.

## **AIM 4: INVOLVING THE PEOPLE OF POWYS**

### **STRATEGIC OBJECTIVE 9**

#### **Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders**

- A new Stakeholder Engagement Strategy was approved at the August 2015 Board;
- The health board is currently reviewing the arrangements for the Transformation Programme with a view to identifying opportunities to further align this with the integration plans with Powys County Council.

### **STRATEGIC OBJECTIVE 10**

#### **Maximise opportunities for integration, particularly with Powys County Council**

- Through the vision set by Powys Local Service Board (LSB) in the One Powys Plan to drive forward integrated service change in the County, there have been improvements to services in Powys, particularly in relation to children's services through the Children and Young People's Partnership and for older people via the Health and Adult Social Care Integrated Leadership Board (HASCILB);
- A Joint Learning Disabilities Commissioning Strategy has been developed and approved;
- A Joint Older People's Commissioning Strategy has been developed and approved;

## **AIM 5: MAKING EVERY POUND COUNT**

### **STRATEGIC OBJECTIVE 11**

#### **Implement effective financial management to ensure statutory breakeven and best value for money**

- Based on Month 11 financial performance, the health board has a high level of confidence that it will achieve a balanced outturn position for 2015-16 in line with the financial plan set out at the beginning of the year.

## AIM 6: ALWAYS WITH OUR STAFF

### STRATEGIC OBJECTIVE 12

**Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys**

NHS Outcomes Framework	Measure	Target	End of Year
	% staff absence due to sickness	Reduction (12 m trend)	4.17% (M10)
	% of total medical staff undertaking performance appraisals	Annual improvement	65.17% (M10)
	% of total non medical staff undertaking performance appraisals		100% (M10)

Table 8: Progress against Strategic Objective 12 2015/16

- Rolling sickness has continued to fall, consistently falling below the 4.42% set target;
- The workforce has remained relatively static with performance delivered through increased productivity;
- The rate for Performance and Development Reviews (PADR) is 66.17%. There has been a gradual decline in performance in this area.
- Medical Appraisals are currently at 100%;
- The health board has strengthened its leadership capacity and capability with the appointment of three Assistant Directors in Commissioning Development, Performance, and Planning;
- The health board's Chat to Change engagement programme continues to strengthen the mechanisms of staff engagement and involvement.

## 1.3 LOCAL HEALTH NEEDS

### Summary

- The rate at which the population of Powys is ageing and the relative proportion of the population who are over 65 and 80 years of age.
- An ageing population brings increased need around the management of chronic conditions such as stroke, chronic heart disease, diabetes, respiratory problems, cancer, sensory impairment and liver disease.
- Dementia, is and will continue to be a dominant issue, requiring increased support and consideration throughout the delivery of health and care services.
- Mental ill health continues to affect a significant number of people in Powys.

### 1.3.1 WORKING WITH PARTNERS TO UNDERSTAND HEALTH NEEDS

In 2013/14, a “refreshed” Joint Strategic Needs Assessment (JSNA) was developed by LSB partner organisations and provided an overview of health and wellbeing in Powys. The JSNA was used as the basis for deciding joint priorities and led to the development of the One Powys Plan.

The findings from the 2013/14 JSNA were used by health board to link local health needs with the three year vision, strategy and service delivery plans, enabling a more evidence driven approach. In addition, as part of a neighbourhood management pilot in Newtown, data was segmented (where possible) at a neighbourhood level, enabling a better understanding of community population profiles and needs.

Following on from this, the JSNA 2014/15 has focused on poverty within Powys. This JSNA adds to the data and intelligence developed in 2013/14, providing further depth to understanding the Powys population. Much of the data for the JSNA 2014/15 has been presented at Lower Super Output Area (LSOA) and therefore provides a detailed profile of communities in Powys.

Key findings from the JSNA (both 2013/14 and 2014/15) are presented below and provide a brief overview of health needs of the Powys population.

In addition, data and intelligence from other sources e.g. Public Health Wales Observatory and Welsh Government are included to give a fuller picture of health status and health need.

### 1.3.2 POWYS POPULATION DEMOGRAPHICS

The demographic trends for Powys present a significant challenge to the health board in delivering a sustainable health care system. The population pyramid for Powys shows that there is currently a greater proportion of people aged over 50 years and a smaller proportion of working age adults (20 to 39 year olds) compared with Wales.

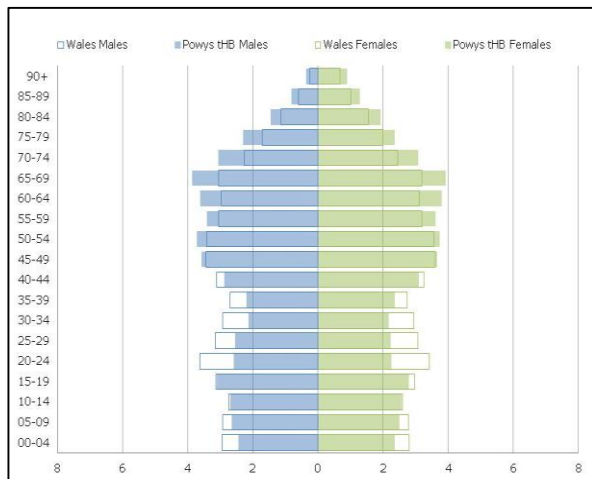


Figure 8: Powys Population Pyramid

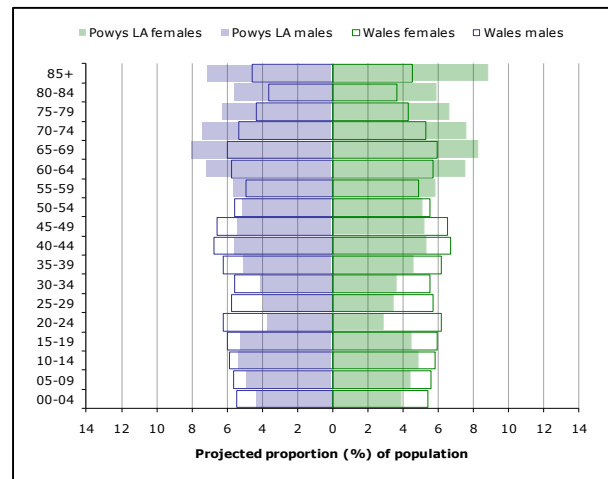


Figure 9: Projected Powys Population Pyramid

Population projections for Powys show that by 2033, the over 65 age group is set to increase dramatically, with an 80% increase between 2008 and 2033. A 20% rise has already been seen in the five years since 2008 and during the life of this plan this is set to rise by a further 10%. There will also be a substantial growth in the number of those aged over 60 years, who will form a large proportion of the Powys population.

If current trends continue, the proportion of people aged under 65 will decrease by the year 2033 and the projected population pyramid above for Powys for 2033 shows that there will be a smaller proportion of under 54 year olds in Powys compared with Wales.

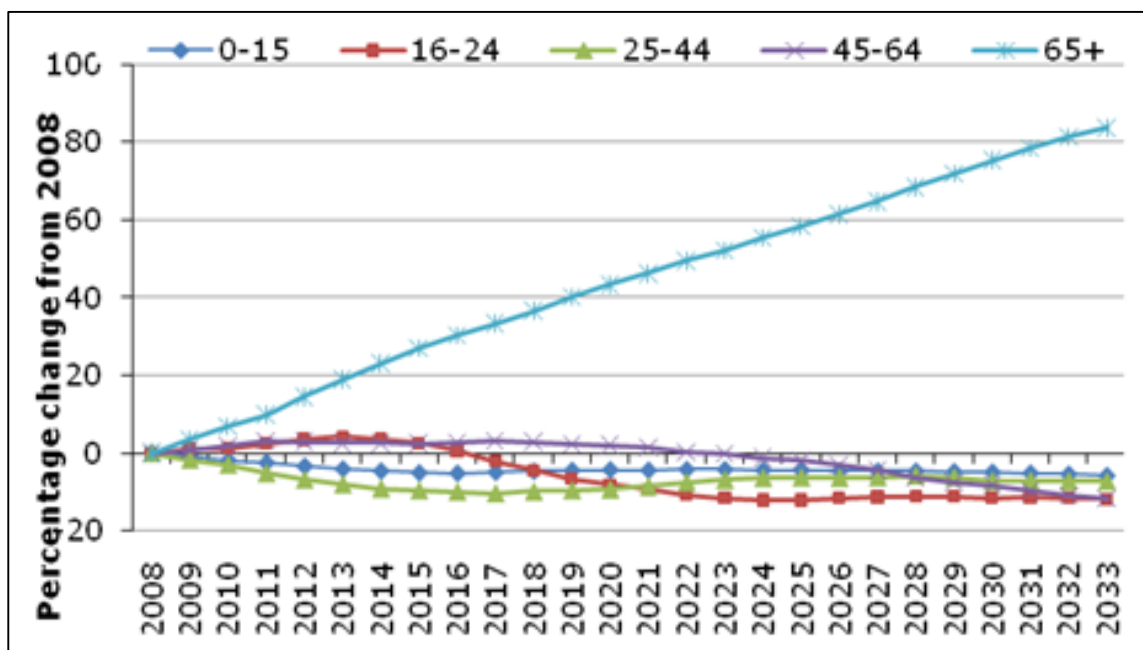


Figure 10: Population Age Trend in Powys

The figure above illustrates how the proportion of Powys residents aged over 75 years is higher than Wales and will continue to rise at faster rate than for Wales.



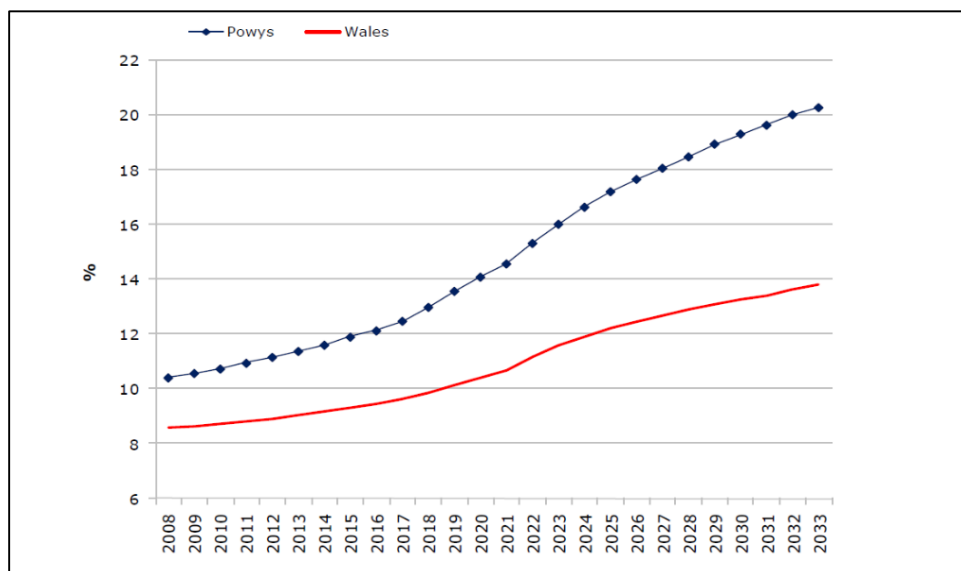


Figure 11: Population over 75 years in Powys vs Wales

1.6% of the Powys population identify themselves as Black & Minority Ethnicity (BME), an increase of 0.8% from 2001. The highest proportions of BME population in Powys are in Brecon, Llandrindod and Newtown North East.

Summary

- There is a greater proportion of people aged over 50 in Powys compared with Wales.
- The over 65 age group in Powys will increase by 80% by 2033.
- The proportion of people aged over 75 in Powys is higher than for Wales.
- The number of those aged over 65 and 75 will rise faster in Powys compared with Wales.

### 1.3.3 WIDER DETERMINANTS OF HEALTH

Our population's health is determined not just by factors specific to an individual e.g. genetic predisposition or age, but also by the community in which they live, their living and working conditions and the socio-economic and environmental conditions they are subject to.

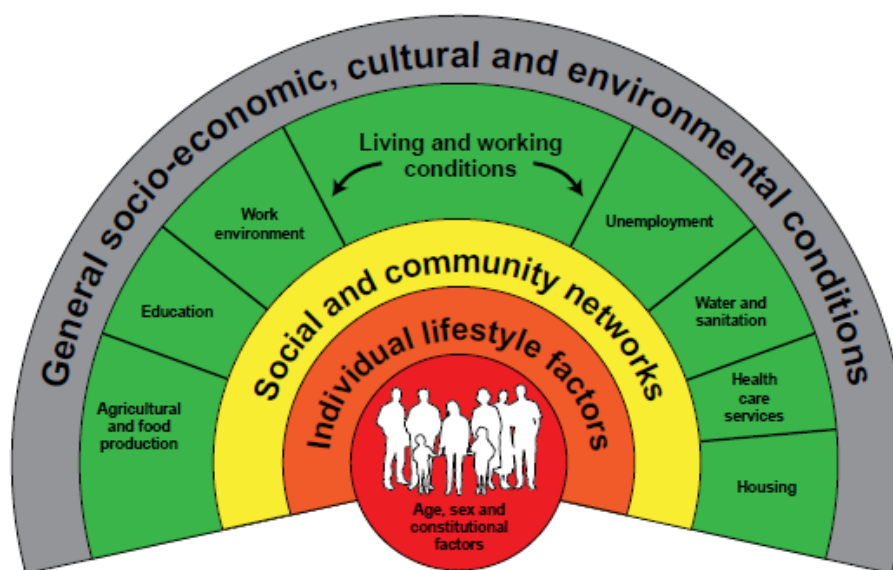


Figure 12: Determinants of Health

## ECONOMIC WELLBEING AND POVERTY

Poverty is accepted as being relative to the place and time in which a person lives. In the UK, those who have an income below 60% of the median are classified as living in poverty.

Deprivation is a broader concept than poverty and includes a lack of resources and opportunities which individuals would expect to be able to access.

The Welsh Index of Multiple Deprivation (WIMD) provides a measure of relative deprivation for small areas in Wales. The WIMD can be used to give an overall deprivation rank for each LSOA over eight domains; income, employment, health, education, access to services, housing, physical environment, and community safety. Key facts for Powys include:

- LSOA Ystradgynlais 1 is the most deprived area and is among the worst 10% in Wales;
- Five LSOAs are among the worst 30% in Wales (Brecon St John 2, Llandrindod East/West, Newtown South, Welshpool Castle, and Newtown Central 2);

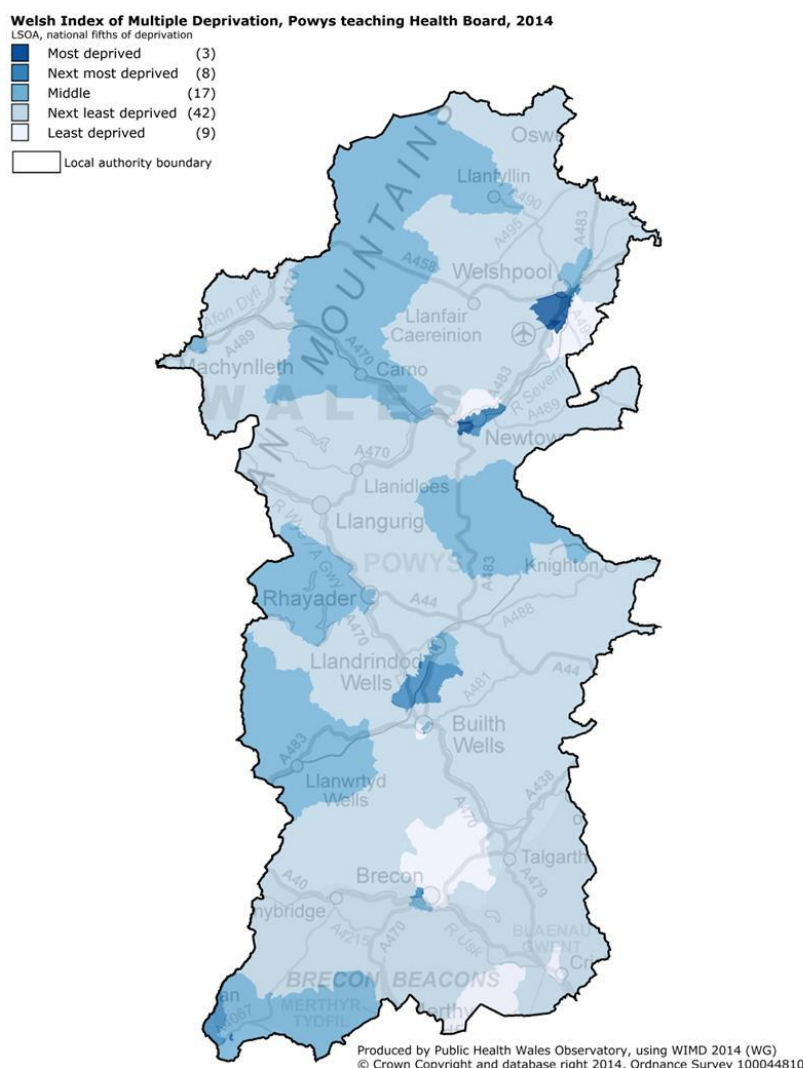


Figure 13: WIMD for Powys 2014

- Powys is the most deprived Local Authority in Wales for access to services. 42 LSOAs are among the worst 10% of areas in Wales.

There is hidden poverty in Powys associated with rural communities, with pockets of poverty in larger towns such as Ystradgynlais, Brecon, Llandrindod and Newtown. In 2013, average weekly earnings in Powys stood at £487. This was the third lowest amongst the 22 Welsh Local Authorities. In 2003, 2008, and 2013, earnings in Powys were below the Welsh average with the gap widening.

Overall in Powys, 13% of children are living in poverty, compared with 21.9% of children in Wales. However, there are 11 LSOAs where poverty rates are higher than the Welsh average, with the highest rate being in St John 2 (Brecon), where 34.8% of children are living in poverty. The proportion of children in Powys living in a workless household is 11.3%, which is below the Welsh average.

Whilst there is uncertainty about the impact of welfare reform on Powys residents, it is estimated that by 2017, 56% of the working age population will be affected. By 2015/16, the average income loss per working age adult was estimated to be £391 per annum.

Although fewer households in Powys (19.6%) are workless compared with the Wales average, wages for full and part time workers are lower. The mean average full time annual wage in Powys is just under £3,000 less than the Welsh average and the median annual wage is just over £4,000 less. On average, Powys residents earn consistently less than many other Welsh Local Authorities, ranking third lowest in Wales.

35% of households in mid Wales are classified as being in fuel poverty. More specifically, 42% of pensioner households and 19% of families with dependent children are in fuel poverty.

Powys has a disproportionately high number of small businesses, alongside a high proportion of self-employed workers. This needs to be seen in the context of 11.3% of men and 8.9% of women of working age in Powys having no formal qualifications.

In 2004, 4.4% of Year 11 school leavers in Powys were not in education, employment or training, compared with 7% across Wales; by 2013, this figure had improved to 2.7% in Powys, lower than the Wales rate of 3.7%. It is not possible to determine if these differences are statistically significant.

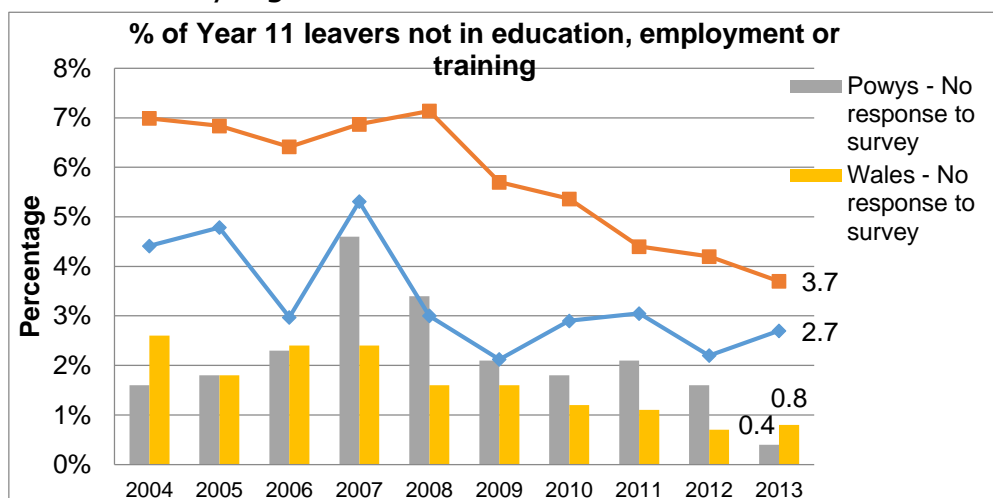


Figure 14: % Year 11 leavers not in education, employment or training

- Economic wellbeing is above the Welsh average but there is hidden poverty associated with rural communities and in the larger towns.
- Ystradgynlais is the most deprived area and is among the worst 10% LSOAs in Wales.
- 13% of children are living in poverty, 34.8% in Brecon St John.
- On average, Powys residents earn consistently less than many other Welsh Local Authorities, ranking third lowest in Wales.
- Powys is the most deprived Local Authority in Wales for access to services.
- Between 2004 and 2013, there has been a reduction in the proportion of Year 11 leavers not in education, employment or training.

## COMMUNITY WELLBEING

A higher proportion of Powys residents (83%) report that they feel they belong to their local area when compared with the Welsh average (76%). However this is less in Newtown (76%) and Llandrindod (59%) and also amongst residents with a disability (80%).

In 2012, the number of people killed or who were casualties in serious road accident was higher in Powys compared with Wales (Powys = 91 per 100,000 population and Wales = 34 per 100,000 population). However, in relation to the length of road network, Powys experiences fewer numbers of accidents per 100km of road than any other authority in Wales. Powys has the lowest number of accidents (7.3 per 100km) and casualties (10.8 per 100km) compared with 56.1 accidents and 72.9 casualties in Cardiff.

Powys is the second most expensive place to buy a house in Wales. Residential property in Powys costs 8.7 times the median annual gross pay for a full time job in Powys, which is higher than Wales, where prices are 6.4 times annual pay, making housing in Powys less affordable. Results from a resident survey show that there a considerable concerns amongst Powys residents about the lack of affordable housing in the County.

Housing quality in Powys is worse than across Wales, with 24 of the 75 Electoral Divisions among the worst 20% of areas for housing quality in the WIMD 2000. A survey commissioned by Powys County Council in 2004 concluded that only one in a thousand private sector dwellings would meet the Welsh Housing Quality Standard if it were applicable to private housing stock.

Homelessness is a growing problem, with the number of homeless households accommodated temporarily by Powys County Council rising from 125 in Quarter 1 2009-10 to 160 in Quarter 1 2012-13. Over the same period, the annual total of those accepted as homeless increased from 190 to 260, representing a 37% increase.

The Third Sector play an important role in improving community wellbeing. There are 4040 different third sector organisations currently operating in Powys, many of whom provide service and activities beneficial to community wellbeing.

- A greater portion of people in Powys feel they belong to their local community compared with the Welsh average.
- Housing in Powys is less affordable compared with most of Wales.
- Housing quality is worse than across Wales.

## HEALTH ASSETS

An assets approach identifies factors that support good health and well-being and relies on working locally with communities to improve health. In 2015, Public Health Wales Observatory produced a tool that can be used to inform and support this type of work. The Health Assets Reporting Tool provides comparative information covering the following themes:

People	Community	Structure
Health	Services	Employment
Education	Family cohesion	Open environment
Financial well-being	Neighbourhood satisfaction	Built environment

Table 9: Health Assests Themes

Across most of the measures that support health and wellbeing, Powys shows a higher percentage score. There are two measures where Powys matches the Wales average; adequate living space (i.e. % overcrowded households), and GP satisfaction which is uniformly high at around 93%. It should be noted that the pattern seen in Powys overall will mask differences seen at small area level. The Health Assets Reporting Tool does allow the distribution of assets at smaller areas to be examined and this highlights parts of the county where these fundamentals for good health are not as well distributed, e.g. Newtown.

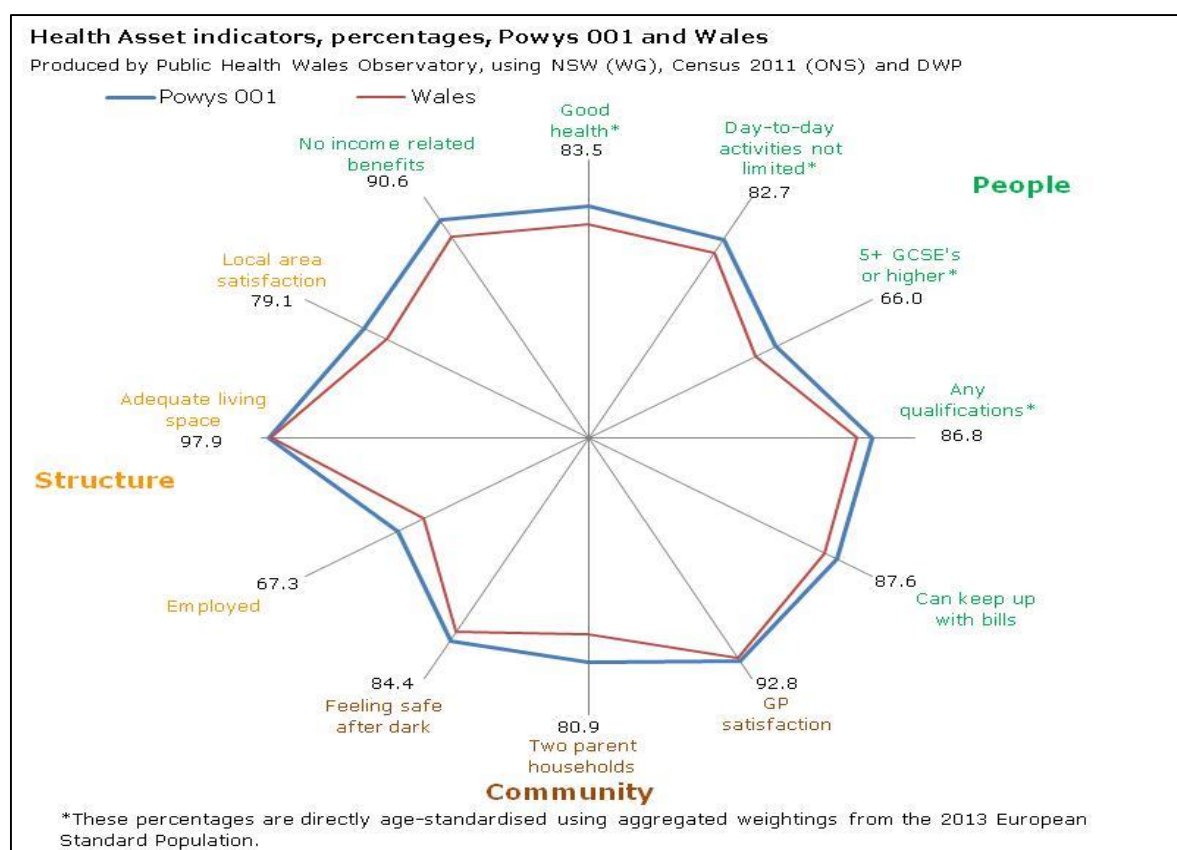


Figure 15: Helath Asset Indicators.

- Powys scores higher across most of the measures supporting health and wellbeing than Wales.
- GP satisfaction levels are uniformly high at around 93%.
- Educational attainment and qualifications is the most divergent health asset in Powys.

### 1.3.4 HEALTH INEQUALITIES

Health status is influenced by a wide range of factors as outlined previously. In addition to factors relating to individuals themselves (such as age, sex and ethnicity), the wider determinants of health include socioeconomic factors, the environment, educational attainment and lifestyle behaviour, such as smoking, alcohol consumption, diet and physical activity. Health inequalities are the potentially preventable differences in health status experienced by different population groups as a result of different influences on their health. People in lower socio-economic groups are more likely to experience chronic ill-health, relatively poor health outcomes and premature mortality. A further dimension in Powys is the impact of rurality on health status and in particular within this, housing issues and access to healthcare services.

The ambition to reduce health inequalities in Powys is an important factor in the PTHB IMTP. This section of the IMTP provides a summary of some of the major health inequalities issues in Powys. Further detail on health inequalities and local action to address health inequalities can be found throughout the IMTP in relevant chapters.

Table 10 summarises issues in relation to health inequalities within Powys and compared with Wales (where information is available).



## HEALTH INEQUALITIES IN POWYS COMPARED WITH WALES AS A WHOLE

	Powys	Wales	Within Powys	Wales Comparator
<b>Wider determinants of health</b>				
Housing (% households with no central heating)	7%	6%	Variation within Powys at the MSOA level, ranging from 1% to 15%. In general there is a difference between the north and south of Powys: highest percentages in the north and lowest in the south	
Employment (% of working age population claiming employment related benefits)	10.1%	14.7%	Highest levels of unemployment are in isolated areas such as Llandrindod Wells, to the south west of Newtown, Ystradfellte, Coelbren, Ystradgynlais and Cwm Twrch	Powys has one of the lowest employment related benefits uptake in Wales
Educational attainment at 16 Key stage 4 educational attainment mean scores by local authority, 2008/10)	430	394	Variation within Powys at MSOA level; scores at the MSOA level ranged from 358 (Powys MSOA 017) to 513 (Powys 001). The two highest (best) scores occurred in the north of Powys in the area around Llanfyllin. The lowest (worst) scores generally occurred in the more densely populated areas such as Llandrindod Wells, Brecon, Ystradgynlais and Ystradfellte	The average mean score at key stage 4 for Powys pupils is higher than the Wales average score and is amongst the highest in Wales
Not in education, employment or training (% year 11 school leavers who are NEET)	2.9	5.4		Powys has one of the lowest % of school leavers who are NEET
Community safety (rate of incidents of criminal damage per 1,000 day time population)	8.1	13.4	Variation within Powys at MSOA level from 2.8 to 17.5. Highest levels of criminal damage are in the more densely populated areas, particularly Newtown and Brecon	Powys has 2 <sup>nd</sup> lowest rate of recorded incidents of criminal damage in Wales



<b>Lifestyles</b>				
Smoking (% of adults who reported being a current smoker, 2013-2014)	19%	21%		Powys lower (better) than Wales
Adults who reported drinking above guidelines on at least one day in the previous week	39%	41%		Powys lower (better) than Wales
Healthy Eating (% of adults eating five portions of fruit and vegetables the previous day, 2013-2014)	34%	33%		Powys not significantly different from Wales
Physical activity (average days with 30 minutes moderate or vigorous physical activity (capped), reported by adults, 2013-2014)	2.7	2.4		Powys significantly higher (better) than Wales
% overweight or obese (BMI 25+)	All persons 58% Males 60% (56-64%) Females 49% (45-53%)	All persons 58% Males 64% (63-64%) Females 53% (52-54%)	56% (51-61%) in most deprived fifth 53% (49-58%) in least deprived fifth  Differences also seen by age: 47% - age 16-44 64% - age 45-64 61% - age 65+	Higher levels of overweight and obesity in the most affluent compared with the least deprived fifth, but difference not statistically significant
% obese (BMI 30+)	All persons 19% Males 18% (15-21%) Females 21% (18-24%)	All persons 22% Males 23% (22-24%) Females 22% (22-23%)	Within Powys 21% (17-25%) in most deprived fifth 15% (12-19%) in least deprived fifth  Differences also seen by age: 19% - age 16-44 23% - age 45-64 15% - age 65+	Powys significantly lower (better) than Wales for all persons  Higher levels of obesity in most deprived fifth compared with least deprived fifth, but difference not statistically significant
<b>Children and Young People</b>				
Low birth weight (singleton live births <2500g)	4.6%	5.1%	Highest proportions of low birth weight babies in Llandrindod and Newtown (between 6.2% and 7.0%)	Powys lower (better) than Wales

Dental decay at age 5 (decayed, missing or filled teeth, DMFT)	0.9	1.1		Oral health in Powys is better than in Wales as a whole, but preventable disease is still present and inequalities are seen within Powys
Dental decay at age 12 (decayed, missing or filled teeth, DMFT)	0.2	0.6		
Reception age children overweight or obese (Child Measurement Programme 2013/14)	23.9%	26.5%		Powys lower (better) than Wales
Reception age children obese	10.9%	11.8%		Powys lower (better) than Wales
Uptake of scheduled childhood vaccinations, 2013/2014 (% children at age 4)	87%	88%		Powys not significantly different to Wales
Under 18 conception rate per 1,000 females aged 15-17, Wales health boards, 2013	16/1,000 females	27/1,000 females		Powys lower (better) than Wales
<b>Health Outcomes</b>				
Patients with CHD on GP practice registers, 2012	2.1%	2.6%		Powys significantly lower (better) than Wales
Patients with hypertension on GP practice registers, 2012	10.0%	11.1%		Powys significantly lower (better) than Wales
Patients with stroke on GP practice registers, 2012	1.2%	1.3%		Powys significantly lower (better) than Wales
Stroke emergency admission rates 2009/10- 2011/12 (European age-standardised rate per 100,000)	80	90		Powys significantly lower (better) than Wales
CHD emergency admission rates 2009/10- 2011/12 (European age-standardised rate per 100,000)	183	254		Powys significantly lower (better) than Wales
Revascularisation rates 2009/10- 2011/12 (European age-standardised rate per 100,000)	87	116		Powys significantly lower than Wales
Angiography rates 2009/10- 2011/12 (European age-standardised rate per 100,000)	178	226		Powys significantly lower than Wales
Cardiovascular mortality rates under 75 2009-2011 (European age-standardised rate per 100,000)	50	70	Differences seen between men and women- Males: 66/100,000 in Powys (97/100,000 in Wales)	Powys significantly lower (better) than Wales

			Females: 34/100,000 Powys (44/100,000 in Wales)	
Stroke mortality rates 2009-2011 (European age-standardised rate per 100,000)	39	40	Differences seen between men and women: Males: 33/100,000 in Powys (40/100,000 in Wales) Females: 45/100,000 Powys (39/100,000 in Wales)	Powys not significantly different to Wales (all persons), but significantly lower for men
Diabetes (adults who report: see section 1.3.11)	5%	7%		Powys lower (better) than Wales
Diabetes (observed in adults aged 65 and over: see section 1.3.11)	14%	15%		Powys lower (better) than Wales
Diabetes (proportion of patients on GP diabetes register: see section 1.3.15)	5.1%	5.2%		Powys lower (better) than Wales
Mental Health and Wellbeing (% of adults free from a common mental disorder, 2013-2014)	79%	74%		Powys higher (better) than Wales
Suicides (rate per 100,000, 2010/11: see section 1.3.15)	13.62	10.18		Powys higher than Wales (low numbers issue)
Alcohol-specific hospital admissions (person-based), 2013 European age-standardised rate per 100,000, persons, all ages, Wales health boards	238/100,000	351/100,000		Powys significantly lower (better) than Wales
Injuries: Admissions for Hip Fracture, aged 65+ (European age-standardised rate per 100,000, persons, all ages, 2013)	579/100,000  By sex: Males: 464/100,000 Females: 660/100,000	611/100,000  By sex: Males: 459/100,000 Females: 718/100,000	Higher in females	Powys rate not significantly different to Wales
Excess winter deaths (EWD) index (residents aged 65 and above) 2007-10	19.1	21.0		Powys lower (better) than Wales

Table 10: Health Inequalities in Powys, Compared with Wales

Leading on from this, the current national targets for health inequalities are:

- **TARGET 1:** By 2020, to improve healthy life expectancy for everyone and to close the gap between each quintile of deprivation by an average of 2.5%;
- **TARGET 2:** To reduce the number of babies born under 2500g;
- **TARGET 3:** To improve the dental health of 5 and 12 year olds in most deprived quintile to that found in the middle quintile of deprivation.

**LOCAL PROGRESS TOWARDS TARGET 1:** By 2020, to improve healthy life expectancy for everyone and to close the gap between each quintile of deprivation by an average of 2.5%.

Life expectancy is increasing both in Powys and in Wales. The population of Powys experiences the highest life expectancy at birth in Wales, as well as experiencing better related health outcomes (e.g. lower levels of premature mortality compared with the Wales average). However, this improvement is not being experienced equally across the population and there are substantial local inequality gaps between the most and least deprived areas, in both life expectancy and mortality. There are also inequalities in quality of life in terms of healthy life expectancy and disability-free life expectancy.

Figure 16 shows the difference in life expectancy, healthy life expectancy and disability free life expectancy between the most and the least deprived fifths of the Powys population (inequality gap) between 2001 and 2009 (rolling average basis).

The Slope Index of Inequality (SII) measures the absolute gap in years of life expectancy between the most and least deprived, taking into account the pattern across all fifths of deprivation. This shows that both the gap in life expectancy in males between the most and least deprived fifth and the healthy life expectancy gap for males is around six years in Powys. The greatest inequality gap seen locally is the gap in healthy life expectancy for females - females in the least deprived fifth of the Powys population can expect to live over 13 years longer than those in the most deprived fifth.

The health board has the highest life expectancy experienced by age 65 in Wales. Over the 2003/05 to 2007/09 period, life expectancy at age 65 increased in Powys from 17.5 to 18.6 years for males (compared with an increase from 16.4 to 17.4 in Wales) and from 19.9 to 21.4 years for females (compared with an increase from 19.1 to 20.1 in Wales).

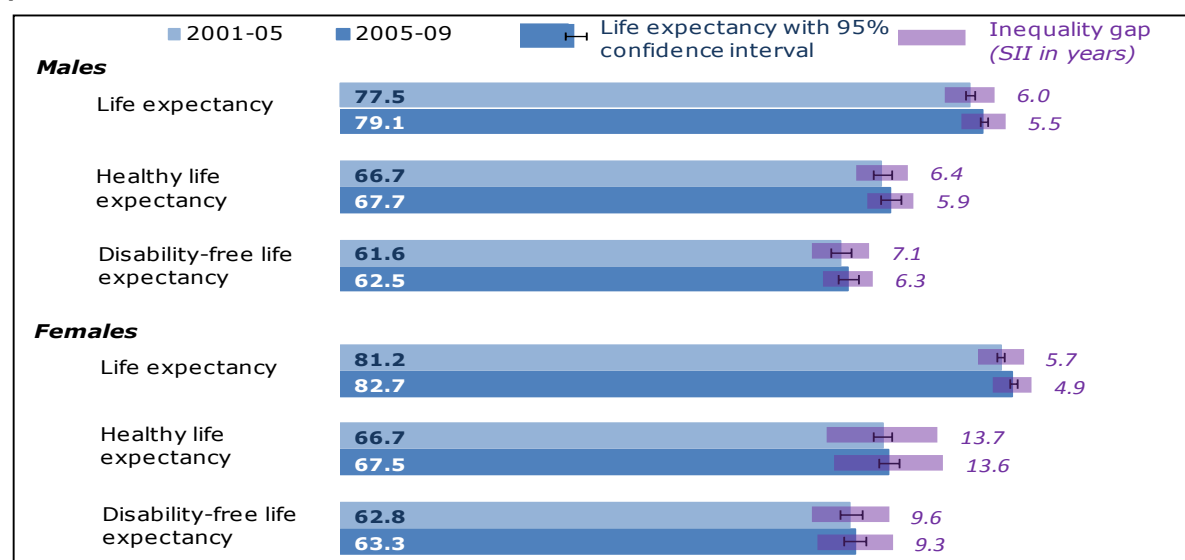


Figure 16: Life Expectancy

## LOCAL PROGRESS TOWARDS TARGET 2: To reduce the number of babies born under 2500g.

The proportion of babies in Powys born with a low birth weight has not changed significantly between 2004 and 2013. In 2014, 4.6% of babies in Powys had a low birth weight (50 babies) which is not statistically significantly different to the proportion across Wales as a whole (5.1%).

Figure 17 highlights the variation in low birth weight babies born by Middle Super Output Area in Powys over a 10 year period (2003 to 2012). The numbers in brackets indicate the number of Middle Super Output Areas that fall into each of the five low birth weight ranges. Llandrindod and Newtown have the highest proportion of low birth weight babies (between 6.2% and 7.0%), although this PHW analysis does not explore whether the experience in these areas is significantly different to the overall Powys rate.

### Singleton live births, low birth weight (less than 2500g), percentage, PTHB and Wales, 2005-2014

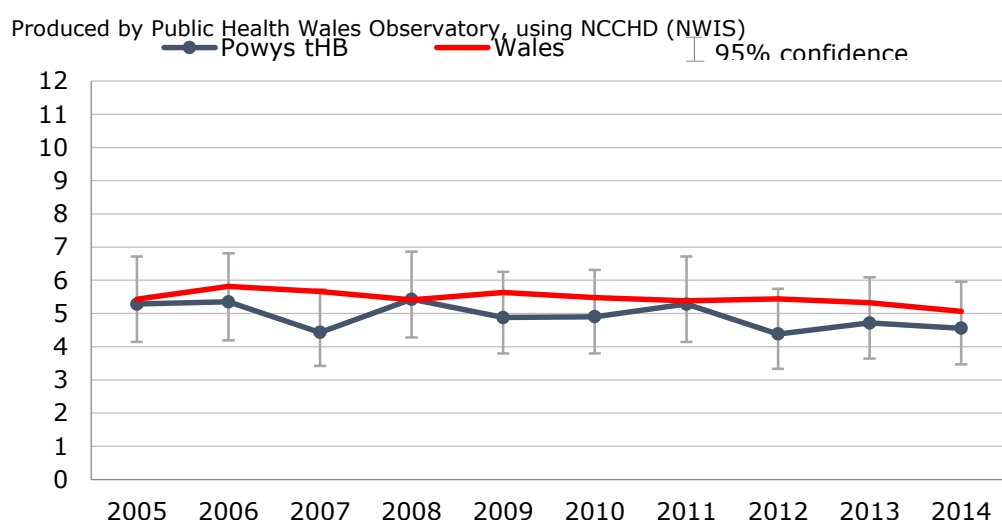


Figure 17: % Low Birth Weights in Powys

## LOCAL PROGRESS TOWARDS TARGET 3: To improve the dental health of five and 12 year olds in most deprived quintile to that found in the middle quintile of deprivation.

Decayed, missing and filled teeth (DMFT) in five and 12 year olds are measures of oral health in the childhood population. These measures provide an indication of the burden of disease which theoretically could have been prevented and can also be used to evaluate the effectiveness of efforts to prevent dental decay.

The average DMFT for five year olds in Powys improved from 1.6 to 1.3 between 2007/08 and 2011/12, although this improvement was not statistically significant. In Wales, the DMFT of five year olds improved from 2.0 to 1.6 in the same period (a statistically significant reduction).

The average DMFT for 12 year olds in Powys improved significantly from 1.1 to 0.6 between 2004/05 and 2012/13, a statistically significant reduction. Across Wales as a whole, the score for 12 year olds improved from 1.1 to 0.8 in the same period, again statistically significant. The proportion of 12 year olds with decay also fell significantly over this period from 43.9% to 29.1% in Powys, compared with 45.1% to 36.0% in Wales.

In terms of the wider determinants of health and health inequalities in Powys, the One Powys Plan is centred on five key programmes which frame locally prioritised actions to improve the wellbeing of the Powys population, including stronger communities, transforming learning and skills and service integration. The One Powys Plan also encompasses local action in relation to poverty. Further work will be undertaken by PTHB during 2016/17 to further develop an evidence-based local approach to address inequalities in health outcomes, as measured by years of life lost.

## Summary

- A multi agency action plan is being developed to tackle health inequalities.
- The population of Powys experience the highest life expectancy at birth in Wales.

## INEQUALITIES IN MORTALITY IN POWYS

There is a significant gap in mortality from all causes for males under 75 years between the most and least deprived fifth of the Powys population. The gap for females is not statistically significant.

**All-cause mortality, under 75, males, European age-standardised rate (EASR) per 100,000, Powys THB and Wales, 2001-09**

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

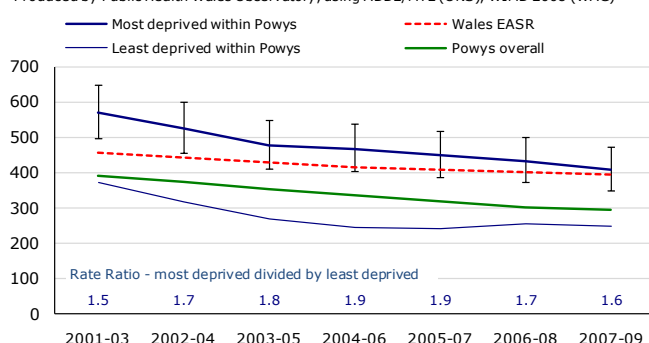


Figure 19: All Cause Mortality <75 Males

**All-cause mortality, under 75, females, European age-standardised rate (EASR) per 100,000, Powys THB and Wales, 2001-09**

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

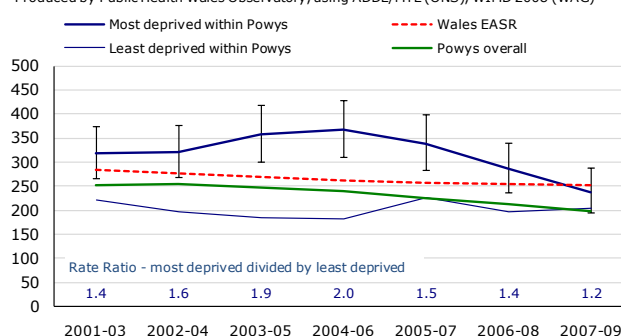


Figure 18: All Cause Mortality <75 Females

There is a statistically significant gap in mortality from all causes, all ages between the most and least deprived fifth of the Powys population, for both males and females.

**All-cause mortality, all ages, males, European age-standardised rate (EASR) per 100,000, Powys THB and Wales, 2001-09**

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

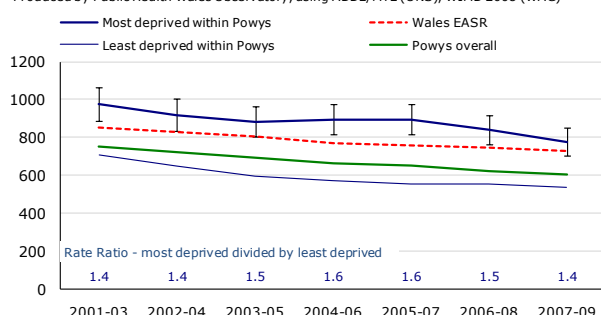


Figure 21: All Cause Mortality All Ages, Males

**All-cause mortality, all ages, females, European age-standardised rate (EASR) per 100,000, Powys THB and Wales, 2001-09**

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

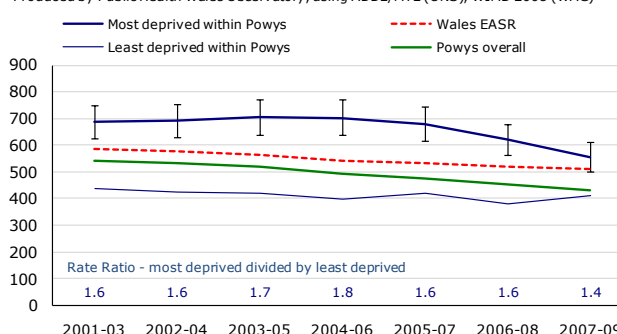


Figure 20: All Cause Mortality All Ages, Females

There are also statistically significant gaps for both males and females between the most and least deprived quintiles of deprivation for the following indicators:

- Life expectancy at birth;
- Mortality from circulatory disease;
- Mortality from respiratory disease.

There is no significant difference in mortality rates from cancer (excluding skin) for males and females between the least and most deprived quintiles. However, the mortality rate for males has not fallen between 2001-03 and 2007-09. There has been a significant reduction in mortality for females over this time period.

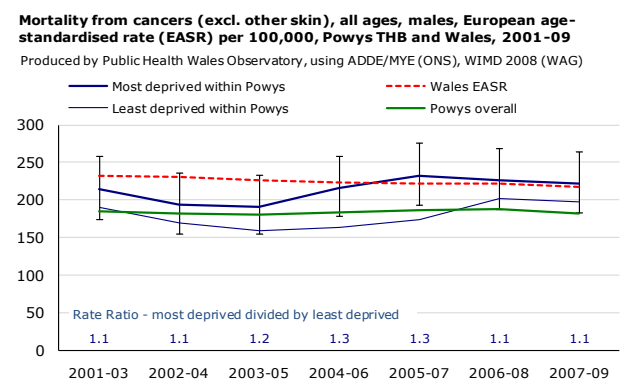


Figure 23: Mortality from Cancer All Age, Males

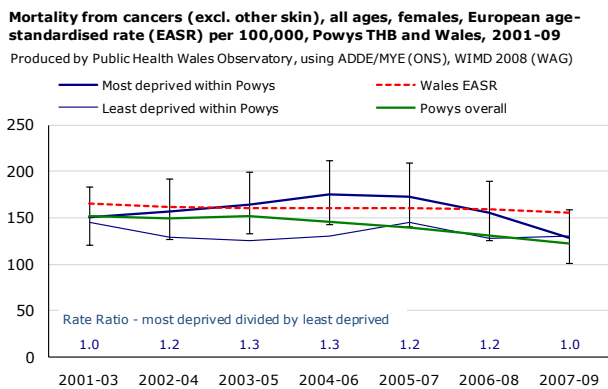


Figure 22: Mortality from Cancer All Age, Females

Summary

- There are significant gaps in mortality between the least and most deprived for all ages.
- There are gaps in mortality from circulatory disease and mortality from respiratory disease between the least and most deprived.
- There is no significant gap in mortality rates from cancer between the least and most deprived although there has been a drop in mortality for men and women.

## COMPARING MORTALITY RATES WITH OTHER AREAS

The Local Authority peer group mortality comparison tool (Public Health Wales Observatory) compares all-cause, age-standardised and age-specific mortality rates for Welsh Local Authorities, with the equivalent rates in “alike” Local Authorities in the UK.

Comparing all-cause, all-age mortality for Powys with Wales and other “Coastal and Countryside” Local Authorities shows that the rate in Powys is statistically significantly lower (better) than the all Wales rate for both males (559/100,000 Powys; 666/100,000 Wales) and females (442/100,000 Powys; 485/100,000 Wales). Powys male, age-specific, all-cause crude mortality is significantly higher (worse) than the equivalent rate in the best five in the peer group comparison for only the 10-14 and 70-74 year age groups. Female rates are significantly higher (worse) than the equivalent rate in the best five in the peer group comparison for only the 20-24 and 65-69 year age groups.



### All cause mortality & excess deaths, males under 75, Powys, Coastal and Countryside local authorities group, 2012

Produced by Public Health Wales Observatory using ONS, NISRA & GROS data

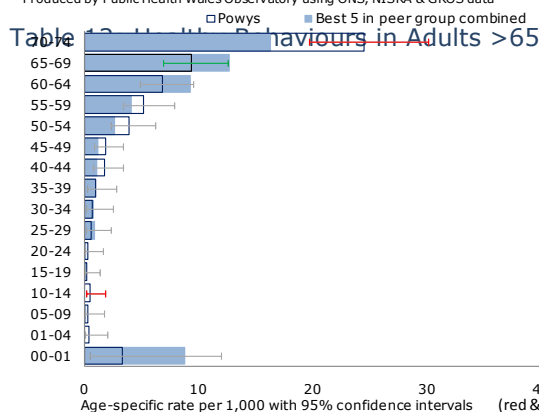


Figure 25: All Cause Mortality <75 Males in Powys

### All cause mortality & excess deaths, females under 75, Powys, Coastal and Countryside local authorities group, 2012

Produced by Public Health Wales Observatory using ONS, NISRA & GROS data

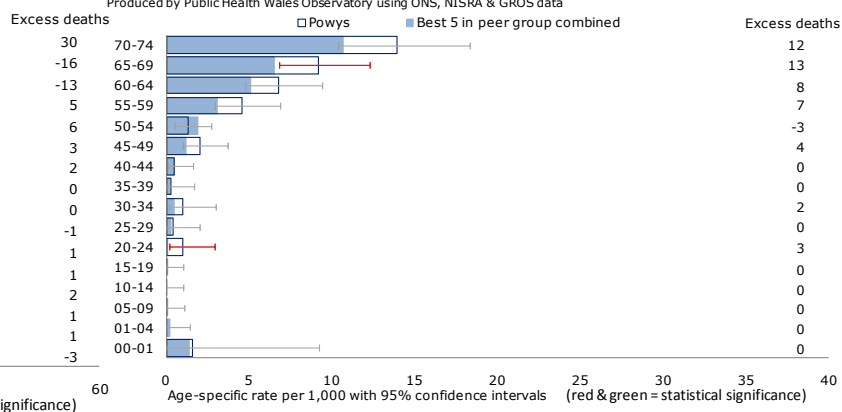


Figure 24: All Cause Mortality <75 Females in Powys

#### Summary

- All cause mortality for all ages in Powys is lower (better) than the all Wales rates.
- In summary, all-cause crude mortality rates for men are only higher (worse) in age groups 10-14 and 70-74 years in the UK peer group comparison.
- In summary, all-cause crude mortality rates for women are only higher (worse) in age groups 20-24 and 65-69 years in the UK peer group comparison.

## 1.3.5 LIFESTYLE

A greater proportion of adults in Powys engage in healthy behaviours compared with Wales, as seen in the table below. However, these difference may not be statistically significant.

Healthy Behaviours in Adults (2013-14) (Age standardised)	Powys	Wales
Adults who report being a current <b>smoker</b>	19%	21%
Adults who reported <b>drinking</b> above guidelines on at least one day in the previous week	39%	41%
Adults who reported eating 5 or more portions of <b>fruit and vegetables</b> the previous day	34%	33%
Adults who reported being <b>physically active</b> on 5 or more days in the past week	35%	30%
Adults who were <b>overweight or obese</b>	58%	58%

Table 11: Healthy Behaviours in Adults

Healthy Behaviours in Adults Aged Over 65 (2008-10)	Powys	Wales
Adults who report being a daily or occasional <b>smoker</b>	10%	12%
Adults who reported <b>drinking</b> above guidelines on at least one day in the previous week	23%	24%
Adults who reported eating 5 or more portions of <b>fruit and vegetables</b> the previous day	41%	36%
Adults who reported meeting <b>physical activity</b> guidelines in the past week	19%	16%
Adults who were <b>overweight or obese</b>	59%	59%

In addition, Powys residents aged over 65 years are also more engaged in healthy behaviours compared with older people across Wales. However, there still remains a significant challenge in further improving health behaviours in order to reduce the burden of chronic diseases in Powys and reduce demand on the health and social care system.

Summary

- A greater proportion of adults in Powys engage in healthy behaviours compared with Wales, however there is considerable room for improvement.

## 1.3.6 HEALTH STATUS

Powys has a lower teenage conception rate (19.1 conceptions per 1,000 females aged under 18 years) compared with Wales (30.8 per 1,000 females aged under 18 years).

Childhood immunisation uptake rates have increased over recent years and are now similar to Wales' rates, except for measles, mumps and rubella immunisation uptake in teenagers, which is below Wales' levels and below target levels.

A lower proportion of the Powys adult population report being treated for any illness compared with Wales. Overall, Powys residents also report better health.

Adults Who Reported Health Status (2012-13) (Age Standardised)	Powys	Wales
Currently being <b>treated for any illness</b>	46%	50%
Limited by health <b>problems / disability a lot</b>	14%	16%
Limited by health <b>problems / disability at all</b>	31%	34%
<b>General health status fair or poor</b>	18%	20%
<b>SF-36 Physical</b> component summary score	49.3	48.5
<b>SF-36 Mental</b> component summary score	51.1	49.6

Table 13: Adults who Reported Health Status

A smaller proportion of adults in Powys report being treated for various long term conditions compared with adults across Wales.

Adults Who Reported Key Illnesses (2012-13) (Age Standardised)	Powys	Wales
High <b>blood pressure</b>	17%	21%
Any <b>heart condition</b> excluding high blood pressure	8%	9%
Any <b>respiratory</b> illness	12%	14%
Any <b>mental illness</b>	8%	12%
<b>Arthritis</b>	10%	12%
<b>Diabetes</b>	5%	7%
<b>Any illness</b>	46%	50%

Table 14: Adults who Reported Key Illnesses

Flu immunisation uptake rates are increasing in people with long term health conditions (49.5% in 2013/14) and are similar to Wales' rates (51.1%), although they remain below target levels (75%).

The table below shows how Powys residents aged over 65 years report better quality of life compared with older adults in Wales.

Quality of Life Indicators (observed) for Persons Aged 65 and Over (2008-10)	Powys	Wales
General health status: <b>fair or poor</b>	37%	40%
Limiting <b>long term illness</b>	49%	56%
<b>SF-36 Physical</b> component score	41	39
<b>SF-36 Mental</b> component summary score	53	51

Table 15: Quality of Life Indicators >65

Overall, older Powys residents are less likely to be treated for a long term condition as shown in the table below.

Selected Conditions (observed) in Persons Aged 65 and Over (2008-10)	Powys	Wales
High blood pressure	50%	51%
Heart condition	25%	29%
Respiratory condition	17%	22%
COPD	5%	7%
Mental Illness	8%	10%
Arthritis	27%	33%
Diabetes	14%	15%

Table 16: Selected Conditions >65

However, the increase in the proportion of older people living in Powys means that the number of people with long term conditions such as diabetes will increase.

Powys has 16,154 carers, an increase of 14% from 2001, when there were estimated to be 14,118 carers in Powys. This is of particular significance as unpaid carers, usually family members, contribute significantly to maintaining individuals with complex needs due to long term physical or mental ill-health, disability or old age in the community. The health and wellbeing of carers is affected by their caring responsibilities, as many may experience ill health, poverty and problems accessing employment.

Summary

- Teenage conception rates are lower than across Wales.
- Childhood immunisation uptake and flu immunisation for people with long term conditions uptake are increasing but remain below target levels.
- Residents are less likely to be treated for long term conditions than across Wales.
- The number of carers is increasing.

## 1.3.7 MENTAL HEALTH POPULATION NEEDS ASSESSMENT

The Powys “Hearts and Minds” strategy includes a detailed population needs assessment and key issues for mental health are highlighted in this section.

The inter-relationship between mental health and physical health is a key area for action. Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence and life expectancy. However, the greatest inequality of all is the life expectancy of people with mental health disorders:

- On average, for males with mental health problems there are 11 lost years to life; for females there are 6 lost years.

Mental ill-health affects a significant proportion of the population:

- 1 in 4 people in the UK will experience a mental health problem each year;
- 25% of GP consultations are for people with a mental health problem;
- Mental ill health is the single largest cause of disability in the UK (22.8%);
- Nationally one in 10 children aged five-16 years of age has a “diagnosable” mental disorder;
- For those with long lasting mental health problems, 50% first experience them by 14 years old and 75% by 25 years old;
- 1 in 100 people will have a psychotic illness such as schizophrenia and bipolar affective disorder;
- One third of people with long term conditions experience mental health problems; Half of people experiencing terminal or advanced cancer suffer mental health problems, yet less than half receive treatment for their mental health;
- NHS spend on mental health is higher than any other individual area of healthcare.

### DEPRESSION AND ANXIETY

Clinical depression affects up to 5% of the UK population. In Powys around 8% of the population report being treated for depression or anxiety and it is one of the top three leading causes of disability.

One in four patients presenting to their GP live with depression with the average GP seeing at least one patient with depression during each surgery session. 80% of people identified as having depression, are managed entirely in a primary care setting.

### DEPRESSION IN OLDER PEOPLE

In the UK, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression.

### POST NATAL DEPRESSION

In the early years, a child forms emotional attachments that lay the foundations for good mental health. It has been estimated that between 10-15% women suffer from

post-natal depression. In Powys there are approximately 1000 births per year, which means around 100 women may suffer post-natal depression.

DEPRESSION AND SUCICIDE

Depression is the leading cause of suicides in England and Wales each year. The National Confidential Inquiry into Suicides and Homicides Annual Report for 2015 published the following information in relation to suicides and open verdicts for Wales including, information from 2013.

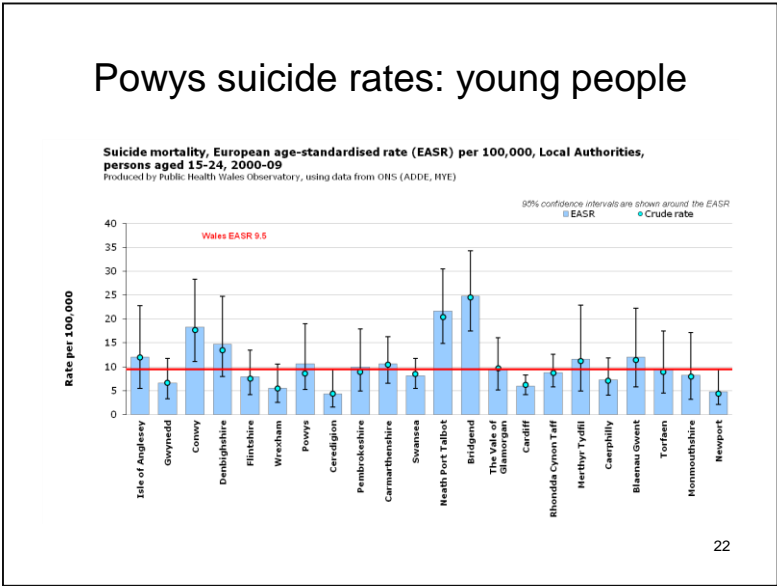


Figure 27: Suicide Rate Powys Younger People

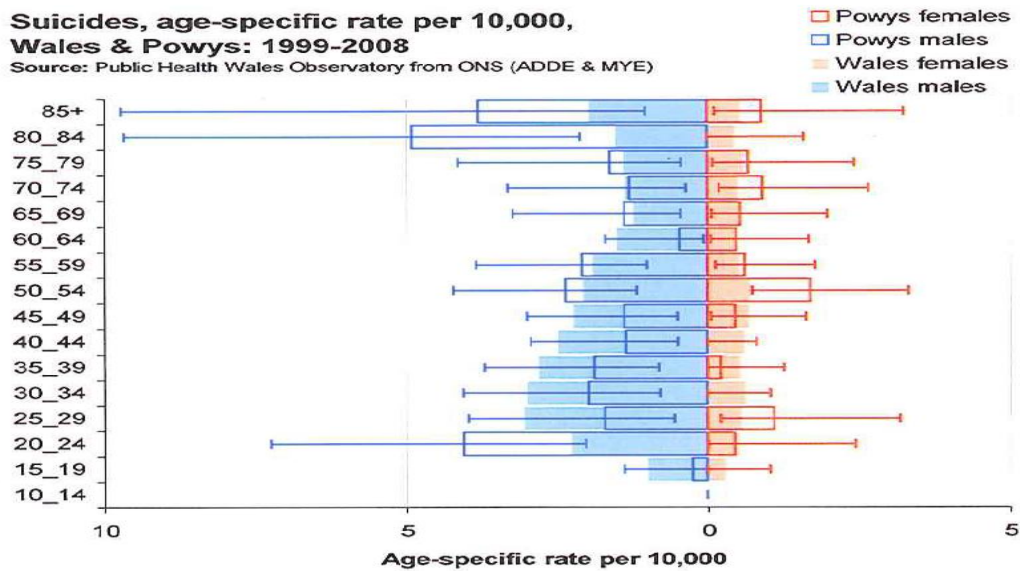


Figure 26: Age Specific Suicide Rate

Health Board Area	Rate per 100,000 general population
Betsi Cadwaladr UHB	10.7
Aneurin Bevan UHB	10.9
Cardiff and Vale UHB	11.6
PTHB	12.0
Hywel Dda UHB	13.1
Abertawe Bro Morgannwg UHB	13.6
Cwm Taf UHB	14.1

Table 17: Suicide Rate by Health Baord

The number of suicides in the general population, by gender is shown below.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Male</b>	291	239	247	228	236	225	227	237	252	284	281 287†
<b>Female</b>	82	75	70	65	60	79	58	67	67	71	67 68†
<b>Total</b>	373	314	317	293	296	304	285	304	319	355	348 355†

Table 18: Suicide Rate by Gender

†Indicates the estimated final number based on delays recorded in previous years, i.e. a 2% increase in 2013.

A confidential clinical review has been established within Powys which has considered any potential trends in relation to 16 suicides or open verdicts recorded for Powys in 2014/15. This included seven people over the age of 65 years.

The previous tables show suicides by age group. Whilst not statistically significant, concern about higher than expected levels of suicide amongst young men and elderly people is driving renewed action locally.

Summary

- Around 8% of the Powys population report being treated for depression or anxiety.
- Depression is more prevalent in those aged over 80 years which is significant given Powys' demography.
- Depression is primarily managed entirely in a primary care setting.

## DEMENTIA AND ALZHEIMERS

Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65.

The number of people with dementia in Wales has been forecast to rise by almost 50,000 people by the year 2021. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales. It is estimated that whilst the number of people in Powys aged over 65 years with dementia was 2,225 in 2011, this is likely to rise to 4,256 in 2030.

The current local prevalence is set out below.

Practice	2014		Practice	2014	
	Dementia Patients	Dementia Prevalence (%)		Dementia Patients	Dementia Prevalence (%)
Montgomery	40	0.56	Cemmaes Road	14	0.56
Ystradgynlais	147	1.22	Llanfyllin	79	0.74
Brecon	114	0.73	Llandrindod Wells	91	0.92
Knighton	23	0.53	Machynlleth	29	0.66
Llanidloes	22	0.26	Newtown	70	0.48
Rhayader	53	1.60	Crickhowell	101	1.08
Builth Wells	47	0.60	Haygarth	55	0.65
Llanfair Caereinion	24	0.44	Presteigne	23	0.71
Welshpool	92	0.83	Total	1024	0.75

Table 19: Dementia Prevalence -Powys

In terms of Welsh Language, mental health has long been considered a priority area for provision of Welsh language services. People with a mental health problem and older people who are first language Welsh speakers can lose their English or feel more comfortable interacting with service providers in Welsh.

## UNDERSTANDING DEMENTIA PREVALENCE IN POWYS

**Diagnosis:** Only 44% of people with dementia in England, Wales and Northern Ireland receive a diagnosis. The first All Wales Memory Assessment service audit result was published in August 2014. In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.

**Coding:** It is clear there is also a coding issue with the early stages of memory difficulties being recorded as "Cognitive Impairment" rather than dementia – which is resulting in under-reporting.

## DEMENTIA IN ACUTE SETTINGS

Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia. However, patients who have dementia experience many more complications and stay longer in hospital than those without dementia. It is also estimated that 30 per cent of people will die with dementia and many of these die in general hospital settings. The improvement in care for people with dementia in general hospitals is a component of the Powys Dementia Plan.

## POWYS DEMENTIA PLAN

The mantra "*what is good for your heart is good for your head*" sums up the evidence that lifestyle changes such as stopping smoking, controlling weight, drinking within safe limits, increasing activity and being engaged with the community can help prevent dementia risk mitigation is a key component of the Powys Dementia Plan, as outlined in the Welsh Government Ministerial Priorities (2015).



- Powys, at 44%, has the highest projected rise in the number of people with dementia in Wales.
- Only 39.6% of the projected number of people with Dementia have a diagnosis in Powys.

## MENTAL HEALTH SERVICE ACTIVITY

### NORTH POWYS ADMISSIONS

There is no NHS hospital in north Powys for the admission of patients with mental illness who are acutely ill. The main in-patient units used are Redwoods in Shrewsbury and an independent hospital in Montgomeryshire. Admissions and capacity are carefully monitored to minimise distant admissions out of county.

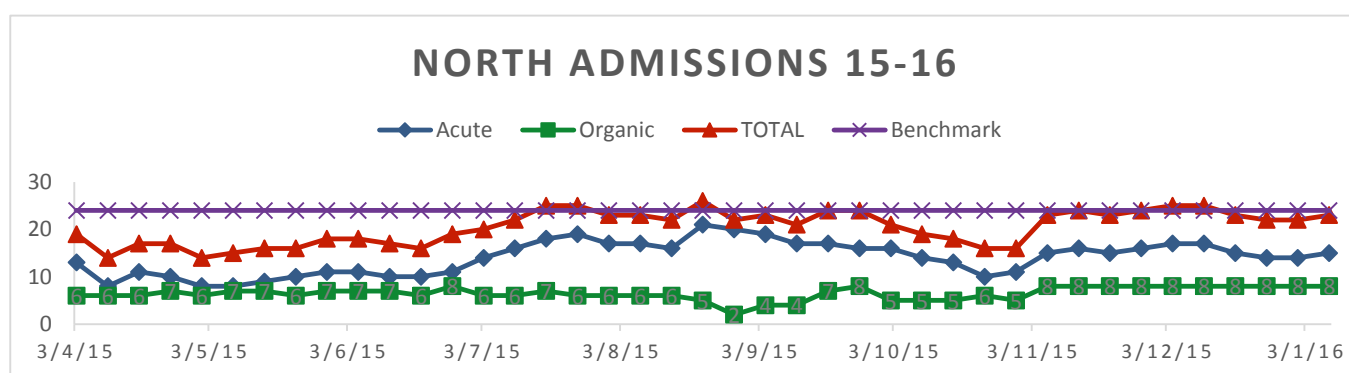


Figure 28: Inpatient Admissions – North powys

### DELAYED TRANSFER OF CARE

48 of the 64 mental health beds for adults of all ages are in Powys hospitals. In 2015/16 Powys has been able to return to the best position since 2010 but there is more to do.

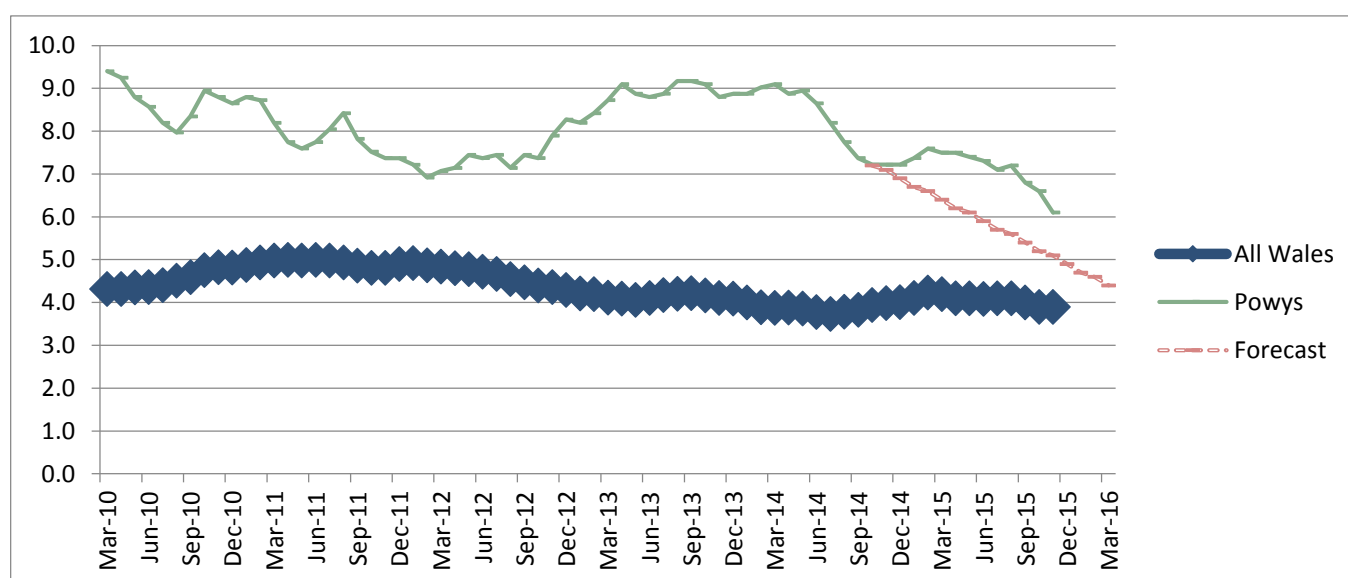


Figure 29: Mental Health Delayed Transfers of Care

The police have powers to detain people in a public place who are thought to be mentally ill and to take them to a place of safety. Successful multiagency work in Powys has:

- Led to an overall reduction in the use of such powers;
- Ensured the power is being used appropriately for people requiring hospital admission.

During the 12 month period April 2014 – March 2015, there were only sixteen occasions where Section 136 mental health powers were utilised compared with twenty three the previous year. On eleven of these occasions, the person was admitted to Hospital (68.8%).

Summary

- Mental Health DToC is at its best position since 2010.
- Section 136 utilisation has reduced.

### 1.3.8 HEALTH SERVICE UTILISATION

Powys adults report using health services less than adults across Wales, except for dental services. The table below summarises health service usage for Powys residents compared with Wales.

Health Service Use for Adults (aged 16+) 2012-13 (Age Standardised)	Powys	Wales
<b>GP</b> in the past 2 weeks	15%	17%
Attended <b>casualty</b> in the past 12 months	14%	17%
In hospital as an <b>inpatient</b> in the past 12 months	7%	9%
Attended <b>outpatients</b> in the past 12 months	31%	32%
Saw a <b>pharmacist</b> in the past 12 months	65%	70%
Attended a <b>dentist</b> in the past 12 months	77%	70%
Attended an <b>optician</b> in the past 12 months	49%	50%

### PRIMARY CARE CLUSTERS IN POWYS

Primary Care Cluster profiles produced by Public Health Wales Observatory (2013) provide an overview of demographics and burden of chronic disease at a local level. Of note:

- The three clusters have similar age / sex profiles compared with Powys overall;
- South Powys has the greatest proportion of patients (5.3%, 2,370 patients) who are in the most deprived quintile of deprivation. Mid and north Powys have no patients who are living in the least deprived quintile;
- 22.6% of patients in north Powys, 21.9% of patients in mid Powys and 11.9% of patients in south Powys have a drive time of over 15 minutes to their registered main GP Practice.

The following figures show the recorded burdens of chronic disease for the three clusters in Powys. These tables show the observed prevalence; thereby providing a guide to the



## SOUTH POWYS

All indicators except asthma, heart failure and hypertension in the south Powys cluster have an adjusted prevalence in the lower quartile compared with clusters across Wales.

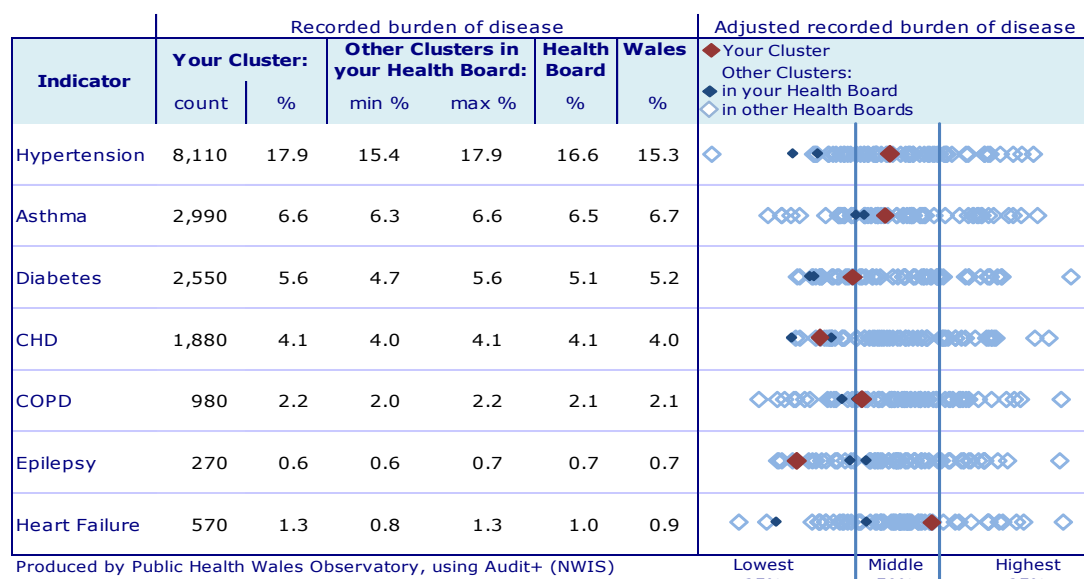


Figure 32: Primary Care Cluster Profile – South Powys

### Summary

- South Powys has the greatest proportion of patients who are in the most deprived quintile of deprivation.
- Drive time to registered main GP practice is over 15 min for over 20 % of the populations in north and mid Powys.

## 1.3.9 FOCUSING ON OUTCOMES

To ensure that PTHB is making progress towards improving population health, it is important to have an understanding of key health outcomes across domains. The table below shows population level indicators that can be used for this purpose. The outcomes measures shown in the 'Staying Healthy' domain represent indicators included in the draft set of Welsh Government Public Health Outcomes Framework indicators. Indicators shown in italics are also included in the draft list of proposed National Well-being indicators. These indicators will be populated with figures when the final set of indicators is reported later in 2016. The service delivery plans throughout this plan have been aligned to these draft population outcomes, as well as the proposed national well-being indicators, demonstrating how the health board is contributing to population outcomes and the well being goals of Wales

Indicators	Powys	Wales
Staying Healthy		
Healthy and active long life		
Life expectancy at birth	tbc	tbc
Healthy life expectancy at birth	tbc	tbc
A fair chance for health		
<i>The gap in healthy life expectancy at birth between the most and least deprived.</i>	tbc	tbc

Children have a good healthy start in life		
<i>Percentage of children in Reception year at expected level of development.</i>	tbc	tbc
Children age 5 of a healthy weight		
<i>Percentage of live births with a birth weight of less than 2500g (2004-11)</i>	5.2%	5.4%
Safe Care		
Safe and protected from avoidable harm through appropriate care, treatment and support		
Suicide rate per 100,000 (2010/11)	Suicide rate per 100,000 (2010/11)	Suicide rate per 100,000 (2010/11)
Effective Care		
Receive the right care and support to either improve or manage my own health and wellbeing		
Circulatory disease mortality rate under 75 years per 100,000 (2011)	Females 111.18 Males 160.06	Female 122.33 Males 196.55
Respiratory disease mortality rate under 75 years per 100,000 (2011)	Females 44.16 Males 51.11	Females 63.64 Males 85.74
Percentage of GP patients on the diabetes register (2012)	5.1%	5.2%
Percentage of 5 year olds with decayed teeth (2005/6)	46.4%	47.7%
Timely Care		
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need		
One & five year relative survival rates reported for all cancers (excluding non melanoma skin cancer)	1 year (2007-11) Females 73.3% Males 71.1% 5 year (2003-7) Females 60.2% Males 52.3%	1 year (2007-11) Females 71.5% Males 68.5% 5 year (2003-7) Females 55.0% Males 50.0%
Individual Care		
Inequalities that may prevent me from leading a healthy life are reduced		
The gap in life expectancy between the least and most deprived (2005-9)	Females 4.9 yrs Males 5.5 yrs	Females 7.1 yrs Males 9.2 yrs

Table 21: Key Population Health Outcome Indicators

### 1.3.10 USING DATA AND HEALTH INTELLIGENCE TO BEST EFFECT IN POWYS

In addition to locally developed intelligence, data and health intelligence from other sources, for example from Public Health Wales Observatory or Welsh Government, Statistics and Research, is used in Powys to increase local understanding of health needs and influence local service planning and delivery. Examples of relevant data that has been produced and how it has been “actioned” locally are highlighted below.

HEALTH INTELLIGENCE / DATA	SOURCE	EXAMPLES OF LOCAL ACTIONS
Health of Children and Young People in Wales	Public Health Wales Observatory	Used as part of the Director of Public Health Annual Report 2013/14. Cascaded through the Children and Young People’s Partnership
Atlas of Variation in Elective Surgical Procedures	Public Health Wales Observatory	Data has been used to better understand PTHB activity, benchmarking with other health boards and Local Authority Areas.
Welsh Health Survey obesity web resource	Public Health Wales Observatory	Intelligence used to inform local healthy weights strategy.
Quality and Outcomes Framework: Atrial Fibrillation and Hypertension	Public Health Wales Observatory	Used by localities and Primary Care directorate with Primary Care Clusters. Informed Heart Disease Delivery Plan.
Local authority mortality comparison tool	Public Health Wales Observatory	Shared with Local Authority and Localities.
Alcohol and Health in Wales	Public Health Wales Observatory	For action through the Powys Area Planning Board.
Welsh Health Survey 2012-13	Welsh Government	Used to inform prevention and health improvement strategies. Shared with Local Authority.
Local Area Summary Statistics	Welsh Government	Used to understand social conomic profile in Powys.

Table 22: Health intelligence Data

# 1.4 DEMAND AND CAPACITY MODELLING

## Summary

- Future demand on services will result in an increase of £20-25M in costs over the next four years;
- Opportunities to implement new models of care will help stem demand on acute hospital services and repatriate care closer to home where appropriate and safe.

The demand, capacity and financial modelling project was commissioned in April 2014 and involved an independent Strategic Demand, Capacity and Financial Modelling exercise. The process was clinically led via the establishment of a Clinical Reference Group and two stakeholder events which involved clinical and operational teams from within the organisation and external provider organisations and primary care clinical leaders. The process also involved regular input from the Executive Team.

The modelling work was based on a number of assumptions that have been applied to the 2012/13 dataset. This identified the impact of future demand over five years, on both commissioner and provider functions as illustrated below, where the 'Powys virtual DGH' represents the totality of the commissioner function.

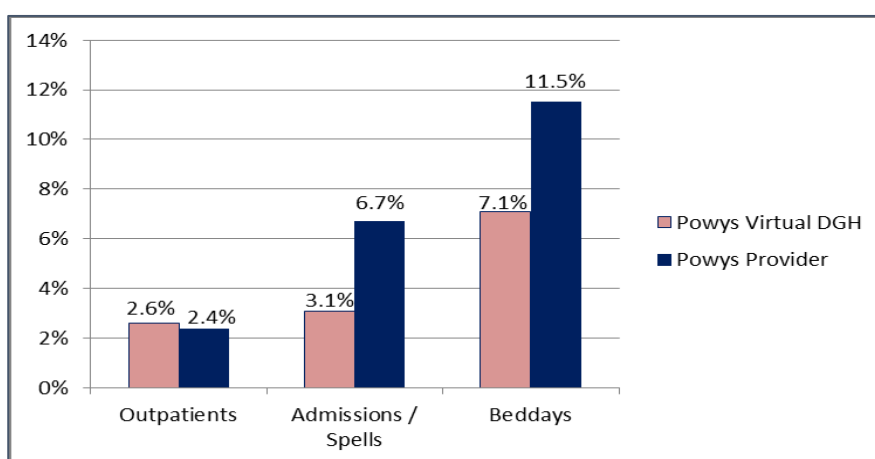


Figure 33: Projected Future Demand

This has helped to understand strategically the potential impact of future demand on services over a five and 10 year horizon, and the potential intervention opportunities which are based on an evidence base of best practice and which have been validated through a Clinical Reference Group and a Stakeholder Group.

The modelling work reviewed both the scale of demand and cost increases as well as potential solutions to reduce costs. The health board has undertaken further re-modelling and applied this to the 2013/14 dataset, refining some of the assumptions. Over the next four years, the health board has modelled that:

- In doing nothing, costs will increase by between £20 – £25M with the assumption that there would be no corresponding funding increases from Welsh Government;
- £4.8M intervention opportunities were identified in the modelling which produces a net increase of £1.9M on top of previous financial planning assumptions. These will be pursued through the three year Primary and Community Care Delivery Programme which will broadly focus on delivering efficiency through new models of care. Currently, it is assumed that this will be delivered at minimal additional infrastructure costs although this has yet to be validated through the service



modelling process;

- Further opportunities of £4. 6M could be pursued through service development of community hospital services and the repatriation agenda, but would require investment in skills and capacity of £2.240M to deliver savings in years and is outside the current IMTP timescale.

The below set, illustrate the potential identified across commissioner and provider services.

Commissioned Activity Summary Year 5								
	Baseline	Do Nothing	Mid Range Scenario	Change from Baseline	High Eff Range Scenario	Change from Baseline	Low Eff Range Scenario	Change from Baseline
Outpatient Activity Attendances	130,477	134,627	66,870	-63,607	59,392	-71,085	74,245	-56,232
Activity - Spells	28,025	29,188	25,494	-2,531	17,464	-10,561	27,473	-552
Activity - Beddays	90,960	98,339	79,476	-11,484	72,385	-18,575	94,457	+3,497
Capacity - Beds	306	330	267	-39	243	-62	317	+12
Capacity – Theatre & Procedure Rooms	5.9	6.1	5	-0.9				
Capacity Outpatient, consulting rooms	41.6	42.7	20.3	-21.3				

Figure 35: Strategic Demand and Capacity Modelling - Commissioned Services

Provider Activity Summary Year 5								
	Baseline	Do Nothing	Mid Range Scenario	Change from Baseline	High Eff Range Scenario	Change from Baseline	Low Eff Range Scenario	Change from Baseline
Outpatient Activity Attendances	29,951	30,713	85,078	+55,127	92,292	+62,341	84,679	+54,728
Activity - Spells	4,471	4,741	6,919	+2,448	13,742	+9,271	5,904	+1,433
Activity - Beddays	45,552	50,860	51,267	+5,715	47,884	+2,332	56,852	+11,300
Capacity - Beds	142	158	160	+18	149	+7	177	+35
Capacity – Theatre & Procedure Rooms	0.6	0.6	1.4	+0.8				
Capacity Outpatient, consulting rooms	9.7	9.9	22.8	+13.1				

Figure 34: Strategic Demand and Capacity Modelling - Provider Services

Further work has been undertaken under the demand and capacity project, to support the development of core change programmes:

- Two comparable health economies were visited which identified opportunities to further develop primary and community services to provide benefits to patients and staff;
- A point prevalence study across all community hospital sites has been completed and the key findings are being analysed and will inform future planning around health and social care capacity and patient flows;
- Key projects under the Primary and Community Care Delivery Programme have been identified.

Further work is required during 2016/17 to develop a robust process for the development of short to medium term delivery plans aligned to the strategic planning process and development of commissioning intentions.

Further modelling work will also be undertaken as part of the health board's large scale change programme to support the development of the future health and social care strategy and the appraisal of options for how future services could be configured.

# 1.5 NATIONAL AND LOCAL POLICY DRIVERS

## Summary

- The following national policies, reviews and reports have informed the development of this plan and more broadly drive the service improvements and changes in order that the health board complies with statutory requirements for organisational delivery, all centred around the need to ensure the provision of high quality, timely, dignified and respectful care and treatment for the people of Powys.

## NATIONAL STRATEGIC DIRECTION

Table 23: Policy drivers – National Strategic Direction

<b>Prudent Healthcare Principles (2015) Welsh Government</b>
PTHB is actively moving to organising services around the principles of prudent health and care through three workstreams: Prudent Health and Care in Action, Prudent Health and Care by Design, and Making a Difference through Prudent Health and Care.
<i>An organising principle of the IMTP. Key work is highlighted in the plan.</i>
<b>Wellbeing of Future Generations and Social Services and Wellbeing Acts (2014) Welsh Government</b>
PTHB and PCC will implement revised governance arrangements in support of the delivery of the Wellbeing of Future Generations and Social Services and Wellbeing Acts from April 2016.
<i>PTHB's response to the Act is closely linked to the work on integration and the approach to strategic change (sections 2.4 and 3.2.2)</i>
<b>'Together for Health' (2012) Welsh Government</b>
PTHB's local response to condition specific delivery plans are in place. Governance arrangements are under review to strengthen the commissioning perspective taken to these plans and to ensure integrated development and delivery.
<i>Summaries of these plans are in section 3.6 of the plan.</i>
<b>'Devolution, Democracy and Delivery'. (2014) Welsh Government</b>
The recommendations strongly support PTHB's vision and future ambition to further integrate health and social care both across front line services and strategically. PTHB is also strengthening its approach to co-production to develop services.
<i>PTHB's ambitions for integration of health and social care are outlined in section 3.2.2 and plans for working with the Third Sector are in section 3.4.5.</i>
<b>'How Do We Measure The Health Of A Nation?' (2015) Welsh Government</b>
The possible indicators will support the health board to interpret, implement and deliver the requirements of the Wellbeing of Future Generations Act.
<i>Service plans are aligned to the proposed health outcome indicators.</i>
<b>Public Service Governance and Delivery (2014) Welsh Government</b>
PTHB and PCC have undertaken work to explore potential for further integration.
<i>PTHB's ambitions for integration of health and social care are outlined in section 3.2.2</i>
<b>Primary Care Strategy (2014) Welsh Government</b>
Planning and delivering care locally through robust and sustainable primary and community care services is a strategic objective and an area in which PTHB aims to be a system leader.
<i>The Primary and Community Care section of the plan is aligned to the strategy (section 3.2.3).</i>
<b>National Outcomes Framework (2014) Welsh Government</b>
PTHB's performance against the Outcomes Framework has been aligned to the aims and strategic objectives and actions across the IMTP.
<i>PTHB has set profiles to meet the Outcomes Framework and the Annual plan for 2016/17 will demonstrate actions to support delivery in C1 Template.</i>
<b>Working Differently, Working Together (2012) Welsh Government</b>
Always with our staff is one of the six aims of PTHB and the objectives of the framework are the foundation for the organisational development work of the health board.
<i>PTHB's approach to organisational development is in section 4.1</i>

## REGIONAL AND LOCAL STRATEGIES, REVIEWS AND REPORTS

<b>The Mid Healthcare Wales Study (2014)</b>
PTHB is an active partner in the Mid Wales Healthcare Collaborative (MWHCC) set up in response to the report.
<i>The status of the MWHC is described in section 2.4. and the detailed action plan is in Appendix 3</i>
<b>Clinical And Service Strategies Of Neighbouring Organisations</b>
PTHB manages multiple and complex change programmes occurring around its borders as well as needing to manage the cross cutting issues of plans and strategies.
<i>A summary of PTHB's approach to managing cross border change is in section 2.4.2</i>
<b>Strategic Demand And Capacity Report (2014) PTHB</b>
The demand and capacity modelling has informed the scope and activity of PTHB's primary and community care development programme and the future health and care strategy.
<i>The revised outputs of the modelling are described in Section 1.4</i>
<b>The Director Of Public Health's Annual Report (2014)</b>
Public Health Wales supports PTHB in delivering a number of local priorities.
<i>PTHB's prevention and health improvement agenda is apparent throughout the plan and detailed in section 3.5.1</i>
<b>One Powys Plan Yn Un (2014/15) Powys County Council and PTHB</b>
PTHB is a key partner in the development and delivery of the One Powys Plan. The arrangements for managing this work are under review, however the programmes of work to deliver the plan are ongoing.
<i>The approach to delivering the One Powys Plan are detailed in section 2.4.2 and the specific service areas of integrated working are in section 3.4 Learning from consultation for the Plan is detailed in section 1.6.</i>

Table 24: Policy Drivers - Regional and Local

## QUALITY, SAFETY AND PATIENT EXPERIENCE

<b>The Quality Delivery Plan (2011 – 2016)</b>
Ensuring quality and safety across the whole health system through commissioning assurance and robust quality and safety process forms part of PTHB's strategic objectives. PTHB is also implementing a Governance Improvement Programme to strengthen governance and assurance.
<i>Quality and safety is an organising principle of the IMTP (Section 2.3.2) and the Quality Delivery plan is in section 3.3.</i>
<b>Annual Quality Statement (2015/16) PTHB</b>
PTHB's annual quality statement documents the health board's quality and safety performance, this information informs the IMTP and priorities for improvement.
<i>Quality, Safety and Patient Experience are an organising principle of the IMTP described in section 2.3.2. PTHB's 2016/17 Quality Delivery plan is in section 3.3.</i>
<b>The Health &amp; Care Standards (2015) And Annual Self-Assessment Against The Standards For Health Services</b>
The health & Care Standards and annual self-assessment against the standards are monitored through the Health and Care Standards committee of PTHB which reports to the Quality and Safety Committee ensuring teams have plans in place to meet standards.
<i>Quality, Safety and Patient Experience is an organising principle of the IMTP described in section 2.3.2. PTHB's 2016/17 Quality Delivery plan is in section 3.3.</i>
<b>The Service User Experience Framework 2013 (Refreshed In 2015)</b>
In 2016, PTHB approved its Patient Experience Strategy to ensure patient experience is improved and is a fundamental part of understanding and developing service delivery.
<i>Patient Experience is an organising principle of this IMTP (section 2.3.2)</i>
<b>Learning From Reviews Of External Organisations</b>

Specifically: The Report Of The Francis Inquiry Into The Mid-Staffordshire Nhs Trust (2013); The Joint Wales Audit Office And Healthcare Inspectorate Wales (Hiw) Review Into The Governance Arrangements At Betsi Cadwaladr UHB (2013); The 'Trusted To Care' Andrews Report (2014); And 'The Gift Of Complaints' Keith Evans Review (2014).
<b>A Place To Call Home (2014) Older Peoples Commissioner For Wales/ 12 Key Indicators for Older People</b>
The 12 key indicators are included in regular reports to the Quality and Safety Committee, and indicators are included in the Integrated Performance Report.
<i>Work on integrated care for older people is highlighted in section 3.4.2</i>
<b>WAO STRUCTURED ASSESSMENT 2015/16</b>
The report highlighted further work to ensure the PTHB was able to ensure delivery of its ambition and plans in the most effective way.
<i>Addressed in Stewardship and Governance 4.6</i>

Table 25: Policy Drivers – Quality, Safety and Patient Experience

## 1.6 INVOLVING THE PEOPLE OF POWYS

### Summary

- People in Powys want to see more joined up working across partner organisations.
- The Third Sector is a significant partner in achieving health improvement and delivering the strategic agenda, particularly with regard to ensuring co-production and engagement.
- PTHB has approved External Stakeholder Engagement and Patient Experience Strategies.

### 1.6.1 ONE POWYS PLAN AND LOCAL POVERTY

The 2014/15 One Powys Plan was updated following a refresh of the JSNA, with a particular focus on poverty. Some key intelligence in this regard has already been presented in Section 1.3 of the IMTP, including in relation to socio-economic characteristics, community wellbeing, access to services and community assets in Powys. The One Powys Plan articulates the approach being taken to address the causes and consequences of poverty in Powys. The governance arrangements to oversee delivery of the One Powys Plan are described later in the IMTP.

In updating the One Powys Plan, Powys County Council and PTHB, with the support of Powys Association of Voluntary Organisations (PAVO), engaged local communities across Powys to discuss key issues. Engagement was undertaken with members of the Powys County Council Citizen Panel on current priorities and what they think is most important to tackle poverty. 275 members responded through an online or paper survey. A number of advisory stakeholder groups took place to enable users to inform and enhance service provision. These forums provided commentary on current services and topical issues. The views gathered from the public and stakeholders were valuable in helping to shape the priorities of the One Powys Plan and included the following learning about the views of the people of Powys:

#### OLDER PEOPLE

- Supporting and protecting older people should be a key priority;
- The needs of older people are everyone's business;
- More joined up working between PTHB, the County Council and the Third Sector is a must.

#### CARERS

- The role of carers is an issue for everyone;
- There are clear links between support for older people and support for those who care for them;
- Carers provide an invaluable resource and should be a priority for support.

#### MENTAL HEALTH

- Growing numbers of people with dementia are a priority;
- Mental health impact on individuals, families, the communities they live in and the County as a whole;
- Practical support is needed to fill the gaps in services.

#### CHILDREN AND YOUNG PEOPLE

- Vulnerable families need protection and support;

- There is more scope to work across partnerships to share information and create solutions.

## HEALTHY LIFESTYLES

- The issues affect everyone and could help reduce health care costs;
- Funding for projects should be pursued.

## 1.6.2 THIRD SECTOR

There are a number of aspects within the IMTP on which PTHB will work with the Third Sector to achieve:

- To support the health board's vision for integrated care, unscheduled and planned care services there is further impetus for the need to have ready access to community-level Third Sector services through mechanisms such as PAVO's Third Sector Broker Service;
- To engage patients and public in helping inform service planning and delivery, this is a field in which there is great scope to work with the Third Sector to help access and articulate individual's experiences and views.

There are a number of key aspects of the Sector and its work that supports PTHB in attaining the goals set out in the IMTP. In many cases these are fields in which some positive activity already exists and the Third Sector's current and future role of working in partnership with PTHB, articulates how activity in Powys meets Welsh Government's broader strategic agenda for a collaborative approach to public service provision.

## PARTNERSHIP IN DELIVERING PUBLIC SERVICES

Powys' Third Sector provides a wide range of services and activities that directly or indirectly contribute to the health and general wellbeing of Powys' citizens. As such, the Sector is a significant partner in supporting the health board to achieve its strategic aims for health improvement.

There are 4,400 different Third Sector organisations currently operating in Powys, many of whom provide services and activities beneficial to citizen wellbeing; this represents a massive contribution towards the fulfilment of the strategic health agenda for the county.

Whilst PTHB commissions services from, or otherwise funds, and/or provides grants, the majority of the Sector's organisations and activities are not funded by PTHB. The independence and autonomy of the Sector is recognised by the health board. However, a healthy relationship with the Sector, based on mutual respect and understanding, is an important foundation to help the health board capitalise upon the many opportunities for partnership working to gain a shared public sector perspective across Powys.

Capitalising upon the diverse and large scale contribution that the Sector makes to the delivery of public services through the maintenance and evolution of a strong working relationship framed around common goals, is a challenge to all public sector bodies. PAVO exists to grow and facilitate the Third Sector through which engagement with patients and citizens happens. An ongoing commitment to further strengthening the good relationship between PTHB and PAVO will assist both organisations in securing



further positive outcomes in this field, and the commitment through the LSB to develop a 'Powys Third Sector Scheme' will be an important step in cementing this relationship further.

A Third Sector event was held February 2016. An open invitation was issued to third sector organisations operating in Powys to attend the event to discuss the strategic direction articulated in the IMTP and explore opportunities for greater partnership and integrated working between the health board and the Third Sector.

## **INFORMATION AND INFLUENCE**

The embedded links which the Third Sector has with citizens, service users and their communities is potentially a powerful contributor which supports PTHB in achieving the desired impact of the change programme by shifting the balance of integrated care to secure an increased emphasis and shift of activity towards prevention, self-care, and primary and community intervention. Through its activities the Sector as a whole can access many of the most isolated, vulnerable or at risk citizens and as such is a valuable channel for engaging with the public.

Additionally, the sector's access to these individuals provides a conduit by which personal experience and voice can be heard by the health board. This will greatly assist in the triangulation of patient experience with population data in the process of assessing the need to inform planning processes. Whilst good examples of this activity already exist, such as in the mental health field, there is clearly further scope to extend this much more widely across the health board's activities.

The Third Sector has an important role to help the health board reach and engage further with communities to maintain confidence in local services and enable service change.

## **VOLUNTEERING**

Third Sector organisations are predominantly volunteer-involving and it is estimated that there are currently over 26,000 volunteer roles in Powys. The value of volunteering to the physical and emotional wellbeing of an individual is in itself a valuable contributor.

This volunteer capacity is also essential in supporting the delivery of existing Third Sector services (or in the development of new ones) that support PTHB's agenda for increased activity to assist prevention, self-care and crucially, community intervention. Through the One Powys Plan PTHB is committed to strengthening communities' role in supporting citizen health and wellbeing, and to support the growth of volunteering in the county, to strengthen PTHB's corporate social responsibility.

## **COMMUNITY CAPACITY**

The IMTP acknowledges the role that strong communities have in supporting the general wellbeing of citizens and the capability to lead independent lives. Supporting community development is a key priority for the health board and LSB partners.

PTHB will work increasingly closely with PAVO to plan and support work in this field.



## 1.6.3 PUBLIC ENGAGEMENT

### OLDER PEOPLE'S JOINT COMMISSIONING STRATEGY

Significant engagement was undertaken over the last year to support the development of the health board and Powys County Council's joint commissioning strategy for older people. This included engaging with a number of people within the Older People's Engagement Forum and the Citizen's Panel as well as questionnaires and drop in sessions across Powys. A recurring theme from the feedback, of which the majority came from people over 55 years of age, was the importance and need for health services to be provided locally. Fewer than half of responders agreed with the statements "I know and understand what care support or other opportunities are available to me" and "I feel valued in society" underscoring the need for greater community involvement, co-production and learning from individual experience to support the development of services which truly meets the needs of individuals.

### JOINT COMMISSIONING STRATEGY: ADULTS WITH LEARNING DISABILITIES IN POWYS

The joint commissioning strategy for adults with learning disabilities in Powys was co-produced with people with learning disabilities and their carers. Meetings with service user and advocacy groups, carers and staff were completed to get a broad understanding of what was important to them before the strategy was written. We periodically tested the validity of the priorities over a period of time to make sure that what people originally told us was still relevant. Following the strategy being drafted, 15 events were held across the county for service users, staff, families and carers and an online public consultation. We made changes to the strategy based on what people said and the ten priorities contained within the strategy were identified by service users and carers.

## 1.6.4 CHAT TO CHANGE

The aim of Chat to Change, our flagship staff engagement programme is to 'make Powys a great place to work'. Our staff have told us that they want to be listened to and want action on what is heard. They want improved communication and to be part of a "culture of care" which focuses on openness, honesty, dignity, kindness and respect.

Through Chat to Change, we have developed our values and most importantly identified the behaviours that uphold these values. We have reviewed the way we do appraisals to embed a values based approach and we have done this with our staff, listening to and involving them. Staff want to feel safe and trusted to do their job and to have praise and recognition for what they achieve. Working with Powys County Council, we are developing a leader's pledge for engagement which focuses on building a climate of trust.

Our challenge is to live our values through our behaviours at every level of the organisation, our staff want our values to be seen, heard and felt in the way that we do things in Powys. This requires turning the talk into action at every level of the organisation. We will do this through:

- Having a compelling vision and narrative, identifying what it is that we want to achieve and what life would be like when we achieve success;

- Building collective and distributive leadership at every level of the organisation. Having engaging leaders is critical to this;
- Being a values based organisation, where you don't have to read the values on the wall, you can see, hear and feel them;
- Having a staff voice that is valued and heard.

## 1.6.6 APPROVED STRATEGIES

### EXTERNAL STAKEHOLDER ENGAGEMENT STRATEGY

The health board's External Stakeholder Engagement strategy was approved by the Board in August 2015 and represents PTHB's renewed commitment to engage more effectively with the local community in the future. The aim of the strategy is to provide a clear, high level and enduring framework within which PTHB can develop increasingly effective and appropriate means of engaging with its many and varied stakeholders – in ways which meet the needs and expectations of our stakeholders. The strategy is “all age” and will apply to all areas of the health board's work.

### PATIENT EXPERIENCE STRATEGY

The Patient Experience Strategy was also approved by the Board in February 2016. The strategy is based on Welsh Government direction, provided through the All Wales Framework for Assuring Service User Experience (2013). The strategy will encompass mental health, primary care, community, out patients, minor injury units and all wards, ensuring best practice is shared and that PTHB addresses areas for improvement to service delivery, based on the feedback received from those who use services. Through the new Commissioning Assurance Framework, patient experience, from the health board's commissioned services, will be reviewed using patient and carer feedback, along with any compliments, complaints or concerns raised with the health board.

## **2. INTERPRETING THE INTELLIGENCE**

## 2.1 RESPONDING TO NEED

### Summary

Interpreting the intelligence and information of the previous chapter informs how the health board will achieve its vision through developing sound strategic objectives and delivering key priorities based on qualitative and quantitative evidence of the population of Powys' health needs, service use and experience of health and social care in Powys and out of county.

### 2.1.1 UNDERSTANDING THE INFORMATION AND INTELLIGENCE

The fundamental basis for planning services is understanding and addressing current and future population health and care needs. This understanding of health needs and inequalities across Powys informs the health board's strategic direction and drives operational service planning and delivery. It is therefore the foundation for the development of this IMTP.

The JSNA and the modelling of future demand undertaken by the health board together articulate very clearly the significance of the ageing population in Powys and the impact this will have on the delivery of services. With a greater proportion of people aged over 50, an elderly population increasing at rates above those expected elsewhere in Wales and a predicted decrease in the number of births over the next ten years, the health board can anticipate a corresponding impact on demand. This impact of demography modelled over the next five to ten years, is over and above the potential impact of epidemiological factors such as obesity, smoking or alcohol use. As indicated in section one, this could, in the 'do nothing' scenario, amount to the need for an additional 42 beds (18 provider and 24 commissioned) in order to meet demand in Powys.

The below figure illustrates the key health needs in Powys of which issues related to an ageing population such as dementia and the management of chronic conditions are a significant part. The other key needs inferred from the needs assessment are mental ill health and health inequalities. Where in the IMTP the actions to address these issues can be found is shown in the below figure.

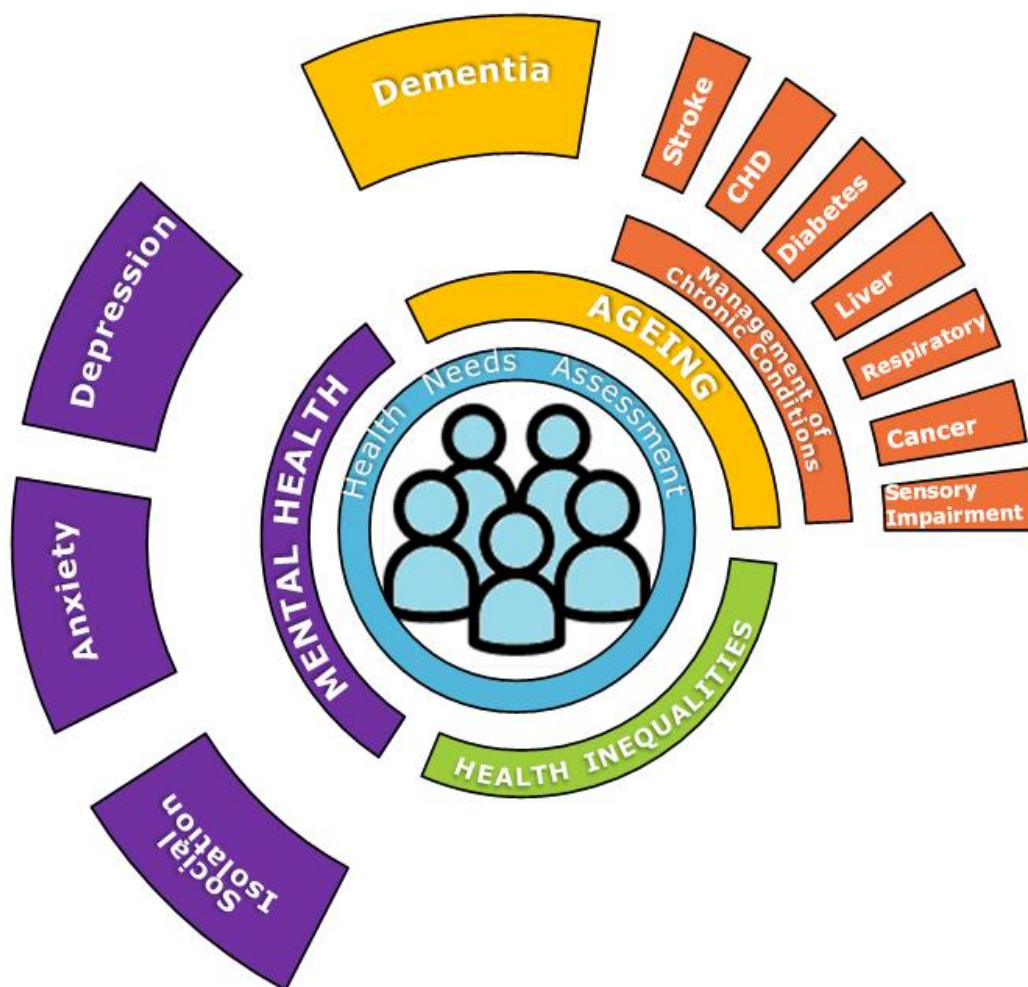


Figure 36: Key Health Needs in Powys

Addressing Population Need in the IMTP		
Mental Health		
Social Isolation	3.4.1	Next stage of delivery of Together for Mental
	3.5.1	Commission advice and information in support of self-care and prevention
Anxiety	3.4.1	Implementing Hearts and Minds: Together for Mental Health in Powys
	3.4.2	Delivering the 5 Ways to Wellbeing approach
Depression	3.4.1	Implementing Hearts and Minds: Together for Mental Health in Powys
Ageing		
Dementia	4.4	Dementia friendly estates
	3.4.2	Powys Age Well pilot
	3.4.1	Implement Dementia Plan
	3.4.1	Dementia friendly prescribing
	3.4.2	Joint Commissioning Strategy for Older People
Management of Chronic Conditions		
Stroke	3.6.2	Stroke Summary Plan
Heart Disease	3.6.4	Heart Disease Summary Plan
Diabetes	3.6.5	Diabetes Summary Plan
Liver	3.6.6	Liver Disease Summary Plan
Respiratory	3.6.7	Respiratory Summary Plan
Cancer	3.6.7	Cancer Summary Plan
Sensory Impairment	3.2.3	Eye care services
Health inequalities		
		One Powys Plan, Health Inequalities Action Plan

How PTHB responds to these key identified needs is informed and shaped by other factors identified through the intelligence. It is vital not to underestimate the ways in which the geography of mid Wales influences health and care provision and consequently the strategic and operational plans of the health board. As is described in the previous chapter, the absence of a DGH and the challenging economies of scale are a direct result of geography and rurality. The complex commissioning arrangements necessary and the prominence of primary and community services are both a consequence of this rurality, and part of the solution to its challenges.

PTHB's performance in 2015/16 indicates that the ongoing management of treatment and therapy waiting times must be an area of focus. It is also an area significantly influenced by the performance of external provider organisations and the commissioning arrangements in place. The demand and capacity modelling demonstrates the potential for curbing and meeting demand through demand management, reducing length of stay, throughput and efficiency and changing models of care and repatriation. Implementing these approaches in Powys necessitates influencing pathways and services through commissioning relationships and strengthening and expanding the services delivered in primary and community care. The need for the health board to focus on these areas is also influenced by the need to anticipate and counter the potential implications of the numerous strategic changes occurring around the Powys borders. It is also clear through the engagement activities undertaken that bringing care closer to home is a major wish of the people of Powys in order to improve access and reduce travel.

Developing primary and community care and strengthening the health board's commissioning arrangements are therefore key strategic objectives in the IMTP. They are objectives which influence and establish the context, mechanisms and opportunities across all the health board's services, its approaches to condition specific needs and its performance and delivery.

Another key factor resulting from the geography of Powys is the established and mature relationship between the health board and Powys County Council. The opportunities for further integration and integrated working between the two organisations, as well as with the third and voluntary sectors, are substantial. The feedback from the people of Powys supports this approach as a means of simplifying and improving the patient experience across the whole pathway of health and care. Integration therefore, sits alongside primary and community care development and commissioning as areas of ambition for the health board in becoming system leaders in Wales.

The additional nine strategic objectives outlined in the following section have been considered and developed within the above context as a response to identified challenges and within the framework of delivering the health board's vision and aims. All 12 of the health board's strategic objectives have been agreed as key areas of work which will help address the challenges identified in the preceding chapter and support the health board's ambitions for system leadership.

The following section states the vision, aims and objectives agreed in order for the health board to meet the health needs of the population of Powys; the chapter then goes on to describe how the delivery of these objectives is rooted in the organising principles of prudent health and care and quality, safety and patient experience. The approach to strategic change then details the arrangements put in place by the health board to deliver transformational change.

## 2.2 VISION, AIMS AND OBJECTIVES

### Summary

- In order to respond to what the information and intelligence is telling us about health needs, inequality, demand and capacity and national drivers the plan is designed around;
  - One vision,
  - Six aims; and
  - 12 strategic objectives

### 2.2.1 THE VISION

**Truly integrated care centred on the needs of the individual.**

### 2.2.2 AIMS AND STRATEGIC OBJECTIVES

#### **Aim 1: Improving Health and Wellbeing**

Strategic Objective 1: Improve health now and lay the foundations for maintaining good health for the future.

Strategic Objective 2: Improve the emotional wellbeing and mental health of the people of Powys.

#### **Aim 2: Ensuring the Right Access**

Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.

Strategic Objective 4: Develop whole system commissioning to ensure appropriate access to effective services across the whole health system.

#### **Aim 3: Striving for Excellence**

Strategic Objective 5: Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.

Strategic Objective 6: Develop an estate that is fit for purpose and progressing to meet service needs.

Strategic Objective 7: Secure innovative ICT solutions, built on a stable platform.

Strategic Objective 8: Ensure a well governed organisation.

#### **Aim 4: Involving the People of Powys**

Strategic Objective 9: Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders.



Strategic Objective 10: Maximise opportunities for integrated working with partners, particularly Powys County Council.

## Aim 5: Making Every Pound Count

Strategic Objective 11: Implement effective financial management to ensure statutory breakeven and best value for money.

## Aim 6: Always with Our Staff

Strategic Objective 12: Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys.

### 2.2.3 VALUES AND BEHAVIOURS

Our Values and Behaviour Framework was endorsed and approved by the Board in June 2015. The start of this journey began because staff said they wanted “a common culture of care, openness, honesty, dignity, kindness and respect” as part of the Francis Presentations undertaken in response to the Francis Report. This feedback was linked to our NHS Staff Survey results and as a result Chat to Change Programme was created with the focus on “turning talk into action”. Development of the Values and Behaviour Framework came out of the Chat to Change workshops in September and October 2014 which later involved extensive consultation with staff, Local Partnership Forum and our Chat to Change Champions. Putting into practice our values and behaviours will lay a strong foundation for the way that we do things in Powys.

#### THE WAY WE DO THINGS IN POWYS

Chat to Change is all about making Powys a great place to work and making a real difference for patients and staff. Our values are not just words, they are our DNA underpinning everything we do in achieving our vision of “delivering truly integrated care centred on the needs of the individual”. In Powys, each of our values place an expectation of behaviours and form the foundation of the “way we do things”. We all have to live by our agreed values and bring them to life every single day, in all that we do, individually, as a team and ultimately for our patients and the communities in Powys.



Figure 37: PTHB Values and Behaviours Framework

## 2.3 ORGANISING PRINCIPLES

### Summary

PTHB seeks to deliver against its vision, aims and objectives utilising the organising principles of:

- Prudent Health and Care;
- Quality, Safety and Patient Experience.

The organising principles underpinning the IMTP provide a basis from which service delivery, change and improvement can be equitably, safely and prudently achieved. They are the principles which PTHB aims to embed across all aspects of working from strategic planning to the front line delivery of care.

### 2.3.1 PRUDENT HEALTH AND CARE

PTHB is implementing Prudent Healthcare as Prudent Health and Care and has taken practical steps to organise services around the four principles; establish arrangements to assess impact; ensure links to national programmes; and systematise across PTHB's IMTP.

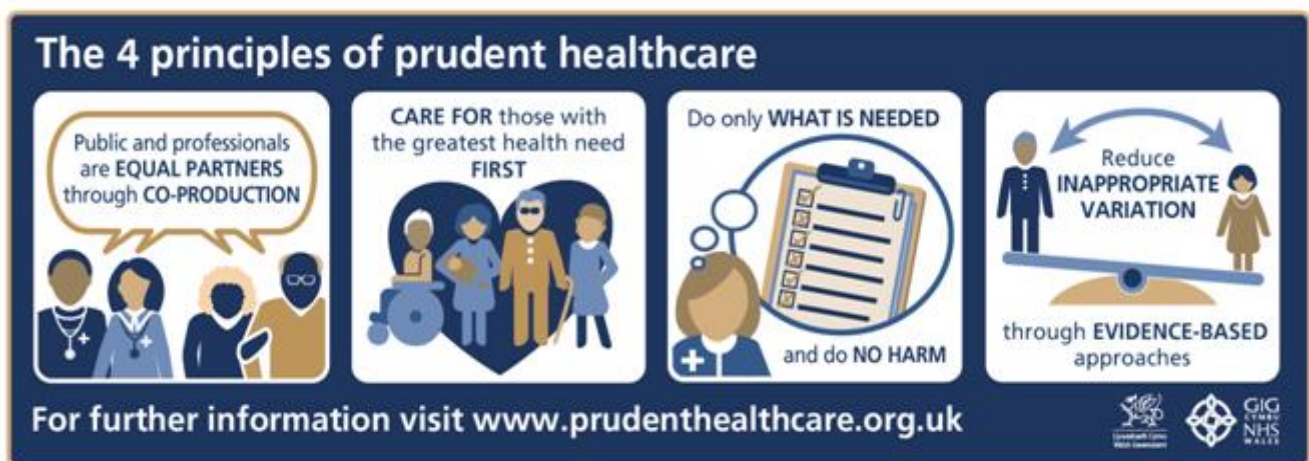


Figure 38: Prudent Healthcare Principles

Co-terminosity between PTHB, Powys County Council and PAVO and work in progress in relation to integrated delivery between PTHB and Powys County Council provide significant opportunity to progress a Prudent Health and Care approach more broadly across the partner agencies.

The health board approaches Prudent Health and Care through three streams:

1. **Prudent Health and Care in Action** – encouraging and celebrating prudent health and care in practice, as a means to build local momentum for prudence;
2. **Prudent Health and Care by Design** – enabling the principles of prudent health and care to be a golden thread of the IMTP and in service design;
3. **Making a Difference through Prudent Health and Care** – understanding value from the patient and public experience of health and care services and using this learning to reshape services.

## 1. PRUDENT HEALTH AND CARE IN ACTION

PTHB is taking a practical approach to implementing the principles of prudent health and care. This section outlines some examples of implementation to date and gives a flavour of further developments, some of which link to national programmes of work. Examples centre on four programmes:

- Workforce solutions;
- Service redesign and new models of care;
- Genomics and Precision Medicine;
- Engaging the public, patients and staff.

### WORKFORCE SOLUTIONS

- **Alternative models in primary care** – PTHB is now directly managing a GP Practice following significant challenges with GP recruitment. The opportunity has been taken to change the staffing model to include advanced nurse practitioner, advanced therapy, and pharmacy input. This has been successful and patient and community views so far have been positive. Furthermore, work is underway with other practices to develop alternative models (such as new triage services) that will enable a greater emphasis on multi-professional primary care.
- **Endoscopy nurse consultant** – PTHB now employs a Consultant Nurse Endoscopist to provide services in south Powys, enabling more patients to have their endoscopy examinations closer to home. Other advanced nursing roles are being implemented including Nurse Injectors for ophthalmology services.
- **Physicians Associates** – PTHB has established the first PA role in Wales, working from a Medical Practice. A relationship has been developed with Birmingham University to enable practice placements within Powys and Ceredigion, working as part of the Mid Wales Health Care Collaborative (MWHCC).

### SERVICE REDESIGN AND NEW MODELS

- **Social enterprise** – a new model of delivery is being developed by GPs in South Powys to enable a greater level of provision of care closer to home, reducing referrals to secondary care. This enhanced primary care model utilises a social enterprise model and will focus on important areas such as diabetes care in the first instance.
- **Virtual ward** – this new model of care was developed in south Powys approximately two years ago and has been rolled out across Powys. The model itself is based on two key components - a predictive model to identify patients at high risk of unplanned admission and home-based, intensive, multi-disciplinary case management. There are a number of partners involved in this model – not least the patient and their carer, with input from GPs, district nurses, therapists, pharmacists, social workers, reablement, and Third Sector and voluntary organisations such as the Red Cross. On-going evaluation is underway via the NESTA approach however results so far indicate a 12% fall in emergency admissions and associated cost savings of up to £342k over the evaluation period. Patient and carer surveys are overwhelmingly positive.

- **Mastermind** – supportive internet talking Cognitive Behavioural Therapy (CBT): This development utilises technology to improve access to talking therapy services traditionally provided by psychologists. The project attracted €500,000 to participate in a European peer study to apply such technology in a highly rural area. The Beating the Blues IT package focuses on supporting people with mild to moderate depression, which is a significant presenting condition in primary care and onward referral to primary mental health support services. Although internet based, this project also offers a blended approach for those people finding accessing the IT package more challenging. This option enables support to be offered to patients via Lync/Skype.
- **Carpal Tunnel services** – this initiative enabled advanced therapists to undertake interventions for patients presenting with carpal tunnel. Patients would traditionally have been referred to orthopaedic services. Therapists now undertake the assessment and intervention with resultant reductions in referrals and savings.

## GENOMICS AND PRECISION MEDICINE

For decades medicine has been defined as the therapy that the evidence suggests delivers the most benefit to the most people. It is essentially a compromise however, and whilst a specific drug may indeed benefit most patients, there are a significant percentage who will not be helped and indeed some who may be harmed by the therapy. For many common conditions; high blood pressure, cancer or depression it is not uncommon for a patient to be given up to three different medications before an effective one is found. Even then it is not always the case that any form of effective therapy can be offered. Precision medicine aims to end this situation by ensuring that only those who we confidently predict will benefit from a therapy are actually given it. In doing so, the pillars of prudent Health & care, doing no harm and doing only what is needed are fully supported.

The health board will support the Welsh Government's genomics and precision medicine ambitions in a number of ways. First, by continuing to inform and educate the public in Powys to the potential benefits of this work and by encouraging participation in citizen involvement initiatives such as HealthWise Wales. Secondly by supporting and encouraging the collection of genomic samples and potential biomarkers in the course of normal care provision. Whilst much of the initial work in precision medicine has been conducted in cancer care it is clear that vast future potential awaits in areas where Powys has established clinical strengths such as mental health care and peri-natal services.

Finally precision medicine may alter the type of clinical therapies that could be made available in Powys. Ironically as therapies become more personalized they might well become less specialised. Cancer treatments or immunological based therapies aimed at a precisely identified and targeted cohort of patients might well soon be able to be delivered safely, and with great effectiveness, in a near-to-home clinical setting. PTHB will remain alert to all such potential developments.

## ENGAGING PUBLIC, PATIENT AND STAFF

**Chat to Change staff engagement programme** – a vehicle for Promoting Prudence. It is recognised that engaging staff colleagues in understanding, developing and promoting prudence in health and care is a critical success factor. Staff engagement is a

high priority for PTHB and the Chat to Change Programme, a Bevan Commission Exemplar project, is the core vehicle by which this will happen. Chat to Change has already helped developed the organisations Value and Behaviours approved by the Board.

Leg clubs – based on the work of the Lindsey Leg Club Foundation, PTHB has developed seven Leg Clubs across the county involving more than 300 people. The emphasis of the Leg Club is to empower members to participate in their care, in a social environment that eases loneliness by providing congenial surroundings where old friends can meet and new friendships formed.

## 2. PRUDENT HEALTH AND CARE BY DESIGN

The principles of prudent health and care is woven into the health boards Change Programme and the IMTP priorities. PTHB Change Programme focuses on three key priorities:

- Enhancing Primary and Community Care Delivery Programme;
- Commissioning;
- Integration.

### ENHANCING PRIMARY AND COMMUNITY CARE

Examples of the work of this programme are included as follows:

- An initiative that aims to develop enhanced asthma management through community pharmacy. Coproduction will feature strongly as part of the design and evaluation of this project, being developed with support from the Powys public health team. Going forward, it is anticipated that the learning from this project will prudently improve chronic disease management in Powys, through further enhanced use of community pharmacy;
- Medicines management – two major projects are underway including: reducing prescribing costs and unscheduled care admission through improving medicines management within community hospitals; improving medicines practice and efficiency by providing enhanced medicines management within the GP practice environment;
- Optometry/ophthalmology services - The Powys Eye Group is overseeing significant developments including:
  - A new in-county Wet AMD service – saving 100,000 miles for patients when fully established.
  - A new Optometrist First pathway implemented – now the majority of referrals utilise optometrists first for routine appointments with approximately 30% reduction in onward referrals to secondary care.

### COMMISSIONING PROGRAMME

Work in this programme includes:

- The development of Commissioning Intentions through which prudent health and care principles will run. Given the extensive commissioning role of PTHB it is

anticipated that this will impact on a significant number of services provided both in and outside of Powys;

- A Commissioning Assurance Framework has been established to support the assessment of services provided against four key domains of Access to Care, Quality and Safety, Finance and Activity and Patient Experience. There is a direct link to the prudent health and care principles.

### THE INTEGRATION PLAN

Running alongside PTHB's Change Programme is the work with Powys County Council on integration. The agreed Integration Plan outlines the key priorities for bringing services together and focuses on organisational development and older people services. A core principle of the work is gaining the benefits of prudent health and care across the whole system, creating new roles, reducing duplicate assessments, building on assets rather than deficits and enabling through information and support.

The enabling programmes of work assist in the endeavour, with particular focus on:

- Re-engineering the workforce;
- Making the most of new technologies;
- A modern estate, working with others to develop creative solutions.

## 3. MAKING A DIFFERENCE THROUGH PRUDENT HEALTH AND CARE

There are key areas for further development outlined throughout the respective sections of the Plan for 2016 and beyond. These are based on 'value' – both in terms of adding value to care (rather than cost) and measuring value and impact of the services and work we already provide.

### COMMISSIONING FOR VALUE

A key work stream moving forward is exploring how as a commissioner we understand value from the patient, carer and service user perspective and then work with providers to redesign services to exploit greatest value. Areas of exploration for example surround the use and benefit of outpatient type services particularly for those patients who are elderly and for whom the access to services is more challenging.

### MEASURING IMPACT

PTHB has established a Business Intelligence Group to support the development of intelligence (information and data) to understand the impact of the services provided. Although early days, there is recognition that recent investment in CHKS for example will assist moving forward.

PTHB is mainstreaming prudent health and care – both in planning and delivery terms. The IMTP is the ideal vehicle by which this happens. Furthermore, the utilisation of tools such as the Chat to Change Programme will support staff in embracing the principle and turning them into practice.

## PRUDENT HEALTHCARE: SECURING HEALTH AND WELLBEING FOR FUTURE GENERATIONS



Welsh Government released the above plan to health boards on 15 February 2016 (Welsh Health Circular (2016) 11), following the Team Wales event held in December 2015. The document highlighted particular “areas” of action to focus the systematic national implementation of prudent healthcare, including at local level. The Health Circular made it clear that local organisations are expected to take coordinated action within these delivery areas, while at the same time ensuring that the prudent health and care principles continue to underpin “...everything that is done in the Welsh NHS...”.

The Circular and its plan have been considered by the PTHB Change Programme Board; its local delivery will continue to be managed through the Programme Board. As demonstrated above and in commentary elsewhere in the IMTP, there are already a number of actions being taken forward by PTHB which map to the three priority areas for action described in Health Circular (2016) 11. Considering this at high level, these currently include (but are not limited to):

#### **ACTION 1: APPROPRIATE TESTS, TREATMENTS AND MEDICATIONS**

- Following the demand and capacity modelling, work is being taken forward, including within primary care, to further examine and address apparent variations in referral practice in Powys;
- Development of a Diagnostic Services Strategy during 2016/17;
- Further work with Public Health Wales to locally implement arrangements for the national roll-out of “Choosing Wisely”;
- Projects being led through PTHB Medicines Management, including the community-based asthma project summarised previously.

#### **ACTION 2: CHANGING THE MODEL OF OUTPATIENTS**

- Following a range of initiatives to remodel Outpatient services in Powys, transformation of the model of outpatient delivery has now been established as a stand alone service reform plan within the Primary and Community Care Delivery Programme;
- Continued joint working as part of the MWHCC, including on telehealth.

#### **ACTION 3: PUBLIC SERVICES WORKING TOGETHER TO IMPROVE HEALTHCARE**

- The integration of health and social care in Powys as described more fully elsewhere in the IMTP;
- Local implementation of the Social Services and Well-being (Wales) Act 2014.

Arrangements and plans for engagement including with the public and staff, have also been described elsewhere in the IMTP. Welsh Health Circular (2016) 11 included a prudent healthcare plan on a page. As required in the Circular, arrangements are being put in place to ensure this is disseminated to all PTHB staff.



## 2.3.2 QUALITY, SAFETY AND PATIENT EXPERIENCE

Our aim is to ensure that quality, safety and patient experience are a Strategic Objective thread throughout the IMTP with a focus on quality improvement and quality assurance. Our objective is to ensure robust systems and processes are in place to deliver continuous improvement in safety, quality, and patient and carer experience in all settings. This is harnessed in a number of ways:

- The ambitions and commitment of staff;
- Effective leadership;
- Listening to the public;
- Transparent and open reporting of performance;
- Demonstrating the behaviours of high performing organisations;
- Prudent Healthcare;
- Using research and innovation to improve care;
- Using clinical audit and outcome reviews to test quality and drive improvement;
- External and internal reviews.

The health board's Annual Quality Statement 2015/16 accessible on PTHB's website, sets out how we will maintain the vision and ambition of the health board to enable 'truly integrated care centred on the needs of the individual' through continuous monitoring of the significant quality and safety agenda needed to underpin the delivery of services. 'What we said' and 'how we did' alongside our quality improvement aims show the areas where we need to further improve over the next three years, so residents are healthy and staff understand how to improve quality together.

Our staff are central to the provision of safe and effective care. There is an overwhelming evidence base which shows that engaged staff really do deliver better care, demonstrating that organisations with more engaged staff tend to have higher patient satisfaction and more patients reporting that they were treated with dignity and respect. Our staff Chat to Change engagement programme is therefore a key enabler in creating a culture that places the patient first in everything that is done.

Like all public bodies we are held to account for our performance and the patient experience is a key part of how we are judged, particularly by the public. We are committed to listening to and acting upon patient feedback and will comply with all requirements for external reporting and support relevant, appropriate and proportionate data collation.

In his report reviewing complaints management across Wales, Keith Evans advised that the overarching aim of every organisation should be that all staff, at every level must be able to;

*"humbly wear our customer's shoes placing ourselves in your position in order to better understand what is going right and wrong"* (Evans 2014 p3)

Our approach to collecting patient and service user feedback will be robust, relevant, timely and reflect the principles of the Welsh Government Framework for Assuring Service User Experience and as subsequently updated in the 1,000 Lives White Paper 'Listening and learning to improve the experience of care. The health board's values and aims, as set out in the Annual Quality Statement, are pivotal to the aim of ensuring we provide truly integrated care, centred on the needs of the individual, where 'seeing the person in the patient' is at the heart of all we do.

Measuring variance in patient experiences tells us where we are succeeding as well as where we can do better. In order for this to be a meaningful process it requires standard measures to be used across all services, including the newly repatriated mental health services, and on a regular basis over time. The results from careful analysis of patient experience data is a starting point in seeking excellence, not a goal in itself. Therefore publishing the data collected and using it to identify variation is seen as a high priority. The health board expects patient experience to be discussed and acted upon by all staff as part of routine meetings where performance measures are reviewed. We will support a programme of systematic data collection and analysis to provide robust patient experience information. The Board will also receive, and take in to account, regular reports on patient experiences including patient stories to inform the decisions it makes about service delivery and improvement.

The Older Persons Commissioner for Wales has strengthened the focus on monitoring outcomes for older people through 12 key areas. Having started to report these in 2015/16 to the Board and Quality & Safety Committee, we recognise the challenge in monitoring outcomes and showing whether we are achieving high standards of care consistently. There is a need to strengthen how we report outcomes and develop the narrative around them so that residents understand how well we are performing, whether we are listening, taking the right action and learning from good and not so good experiences. Our Annual Quality Statement for 2015/16 will feature how well we have done.

In 2015, we refreshed the Patient Experience Steering Group, focusing on listening and learning from patient experience and the 'gift of complaints' to improve the experience of care for Powys residents. This alongside the launch of the patient experience strategy will set the direction for 2016/17 and 2018/19.

Capacity and inefficient processes have affected how we have managed complaints in the past as indicated through Internal Audit and Welsh Risk Pool Service reviews. An implementation plan has been developed to secure improvements with an improved picture of managing concerns evident. Our aim as set out in our Annual Quality Statement, is to reduce the number of concerns waiting more than 30 days for a response and to demonstrate, with evidence, learning that takes place as a result of concerns. We approved our claims policy in 2015 and this makes clear, individual roles and responsibilities. We have also taken action to strengthen our serious incident processes and are currently working to improve compliance with investigation timescales.

The organisation, in recognising the need to strengthen learning and improving, is promoting staff participation in Improving Quality Together (IQT) bronze and silver training with a focus on its application in practice. This is further endorsed through Chat

to Change promoting a culture which enables decision making as close as possible to where care is delivered. Our aim is to achieve a 100% of clinical staff trained in IQT Bronze, as the minimum.

The risk management strategy and policy are being refreshed and will steer the organisation in further strengthening the management of risks; this is being supported by a programme of refresher training in risk management and the use of Datix.

We reported progress made with our English providers and quality monitoring in 2014/15 with formal links with clinical commissioning groups and individual providers; this has continued but we have not been as successful in putting arrangements in place with our Welsh providers to ensure that we gain assurance on the quality and patient safety of services they provide. Work started on developing a suite of high level metrics to provide assurance on commissioned services, but this remains in its infancy. A new commissioning assurance framework and an internal assurance group have been developed aligned to new performance and escalation framework. This will strengthen the capability and systems around commissioning for quality for both Welsh and English providers, care homes and primary care.

We have introduced a programme of work for the new Health and Care Standards in April 2015, building on the strong foundations in place from the previous standards; the implementation plan is supported by a programme of education and awareness for all staff at all levels.

Building on the peer review of ward and department areas following the 'Trusted to Care' reports, we have trialled the quality check toolkit on a number of community hospital sites. Positive feedback has demonstrated how we can use both qualitative and quantitative approaches in determining how patients are being cared for. Going forward this toolkit will form part of our suite of methods used to provide quality assurance. The 15 Steps Challenge (NHS Institute) has been formally adopted as the Board approach to reviewing care provision through the eyes of the patient and public. This will be adapted for mental health services and community services during 2016.

The revised Health and Safety Strategy and Implementation Plan was approved by the Board in October 2015 aimed at ensuring we provide a safe and healthy environment for all employees, patients, visitors, contractors and other members of the public who have contact with the organisation. In determining whether we had the right model in place for managing health and safety across the organisation and in supporting our employees and managers to understand that everyone has a responsibility for health and safety, we commissioned an external review of health and safety arrangements which commenced in October 2015. Following receipt of the findings in January 2016, we will take action to ensure arrangements are robust and this will involve reviewing current workforce capacity and capability, providing training to ensure staff are supported with the right skills, knowledge and experience that meets organisational need and strengthening accountability for health and safety.

Since April 2015, we have secured access to specialist infection prevention and control (IPC) advice and microbiologist support for Powys. Alongside our Senior Nurse for infection prevention control this has ensured an improved and sustainable service Powys-wide for advice and support to staff and the care of patients with regards to infection prevention and control. We have seen this positively impacting on inpatients,

their safety and care as a result of regular, rigorous, unannounced environmental checks of cleanliness which have seen real improvements in standards within our community hospitals. Applying the principles of prudent health and care, action has been taken to only do what is needed according to current evidence, using every day practices consistently and also reviewing the cleaning products we use to ensure we reduce variation and making stronger links with domestic services. Work has also been undertaken to strengthen other areas, namely:

- A system is now in place to receive timely results on alert organisms from Welsh laboratories;
- Considerable efforts have been undertaken to carry out hand hygiene audits in a consistent and appropriate way throughout our organisation. Study sessions carried out, amnesty and validation meant we saw an initial fall in compliance; now we have more authentic results and although low, provide a realistic baseline for improvement.

We are currently participating in an all-Wales MRSA screening audit. Initial data is identifying areas for improvement in 2015/16 and beyond. A key focus for 2016 is antimicrobial prescribing in primary care, to further reduce community acquired clostridium difficile and to review IPAC services, with a view to further strengthening the team to enable support for primary care and care homes.

There has been a real focus on improving performance around a range of metrics and this will continue during 2016 onwards. This includes for example: pressure ulcers, falls and all aspects from the Andrews Report.

Below are key quality and safety objectives for 2016/2017 supported by further information on planned improvements over the next three years, these include:

- Further develop the outcomes narrative focussing on the 12 key areas as identified by the Older Persons Commissioner for Wales;
- Implement the Patient Experience Strategy;
- Implement the Commissioning Assurance Framework;
- Improve Anti-Microbial Resistance (AMR) in primary care;
- Continue improvements in fall prevention in the community and minimisation of injurious falls in hospitals;
- Embrace NHS Institute 15 steps toolkits for mental health & community services.
- Implement the revised risk management strategy and policy and complete the planned training programme;
- Progress the implementation plan for managing concerns, securing compliance with Putting Things Right Regulations, improving the patient experience and organisational reputation;
- Appoint a Senior Manager for Putting Things Right and a Quality and Safety Manager for Mental Health;
- Embedding of the Health and Care Standards supported;
- Take action to ensure the right health & safety arrangements are in place and the model befits the need of the organisation going forward;
- Review and further strengthen Infection Prevention and Control services;
- Appoint the project manager to undertake the records appraisal across Powys.

## 2.4 APPROACH TO STRATEGIC CHANGE

### Summary

- The health board's Change Programme will develop a long term health and care strategy to ensure sustainable and high quality health and care into the future.
- The health board continues to be an active partner in the MWHCC leading the primary care innovation and mental health sub-groups.
- Managing the multiple strategic changes around Powys' borders remains a priority for the organisation.

**Strategic Objective 9: Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders.**

### 2.4.1 CHANGE PROGRAMME

The health board is currently re-defining its strategic change programme, focused on strengthening primary and community health services in Powys to deliver sustainable services which provide value for money for our population and for future generations.

This programme will seek to develop a long term health and care strategy, through discussion with communities, our staff and our key partners. This will meet the needs of the Powys population, providing sustainable and high quality health and care into the future.

The development of new ways of working, new services and new environments is fundamental - improving experiences for people who use and work in these services. We will implement improvements at the earliest opportunity, and will invest in strong and sustainable infrastructure to ensure developments for our communities, our staff and partners for the longer term.

The Change Programme will address the following questions through delivery of three core programmes:

#### 1. WHAT SERVICES WILL WE NEED TO PROVIDE IN THE LONG TERM TO MEET OUR POPULATION NEEDS?

The Health and Care Strategy Development Programme will provide an agreed affordable and sustainable health and care strategy with a clear vision on how we meet the needs of our local population in the future to improve health prevention and patient outcomes.

#### 2. HOW WILL WE DELIVER THIS?

The Commissioning Development Programme will develop and implement a strategic commissioning framework to deliver world class commissioning for the health board and with Powys County Council.

#### 3. WHAT DO WE NEED TO DO NOW TO IMPROVE SERVICES IN THE SHORT TERM?

The Primary and Community Care Development Programme will:

- Modernise outpatients and develop alternatives by focusing on efficiency, re-design and productivity to enable more services to be provided in Powys;

- Develop and implement a system and process for identifying and assessing General Medical Services (GMS) sustainability which is tried and tested to maintain sustainability and to help practices prosper using policy frameworks;
- Develop and implement a diagnostic strategy to include critical diagnostics required to increase the services we can repatriate;
- Re-design and implement out of hospital pathways for the basket of eight chronic conditions and frailty;
- Deliver optimum unscheduled care (USC) flow in community hospitals and DGHs so there are no delays; through maximising the use of available resources, improving bed turnover usage and focusing on other system flow indicators.

These three core programmes are supported by four enabling programmes which will need to:

- Deliver new technology;
- Prepare and develop the organisation for change and ensure we have the right workforce and Organisational Development plans in place to support agreed change;
- Provide robust business intelligence to inform and measure our success;
- Deliver a robust investment plan to improve our estate.

We are currently reviewing the governance arrangements for our Change Programme taking into account the need to establish the Part 9 Regional Partnership Board to meet the requirements of the Social Services and Well Being Wales Act and establishment of

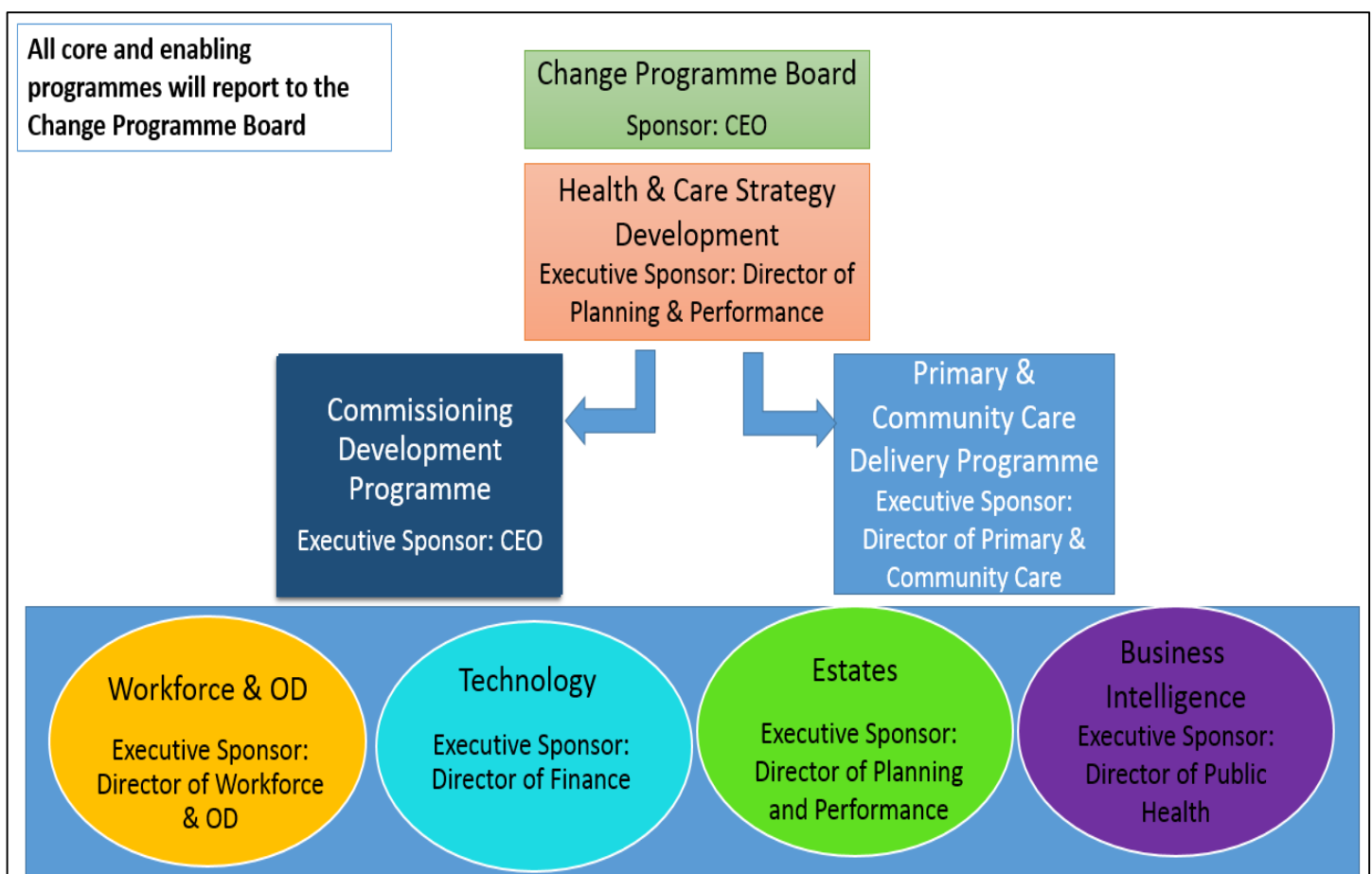


Figure 39: Powys PTHB Change Programme



the Public Service Board to meet the requirements of the Future Generations Wellbeing Act. This will be implemented during quarter one.

The anticipated high level benefits from the programmes are listed below. An overarching benefits plan has been prepared, this will demonstrate how each programme will contribute to delivery of the agreed benefits and will provide key performance indicators to track our success in achieving these.

#### IMPROVED PATIENT EXPERIENCE

- Reduction in unnecessary hospital visits and time spent in hospital;
- Improved health and well being of patients;
- Patients empowered to self manage.

#### DELIVER CLINICALLY VIABLE AND SUSTAINABLE SERVICES

- Robust strategic plan to develop future services;
- Reduced unnecessary out of county referrals and admissions;
- Improved direct access to diagnostics;
- Reduced variation in referrals.

#### IMPROVED STAFF EXPERIENCE

- Sustainable workforce in place to support new models of care;
- Staff empowered, satisfied and motivated to change;
- Programme and project management capacity and capability to deliver change;

#### FIT FOR PURPOSE ESTATE

- Improved environment for patients and staff and utilisation of existing estate;
- Move towards compliance of Health Building Note and Health Technical Memorandum via potential developments;
- Reduced backlog maintenance and decommission redundant estate;

#### IMPROVED EFFECTIVENESS AND CLINICAL EFFICIENCY

- Improved clinical outcomes;
- Reduced length of stay, reduce waiting times for diagnostics, reduce unnecessary visits to acute hospital, increase use of facilities;
- Improved patient flow, reduce waste and variation in practice;
- Improved cost efficiency.

### OUR APPROACH TO THE HEALTH AND CARE STRATEGY

The diagram below sets out our approach to developing the long term health and care strategy. This will require robust governance arrangement and stakeholder engagement to ensure our strategy reflects the future needs of our local population and gain commitment from our stakeholders and partners for delivery.



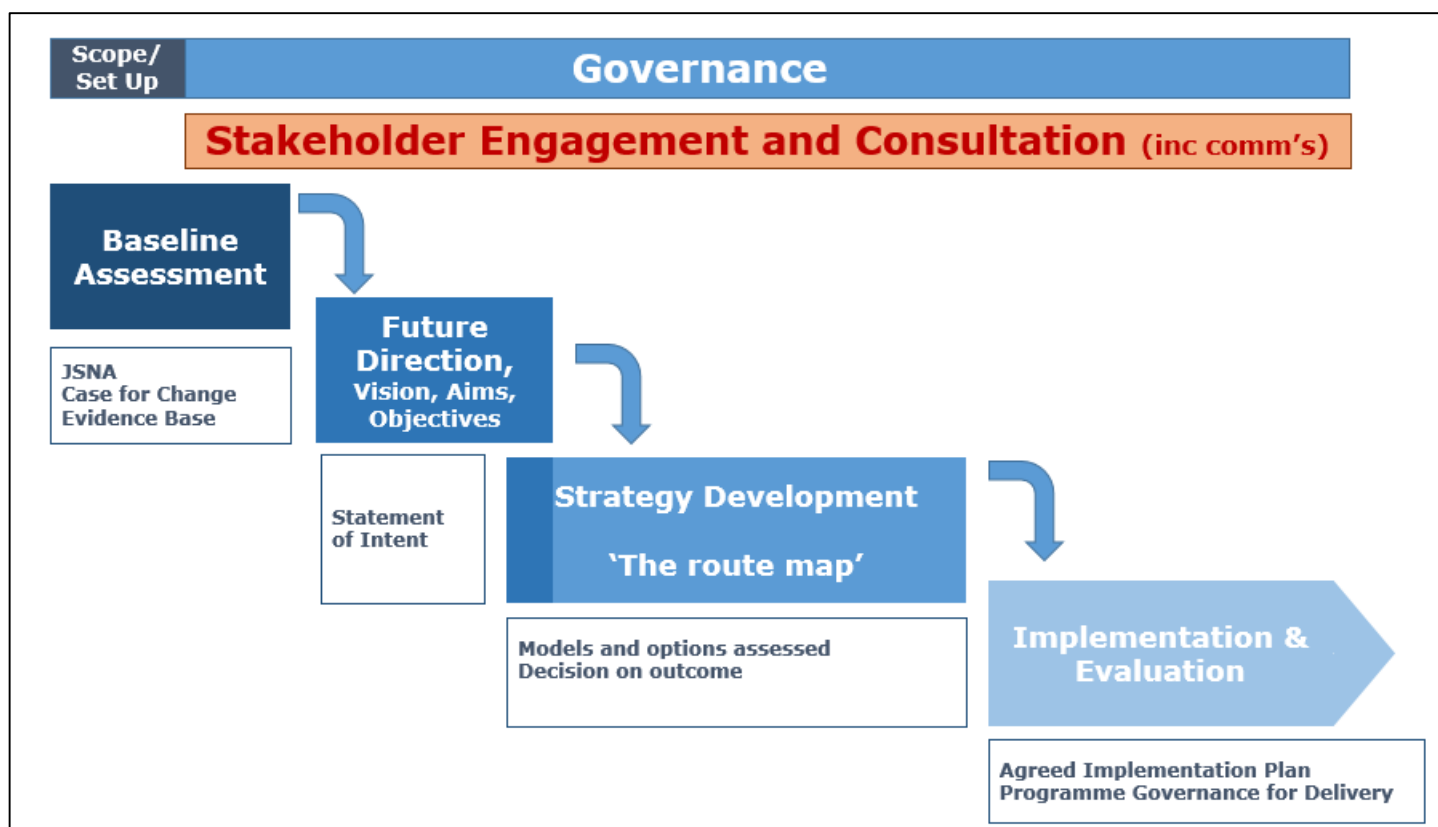


Figure 40: Approach to Health and Care Strategy

This diagram outlines in more detail the intended activities required to support each stage in the above approach.

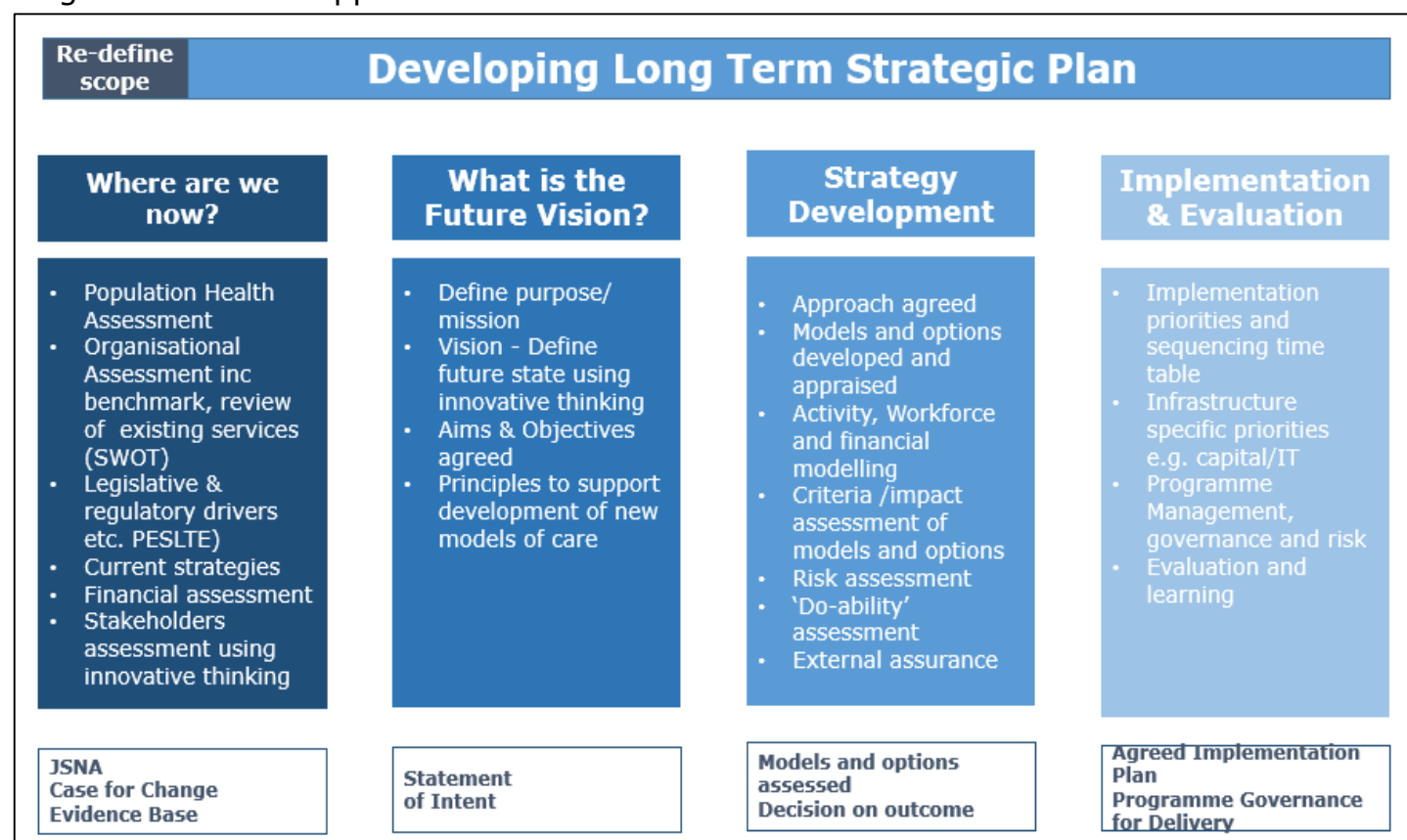


Figure 41: Activities to Support Developing Health and Care Strategy

## HEALTH AND ADULT SOCIAL CARE PROMOTION OF INDEPENDENCE/CONTINUUM OF NEED'

Our staff, under the "Leadership of the Health and Social Care Board" have developed a framework called the 'Health and Adult Social Care Promotion of Independence/Continuum of Need' to provide a comprehensive structure within which services will be delivered in the future to make sure we achieve our vision.

This framework will increase people's ability to maintain and improve their own health and well-being, and will create active and supportive networks within communities to reduce social isolation. It will also help people, families and communities to deal with a range of challenges which they may experience in their lives and provide a level of support to help people to stay in their homes safely in their community.

We will develop services to achieve a straightforward and coordinated system for our older people and to make sure they get the right care by the right person at the right time. Our future service model will encourage independence through actively managing risk. It has four main parts, as follows:

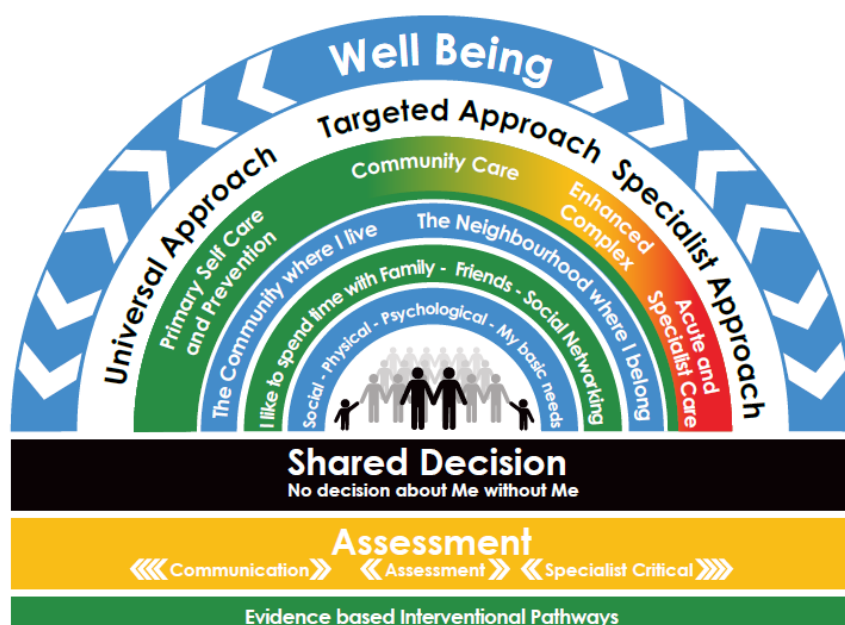


Figure 42: Health and Adult Social Care Continuum of Need

### UNIVERSAL APPROACH – PRIMARY SELF-CARE AND PREVENTION

Services will be focused on developing and maintaining people's independence through supporting the development of a strong community network and services at home.

### TARGETED APPROACH – COMMUNITY CARE

More care will be provided locally through a network of primary-care and community-care services.

### ENHANCED OR COMPLEX CARE

This will allow more people to be cared for and treated at home and will reduce unnecessary admissions to hospital and help people to be discharged from services outside of Powys without delays.

## SPECIALIST APPROACH – ACUTE AND SPECIALIST CARE

Services will continue to be available for people with complex needs who need specialised care. These services will mainly be provided in a hospital, a residential or nursing home, or a hospice if it is not appropriate to provide them locally within the home or community. Individuals requiring end of life care will have more flexibility and be able to choose a setting of their choice.

## PROGRAMMES OF CHANGE

### HEALTH AND SOCIAL CARE STRATEGY PROGRAMME

The scope of the programme is being reviewed in line with the agreed 'case for change for integration' approved by our Board and Cabinet in December 2015. Over the next three years this programme will enable the health board and Powys County Council to develop a health and social care strategy for a 10 year horizon and appraise a number of strategic options around how best to configure our future services, to ensure viability for our local population, addressing our key challenges.

It is anticipated the duration of the delivery of the programme will be over a five -10 year horizon. The programme will be clinically led and stakeholder and public engagement and co-production will be central to this programme.

#### **The strategy will support the health board to:**

##### *Develop our Services to meet the needs of the population more effectively*

- Undertake a robust process that develops and appraises options of how we can best configure future services to meet demand in an affordable way;
- Engage our public, patients and staff in reviewing existing services and appraising options to ensure the best configuration of services for Powys for the foreseeable future;
- Continue to utilise opportunities and strengthen our integrated working and governance arrangements with the Local Authority and our other key partner organisations;
- Improve service user experience and outcomes by improving access, developing new models of service provision and repatriating services from external providers (based on a robust clinical case for change);
- Work more creatively in addressing some of the key workforce challenges across health and social care to support new models of care locally within Powys.

##### *Significantly Improve our Environment for Patients and Staff*

- Improve the work environment for staff;
- Deliver an estate which is fit for purpose and release any redundant buildings.

##### *Strengthen our Financial Position*

- Develop robust plans to ensure sustainable services for the foreseeable future;
- Contribute towards a sustainable balanced financial position.

### COMMISSIONING DEVELOPMENT PROGRAMME

The leadership arrangements for commissioning are being strengthened; an Assistant Director of Commissioning has been appointed and will commence in post April 2016, and the Commissioning Development Programme Board was established in January

2016. The programme is currently proposed to have three distinct work-streams: they are: "Commissioning Core Principles"; "Commissioning Qualities"; and "Commissioning Partnerships". Work and outputs have already begun on some of these areas including the production of Commissioning Intentions and The Commissioning Assurance Framework.

### ADULT MENTAL HEALTH NHS ARRANGEMENTS PROJECT

The case for returning the majority of mental health services to the direct management of the health board was accepted by the Board in February 2015. The health board transferred all services in December 2015, with the exception of Aneurin Bevan UHB services, for reasons around the current service provision. An agreement is in place to transfer these services during 2016 and a Joint Transition Board has been established to deliver this. The focus in 2016 for services which have returned, is the implementation of the Hearts and Minds Strategy.

### PRIMARY AND COMMUNITY CARE DELIVERY PROGRAMME

The mandate for the programme was approved by the Change Programme Board in summer 2015 and further work has been undertaken to agree key priorities for the next three years.

The planned care work-stream will implement the following projects:

- **Diagnostic project** - To develop diagnostic services across the health board in order to provide in-county services for the people of Powys and support the development of all health services in the county;
- **Development of women and children's services project**- This project aims to develop services in Powys to give children the best start in life, and to ensure that services meet the needs of the people of Powys;
- **Outpatient modernisation project** - This project will give consideration to how outpatient services are managed across the health board to include the use of modern technology for service improvement. The project will aim to ensure the outpatient services across the health board are run in the most efficient and effective way;
- **Repatriation project** - This project aims to ensure that health services that can be provided in Powys are provided in Powys where it is safe and most appropriate to do so. This will be looked at by service area to ensure that new pathway development is in line with the needs of our population.

The unscheduled care work-stream will implement the following projects:

- Urgent Care Service Development project - To develop and reconfigure Minor Injury Units (MIU) within Powys to provide the most appropriate services for communities, and to reconfigure and develop fracture clinics in line with the needs of the population. To provide rapid access to services and support admission avoidance and early discharge initiatives across the county;
- Primary Care Development project - To support the development of Primary and Community services across Powys. To work with partners and social enterprises

and GP Surgeries to provide care and support for patients managing long term conditions and maintain their independence at home;

- Medicine Management project - To improve the quality of prescribing, timeliness of medication supply and medicines information to patients and staff, as well as enhancing adherence and reducing medication costs and waste, which will ultimately lead to reduced harm to patients;
- Intermediate Care and Rehabilitation project – This project will aim to improve community hospital flows and step up and step down provision in the community to reduce Length of Stay (LoS).

## STAKEHOLDER ENGAGEMENT – ENABLING PROGRAMME

The stakeholder engagement enabling programme will be driven and resourced as part of the strategy work given the significant stakeholder engagement associated with the delivery of the Health and Care Strategy Programme. An engagement strategy was approved by the Board in October 2015 and early work has commenced around stakeholder mapping and our programme approach to engagement. Resources are currently being secured and plans are being developed to support the preparation of public and stakeholder engagement during summer 2016 with other stakeholder engagement events arranged in 2016 and 2017 to support the development of the long term health and care strategy.

## ESTATES AND FACILITIES – ENABLING PROGRAMME

The estates and facilities enabling programme will have two areas of focus; short term estate developments and compliance, required to support safe delivery of service and a longer term focus around how we develop our estate for the future. The longer term work will be largely driven and partly resourced by the strategy programme, this is due to the dependency around the development of the health and social care strategy and the technical work required to support the configuration of the options. An estate strategy and strategic outline programme will be developed for future investment into the estate.

## ORGANISATIONAL DEVELOPMENT PROGRAMME - ENABLING PROGRAMME

A programme mandate for the OD Programme has been prepared and approved by the internal Change Programme Board. There are three priorities which are to develop our values and behaviours framework, implement our joint Leadership and Management Framework with Powys County Council and further develop our joint governance arrangements. Further work will be planned in line with the needs of the core programmes.

The Board has adopted an organisational development approach to the maturing health board with the intention of building capacity and capability from within to enable staff to continuously improve the quality of service delivery and enhance performance, based on the ethos of clinical leadership.

At the heart of the health board's strategic vision in delivering truly integrated care centred on the needs of the individual, is staff engagement. "Always with our staff" is the sixth key aim. Health board staff contribute to the other five aims by:

- Providing care to improve the health and wellbeing of the population;

- Delivering care as close to home as possible and in a variety of settings to ensure the right access;
- Developing themselves and contributing towards improving standards, practice and making best use of resources in our quest of striving for excellence and making every pound count;
- Living and working in Powys. So as well as involving the people of Powys, in many cases our staff are the people of Powys.

#### INFORMATION/INFORMATION TECHNOLOGY –ENABLING PROGRAMME

A revised joint ICT strategy with Powys County Council was approved by the health board for the period 2015/16 – 2017/18. In summary the main features of the strategy are to support and enable the health board and Powys County Council service strategies to achieve:

- The sharing of data across boundaries;
- Support for rural healthcare;
- Efficient working;
- Supporting patient empowerment.

#### BUSINESS INTELLIGENCE – ENABLING PROGRAMME

The health board have agreed to establish a business intelligence enabling programme to ensure appropriate resource and a co-ordinated work plan is in place to deliver the core programmes. The programme is currently being scoped and priorities will be agreed during early 2016.

## 2.4.2 PARTNERSHIP WORKING FOR STRATEGIC CHANGE

To deliver PTHB's vision and strategic objectives, we are committed to working in partnership to develop collaborative solutions that will improve people's lives for the better, and make the greatest positive impact on our population now and in the future.

PTHB works closely with a wide range of stakeholders including Local Authorities, neighbouring providers and commissioners of health services within Wales and across the border, the Third Sector, the independent sector, voluntary organisations and other public bodies, Academic partners, the Community Health Council, volunteers and not least, service users and carers.

Working in partnership supports the health board to deliver with partners the six statutory well being goals contained within the draft Well-Being of Future Generations (Wales) Act:

- A prosperous Wales;
- A resilient Wales;
- A healthier Wales;
- A more equal Wales;
- A Wales of cohesive communities;
- A Wales of vibrant culture and thriving Welsh Language.



The Act also highlights the governance principles that underpin the development of our strategy as a health board with partner bodies:

- Long term thinking – public bodies should seek to consider the likely effect over a 25 year period;
- An integrated approach – how well-being objectives impact upon each other and in turn on the objectives of other public bodies;
- Preventative action – deploying resources now in order to prevent problems occurring or getting worse;
- Collaboration – acting collaboratively with other bodies to assist in the achievements of the objectives of all;
- Engagement – involving the people and communities whose well being is being considered and engaging them and others in finding sustainable solutions.

PTHB engages in a complex series of partnerships: internal, Powys and cross border arrangements, both within the NHS Sector and on a multi-agency basis. The following section highlights some of our key partnerships.

## ONE POWYS PLAN

Through the vision set by Powys Local Service Board in the One Powys Plan to drive for integrated service change in the County, there have been improvements to services in Powys, particularly in relation to children's services through the Children and Young People's Partnership and for older people and carers. There has also been strong collaboration in developing shared support functions. PTHB and Powys County Council have in place an over-arching Section 33 agreement through which the organisations manage joint arrangements for IT services, reablement services, the Glan Irfon Integrated Health and Social Care project, joint equipment and substance misuse services, and a joint Director of Workforce and Organisational Development has been appointed across both organisations.

To achieve the vision of "Strong Communities in the Green Heart of Wales" the One Powys Plan (2014-2017) is focused on five strategic change programmes.

- Integrated Health and Adult Social Care;
- Transforming Learning and Skills;
- Children, Young People and Families;
- Stronger, safer and economically viable communities;
- Organisational and Partnership Development.

The priorities described in this IMTP for older people, mental health, children, learning disabilities and carers are jointly owned, managed and delivered change programmes. The One Powys Plan is delivered through a Joint Transformation Board that operates across all partners, governed by the Local Service Board (LSB).

In January 2016, the Institute of Public Care was jointly commissioned by PTHB and Powys County Council in January 2016 to undertake a review of governance arrangements aligned to joint agendas including strategy and planning; objective setting; reporting lines and accountability, reporting arrangements, capability and culture; review arrangements and committees and groups. From April 2016, a Public



Service Board and Part 9 Regional Partnership Board will be established to support the delivery of the Wellbeing of Future Generations Act and the Social Services and Wellbeing (Wales) Act.

## **POWYS TEACHING HEALTH BOARD AND POWYS COUNTY COUNCIL'S FUTURE CARE STRATEGY**

During 2016, PTHB and Powys County Council plans to launch an engagement process with the people of Powys to discuss the future health and care strategy in Powys. This is critical to the integration agenda and a primary focus for both organisations. This is driven by challenges in sustaining high quality and safe care through the current delivery model; the need for renewal of the estate in Powys; the need to see a step change in the prevention, primary care and community and social care service provision in the County, and to respond to changes to models of service delivery across our borders.

This work will need to engage with all of our neighbouring strategic partnerships and ensure that the emerging model takes into account service changes planned around our borders, and aligns with the One Powys Plan.

The programme will be underpinned by working within Powys and across our borders in partnership with all our key stakeholders and the public in the spirit of co-production – we must deliver services with people not to people. The empowerment of people and partners to enable their proactive and meaningful engagement in the design and delivery of the programme will be integral to the success of the programme.

## **MID WALES HEALTHCARE COLLABORATIVE**

In January 2014, the Welsh Government commissioned the Welsh Institute for Health and Social Care (WIHSC) to explore the options for the provision of high quality and sustainable healthcare services in mid Wales. The Mid Wales Healthcare Study, published in October 2014, highlighted a number of issues and made 12 recommendations to ensure healthcare services in mid Wales are effective for the population. The first recommendation was that a joint governance mechanism, 'The Mid Wales Healthcare Collaborative', should be established in order to implement many of the other recommendation made in the Study.

The Mid Wales Healthcare Collaborative (MWHCC), which comprises the four healthcare organisations that cover mid Wales – Betsi Cadwaladr UHB, Hywel Dda UHB, PTHB and the Welsh Ambulance Services NHS Trust (WAST); was formally launched on 12<sup>th</sup> March 2015 by the Minister for Health and Social Services at the Rural Healthcare Conference. The objectives of the MWHCC are to implement the recommendations of the Mid Wales Healthcare Study in order to:

- Deliver a single integrated change programme, with full public and professional participation, which addresses the delivery of social care, primary care and specialist care as an integrated continuum, provided as close to home as possible;
- Address prevention as well as treatment, and promote prudent healthcare.
- Deliver a regional plan for Mid Wales.

The Collaborative's governance arrangements together with a dedicated Project team have now been fully established. Appendix 3 details the actions which are being progressed by each of the Innovation sub groups in order to ensure delivery of the Study's recommendations with key priority areas of work identified as follows:

1. **CENTRE FOR EXCELLENCE IN RURAL HEALTHCARE:** The establishment of a Centre for Excellence in Rural Healthcare with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. A business case for the establishment of the Centre has identified costs of running the Centre as a hosted model as £133,500 per annum for the first two years (total £267,000). This will be funded equitably by the three collaborative health boards and WAST.
2. **VIRTUAL WARD:** Roll out the concept of the 'virtual ward' to all parts of the mid Wales area through the establishment of integrated health and social care community teams supporting primary care. This work is being led by the Primary Care and Community Services Sub-group who will agree the core principles of the 'virtual ward' and then allowing for local variations and reflecting local circumstances, ensure the core principles are in place across all parts of the Mid Wales area. The funding requirement is to be identified by Primary Care and Community services sub-group.
3. **TELEHEALTH:** Ensure that there are accessible and appropriate telehealth services available across mid Wales. The Welsh Government have awarded £250k funding of which £25k has been used to undertake a scoping exercise of telehealth provision across Wales. The report was published in January 2016 and the balance will be used to fund the implementation of the recommendations.
4. **MENTAL HEALTH:** Ensure that out of hours crisis support is available across mid Wales.
5. **ACCESS AND TRANSPORT:** Ensure better alignment between clinic times/day surgery and patient transport.
6. **ENGAGEMENT AND INVOLVEMENT:** Ensure effective communications, engagement and involvement with the public, staff and stakeholders. This work is being led by the MWHCC team and includes a series of engagement events and the establishment of a Stakeholder Reference Group. The first round of engagement events involved four events Machynlleth, Aberystwyth, Blaenau Ffestiniog and Welshpool. During these events the public were asked for their ideas and comments regarding the Innovation sub-group actions and this feedback will be used to further inform and enhance the work of the Innovation Sub-groups. Also, the Stakeholder Reference Group (to be established) will provide a pool of interested and motivated individuals on whose expertise and experience the Innovation Sub-groups can draw upon.

Information on the Key actions for the Mid Wales Healthcare Collaborative can be found in Appendix 2.

## CROSS BORDER STRATEGIC CHANGE PROGRAMMES

There are a number of service and sustainability issues emerging from the strategic change programmes around our borders which are currently being considered:

- Fragility of emergency care provision in north Powys commissioned from both Shrewsbury and Telford hospital sites and the impact of the short and long term solution to address this issue;
- Ability to provide appropriate access to sustainable services as part of the regional plan for mid Wales;
- Retention of appropriate access to secondary care services in south Powys in light of the review and implementation of the South Wales Programme;
- Provision of access to obstetric services in north Powys, which are currently under review and are commissioned from Betsi Cadwaladr UHB.

These programmes are in addition to the health board's own internal change programme and we will be mapping the inter-dependencies to ensure they are supportive of one another. The main inter-dependency will be with our Health and Care Strategy Development Programme which will agree the best models of care to deliver safe, viable and economically sustainable services to meet local needs in Powys. It is important to plan and align the future health and care services across the whole system of care and this work is interdependent with the neighbouring health boards' and trusts' service plans

Each of the external strategic change programmes:

- Involve multi agency and partnership working to achieve whole system change;
- Have interdependencies with other local change programmes or improvement initiatives;
- Have a number of high risks which may impact on programme delivery and completion.

The challenge for PTHB, and its Powys partners, is to ensure an approach is taken by the organisations that benefits the future service model for Powys and responds to neighbouring plans, rather than being driven by them.

The scale and complexity of the strategic change agenda that the health board is engaging with is challenging and it is critical that PTHB is able to demonstrate a robust approach to managing involvement in and engagement with these external strategic change programmes in order to:

- Suitably discharge the organisation's statutory duties whilst ensuring the needs of the Powys population are considered;
- Manage the interdependencies between the programmes and to ensure alignment wherever possible;
- Design and implement a future health and care strategy for Powys that considers the impact of the proposed changes around the border of Powys.

The following strategic change programmes are in place:

- Mid Wales Health Care Collaborative;
- Future Fit and Community Fit – SATH and Shropshire Health Economy;

- South Wales Programme including Acute Care Alliances;
- Transforming Cancer Services in South East Wales;
- Betsi Cadwaladr UHB;
- Clinical Futures Programme, Aneurin Bevan UHB;
- ARCH – A Regional Collaboration for Health;
- Mid and West Wales Health and Social Care Collaborative.

## SOUTH WALES AND SOUTH POWYS PROGRAMME

The south Wales Programme is a Board of five health boards and WAST that is planning strategic service change for unscheduled care, children's services and obstetric services across the south Wales region. The collaborative works through its Acute Care Alliances (ACA), and whilst PTHB has a link to each of these, the main focus is the changes to be delivered through the South East ACA. In the period that this Plan covers there will be significant changes in the configuration of services across south Wales. Whilst this has a relatively minor impact on the direct service delivery within Powys, there are significant areas of change in which PTHB will engage as commissioner of services for residents of south Powys, to protect the interests of and access to services. In particular PTHB will be concerned that any interim service change arrangements that are put in place in advance of the full implementation of new models retain appropriate access for the rural population of South Powys. Specific attention will therefore be paid to the arrangements for:

- Access to emergency paediatrics across the heads of the valleys;
- Transition arrangements for clinical support to the Powys Midwife Service, and arrangements to support a potential shift in choice of location of birth by women from Powys;
- Access to hyper-acute stroke services in the heads of the valleys area;
- Due attention to public transport links to Prince Charles Hospital;
- Due attention to on-going equality impact assessment.

## FUTURE FIT PROGRAMME

The 'Future Fit Programme', is a partnership programme with Telford and Wrekin and Shrewsbury Clinical Commissioning Groups to plan the future pattern of service delivery in Shrewsbury and Telford NHS Trust. The programme is looking at how future services need to be designed to best meet the needs of the population and to provide excellent healthcare services for decades to come.

Some of the key benefits to be secured from this programme are:

- Highest quality clinical services;
- A service pattern that will attract the best staff and be sustainable;
- A service pattern which delivered the right care in the right place at the right time;
- A service which supports care closer to home and minimises the need to go to hospital;
- A service pattern which meets the distinct needs of both rural and urban populations across Shropshire, Telford and Wales;
- Ensures a positive experience of care.

The programme is being developed in full dialogue with patients, public and staff. During 2015, PTHB has been part of an engagement process with Powys residents in respect of the future service model for Shrewsbury, Telford and north Powys.

The Future Fit Programme was delayed during 2015 to enable a review of plans to address the underlying financial deficit across the health economy. Work to appraise the options for delivering care will be developed further in preparation for public consultation later in 2016.

The current fragility of emergency care services across both Shrewsbury and Telford hospital sites has been highlighted by SATH as a risk that requires urgent resolution and the Future Fit Programme is a high priority for the health board.

PTHB is currently reviewing minor injury service provision across Powys and will be establishing an internal working to ensure appropriate community based models of care in Powys for our local population. This will take into account the rural urgent care solutions under the Future Fit programme, and will consider plans arising from other neighbouring programmes around Powys.

Securing sustainable healthcare for our population is a key priority for the health board and we will continue to actively participate in the Future Fit programme and to ensure that we are aligned in our thinking around the development of new models of care and to ensure we can provide the best and appropriate level of healthcare for our population.

## TRANSFORMING CANCER SERVICES IN SOUTH EAST WALES PROGRAMME

In the changing landscape of increasing cancer survival rates and the number of people getting cancer increasing, Velindre Cancer Centre has launched a programme of engagement to help shape a shared vision to transform cancer services in South East Wales.

Velindre Cancer Centre provides specialist cancer treatment but recognise that future models of care need to be developed as part of the bigger picture of cancer care. It means any discussion about specialist services needs to be done in the context of a shared understanding of how cancer care in South East Wales might look in the future.

Velindre Cancer Centre developed a strategic outline programme for future cancer care in South East Wales and the principles of this have been approved by the Welsh Government. This engagement programme will test the principles outlined in the strategic outline programme and will firm up the details around the service model and the ways in which we can improve outcomes for patients.

## BETSI CADWALADR UNIVERSITY HEALTH BOARD

Betsi Cadwaladr UHB published a consultation proposing temporary changes to Women and Children's services in north Wales during 2015. The document set out the significant problem of medical staff recruitment and team working which resulted in a reliance on temporary staffing and the risks this presents to the stability of services.

The proposed temporary change to consultant led maternity services (obstetrics) was not required during 2015, however the health board is working closely with Betsi

Cadwaladr UHB to address the issues contained within the report and to consider the findings of the review being undertaken by the Royal College of Obstetricians and Gynaecologists during 2016.

### CLINICAL FUTURES – TAKING BETTER CARE, ANEURIN BEVAN UNIVERSITY HEALTH BOARD

The Clinical Futures – Taking Better Care Programme sets an ambitious vision for increased and better services involving a rebalancing of primary and community care led services across the Gwent health economy. Key areas of working include:

- Community Resource Teams and the Gwent Frailty Programme;
- Local General Hospitals;
- Developing Mental Health and Learning Disability Services through partnership;
- Specialist and Critical Care Centre.

The full business case for the Specialist Critical care Centre is awaiting Welsh Government approval. The health board continues to work with Aneurin Bevan UHB to ensure the needs of the population of Powys are considered by the Clinical Futures Programme.

### ARCH – A REGIONAL COLLABORATION FOR HEALTH

ARCH is health and science working together to improve the health, wealth and wellbeing of the people of South West Wales. This project is a collaboration between two UHBs. Abertawe Bro Morgannwg (ABMUHB) and Hywel Dda UHB; and Swansea University. It spans six local authority areas, Ceredigion, Pembrokeshire, Carmarthenshire, Bridgend, Neath Port Talbot and Swansea. ARCH works with social care, voluntary and other public bodies to break free from an outdated healthcare system designed over 50 years ago to replace it with an accessible one specifically planned for today's needs, in purpose built or refurbished accommodation. It focuses on keeping people healthy; or better managing disease when they are ill.

PTHB is currently reviewing the work of ARCH to ensure the needs of the population of Powys are considered within this regional collaboration.

### MID AND WEST WALES HEALTH AND SOCIAL CARE COLLABORATIVE

The Wellbeing of Future Generations Wales Act sets a clear strategic direction for the health board to support communities to ensure they are protected from pressures that threaten their viability and survival. The health board will work with partners at a local and regional level to safeguard the long term interests of local communities by addressing intergenerational challenges such as health inequalities, mitigating the impact of climate change and raising skills.

The Mid and West Wales Health and Social Care Collaborative provides a strategic framework for co-ordinating and delivering a range of health and social care programmes across the region, maximising the resources available and bringing about service improvement and transformational change in how we jointly provide services and achieve efficiencies and improved outcomes for citizens in the region. The collaborative brings together the six local government and health organisations in the region.



The Mid and West Wales Regional Collaborative is a partnership on the same footprint that brings together the four Supporting People teams in Mid and West Wales and reports to the Supporting People National Advisory Board. The collaborative was established in 2012 and during its first year has made strides towards regional collaborative working through understanding and debating regional approaches and barriers to working collaboratively across Mid and West Wales in the housing and homelessness sector.

At the end of 2015 the Minister for Health and Social Services published the outcome of Regulation 9 (Cooperation and Partnerships) of the Social Services and Wellbeing Act, indicating that Powys would be seen as a region in its own right. Therefore, as part of the governance review commissioned with the Institute of Public Care, the arrangements for joint partnership with the Mid and West Wales Health and Social Care Partnership will be reviewed.

The Local Resilience Forum (LRF) is the partnership also at Mid and West Wales level that responds on a partnership basis to the Civil Contingencies Act, and Powys falls into this region for the purposes of this Act. The LRF works on a risk based approach to plan and practice for civil contingencies, and Powys is an active partner in this approach focussing on high level risks of pandemic flu, major incident and risks to business continuity.

## RISKS

There are a number of high level risks that are associated with the strategic change programmes and include:

### ENGAGEMENT/CONSULTATION REQUIREMENTS

- PTHB's responsibility to engage with the population of Powys is an area of particular risk in relation to delivering the strategic change agenda. PTHB will need to ensure engagement activity reflects the varying levels of understanding and reassures people who use services that whilst programmes are separate entities, PTHB will diligently discharge its statutory duties with regard to engagement and consultation with the Powys population.

### DEMAND AND ACTIVITY ASSUMPTIONS

- Some external strategic change programmes have made assumptions around future activity and demand to support the new models of care. There is a level of risk around these assumptions with regard to ensuring those assumptions align with Powys' future strategy which will be developed as part of the Strategic Delivery Model Programme.

### COMMISSIONING

- A comprehensive understanding of the impact of external strategic change programmes on Powys provider and commissioning plans will be worked through in discussion with the relevant Programmes. It will be important for this work to proceed at pace to ensure that current and future repatriation plans to bring care closer to Powys residents is realised.



## AFFORDABILITY

- Each of the external strategic change programmes involve multi agency/partnership working to achieve whole system change. There are potential cost implications of the new models of care developed under each programme and risk around assumptions made around PTHB's future response to proposed changes.

## ENSURING INTEGRATION WITH OUR PARTNERS' THREE YEAR PLANS

We have ensured our IMTP integrates effectively with strategic plans of our partners by sharing our emerging plan and priorities with our NHS partners to ensure we support each other in taking forward our mutual priorities. A Commissioning Workshop was held in December 2015 to share and discuss our strategic vision and commissioning intentions with the secondary care providers across England and Wales.

For example we have worked with Hywel Dda UHB, the Wales Ambulance Services Trust and Betsi Cadwaladr UHB to agree a shared position and statement within our respective IMTPs with regard to MWHCC.

The following provides a short summary of the key areas of interface with some of our key NHS partner plans:

- Emergency Ambulance Services Commissioner and Welsh Ambulances Trust;
- NHS Wales Shared Services Partnership;
- Public Health Wales;
- Welsh Health Specialised Services Committee;
- National Wales Information Service.

### **3. SERVICE DELIVERY**

## 3.1 DELIVERY PLANS OVERVIEW

### Summary

- The following chapter describes what the health board aims to deliver over the coming three years, how it will achieve this, how it will measure progress and the associated risks and implications involved. The chapter is divided into four sections as outlined below.

### SYSTEM LEADERS

PTHB's unique position, as a commissioner of healthcare across five health economies in England and Wales with a coterminous relationship with the Local Authority, presents a significant opportunity for innovation and leadership across a number of important areas:

#### 1. COMMISSIONING

As the only health board in Wales that is predominantly a commissioner of services, PTHB will seek to be a system leader in Wales through the development of its commissioning model and commissioning assurance framework, both appropriate across England and Wales.

#### 2. INTEGRATION

PTHB and Powys County Council have a strong track record of partnership working and more recently integrated working. Exploring opportunities and leading the way in the large scale integration of health and social care is a key ambition for the health board over the next three years.

#### 3. PRIMARY AND COMMUNITY CARE

PTHB continues to drive forward with its ambition to place primary and community care at the heart of its service strategy. Building on the strong relationships with the primary care workforce, through the well established Primary Care Clusters, PTHB aims to continue to work innovatively to deliver as much care as close to home as appropriate.

### DELIVERING QUALITY

Quality and safety is an absolute priority, with our local approach underpinned by 'Achieving Excellence' – The health board's Quality Delivery Plan focusses on quality improvement and quality assurance.

### INTEGRATED SERVICE DELIVERY

There are a number of key service areas where PTHB works in partnership with Powys County Council, the LSB and others to deliver. These areas are managed through the governance arrangements of the One Powys Plan and include:

#### 4. MENTAL HEALTH

The strategy for improving mental health and emotional wellbeing services in Powys; Hearts and Minds: Together for Mental Health in Powys, was developed with Powys County Council and a multi agency partnership board is in place to drive forward this strategy.

## 5. INTEGRATED CARE FOR OLDER PEOPLE

A joint commissioning strategy for older people has been agreed by PTHB and Powys County Council and has been issued for consultation in January 2016. This strategy builds on the work already undertaken to support older people in the community through the virtual ward and the Integrated Health and Care Teams and includes future care home provision, considering the OPC (Wales) A Place to Call Home.

## 6. CHILDREN'S SERVICES AND ADULT MENTAL HEALTH SERVICES (CAMHS)

Through the joint working arrangements of the Children and Young People's Partnership (CYPP) working with social services and education, PTHB is incrementally moving toward integration of services supporting disability, emotional health and wellbeing and family support. There is also a programme of work to explore integration of safeguarding and the violence against women agenda.

## 7. CARERS

A joint commissioning strategy was developed in partnership and sets out priorities to meet the new requirements of the Social Services and Wellbeing Wales Act.

## 8. LEARNING DISABILITIES

Learning Disability services will be governed through the implementation of the Joint Commissioning Strategy and joint service delivery model which was developed with Powys County Council and approved by the Board in February 2016.

## 9. THE THIRD SECTOR

Engagement with the Third Sector has established key areas for further development in 2016/17, these will be developed into detailed plans working alongside partners in the Third Sector.

## SERVICE DELIVERY PLANS

The performance and future priorities for service areas are outlined along with summary plans detailing the key activities for 2016/17, the associated measures, risks and implications. These activities, which correspond to the C6 Service Change Technical Template, have been developed to support the health board's aims and strategic objectives. The service areas included are:

### 10. PREVENTION AND HEALTH IMPROVEMENT

### 11. UNSCHEDULED CARE

### 12. PLANNED CARE

### 13. MATERNITY SERVICES

### 14. SEXUAL HEALTH SERVICES

### 15. SUBSTANCE MISUSE SERVICES

## NATIONAL DELIVERY PLANS

The health board's local response to the national delivery plans are outlined in summary plans which provide detail on achievement in delivery and key future priority areas.

Each area has (or has in development, as indicated) its own steering group, detailed delivery plan, action plan and annual report. The delivery plans are:

- 16. CANCER
- 17. STROKE
- 18. NEUROLOGICAL CONDITIONS
- 19. HEART DISEASE
- 20. DIABETES
- 21. LIVER DISEASE
- 22. RESPIRATORY CONDITIONS
- 23. CRITICALLY ILL
- 24. ORGAN DONATION
- 25. END OF LIFE

## 3.2 SYSTEM LEADERS

### Summary

The health board strives to be system leaders in Wales in commissioning, integration and the delivery of primary and community services. This includes:

- Commissioning to change the models of care our providers deliver, ensuring prudent, high quality, accessible and sustainable services;
- Appraise the options to deliver large scale integration of health and social care;
- Increasing the capacity and resilience of primary care to deliver a greater proportion of care in Powys.

### 3.2.1 EXCELLENT COMMISSIONING

**Strategic Objective 4: Develop whole system commissioning to ensure appropriate access to effective services across the whole health system.**

#### COMMISSIONING INTENT

Commissioning in Powys will focus on issues that matter locally, underpinned by robust public and patient involvement and a culture which puts patients at the heart of everything we do, delivered through the actions and behaviours of our staff.

PTHB has responsibility for commissioning all healthcare services for the Powys population. The remit includes:

- Securing primary care services from local primary care practitioners, usually independent contractors and independent sector care homes;
- Enhancing local community and community hospital services. These services are provided by the health board;
- Securing appropriate secondary care services from DGHs around the periphery of Powys;
- Securing Third Sector and community services to support the delivery of care, self care and self management;
- Working with WHSCC, developing a specialised services commissioning plan to meet the needs of our population;
- Working with the Emergency Ambulance Services Committee (EASC) to agree and deliver the Emergency Ambulance Services Commissioning Plan.

As a health board we are held to account for our performance against high-level outcomes and we want to reaffirm expectations by holding our providers to account with stronger governance and taking a stronger line on the assessment of performance through the provision of timely information. Within a significant set of challenges including rurality, an ageing population, integrating services locally and the financial pressures in the public sector, PTHB needs to develop innovative ways to commission the best services for its local population at the same time as keeping the spotlight on the importance of a patient-centred culture that allows flexibility and supports innovation.

Key elements of our response will include promoting a culture of safety and quality, including putting the improvement of quality and outcomes at the centre of our organisation and the wider commissioning system. We want to use commissioning to change the models of care our providers deliver.

As health care becomes more complex, delivering care locally presents an ever-increasing challenge. The need to keep up to date in many spheres of medicine requires access to continuous professional development and good networking with specialist colleagues. As well as maximising care that can be delivered locally in rural areas we need to ensure that rural patients are not disadvantaged by their distance to specialist centres.

There is compelling evidence that commissioning joined up health and social care and co-ordinated pathways in health will improve outcomes and experiences for patients and deliver financial and operational efficiencies in the system. We also need stronger integration within health services that recognises that patients do move between different parts of the health system. Joined up working is needed so that patients experience continuity and truly co-ordinated care in a delivery system that is streamlined, simplified and as easy to use as possible. This is especially important with the increasing number of frail older people with complex needs.

The opportunities for the delivery of more services in the rural setting of Powys will enable us to drive some of the most innovative approaches to delivering services. Our commissioning intent is to achieve services that are positively designed to address the challenges ahead which deliver the best interests of patients, and that:

- Meet patient and population health needs and provide high quality, efficient and effective care and support;
- Supports a collaborative, strategic approach to commissioning, with provider organisations playing an integral part in service design;
- Ensures telemetry which could improve rural access to healthcare can be deployed to enhance services in remote and rural areas by identifying, assessing, diagnosing and treating patients. There may be scope to utilise rural based telemedicine to reduce patient travel, and speedy access to consultation;
- Enables timely repatriation locally through shared care arrangements;
- Develops secondary care links to primary and community care through the exploration of enhanced roles for staff in specialties such as emergency medicine, minor surgery, palliative care and care of the elderly;
- Schedule healthcare appointments that are explicitly organised so that they are consistent with the availability of integrated transport, thereby assuring that patient's access to healthcare is as appropriate and convenient as possible;
- Enables commissioning to be a joint endeavour with Powys County Council and other potential commissioning partners at local, regional and national level, for example EASC and WHSCC;
- Explores the nature and opportunities afforded by cross-border commissioning arrangements and works to review all-Wales system rules ensuring progress to support the health board to deliver its commissioning vision and intentions.



## COMMISSIONING DEVELOPMENT PROGRAMME

We know we need to commission now for delivery solutions that will be ready and resilient to stand the test of time; achieving consistent quality, supported by clinical, financial and workforce sustainability. This means addressing the range of requirements such as population needs assessment, financial planning and resilience, clear clinical requirements and systems to support the service and workforce planning.

Our Commissioning Development Programme has been established to confirm the future design of the commissioning model and ensure alignment with the revised organisational structure. It will oversee the implementation of a system of commissioning, securing and reviewing services to ensure our commissioned services are robust, assured and quality services. This will include reviewing our approach to population needs assessment to meet the new requirements of the Wellbeing of Future Generations Wales Act and the Social Services and Wellbeing Wales Act.

Quality and safety improvement is a golden thread underpinning our planning and commissioning processes. The health board is strengthening links with providers providing services to Powys residents. We recognise that we need to put arrangements in place with our providers to ensure that we gain assurance on the quality and patient safety of services they provide.

Alongside this, assurance on specialist services will be reported to our Board through the Welsh Health Specialised Services Committee (WHSSC) strategic quality framework and assurance on Emergency Ambulance Services will be reported to our Board through the Emergency Ambulance Services Committee. Focusing on safety, effectiveness, experience and leadership, a suite of high level indicators will provide assurance on services commissioned on our behalf. This will link to strengthening the capability and systems around commissioning for quality for both Welsh and English providers, care homes and primary care.

We have reviewed and developed the health board's Commissioning Assurance Framework. This framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that PTHB is operating effectively to commission safe, high-quality and sustainable services within our resources, delivering on our statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. The framework contains our escalation plan which sets out the requirements within the long term agreements and other contracts and how we will monitor provider performance, whether it is being achieved and associated escalation points.

The Commissioning Development Programme will build capacity and capability by investing in an OD/training programme to build the commissioning expertise within the organisation.

We believe that the delivery and commissioning of care in the future will be strengthened by the integration of health and social care - an integrated approach to health and wellbeing with individuals at the centre of all of our activities. We will work with Powys County Council to further strengthen the joint commissioning arrangements of community support services, and consider the potential of integrating some commissioning functions.

PTHB is strengthening the planning and commissioning function such that this becomes the key driver of change across local systems of care. The skills and expertise to support planning and commissioning within the organisation will be organised and strengthened to most efficiently deliver the scale of transformation that is required.

## **SPECIALISED SERVICES COMMISSIONING**

The Specialised Services Commissioning Plan has been prepared across the seven health boards in Wales and Powys has been fully engaged in both the development of the plan and its approval through the WHSSC Joint Committee. The WHSSC Plan specifically for Powys takes account of:

- A significant proportion of the pathways for specialised services for Powys residents flow into England, especially for the north and the west of the county: as a consequence Powys bears a significant financial risk due to the volatility of these small but expensive pathways. The financial plan reflects the forecast financial out turn of activity for Powys residents in specialised services that has grown at a greater rate than primary or secondary care services;
- To offset investment requirements to accommodate growth, PTHB will actively support the implementation of the WHSSC Commissioning Framework following the service prioritisation exercise;
- Commissioning to meet the Welsh standards for waiting times and other key targets and standards for health services;
- PTHB will seek to take local action with WHSSC to actively manage patient pathways into the most appropriate pathways through the development of decision gateways in provider organisations: Powys residents are frequently onwardly referred to tertiary services by our secondary care providers;
- PTHB will support the commissioning of key service developments already committed to through the joint committee, or by Welsh Government including the roll out of the Emergency Medical Retrieval Service and Bariatric Services across the pathway;
- PTHB will continue to work with the other health boards in Wales to gain best value through its commissioning arrangements for secure mental health services and provision of CAMHS services.

Specialised services are a significant component of PTHB's expenditure accounting for over 10% of the overall budget of the health board. The health board has noted the additional investment in WHSSC as discussed by the WHSSC Joint Committee and whilst we have matched the Powys contribution to the WHSSC plan in our financial plan, we will continue to work towards influencing patient flow with a view to reducing growth currently assumed within plans. The health board has commissioned additional support within the organisation to provide analytical support and advice on areas for opportunity to change flows and reduce costs and will use the outcome of this work to influence future service and funding decisions.

PTHB will also be investing in additional capacity to work across PTHB and WHSSC commissioning process to:

- Complete a mapping exercise based on patients flows out of PTHB into specialised services;
- Develop expertise in the Specialised Services Commissioning area – either through training and learning, collaborative commissioning with other health boards increased exposure to specialised service information and discussion with colleagues in NHS England; e.g. access to the high services descriptions of the 76 specialised services in NHS England;
- Develop of key dataset of PTHB patients in specialised services

Developing the commissioning capacity of the health board, linked to the implementation of the Commissioning Development Programme will be a significant development in the implementation of this IMTP.

## COMMISSIONING OF AMBULANCE SERVICES

Following the publication of the Mclelland Review in Ambulance Services in Wales, the Minister of Health and Social Services has established the Emergency Ambulance Services Committee, supported by the Ambulance Services Commissioner through which health boards will discharge their commissioning responsibilities. These arrangements have been put in place in 2015 and PTHB, alongside other health boards in Wales, have rapidly specified its service requirements in respect of emergency ambulance services. PTHB also commissions significant volume of non-emergency patient transport from the Welsh Ambulance Service.

A number of factors will affect how PTHB will specify the services that it requires for residents of Powys including:

- Setting response times appropriate to the rural and topographically challenging nature of Powys;
- Ensuring the best outcomes for patients with time critical injuries and illnesses such as major trauma, stroke and myocardial infarction;
- Flow of ambulances out of the area, and the relationship between existing services and the Emergency Medical Retrieval and Transfer service;
- Managing increased demand on ambulance services through appropriate assessment referral, and conveyance pathways, including increasing activity to Powys facilities;
- Developing a workforce appropriate to the demands of Powys, working in partnership with local services;
- Planning and locating resources to most optimally meet demand.

Ambulance performance for Powys is currently below expected targets, and work is progressing between the health board and WAST, and together working with other health boards as part of the Emergency Ambulance Services Committee we will continuously improve the unscheduled care system. The approach to commissioning of emergency ambulance services is aligned to our overall unscheduled care plan.

A Quality and Performance Review Group comprising senior officials from all health boards has been established to oversee short term delivery and to support WAST to improve current performance. PTHB's own strengthened commissioning arrangements

will also enable an enhanced and accelerated approach to commissioning these services, and our plans include an additional investment in this service this year.

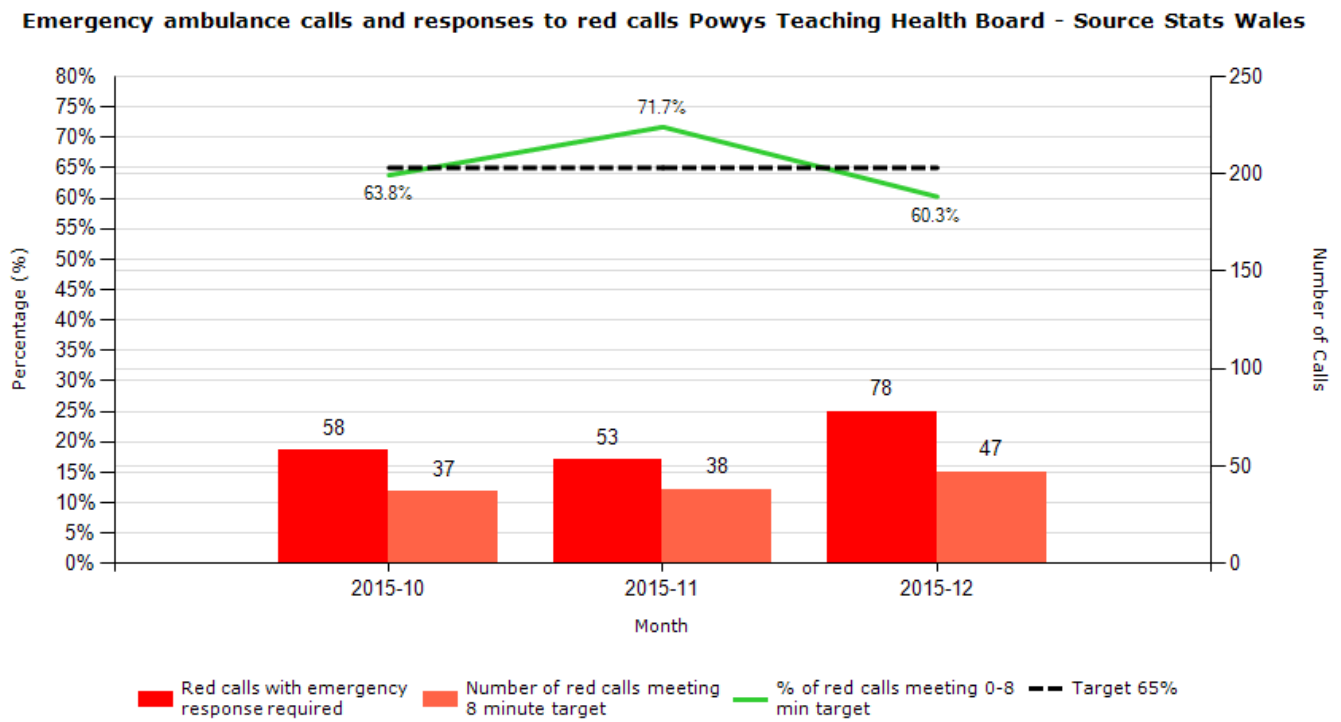


Figure 43: Emergency Ambulance Calls and Responses to Red Calls - Powys

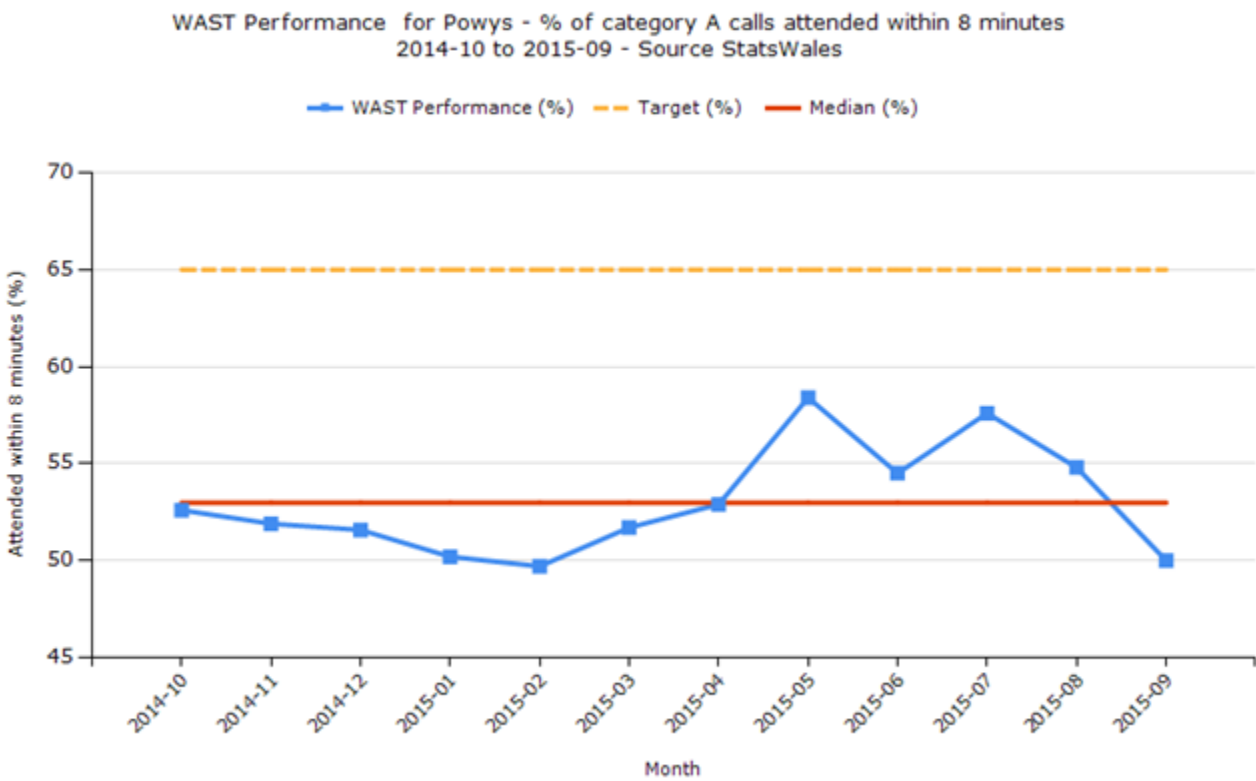


Figure 44: WAST Performance for Powys

In 2015/16, health boards collaboratively funded £8M to WAST on a non-recurrent basis for performance improvement. This funding is currently under review and PTHB has

requested through the EASC arrangement that financing shares are directly linked to performance improvement specific to each health board. Currently, an arbitrary historical funding share has been used notionally for contributions which do not accord with where the pressure points are in the system. The health board will use the EASC Commissioning Board as the means to address this issue.

We have noted significant increases in costs for patient transport services in 2015/16 and a plan is being prepared for 2016/17 to ensure funding is targeted in order to ensure needs are met whilst meeting value for money requirements.

**PRIORITY AREAS FOR 2016/17 ARE:**

- Developing the framework for clinically led strategic commissioning to drive innovation, commissioning for value and patient and public involvement in commissioning;
- Implementing a joint commissioning approach with Powys County Council;
- Enhancing the Commissioning Assurance Framework, focusing on patient experience in our providers;
- Developing systems and processes for referral management;
- Supporting national development work on commissioning in NHS Wales.
- Decommissioning.

### 3.2.2 INTEGRATION

**Strategic Objective 10: Maximise opportunities for integrated working with partners, particularly Powys County Council.**

#### STRATEGIC OPPORTUNITIES

There are clear drivers and opportunities for change through the integrated working of PTHB and Powys County Council, in the context of wider multiagency collaboration, that can lead to prudent public sector services and real improvement for the citizens of Powys. These include:

- The Public Services Commission (Williams 2014);
- Devolution, Democracy and Delivery (Welsh Government 2014);
- Powys One Plan (Powys Local Service Board 2014);
- Powys Teaching Health Board IMTP (2014);
- Primary Care Strategy (Welsh Government 2014);
- Social Services and Wellbeing (Wales) Act (2014);
- Wellbeing of Future Generations Act (2014).

By working together, there is real potential to deliver a Powys that is a better place to grow up, work, play, grow old and thrive.

#### MOVING FORWARD FROM A PLACE OF STRENGTH

PTHB and Powys County Council are already co-terminous organisations; serving the same population; largely experiencing the same challenges and opportunities of the sparsely populated, highly rural county. The organisations have a track record of working together to develop services for the people of Powys and have a history of working with communities and other stakeholders and partners to deliver improvements. This includes:

- The council and health board share ICT services with integrated email and backroom functions to improve efficiency and reduce budget pressures. By combining resources and increasing our critical mass we have been able to keep services within Powys and to improve the quality of our existing services;
- Community Resource Teams and Virtual Ward developments have enabled a joined up approach to support people in their own homes. This has brought direct benefits to the people of Powys by reducing unnecessary admission to hospital and enabling a return to independence more swiftly wherever possible. This type of direct service is supported by a Joint Community Equipment and Reablement service that has a section 33 agreement (pooled budget) and accountability arrangements in place;
- The Children, Young People and Families agenda supported through the Children and Young People's Partnership has for a number of years been joined up, with integrated commissioning working effectively in for example delivering schools based counselling services.

## **POWYS TEACHING HEALTH BOARD AND POWYS COUNTY COUNCIL'S INTEGRATION AGENDA**

At the end of 2015, the Minister for Health and Social Services published the outcome of Regulation 9 (Cooperation and Partnerships) of the Social Services and Wellbeing (Wales) Act, indicating that Powys would be seen as a region in its own right.

From April 2016 a Public Service Board will be established with wider membership including the employment service and natural resources sector to implement the Wellbeing of Future Generations Act.

Powys County Council and the health board have particular opportunities to integrate more services. The benefits of integration therefore are focused on the following key areas and priorities:

### **INTEGRATING FRONT-LINE SERVICES**

- Integrating care for older people focused on well co-ordinated preventative and responsive care at a locality, cluster and neighbourhood level;
- Emotional wellbeing and mental health (integrated models for delivery across the whole continuum of care – from primary care through to specialist services);
- Integrated commissioning and delivery of services for people with a learning disability;
- Integrated commissioning and delivery of support for carers;
- Integrated public protection and safeguarding service;
- Integrated commissioning for care homes/home care;
- Integrated children's services for children with disability (including child and adolescent mental health).

### **INTEGRATING PROFESSIONAL & BUSINESS SERVICES**

- Corporate and support functions;
- Estates and asset management;
- Public/community engagement;
- Information Governance.

### **ORGANISATIONAL AND INTEGRATION DEVELOPMENT**

- Integrating quality and service improvement approaches;
- Integrated workforce planning, including flexible approaches to sharing staff;
- Integrating education, training and development, including leadership development;
- Joining up scrutiny and assurance – specifically around integrated service provision and pooled budget arrangements – utilising existing Joint Partnership Board arrangements where possible;
- Integrating information governance and record keeping.

## **REALISING THE POTENTIAL – UNLIKE ANY OTHER**

In December 2015, the Board agreed to complete a detailed appraisal of options to deliver large scale integration of health and social care that will support both organisations to deliver the best possible health and care services for the Powys population and to meet increasing demands. In order to deliver large scale integration,



significant investment and commitment is required locally and from the Welsh Government. It is expected therefore that such a change would require focused effort and resourcing to enable the commitments to become reality and both organisations submitted an expression of interest to the Welsh Government outlining the capacity and resource requirements needed to take forward our agenda.

## GOVERNANCE AND GUIDING PRINCIPLES

To date, governance arrangements for the One Powys Plan have provided a platform to progress the majority of the areas of integration described, however additional capacity and capability, modifications and additions to governance and accountability arrangements will be required as the agenda progresses.

A number of key principles are guiding our integration agenda and these determine the process and transition issues that will need to be managed:

### PRINCIPLES

- To understand the benefits to citizens ensuring further integration is focused on areas that will deliver the greatest benefits;
- To understand the impact on organisations in meeting their statutory requirements;
- To determine whether effective governance models can be implemented;
- The extensive work undertaken in developing and delivering the One Powys Plan remains the foundation of integrated working;
- Success will be recognised and celebrated, and learning will form a key part of the ongoing development of integration.

### THE KEY PROCESS ISSUES THEREFORE ARE:

- Identifying where the oversight for the whole integration sits. Currently much of the programme is within the Local Service Board. There is potential to modify the Joint Partnership Board that currently exists between Powys County Council and PTHB to govern this work, linking through to sovereign bodies (Board/Council);
- Establishing sufficient leadership, management and support capacity to enable integration areas to progress at pace;
- Implementing an OD programme that equips and galvanises staff to drive forward integrated working;
- Establishing a clear route for sharing progress and outcomes of integrated working;
- Working with Government and others to understand the potential models for organisational form and function in the future.

The Institute of Public Care has been jointly commissioned by PTHB and Powys County Council in January 2016 to undertake a review of governance arrangements aligned to joint agendas including strategy and planning; objective setting; reporting lines and accountability, reporting arrangements, capability and culture; review arrangements and committees and groups. The recommendations will be considered by PTHB and Powys County Council with LSB partners and revised arrangements will be implemented by April 2016.

## RIISING TO THE CHALLENGE OF THE INTEGRATION JOURNEY

The leadership teams across both organisations recognise the scale of the journey ahead. The leadership and support for change is a critical success factor with a collective leadership approach emerging. Key elements include a focus on:

- Connecting people to purpose - helping all staff to identify and realise the benefits integrated working will deliver for the citizens of Powys;
- Engaging staff in the development of the priorities set out and their translation into action, engendering a relentless focus on delivery;
- Prioritising the integration partnership - it will be important for Powys to be seen as a region in its own right, both focusing on the co-terminosity and integration, whilst selecting key broader partnerships (such as regional working) to progress areas where benefit is clear for Powys;
- Ensuring that integrated working involves the citizens of Powys and focuses on improving outcomes, through innovation and improvement.
- Building capacity - ensuring staff are equipped with the tools and resources needed to make things happen;
- Learning - developing transparent evaluation, assessing and measuring progress on the journey, its impact and outcomes;
- Accountability: finding ways to enable accountability to work across both organisations within the current legal framework, enabling transparency and openness;
- A Joint Director of Workforce and Organisational Development was appointed for Powys County Council and the health board in December 2015;
- A joint Director of transformation post has been established and recruitment process initiated.

A core principle of the integration work is gaining the benefits of prudent health and care across the whole system, creating new roles, reducing duplicate assessments, building on assets rather than deficits and enabling through information and support.

The enabling programmes of work will have a particular focus on:

- Re-engineering the workforce;
- Making the most of new technologies;
- A modern estate, working with others to develop creative solutions.

### 3.2.3 PRIMARY AND COMMUNITY CARE

#### Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.

Powys will deliver its key system leadership objective of exemplary primary and community care services through the implementation of the IMTP on a rolling three year basis. Much was achieved in 2015/16 as a baseline year for transformational change across primary and community care, but this must be capitalised upon in the next year. It is crucial that we ensure implementation at pace across a number of key strategies and high level plans. These include: the Primary Care Plan for Wales, the updated Unscheduled Care Programme and the range of Planned Care projects that are emerging. The delivery of the ambitions and requirements in these plans will need to be achieved in a manner that has a very clear focus on the principles of prudent health and care.

The achievements to date and the forward plans for both unscheduled and planned care are identified within separate chapters within the IMTP. This is in order that their importance in delivering against the national outcomes frameworks can be clearly identified. Of particular note the delivery of high levels of performance on unscheduled care within Powys is reliant upon a robust and effective primary care infrastructure and flexible community resources working as one alongside social care services.

The delivery ambitions for planned care look to ensure that Powys commissions the best quality services for its population in an effective manner and at the same time drives efficiency and quality within its own local provision. This allows the opportunity to repatriate services closer to home wherever. This is demonstrated clearly within the said chapter as a series of plans over the coming three years, basing future success on the clear achievements already made around orthopaedics, ophthalmology and eye care services in general, and latterly nurse led endoscopy.

The health board has an explicit ambition and an emerging track record to place primary and community care at the heart of its service strategy in both a leadership and delivery role to maintain and develop strong, vibrant primary and community care services. The concentration therefore within this chapter is on the rolling plan for developing and delivering primary care services based firmly on the Primary Care Plan for Wales as well as Together for Health: Eye Health Care – Delivery Plan for Wales and Together for Health: A National Oral Health Plan for Wales.

Drawing on the above, and in particular that of '*Our Plan for a Primary Care Service for Wales*', the development priorities continue to fall into five categories:

- Planning care locally;
- Improving access and quality;
- Equitable access;
- A skilled local workforce;
- Strong leadership.

Focusing on these key strands allow us as a health and care economy to do more for patients in their own homes and in the community close to where they live, develop capacity and create sustainability within the primary care workforce and promote innovation within primary and community care services.

## **PLANNING CARE LOCALLY**

### **INNOVATION THROUGH PRIMARY CARE CLUSTERS**

Primary care-based clusters continue to develop well in Powys as will be outlined in the following sections. It is fair to say that the clusters are becoming the bedrock upon which local services are beginning to be based. There are three clusters in Powys and each is now firmly in the second year of its annual planning cycle.

The clusters are providing well thought through proposals and challenge to the health board and the Localities in which they operate. The direct allocation of Welsh Government funding has encouraged their membership to work closely together in identifying where their wider service development priorities rest. The health board is wholly committed to continuing to support and develop clusters. This includes encouraging a broadening of the membership and increasing the knowledge and skills of those serving as members to better equip them for the tasks required.

The valuable role of strong Third Sector agencies in Powys in support of the Primary Care Cluster priorities has been brought forward as has the involvement of colleagues from Powys County Council as regular attenders. It is of note that the cluster spend of the £6m in 2015/16 was not targeted solely at General Practice, with investments being made in frailty HCAs, contributions across Powys to recruitment and workforce development, the employment of generic Physicians Associates and a data quality / analyst to work on deriving comparable peer information to ensure better needs analysis and to focus improvement activity.

The health board wishes to see a clear distinction between the work of clusters and that of the groupings of GPs that are beginning to emerge. The health board believes each has a different task to undertake; clusters to focus on the identification of patients' needs and the services required to meet those needs, and GP groupings focused on the actual delivery of those services in a primary care setting where safe to do so.

All three clusters in Powys have produced their plans for the coming year and each has been required to identify the five actions to which the greatest priority has been attached. Each of these priorities will be a feature as part of the respective Locality Annual Plans and are linked throughout the IMTP, ensuring that there is a robust link between planning at a local and at a health board level.

In summary for the **North Powys Cluster**, the priorities are centred around a sustainable workforce, ensuring mentoring of new roles into the primary care team, improving the communications and pathways with secondary care and so enhancing safe discharge and flow and working across the Cluster to provide breadth and strength on specialist services, linking to community models of care.

In summary for the **Mid Powys Cluster**, the priorities are centred around a sustainable workforce, evaluation of the e-Consult pilot, development of cluster wide services in particular for enhanced community service provision, ensuring the successful roll out of

the virtual ward and further improvement on maintenance of care closer to home and creation of end to end Diabetes care locally within the cluster.

In summary for the **South Powys Cluster**, the priorities are centred around better use of risk stratification tools and reviews of clinical outcomes, maximising the opportunities from the Nurse Triage pilot / pacesetter; embedding the pharmacy resources with a clear link across the spectrum of care and further investment in frailty models including work with Powys County Council.

The identified priority areas have a very clear read across to the priorities of the Board, look at developing whole systems responses to needs assessment and are now broadening out to look at the wider community resources and how they support the operation and success of the cluster. Work looking at clinical outcomes in South Powys will lead the way for a pan Powys approach as well as the potential to use the Social Enterprise models as new delivery vehicles for services in and across neighbourhoods.

All three clusters have dedicated leads with time allocated for development of the plans and subsequent implementation. The Clusters are supported by the local general management and professional infrastructure, in most cases with these very closely merging together to provide a "joined up" response to health needs and new service development such as the Virtual Ward, practice sustainability and enhancement of community resource teams. There will be health board support provided during 2016/17 to look at organisational development for the Clusters and very clear links to the emerging national programme of OD that has been developed for launch in April 2016.

The health board will continue to develop the resources it provides, via the Locality teams, to support the development of Clusters. The health board remains focussed on the ambition set out in Delivering Local Health Services in terms of the advanced level of maturity which involves each Locality/ Cluster achieving the following; devolved budgets, robust governance and accountability arrangements and hard evidence to demonstrate the delivery of agreed outcomes.

## **IMPROVING ACCESS AND QUALITY**

### **GENERAL ACCESS**

Within Powys securing equitable access to all primary care services can be a challenge. There are, at least two dynamics at play; the expectations of the patients and how we can best deliver. The expectations of patients are reflected within the Welsh Language and Equality legislative frameworks. The experiences and needs of Welsh speaking patients informed the Welsh Language Commissioners Inquiry into Primary Care. This identified the provision of bi-lingual services as a right and a quality and safety issue. Similarly, the All Wales Standards for Accessible Communication and Information for people with sensory loss is an example of co-production between Welsh Government, NHS Wales and service users.

Furthermore, *'More than Just Words'* the Welsh Language Strategic Framework, introduced the concept of the "Active Offer". The Active Office shifts responsibility from the patient requesting a bi-lingual service to the service provider actively offering one'. PTHB is required to oversee, monitor and report on implementation of these within primary care. These obligations are identified throughout this IMTP and specifically within the section below addressing equitable access.

In regard to access we consider on a regular basis:

- How reasonable access to services is secured 24/7;
- How other methods of accessing services can be used to maximum effect;
- How a wider range of health care professionals can be used to meet the needs of patients.

Through ongoing dialogue and engagement the expectations of the patients can be summarised as;

- Having ready access to appointments, including those conducted over the telephone;
- Having continuity of care when moving from primary care into secondary care and vice versa;
- Ensuring the communication needs of those with a sensory impairment are understood and respected;
- Respecting the needs of those with a caring responsibility;
- A smooth transition between health and social care and having the services clearly sign-posted and explained;
- Being treated as an equal with dignity and respect;
- Having the confidence to accept the help and advice of other members of the primary care team and not feel they are receiving a lesser service.

The health board regularly works with its primary and community care providers to test their ability to meet the needs of patients. PAVO Infoengine has a key role to provide up to date details of alternative community based services and how to access them. This is not just confined to identifying the hours when a service is available, but also the level of resources a provider has to reasonably meet patient need during those hours of opening. Where necessary, the health board examines how resources can be moved around the county to ensure as equitable a service as possible. A good example of this is dental services and the adjustments the health board makes to contracts with dental providers to secure greater capacity where the level of patient need dictates.

In terms of action, the health board will improve access to primary care services by working with its service providers to improve access and widen the range of options available to patients seeking access to primary care with innovative clinical team models already emerging in north Powys.

## CHRONIC CONDITIONS MANAGEMENT

There is an ever increasing demand on primary and community care services in general from people with long-term conditions. Barriers to making better lifestyle choices and hence improving their condition have included poor health literacy and lack of support to modify behaviour, combined with a medical model which has traditionally allowed the patient to play a fairly passive role in their condition management.

The strengthening of primary care services to deliver successful self-management with adequate access to information, will contribute to developing the person centred bio-psychosocial approach required to support people with long term conditions. The



mechanisms for delivering this vision for long term conditions management in Powys are managed through various initiatives such as:

- The development of community resource teams and their use of risk stratification tools with GPs;
- The virtual ward model with an emphasis on targeting those with significant health issues and at risk of emergency admissions with a holistic care and treatment regime;
- The Invest in Your Health initiative to help such patients develop self-management techniques, including those that are psychologically based;
- The introduction of telehealth solutions using the technology and functionality of Flo (delivered by Simple Health and based upon wide UK studies) as a self management and condition reminder service with an initial focus on COPD / respiratory patients.

## DIAGNOSTIC SERVICES

Developing the extent to which patients have local access to diagnostic services is a priority for the health board. Over recent years there has been a “piecemeal” approach to developing and sustaining local access to basic as well as enhanced diagnostics. It is the firm intention of the health board in 2016/17 to develop a clear Diagnostics Strategy that looks at all modes of delivery and describes what can and should be provided to the population over the coming two to five years.

It is well documented that local access to readily available diagnostic services not only reduces the distance patients travel to receive a service, but also increases the GPs’ (and other healthcare practitioners) ability to safely care for patients nearer to where they live, be that in their own homes or in a community hospital.

During 2015/16, an ongoing trial of a mobile MRI scanning service was well received by patients and GPs alike. Positive patient experience and evaluation has firmly embedded the need for further change. The health board will consider how this can be delivered on a sustainable basis as part of the strategy.

The health board is actively pursuing the availability of increased ultrasound provision across Powys. This may be achieved by working in partnership with adjoining health boards, together with the creation of in house capacity for both obstetric and non obstetric ultrasound. The business case makes full sense on a pan Powys basis and has a two year delivery timeline. This will again be a key feature of the strategy.

As a direct result of work on sustainability of in hours services in north Powys alongside the development of alternate modes of service delivery out of hours there has been a focus on emerging modalities of near patient testing. During 2016/17 the health board will explore the use of “Lab in a Bag” technology for Near Patient Testing (NPT), both OOH through Shropdoc and also in Newtown with the Urgent Care Practitioners. This will be used as a comparative study with the NPT being used as part of the virtual ward roll out in North Powys, looking to significantly reduce patient travel to a DGH for assessment and hence avoidance of potential admission.

It is crucial that the best use is made of the resources that we have available in Powys and as such there are occasions when highly skilled non medical practitioners /



registrants would be ideally placed to refer for x-ray, ultrasound and even MR/CT. The ability of said professionals to undertake these referrals will be delivered as part of the strategy to widen access and better use medical time.

## **INFORMATION TECHNOLOGY / SMART TECHNOLOGY**

Improving access and quality is also about the better use of technology to give patient's access to information and advice, to ensure that clinicians have the right information when considering the interactions and care provided to a patient and to use technology to better deliver care and treatment for patients.

PTHB along with Powys County Council are currently working hard on readiness for the introduction of WCCIS. This development is considered in more detail elsewhere. However, its implementation for community services and the ability to connect this to GP systems to give an end to end story for the patient and their condition, treatment and care plan is ground breaking. Already in Powys, teams across health and social care have been working on redefining their business processes such that they work in an integrated manner around WCCIS.

The depth and penetration of My Health On Line (MHOL) within Powys is variable. Whilst all practices offer the access to patients, its use and the uses that the practice are offering is variable and limited in overall usefulness. Looking to widen the take up of the MHOL and also the level of service provided is a programme of work for 2016/17 and beyond, taking into account the new version of MHOL under development at present.

PTHB has been working with Powys County Council on an Assistive Technology Strategy, bringing this to a conclusion in 2016/17 and commencing a level of joint implementation is crucial and is linked to the recently approved Joint Commissioning Strategy for Older People. There will be a focus in the implementation on the use of telehealth and care approaches with the Reablement Service , using basic kit , mobile phones and tablets, together with a set of uses of the Flo technology around proactive texting and alerting to patients in particular with COPD , but with an expanded base over the coming three years.

## **EQUITABLE ACCESS**

### **SUSTAINABILITY, HEALTH INEQUALITIES AND WELSH LANGUAGE REQUIREMENTS**

During 2015/16 the health board undertook a comprehensive review of the sustainability of GP Practices across Powys and identified three at high risk and several others that could move into that category depending upon the outcome of recruitment and the diversification of their workforce.

The health board became responsible for the delivery of GMS services within the Machynlleth area and has since August 2015 begun the job of re-designing the manner in which care is delivered to the population. A new multidisciplinary clinical team is in place, a positive HIW inspection has been undertaken and a very positive patient experience survey has just reported. This gives PTHB a baseline and operating model that could be deployed elsewhere. PTHB will continue to ensure high quality services are delivered in Machynlleth during 2016/17 and review the most effective manner in which this can be sustained for the long term.

The health board has also worked hard with the Newtown practice (some four times larger than Machynlleth) on delivering a new clinical model of care given the severe recruitment challenges that the practice has and continues to face. These developments have included clinical triage provided by Shropdoc for 20 hours per day, the employment of a pharmacist, an advanced practitioner in physiotherapy and an Urgent Care practitioner service through Shropdoc. These new roles are still bedding in, however they are allowing the ongoing operation of the practice and the delivery of appropriate access to patients in a relatively deprived part of Powys.

The third high risk practice has successfully recruited a new GP partner, but remains potentially fragile and therefore under review periodically.

There are several practices which are considered to be of a medium risk and we are working closely with these practices we are looking for opportunities for them to deliver services locally that attract income to better sustain their baselines, to look at innovative means of attracting new GPs that have no wish to have "practice debt", to considering options for the delivery where appropriate of pharmacy services and to ensure that we blend the best of general practice resources with community team to deliver rounded outcomes for the local population. During 2016/17, the health board will continue to work symbiotically with the two high risk practices to lower the risk and deliver high quality patient care and will develop a "tool box" of options for deployment to the practices that begin to become more challenged.

There are a number of pockets of relative deprivation in Powys, with the conurbations in Ystradgynlais and Newtown as clear markers and smaller pockets in Radnorshire. Much of the delivery of the primary and community care programme is generic and delivered on a consistent basis across the county. The tackling of health inequality is covered in Chapter One. From a primary care perspective there has been significant work undertaken to ensure that the Virtual Ward in Ystradgynlais is exemplary in terms of delivery and is able to cope with the health needs of the population in that vicinity. The community hospital and direct daily involvement of the GP practice are foundations which assist in delivering such care in that area of high need. It is also the area that has been prioritised for first stage integration with Powys County Council social care. Within the mid Powys area the issues of diabetes care have been prioritised and focussed around the most deprived communities. Within the north, issues in Machynlleth have already been focussed upon where a high level of rural deprivation exists and is now being tackled with a whole system approach to the delivery of primary care in that locale. Newtown has also been alluded to from a sustainability perspective and is also under review in terms of delivering access across the 24/7 period in a more comprehensive manner. The sections on children's services show the read across the flying start type activity centred around the population at greatest need who also require ready access to high quality primary and community care services. It is also clear that there is a growing need to develop and deliver a new approach to the annual flu programme and that there is much work to be done to increase the level of uptake for vulnerable groups. This will be a joint piece of work between the public health teams, the clusters, and GMS providers and wider providers of care and treatment.

Acceptable access to a service cannot just be confirmed by testing the number of hours it is available. The ability for patients to take full advantage of a service must take into account other factors too. They include the needs of language, cultural need, physical or

learning disability, sensory loss, low health literacy, frailty, and those who don't routinely seek help from the NHS. The Welsh Language Commissioner reviewed the use of the Welsh language in primary care and published *My Language, My Health: Inquiry into the Welsh language in Primary Care* in June 2014. In its response, the Welsh Government reflected on the role of the Primary Care Clusters, saying: '*Clusters will need to consider the language needs of their local populations in agreeing their plans, including signposting where the services are available in Welsh – this could be a nearby service, not necessarily the closest, which can meet a person's Welsh language need*'.

During 2016/17 the health board will work with its Primary Care Clusters to consider how to implement the recommendations of the Welsh Language Commissioner's report and in particular their response to the Welsh Government's requirement as set out above.

The health board will continue to work with primary care contractors on implementation of the Welsh Language Commissioners report, the All Wales Standards for Accessible Communication and Information for people with sensory loss, the Active Offer and the need to comply with the Welsh Language Scheme. During 2016, the Welsh Language Standards will replace Welsh Language Schemes. The importance of the relationship between primary care, health boards and service users in terms of providing bi-lingual and accessible services is a repeated theme throughout all of these pieces of work.

## **A SKILLED WORKFORCE**

### **CAPACITY AND SUSTAINABILITY**

Powys has a changing workforce and amongst GPs in particular there is a comparatively high proportion of the current workforce over the age of 50, with retirement decisions amongst many of them considered a possibility in the short to medium term.

Recruitment to vacant GP posts continues to be a challenge for some medical practices in Powys, especially north Powys. Challenges also exist with the nursing workforce and to a similar extent in parts of Powys for our Community Resource Teams.

These challenges need to be overcome if the sustainability of primary care provision in Powys is to be preserved, and furthermore, in a position to accommodate a greater workload as service provision continues to shift from secondary care to a primary care setting.

The health board has taken a very pro-active stance in looking to address workforce challenges through the established executive director-led Primary Care Workforce Group, together with active engagement in the national nursing workforce group.

During 2015/16 and onwards through 2016/17 the following workforce issues have been developed and worked upon and delivered or planned to deliver in the coming years:

- The development of a multi disciplinary team within the Machynlleth practice replacing the previous four GP model with a range of clinical skills including: pharmacy; pharmacy technician; physiotherapist; and an Advanced Nurse Practitioner;

- The creation and launch of a web-based GP recruitment campaign. This has provided a platform upon which further recruitment activity will be undertaken, both around GPs and other members of the primary care team;
- The introduction through Shropdoc of an enhanced clinical triage service for the Machynlleth and Newtown practice releasing valuable GP time and providing a quality front end and reliable service for patients;
- The development of the role of the Urgent Care Practitioner, aimed at providing a flexible resource at practice level and OOHs that can undertake, home visits and assess patients, minor illness / injury, near patient testing, home telehealth, and clinical triage, with a clear accountability line back to a designated GP;
- The recruitment of a senior Physicians Associate (PA) to provide leadership/mentoring and support to the cohort of PAs being recruited directly through the programme;
- Development of a PA programme for mid Wales that is supported through Birmingham University to deliver a supply chain of PAs for hospital and primary care posts over the coming four plus years;
- Creation of generic therapy posts at ward level within the community hospitals to respond positively to the HIW inspections which asked for greater levels of patient activity especially for those with improving health awaiting onward discharge;
- Support for numerous staff to move into advanced practitioner status within community the teams covering both nursing and therapist roles;
- Scoping of the skills deficits within GMS services and applying prudent healthcare principle such that HCAs and Practice Nurses can be upskilled systematically to reduce reliance upon GP time;
- The development of nurse injectors for the pilot Wet AMD service in Brecon due to launch in April 2016 and the appointment of Ear Care Nurses;
- Overseas recruitment of nurses and the development of a centralised Bank to improve the availability and use of casual workers, to assure safe staffing levels
- The implementation of PTHB Attraction, Recruitment and Retention Plan;
- This is a significant set of delivery and potential deliverables as the health board moves in 2016/17 in particular for a Board of its size. However the challenge of delivery in these key workforce areas must be achieved if the systems in Powys are to remain strong and capable of local delivery in the long term.

## DENTAL SERVICES

The health board will further develop its community dental service to be a referral based service with a focus on developing intermediate and specialist services closer to home, at the same time it will ensure that the service maintains access for vulnerable groups including people who are unable to readily access general dental services.

Through the Mid Wales Healthcare Collaborative, a considerable strengthening in the relationship between dental services is planned. This will be very much at the interface between community and secondary care, with a number of developments using facilities at Bronglais Hospital in Aberystwyth. During the life of this plan, the developments are; an intermediate oral surgery service for complex extractions; the development of a joint

General Anaesthetic (GA) list (involving community dental service staff) in Bronglais Hospital; and the development of a maxillofacial service.

In terms of oral surgery, an increased in-county capacity is planned for north Powys. As a result of increased demand, the capacity of the oral surgery service in south Powys will also be increased.

The restorative dentistry service will be expanded in south Powys by securing additional access to endodontics. By doing so, it is estimated that around 70 patients each year will no longer be faced with a return journey of approximately 100 miles for each of the three treatment visits required.

Maintaining access to general dental services is a priority for the health board. To achieve this, the support of the community dental service is required. Where access becomes a problem due to recruitment difficulties in general dental services, the community dental service is building capacity to help fill the gap. During 2016, the community dental service will further develop its ability to provide support where access to general dental services is compromised in particular around Machynlleth and Ystradgynlais.

The availability of appropriate dental services in care homes is a further priority area for the health board. The community dental service now has dedicated domiciliary sessions across Powys. Five dedicated sessions per week are available which helps ensure that patients have timely access to urgent dental treatment. Purchase of dedicated portable domiciliary equipment (three units in total) has helped ensure treatment can be safely carried out in the domiciliary setting. The local oral health plan contains proposals to further strengthen this service. A plan for delivering a service to care home residents is in development, for roll-out in 2016. As part of the care home strategy, this will utilise dental therapists to provide both treatment to the residents and provide training in the importance of maintaining good oral health to the care home staff. This programme will start in the North and roll out across the county.

The health board continues to provide dental health promotion and supervised tooth-brushing support to children in Powys through the Designed to Smile (D2S) programme. This service is provided from 40 locations in the county. The D2S programme has 2,755 children brushing daily; 734 children have a fluoride application undertaken; and 2,426 children have received wider oral health promotion.

Investment is being made by the health board in special care dental services. With an increase of one part-time dentist and one part-time nurse, up to 50 additional patients will be treated each week, thereby reducing waiting times for treatment and the need to access services in the secondary care sector. The appointment of the specialist will also enhance the current GA service by being able to carry out a wider range of procedures, for example restorative procedures on dental phobics.

### SKILL MIXING

Three dental therapists have now been trained in inhalation sedation, this enables more patients to access this service and in so doing, reduces waiting times. It also reduces the number of patients requiring a GA to undertake the procedure.



In 2016, dental therapists will be carrying out a direct access pilot. Approved 'in house' training will be delivered by the dental team to facilitate this pilot. This training programme has received approval for CPD hours from Cardiff postgraduate dental deanery. If successful the direct access pilot will allow dental officers to focus on higher level treatments which is in line with the concept of prudent health care.

Dental officers, supported by consultants, are enabling more patients to be treated and referred in county; this enables patients to be treated locally and provides more job satisfaction for the staff involved, thereby making the posts more attractive in rural areas. It also complements the delivery of general dental services by providing local support to patients. Examples include the oral and maxillofacial surgery service and the endodontic service. These strategies are reflected in the local oral health plan.

### GENERAL DENTAL SERVICES

Improved access is secured by the health board by commissioning extra Units of Dental Activity (UDAs) where practices have capacity to extend the service they provide. Extra UDAs are usually ring-fenced for practices to see new patients; this ensures capacity for new Powys residents who have recently moved into the area. Where a new resident can't immediately access general dental services, the community dental service has limited capacity under General Dental Services (GDS) /PDS arrangements to provide a course of treatment until alternatives arrangements can be secured. The community dental service also provides county wide urgent appointments to patients who are unable to access general dental services.

### EYE CARE SERVICES

As demand on the hospital eye service continues to increase, the health board is taking action on a number of fronts to maximise the contribution of those working in primary care. Led by a vibrant eye care group, the successes of 2015 will be further built upon over the following three years.

With the co-operation of consultant ophthalmologists from two of the health board's main external providers, pathways changes have been put in place to encourage GPs to avoid direct eye care referrals into the hospital eye service, instead directing them to accredited optometrists working in primary care. Powys has a significant number of accredited optometrists who have the capacity to also undertake cataract post-operative eye examinations; another pathway change which has been introduced. The health board is now working with its Welsh providers to establish similar pathway changes for patients using their services.

Powys patients needing to access services out-of-county often experience long journeys. This is especially difficult for those who have physical impairment and need to make regular journeys to access services. The development of a Wet AMD service in Brecon will result in excess of 150 patients in mid and south Powys not having to make regular journeys to Hereford for the treatment they require. It is estimated that close to 150,000 miles of travel each year could be avoided. The service will be supervised by a consultant ophthalmologist, but is otherwise provided on a multi-disciplinary basis using optometrists, nurses and health care assistants. It also offers a 'one-stop-shop' enabling patients to have their assessment and treatment during a single visit to the hospital. The health board intends to identify how a similar service can be established for other

Powys residents currently travelling to other parts of Wales and England for their treatment.

The health board will further develop its intentions to involve primary care optometrists to a greater extent in the treatment of patients with suspected glaucoma and stable glaucoma. The health board will embrace the all-Wales arrangements being rolled-out to support these developments, but will also work with consultant ophthalmologists to develop shared-care protocols for the care of patients with diagnosed, but stable, glaucoma.

Always putting patient safety at the heart of all developments, the health board will continue to push at the boundary between primary and secondary care eye services. During 2016, the development of a range of new eye care services in the North East area of Powys will be pursued. Spear-headed in primary care, but with the support of a wider team, including those at consultant ophthalmologist level, the range of services available in a primary care setting will be truly maximised. Being referred to locally as 'primary care plus' the range of services to be scoped include YAG laser capsulotomies, a range of minor operations and cataract pre-operative assessments.

Although Powys has a high standard of competency amongst its primary care workforce, there is a need for further training and development if the opportunities likely to present themselves to optometrists are to be fully realised. A start has been made to assess the training needs of optometrists and this will be further built upon over the coming three years. For 2016, the focus will be on medical retina and glaucoma training to support the service developments already identified by the health board.

The health board has introduced a team of three optometric advisers during 2015. All practising optometrists, their input has proved invaluable to the health board's work to further develop eye care services. The partnership with the advisors will continue across the life of the plan as their professional input helps shape the models of primary care focussed eye care services the health board will develop.

The health board actively supports the work of the Mid Wales Healthcare Collaborative and leads work on developments involving primary care and community services. This work involves the input of a practising optometrist with a remit to further develop primary care optometric services for the benefit of Mid Wales generally.

## **MEDICINES USE AND PRESCRIBING**

### **OUTCOMES**

Medicines, and prescribable non-medicines, in Powys, account directly for over £25M of PTHB spend and approximately a further £5.5M in secondary and tertiary care provision by providers outside Powys. Ongoing developments in treatment, and newer, higher cost drugs will improve patient care, but also increase medication costs. The Medicines Management strategy will support the following outcomes for the population of Powys:

- Good health in working age;
- Healthy ageing;
- Minimising avoidable ill health.



## PERFORMANCE AND AREAS OF FOCUS

It is essential that medicines are handled safely and securely, and that appropriate choices are made in maximising benefit while minimising cost and harm. Medicines Management Strategy in Powys has the following priority goals:

- Improving patient safety, empowerment and reducing risk of harm related to medicines;
- Improving the effectiveness of medicines use, leading to better care and better value;
- Identifying and implementing cost savings in medicines choice and delivery;
- Improving the appropriate use of available skills and resources to optimise medicines use;
- Supporting community pharmacy to deliver healthy lifestyle activity that reduces health risks for people and avoids the need for future NHS intervention.

To meet these goals, over the next three years and beyond, the Powys Medicines Management Team will work on engagement and activity with patient groups, professionals, voluntary organisations, the Third Sector and health and social care providers to Powys residents, consolidating current achievements and aspiring to aid Powys becoming a leading health board in:

- Minimising avoidable NHS interventions resulting from medication issues;
- Minimising harm related to medicines;
- Integrating pharmaceutical care across all health and social care sectors;
- Increasing the availability of expert advice and guidance on medicines;
- Meeting patient desired outcomes through safe effective medicines choice and use of medicines;
- Empowering patients in understanding, and effectively using prescribed medicines, and in choosing and using medicines for their self care;
- Supporting effective patient centred medicines adherence;
- Developing carer or dementia friendly support mechanisms for prescribed medicines;
- Developing innovative services for patients on medicines, or needing healthy lifestyle support, that are deliverable through pharmacy, such as smoking cessation, alcohol brief interventions;
- Efficient provision of prescribable non-medicines e.g. dressings, appliances, food supplements;
- Use of automation, and 'at a distance' technology to safeguard patients and practitioners and improve efficiency and effectiveness, and to support patient medicines use and experience;
- Skilling staff across settings in safe and secure medicines systems, administration and use;
- Supporting wider use of Independent Prescribers and enabling skill mix review;
- Minimising avoidable medicines expenditure, taking a whole system view to release money for other aspects of patient care;

- Obtaining value for money from medicines related treatments delivered by provider organisations in England and Wales.

### SIMPLE Asthma Project

A project to develop enhanced asthma management through community pharmacy is being implemented. The work is a result of co-production focused around improving access to and the accessibility of Asthma check ups and reviews.



As illustrated below, the health board has the lowest, age weighted, prescribing costs in Wales. Further improvements in patient centred use of medicines has opportunities for significant overall savings to PTHB, with improvements in use of nutritional supplements, and hydration, and further savings from efficiencies in other prescribable non medicines.

The outcome of these planned approaches will help to meet the prudent healthcare agenda, support antimicrobial stewardship, and minimise the risks of avoidable harm for patients.

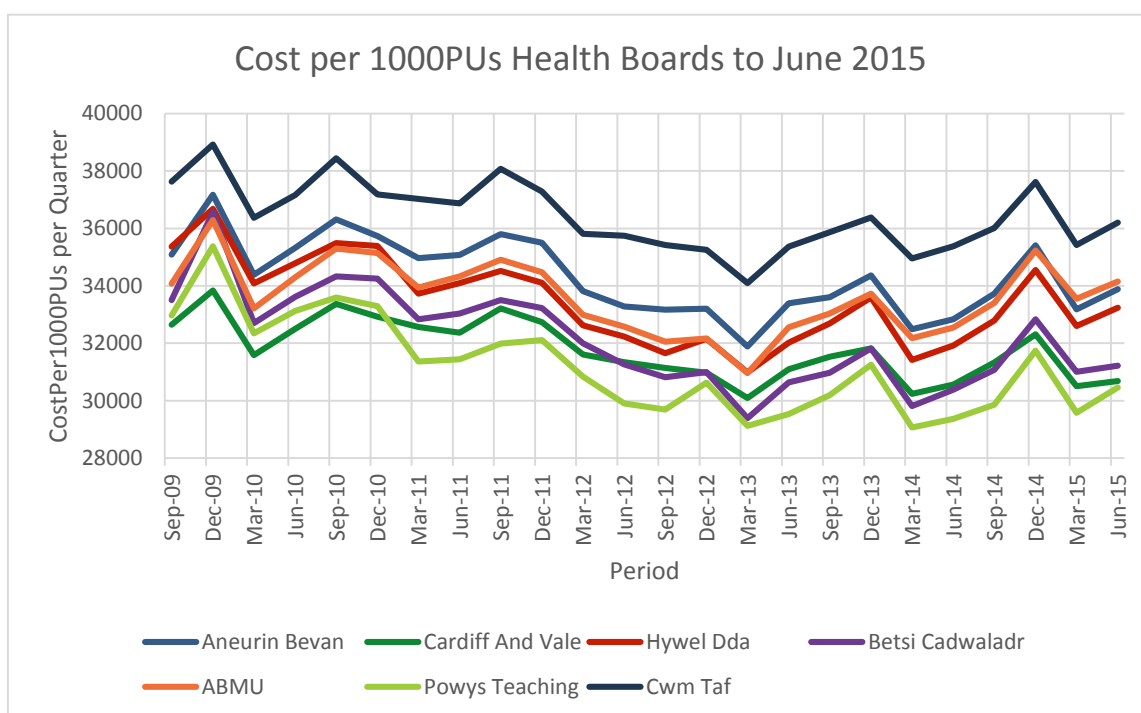


Figure 45: Powys Prescribing Costs

To support activity improving quality service provision to patients, there are some specific infrastructure and compliance activities that need to be undertaken, for which Welsh Government 'Invest to Save' funding has been received. This has enabled the recruitment of Clinical Pharmacists and Pharmacy Technicians to provide new levels of support to Powys community hospitals and Community Resource Teams, including Virtual Wards. Going forward this will allow:-

- Re-provision of medicines supply to Powys provider units to comply with regulatory changes, improve efficiency and allow for more flexible future development;

- Re-design of pharmaceutical care provision to inpatients, including support for discharge and other transfers between settings, and infrastructure for self administration;
- Provision of mental health pharmacy support;
- Development of pharmaceutical services for patients in domiciliary and care home settings.

This 'Invest to Save' project is overseen by a steering group and the Primary and Community Care Delivery Programme Board. Measures are being developed to determine the success of the project with a primary aim of reducing admissions and readmissions to hospital due to medication use.

## PRIMARY CARE SUMMARY PLAN

<b>1. Plan Care Locally and Deliver Cluster Development</b>	<b>Delivered</b>
Widen the membership of all Clusters on a consistent basis across Powys to include as a minimum all other Independent Contractor professions, nurses, third sector representatives and social work	16/17
Evaluate social Enterprise Model in South Locality	17/18
Review all Cluster governance arrangements, terms of reference and membership and ensure that they are as a minimum in line with recently published national guidance. Develop with each Cluster a position statement and timeline for the desired model of cluster operation / ambition and review the resourcing and support / OD required to achieve this. Report such development to the Board and ensure that the Locality Management Structure can support the level of ambition being expressed	16/17
Develop three Cluster OD plans in the light of the work above, obtain appropriate resourcing and deliver via both local OD functions and with access to the new Wales wide offering for OD support	16/17
Implement the top 5 priorities in each of the Cluster areas , subject to the availability of Welsh Government funding and central allocations within the Primary and Community Care Directorate	16/18
Undertake through partnership working with PHW an end to end needs assessment for the Cluster populations, looking at one disease area in each Cluster and a concentration upon Diabetes, Respiratory and Heart Failure, in order to provide a platform for the re commissioning of services from a range of providers that fits with the health needs of the local population and has the Cluster driving the change	16/18
<b>2. Improve Access and Quality</b>	<b>Delivered</b>
Enhance the capacity and resilience of the PAVO Infoengine and ensure that it links to DEWIS. In addition ensure that the level of accessibility of such at primary care team level and in GP Practice is enhanced and linked to the further development of the Single Point of Access with Powys County Council	16/17
Review the current performance of the GDS contracts and where there is underperformance look to re distribute UDAs to areas of deprivation and accessibility challenges such as Ystradgynlais and Machynlleth	16/17
Continue the roll out and mainstreaming of the Invest In Your Health programme and look to publish the results of one years worth of full operational data and the impact upon patients conditions This to be supported by a training programme around the development of staff in 1 to 1 health coaching and support and the use of telehealth options for delivery	16/19
Develop a Telehealth Improvement Plan that centres around the better management of chronic conditions self management and improved user / patient experience and compliance	16/18
Conclude the joint Assistive Technology Strategy with Powys County Council and look to focus on 5 easy wins in year one	16/17

Conclude the stabilisation of the Machynlleth Practice and determine the most effective ongoing set of management arrangements such that high quality services continue to be provided to the population and that a multi disciplinary practice based clinical model remains in place	16/17
Ensure the continued proactive support to the Newtown Practice, working in partnership with the practice and Shropdoc to deliver high quality GMS services to the population with a multi disciplinary clinical team and develop innovative approach to the delivery of clinical service, embracing telehealth and point of care testing	16/19
Deliver an increasing level of eye care services locally within Powys and specifically associated with the Wet AMD pilot in Brecon , the introduction of Optometry First across the county ,and Primary Care Plus services in the Welshpool area as a front runner focussing on the top 3 conditions and ensuring resource neutrality	16/18
Deliver over two years a primary care service for suspected glaucoma and Occular Hypertension (OHT) for the whole county and ensure the appropriate training is available for the optometrists involved in deliver of such	16/18
Develop further the maxfax service in the South Powys catchment reducing reliance on DGH services and improving local access for patients as well as improved waiting times	16/17
Expand the oral surgery and orthodontic capacity in South Powys to reduce waiting times, improve patient experience and reduce reliance on secondary care	16/17
<b>3. Deliver Equitable Access and Sustainability</b>	<b>Delivered</b>
Working with Clusters and PHW PTHB will commission an end to end needs assessment of the local population for each of the three main disease groups and undertake this on a rolling programme across Powys. This will enable future clear commissioning intentions with a range of providers across the care and treatment pathway	16/19
Review the 2015/16 impact of the Flu Programme with a particular emphasis on the delivery to vulnerable groups and deprived populations. Produce a clear implementation plan that reduces variation and targets the above areas for the 2016/17 programme	16/17
Conclude and re evaluate the potential risks to practice sustainability for those at medium risk and have in place a tool kit of options for such practices to use should sustainability for service reasons become more acute. This will focus on options for revised clinical teams, practice efficiency reviews, and reducing barriers to new GP entry	16/18
Through a review of total PTHB funded Dental Care there will be a deployment over two years of special care dentistry to a range of high risk / need clients with a focus on those with stroke and neurological conditions, with the aim of treating up to an additional 50 clients per week	16/18
Work with the clusters to consider how to implement the recommendations of the Welsh Language Commissioner's report and in particular their response to the Welsh Government's requirements	16/19
<b>4. Deliver a Skilled and Sustainable Workforce</b>	<b>Delivered</b>
Strengthen the partnership approach with Shropdoc in regard to Clinical Triage and aim to have 5 practices appropriately covered in 2016/17	16/17

Increase the availability of Unscheduled Care Practitioners in north Powys and OOHs as a means to delivery of clinical service		16/19
Continue to recruit generic Physicians Associates to PTHB and ensure that the supply chain of new PAs is maintained through the relationship, bursary arrangements and courses with Birmingham University		16/19
Scope the skills gap within practice settings for Practice Nurses and HCSW to ensure that a prudent healthcare approach can be delivered in GP Practices that supports sustainable working		16/17
Introduce Direct Access for Dental Therapists and evaluate the service prior to mainstreaming in 17/18 to ensure that the outcomes for patients, release of dentist time and skills of the therapists are maximised		16/18
Develop skilled nurse and optometrist injectors as part of the Wet AMD service in Brecon		16/17
<b>Measures</b>		
Current Practice Governance Levels and levels of delegation of resources		Staffing , HIW review and patient experience in Machynlleth and Newtown
Current Membership of Clusters		Current level of implementation of Welsh Language Act requirements
Support provided to Clusters		Current baseline of diagnostics capacity
GDS UDAs unallocated and spread		Current level of telehealth deployment
Availability and use of Infoengine		Level of secondary care maxfax, orthodontics and oral surgery
Current workload for IiYH		Configuration of Eyecare for Wet AMD
Level of referrals to Optom First		
<b>Risks</b>		
Access to new Welsh Government cluster funding to support new developments and cluster maturity		
<b>Implications</b>		
Workforce	New clinical team as noted above with specific reference to clinical triage, urgent care practitioners and Physician Associates, nurse injectors	
Financial	Use of existing and new WG cluster funding and central P&CC Directorate funding	
Estate	TBC	
ICT	Introduction of WCCIS, Links to GP systems, improved resilience of basic ICT, telehealth options	

Summary Plan 1: Primary Care

## MEDICINES MANAGEMENT SUMMARY PLAN

1. Maximise the benefits from medicines for Powys residents		Delivered
Increase support to domiciliary carers managing medicines		18/19
Introduce All Wales Common Conditions Formulary in line with the 'Choose Pharmacy Approach'		18/19
Develop pharmacy professionals to support ongoing recruitment and retention problems in GP practice		17/18
Develop in-house integrated pharmacy service, strengthening pharmaceutical input to key provider areas		18/19
Produce a hospital pharmacy supply specification and evaluate all possible supply options for Powys that meet regulatory requirements and provide an efficient and flexible service		16/17
Develop community pharmacy services to reduce impact of population changes on General Practice		18/19
Develop community pharmacy services to support the management of chronic conditions – SIMPLE asthma project underway to improve adherence and ensure appropriate inhaler technique		17/18
Further develop support for Non-Medical Prescribing		18/19
Strengthen work of PCD&T to ensure a robust formulary and prescribing guidelines to support cost effective prescribing and consistent therapeutic choices.		18/19
Promote adherence to medicines and minimise waste including patient own drugs scheme and public waste medicines campaigns.		18/19
2. Minimise the harm and avoidable admissions relating to medicines		Delivered
Introduce MTed to Powys hospitals		17/18
Develop safer systems for pharmacy medicines chain		18/19
Develop systems for medicines reconciliation and adherence review in community pharmacies		17/18
Measures		
Performance against All Wales Medicines Steering Group prescribing indicators	Numbers of medicines related incidents	
Performance against prescribing budgets	Numbers of medicines supplied through all managed routes	
Proportion of pharmacies appropriately utilising enhanced services	Numbers of Medicines Usage Reviews & Discharge Medication Reviews	
Numbers of medicines related admissions		
Risks		
<ul style="list-style-type: none"><li>Supply of medicines to wards may be disrupted without mitigation work being done</li><li>Prescribing costs will increase rapidly if GPs are unable to manage increasing demands, and make less than optimally efficient choice</li></ul>	<ul style="list-style-type: none"><li>Capacity and resources to maintain current service and implement plans may not be available</li><li>Without increasingly close working with social services medicines issues in community may result in increased</li></ul>	



<ul style="list-style-type: none"> <li>Recruitment &amp; retention of appropriately skilled staff</li> </ul>		DTtoCS, avoidable admissions, and/or overwhelming the community nursing workforce
<b>Implications</b>		
Workforce	<ul style="list-style-type: none"> <li>Skilling staff and carers, in safe and secure medicines systems, administration and use</li> <li>Increased numbers of independent prescribers</li> <li>Increased pharmacy professional support to hospital and care home settings</li> </ul>	
Financial	<ul style="list-style-type: none"> <li>Prescribing savings are planned</li> <li>Savings for NHS provision from improved medicines use</li> <li>Increased pharmacy professional time, in carer support and ward based support</li> </ul>	
Estate	<ul style="list-style-type: none"> <li>Ward based infrastructure for patient empowerment</li> </ul>	
ICT	<ul style="list-style-type: none"> <li>Increase access to and use of remote communications</li> <li>Automated medicines supply systems</li> <li>Clinical Pharmacy remote support system for wards</li> <li>Wholesale Distribution Authorisation Compliance</li> </ul>	

Summary Plan 2: Medicines Management

## 3.3 DELIVERING QUALITY

### Summary

The health board's Quality Delivery Plan describes what people, in partnership with the NHS, can expect from health care services, how we will measure success and improvement and the timeline for delivery.

**Strategic Objective 5: Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.**

### QUALITY DELIVERY PLAN

The health board's Quality Delivery Plan is based simply around the following four themes:

- **Putting quality and safety above all else:** Embed a culture of continuous improvement in safety, quality and patient experience in all settings. Ensure absolute compliance with fundamental standards, professional conduct and competence across disciplines;
- **Patient-centred care:** Create a culture that places the patient first in everything that is done. Patients and their carers to be treated with dignity, respect and compassion;
- **Integrating improvement into everyday working:** minimising harm, variation and waste by adopting quality improvement methodology;
- **Investing in our staff:** Through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively, ensuring a content workforce.

In Partnership with the NHS People Can Expect	How will we measure improvement	2016-17	2017-18	2018-19
<b>STAYING HEALTHY</b>				
<b>People in Wales are well informed and supported to manage their own physical and mental health</b>				
I have a healthy and active long life	<ul style="list-style-type: none"> <li>Key performance indicators reported to Quality &amp; Safety to include mortality data, including perinatal death data and children's services.</li> </ul>	√	√	√
My children have a good healthy start in life	<ul style="list-style-type: none"> <li>Monitoring how we keep our residents healthy as outlined in the Annual Quality Statement</li> </ul>	√	√	√
I can access the support and information I need, when I need it, in the way that I want it.	<ul style="list-style-type: none"> <li>Monitoring of sensory care standards</li> <li>Monitoring implementation of Welsh Language Strategic Framework More than Just Words in particular the Active Offer</li> <li>Progress of e-referral patient flagging systems and text messaging project.</li> </ul>	√	√	
<b>SAFE CARE</b>				
<b>People in Wales are safe and protected from harm and protect themselves from known harm</b>				
I am supported to protect my own and my family's health	<ul style="list-style-type: none"> <li>Take action to ensure the right health &amp; safety arrangements are in place and the model befits the need of the organisation going forward;</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Implementation of the Health &amp; Safety Strategy and supporting strategic action plan for 2015-2016</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Implementation of the revised risk management strategy and implementation plan</li> </ul>	√	√	√
I am kept safe and protected from avoidable harm through appropriate care, treatment and support	<ul style="list-style-type: none"> <li>Consistent and transparent incident reporting across organisation, and effective management responses</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>When things go wrong, proportionate investigation, including root cause analysis methodology is routinely used</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Through Putting Things Right process, effective and transparent approaches to staff and organisational responsiveness and learning from concerns</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Regular review of local and national trends to inform quality improvement and understanding of risk</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Strengthened capacity, skills and knowledge in the wake of the Evans report to ensure timely responsiveness to concerns at a local level and embedding learning</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Review of systems, processes, capacity and capability going forward reflecting the recommendations of the 'Gift of Complaint's review and recommendations</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Improved analysis of complaints and action taken</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>A focus on understanding patterns and themes from concerns and using risk as the basis for prioritisation</li> </ul>	√	√	√
	<ul style="list-style-type: none"> <li>Strengthen working across health boards and NHS organisations through all Wales networks and networks outside of Wales, sharing learning and good</li> </ul>	√	√	√

In Partnership with the NHS People Can Expect	How will we measure improvement	2016-17	2017-18	2018-19
	practice to inform improvements, e.g. NHS Wales service user experience group	√	√	
I receive a high quality safe service whilst in the care of the NHS	• Implementation of the new Health and Care standards supported by a programme of education and awareness	√	√	√
	• Strengthen Inspection and audit processes through effective monitoring and reporting e.g. CHC, Children/Older People Commissioners, HIW, WAO	√	√	√
<b>EFFECTIVE CARE</b>				
People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful				
Health care and support are delivered at or as close to my home as possible	• Evidence-based and patient focussed service planning and commissioning	√	√	√
	• Engage as stakeholders with commissioners when planning services	√	√	√
I receive the right care and support to either improve or manage my own health and wellbeing	• Readily accessible fundamental standards and means of compliance	√	√	√
	• Build on the learning from 'Trusted to Care' to improve safety in medicines management, hydration, continence and the use of night sedation using the quality checks toolkit			
	• Use clinical audits and outcome reviews to test quality of care and drive improvement	√	√	√
	• Rolling programme of local clinical audit, appropriately planned and robustly monitored	√		√
	• Use internal and external audit assessment and recommendations to inform service improvement	√	√	√
	• Develop and implement effective and comprehensive quality assurance measures	√		√
	• Explore developing a systematic approach/ framework to monitor provider performance and assurance to underpin contract meetings e.g. Powys internal assurance group	√	√	
	○ Use quality trigger tool			√
	○ Complaints in/against providers			
	○ Patient related incidents			
Interventions to improve my health are based on good quality and timely research and best practice	○ Clinical Governance for GDS	√	√	
	○ GMS QOF monitoring			
	○ CHC visits feedback			
	• Strengthen quality monitoring in the contract review process	√	√	√
	• 100% of staff trained in bronze level quality improvement skills	√	√	
	• Embed the Health and Care Standards outcome themes to underpin continuous self assessment and improvement actions and link with risk assessment	√	√	√
	• Share and spread successful and effective developments across PTHB	√		√
	• Systematic use of national and professional guidance, e.g. NICE	√	√	

In Partnership with the NHS People Can Expect	How will we measure improvement	2016-17	2017-18	2018-19
	<ul style="list-style-type: none"> <li>Education, research and development built into workforce planning and personal development plans</li> <li>Research and innovation driving improvements in care and uptake of new interventions and technology</li> </ul>	√ √ √	√ √ √	
<b>DIGNIFIED CARE</b>				
<b>People in Wales are treated with dignity and respect and treat others the same</b>				
I receive a quality service in all care settings	<ul style="list-style-type: none"> <li>Routinely use relevant quality triggers as early warning system, e.g. incidents, risks, complaints pressure ulcers, falls, infection control rates</li> <li>Further develop IFOR (Intelligence Focused Online Reporting) to provide quality data from the Datix system,</li> <li>Each Powys care home (nursing) to have a contract monitoring visit annually, the action plan developed from the visit will be monitored by PTHB and Powys County Council.</li> <li>Develop routine data forms covering unscheduled admissions, falls, deaths etc.</li> </ul>	√	√	
My voice is heard and listened to	<ul style="list-style-type: none"> <li>Implementation of the Patient Experience Strategy to include training, information for service users to ensure single point of contact, service user engagement events</li> <li>Patient satisfaction survey and feedback, e.g. continue the roll out of the NHS Wales User Experience Survey to additional services</li> <li>Engagement in service change, working with Powys residents to improve services</li> <li>Through co-production, using patient stories and feedback from surveys, make changes resulting in better outcomes and improved efficiency</li> </ul>	√ √ √ √	√  √ √	
I experience a care system where all participants are treated with compassion, dignity and respect	<ul style="list-style-type: none"> <li>Ensure the environment meets the need of the public and is compliant with expected standards and legislation, such as improving the environment of care for dementia sufferers</li> <li>Develop outcomes narrative to report on the experience of older people, aligned to Older Peoples Commissioning recommendations</li> </ul>	√  √	√  √	
<b>TIMELY CARE</b>				
<b>People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care</b>				
I have easy and timely access to primary care services	<ul style="list-style-type: none"> <li>Improved level of data on quality and patient safety published</li> <li>Publication of Annual Quality Statement</li> <li>Provision of Welsh Language services and accessible ways of accessing services</li> </ul>	√ √	 √	

In Partnership with the NHS People Can Expect	How will we measure improvement	2016-17	2017-18	2018-19
<ul style="list-style-type: none"> <li>To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need</li> </ul>	<ul style="list-style-type: none"> <li>Review quality and patient safety requirements in all contracts</li> <li>Undertake a Quality Impact Assessment on any proposed change to services</li> <li>Strengthen capability and systems around commissioning for quality, both Welsh and English providers, care homes, mental health and primary care</li> <li>Swift action where needed when quality triggers or measures highlight potential for substandard care/problems</li> <li>Factor in the Welsh Language and accessible communications needs of vulnerable patients when undertaking diagnostic tests.</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li></li> <li></li> <li></li> <li></li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li>✓</li> <li>✓</li> <li></li> <li></li> <li></li> <li></li> <li>✓</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>INDIVIDUAL CARE</b>				
<b>People in Wales are treated as individuals with their own needs and responsibilities</b>				
Inequalities that may prevent me from leading a healthy life are reduced				
My individual circumstances are considered	<ul style="list-style-type: none"> <li>Monitoring of spiritual care standards</li> <li>By equality monitoring and undertaking Equality Impact Assessments</li> </ul>	✓	✓	
I get care and support through the Welsh language if I need it	<ul style="list-style-type: none"> <li>Implementation of the Active Offer and Welsh language Standards</li> </ul>			
<b>STAFF AND RESOURCES</b>				
<b>People in Wales can find information about how their NHS is resourced and make careful use of them</b>				
Financial resources are used efficiently and effectively to improve my health outcomes	<ul style="list-style-type: none"> <li>Working collaborately with Powys County Council in our work in information governance and quality improvement</li> </ul>	✓		
I work with the NHS to improve the use of resources	<ul style="list-style-type: none"> <li>Review and strengthen the governance framework around quality, including committee/management group structure, reporting mechanisms</li> <li>Further develop IFOR (Intelligence Focused Online Reporting) to provide quality data from the Datix system</li> <li>Routinely use relevant quality triggers as early warning system, e.g. incidents, risks, complaints pressure ulcers, falls, infection control rates</li> <li>Strengthen inspection and audit processes including external through effective monitoring and reporting e.g. CHC, Children/Older People Commissioners, HIW, WAO</li> <li>Enhanced approach to Quality and Safety 'Walkrounds', using the 15 Steps Challenge, peer review site visits using the quality check toolkit Quality Impact Assessment of Powys service changes</li> </ul>	✓      ✓	✓      ✓	

In Partnership with the NHS People Can Expect	How will we measure improvement	2016-17	2017-18	2018-19
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	<ul style="list-style-type: none"> <li>Strong leadership across professional groups supported by training e.g. Institute in Leadership &amp; Management training</li> <li>85% mandatory and statutory training</li> <li>85% PaDR</li> <li>Robust personal and professional development and career framework in place</li> <li>Establish direct link between training and development for staff to identified quality concerns</li> <li>Training and development for: Care homes, GP practices</li> </ul>	√  √ √ √  √	  √ √ √  √	

Summary Plan 3: Quality Delivery Plan



## 3.4 INTEGRATED SERVICE DELIVERY

### Summary

The following service areas are planned and delivered through integrated working with Powys County Council and LSB partners. Delivery is governed through the One Powys Plan. Priorities for PTHB over the next three years include:

- Complete the transfer of Adult Mental Health services under the management of PTHB and implement the Hearts and Minds Strategy: Together for Mental Health in Powys;
- Implementing the joint commissioning strategy for older people and building on the establishment of integrated community teams;
- Seek to provide as much of the care pathways for children's services as possible within Powys to improve the service offer, experience for patients and manage cost;
- Implement the joint commissioning strategy for people with learning disabilities;
- Implement the joint commissioning strategy for Carers.

### 3.4.1 MENTAL HEALTH

**Strategic Objective 2:** Improve the emotional wellbeing and mental health of the people of Powys.

**Strategic Objective 3:** Increase the capacity, capability and resilience of primary and community care.

*Hearts and Minds: Together for Mental Health in Powys* is the strategy for improving the mental health and emotional wellbeing of the people of Powys. It was published in January 2013 by PTHB and Powys County Council following consultation. It is the local response to Welsh Government's ambitious programme for improving mental health in Wales which includes legislation known as the Mental Health (Wales) Measure 2010 ("the Measure"); and a 10 year cross-departmental strategy for people of all ages. A multiagency Partnership Board is in place to drive forward the implementation of the strategy through a detailed five year delivery plan.

#### MENTAL HEALTH (WALES) MEASURE 2010

The intended effect of the measure is to:

- Expand the provision of local primary mental health services;
- Ensure all people within secondary care have a statutory care co-ordinator and care and treatment plan;
- Provide adult secondary care users with a mechanism for re-assessment following discharge;
- Expand specialist mental health advocacy.

#### TOGETHER FOR MENTAL HEALTH

This plan for people of all ages aims to:

- Improve the mental health and wellbeing of the population;
- Reduce the impact of mental health problems and illness;
- Reduce inequalities, stigma and discrimination;
- Improve the individual's experience of treatment and support – including their feeling of input and control;
- Improve prevention and early intervention;
- Improve the values, attitudes and skills of those providing treatment and support.

**Hearts and Minds: Together for Mental Health in Powys** sets out what local partners are seeking to achieve in Powys. It combines local and national priorities. The vision in Powys is to promote mental and emotional health and wellbeing for all and to enable the provision of truly integrated care services for those who need them, thus making a positive difference in their lives and the lives of carers. It will achieve this through:

- Developing a wider partnership for health and wellbeing;
- Building strength and resilience, promoting mental and emotional health and wellbeing– for individuals and communities- and tackling stigma;
- Improving awareness of information, support and services;
- Improving early recognition of and response to mental and emotional health and wellbeing issues across all ages;
- Enabling access to well co-ordinated services that meet the needs of the individual as close to home as possible;
- Promoting hope and wellbeing through effective services;
- Targeting support and intervention based on need.

## ADULT SERVICE MODEL

A service model for adult mental health services has been agreed on a multiagency basis. The adult service model for Powys focuses on four main areas.

### ENHANCED PRIMARY CARE

- Co-location – building more support in or near to GP practices, co-locating mental health practitioners and services wherever possible;
- Collaboration – developing shared care/co-management arrangements between GPs/primary care practitioners and 'secondary' care;
- Flexibility – identifying people with specific or specialist mental health needs (including for example those with hearing or sight issues, homeless people, transient populations) and working to provide flexible local solutions.

### ACUTE CARE IN THE COMMUNITY ("HOSPITAL AT HOME")

- A single point of access over the 24 hour period will be provided in order to gain access to acute care services. The access point will work with the referrer to ensure appropriate and timely response for assessment and intervention based on the needs of the individual;
- Integrating Crisis Resolution and Home Treatment Team with the inpatient team – enabling a single team/function with flexibility of where 'acute' care is provided based on need/risk;

- Day Recovery and Treatment Centres as an alternative to admission. The emphasis being to provide a wide range of interventions including clinics, psychological therapies, medication titration and memory assessment;
- “Crisis House” type alternative to admission. The development of one or more crisis houses (a house where supportive services usually provided by the Third Sector can be provided based on need/risk and supported by a statutory mental health team). The evidence suggests this can reduce admissions by 50%. Crisis Resolution and Home Treatment will continue to be an essential part of providing acute care in the person’s home;
- Inpatient care will be considered in two categories. The first is for people who with an anticipated short length of stay in an inpatient unit can return to their communities/home for ongoing support and recovery. This would be based on a ‘triage ward model’ of daily consultant-led wards rounds; and a staffing level, culture and orientation to discharge planning with a bias to enabling recovery in the community setting. It’s anticipated that there would be one such unit for Powys (the initial planning assumption was 12 beds – based on evidence that a Crisis House reduces admissions. The evidence is being reviewed). The second category of inpatient provision is that where the intensity or complexity of the care and treatment required necessitates more specialist service provision, for example in psychiatric intensive care units. These services would be commissioned (and probably delivered outside of Powys) using a robust framework that includes the return of the service users to a care setting as close to home as possible. A care coordinator will always be allocated to the service user from Powys to enable the return home, or close to home, as soon as possible.

#### REPOSITIONED SERVICES FOR OLDER PEOPLE – ACCESS BASED ON NEED NOT AN ADULT’S AGE

- Services will no longer be based on age categorisation, but will consider the natural impact of the ageing process. This means that there will no longer be a distinction as to which service is provided based on age alone but on the need of the person;
- An emphasis on shared care arrangements for people who have both physical and mental health problems, particularly but not only for those people with dementia;
- People aged over 65 will have access to all services based on their need. Specific consultation and advice will be provided by professionals who have expertise in aging in order that those aspects can be adequately addressed;
- Specialist teams of professionals in the area of dementia will be formed, strongly linked into physical health teams (such as virtual ward and inpatient facilities). Their role will also extend into care homes and will have particular focus on supporting carers;
- The model moves away from having mixed ‘functional and organic’ inpatient wards. The impact of the repositioning of older peoples mental health will need to be fully determined in relation to inpatient provision. It is anticipated however that a different configuration of inpatient beds will be required.

## INTEGRATION

- The NHS and local authorities are, by law, both strategic planners (commissioners) and providers of mental health services. The intention is to join these organisations work together in order to improve communication, care and treatment planning and efficiency in delivery;
- The integration will occur at each level including leadership and management as well as front-line provision;
- The Third Sector will be seen as part of the integrated service, with a key role in leadership and management as well as front line service provision;

## CURRENT SERVICE CONFIGURATION

The majority of mental health care in Powys is delivered by Powys organisations.

**GPs** and their teams are the main providers of mental health services in Powys. GP out of hours services are provided by Shropdoc (with an interface with services covering ABMUHB for the Ystradgynlais area). There are over a thousand people with serious mental illnesses registered with GPs.

**Community pharmacies and medicines management:** Whilst greater use is being made of “talking therapies” more than 90% of patients with diagnosed mental illness will be on one or more prescribed drugs. Ensuring the safe, efficient and effective use of medication is a key issue, as is working with the Area Planning Board to tackle the misuse of prescribed medicines. A specialist pharmacist has been appointed within the PTHB Medicines Management Department to lead the mental health agenda with regard to medicines.

**Local Primary Mental Health Support Services (LPMHSS):** PTHB and Powys County Council have agreed a scheme for LPMHSS which began on the 1 October 2012. It covers all ages and includes: primary mental health assessments for individuals who have first been seen by their GP (in some cases, individuals may be referred into the local primary mental health support service by secondary mental health services); treatment, by way of short-term interventions, either individually or through group work; the making of referrals following a primary mental health assessment; provision of support and advice to GPs and other primary care workers; provision of information and advice to individuals and their carers about treatment and care, including the options available to them, as well as ‘signposting’ them to other sources of support (such as support provided by third sector organisations).

**NHS child and adolescent mental health services (CAMHS):** NHS CAMHS are funded and directly managed by PTHB. There are two teams of professionals, one based in the north and one in the south of the county, providing community based services, for those below their 18<sup>th</sup> birthday. There is nowhere to admit a child within Powys – of any age – with any condition.

**NHS adult mental health services:** Mental health services for adults of all ages were provided within Powys by three neighbouring health boards. However on the 1 December 2015 the NHS management responsibility for some existing services already based within Powys reverted to PTHB. Some services in south Powys are still managed by ABUHB and the transfer of NHS management responsibility will be completed

following the recruitment to pre-existing medical vacancies, in order to enable sustainable out of hours arrangements for psychiatry.

#### **MONTGOMERYSHIRE: (COVERING 48% OF THE POPULATION):**

- Local primary mental health support service;
- Community Mental Health Teams (CMHTs);
- A crisis resolution home treatment team (operating until 9pm during the week and up to 7pm at weekends);
- Inpatient provision for organic illness at Fan Gorau in Newtown (8 beds);
- Inpatient admission (including some provision for people with Dementia) at the Redwoods Hospital in Shrewsbury (equivalent to 7 beds for Powys for functional mental illness; 1 bed for organic illness (Dementia);. admission to the independent hospital Phoenix House in Montgomeryshire (around 7 beds for adult mental illness – with additional admissions for rehabilitation.) There are occasional admissions to Wrexham, which remains the Section 136 place of safety for North Powys;
- Access to a Memory Clinics for rapid assessment following referral;
- RAID and psychiatric liaison services are also commissioned covering the Royal Shrewsbury Hospital – and recruitment for an “in-reach” post is underway.

#### **BRECKNOCK AND RADNORSHIRE: (COVERING 44% OF THE POPULATION) PROVIDED BY ANEURIN BEVAN HEALTH BOARD (ABHB)**

- Local primary mental health support service;
- Community Mental Health Teams (CMHTs);
- Access to a crisis resolution home treatment team (operating until 9pm during the week and up to 7pm at weekends);
- Access to a Memory Clinics for rapid assessment following referral;
- Admission to Brecon Hospital (Crug Ward 10 beds) and Llandrindod Hospital (Clywedog Ward 10 beds for dementia);
- Admission to Bronllys Hospital (Felindre unit – 12 beds) for functional mental illness
- S136 suite for south Powys;
- Access to some specialist advice within ABUHB;
- Psychiatric liaison for Powys people attending the DGH in Hereford is commissioned from a separate provider; RAID is to be developed for Powys patients at Nevill Hall in Abergavenny.

#### **YSTRADGYNLAIS: (8% OF THE POPULATION)**

- Local primary mental health support service;
- Community mental health team (CMHT);
- Access to a crisis resolution home treatment team;
- Access to rapid assessment following referral for memory concerns;
- Commissioned access to an first episode psychosis team;
- Access to adult in-patient beds (Neath);
- Access to in-patient assessment (Ystradgynlais – Tawe Ward 8 beds) for dementia;
- Older adult mental health day hospital.

**Powys County Council Adults Social Services** provides the Emergency Duty Team and staff, including Approved Mental Health Professionals and care co-ordinators co-located with the NHS mental health services provided by neighbouring health boards.

**Welsh Ambulance Service NHS Trust (WAST)** The Welsh Ambulance Service provides frontline services to mental health patients in Powys and contributes to the development of pathways, such as for attempted suicide and self-harm.

**Continuing Health Care; Mental Health Act Aftercare; and Full Nursing Care:** Mental health needs account for around half the “continuing health care” (CHC) expenditure of the health board. PTHB is seeking to develop core services and “supporting living” in Powys to prevent out of county and independent sector admissions where possible. PTHB is currently funding 80 people out of county in nursing homes, rehabilitation units and secure units.

**Section 117:** Patients subject to Section 117 have a legal entitlement to aftercare following detention under Section 3 of the Mental Health Act. PTHB is seeking specialist legal advice to ensure that Section 117 responsibilities are applied correctly in cross-border cases. Over 50% of the “CHC” budget for mental health involves expenditure in relation to patients entitled to aftercare under Section 117.

**Dementia in Nursing Homes and Care Homes:** Two thirds of people with dementia live in the community while one third live in a care home. 80% of people living in care homes have a form of dementia or severe memory problems.

**Secure Estate:** PTHB participates in all-Wales arrangements for patients who need in-patient rehabilitation or assessment and/or treatment in a low secure setting. Medium and high secure services are accessed through specialist commissioning arrangements.

## **ADULT MENTAL HEALTH SERVICES NHS MANAGEMENT ARRANGEMENTS**

A great deal has been done in 2015 to simplify the highly complex arrangements which were previously in place in Powys. This will provide the platform for an improved multi-agency response locally and to strengthen governance and accountability. PTHB is now directly managing within the county around 141 staff including existing staff, new appointments and those who transferred in Local Primary Mental Health Support Services; Community Mental Health Teams; Crisis Resolution Home Treatment Teams; Mental health wards within Powys hospitals (for adults of all ages); and associated clinical psychologists and occupational therapists (this is a change to management responsibility of existing services as opposed to a change to the range or location of services for Powys residents). Overall approximately £10.7 million was spent with neighbouring health boards of which £10.3 million is returning to direct management within Powys.

In 2016, PTHB will revert to the management of further staff in south Powys. The overarching Project Board which managed this change remains in place. A Joint Transition Board under the existing Project Board is overseeing the final part of the transfer – including recruitment to pre-existing medical vacancies to enable sustainable out of hours arrangements.

Workforce issues are set out later in the section – in summary the key issues are:



- Medical staffing: in common with other highly rural areas, PTHB is developing a consultant delivered model, within the context of developing new roles within other professions. An Interim Clinical Director is in place and the role will be made permanent;
- In north Powys there are currently five psychiatrists (This includes four consultants and a speciality doctor. There is one vacancy within the existing establishment which will be advertised as a permanent consultant post. Additional support is also being secured for the Clinical Director as psychiatrists will be the largest consultant and speciality doctor group within PTHB);
- Medical staffing arrangements in Ystradgynlais are linked to the deferred transfer of ABUHB services. Adult mental health psychiatry has remained commissioned from ABMUHB in the interim. Within Ystradgynlais PTHB employs locums within older people's mental health with roles also spanning the Brecon/ABUHB area and the posts are to be advertised on a permanent basis;
- The PTHB Medical Director is chairing a subgroup of the Joint Transition Board to oversee permanent recruitment to medical vacancies within ABUHB for South Powys this includes two consultant posts and three speciality doctor posts.

The vision for sustainable mental health services in a highly rural area includes the development of multidisciplinary teams and approaches. This includes the development of Advanced Practitioners within Nursing; Approved Clinicians from other professions; and supporting GPs with Section 12 Approval. Professional leadership arrangements are in place for Occupational Therapists within mental health and a Band 5 OT rotation is being implemented within Powys and there is recruitment to additional posts. Arrangements for psychology are linked to the completion of the ABUHB transfer. The reduction in the number of employers of NHS staff in Powys will help provide the platform for the development of integrated services with Powys County Council.

Adult mental health services are now mainly delivered in or close to home. PTHB and Powys County Council are working together to implement an ambitious programme to improve the mental health of local people, following public consultation. The predicted rise in the number of people with dementia in the county means physical and mental health services, and all local services, must work together even more closely. The Board of PTHB is dedicated to ensuring that mental health has equal priority with physical health.

Across all tiers, from health promotion through to specialist services it is important that joint working between mental health services (for adults of all ages) and other services is improved including for people with Autistic Spectrum Conditions; with alcohol services and substance misuse services; with children and midwifery services; with learning disability services; and support services for carers.

Key achievements in 2015/16 have been:

- Simplified and strengthened management arrangements - with the appointment of an Assistant Director for Mental Health; Interim Clinical Director; Interim Operational Manager; and a Mental Health Partnership Manager. Additionally a Mental Health Pharmacist has been appointed to address prescribing;



- Other new clinical appointments are underway such as a Cognitive Behavioural Therapy Practitioner; psychiatric liaison staff; dementia support and link workers; occupational therapists; and staff working in perinatal mental health services;
- There is now a Board level Mental Health Services Assurance Committee – with improved scrutiny of performance, compliance and safety;
- A GP led Clinical Suicide Review Group;
- Delayed transfers of care in mental health services have reduced to the lowest level since 2010 (although there is more to do);
- A pilot of on-call psychiatry is underway – re-establishing access for the first time in six years in north Powys;
- There have been improvements to the environment for patients on Fan Gorau; Clywedog; and Felindre wards; and the community mental health team has new premises in Ystradgynlais;
- Over £800k of cost improvements have been made to continuing care packages;
- Staffing has been strengthened to support the continued implementation of the Powys Dementia Plan and Butterfly Scheme.

In 2015/16 the total expenditure for mental health (including children and areas such as prescribing, enhanced services in primary care, and specialised services) is forecast to be £29,198,106 against a ring fence sum of £27 million. Funding for mental health services will continue to be ring-fenced in 2016/17. Welsh Government will monitor the compliance of individual organisations with the ring-fencing requirement on an annual basis. Any organisation whose expenditure on mental health services falls below the ring-fenced quantum will be required to account for the shortfall in expenditure. This funding forms a floor, below which expenditure on core mental health services must not fall. This does not exclude mental health services from making efficiencies, but these savings must be re-invested in these services to meet cost increases and new developments.

Total Expenditure Across all Services	
Directly managed Services	2,353,648
Commissioned services third sector	581,086
Commissioned independent sector	1,332,485
CHC /Joint funding /117	5,875,000
Prescribing dispensing	2,116,718
Pharmacists	435,000
QOF	299,000
Enhanced services	4,000
WHSSC	3,843,000
CAMHS Team	1,193,273
additional funding WG allocation 15/16	600,000
Mental Health - General Advocacy	129,821
LTAs - MH - Aneurin Bevan	5,932,064
LTAs - MH - ABMU month April to Nov	1,003,852 Pre Transfer LTA arrangement
LTAs - MH - Betsi Cadwaladr months April to Nov	2,257,192 Pre Transfer LTA arrangement
ABMU LTA - Ystrad Locality	92,000

	Post Transfer
LTAs North - South Staffs	1,074,659
LTAs - MH - Wrexham LTA	55,248
NCAs	20,060
<b>Total</b>	<b>29,198,106</b>

Table 26: Mental Health – Total Expenditure

The financial summary for the Adult Mental Health Directorate services for 2016/17 is below.

Mental Health (Adults) 2016/17	Existing Budget	Existing New Approved Schemes	Priorities for New Expenditure
Total Budget	20,187,63	412,000	453,467

Table 27: Financial Summary – Mental Health Directorate

In 2016/17 there will be the continued implementation of new funding for mental health (allocated in 2015/16 but which is recurring). For adults of all ages, this includes:

- Dementia link workers; dementia support workers; occupational therapy on older people's mental health wards; psychiatric liaison older adult mental health; perinatal services; psychological therapies in adult mental health services.

In order to complete the transfer of management responsibility for NHS adult mental health services, PTHB will continue to incur some essential costs at risk ahead of the re-phased transfer date:

- Sustainable out of hours arrangements in a highly rural area;
- The permanent appointments of a Clinical Director (with support) and a Head of Nursing;
- Strengthened clinical governance for mental health services with the development of a post for quality and safety;
- Further strengthening of professional leadership within mental health services.

Priorities for service improvement spanning interfaces with other departments and services include:

- Further improvements to the estate especially in north Powys for the community and crisis resolution home treatment teams;
- Strengthening the support arrangements for the multi-agency Psychological Therapies Committee and plan;
- The leadership and governance of substance misuse services within PTHB and for services for veterans;
- The development of a shared information system with the local authority (including mental health);
- Primary prevention and improvements to the physical health of mental health patients;
- Continuing Health Care reviewer capacity in mental health needs to be further strengthened;

- Improvement to the management of Deprivation of Liberty (DOLS) and staff awareness of the MCA.

The plan helps to address key risks for mental health reported to the Mental Health Services Assurance Committee.

- There is a detailed risk register with mitigating actions for the completion of the transfer of management responsibility for mental health services in South Powys. The key issue is the recruitment to medical vacancies for sustainable out of hours arrangements.

Other key risks within Powys which the plan addresses are:

- Psychology waiting times;
- The need to strengthen the leadership and governance of substance misuse services and joint working with mental health services.

PTHB will develop a plan for the next stage of delivery for Together for Mental Health taking into account Welsh Government priorities which are:

- All children have the best possible start in life, enabled by giving parents/care-givers the support they need;
- All children and young people are more resilient and better able to tackle poor mental well-being when it occurs;
- Children and young people experiencing mental health problems get better sooner;
- People at working age are more resilient and better able to tackle poor mental well-being when it occurs;
- People with mental health problems, their families and carers are treated with dignity and respect;
- Services meet the needs of the diverse population of Wales;
- People with a mental health problem have access to appropriate, evidence based and timely services;
- People of all ages experience sustained improvement to their mental health and well-being through access to positive life chances;
- Wales is a 'Dementia Friendly Nation';
- The quality of life for older people is improved, particularly through addressing loneliness and isolation, together with strengthening of the safeguarding agenda for older people including dementia.

The priorities above also reflect learning from incidents including strengthening PTHB work in relation to substance misuse; strengthening clinical governance; driving forward electronic referral between GPs and mental health teams; strengthening joint working between midwifery and mental health teams; and further reducing the complexity of the arrangements in Powys.

For any further funding made available from Welsh Government for mental health in 2016/17 the health board will use the priorities identified in this plan to put forward proposals when invited to do so. Specific opportunities and projects have been detailed in the Prevention and Health Improvement section summary plan.

Adult mental health: summary of key developments across the whole span of services	
<b>Self help &amp; Primary Prevention; and Health Promotion</b>	NHS Direct, PHW & PTHB funded information services; 5 ways to wellbeing; suicide prevention strategy (TalktoMe2); Dementia Friends. (Brecon first dementia friendly town in Wales).
<b>Primary Care</b> (Early intervention; enhanced primary care; shared care; co-located services; flexible solutions including the homeless).	PTHB (GPs, pharmacies) Lead GP for mental health North Powys, South Powys & Ystradgynlais in place. GP led Clinical Suicide Review Group in place; strengthening GP involvement on mental health wards (physical health needs of mental health patient's greatest inequality of all). Links established with Wales Mental Health in Primary Care Network. Drive forward electronic referral from GPs to mental health services.
<b>Local Primary Mental Health Support Service (LPMHSS)</b> (Enhanced primary care)	PTHB and Powys County council are the relevant Partners for Powys Part 1 Scheme: Level of referral higher than elsewhere in Wales (Reviewing inclusion of counselling in the Powys Scheme) Supported on- line CBT project (€500k over 3 yrs;- Beating the Blues; unlimited licenses; Project Board rolling out). Book Prescription Scheme. Group work. Improved information about commissioned third sector services. 50+ people trained in Living Life to the Full - now being used. Recruitment of CBT practitioner and development post underway.
<b>Community Mental Health Teams* (CMHTs)</b> (Integrated and well co-ordinated care for people in the community)	Part 2 compliant (see trend). Ensure consistent approach to validation and audit across Powys for services previously managed by other health boards. Powys County Councilmanage co-located social workers. Written care and treatment plan must include crisis plan to anticipate deterioration. Implement new all-Wales "user lens" feedback forms (Part 1 and Part 2). Extend community memory clinics –dementia all ages (Dementia Plan)
<b>Extending Talking Therapies and modernising prescribing</b>	Specialist pharmacist for mental health appointed. Whilst there has been a reduction in the number of patients waiting for psychology (following a pilot of a co-production event in South Powys) significant difficulties remain. In addition to the new CBT post, bank staff are being recruited to psychology, counselling and practitioner posts. Psychology waiting times are reported to the Mental Health Services Assurance Committee. A waiting list initiative is underway. Access to Cognitive Stimulation Therapy has been strengthened. The Psychological Therapies Demand and Capacity plan – previously submitted to WG is being implemented. It is to be updated to ensure it reflects the all-Wales psychology therapies plan with the aim of ensuring core evidenced based therapies are available [including CBT; DBT; solution focussed therapy; brief interventions]. Further training is underway. Work has been undertaken to improve awareness of services available to veterans- but more work is required. The extension of psychological therapies is an all-age, multiagency, multidisciplinary issue wider than "mental health" including areas such as midwifery and stroke. Support arrangements for the Psychological Therapies Committee need to be strengthened.
<b>Crisis Resolution Home Treatment Teams</b> <b>Other out of hours/DGH/Raid – Liaison Psychiatry</b> (Alternatives to admission at home);planning to prevent crises)	CRHTTs fully functioning but differences between the teams will be reviewed. Initial work looking at the demand for a "crisis house" has indicated an alternative approach may be needed in Powys as there were insufficient cases within reasonable travelling distances to justify a stand-alone development – alternatives are being explored, including through the Mid Wales Healthcare Collaborative. (The evidence suggests that admissions can be reduced by up to 50%). A pilot is underway in north Powys for on-call psychiatry. Admissions in north Powys are carefully tracked each week to help reduce the number of patients admitted to distant units outside Powys. Additional staff have been provided in the CRHTT in north Powys to cover absences and to improve care co-ordination. The Powys County Council Emergency Duty Team has embedded new rotas. A multiagency s136 group is in place and has been successful in ensuring a more appropriate response to people found in a public place thought to be mentally ill. OOHs flow-chart circulated. S12 lists are up-dated. Overall a tiered approach is required to developing sustainable out of hours arrangements in a highly rural area including strengthening day-time care co-ordination and crisis response; CRHTTs further development – including people with dementia; the development of Advanced Practitioners; the development of nursing on-call with a clear interface with operational on-call; the development of Approved Clinicians from professions in addition to medicine; a wider number of section 12 doctors including GPs – especially in south Powys; recruitment to pre-existing medical vacancies in South Powys. RAID is in place north Powys, and is being developed for patients accessing Nevill Hall. The "virtual ward" approach needs to be developed for people with dementia.
<b>In-patient (mental illness and dementia)</b> (developing a needs led approach)	48/64 beds in Powys Hospitals. Plus 7 Phoenix House. Approx 8 Redwoods & occasional admissions to Wrexham. Whilst there has been success in reducing admissions from north Powys to distant out of county hospitals – there can still be difficulties at times of peak demand. There needs to be more flexibility of bed use across Powys to prevent patients being admitted to distant hospitals if their needs can be met by hospitals within Powys. Delayed Transfers of Care within mental health beds within Powys are now at the lowest rates since 2010 with a weekly DTOC telephone conference to escalate any case causing concern. Action has been taken in year to respond to the findings of WG spot checks. An Occupational Therapy rotation is being established within Powys. Consideration needs to be given to how more challenging needs of patients with dementia could be met in Powys – including hospitals with access to substantial safe outside space.
<b>Tertiary/Specialised/ Welsh Framework</b>	Perinatal – Funding secured to enhance early intervention in perinatal mental health care; secure estate: drive forward step-down to supported living.
<b>Continuing Health Care; Mental Health After Care; Full Nursing Care</b>	S117 aftercare with Powys County Council; residential rehabilitation; low secure; joint funding. Funded Nursing Care reviewer appointed. Strengthen CHC reviewer capacity within Mental Health. Separate Resource Panel now established. Work is underway to ensure s117 responsibilities are recorded accurately with Powys County Council and cross-border responsibilities applied correctly. Develop supported living for step-down with Powys County Council. Reduce the number of patients placed out of county by developing core services within Powys. Establish Local Solution Approach prior to CHC. Seek to develop core service solutions e.g. medication visits and ABI service. Director panel for some decisions. Develop home based assessment. Ensure IPFR correctly routed. Dos (wider than mental health– but impacting on mental health assessors' core role). The PTHB CEO is chairing all-Wales work to extend CCAPS/"the framework approach" to working age adults in residential care settings [67 different contracts- up-date). Further strengthen governance arrangements.

<b>Joint Working with other services</b> <b>Alcohol and substance misuse services</b>	<p>Alcohol and Substance Misuse: The strategy has been revised and the Area Planning Board service has been re-commissioned. Governance and leadership is being strengthened. A revised co-morbid substance misuse policy and pathway to be implemented on a pan Powys basis. Arrangements for the Methadone service require review.</p> <p>Autistic Spectrum Condition: ensure effective joint working across all tiers from health promotion to specialised services</p> <p>Women and Children Services: implement improved joint working based on reduced complexity of services in Powys especially around birth and at transition from children to adult services.</p> <p>Learning Disability: ensure effective joint working arrangements in place based on reduced complexity of services in Powys</p> <p>Complex physical and mental health needs: strengthen joint working arrangements especially for older people</p> <p>Carers: ensure awareness and compliance with statutory duties and local implementation plan</p>
<b>Governance</b>	Board level Mental Health Services Assurance Committee established. Recruitment to key leadership roles. Establish Clinical Governance post within the Mental Health Department.
<b>Estates</b>	Mental Health Estates group established with an amalgamated action plan reported to the Mental Health Services Assurance Committee. Significant improvements to the environment for patients in 2015/16 including Fan Gorau; Clywedog; and the new base for the CMHT in Ystradgynlais. Co-location and the improvement of community/CRHT facilities in north Powys is a priority. Capital: Confirm medium term project to modernise mental health estate
<b>IT</b>	Mental Health Services will be part of the implementation of the Wales Community Care Information Service (include goal based outcomes from the perspective of people using services); Drive forward electronic GP referral to mental health services
<b>Workforce</b>	<p>There are now approximately 141 staff directly managed by mental health services in Powys (including the existing Mental Health Department).</p> <p>Fewer NHS employers within the same county will provide a better platform for the development of integrated services. In 16/17 there will be the following key developments:</p> <p>The transfer of management responsibility for staff already working in south Powys needs to be completed. A Joint Transition Board (JTB) will oversee a detailed Phase 2 plan including a medical staffing recruitment plan and south Powys recovery plan. Recruitment to pre-existing medical staffing vacancies in South Powys is required ahead of transfer. The PTHB Medical Director will lead a medical staffing subgroup under the JTB. PTHB is leading on the permanent appointments to ensure a “fit” with the long term model required for Powys. ABUHB, as a commissioned service, remains responsible for operational management; interim medical appointments; and all other appointments. Sustainable out of hours arrangements will include the development of a nurse-on-call; Advanced practitioner roles; Approved Clinicians from other professions; and more GPs being supported through the s12 approval process (Project Management will be extended until completion.) The South Powys recovery plan for ABUHB managed services must ensure sufficient qualified nurses are in place to meet RCP requirements for in-patient services; PTHB funding for psychology must be used to ensure an effective service for Powys residents; LPMHSS must be compliant with WG targets.</p> <p>Key appointments will include: the permanent appointments of the Clinical Director and Head of Nursing (with increased speciality doctor support for the Clinical Director post); the establishment of a dedicated Clinical Governance post to support the Mental Health Directorate; and a full-time senior lead for substance misuse.</p> <p>PTHB needs to address the professional leadership of all forms of psychology within the health board. (Some PTHB resources currently rest in ABUHB and will be transferred as part of the completion of the Project above.)</p> <p>Support arrangements for the Psychological Therapies Committee need to be strengthened (at present this is an unfunded requirement). The leadership of ASC services requires further consideration in terms of strengthening services for adults of all ages - as does Veterans Health. All of these are cross-cutting issues wider than mental health.</p> <p>Mental Health Continuing Health Care assessment and review capacity needs to be strengthened. At the end of September 2015 there were 62.5 cases held per WTE nurse assessor in mental health compared with 23.25 for the localities.</p>



## ACUTE BEDS IN RELATION TO BENCHMARKING COMMISSIONED BEDS

Demand, capacity and developments have been considered within a “whole system” approach. PTHB has been commissioning, on average, just over 64 beds in relation to mental health excluding continuing care (but including independent sector hospital admissions for the Montgomeryshire population). Powys is moving to a model where adult patients with dementia or mental illnesses (such as bi-polar disorder) will be seen by the right service based on need not age (known as a “needs led” approach). On average 35 beds for patients with dementia/organic illness have been commissioned and 29 for mental/functional illness. The national benchmarks would mean Powys would expect to have 22 functional beds and 25 dementia beds (based on the upper quartile – due to the underlying number of older people in the population).

It is essential that existing expenditure is spent effectively in line with the new strategy and model. In the medium term the configuration of “functional” in-patient mental health services needs to be consolidated and integrated with the Crisis Resolution Home Treatment Teams to provide the opportunity for sustainable medical staffing; assessment; home treatment and admission of patients 24/7 within Powys – with fair and equitable access across the county. A sustainable ‘Crisis House’ type approach needs to be developed including exploration through the Mid Wales Healthcare Collaborative.

For adults with organic illness such as dementia - there needs to be more flexible access to existing inpatient provision across shires in the short-term, particularly for assessment and for those with challenging behaviour. Medium term plans need to be aligned with community hospitals in order to develop shared care arrangements for people who have both physical and mental health problems, particularly but not only for those people with dementia. The role of specialist teams of professionals in the area of dementia - strongly linked into physical health teams, such as virtual ward and inpatient facilities, will need to support home care teams and extend into care homes – with a particular focus on supporting carers. This is an area which requires particularly close planning and management with the local authority. There has been a significant improvement to mental health delayed transfers of care (the beds managed by neighbouring health boards in Powys had been experiencing the highest levels in Wales). Rates are now back down to pre-transfer levels, but there is more to do.

Some Rapid Assessment Interface and Discharge (RAID) and/or specialist psychiatric liaison services are commissioned for Powys patients attending neighbouring DGHs. Taking into account evaluations of RAID, psychiatric liaison for older people needs to be strengthened in south Powys - in relation to Nevill Hall DGH in south Powys. Specialised services are commissioned through all-Wales arrangements. PTHB will continue to commission services such as psychiatric intensive care from neighbouring health boards.

## KEY TRENDS AND PERFORMANCE INDICATORS

### LOCAL PRIMARY MENTAL HEALTH SUPPORT SERVICES

The position at the end of December 2015 is summarised below:

- Assessments: 80% of assessments being undertaken in 28 days (79.4%)
- Interventions: 72.5% of interventions are undertaken in 28 days against a target of 80%.

#### PART 1 ASSESSMENT

The aim in 2016/17 is ensure compliance with WG targets.

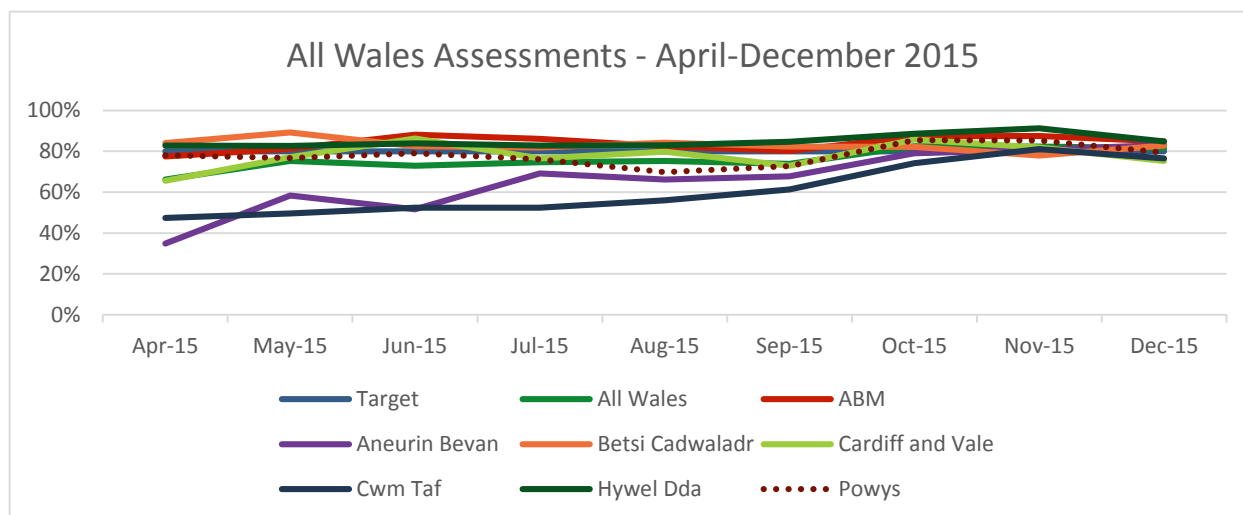


Figure 46: Mental Health Measure - Part 1 Assessment

#### PART 1 INTERVENTION

Performance in relation to waiting time for interventions is just below WG targets. There is short-fall (on average, on a monthly basis) of 71 interventions in south Powys for working age adults in ABUHB managed services. The aim in 2016/17 is to achieve and sustain compliance.

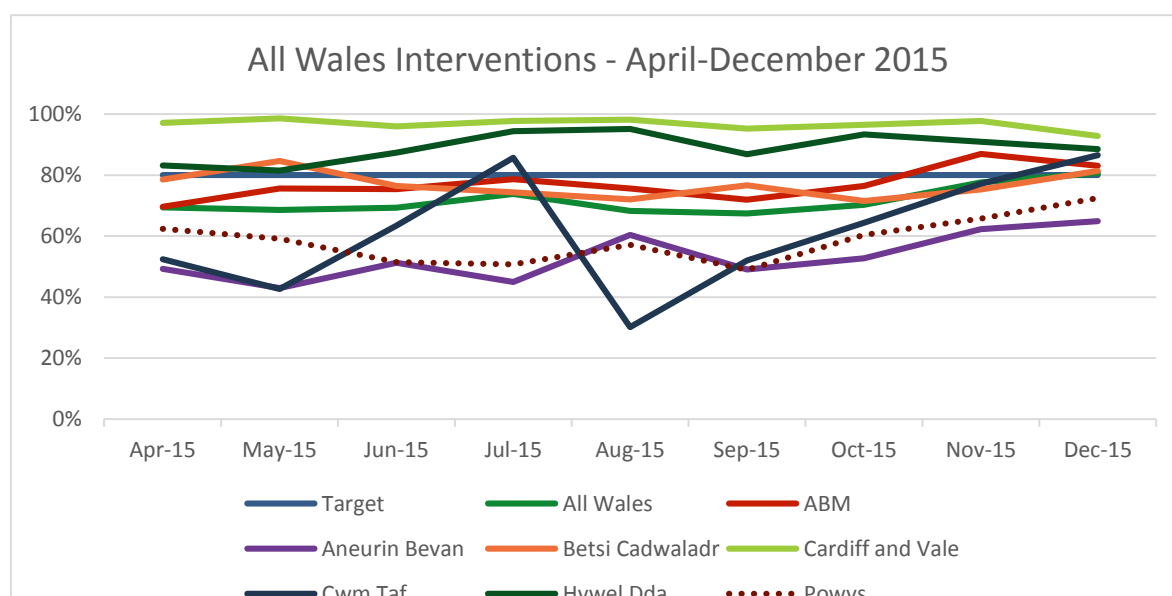


Figure 47: Mental Health Measure – Part 1 Intervention



## CARE TREATMENT PLANNING- PART 2

Around 1,200 people have care and treatment plans in Powys. The aim in 2016/17 is to ensure compliance and robust pan Powys audit and validation for services transferred to PTHB management

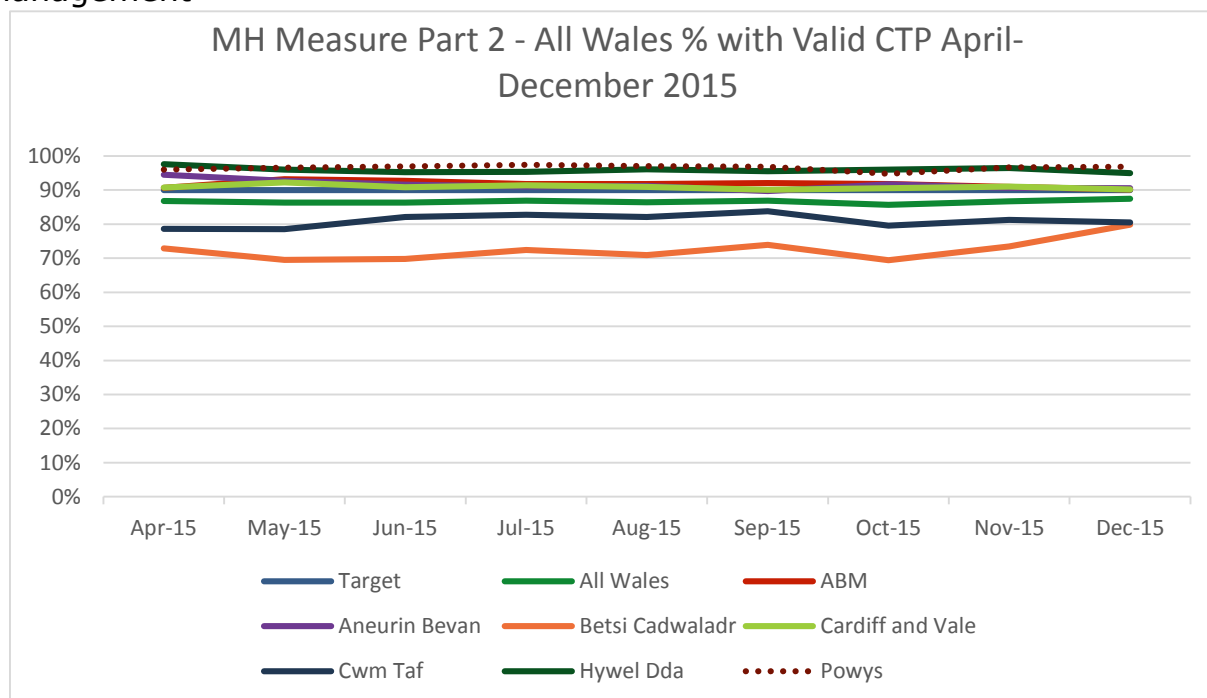


Figure 48: Mental Health Measure – Part 2

## CRHTT

Teams across north and south Powys are fully functioning, but differences between teams will be reviewed. Access in the CRHTT in the Ystradgynlais area remains commissioned.

## DELAYED TRANSFER OF CARE

The aim is to achieve and sustain a position equivalent to the Welsh average in 2016/17. 48 of the 64 mental health beds that PTHB commissions for adults of all ages are in Powys hospitals. Beds managed by three neighbouring health boards in Powys experienced the highest rates of DToC in Wales. In 2015/16 Powys has been able to return to the best position since 2010.

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	TOTAL	% of referrals assessed (Rolling 12 Months)
<b>Powys</b>														
No of referrals	52	52	64	51	67	53	66	61	53	41	66	71	697	
No of Assessments	50	41	55	46	62	46	61	58	48	34	63	60	624	90%

Figure 49: Mental Health DToC

## PSYCHOLOGY WAITING TIMES

For adults of all ages psychology services have been provided by neighbouring health boards since February 2011. It was thought that strategic and operational service development was more likely to be achieved within larger and more comprehensive mental health departments, and that the embedding of psychology services within core mental health services was more likely to be achieved. At the time of transfer, waiting times for adult services had been falling and was five months and three weeks, and for older adults it was also falling and was 67 weeks.

In north Powys in July 2014, there were 99 people (adults all ages) on the psychology waiting list and the longest wait was 32 months. In south Powys in September 2014 there were 121 patients (adults all ages) on the waiting list, with 4 people waiting 43 months and over. Services for north Powys returned to management by PTHB in December 2015. Additional bank psychologists have been recruited. Services currently managed by ABUHB in South Powys are due to return in 2016.

Waiting List	Number Waiting	Maximum Wait in Months
Total North Powys – Working Age Adult at 31/12/15	80	Longest wait 17 months
Total North Powys – Older People at 31/12/15	22	Longest wait 18-24months
ABUHB Area of South Powys - Working Age Adult at 31.12.15	84	Longest wait 38 months
ABUHB Area of South Powys Older Adult	6	Longest wait 24-30 months

Table 28: Psychology Waiting Times

## CONTINUING HEALTH CARE

The aim in 2016/17 is to provide a greater proportion of care packages within Powys.

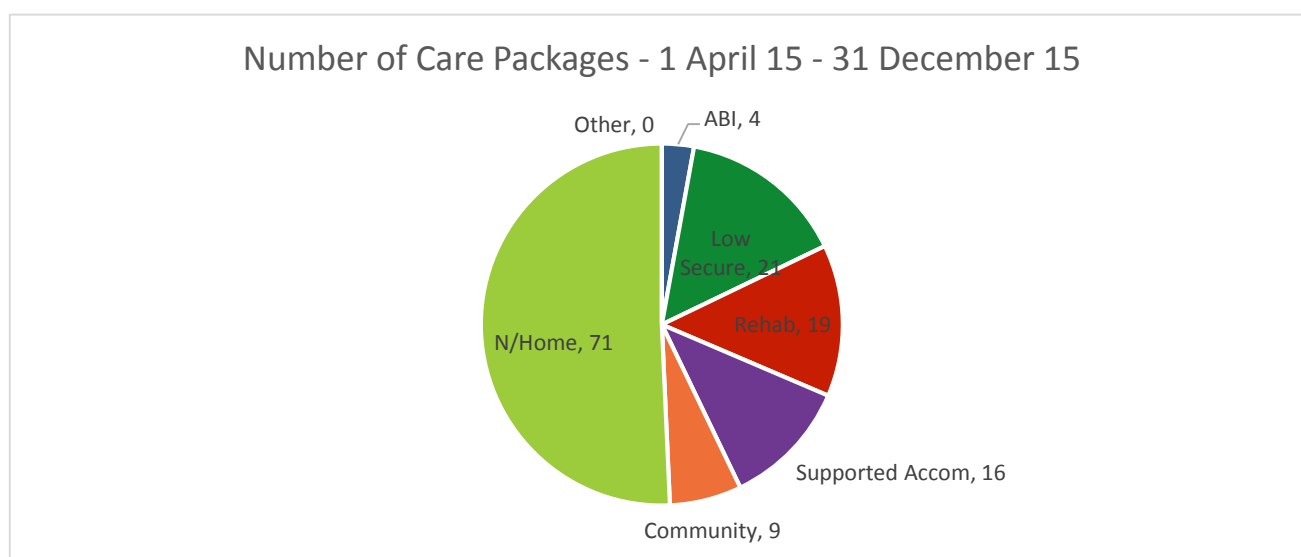


Figure 50: Continuing Health Care - Care Packages

## SUMMARY PLAN: MENTAL HEALTH

1. SIMPLIFY AND STRENGTHEN NHS ADULT MENTAL HEALTH ARRANGEMENTS	16/17	17/18	18/19
<ul style="list-style-type: none"> <li>i) Develop, commission and implement mental health services for the people of Powys in line with service specification</li> </ul>	Commission services not directly managed within Powys in line with Feb 2015 Board decision. Develop "framework approach" for continuing health care	x	x
<ul style="list-style-type: none"> <li>ii) Agree and implement NHS Adult Mental Health management arrangements in order to deliver strategy, adult model and specification. Phase 1: Board decision about extent to which services will be directly managed in Powys; Phase 2 implementation; and Phase 3 completion and evaluation. Phase 4 is the development of integrated services.</li> </ul>	Complete Phase 2 transfer for ABUHB services & Phase 3 Project evaluation. Develop Phase 4 project plan for integrated services. <b>(Detailed Phase 2 and 3 Plan available with risk register.)</b> Appoint Head of nursing and Clinical Director Appoint Quality and Safety Manager	Phase 4 Project Plan	
<ul style="list-style-type: none"> <li>iii) Re-commission third sector provision in line with strategy, adult model and service specification</li> </ul>	Re-commission in line with timetables for specific services, securing long term solution for the provision of specialist independent mental health advocacy in line with the Measure.	x	x
2. DELIVERY OF ADULT SERVICE MODEL			
<ul style="list-style-type: none"> <li>Review in-patient provision and ensure maximum use of alternatives to admission. Ensure flexibility of bed use within Powys</li> <li>Establish estates plan and business case/s to ensure appropriate standards, capacity and efficiency</li> <li>Ensure whole-system approach to reducing use of emergency out of hours services – including S136</li> <li>Review Acquired Brain Injury Pathway</li> <li>Ensure robust care and treatment planning under Part 2 of the Measure</li> <li>Consider how best to apply "crisis house" type approach to a highly rural area</li> <li>Ensure physical health assessment of patients in primary and secondary health care</li> </ul>	Monitor inpatient bed occupancy across Powys; CRHTT activity; and out of county admissions to ensure patients treated in or close to home wherever possible and to prevent out of county admissions where possible. Achieve and maintain DToC at or below the Welsh average. Ensure compliance with requirements for care and treatment planning (including crisis plans) Implement tiered approach to sustainable out of hours services Ensure continued improvement of appropriate use of section 136 powers Work within Mid Wales healthcare Collaborative to extend crisis support in a highly rural area Strengthen perinatal services Ensure reciprocal arrangements are in place between care or the elderly and mental health wards for people with dementia.	x	x

	Further strengthen GP involvement in meeting the physical health needs of mental health patients – including inpatients Waiting times initiative for psychology within mental health services.		
<b>Reposition services for older people</b> <ul style="list-style-type: none"> <li>Implement Dementia Plan</li> <li>Strengthen safeguarding for people with dementia</li> </ul>	Implement Dementia Plan Implement strengthening of dementia link workers Implement strengthening of dementia support workers Implement strengthening of psychiatric liaison for older people Extend crisis support for older people, including those with dementia Strengthen primary prevention Strengthen commitment to safeguarding	x	x
<b>Enhanced Primary Care</b> <ul style="list-style-type: none"> <li>Extend use of evidenced based psychological therapies, particularly as part of Local Primary Mental Health Support Services.</li> </ul>	Ensure compliance with Part 1 of the Measure: Embed CBT practitioner Waiting times initiative for Part 1 Ensure optimum utilisation of supported on line CBT. Up-date and implement psychological therapies action plan	Main-stream on-line CBT	x
<b>3. Wider Partnership working for mental health and integration with Powys County Council</b>			
<ul style="list-style-type: none"> <li>Implement Hearts and Minds: Together for Mental Health.</li> <li>Prepare for integration with Powys County Council.</li> <li>Implementation of Social Services and Wellbeing Act.</li> <li>Improve prevention and early intervention: implement "Talk to Me": to reduce suicide and self-harm.</li> <li>Reduce inequalities, stigma discrimination:</li> <li>Roll out of "Time to Change"</li> <li>Ensure best practice in place with regard to employees with mental health.</li> <li>Ensure appropriate impact assessments of PTHB policies and plans.</li> <li>Ensure service development informed all service users</li> </ul>	Implement next stages of Hearts and Minds Together for Mental Health <b>(Detailed delivery plan available and submitted to WG)</b> Strengthen joint working between substance misuse and mental health services  Prepare for implementation of WCCIS (for mental health services) Implement revised "Talk to Me" Plan	x	x

## Achievements 2015/16

- Simplified and strengthened management arrangements - 120 NHS staff within Powys transferred to PTHB
- Mental Health Services Assurance Committee in place
- Delayed transfers of care in mental health services reduced to the lowest level since 2010
- Transfer of resources from distant out of county hospital provision to services in or close to home
- A pilot of on-call psychiatry is underway – re-establishing access for the first time in six years in north Powys
- Improvements to the environment for patients
- Mental Health CHC forecast to be within budget
- GP led Clinical Suicide Review Group established

## Measures

Part 1 of the Mental Health Measure: 80% of assessments within 28 days	Further reduce delayed transfer of care achieve a level at or below the Welsh average
Part 1 of Measure: 80% of assessments within 28 days	Local requirement: Reduce waiting times for psychology
Part 2 of Measure: 90% of health board residents who are in receipt of secondary mental health services have a valid care and treatment plan	Work with Dyfed Powys police and other partners to ensure appropriate used of Section 136 MHA powers
Part 3 of Measure: report issued within 10 days following reassessment.	Local requirements: Reduce the number of patients subject to continuing health care; s117 of the Mental Health Act and joint funding arrangements who are placed out of county
Part 4 of the Measure: hospitals within the health board have access to independent advocacy for qualifying patients	

## Risks

- In order to complete the management transfer of NHS staff working in existing services in south Powys there needs to be recruitment to permanent appointments, in particular in psychiatry, which will reduce the reliance on locums and enable sustainable out of hours arrangements. A Joint Transition Board is in place, with a detailed Phase 2 Plan and risks management schedule. This has been further strengthened by a medical staffing subgroup & recruitment plan (chaired by the Medical Director) and a Recovery Plan for ABUHB delivered services in south Powys (including LPMHSS, nurse recruitment and psychology)
- PTHB has made appointments at risk in order to enable the transfer to be completed, based on funding including £130k corporate costs in ABUHB, which will be released back to PTHB on transfer
- The allocation of resources for independent specialist advocacy based on population was insufficient to secure a long term provider for PTHB, additional core funding is being provided by PTHB
- CHC expenditure in mental health is forecast to break-even in 2015/16 with an improved position of approximately half a million, however budget setting could limit the capacity for further improvement given the underlying pressure such as dementia
- Whilst there has been a transfer of resources from out of county providers to resources directly managed within PTHB (including the independent sector) unit costs will rise in 2016/17. It is essential there is continued access in 16/17 to the mental health services which remain commissioned from ABUHB, BCUHB (Wrexham) and ABMUHB as agreed in 15/16

Implications	
Workforce	<ul style="list-style-type: none"> <li>• Work with ABUHB through the JTB to ensure: permanent recruitment to locum psychiatry posts currently employed by ABUHB in south Powys; strengthened qualified nurses spanning inpatient ward and crisis teams currently employed by ABUHB; PTHB investment in ABUHB psychology delivering effective service for PTHB residents.</li> <li>• Work with ABUHB through JTB to complete management transfer of NHS staff currently working in Powys</li> <li>• Implement sustainable out of hours arrangements within a tiered approach utilising nurse on-call, Advanced Practitioners, Approved Clinicians from other professions and support for GPs seeking Section 12 approval.</li> <li>• Complete process for permanent appointments in PTHB managed services, including interim clinical director, interim operational manager and new clinical governance role</li> <li>• Complete arrangements for the professional leadership of psychology</li> <li>• Complete appointments in 2016/17 using new funding secured in 2015/16 to extend psychological therapies, dementia link and support workers, and psychiatric liaison for older people</li> <li>• Continued development of care co-ordination and compliance with statutory and mandatory requirements</li> <li>• Appoint to additional CHC mental health nurse assessor (coupled with recruitment of best interest assessors across the organisation)</li> </ul>
Financial	<p>A financial plan is in place based on:</p> <ul style="list-style-type: none"> <li>• The repatriation of resources from out of county providers including the independent sector which was achieved during 2015/16 and which is now available recurrently</li> <li>• New funding secured from WG in 2015/16</li> <li>• The continued effective management of CHC which was achieved in 2015/16</li> <li>• Funding which will directly managed by PTHB when the transfer of management responsibility for services delivered in South Powys is complete</li> <li>• Continued improved utilisation of existing in-patient provision within Powys to prevent out of county admissions</li> <li>• Challenge of S117 responsibilities which have been incorrectly attributed to PTHB</li> <li>• Funding of £400k is required to complete the transfer and to ensure sustainable out of hours services</li> <li>• Priorities identified, e.g. evidenced based schemes for primary prevention, should further new funding be available</li> </ul>
Estate	<ul style="list-style-type: none"> <li>• Enhanced community service provision for integrated and co-located teams, with Newtown a priority</li> <li>• Extended crisis models including older people</li> <li>• Enhanced use of e-technology in patient pathways</li> <li>• Repatriation of out of county inpatient, rehabilitation and secure activity to acute mental health beds, crisis teams and supported living in Powys</li> </ul>
ICT	<ul style="list-style-type: none"> <li>• WCCIS</li> <li>• Extend Telemedicine and on-line services</li> </ul>

### 3.4.2 INTEGRATED CARE FOR OLDER PEOPLE

**Strategic Objective 2:** Improve the emotional wellbeing and mental health of the people of Powys.

**Strategic Objective 3:** Increase the capacity, capability and resilience of primary and community care.

We are seeing a change in service delivery from secondary care provision into more network based primary and community care services with care closer to home. The models of care we use to support our population need to be safe, effective and efficient and support those living with increasing complex and multiple conditions in our communities. We want to empower citizens and local communities to take greater control and influence over decisions that impact on their lives and to enable people to live in an environment of their choice and be part of their community.

We will manage the increases in demand on future services by being innovative in the way we deliver our future services, increasing the focus on developing health prevention and early intervention, and by putting in place support services which can respond to higher levels of need, particularly for people with dementia. We will do this by increasing reablement services, reducing long-term demand on domiciliary care services, reduce unnecessary hospital attendances and ensuring we use our resources effectively by ensuring that people are appropriately admitted to hospital and that they only stay for the required time during their treatment.

By bringing together health and social care through shared processes, information systems and co-location, we will help maximise opportunities for individuals to be supported at home (Powys County Council /PTHB Statement of Intent, 2015). This will provide clarity and enable people to access services more easily by providing simplified processes and giving staff the professional freedom to work with individuals in the most efficient and effective way to achieve the best possible outcomes.

A joint commissioning strategy for older people has been agreed by our Board and Powys County Council Cabinet and is being consulted upon from January 2016. This strategy sets out the way we want to work together with our public, patients, service users and their families to ensure older people in Powys:

- Have opportunities for activity, social stimulation and community inclusion to maintain their well-being;
- Feel safe in their own homes and retain their independence for as long as possible through a range of home based services;
- Are informed and have increased choice and control over what matters to them;
- Have greater access to health and social care which is close to home and responsive to their needs;
- Can rapidly access appropriate hospital and specialist health care when needed and are discharged home safely once fit to do so;
- Experience a good quality of life;
- Are safe from abuse and neglect.



## INTEGRATED CARE FOR OLDER PEOPLE SUMMARY PLAN

<b>1. Have opportunities for activity, social stimulation and community inclusion to maintain their well-being</b>	Delivered
Five Ways to Wellbeing – enhanced programme	Q4 2016/17
Physical activity interventions to promote the mental wellbeing of older people in primary care and residential care	Q4 2016/17
Promoting physical and Mental Health in Old Age through dance	Q4 2016/17
<b>2. Feel safe in their own homes and retain their independence for as long as possible through a range of home based services</b>	Delivered
Reconfigure and modernise long term care provision through the development of Extra Care and by making best use of older people's accommodation	2015-2018
Identify older people who are at risk of falls to reduce avoidable harm and disability	2016-2018
<b>3. Are informed so that they have an increased choice and control over what matters to them</b>	Delivered
Commission advice and information provision in response to the Social Services and Wellbeing Act in support of self-care and prevention	2016/17
Improve training and support in care homes in order to provide increased options for individuals who are approaching end of life, so that the necessary support can be provided in a multi-agency approach	2016/17
Investment in Senior Practitioners in Social Care to improve flow (MDT)	
<b>3. Have greater access to health and social care which is close to home and responsive to their needs.</b>	Delivered
Feasibility into integrated Health and Social Care model (potential way forward identifying the Health and Social Care provision in this area)	16/17
<b>5. Can rapidly access appropriate hospital and specialist health care when needed and are discharged home safely once fit to do so.</b>	Delivered
Powys People Direct; integrate PTHB District Nursing into the Social Services single point of access which deals with call handling, screening and duty response for allocation	2016/17
Review of all systems to include development of an enhanced multi-agency joined up discharge approach, pathways and ensuring timely intervention; Design out of hospital service model for integrated health and social care delivery, integrated pathways, frailty pathway and service delivery, discharge to assess pathway and provision, intermediate care capacity.	2016-19
Rapid Response	2016-2019
<b>6. Experience a good quality of life.</b>	Delivered
Powys AgeWell pilot	

7. Ensure the supply side within the market place is resilient and can provide a balance of providers across the third sector and private sector to satisfy needs and develop new services		Delivered
Integrate commissioning of care homes; to review the existing residential care provision for older people to ensure sufficient and appropriate demand in line with supply of residential and nursing care for the Powys population		2015-2020
Measures		
Number of people dying in their preferred place of care	Increase in years of healthy life expectancy of residents 65+ yrs	
% people reporting they can do the things that matter to them	% people 50+ have a GP record of blood pressure measured <5 yrs	
% people reporting needs accommodation is suitable for needs	% 65+ registered as having dementia with their GP practice	
Rate of older people helped to live at home per 1000 population aged 65+	Percentage of people that actively volunteer and support others in their community on a regular basis	
Number of calls to the Dementia Help Line	% people are able to remain active members of their communities	
Number of safeguarding referrals for older people	Rates of deaths occurring at home for those 65 years and over	
% people reporting they are in control of daily life as much as possible	The number of bed days for patients 65 years and over admitted as an emergency	
% people received right information or advice when they needed it	Following Reablement period 40% require no ongoing support	
Uptake of smoking cessation services in the 65s	Following Reablement period 20% require reduced level of support	
% people reporting they can learn & develop to their full potential	Following Reablement period 80% of people achieve their outcomes	
% people who said that they or their carers were given all the health information needed	nu of patients admitted to hospital as an emergency per 10,000 population aged 65+	
Uptake of flu vaccine		
Risks		
<ul style="list-style-type: none"><li>Capital funding may be insufficient for all planned projects</li><li>Complexity of working across boundaries (PTHB have the IMTP) which may result in conflicting priorities</li><li>Availability of resources is limited due to the volume of work resulting in inability to resource the programme delivery effectively</li><li>Operational ability to cope with new ways of working whilst providing a safe service as resources continue to reduce</li><li>Stakeholder buy-in and involvement; some stakeholder influences, interests and attitudes may not be in line with the programme</li></ul>		
Implications		
Workforce	<ul style="list-style-type: none"><li>To be determined</li></ul>	
Financial	<ul style="list-style-type: none"><li>To be determined</li></ul>	
Estate	<ul style="list-style-type: none"><li>Capital funding to support integrated health and social care models</li></ul>	
ICT	<ul style="list-style-type: none"><li>WCCIS</li></ul>	

### **3.4.3 CHILDREN'S SERVICES AND CHILD AND ADULT MENTAL HEALTH SERVICES (CAMHS)**

**Strategic Objective 1:** Improve health now and lay the foundations for maintaining good health for the future.

**Strategic Objective 2:** Improve the emotional wellbeing and mental health of the people of Powys.

## **CHILDREN'S SERVICES**

### **OUTCOMES**

Excellent services for children and young people contribute to the following outcomes for the young population of Powys:

- Health in early years and childhood;
- Children have the best opportunity for a healthy start.

### **PERFORMANCE AND KEY AREAS OF FOCUS**

PTHB's children's services deliver a significant portfolio of public health services and commissions services for children with urgent and acute health needs. PTHB's vision for these services is to provide as much of the care pathways as possible within Powys to improve the service offer, patient experience and manage cost. Results of a series of consultations with children and families in Powys demonstrate they want safe responsive services delivered as locally as possible. They want integrated services for children with a disability and they want to know that when they travel for specialist NHS services that these are of good quality, and link seamlessly with local services in Powys. The plan for children's services is organised into the following principle domains, based on total care pathway management with a keep focus on the Children's Commissioner for Wales's priorities set out in the 2016-2019 plan for children and young people.

### **COMMUNITY SERVICES CHILDREN**

Consultant Community Paediatricians already deliver services to children with disability, chronic conditions or where there are safeguarding concerns. However pilot work undertaken in 2012/13 established that it is possible to review and divert from secondary care to the Consultant Community Paediatricians, those referrals from GPs where children appear to be presenting with developmental, minor or long term health problems. Health visiting, school nursing and community children's nursing will review methods of working and undertake analysis of workload and staff requirements to create more nurse led services that will complement the work of the Consultant Community Paediatrician releasing capacity for them to undertake new developments e.g. allergy testing, further reducing the number of children being treated out of Powys. However, a fundamental component of this service redesign will be the development of a more robust community children's nursing team with opportunity for repatriation. As strategic service change in acute paediatrics moves forward around Powys' borders, access to

local services and the use of technology to support local service delivery is increasingly important.

## **INTEGRATED TEAMS**

Through its joint working arrangements PTHB is following a path of incremental integration of services for children in relation to services supporting disability, emotional health & wellbeing and family support. Working in partnership with Social Services and Education this includes delivery, management and where possible physical integration in fit for purpose facilities that enable the seamless delivery of services to children and their families. This will be taken forward as a change programme, taking advantage of opportunities such as '21<sup>st</sup> Century Schools' to provide the appropriate integrated facilities for children that are required.

## **SAFEGUARDING**

To integrate Safeguarding services for adults and children through joint working with statutory partners, which will continue to be a focus for PTHB given the complexity of in-county and cross-border arrangements for children's services in Powys. Particular priorities over the life of this plan are to address:

- Compromised parenting;
- Domestic violence;
- Safety of looked after children (including those in out of county placements) and those in the youth justice system.

## **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Services aiming to improve children and young people's emotional and mental health span from before birth to adult services and cover health promotion for all children through to hospital and intensive teams for those with conditions such as eating disorders, bi-polar disorder and schizophrenia. Children, families, communities and other agencies play a crucial role in helping to protect how children think and feel by preventing bullying, abuse, neglect, domestic violence and substance misuse; and by supporting educational attainment and positive parenting.

PTHB has developed innovative services for children in collaboration with other agencies, aimed at early intervention to help prevent problems escalating. PTHB has:

- Funded a psychologist to work with other agencies to introduce the Webster Stratton approach to early parenting support, for which it has won the NHS Excellence award;
- Helped fund a successful internet based counselling service which links with school counselling, which has improved clinical outcomes and increased up-take by young males – and which takes account of every child's feedback;
- Secured £222k to implement a new community intensive team, which will prevent some hospital admissions and will reduce lengths of stay;
- Benchmarked its service with others across England and Wales showing it spends just above average on staffing (however, the Mental Health Measure has changed how some staff can be used for certain assessments and for care co-ordination);

- One of lowest rates of “DNAs” across England and Wales because it has a “Was Not Brought Policy” which it closely monitors and audits with the safeguarding team;
- Taken on the leadership of the CAMHS Network in Wales;
- Introduced nurse prescribing in NHS child and adolescent mental health services;
- Age specific participation arrangements at a service and partnership level;
- Low levels of admission, with only one young person in 2013/14 admitted to an age appropriate bed or an adult ward;
- A multiagency social communication team, so young people with ASD can be assessed swiftly.

PTHB has been working with other professionals to ensure referrals are appropriate. In Powys in 2014/15 the number of children referred to the LPMHSS has reduced slightly and the number of assessments has increased. However, the underlying volatility remains difficult to manage.

Welsh Government’s *‘Together for Children and Young People’* Programme presents a significant opportunity for strategic change in the way in which all agencies work together with children, young people and families in supporting emotional and mental health. Powys will embrace the developments underway as it looks to improve outcomes, experience and access to the right support at the right time, utilising the principles of prudent health and care as a guide. PTHB is committed to collaborating with those using services, and other health boards and agencies in Wales to drive forward service improvement. PTHB is prepared to contribute to the leadership of some aspects of the programme including for example the approach to neurodevelopmental services.

PTHB’s overall approach to modernisation of mental health services across all ages, encompassing the requirements of the Mental Health (Wales) Measure are described in the mental health chapter. A specific focus for children will be in the full implementation of a Co-ordinator Intervention Treatment Team (CITT) as an alternative to hospital admissions, keeping therapists to a minimum, reduces lengthy stays away from the community and possible shortening hospital stays where needed. The service will maintain the improvements made to access to CAMHS service which is working towards meeting the Children’s Commissioner top priority that children who need extra help with their mental health should not have to wait too long for the right care.

## CHILDREN'S SERVICES AND CAMHS SUMMARY PLAN

<b>1. Improve Childhood Health</b>		Delivered
Develop an all age health inequalities action plan that includes the needs of children and young people		Q4
Implement the National Healthy Child Wales programme		Q2
Develop a sustainable plan for Flying Start programme with a long term exit strategy should funding cease		Q3
<b>2. Provide Seamless and Integrated Care</b>		Delivered
Develop model and business case for integrated, co-located disability team in partnership with Powys Integrated Disability Service		Q3
Utilise the Invest to Save funding for remodelling of continuing care to appoint a new lead nurse who will also undertake a review of generic services		Q1
Work with Adult services to develop care pathways for EIP and eating disorders. ensure access to age appropriate bed and Sec 136 place of safety		Q2
Recruit highly specialist nurses to cover all areas of Powys, to develop a Crisis Management Pathway that works alongside existing services		Q2
<b>3. Ensure Timely Access to Services Close to Home Wherever Possible</b>		Delivered
Fully embed the agreed triage model for paediatric referral with task and finish group involving Community Paediatricians and Medical Secretaries		Q1
Extend the school nurse led enuresis clinics to all areas in Powys. And develop an encopresis pathway with the community children's nurse /school nurse team		Q4
Utilise WG funding to Recruit 1.56 Highly Specialist Nurses who will provide nurse led clinics within paediatric services		Q1
Recruit high and a low intensity therapist who will increase the skills of existing personnel and provide specialist interventions to service users		Q1
Review existing care pathways for crisis management and review existing SLA & LTA arrangements, age appropriate Bed and Sec 136 place of safety		Q2
Continue to review demand and capacity review when all posts are recruited to and develop a sustainable plan to manage fluctuating trends		Q2
<b>Measures</b>		
% reception class children classified as overweight/obese	% of children whose continuing care assessments have been quality assured	
Slope index of inequality	% children seen through community paediatrician service	
95% uptake of childhood scheduled vaccines	% children seen in neighbouring DGH service	
% of children with disabilities with a key worker.	Health expenditure for continuing care packages	
School nurse capacity to instigate enuresis clinic in Newtown during Q1 in 2016		

% of children with disabilities who have a single care plan drawn up in partnership with other agencies		Number of continuing care packages provided by private nursing agencies and replace with an in house health care support worker workforce or appropriate Third Sector organisation
<b>Risks</b>		
<ul style="list-style-type: none"> <li>• Need to build capacity, resilience and leadership within the Women and Children's Service to deliver on IMTP</li> <li>• Need to strengthen partnership with Local Authority teams to support delivery of IMTP</li> <li>• Need to work closely with Finance and Commissioning to support realignment of funding and DGH contracts as improvements are made</li> </ul>		
<b>Implications</b>		
Workforce	<ul style="list-style-type: none"> <li>• Develop skills and capacity within community teams</li> <li>• Upskill workforce through training in primary prevention</li> </ul>	
Financial	<ul style="list-style-type: none"> <li>• Need increased numbers of CCN</li> <li>• Need to set up a budget line for health expenditure for continuing care packages</li> </ul>	
Estate	<ul style="list-style-type: none"> <li>• Co-located health and social care and education facilities including CAMHS services</li> </ul>	
ICT	<ul style="list-style-type: none"> <li>• CCIS</li> <li>• Child health system</li> <li>• NWIS</li> </ul>	

Summary Plan 7: Children's Services and CAMHS



### 3.4.4 CARERS

**Strategic Objective 5: Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.**

Carers make an important contribution to families and communities. However some do not access services that could support and improve their wellbeing, through not identifying themselves or not knowing services exist.

The Social Services and Wellbeing (Wales) Act brings together local authorities' and health boards' duties and functions in relation to improving the well being of people who need care and support, and carers who need support. It simplifies and consolidates the law relating to carers and for the first time, gives them equivalent rights to those that they care for.

The Act also makes a distinction between adult and child carers to take account of particular issues faced by children who are carers. We know of 363 young carers under the age of 18, however there are likely to be more who need our support to access education and jobs. We will also help address the stigma young people can experience as a carer.

### OUTCOMES

We plan to ensure that:

- Individuals will be cared for in their own home or in their community if that is the preferred choice of the 'cared for' and the 'carer';
- Carers are able to maintain employment, education and training where they choose.

### PERFORMANCE AND KEY AREAS OF FOCUS

Powys is below the Welsh average in the proportion of carers assessed and who were then provided with support (Wales 58.2% and Powys 34.8% - 2013/14 baseline). However support is crucial as many carers experience social isolation, ill health, poverty or may struggle to stay in employment, education or training.

With an ageing population there will be an increase in people requiring care. In 2011, there were 16.154 carers aged 18+ in Powys, a 14% increase since 2001. This increase will require a greater number of carer assessments, personal care plans and improvements in information and consultation.

The Social Services and Wellbeing Act is designed to ensure that carers can access a wider range of appropriate services in a more flexible way including:

- Information, Advice and Assistance (IAA) - access to comprehensive information relating to all types of support and respite services. IAA services will play an important role in signposting carers and others to preventative care and support services in their community without the need for formalised assessments.

- Proportionate Assessment - a duty to undertake a proportionate carer's assessment where it appears that a carer has need for support to ensure that more energy is focused on delivering support;
- Community Based Preventative Services – The new arrangements for support will mean the majority of carers will receive support through the provision of IAA services and or be supported through community based preventative services;
- After Assessment – A national 'eligibility framework' will be developed and the detail of how this will operate will be set out in Regulations;
- Support Plans – If a carer is assessed and confirmed as having an 'eligible need' for support the local authority will put in place a support plan for the carer, and will carry out further assessments and revise the plan if there has been a change in the carer's circumstance;
- Direct Payments – Carers who are assessed by their local authority as having an eligible need for support will be entitled, as now, to receive direct payments (subject to financial assessment) so that they can arrange their own support.

A Joint Commissioning Strategy for Carers sets our multi-agency plan for carers and is managed as part of the One Powys Plan partnership arrangements. Our priorities are to ensure that we understand what services are needed for carers and design them accordingly ensuring:

- More carers are identified and their needs assessed;
- Access to short breaks for carers;
- A carers' champion in every GP surgery and school to act as a point of contact and help carers get advice and support;
- Strengthened community support for carers;
- Carers can access the services they need in a timely manner;
- Access to social and leisure opportunities for carers;
- Training, information and advice for carers is accessible to support them in their role;
- Young carers are helped to fulfil their life choices and educational aspirations.

The following measures will monitor the difference our work is making:

- The percentage of carers identified by Powys County Council that have been offered an assessment will increase to 95% by 2016 and 100% by 2017;
- The number of carers accessing support that we will help to carry on caring will be equal or greater than 64.8%(2013/14 baseline);
- The number of carers accessing support who report their health and wellbeing has improved will be equal or greater than 70% (2013/14 baseline);
- The number of carers accessing support who we help to feel less alone in their caring role will be equal or greater than 69.4% (2013/14 baseline);
- The number of carers accessing support who feel the social, employment or educational areas of their life has improved, will be equal or greater than 45.6% (2013/14 baseline).

## CARERS SERVICES SUMMARY PLAN

1.Information, Advice and Assistance and Community Based Preventative Services		Delivered
Carers Service Redesign Project – creation of service specification for the Carers Service and tender process to ensure: <ul style="list-style-type: none"><li>• More carers are identified and their needs assessed;</li><li>• Strengthened community support for carers;</li><li>• Carers can access the services they need in a timely manner;</li><li>• Training, information and advice for carers is accessible to support them in their role.</li></ul>		2016
<ul style="list-style-type: none"><li>• To design, implement and role out the 'everybody's business' model for supporting carers</li></ul>		2016-18
<ul style="list-style-type: none"><li>• Access to short breaks for carers – Carers Respite Review Project to ensure access to appropriate planned and emergency respite care, particularly at times of crisis and support should carers need to go into hospital</li></ul>		2016-17
Assessment		Delivered
<ul style="list-style-type: none"><li>• Carers Training and Information Review Project – to review all training and information provided to carers.</li></ul>		16/17
<ul style="list-style-type: none"><li>• Carers Partnership and Carer Champion Review Project – to establish Carers Champions</li></ul>		16/17
Measures		
Percentage of Carers identified that have been offered an assessment will increase to 95% by 2016 and 100% by 2017	Number of Carers accessing support that we will help to caring on caring will be equal or greater than 64.8%	
Number of carers accessing support who report their health and wellbeing has improved will be equal or greater than 70%	Number of carers accessing support who we help to feel less alone in their caring role will be equal or greater than 69.4%	
Number of cares accessing support who feel the social, employment or educational areas of their life has improved, will be equal or greater than 45.6%		
Risks		
<ul style="list-style-type: none"><li>• Need to build staff awareness and understanding of carers' issues to identify carers early, particularly young carers</li></ul>		
Implications		
Workforce	<ul style="list-style-type: none"><li>• Roll out of carers training for staff including requirements of the Social Services and Well-being (Wales) Act</li></ul>	
Financial	<ul style="list-style-type: none"><li>• Delivery of the Joint Commissioning Strategy for Carers within allocated resources.</li></ul>	
Estate	<ul style="list-style-type: none"><li>• None</li></ul>	
ICT	<ul style="list-style-type: none"><li>• Roll out of Carers Training</li></ul>	

Summary Plan 8: Carers

### 3.4.5 LEARNING DISABILITIES

Strategic Objective 1: Improve health now and lay the foundations for maintaining good health for the future.

Strategic Objective 2: Improve the emotional wellbeing and mental health of the people of Powys.

The delivery of the Joint Commissioning Strategy for adults with learning disabilities in Powys aims to 'enable People with learning disabilities to lead meaningful and valued lives within their own community'.

Powys is committed to improving opportunities for people with a learning disability through planning and commissioning services that work with people to meet their needs and fulfil their choices. By services working together with service users and their families, people with a learning disability in Powys have improved lifestyle outcomes; choice, control and opportunities to live as independently as possible. People's needs are met in the least restrictive settings as possible and their social inclusion and economic participation is fully promoted.

#### OUTCOMES

We aim to delivery the following outcomes:

- People with a learning disability receive services that work with them to meet their needs to enable them to maximise their independence and live in the community of their choice;
- People with a learning disability have improved health and well-being;
- People with a learning disability have improved opportunities for valued occupation including employment;
- People with a learning disability experience smooth and effective transitions from childhood to adulthood.

#### PERFORMANCE AND AREAS OF FOCUS

There are approximately 670 people registered with a learning disability in Powys. This includes people with a mild to moderate learning disability through to those with a high level of need. The model of care is generally recognised as a tiered system. This includes:

- **Tier 1** – largely primary care based with support provided to primary care teams (such as GP and Practice Nurses) ensuring the needs of people with a Learning Disability are recognised by mainstream services. Approximately £1.3M is spent by PTHB in partnership with the Local Authority on services such as supported tenancy, day services, etc.;
- **Tier 2** – community based services, including some specialist in nature, supporting people with a learning disability to live fulfilled lives within their own homes and communities. The team based care is provided on a multi-disciplinary basis and approximately £1.5M is spent on this tier of service;

- **Tier 3 and 4** - in-patient care services are no longer provided in Powys as the focus on community services has resulted in fewer clients needing such care. Highly specialist services for clients which cannot safely and adequately be supported at home are procured from specialist centres. PTHB currently spends approximately £149,000 on such placements.

Powys has over 90 people in placements outside of the county and enabling the people who wish to return to the county is a key local ambition.

Services must continue to evolve in order to deliver highly effective citizen focused outcomes and represent good value for money. Practitioners continue to drive forward service developments and innovations aimed at continuous improvement and the priorities identified have been influenced by those within the service.

The future direction for learning disabilities services is governed by the implementation of the joint commissioning strategy (2015-2020) with Powys County Council and a joint service delivery model. The ten key priorities of the joint commissioning strategy are:

- Information;
- Staying Healthy;
- Choice, control and relationships;
- Right Time, Right Place (Flexible Support);
- Somewhere to live (Accommodation/Housing);
- Opportunities for work, leisure and learning;
- Staying Safe;
- Moving on and transition;
- Good Support;
- Consultation and co-production.

## RELATIONSHIPS AND FAMILY LIFE

In supporting clients to develop their personal lives, build friendships and establish personal relationships, we will be supporting people to live fulfilled lives. The team work closely with other services like People's First and other support services to help clients establish meaningful, non-day centre related social activities. Many clients have accessed the Learning Disability Team for therapeutic support at the point when their ability to maintain their role as parents has broken down. The team are supported by the University of South Wales in relation to sexuality and relationship work to ensure the best research is available to support the intervention working with individuals. Links have also been developed with Midwifery services to offer support.

## IMPROVING COMMUNITY CARE ENSURING SEAMLESS TRANSITION

Transition planning involving the young person, their family, the children's services and the Adult Learning Disability Service can start on an individual basis at 2015/16 years. Effective involvement and transition planning should result in a good service user experience. This will be addressed by the nurses working closely with the Transition Team to ensure that all children are signposted to the correct services to meet their needs.

## SPECIALIST REGIONAL AND NATIONAL SERVICES MODELS OF COMMISSIONING

PTHB have currently a small number of patients in a low secure hospital, the focus has been to ensure that individuals are treated within their own community with an appropriate support package. PTHB have reviewed its workforce planning and employed a full time Consultant Psychiatrist with plans to appoint a full time Speciality Doctor (population needs) who will be able to work alongside clients when the need arise rather than crises management and will interface with priorities within the joint commissioning strategy.

## IMPROVING THE RESILIENCE OF SERVICES / JOINT DEVELOPMENT COMPLEX BEHAVIOUR INTERVENTION PATHWAY

PTHB will further develop challenging behaviour services, the team have reviewed the current trends within referrals and we have to work to prevent or delay the need for more intensive health services. The filled vacancy of a Clinical Behavioural Specialist with additional support for psychology has strengthened the resilience of services, however further workforce developments are required to appoint staff for the north and south localities. Involvement in the Community of Practice (CoP), All Wales Group to ensure delivery of research based interventions remains a priority.

## IMPROVING ACCESS TO, AND APPROPRIATE SUPPORT WITHIN ACUTE GENERAL HOSPITALS

PTHB signed up to Mencap's 'Getting it right' charter and is fully committed to ensuring that people with a learning disability get the healthcare they have a right to. PTHB continues to implement the care bundles within General Hospitals to improve patient care.

## ACCESS TO SPECIALIST SPEECH AND LANGUAGE SERVICE

The current service is not sustainable and recruitment to a key post has not been successful. A business case has been developed to ensure PTHB have a robust service to meet the needs of the client group within this specialist field to meet referral to treatment time targets for people with learning disabilities.

## DEVELOPMENT AROUND AUTISM SPECTRUM CONDITIONS

Additional investment is required to raise awareness, improve access to multidisciplinary assessments, ensure assessments meet high clinical standards, and to develop clinical practice for those who have a diagnosis. The Learning Disability Service is contributing to the data collection needed to help plan and develop these services.

### 3.4.6 THIRD SECTOR

#### Strategic Objective 10: Maximise opportunities for integrated working with partners, particularly Powys County Council.

The health board recognises that working with the Third Sector is vital to delivering the health board's vision and aims. Working closely and in partnership with the Third sector is key to both improving population health and wellbeing and in supporting local community models of care which avoid extensive and unnecessary travel for patients and carers and allows people to receive care as close to home as possible.

There are significant examples of partnership working with the Third Sector and projects and schemes run by third sector organisations in Powys which are already benefitting people's health, wellbeing and experience of health and care services such as:

- PAVO's Third Sector Broker Service;
- Supporting co-production and patient experience;
- The waiting list buddies pilot project(mental health) in south Powys, supporting people waiting for treatment, supported by PAVO and Aneurin Bevan UHB;
- The Together for Mental Health in Powys: Hearts and Minds strategy was developed through co-production with service users, carers and the Third Sector. Mental health planning and development partnership which has individual (service user) representatives and carers participating in strategic decision making, supported by PAVO;
- The Powys Dementia Plan which was jointly developed with the Third Sector;
- Social Foot care project where Third Sector volunteers are trained by health board staff;
- PURSH (Powys Urgent Response Service) which is a rapid service provided by the Third Sector specifically for keeping people out of hospital;
- Health and Care Standards tool kit and implementation though join working with PAVO;
- Non Emergency Patient Transport (NEPT) using community transport schemes;
- Action on Hearing – Hearing Aid Clinics, supported by volunteers.

### AREAS OF DEVELOPMENT FOR 2016/17

The following areas for development have been drawn from the report of the Third Sector engagement event which took place as part of the development of this IMTP. The full report is attached in Appendix 3, and further work will take place over the coming months to fully review the outputs and develop clear actions and specific measures in relation to partnership work with the Third Sector.

#### POWYS THIRD SECTOR SCHEME

A commitment has been made through the Local Service Board to develop a 'Powys Third Sector Scheme' which sets out the commitments and arrangements between local partner organisations including the health board and Powys' Third Sector.



## PATIENT EXPERIENCE

We will seek to further develop local intelligence and information on population, health and service user experiences which includes establishing a wellbeing assessment and the implementation of the patient experience strategy. The health board will work with the Third Sector to maximise the potential opportunities for engaging with service users, carers, the public and particularly the most isolated, vulnerable or at risk citizens in Powys to strengthen the qualitative evidence of patient experiences of services in Powys and those commissioned by PTHB.

## SERVICE USER AND PUBLIC ENGAGEMENT

The Third Sector has an important role in helping PTHB to reach and engage further with communities in order to maintain confidence in local services and enable service change. The health board has significant programmes of work underway over the coming three years under its Change Programme and working with PAVO and the Third Sector to ensure co-production, strong engagement and public involvement will be vital to the success of any service development and changes.

## PREVENTION AND EARLY INTERVENTION

Supporting people to self manage their health and prevent the need for healthcare interventions through promoting wellbeing and health improvement is a goal which will be better achieved by a broad, multiagency, partnership approach. Engagement with local Third Sector organisations has established that there is significant appetite and ambition across the third sector to play a greater role in prevention and early intervention within the health improvement agenda.

The health board will look to strengthen the collaborative approach in working with the Third Sector including how to broaden the Making Every Contact Count programme and utilising social and community leaders, informal hubs and networks to promote health issues, campaigns and signposting and referral to community services.

Further to this the health board will explore the potential for Third Sector organisations to offer social referrals into appropriate services.

## CO-LOCATION

As the health board develops its long term estate strategy, it will commit to jointly investigating the opportunities for co-location of services with all its partners where appropriate, including Third Sector organisations.

## WORKFORCE DEVELOPMENT

Building the capability and capacity of the Third Sector to support and deliver services is essential. There are opportunities across partnerships in Powys to share skills, information and development opportunities. One area currently being facilitated by PAVO is a nursing collaborative with third sector nurses, health board, district nursing and private nursing.

## CONTINUED JOINT WORKING

Building on the Third Sector engagement event in support of the development of the IMTP in February 2016, THB is committing to a series of further events and engagement opportunities which will be undertaken in 2016/17. The timing and format of these

events will be developed in collaboration with PAVO and the Third Sector. This will enable meaningful co-production and continuous engagement which will support the planning and development of future services.

### COMMISSIONING WITH THIRD SECTOR

As the health board develops its Commissioning Framework, it will seek to engage fully with the Third Sector in planning, doing and reviewing its future commissioning activities. It is vital that as we shift toward more community based services we fully engage in dialogue with the Third Sector. The Sector provides many local community based services that are vital to the health and wellbeing of Powys citizens and understanding how these link with early intervention/prevention will be of primary importance as we move forward.

## 3.5 SERVICE DELIVERY PLANS

### Summary

The health board strives to be system leaders in Wales in commissioning, integration and the delivery of primary and community services. This includes:

- Commissioning to change the models of care our providers deliver, ensuring prudent, high quality, accessible and sustainable services;
- Appraise the options to deliver large scale integration of health and social care;
- Increasing the capacity and resilience of Primary care to deliver a greater proportion of care in Powys.

### 3.5.1 PREVENTION AND HEALTH IMPROVEMENT

**Strategic Objective 1: Improve health now and lay the foundations for maintaining good health for the future.**

#### UNDERSTANDING HEALTH NEED IN THE POWYS POPULATION

The Prevention and Health Improvement programme is integral to successfully delivering the objectives of PTHB's service model. The aims and objectives set out in this chapter are especially relevant to the health board's strategic aim of 'Improving Health and Wellbeing' and the following objectives:

- Improve health now and lay the foundations for maintaining good health in the future;
- Improve the emotional wellbeing and mental health of the people of Powys.

Through the development of Powys Joint Strategic Needs Assessment (JSNA) with our partners and ongoing work to better understand the needs of our population (for example through the Director of Public Health Annual Reports), we are building a picture of health and health needs in our communities.

Whilst a greater proportion of the Powys population may engage in healthy behaviours compared with Wales, there remains significant challenge in further improving health behaviours and health outcomes, including:

- Smoking prevalence remains high (19%) and not enough smokers are being treated by smoking cessation services;
- Prevalence of overweight and obesity - too many people are overweight or obese even though the rates of childhood overweight and obesity rates in Powys (23.9% of children in reception) are not significantly different to Wales;
- Not enough children are up to date with their vaccinations at four years of age and flu vaccination uptake rates for over 65s and over, under 65s at risk and pregnant women remain below national target;
- Over a fifth (22%) of Powys adults report alcohol binge drinking and two fifths report drinking above current guidelines.

Health outcomes data has been more fully articulated in the Health Needs section of the Plan. Key areas of concern include:

- The high burden of disease, with 46% of the Powys adults reporting receiving treatment for “any illness” and nearly a third of adults being limited by illness or disability;
- High prevalence amongst Powys residents of the risk factors which underpin avoidable ill health, premature mortality, health inequalities and demand on health services. For example, smoking, being overweight or obese and alcohol misuse are risk factors for a wide range of the commonest health problems including cardiovascular disease such as heart attack and stroke, type 2 diabetes, cancers and joint problems such as osteoarthritis;
- An unacceptable gap in life expectancy and healthy life expectancy and all age all cause mortality between the most and least deprived areas in Powys;

The Prevention and Health Improvement Programme will be essential in increasing the capacity of individuals and communities to self care and share ownership of decisions and health outcomes.

## **TACKLING HEALTH INEQUALITIES**

Health inequalities are unjust differences in health outcomes between individuals or groups. Numerous factors contribute to health inequalities, including differences in social and economic conditions that influence people’s behaviours and lifestyles, their risk of illness and actions taken to deal with illness when it occurs.

PTHB is committed to working with partner organisations through the One Powys Plan in order to address the broader determinants of health that contribute to health inequalities in Powys. The most recent iteration of the Powys JSNA has focused on poverty, with detailed mapping (at a Lower Super Output Area) of deprivation. This work, in conjunction with health intelligence data, will provide PTHB with a more granular picture of health inequalities. The development of a PTHB Health Inequalities Action Plan will ensure that the health board is working to tackle health inequalities, as well as addressing the Inverse Care Law. The Action Plan will provide a mechanism for monitoring progress against actions, milestones and outcomes.

Reducing health inequalities is a core strand of the Prevention and Health Improvement Programme, with actions embedded within each of the five priority areas e.g. by targeting services in communities with greater levels of deprivation. More specifically, there is a commitment by PTHB to undertake the following pieces of work in 2016/17, which will contribute towards reducing inequalities:

### **REDUCING SMOKING PREVALENCE**

- Explore opportunities to further develop and tailor support for pregnant smokers, based on lessons learned from the MAMMS project;
- Provide training and support to health visitors in Flying Start areas to support mothers to quit smoking.

### **INCREASING UPTAKE OF CHILDHOOD VACCINATIONS**

- Explore the relationship between local vaccination rates and socio-economic status and update immunisation plans in light of this review.

## DEVELOP PROPOSALS TO TACKLE OVERWEIGHT AND OBESITY

- Map existing local services and pathways for the prevention and management of overweight and obesity and identify service gaps;
- Review the evidence and best practice;
- Develop detailed proposals and business cases for comprehensive obesity pathways for children and adults in Powys.

## IMPROVE THE HEALTH OF CHILDREN AND YOUNG PEOPLE

- Develop the Healthy and Sustainable Pre-Schools programme;
- Support national work relating to system-redesign of services for Early Years and the Adverse Childhood Experience (ACE) report including system-wide action focusing on the first 1,000 days and local implementation of the Healthy Child Wales Programme in the context of the national Early Years Programme;
- Continue to use the Healthy Schools Programme to improve the resilience and wellbeing of all school children in Powys;
- Improve maternal and early childhood mental health and wellbeing outcomes through the perinatal mental health project.

## TRANSFORMING JOINT STRATEGIC NEEDS ASSESSMENT INTO WELLBEING ASSESSMENT

- Transform JSNA into an approach which meets the requirements of the Wellbeing of Future Generations Act (2014) and the Social Services and Wellbeing (Wales) Act (2014).

## PRUDENT HEALTH AND CARE

Primary and secondary prevention are core features of Prudent Healthcare, enabling a shift away from current models of healthcare which focus on the clinical management of patients with established disease, to models where, through partnership with the public and our patients, we are able to prevent disease, reduce demands on the health service and help the population stay healthier for longer.

During 2016/17, each of the principles of Prudent Healthcare will continue to be embedded in the work of the Powys Public Health Team, including through the following practical actions:

## ACHIEVING HEALTH AND WELL-BEING WITH THE PUBLIC, PATIENTS AND PROFESSIONALS AS EQUAL PARTNERS THROUGH CO-PRODUCTION

- The Public Health Team will continue to actively support partnership arrangements, which bring together partners and public representatives to strategically plan services in Powys;
- Existing partnership arrangements which bring together the public, patients and professionals to address healthy lifestyle issues, such as healthy weight and tobacco, will be maintained. The alliances draw on expertise and interest from a wide range of partner organisations, and are increasingly seeking to draw on knowledge from interested members of the public. These existing examples of co-production will be further strengthened in 2016/17;
- In particular, elements of the 'flu immunisation programme (initially focusing on the >65s and at risk patients) will be reviewed to improve delivery in primary and

community care during 2016/17 season and beyond, through a transformational, co-productive approach. The review will involve the public, patients and other partners with knowledge/experience of the programme in Powys.

#### **CARE FOR THOSE WITH THE GREATEST HEALTH NEED FIRST, MAKING THE MOST EFFECTIVE USE OF SKILLS AND RESOURCES**

- The Public Health Team will be an active participant in multi-agency work to produce a Wellbeing Assessment and a Population Assessment in 2016/17, in accordance with the requirements of the Wellbeing of Future Generations (Wales) Act (2014) and the Social Services and Well-being (Wales) Act (2014). The specific skills of the Public Health Team in population healthcare will be applied to ensure that both assessments are based on a robust assessment of need;
- The Public Health Team will lead further development of a health inequalities action plan for Powys during 2016/17. This will build on existing information where available and use an evidence-based approach to ensure that services are targeted on local communities most at risk of adverse health status and outcomes in Powys.

#### **DO ONLY WHAT IS NEEDED, NO MORE, NO LESS AND DO NO HARM**

- The Making Every Contact Count (MECC) programme, with its emphasis on upstream prevention, has an important contribution to make to doing only what is needed. Taking the opportunity to give patients and service users advice and encouragement to adopt healthy behaviours can delay or even prevent the need for more intensive treatment later on. The Powys Public Health Team will continue to lead the introduction of MECC, increasing the number of frontline staff trained and able to offer advice and support during 2016/17;
- The Public Health Team will continue to support the Individual Patient Funding Review (IPFR) process in Powys, to ensure that treatment decisions are based on a thorough review of the evidence and a clear statement of benefit and safety. This will include evidence-based reviews for non-pharmaceutical interventions and providing critical appraisal skills for other requests.

#### **REDUCE INAPPROPRIATE VARIATION USING EVIDENCE BASED PRACTICES CONSISTENTLY AND TRANSPARENTLY**

- The 2014/15 Director of Public Health Annual Report for Powys encompasses a detailed analysis of recent toolkits produced by the Public Health Wales Observatory. This includes analyses of variation in unscheduled care and planned admissions, as well as analyses of variation in some chronic diseases. The findings of this report and the various toolkits will be used during 2016/17 to provoke discussion about patterns of variation in Powys and to initiate reviews of the effectiveness of policies and procedures to ensure appropriate access to services;
- Using the principles of Right Care and Commissioning for Value the Public Health Team will support the development of an approach to looking at treatment pathways which brings together an analysis of quality, activity and outcomes. Using a specific chronic disease as an example, an approach will be developed which highlights variation in each of these three aspects of service delivery. This will add greater insight into how well current patterns of care meet differing levels of need in the Powys population and any levels of inappropriate variation.

Building on the above, the Public Health Team will embed the Prudent Healthcare principles in five “beacon” projects from 2016/17 and going forward:

1. Implementation of the PTHB Smoke Free Policy;
2. Making Every Contact Count;
3. The further development of local immunisation programmes;
4. Development of an action plan for health inequalities;
5. Development of Wellbeing Assessments.

In line with work being taken forward elsewhere in the health board, an assurance process will be developed and introduced within the Public Health Team to monitor each of these projects against the principles.

### **EVIDENCE-BASED PRACTICE**

Using evidence of effectiveness to guide public health strategies will continue to be at the centre of public health practice in Powys in 2016/17. New and/or refreshed strategies for tobacco control, healthy weight and MECC will all demonstrate clear links to the evidence-base. The health inequalities action plan will be based around evidence from NICE and the Marmot review. The Powys Wellbeing Assessment will be shaped by both statutory and non-statutory guidance for needs assessment.

Within the Team, a programme of public health audit has already been established and will continue to provide assurance that key areas of work adhere to best practice. An established programme of educational sessions will also continue to ensure members of the Powys Public Health Team keep up to date with current developments (informed by NICE guidance). The staff appraisal process will be used to ensure that personal development plans recognise the need to maintain and update knowledge and skills in respective areas of work.

### **QUALITY, SAFETY AND PATIENT EXPERIENCE**

Primary preventive and health improvement activities contribute to quality and safety in the PTHB. For example, prevention and health improvement activities formed a key component of PTHB’s 2014/15 Annual Quality Statement, with performance across a range of programmes reported. This included immunisation and stop smoking services, alongside other programmes including screening services and Healthy Schools. The public health programme is subject to the Health and Care Standards approach, as part of the health boards delivery arrangements for the Standards. A programme of clinical audit has also been established in the Team.

### **PLANNING WITH OUR PARTNERS**

Further strengthening the integration of prevention into everyday working, Healthy Lifestyles is a focus of joint working with the Local Authority and other Local Service Board partners, with the programme jointly managed under the governance of the One Powys Plan, thus ensuring that the promotion of positive health behaviours underpins all transformational change within Powys.

PTHB has an ongoing commitment to work with Public Health Wales and has agreed system wide health improvement priorities. Core areas of partnership work between PTHB and Public Health Wales, which are relevant to the strategic priorities of the Public Health Wales IMTP 2015-18 include:



## WORKING ACROSS SECTORS TO IMPROVE THE HEALTH OF OUR CHILDREN IN THEIR EARLY YEARS

The early years (pre-birth to 7 years of age) are a critical period in life when many factors influence a child's health, life chances and progress. Continuing the implementation of the *Building a Brighter Future: Early Years and Childcare Plan* remains a joint priority. Key elements of the plan include:

- Reducing exposure to tobacco smoke in pregnancy and early years;
- Reducing childhood and maternal obesity;
- Developing the Early Years Setting Framework through the Healthy Pre-school scheme;
- Improving data collection and surveillance.

In addition we have identified the need to:

- Support national work relating to system-redesign of services for Early Years and the Adverse Childhood Experience (ACE) report including system-wide action focusing on the first 1,000 days and local implementation of the Healthy Child Wales Programme in the context of the national Early Years Programme;
- Develop the Healthy and Sustainable Pre-Schools programme focusing particularly on healthy weight in pre-school aged children.

## DEVELOPING AND SUPPORTING PRIMARY CARE SERVICES TO IMPROVE THE PUBLIC'S HEALTH

Primary care (GPs, community nursing, community pharmacies, dental services, optometrists and other allied health professionals) provides a virtual team around individuals and families. PTHB, alongside Public Health Wales, aim to increase the impact of public health activities in primary care by:

- Helping planners and providers take a population approach to health outcomes and reducing inequalities in health;
- Giving guidance on the implementation of specific prevention and health improvement programmes and projects;
- Providing effective policy advice;
- Providing health intelligence including evidence and knowledge services;
- Providing data on condition prevalence, interventions and indicators of process and outcomes including morbidity and mortality at cluster level;
- Connecting primary care with community assets to improve health.

## SUPPORTING THE NHS TO IMPROVE HEALTHCARE OUTCOMES FOR PATIENTS

Actions in this area aim to ensure that there is a focus on equity of access, consumer voice, safety and prevention as part of prudent healthcare. The shared priorities within the PHW IMTP are:

- To monitor and evaluate health care implemented by health boards and trusts;
- Health boards and trusts have embedded programmes similar to *Better Care*, *Better Value*, and medicines management, to ensure appropriate use of scarce health resources;
- Prescribing practices are optimised and demonstrate improved efficiency;

- Medicines management campaigns are addressing important public health priorities;
- The 1000 Lives Improvement Service has developed and delivered local bespoke support to health boards and trusts;
- At least 50 per cent of NHS staff with direct patient contact receive the flu vaccine;
- Work in this area which is scheduled to start in 2016/17 includes developmental work for the implementation of obesity pathways in Powys.

It is recognised that further work needs to be taken forward to strengthen and develop the alignment of organisational plans, particularly with health boards and local public health teams, to enable complementary action to be taken by respective organisations in relation to each priority. This should be pursued in 2016/17 through the joint development of output based specifications for health intelligence, health improvement (including local public health teams) and primary care. This is set out in the Public Health Wales Memorandum of Understanding with Local Health Boards.

## PRIORITY ACTION AREAS

The five priority action areas targeted through the PTHB Prevention and Health Improvement Programme are based on local health need and the potential to have the greatest impact on population health. The priority areas have been reviewed and four areas remain unchanged from 2015/16 and the fifth, reduction in childhood obesity, has been widened to focus on the importance of healthy weight across the life-course:

- Reduction in smoking prevalence;
- Reduction in the prevalence of overweight and obesity (all age);
- Increased resilience of children and young people;
- Increased rates of flu vaccination;
- Providing Making Every Contact Count training.

Key actions across the five priority areas are summarised in the summary plan. Further actions will include:

### HEALTHY WEIGHT

- Review of the Healthy Weight Steering Group's action plan and implement actions via task and finish groups focusing on a) pregnant women and pre-school aged children, b) school-aged children and c) services and pathways across the life-course;
- Review services and pathways for the prevention and management of overweight and obesity from Level 0/1 to Level 4 for adults and children, including a focus on reducing inequalities. Identify gaps, review the evidence-base and develop business cases (described in more detail elsewhere in this report);
- Support and coordinate the development of and access to evidence-based interventions for reducing obesity in pregnant women and 0-5 year olds;
- Pilot and evaluate Level 2 service for primary-aged children and families;
- Public Health Dietetics: local delivery of range of national courses, including Agored Cymru, Get Cooking, Eating for One and Foodwise as part of a co-ordinated approach to healthy weight.

### IMMUNISATION

- Implementation of evidence-based interventions for improving the uptake of childhood immunisation;
- Implementation of evidence-based interventions for improving the uptake of 'flu immunisations in target groups.

## MENTAL HEALTH AND WELLBEING

- Delivery of the 5 Ways to Wellbeing approach

## IMPROVE THE LOCAL UPTAKE OF SCREENING PROGRAMMES

- Partnership work with Public Health Wales to promote screening and to increase the uptake of screening programmes to national target levels.

## HEALTHY SCHOOLS AND PRE-SCHOOLS

- Support schools to increase the achievement of Healthy Schools Phase 4 accreditation;
- Increase the number of participating and accredited Pre-school settings in Powys, focusing on physical activity, healthy eating and oral health;
- Review of the HSPSS delivery model in Powys.

Key to achieving progress in the priority action areas is embedding prevention and health improvement into care pathways, so that this is core to primary, community or secondary services, whether directly provided or commissioned by PTHB.

## DELIVERY OF PUBLIC HEALTH TARGETS

Three of the five priority prevention and health improvement programme areas have associated national targets; detailed trajectories for these targets are in the C1 template, appendix 2.

During 2015/16, work took place at national level to develop a Public Health Outcomes Framework. It is anticipated that some of the targets referenced above will feature in this indicator set, which will improve the monitoring of progress towards these targets. In addition, new indicators will be included which will provide additional insight into activities and outcomes which support these targets. It has not been possible to fully integrate the Outcomes Framework into the IMTP as the final national indicators have not yet been released.

## PREVENTION AND MANAGEMENT OF OBESITY

### OBESITY & CHRONIC CONDITIONS

Obesity is a major public health challenge and is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancers. Obesity during pregnancy (maternal obesity) is a particular problem as it increases health risks for the mother and baby both during and after pregnancy. Weight gain during pregnancy and maternal obesity are related to increased risk of obesity in childhood and subsequent obesity in adulthood. Obesity in childhood not only impacts on the child's physical and mental wellbeing, it also increases the risk of obesity in adulthood.

### OBESITY AND INEQUALITIES

Levels of obesity are related to deprivation and socio-economic status although some differences are seen between men and women. Overall, in women, levels of obesity

increase as deprivation increases. The prevalence of obesity decreases with increasing educational attainment for men and women.

Overall levels of overweight and obesity in the population have risen over recent decades. Levels also rise throughout the life-course. In Powys, 23.9% of 4-5 year olds are overweight or obese (Wales 26.5%) and 10.9% are obese (Wales 11.8%) (Childhood Measurement Programme). The proportion of adults who are obese (BMI 30+) is estimated at 19.8% in Powys (21,900) and 22.3% in Wales 22.3% (Welsh Health Survey estimates).

Reducing the prevalence of obesity in the population as a whole requires integrated services to be available for all ages from Level 0/1 to Level 4. In Powys there are currently gaps in the obesity pathways for adults and children in Powys. Work is planned in 2016/17 to map services, identify gaps, review the evidence of effectiveness and make recommendations for the establishment of integrated obesity pathways. This will include the development of detailed business cases for additional services. Estimated costings for new investment required in 2016/17-2018/19 have already been submitted in advance.

### OBESITY PATHWAY

A coordinated approach to healthy weights encompassing prevention, early intervention and treatment for obesity (in the wider context of healthy weights including overweight, underweight and eating disorders) is required in order to reduce the prevalence of obesity and the conditions associated with obesity across the life course. The current service model in Powys does not yet comply fully with the national tiered approach to obesity management. Local service mapping has demonstrated that existing local services include dietetic clinics, the provision of public health dietetics and a local Level 2 service which is being piloted for primary school aged children. There are some gaps in services at all levels (noting that Level 4 services are commissioned by WHSSC). Additional investment is required to ensure that PTHB is compliant with national requirements.

An initial work plan and outline business case have already been developed to support the development of this approach. The additional investment would support both the prevention of overweight and obesity at a population level and the management of overweight and obesity for individual patients in Powys. It will contribute to the achievement of the following outcomes:

- The prevention and management of overweight and obesity, underweight and eating disorders;
- A reduction in prevalence of overweight and obesity (and of underweight and eating disorders);
- A reduction in prevalence of conditions associated with overweight and obesity (such as type 1 diabetes and its complications, cardiovascular disease and cancers) and a consequent reduction in demand for services to manage these conditions;
- Cost-savings to PTHB consequent to the reduction in demand outlined above.

The establishment of obesity pathways will provide access for Powys residents to integrated and evidence-based services at all levels for the prevention, early detection and management of overweight and obesity. The proposed timetable is:

- Q1 and Q2 2016/17: further service mapping and gap analysis; review the evidence and best practice and develop detailed plans and business case proposals for the introduction of comprehensive obesity pathways across the life-course for the Powys population;
- Investment in some services to commence in Q4 2016/17 (dependent on the outcome of financial prioritisation);
- Commissioning of further services to start in Q4 2016/17, building up to full implementation of services following contract award during 2017/18-2018/19 (dependent on the outcome of financial prioritisation).

## PREVENTION AND HEALTH IMPROVEMENT SUMMARY PLAN

<b>1. Reduce smoking prevalence</b>	<b>Delivered</b>
Develop and strengthen smoking cessation referral pathways in secondary care settings and community opticians.	Q4
Implement key communications actions to prevent smoking and to encourage current smokers to stop.	Q4
Identify evidence based interventions to prevent uptake of smoking in children and young people e.g. in school settings.	Q4
Address smoking amongst PTHB staff by undertaking a staff survey, developing smoking cessation pathways for staff and launching the refreshed PTHB Smoke Free Policy.	Q4
Devolve the Stop Smoking Wales resource for delivering specialist smoking cessation services from PHW to PTHB.	Q4
Fund a stop smoking pilot in primary care to establish the effectiveness of a primary care model operating alongside existing SSW and community pharmacy provision ( <i>Contingent on additional funding</i> ).	Q4
<b>2.Reduction in childhood obesity in Reception Year children</b>	<b>Delivered</b>
Identify priority interventions that will have an impact on childhood obesity levels (as measured by the CMP) and develop a business case for implementation of interventions ( <i>Contingent on additional funding</i> ).	Q4
Develop a weight management service (Level 2) for overweight and obese children.	Q4
Review local obesity pathways and produce business case for L2 and L3 services.	Q3
<b>3.Promote the resilience and wellbeing of Children and Young People</b>	<b>Delivered</b>
Pilot pathways for health visitors and GP practices to follow up children who have missed scheduled vaccinations.	Q4
Work with schools to increase pupil knowledge of vaccination, in order to increase teenage vaccination uptake rates.	Q4
Develop a set of actions to improve the accuracy of the Child Health Data system.	Q3
Develop an all age health inequalities action plan that includes the needs of children and young people.	Q3
Continue to support a range of interventions led by the Emotional and Mental Health sub-group of the Powys Children and Young People Partnership to increase the resilience of children and young people in Powys.	Q4
<b>4.Increase population resilience against flu</b>	<b>Delivered</b>
Implement lessons learned from 2015/16 to strengthen the Flu Vaccination Action Plan for 2016/17.	Q2
Work with Third Sector staff to promote flu vaccination.	Q2
Make existing Part time Imms Coordinator post full time on a permanent basis.	Q1
<b>5.Increase proportion of staff delivering health promotion messages as a routine part of their role</b>	<b>Delivered</b>
Minimum of 11 Making Every Contact Count (MECC) training sessions delivered across the County.	Q4

Measures		
% est LHB smoking population treated by NHS smoking cessation services		% smokers treated by NHS smoking cessation services who are CO-validated as successful
% uptake of the influenza vaccine in the following >=65yrs <65yrs at risk Pregnant women Healthcare workers		% uptake of childhood scheduled vaccines up to the age of 4: 5in1 age 1 MenC age 1 MMR1 age 2 PCV age 2 HibMenC Booster age 2
Smoking prevalence		% of reception class children classified as overweight or obese
No. staff MECC trained.		
Risks		
<ul style="list-style-type: none"><li>• Lack of funding for new service developments.</li><li>• Staff capacity to develop and deliver interventions with the Public Health Team.</li></ul>		<ul style="list-style-type: none"><li>• Lack of engagement among external partners in proposed service changes.</li></ul>
Implications		
Workforce	<ul style="list-style-type: none"><li>• Make existing part time Imms Coordinator post full time.</li><li>• Staff time to attend MECC training and then implement in practice.</li></ul>	
Financial	<ul style="list-style-type: none"><li>• £19k to make Immunisation Coordinator full time.</li><li>• Schemes contingent on additional funding via 2016/17 IMTP:<ul style="list-style-type: none"><li>◦ £61k to pilot stop smoking service model in primary care and develop social marketing capacity</li><li>◦ £20k to offset loss of Welsh Government funding for seasonal flu work</li><li>◦ £10k to fund a flu engagement exercise to understand reasons for non-uptake</li><li>◦ £10k for health board led flu immunisation clinics and outreach promotion</li><li>◦ £25k to fund local obesity pathway</li><li>◦ £20k 5-Ways to Wellbeing</li><li>◦ £72k Powys Age Well pilot</li><li>◦ £20k MECC training (alcohol &amp; older people)</li><li>◦ £20k Older adults support</li><li>◦ £20k Enhancing mental resilience in young people</li><li>◦ £10k Mixed exercise and physical activity programmes for older people</li><li>◦ £15k Dance for dementia classes</li><li>◦ £50k Powys Winter resilience initiative</li></ul></li></ul>	
Estate	<ul style="list-style-type: none"><li>• N/A</li></ul>	
ICT	<ul style="list-style-type: none"><li>• N/A</li></ul>	



### 3.5.2 UNSCHEDULED CARE

#### Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.

The vision for unscheduled care in Wales is that “people should be supported to remain as independent as possible, that it should be easy to get the right help when needed and that no one should have to wait unnecessarily for the care they need, or to go back to their home. We will achieve this by working with patients and carers as equal partners to provide prudent care. We will put quality and safety first, working with staff to improve the care we deliver by identifying and removing any waste from our work, and openly sharing our outcomes or learning”. The Way Ahead for Unscheduled Care in Wales

In essence this means that we must ensure that people access care at the right level for their needs (right care; right person; right place; right time) and this provides the focus for the development and delivery of our Unscheduled Care Improvement Action Plan.

The NHS Wales Programme for Unscheduled Care sets out a 10 step patient pathway that recognises that actions taken outside of an emergency facility can have a major impact on the demand for, and use of, such a facility. This very much reflects the approach that Powys has adopted in recent years where our Unscheduled Care Improvement Plan has successfully focussed on:

- a) Providing services that reduce unscheduled care demand in the first place, particularly for emergency care; and
- b) Ensuring that once an acute episode of care is complete, the transfer back to Powys is timely and safe.

Developments in 2015/16 have included:

##### STEP 1: HELP ME CHOOSE

- **Powys People Direct:** A joint (PAVO/Powys County Council) initiative to provide a single point of access for all enquiries for adults and children’s services across the County, utilising the Infoengine on line Directory of Services;
- **Flu Vaccination Direct Invitation System:** The introduction of a system of GP direct requests to vulnerable people using a three request approach in line with the evidence base for effective models;
- **Public Engagement:** PTHB and Powys County Council planned ad hoc engagement events linked to both general service delivery, strategic direction and individual service changes across the County. These included Welsh Ambulance Services Trust involvement to increase understanding and influence behaviour (e.g. frequent flyers).

## Choosing Wisely

The health board will work further with Public Health Wales over the coming year to locally implement arrangements for the national roll-out of “Choosing Wisely” to support people to make the best decisions about where to seek health and care support.



### STEP 2: ANSWER MY CALL

- **In Hours Nurse led GP Triage Pilot:** A primary and community care project to assess the impact of matching out of hours and in hour's primary care triage;
- **Shropdoc In Hours Triage:** To support GP Practice in Machynlleth by extending traditional out of hours triage model to in hour's period;
- **Care Coordination Centre (Shropdoc):** One stop shop for urgent care providing pathway coordination between primary and secondary care.

### STEPS 3 AND 4: COME TO SEE ME/GIVE ME TREATMENT

- **Community Resource Teams and Virtual Wards:** Rolled out across the County; supporting management of clinical risk;
- **Shropdoc In Hours Service:** Developed to support GP Practice in Machynlleth
- **Integrated Care Home Brokerage:** A single point of access for care Practitioners to access Care Home capacity across the County;
- **Alternative WAST Pathways:** Minor Injuries Units and Mental Health; referral to Out of Hours GP Service; use of Care Coordination Centre;
- **Advanced Paramedic Practitioner:** Treat at the scene and discharge; treat at the scene and transfer;
- **Integrated Care Teams:** A joint health board/council project to develop integrated health and social care teams for older people under a single management structure.

### STEP 5: TAKE ME TO HOSPITAL

Conveyances to hospitals form part of commissioned provider services, in which the health board takes an active role. The health board monitors conveyances to hospital and the actions planned around steps one to four aim to reduce emergency admissions and reduce the need to be transported to hospital through managing treatments in county and before emergency conveyance and admission is required. The health board seeks to ensure Powys citizens receive the right emergency care through its commissioning arrangements.

### DELAYED TRANSFERS OF CARE

- **Care Transfer Coordinators:** Increase capacity and resilience with direct links to acute care;
- **Choice Policy:** Revised and amended to include implementation protocols;
- **Care Home Placement Brokerage:** Introduced to allow easier access to a wider range of available care home beds.

## PERFORMANCE

The results of these, and other developments, delivered in partnership with primary care practitioners, Powys County Council, Welsh Ambulance Service Trust, Shropdoc and Third Sector partners, have put Powys at the forefront of non acute unscheduled care delivery and we are able to demonstrate relative success in delivering our strategy:

### ACCIDENT & EMERGENCY ATTENDANCES

- 105/1,000 population v Benchmarking Network 2015 mean of 236 and a range from 105 – 443.

### EMERGENCY ADMISSIONS

- 102/1,000 population v Benchmarking Network 2015 mean of 97 and a range from 64 to 157.

### AMBULANCE RED 1 INCIDENTS

- 55/1,000 population v Benchmarking Network 2015 mean of 66 and a range from 38 – 165;
- 58% performance against Red 1 target.

### GP OUT OF HOURS (SHROPDOC)

- 95% of calls dealt with in house; 3% referred to WAST and 2% to Accident & Emergency.

### DELAYED TRANSFER OF CARE

- 33 day average delay compared with all Wales average of 53 days and a range from 27 days to 76 days.

### AVERAGE LENGTH OF STAY FOR EMERGENCY ADMISSION IN DISTRICT GENERAL HOSPITAL

- 5 days compared with all Wales average of seven.

## AREAS FOR IMPROVEMENT

Set against these successes there is still room for improvement. For example;

### AMBULANCE RED 1 PERFORMANCE.

Although performance since the introduction of the new clinical model has improved, 65% for the period between October and December as opposed to a 58% for the year to date, there is still considerable variation in weekly performance. Analysis has shown that there are three main factors influencing this:

- Small numbers. On average there are two Red 1 calls per day across Powys;
- Capacity lost out of county. Delayed handovers and released units being allocated to out of county calls impacts the in-county capacity;
- Geography and population density. There are only 5 towns in Powys with a population over 10,000. The majority of people live in more isolated areas where the drive time is considerably more than the allotted 6 minutes for Red 1 calls.

### DELAYED TRANSFERS OF CARE.

Although the number of bed days lost to delayed transfers of care has reduced, from an average of 849 per month in 2014/15 to an average of 771 in 2015/16, this still

represents a loss of community hospital capacity to alleviate acute care pressures. Analysis has shown that there are four main factors influencing this:

- Limited care home capacity, particularly in north Powys;
- Limited domiciliary care capacity, particularly in south Powys;
- Variable performance of multi disciplinary teams in managing discharge;
- Lack of clear pathways for community hospital patients.

Using a combination of the 10 step model and driver diagrams as a way of identifying key areas for further development, the health board will continue to co-produce plans and to implement the range of initiatives contained within these plans, in partnership with stakeholders. The Unscheduled Care Board, which includes representatives of each partner organisation, as well as General Practice and the public, is responsible for developing and implementing a range of improvement actions via two key improvement plans. Each plan is a live document and provides a rolling programme of developments aimed at improving performance. Priorities for 2016/17 are detailed in the below summary plan.

## UNSCHEDULED CARE SUMMARY PLAN

<b>1. Ensure people access the right urgent care in the right place</b>	<b>Delivered</b>
Evaluate and further develop the current models to ensure that both telephone and walk in triage provides a full and effective range of options for care	16/17
Implement and evaluate the planned development of a primary and community care model of enhanced diagnostics, assessment, treatment and signposting in an urgent care centre setting	17/18
Roll out a model of joint health and adult social care team provision to provide a more integrated service in each area that encompasses a range of providers	17/18
Roll out a revised Invest in your Health Service to identify high risk people in the community and provide bespoke health plans to reduce the risk of avoidable unscheduled care admissions	16/17
Increase the capacity of the teams to extend into care homes. This will help ensure that care home staff are equipped and confident to manage cases in house, with the support of the team when required.	2017
<b>2. Effective alternative and preventative models of care</b>	<b>Delivered</b>
Implement and evaluate the planned development of the model to increase ambulatory and anticipatory care provision in a GP led community environment	17/18
Using demand and capacity information to identify areas where additional/alternative capacity needs to be deployed, e.g. Community and Uniformed First Responders, and where ring fencing of units may be appropriate	16/17
The introduction and refinement of a model that provides in practice alternatives to GP interventions	16/17
Evaluate a planned joint Council/PTHB pilot to assess impact of rapid assessment and action	16/17
Reflecting the importance of the basket of eight chronic conditions and the requirements of National Delivery Plans and Powys wide Steering Groups, Localities will produce Improvement Plans for Diabetes, Respiratory Disease, Cardiovascular Disease and Neurological Disease as well as End of Life, and Cancer	16/18
The introduction of GP Practice based Pharmacists to provide more specific medicines management within the primary care environment	16/17
<b>3. Reduce Delayed Transfers of Care (DToC)</b>	<b>Delivered</b>
Ensure that staff are clearly supported in implementing the Choice Policy through the provision of flow charts and enhanced professional support	16/17
Ensuring that Ward Managers are empowered to manage flow within their areas of responsibility	16/18
Continue the implementation of the joint Council/THB Domiciliary Care Project to better match capacity and demand and service resilience	16/18
Using the results of the Point Prevalence study, develop specific pathways for each of the six community hospital patient profiles that ensure that flow is actively managed within community hospital inpatient areas.	16/18

<b>Measures</b>	
Reduced 999 calls	Reduced ambulance service conveyance
Reduced ambulance service Red 1 incidents	More care provided in Powys
Improved Red 1 performance	Reduced DToCs
Reduced unscheduled care admissions	Reduced DToC Days
Reduced unscheduled care admissions for key chronic conditions	
<b>Risks</b>	
<ul style="list-style-type: none"> <li>• Difficulty in transferring money flows within Welsh System.</li> <li>• Transferability across Localities / Directorate.</li> <li>• On going recruitment and retention of the GP workforce.</li> <li>• Ability to undertake standard &amp; volume of training to develop workforce to implement alternative pathways.</li> <li>• Ability to undertake Stakeholder Engagement at a pace to maintain change momentum.</li> <li>• Shift required in organisational culture from a bed base culture to a service led culture.</li> </ul>	
<b>Implications</b>	
Workforce	<ul style="list-style-type: none"> <li>• Rural Practitioner models for primary and community staff training and development</li> <li>• Health board support for primary care practitioner development</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>
Estate	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>
ICT	<ul style="list-style-type: none"> <li>• Community staff links to central informatics systems via mobile devices</li> <li>• GP EMIS access in Community Hospitals</li> </ul>

Summary Plan 10: Unscheduled Care

### 3.5.3 PLANNED CARE

#### Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.

Planned care focuses on planned appointments or interventions that fall within an individual's treatment journey and the health board commissions care across the whole patient pathway from a range of healthcare providers within Wales and in England. Within Powys, the health board provides a range of planned services including consultant outpatient appointments and interventions like endoscopy, therapies, diagnostics and day case surgery.

Our key aims are to ensure that we commission high quality, effective and timely elective care that meets treatment targets. We are seeking to shift the balance of outpatient, day care, diagnostic and elective inpatient services to community or primary care and community settings to improve access and quality of care within Powys, and to reduce demand on acute services. People will continue to have rapid access to specialist services and expertise where they, in discussion with their GP, think it necessary.

We also seek to drive efficiency of elective care pathways through our commissioning approach, through a prudent approach that directs activity to the most appropriate health professional and through the introduction of new technology. Our demand and capacity planning work has identified considerable scope to both improve efficiency and undertake a greater proportion of activity in Powys. The latter is an important step in improving the patient experience for Powys residents, reducing the need for unnecessary travel.

Our Primary Care Clusters are key partners, and provide clinical leadership alongside our in-house professionals to identify opportunities and re-design pathways that improve the services offered in Powys and reduce the requirement for patients to wait. We will continue to use this approach, strengthening our approach through the delivery of both the Commissioning Programme and the Primary and Community Care Delivery Programme described in this plan as the route to drive change.

### DEMAND AND CAPACITY MODELLING

The demand and capacity modelling, which has been updated in 2015, identified a level of opportunity for repatriating outpatient and day case services and broadly identified what potential capacity would be required in terms of physical outpatient clinics to support this. Detailed work is ongoing to assess the level of opportunities to shift activity from secondary care back into Powys across the following areas:

- Reduce outpatient follow ups across commissioned secondary care services and provider services;
- British Association of Day Surgery (BADS) Shift to daycase with our commissioners;
- The level of outpatient activity for repatriation and impact on current capacity;



- The level of day case and endoscopy repatriation and impact on current capacity.

### Reducing Variations in Referral

Further utilising the capability of the health board in demand and capacity modelling and building on the strategic modelling work undertaken, PTHB will be taking forward work with Primary Care practitioners to examine and address apparent variations in referral from practices in Powys.



## PRIORITIES

A significant range of new models of planned care will be explored during the next three years across the multiple partner agencies with whom PTHB commissions services. Each of these can in themselves be small scale changes relating to a single provider of services, but in aggregate they have proven in the past to reduce pressure on secondary care provision and provide a wider range of services within Powys, contributing to our overall high level of performance. Each of these are at different stages of development and further work will be required to develop the specific business cases and priorities based on the demand and capacity modelling work, national priorities and fragile services/pressure points within the localities.

These include

- Appointment of a Nurse Endoscopist and team, revising the Gynaecology model that will deliver a more effective delivery of a local Gynaecology service with a neighbouring health board in line with NICE guidelines;
- Implementation of new Audiology service model and introduce revised care pathways;
- Delivery of localised sonography training plan;
- Implement project to reduce Outpatient Department follow up appointments and to reduce waiting times for follow ups;
- Continuing to work with Optometry Wales to maximise the potential of optometrists working in Powys;
- Enhanced use of urologist specialist nurses;
- Implementation of the 'Derbyshire Model' for specialist continence nursing (this approach promotes continence rather than the management of incontinence);
- Development of a more local ENT day surgery facility;
- Enhancement of telemedicine especially around dermatology;
- Potential options for a five day surgical ward within 2 years;
- Development of a proactive referral management centre;
- Review of outpatient accommodation and repatriation of routine work to Powys hospitals;
- Mobile MRI pilot in south Powys and increased access to diagnostics including point of care testing;
- Extension of CMATS;
- Development of more GP led services.

## Transforming Outpatient Services

Following a range of initiatives to remodel outpatient services in Powys, transformation of the model of delivery has now been established as a “stand alone” service reform plan within the Primary and Community Care Delivery Programme.



In 2016/17 we are planning on the basis that the net combination of these actions will reduce or avoid over £1M of expenditure within secondary care providers. The health board has again assumed non recurrent funding of £0.750M will be required to fund non recurrent Referral to Treatment (RTT) backlog issues and has placed this in the financial plan. We will continue to work with Robert Jones and Agnes Hunt NHS Foundation Trust and Wye Valley NHS Trust to identify with them the impact of meeting RTT given their data issues in 2015/16.

The priorities will be assessed through a business case approach and against criteria to demonstrate how they will deliver improved outcomes in:

- Reducing avoidable emergency admissions (converting unplanned care to planned care);
- Reducing unnecessary outpatient admissions, follow ups and Did Not Attends (DNA);
- Avoiding unnecessary procedures;
- Improving day case performance (as a percentage of overall cases, and done in Powys);
- Reducing wasted bed days;
- Reducing variation in length of stay;
- Improving productivity of Powys provider and commissioned services;
- Improving patient experience and involvement in care planning;
- Improving patient outcomes from planned care interventions.

## PLANNED CARE SUMMARY PLAN

1. Improved access to diagnostic assessment, treatment and rehabilitative services delivered locally		Delivered
Implement a sustainable model for Audiology (adults and children) in south Powys		Q2 2016/17
Patients assessed against INNU criteria before they are referred for interventions nor normally undertaken		Q3 2016/17
Maximise the potential of optometrists working within Powys		Q3 2016/17
Development of a local ENT day surgery facility		Q4 2017/18
More effective delivery of local Gynaecology services		Q3 2016/17
Development of telemedicine especially in relation to dermatology clinics		Q3 2016/17
Mobile MRI pilot in South/North Powys and increased access to diagnostics including point of care testing		Q4 2016/17
Development of orthopaedics services to include fracture clinics and enhanced CMATS		2017/18
Delivery of training to enable localised Sonography provision		Q1 2017/18
Development of 24hr stay surgical ward and increased theatre utilisation; Potential options for 5 day surgical ward in 2yrs		Q4 2017/18
Measures		
Audiology waiting times – improvement	Reduce numbers of 'interventions not normally undertaken'	
Audiology standards audit - improvement	Referrals to accredited optometrists in Powys	
Reduced secondary care demand for ENT	Referrals to commissioned NHS gynaecology services	
Referrals to commissioned NHS services for MRI diagnostics	Levels of activity in Powys provided services	
Reduce waiting times for MRI scanning	Waiting times for diagnostics in commissioned services	
Mitigate growth in commissioned orthopaedic services	Referrals to obstetric led maternity services for sonography	
Risks		
<ul style="list-style-type: none"><li>• Availability of specialist clinicians required to provide in-reach clinics in Powys</li><li>• Compatibility of telemedicine equipment across English and Welsh NHS systems</li><li>• Willingness of clinicians in commissioned services to agree re-designed care pathways with primary care providers in Powys</li></ul>		
Implications		
Workforce	<ul style="list-style-type: none"><li>• Change in working practices for weekend and evening clinics</li><li>• Redesign and extension of some clinical roles</li></ul>	<ul style="list-style-type: none"><li>• Capacity in Primary Care services</li><li>• Recruitment of senior clinicians in challenged specialities e.g. 'Care of Elderly' Consultant Physician</li></ul>
Financial	<ul style="list-style-type: none"><li>• Budget virements from commissioned services to support developments in Powys provider services</li></ul>	
Estate	<ul style="list-style-type: none"><li>• Theatres fit for purpose</li></ul>	<ul style="list-style-type: none"><li>• Capacity in out-patients</li></ul>
ICT	<ul style="list-style-type: none"><li>• Compatibility of telemedicine equipment across English and Welsh NHS systems</li><li>• Telemedicine technology with imaging resolutions suitable for clinical practice</li></ul>	

### 3.5.4 MATERNITY SERVICES

**Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.**

#### OUTCOMES

The delivery of high quality maternity services contribute to the delivery of the following outcomes for the people of Powys:

- Health in early years and childhood;
- Good health in working age;
- Minimising avoidable ill health.

#### PERFORMANCE AND KEY AREAS OF FOCUS

##### SMOKING PREVALENCE & FLU VACCINE UPTAKE

In relation to maternal health, the number of women presenting at booking as smokers remains consistent, although the number referred to smoking cessation services has increased as a result of midwives having received stop smoking training as part of Making Every Contact Count. Uptake of flu immunisation amongst pregnant women is higher in Powys compared with Wales. Continuing to improve overall maternal health remains a priority.

##### BREASTFEEDING RATES

Breastfeeding uptake rates in Powys are amongst the highest in Wales and we achieved Unicef Level 3 Accreditation for the 'Baby Friendly' initiative in December 2015.

##### BIRTHING IN MOST APPROPRIATE SETTING

The percentages of 'low risk' women choosing to birth in Powys midwifery led services is slowly increasing in accordance with our plan. Anecdotal evidence from other areas across the UK suggests that Powys is leading the way in ensuring low risk women birth in the most appropriate low risk service.

The service aims to have 30% of women in Powys choosing to labour and birth either at home or in free standing birth centres in community hospitals by 2016. The development of services including day assessment and ultrasound access in county will be supported by the improvement of midwifery led units in Powys as well as the development and enhancement of skills across the midwifery workforce.

##### HEALTHY BIRTH WEIGHTS

Babies who are born under weight or over weight may face health challenges in the years to come. Midwives in Powys continue to use a system of assessment and screening during pregnancy, which includes customised growth charts; this enable midwives to identify babies at potential risk of growth problems. For those babies that are potentially not a healthy birth weight the service is able to access ultrasound and foetal assessment services out of county to ensure that there are no underlying problems with a baby or its placenta. A crucial element of ensuring a healthy birth

weight is identifying health factors in mothers that may contribute and supporting them, where possible to make changes such as smoking cessation and diet changes.

As strategic service changes in obstetric led maternity care moves forward around Powys' borders, access to local services and the use of technology to support local service delivery is increasingly important.

### TEENAGE PREGNANCY RATES

Powys has the lowest teenage pregnancy rates in Wales since 2007 having improved further in 2014 (30%+ reduction since 2011).

### COMMISSIONED SERVICES

Commissioned services are monitored through the collection of data locally and through regular contact. The development of a maternity dashboard across Wales will support more specific reporting from the end of 2016.

It remains key that Powys maternity services remain engaged with the change processes in commissioned services to ensure that the residents of Powys can continue to access high quality obstetric care, when needed, in a timely manner.

### THE KEY OBJECTIVES FOR MATERNITY SERVICES FOR 16/17 ARE:

- **TO IMPROVE MATERNAL HEALTH** through actions to reduce smoking in pregnancy and increase flu vaccine uptake; and
- **TO INCREASE THE NUMBER OF WOMEN BIRTHING IN THE MOST APPROPRIATE ENVIRONMENT** through the continued improvement of birthing environments in Powys including a new midwife led unit in Llandrindod Wells, the further development of the midwifery workforce and the establishment of an ultrasound service in county.

The delivery of these actions, the risks and implications are detailed in the summary plan below.

## MATERNITY SERVICES SUMMARY PLAN

1.Improving Maternal Health		Delivered
Capture smoking status of women at booking and at 38 weeks to ensure effective use of data and targeting of services		Q4
Strengthen promotion of smoking cessation services to pregnant women		Q4
Roll out the opt-out system of referrals to smoking cessation services across Powys		
Increase the provision of CO monitors to pregnant women identified as smokers at booking		
Implement the flu Action plan, promoting flu vaccinations for pregnant women		Q1/Q4
2.Women are Birthing in the Most Appropriate Environment		Delivered
Strengthen the clinical leadership and skill mix of midwifery teams through the establishment of Band 7 Team Leaders in place for every team		Q1
Make opportunities available for midwives in post to develop skills and expertise in extended areas of practice, strengthening the skill mix and expertise of the midwifery service in County		Q1
New midwife led unit in Llandrindod Wells War Memorial Hospital developed		Q2
Improve décor in all midwife led units in Powys		2016/17
Develop in county ultrasound service using the recently received Technology Funds, gained through Business case for in county ultrasound service and day assessment service		Y2
Measures		
% women identified as smokers at booking	Registered birth to Powys residents	
Nu women identified as smokers at 38 weeks (in Powys birth)	Nu referrals reported to Stop Smoking Wales (% smoking at booking)	
Nu women offered CO monitoring	Births In Powys maternity units or home births %	
Births in Powys maternity units or home births nu	Commence labour/birth / planned birth in Powys %	
All pregnant women % Uptake in influenza vaccine	Transfer % in line with national targets (<30%)	
Risks		
<ul style="list-style-type: none"><li>• Changes in NICE guidance in relation to most suitable place of birth for low risk women</li><li>• Myrddin maternity module not capturing information required</li><li>• Media representation of midwife led care being 'downgraded', influencing public perceptions of out of obstetric unit birth safety</li></ul>		
Implications		
Workforce	<ul style="list-style-type: none"><li>• Development of USS and day assessment will require additional staff and training target</li><li>• CNO target of 45% pregnant women commence labour outside of obstetric units will require additional staff</li></ul>	
Financial	<ul style="list-style-type: none"><li>• Calculations for additional workforce to be calculated once increase identified/projects underway</li></ul>	
Estate	<ul style="list-style-type: none"><li>• Improvement of current sites, including the move in Welshpool from 1<sup>st</sup> floor to ground floor (MIU Birth centre switch)</li></ul>	
ICT	<ul style="list-style-type: none"><li>• To be determined</li></ul>	

### 3.5.5 SEXUAL HEALTH

**Strategic Objective 1: Improve health now and lay the foundations for maintaining good health for the future.**

#### OUTCOMES

The delivery of excellent sexual health services will contribute to the following population outcomes in Powys:

- Healthy actions;
- Good health in working age;
- Minimising avoidable ill health.

#### PERFORMANCE AND AREAS OF FOCUS

The community based sexual health services in Powys are currently under review with the purpose of developing a more responsive local service. Until July 2014 Genito-urinary medicine consultant led sessions were held once a week. This was a joint post with Hywel Dda UHB. Since the retirement of the consultant there has been no replacement. Powys residents are able to access services outside of the County. Due to long standing agreed funding arrangements this does not cause a financial pressure for the organisation as sexual health service funding is the responsibility of the provider organisation NOT the organisation of patients' residence.

- Contraceptive services are provided solely through GP Practices. Patients may attend Family Planning clinics out of county; there is no service provision in Powys;
- Emergency Hormonal Contraception is available through community pharmacists and Minor Injury Units;
- Medical terminations of pregnancy are provided in north Powys in Welshpool. The service is provided by BPAS and commissioned by the north locality;
- A small number of surgical terminations are undertaken at Brecon hospital;
- HIV and blood borne viruses are managed through accessing specialist services based in hospitals outside Powys, as there are no specialist / consultant led sessions held in Powys;
- The Network Psychosexual Partnership Cymru provides psychosexual counselling sessions in Powys.

To better understand the health needs of the Powys population, a needs assessment of local sexual health services was undertaken during 2015/16. This encompassed services provided by the health board, to ensure effectiveness and value for money. The findings of this work will be used to inform the development of a business case to further develop local provision. And the following national Sexual Health and Wellbeing priorities for 2015/16 will inform the health board's plan:

- Raising awareness of Long Acting Reversible Contraception (LARC) and increase the referrals for LARC for under 18s from maternity services.
- Ensure Sexual Health services are available to teenagers; provision and delivery of LARC within Substance Misuse services in Wales.



### 3.5.6 SUBSTANCE MISUSE

**Strategic Objective 1:** Improve health now and lay the foundations for maintaining good health for the future.

#### OUTCOMES

A key component to improving the health and wellbeing of people living and working in Powys is in developing and implementing a strategy to reduce the harm that substance misuse can cause to individual people, families and communities. The expected population outcomes include:

- Years of life and years of health;
- Resilient, healthy communities;
- Healthy actions;
- Good health in working age;
- Healthy ageing;
- Minimising avoidable ill health.

#### PERFORMANCE AND KEY AREAS OF FOCUS

Actuarial data for Powys suggest that for the adult population (16 to 64 years) incidents of drug and alcohol misuse per 100,000 of the population, while lower than the average for Wales, are significant. Referrals for drug treatment are currently in excess of 400 per year, of which one-third are heroin users. Referrals for alcohol services are in excess of 600 per year, but estimates of the prevalence of harmful or hazardous drinking would suggest that up to 43% of the local population could be at risk of misusing alcohol. It is expected that the health board's expenditure on alcohol and substance misuse should be 0.4% of its overall expenditure.

Strengthening individuals and communities to enable them to identify and tackle substance misuse issues, supported by agencies increasingly working together to integrate services tailored to meet local need, is the underpinning goal of the Powys commissioning strategy.

The Powys Substance Misuse Commissioning Strategy has been re-written and published in partnership, through the Powys Community Safety Partnership (CSP) and the Substance Misuse Area Planning Board (APB) following consultation with members of the public, service users and staff within the current service provider team. The strategy will run from 2015 – 2020. The overarching goals of the strategy are to improve outcomes for people at one or more of the following levels:

- **Preventing Harm** – helping children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community;
- **Supporting Substance Misusers** – to improve their health and aid and maintain their recovery, thereby reducing the harm they cause themselves, their families and their communities;

- **Supporting Families** – reducing the harm to children and adults as a consequence of the substance misusing behaviour of a family member;
- **Tackling availability and protecting individuals and communities** – reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances.

## COMMISSIONING

Commissioning priorities reflect gaps in provision identified in various needs analyses commissioned by the Community Safety Partnership (CSP) and APB. These priorities are configured around three key action areas:

- **Prevention** – Initiatives and services which seek to forestall the misuse of substances by groups of local populations at large or which focus on groups that may be specifically targeted because of their particular vulnerability to engage in the misuse of substances;
- **Intervention** – Initiatives and services which seek to improve the quantity and/or quality of support to those who have, or will have, their substance misuse needs identified;
- **Partnerships** – Initiatives which seek to improve either the working arrangements between providers of substance misuse services themselves or their relationships with those organisations who otherwise provide services or support to individuals whom they may identify as having, or are at risk of having, a substance misuse need.

A key priority for 2016/17 will be to re-commission substance misuse services in line with the revised strategy. The current re-commissioning process does not include the prescribing service, the future management of which is currently under consideration by the health board.

## PROGRESS MADE AGAINST THE PRIORITIES FROM 2015-16 INCLUDES;

- The health board now has a protocol in place on joint working to support those substance misusers who have co-occurring mental health issues, in line with revised Welsh Government guidance;
- There is a more robust system in place to record and respond to drug related deaths (now known as Fatal and Non Fatal Drug Poisonings FNFD). The Harm Reduction Group (HRG) has an agreed process document to demonstrate how Powys will respond to the revised guidance from Welsh Government on FNFD.
- The HRG is a sub group of the APB which has the overarching purpose of planning, implementing and monitoring relevant aspects of substance misuse aimed at reducing harm to service users in Powys. An updated action plan is in train with a focus on all harm reduction initiatives as outlined in the Health & Wellbeing Compendium to include; blood borne viruses, naloxone, opioid substitution treatment and needle exchange schemes. The group will continue to strengthen the FNFD review process including the appointment of a new case review co-ordinator.

## **THE OBJECTIVES OVER THE NEXT THREE YEARS ARE:**

- Support the embedding of the re-commissioned psycho-social services for substance misuse and ensure they are closely aligned with the prescribing service across the county;
- Strengthen the clinical governance of PTHB commissioned community and residential detoxification services;
- Devise and implement a robust service user involvement framework which includes a role profile and ensures appropriate remuneration;
- Strengthen support to primary care to reduce misuse of prescribed medication;
- Work with the providers to “make the most” of the first contact with alcohol and substance services – especially for young people under the age of 25;
- Improve access to and support for substance misuse in older people;
- Ensure compliance with joint working protocols between mental health and substance misuse services.

## 3.6 NATIONAL DELIVERY PLANS

### Summary

The health board is committed to meeting the health needs of the population of Powys and develops its local response to the condition specific national delivery plans from its position as a provider and commissioner of services.

**Strategic Objective 1:** Improve health now and lay the foundations for maintaining good health for the future.

**Strategic Objective 3:** Increase the capacity, capability and resilience of primary and community care.

**Strategic Objective 5:** Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.

### OUTCOMES

Delivering the priorities and actions in our local responses to the National Delivery Plans will contribute to the following outcomes for the people of Powys:

- A fair chance for health;
- Healthy Actions;
- Health in early years and childhood;
- Good health in working age;
- Healthy ageing;
- Minimising avoidable ill health.

### THE DELIVERY PLANS

The National Delivery Plans issued by Welsh Government as part of the Together for Health (2011) initiative have provided clear service improvement expectations to health boards in Wales across a range of disease and condition specific services. Each plan sets out the expectations for preventing avoidable ill health, ensuring fast and effective early diagnosis and delivering high quality person-centred care both through directly provided services and through commissioned services. These expectations are focused on meeting population need, tackling variation in access to services and reducing inequalities in health outcomes in Wales.

In response, PTHB has developed local delivery plans, translating the national expectations and objectives into local priorities and actions. The following section outlines how the health board is managing the continued development and implementation of the delivery plans as well as an overview of the health board's approach to the cross cutting themes of the delivery plans.

## GOVERNANCE

The health board has reviewed its approach during 2015/16 to the development and management of local delivery plans, and the governance arrangements and delivery mechanisms of all the delivery and implementation plans. A local overarching steering group has been established to address the following challenges in managing the numerous requirements of the National Delivery Plans including:

- The complexity of whole pathway planning across both provider and commissioned services in most areas and the need to approach the delivery plans from a wholly commissioning perspective in some cases;
- The interdependencies and cross cutting issues between the plans and a recognition that these could be better addressed through a more holistic approach to delivery at a local level;
- Limited capacity to provide clinical leadership;
- The requirements placed on Planning, Workforce, Information, and Finance to ensure robust plans.

## PREVENTION

Prevention and the broader health improvement agenda are vitally important to improving outcomes across the condition specific plans. All local delivery plans, excepting end of life care, critically ill and organ donation, contribute to and are supported by the health board's prevention and health improvement programme, the objectives of which are to:

- Improve health now and lay the foundations for maintaining good health in the future;
- Improve the emotional wellbeing and mental health of the people of Powys.

The local delivery plans support the delivery of the identified five priority action areas listed below through embedding prevention and health improvement into the whole care pathways so that it is core to primary, community or secondary care services, whether directly provided or commissioned by PTHB.

The priority action areas are:

- Reduction in smoking prevalence;
- Reduction in childhood obesity;
- Increased resilience of children and young people;
- Increased rates of flu vaccination;
- Providing Making Every Contact Count training.

## FAST DETECTION AND DIAGNOSIS

A key area of focus for improving timely detection and diagnosis is improving access in community and primary care. This includes increasing the availability of targeted screening and diagnostics in the community, using risk stratification tools where appropriate, developing and improving referral pathways, and strengthening commissioning through the health board's Commissioning Assurance Framework.

In addition to condition specific activities outlined in the local delivery plans, the health board's Primary and Community care Delivery and Commissioning Development programmes will support and manage the delivery of projects across the county to improve access to diagnostic testing and improving care pathways.

## **EFFECTIVE TREATMENT**

The local delivery plans reflect the health board's ongoing actions to repatriate services to Powys or commission services closer to Powys borders where appropriate. This includes the development of local services, local enhanced service agreements in primary care and the recruitment and further training of staff across professions and specialities.

Once again the Primary and Community Care Delivery and Commissioning Development programmes of the health board will support and manage the delivery of key projects to develop local services, repatriate services and strengthen commissioning arrangements.

## **CONTINUED SUPPORT**

Ensuring patients, carers and families have strong and continued support throughout and after illness is essential to maintaining and improving long term health, as well as avoiding unnecessary admissions and episodes of ill health. The health board's delivery plans include activities and the development of services which seek to support self-management of conditions, improved access to advice and support, education programmes, carer and community support groups.

Developing services in the community to provide continued support through working with the voluntary sector and commissioning through the Third Sector is a key part of the health board's partnership working with PAVO and the Third Sector.

## **COMMISSIONING**

Given the significance of the broad and complex commissioning arrangements which exist in Powys, it is important that local delivery plans address the care needs of people when receiving care beyond Powys' borders. The health board's Commissioning Assurance Framework will provide strengthened assurance on the commissioned delivery of care and the Commissioning Programme will support the requirements of the local delivery plans in strengthening the health board's commissioning arrangements and condition specific commissioning expertise.

## **IMPROVING INFORMATION AND TARGETING RESEARCH**

Improving information and increasing research opportunities remains a priority across all delivery plans in Powys. The health board's business intelligence workstream will be a crucial mechanism in developing and managing the information requirements of the Change Programme. Tied to this work will be the development in 2016/17 of the outcome measures and indicators of the delivery plans.

Each condition specific local delivery plan along with their associated action plans contain the detailed activities being undertaken in 2016/17 and beyond. Provided in this section of the IMTP are summary plans for each local delivery plan, outlining the

progress made, the priorities for 2016/17, the measures used to monitor progress as well as the implications of, and risks to, delivery.

## **ENABLING TECHNOLOGIES**

Maximising the potential opportunities associated with enabling technologies such as telehealth and telemedicine will be a vital part of delivering against the future priorities of the condition specific plans. As part of the restructured governance arrangements to develop the delivery plans, a joined up approach to scoping the use of assistive technologies across the plans will be undertaken in line with the health board's joint ICT strategy. This will include looking at potential for video consultations, the use of telehealth to support those with long term conditions and the use of smart technologies to support self management.

## **IDENTIFYING THE PRIORITIES: THE POPULATION HEALTH IMPACT OF KEY DISEASES**

The impact of the main diseases in the national delivery plans on the population of Powys are estimated to be as follows:

### **CANCER**

There are an estimated 4,763 residents living with a cancer diagnosis in Powys, with 554 new cases diagnosed each year.

### **STROKE**

Approximately 3,174 adult patients are living with the consequences of stroke. This is 2.3% of the patient population of Powys. This figure is projected to rise to 3,340 over the next 3-years.

### **CORONARY HEART DISEASE**

There are approximately 5,658 patients living with coronary heart disease in Powys or 4.1% of the population. This figure is projected to remain largely unchanged over the next 3-years.

### **DIABETES**

There are approximately 5,917 patients living with diabetes. This equates to 6.4% of the adult population in Powys. This figure is projected to rise to 9,452 by 2019.

### **LIVER DISEASE**

There are around 97 admissions per year where the primary diagnosis is liver disease.

### **RESPIRATORY DISEASE**

Chronic obstructive pulmonary disease (COPD) affects 2,898 adults or 2.1% of the population. This figure is projected to rise to 3,264 by 2019.



### 3.6.1 CANCER SUMMARY PLAN

Minimising risk of developing cancer, meeting needs of those at risk or affected by Cancer and improving outcomes				
<b>Delivery Plan</b>	2016	<b>Annual Report</b>	N/A	<b>Steering Group</b>
<b>Achievements</b>				
<ul style="list-style-type: none"> <li>Improved performance and commissioning assurance systems during 2015 to proactively review waiting times through the delivery of 100 day cancer action plans. PTHB secured funding during 2015/16 to establish a dedicated Cancer Team to develop a strategic and coordinated approach to the planning, commissioning &amp; delivery of cancer and end of life services for the Powys population</li> <li>Extension of end of life care through the implementation of Hospice at Home services</li> <li>Introduction of the community lymphoedema service</li> <li>Improved monitoring of cancer waiting times in England and Wales</li> <li>Developments in neighbouring health boards and trusts: Launch of the Transforming Cancer Services Programme in South East Wales, Opening of the LINAC radiotherapy centre in Hereford Hospital, and funding of acute oncology services by Macmillan in each of neighbouring A&amp;E departments</li> </ul>				
<b>Local Priorities</b>				
<ul style="list-style-type: none"> <li>Ensure the delivery of the primary prevention programme targeting the lifestyle issues of smoking, obesity, healthy eating, physical activity and alcohol</li> <li>Improve early diagnosis in primary care &amp; encourage increased uptake of screening programmes targeting shortfalls &amp; inequalities in uptake</li> <li>To develop the Powys model for cancer rehabilitation in primary care and community services and provide training to primary care practitioners in cancer awareness and diagnosis and participate in cancer symptom awareness programmes</li> <li>To explore the opportunities to repatriate Powys based services, or commission services closer to Powys borders for cancer and end of life care, specifically: <ul style="list-style-type: none"> <li>Map and develop clear care pathways for the most common cancers, and address the associated access issues for Powys residents;</li> <li>Develop the clinical relationship between Powys MIU and Acute Oncology Teams;</li> <li>Undertake feasibility study of chemotherapy outreach services in Powys to confirm level of opportunity and preferred option;</li> <li>Develop the role of telemedicine as part of the Powys model of cancer care.</li> </ul> </li> <li>To monitor cancer waiting times and take action with and on behalf of patients as appropriate</li> <li>Link to strategic change programmes in neighbouring health boards, including the Transforming Cancer Services Programme, Mid Wales Healthcare Collaborative and strengthen partnership working at regional and national level</li> </ul>				
<b>Measures</b>				
Cancer incidence rates all ages			% & nu of patients consenting to donate to Wales Cancer bank	

Cancer mortality rate	% of patients referred as non-urgent suspected cancer seen < 31 days (Welsh)
1 and 5 year cancer survival rates	% of patients referred as non-urgent suspected cancer seen <31 days (England)
% of patients recruited into high quality clinical research	% of patients referred as urgent suspected cancer seen <62 days (Welsh)
% of patients assigned a Key Worker	% of patients referred as urgent suspected cancer seen < 62 days (England)
% of patients with a care plan	
<b>Risks</b>	
Delivery of the 31 and 62 day access targets have proven challenging in Powys due to the complexity of the patient pathways. Due to the low patient numbers sent to each provider, there are volatile variations in performance against target.	
<b>Implications</b>	
Workforce	<ul style="list-style-type: none"> <li>Upskill workforce through the 'Making Every Contact Count' programme in primary prevention</li> <li>Develop capacity and skills within the community workforce to support early cancer diagnosis and to deliver cancer rehabilitation</li> </ul>
Financial	<ul style="list-style-type: none"> <li>Enhanced use of e-technology in patient care</li> </ul>
Estate	<ul style="list-style-type: none"> <li>Develop palliative suite in Powys</li> <li>Repatriation of outpatient care to Powys</li> <li>Meet recommendations of the chemotherapy outreach services feasibility study</li> </ul>
ICT	<ul style="list-style-type: none"> <li>Enhanced use of e-technology in patient care</li> </ul>

Summary Plan 13: Cancer

## 3.6.2 STROKE SUMMARY PLAN

Reducing the likelihood of stroke and improving the quality of life after stroke.					
Delivery Plan	March 2015	Annual Report	2015	Steering Group	Meets Quarterly
Achievements					
<ul style="list-style-type: none"><li>Re-established community neurological clinic in Brecon</li><li>Funding secured for specialist equipment and training for functional electrical stimulation, neuro-muscular electrical stimulation and assistive technology for upper limb rehab</li></ul>					
Local Priorities					
Commissioned Services					
<ul style="list-style-type: none"><li>Re-commission acute stroke services to ensure timely access and through commissioning for quality, ensuring that Powys residents have access to high quality acute stroke and TIA services</li><li>Ensure acute pathways are understood in primary care including running a primary care education day</li><li>Working with WAST to ensure that suspected stroke is identified and the according response is provided</li></ul>					
Prevention					
<ul style="list-style-type: none"><li>Embedding secondary prevention measures into inpatient care and long term follow up reviews</li><li>Improving the management and detection in the community of cardiovascular risk factors</li><li>Support the prevention and health improvement agenda</li></ul>					
Therapy					
<ul style="list-style-type: none"><li>Improving the access to therapy and rehabilitation services for stroke survivors using newly secured technologies</li></ul>					
Measures					
Number of TIAs assessed and treated within 24 hrs of onset			Compliance with acute stroke bundles	First hours bundle	
QOF compliance related to AF				First days bundle	
Improvement in Thrombolysis rate				First 3 days bundle	
Therapy contact time for stroke rehabilitation				First 7 days bundle	
Number therapy days stroke therapy received			% 50+ people with GP record BP measurement <5y		
Number staff received stroke specific training			Number hospital admissions with stroke per 100,000		
Risks					
<ul style="list-style-type: none"><li>Recruitment to new posts</li></ul>					
Implications					
Workforce	<ul style="list-style-type: none"><li>Professional development of primary care and community staff in stroke rehabilitation</li><li>Upskill workforce through training in primary prevention</li><li>Identify and increase capacity of stroke rehabilitation expertise in existing community rehabilitation services</li></ul>				
Financial	<ul style="list-style-type: none"><li>To be determined</li></ul>				
Estate	<ul style="list-style-type: none"><li>To be determined</li></ul>				
ICT	<ul style="list-style-type: none"><li>To be determined</li></ul>				

### 3.6.3 NEUROLOGICAL CONDITIONS SUMMARY PLAN

Ensuring all people with neurological conditions have access to high quality care.					
Delivery Plan	2014	Annual Report	2015	Steering Group	Meets Quarterly
Achievements					
<ul style="list-style-type: none"><li>• Neuro Cafes established in Ystradgynlais</li><li>• Re started community Neuro rehab clinic in Brecon</li><li>• Virtual MND happening in each locality led by palliative care consultants</li><li>• Secured funding for recruitment of community Neuro Service Co-ordinator and Assistant Psychologist to improve emotional support and Psychological therapies</li></ul>					
Local Priorities					
<b>Diagnosis &amp; Care</b> <ul style="list-style-type: none"><li>• Improve effectiveness of referral pathway and monitor quality of commissioned services to ensure timely access to assessments and investigations supported by new Neuro Services Co-ordinator</li><li>• Develop local services for symptom management to reduce demand on follow up neurology appointments supported by new Neuro Services co-ordinator</li><li>• Develop clear standards and ensure these standards of service are monitored and evaluated</li><li>• Build a skilled and competent network of health and social care professionals working across Powys</li></ul>					
<b>Awareness and Information</b> <ul style="list-style-type: none"><li>• Improve data management by developing a Neuro Conditions register</li><li>• Work with service users, carers and third sector organisations to ensure that people with neurological conditions have the information and support they need</li><li>• Promote awareness of neurological conditions and related symptoms</li></ul>					
Measures					
Average Length of Stay for Px with neuro conditions			Mortality diseases of nervous system		
Emergency admissions to hospitals with neuro conditions (Wales)			Neuro services waiting times		
Risks					
<ul style="list-style-type: none"><li>• Ability to recruit staff to posts</li></ul>					
Implications					
Workforce	<ul style="list-style-type: none"><li>• To be determined</li></ul>				
Financial	<ul style="list-style-type: none"><li>• To be determined</li></ul>				
Estate	<ul style="list-style-type: none"><li>• Room to place new staff will be required</li></ul>				
ICT	<ul style="list-style-type: none"><li>• To be determined</li></ul>				

### 3.6.4 HEART DISEASE SUMMARY PLAN

Reducing the likelihood of heart disease and improving early detection and long term care for those living with heart disease.					
Delivery Plan	2015	Annual Report	2015	Steering Group	Meets Quarterly
Achievements					
<ul style="list-style-type: none"><li>Implemented a number of local enhanced service agreements with GPs, to improve the local prevention and management of cardiovascular disease, including for heart failure and diabetes</li><li>Supported the implementation of the MSDi risk stratification tool across general practice in Powys, this will improve the identification and management of patients with complex / multiple health care needs</li><li>A cardiac rehabilitation programme is delivered by specialist nurses working from a range of community hospital and leisure centre venues, supported by physio and occupational therapists and BACR instructors</li></ul>					
Local Priorities					
<ul style="list-style-type: none"><li>Reduce smoking prevalence, alcohol misuse, childhood obesity; increase resilience of young people and rates of immunisation;</li><li>Map community service utilisation and effectiveness to better understand pathways of care</li><li>Work with GPs to optimise opportunities for secondary prevention, explore relatively low rates of angiography and revascularisation</li><li>Work through a business partner approach with WHSSC to jointly managing English contract activity</li><li>Develop locality commissioning plans to ensure: specialist services available; access to diagnostic testing and treatments is in place</li><li>Provide GPs with timely access to diagnostic testing and procedures for heart disease, increasing direct access to testing at the point of care or from a central laboratory as well as timely access to specialist cardiology advice</li><li>PTHB officer and clinical leads for the Heart Plan to be identified</li><li>Accountability and reporting arrangements from WHSSC to Board of PTHB on cardiac issues will be improved</li></ul>					
Baseline & Measures					
Age standardised prevalence of coronary heart disease			Premature mortality from CHD		
Age standardised prevalence of diabetes			Premature mortality from CVD		
Age-standardised emergency admission rate for CVD			Age standardised prevalence of hypertension		
Age-standardised adult obesity rates			Age-standardised adult excess drinking rates		
% Patients with MI on treatment			Age-standardised revascularisation rates		
% Patients with AF on treatment					
Risks					
<ul style="list-style-type: none"><li>Local performance of stop smoking services</li><li>Complexity of provider arrangements</li></ul>			<ul style="list-style-type: none"><li>Competing priorities faced by frontline staff</li><li>Lack of capacity in primary care and wider organisation</li></ul>		
Implications					
Workforce	N/A				
Financial	N/A				
Estate	N/A				
ICT	N/A				

### 3.6.5 DIABETES SUMMARY PLAN

Minimising the risk of developing diabetes whilst maximising ability of people to effectively self care					
Delivery Plan	2016	Annual Report	2016	Steering Group	Meets Bi-monthly
Achievements					
<ul style="list-style-type: none"><li>• Roll out of 'Invest in Your Health' primary care programme across primary care Cluster areas</li><li>• Introduction of 'Think Glucose' programme across Community Hospital wards</li><li>• Provision of diabetes education programmes for newly diagnosed patients with type 1 diabetes</li><li>• Incorporation of GP representation into Powys Planning and Delivery group</li></ul>					
Local Priorities					
<ul style="list-style-type: none"><li>• Delivery of public health programme will contribute to primary prevention and secondary prevention of diabetes and its complications;</li><li>• Strengthening diagnosis and management of diabetes in primary care and community services</li><li>• Strengthening education programmes for people with Type I and II diabetes including increased use of e-learning</li><li>• Gaining assurance on quality of services commissioned from organisations for diabetes and alignment to the Diabetes Delivery Plan</li><li>• Developing a research agenda for diabetes treatment and care across a rural county</li></ul>					
Baseline & Measures					
Diabetes Type 2 prevalence in Powys (% of Population)			% of patients offered or attended structured education		
Number of new cases of Diabetes Type 2			Cardiovascular disease mortality rate per 100,000 people		
% young people & children achieving improved glycemic control			% patients with record of foot examination & risk classification <15m		
Emergency admissions for diabetes (all providers)			Nu readmissions < 30 days of previous discharge for diabetes		
Emergency re-admission for Diabetes for Powys (all providers)			Variation in incidences of complications of diabetes	Angina	
Average length of stay for diabetes admissions				Renal replacement therapy	
% patients with a record of retinal screening <previous 15m				Minor amputation	
DKA incidence rate per 100,000 people				Heart failure	
Nu Px last blood pressure is <140/80 in < previous 15 months				Retinopathy	
Hypoglycemia incidence rate per 100,000				diabetic ketoacidosis	
Risks					
<ul style="list-style-type: none"><li>• Delivering the Diabetes plan will require the full engagement of primary and secondary care as long term partners, as well as joint working with Third Sector partners who are supporting PTHB in securing clinical leadership and designing patient education.</li></ul>					
Implications					
Workforce	<ul style="list-style-type: none"><li>• Develop skills of specialised diabetes, practice and community nurses</li><li>• Upskill workforce (training in primary prevention)</li><li>• Upskill nursing in community hospitals (Think Glucose Programme)</li></ul>				
Financial	<ul style="list-style-type: none"><li>• Cost pressures associated with the extension of diabetes education programmes</li></ul>				
Estate	<ul style="list-style-type: none"><li>• Repatriation of outpatient care into Powys</li></ul>				
ICT	<ul style="list-style-type: none"><li>• Enhanced use of e-technology in patient pathways</li></ul>				

### 3.6.6 LIVER DISEASE SUMMARY PLAN

Preventing liver disease and ensuring effective, quality care for those living with liver disease.					
<b>Delivery Plan</b>	2016	<b>Annual Report</b>	2016	<b>Steering Group</b>	Est March 16
<b>Achievements</b>					
<ul style="list-style-type: none"> <li>The Liver Delivery Plan was published in 2015 and during 2015/16, the PTHB has assessed its performance against the Plan to identify local priorities.</li> </ul>					
<b>Local Priorities</b>					
<ul style="list-style-type: none"> <li>Secure clinical leadership for liver disease for the population of Powys and encourage Primary Care Clusters to identify a champion for liver disease</li> <li>Ensure delivery of the primary prevention programme targeting the risk factors for liver disease; including the HBs response to the All Wales Obesity Pathway</li> <li>Work with substance misuse services in implementing current strategies in order to continue reducing risk behaviour and substance misuse</li> <li>Develop an approach to help de-stigmatise liver disease</li> <li>Work with WHSCC and the All Wales Medicines Strategy Group on the phased introduction of new Hepatitis C drugs</li> <li>Examine opportunities and make costed recommendations to increase the availability of targeted community testing for viral hepatitis and fatty liver disease particularly in areas of social economic deprivation; including the availability of non invasive testing (NITs) for liver fibrosis among high risk populations</li> <li>Improve awareness and understanding of liver disease among primary and community care and with partners to help detect early liver disease and make appropriate referrals including ensuring primary care management of those diagnosed with liver disease include uptake of appropriate vaccinations</li> <li>Put in place mechanisms to ensure that services commissioned for people with liver disease, including those commissioned through WHSCC are aligned to the standards set out in the Liver Delivery Plan and delivers fast and effective care</li> <li>Improve access to specialist dietetic advice &amp; psychological support for patients with cirrhosis &amp; chronic liver failure to better self manage their condition</li> <li>Support the provision of palliative care services for patients with chronic liver failure</li> <li>Assess provision of community support groups to help patients manage their condition in the community</li> <li>Work with partners to improve information and to target research</li> </ul>					
<b>Measures</b>					
Proportion of children who are obese			Rates of new diagnosis or cirrhosis		
Proportion of adults who are obese			Liver disease mortality rates		
Proportion of adults self-reporting drinking more than alcohol daily guidelines			Number of years of life lost due to liver disease		
Rate of alcohol specific admissions to hospital			Rates of hospital admission for liver disease		



Rate of alcohol attributable admissions to hospital	
<b>Risks</b>	
<ul style="list-style-type: none"> <li>Failure to identify clinical leadership for liver will delay the delivery of the work programme within Powys.</li> </ul>	
<b>Implications</b>	
Workforce	<ul style="list-style-type: none"> <li>Upskill workforce through the 'Making Every Contact Count' programme in primary prevention</li> <li>Develop capacity and skills within the community to detect early liver disease, to make appropriate referrals diagnosis to deliver appropriate support including a strong focus on supporting patients to self manage their condition.</li> </ul>
Financial	<ul style="list-style-type: none"> <li>To be determined</li> </ul>
Estate	<ul style="list-style-type: none"> <li>To be determined</li> </ul>
ICT	<ul style="list-style-type: none"> <li>To be determined</li> </ul>

Summary Plan 18: Liver Disease

### 3.6.7 RESPIRATORY CONDITIONS SUMMARY PLAN

Improving respiratory health, and ensuring timely, effective care for those with respiratory disease.					
Delivery Plan		Annual Report		Steering Group	Est March 2016
Achievements					
<ul style="list-style-type: none"><li>• New staff recruited to the respiratory team</li><li>• Increased number of Invest in Your Health programmes delivered</li><li>• Funding secured for a telehealth pilot for group programmes</li><li>• First staff have completed the ARTP accreditation process</li><li>• Winter management plans being implemented</li></ul>					
Local Priorities					
<ul style="list-style-type: none"><li>• Deliver Making Every Contact Count; raising awareness and promoting healthy lifestyles developing on the Invest in Your Health programme</li><li>• Increasing the number of community pharmacists and opticians delivering smoking cessation services</li><li>• Developing a health coaching service to support positive changes in health behaviour for at risk groups</li><li>• Increased number of staff with accredited spirometry training</li><li>• Complete community based obstructive sleep apnoea screening pilot</li><li>• Ensure all patients have self management plans and the information to manage their condition, working with the third sector partners where possible</li><li>• Use risk stratification tools to identify patients most at risk in the community to provide early, preventative interventions to prevent emergency admissions</li><li>• Increase frequency and accessibility of Pulmonary Rehabilitation Programmes</li></ul>					
Measures					
Incidence of COPD per 100,000 population			% patients with significant breathlessness referred for a pulmonary rehabilitation programme		
Disease and age group specific mortality rates under age 75 per 100,000 population			% of people with a chronic respiratory condition receiving a written self-management plan <3 months of diagnosis		
% of referrals to pulmonary rehabilitation programme who have successfully completed the programme.			% of people with diagnosed lung disease supported in the community by appropriate healthcare professionals		
People with asthma & COPD:	number of unscheduled attendances and re-attendances to hospital		% of people with difficult & complex respiratory conditions being managed through an appropriate MDT framework		
	Average length of stay		% of patients with advanced and optimally treated respiratory disease receiving appropriate palliative / end-of-life care		
Risks					
<ul style="list-style-type: none"><li>• Challenges recruiting staff</li></ul>					

Implications	
Workforce	<ul style="list-style-type: none"> <li>• Look at developing alternative roles to deliver self management programmes</li> <li>• Explore opportunities for increasing consultant Cover</li> <li>• Training for staff to support self management and promoting healthy lifestyles</li> </ul>
Financial	<ul style="list-style-type: none"> <li>• Investment in Specialist Respiratory Team</li> <li>• Reduction in cost for emergency admissions through timely interventions to keep people at home</li> <li>• Investment in training health professionals to deliver an accredited spirometry service</li> </ul>
Estate	<ul style="list-style-type: none"> <li>• Spirometry equipment needs to be purchased</li> </ul>
ICT	<ul style="list-style-type: none"> <li>• To be determined</li> </ul>

Summary Plan 19: Respiratory Conditions

### 3.6.8 CRITICALLY ILL SUMMARY PLAN

Improving respiratory health, and ensuring timely, effective care for those with respiratory disease.					
Delivery Plan		Annual Report		Steering Group	
Achievements					
<ul style="list-style-type: none"><li>• PTHB commissions critical care services from relevant NHS provider organisations through its Long Term Agreements (LTA) in both England and Wales. The NHS provider is expected under the contract terms to provide continuous access to critical care service</li><li>• The LTA sets out the quality measures and standards which the NHS Provider should work to. The agreement also sets out the services our population will have access to in line with our strategic agenda taking into account clinical and other quality standards</li></ul>					
Local Priorities					
<p>The Powys Critically Ill Delivery Plan sets out actions to strengthen commissioning arrangements across the key areas and monitor performance of its providers by including the: National Themes; Assurance Measures; Tiers of Critical Care available</p> <p>This will be reviewed as part of PTHB’s monitoring arrangements of commissioned services through the LTA with Providers. The Critically Ill plan will ensure that:</p> <ul style="list-style-type: none"><li>• Patients and clinicians discuss and agree appropriateness of critical care and level of escalation of care in time of need;</li><li>• Patients have timely access to (where appropriate for their condition and needs) and discharge from critical care;</li><li>• Patients be cared for in the correct facility with highly qualified specialists;</li><li>• Patients and carers are as involved in their care as they feel appropriate;</li><li>• Patients receive care that is clinically effective.</li></ul>					
Baseline & Measures					
95% critical care discharges within 4 hours ready for discharge tim.			Number of cancelled operations due to lack of a critical care bed		
Number of cancelled operations in all providers			Bed occupancy levels		
All critical care transfers should be graded good or excellent in quality			Hospital morality measure		
Nu of CCMDS critical care admissions for Level 1 care			% patients who have a NEWS completed and documented		
Percent compliance with care bundles			% acute admissions where patient has a documented decision regarding escalation of treatment		
NU of units compliant with dedicated critical care consultants and middle tier doctors at all times			% patients had an assessment for acute kidney injury on admission & risk of developing acute kidney injury post admission		
Risks					
Implications					
Workforce	N/A				
Finance	To be determined				
Estate	N/A				
ICT	N/A				

### 3.6.9 ORGAN DONATION SUMMARY PLAN

Ensuring that the wishes of Powys citizens concerning organ donation are fulfilled.					
Delivery Plan	2016	Annual Report	2016	Steering Group	Every six months
Achievements					
<ul style="list-style-type: none"><li>PTHB has supported the distribution of information concerning the national launch of the Welsh soft opt out organ donation policy</li></ul>					
Local Priorities					
<ul style="list-style-type: none"><li>For the health board to get assurance that Powys residents are having their wishes around organ donation fulfilled if they die in an acute hospital out of county</li><li>To quantify and establish the feasibility for corneal retrieval for patients who die in Powys community hospitals</li><li>To work with specialist nurses from NHS Blood and Transplant (NHSBT) to deliver training and education to staff, patients, and also the wider community</li></ul>					
Measures					
A gap analysis will be undertaken to quantify the number of eligible corneal donors dying within Powys community hospitals				PTHB will continue to inform the citizens of Powys about the issues around organ donation	
A feasibility study would then look into transportation of the deceased to a corneal retrieval centre (Manchester, Leeds or Bristol)				A Powys organ donation advisory committee will be formed and its Terms of Reference agreed	
Risks					
Capacity to undertake gap analysis					
Implications					
Workforce	<ul style="list-style-type: none"><li>A programme of staff training focussed on the issues for Powys will be delivered, supported by DGH Specialist Nurses for Organ Donation in collaboration with WOD colleagues</li></ul>				
Financial	<ul style="list-style-type: none"><li>If supported by the feasibility study, a business case would be developed in conjunction with NHSBT for specialist refrigeration equipment during transportation</li></ul>				
Estate	<ul style="list-style-type: none"><li>If a Powys based service for corneal donation is determined to be viable then estate infrastructure for the preparation of the deceased may need to be enhanced</li></ul>				
ICT	<ul style="list-style-type: none"><li>Externally facing Powys web site should have the capability of displaying public information videos on the subject of organ donation</li></ul>				

Summary Plan 21: Organ Donation

### 3.6.10 END OF LIFE SUMMARY PLAN

Ensuring end of life care that is dignified, supported and equitable for all people in Powys.					
Delivery Plan	December 13	Annual Report	August 15	Steering Group	Quarterly
Achievements					
<ul style="list-style-type: none"><li>• Hospice at home provision developed for Machynlleth</li><li>• Developed consultant led service for Machynlleth and Ystradgynlais</li><li>• Established an End of Life Programme Board</li><li>• Enhanced and formalised palliative care teaching and training</li><li>• MDTs – increased proportion of patients on palliative care register from 0.15% (2009/10) to 0.43% (2013/14)</li><li>• All Clinical Nurse Specialists (CNS) have completed advanced communication training</li><li>• 62% of patients known to the specialist palliative care team have an advanced care plan in place</li></ul>					
Local Priorities					
<ul style="list-style-type: none"><li>• Developing a hospice at home service in partnership with the Third Sector to the population of Ystradgynlais</li><li>• Scope services currently in place to support end of life care in community and work with commissioning to ensure we have staff who have the right skills and training in order to increase the proportion of end of life care delivered in the community</li><li>• Promote Byw Nawr Dying matters, a national programme in Powys</li><li>• Increase the percentage of patients who die at home from the current 23.2 % (2014/15)</li><li>• Develop workforce to include Senior Nurse for cancer Services, Person Centred Manager, two GP facilitator sessions a week to support End of Life care across GP practices in Powys</li><li>• Continue to strengthen education programmes for GPs and link nurses in end of life care</li><li>• Gather patient stories to learn from the patient experience of care – one in each team for 2016/17</li><li>• Ensure the care decisions guidance is implemented across the county and being used consistently to support care at end of life</li></ul>					
Measures					
% of patients supported to die at home			Patient/carers satisfaction in relation to end of life care		
Number of inappropriate admissions at end of life			Number of patients on a palliative care register		
Risks					
<ul style="list-style-type: none"><li>• CNS and Consultant capacity to input into MDTs, manage increasing caseloads and continue to provide training and education.</li><li>• Challenges recruiting to GP facilitator posts</li><li>• Provider being able to recruit to provide Hospital at Home in Ystradgynlais</li></ul>					
Implications					
Workforce	<ul style="list-style-type: none"><li>• Support for teaching and training on end of life</li></ul>				
Financial	<ul style="list-style-type: none"><li>• Additional posts are being funded by Macmillan. The Senior Nurse post will require ongoing funding after 2019</li></ul>				
Estate	<ul style="list-style-type: none"><li>• Increased staff members in the team will have implications for estates for providing accommodation</li></ul>				
ICT	<ul style="list-style-type: none"><li>• Increased staff members in the team will have implications for ICT for providing equipment</li></ul>				

## **4. SUPPORTING DELIVERY**



## 4.1 WORKFORCE AND ORGANISATIONAL DEVELOPMENT

### Summary

To deliver against the health board's aim of working always with our staff, the IMTP presents a workforce and OD plan which:

- Aligns to the framework for a future prudent workforce;
- Supports the strategic objective to strengthen the capacity, capability and resilience of primary and community care;
- Promotes robust and vibrant staff engagement.

**Strategic Objective 12: Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys.**

The ability of the health board to achieve its ambition set out in the IMTP can only be achieved through the skill, knowledge, experience and commitment of our workforce. This relies on the health board's workforce being fully engaged, satisfied, flexible and responsive to the evolving healthcare needs of both individuals and the population of Powys. Providing integrated services across Powys in a sustained and robust way requires the development of new roles and ways of working, underpinned by effective and productive relationships with our partners in local authority, Third Sector, voluntary and independent sectors. As a commissioner of services, our role is to assure that the workforce of our providers enable the delivery of safe, effective services for the population of Powys.

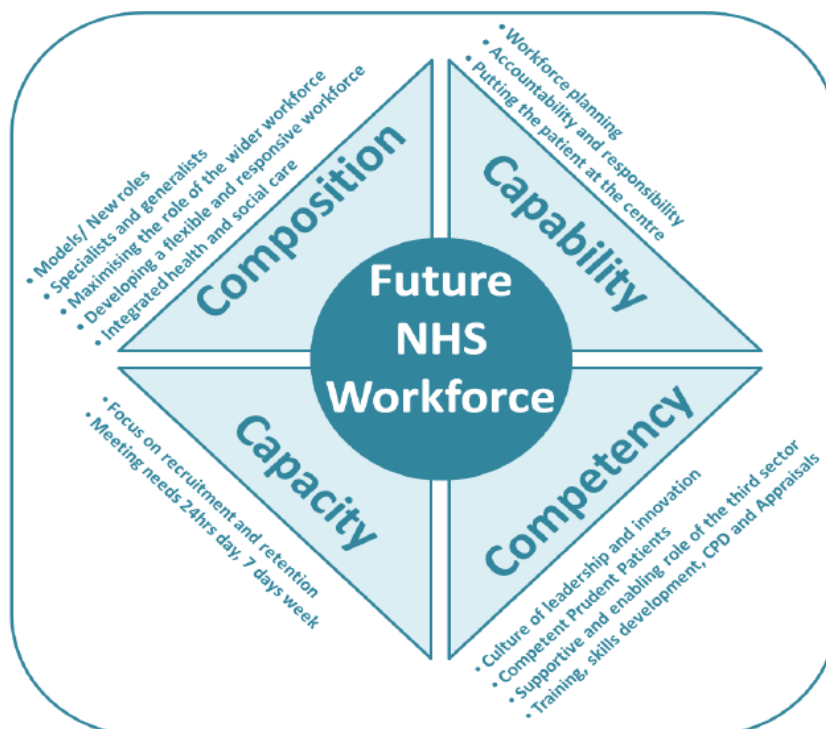


Figure 51: Framework for Prudent Workforce

The health board will use the framework for Prudent Workforce to deliver the aspirations identified within the IMTP to ensure that both individual and population health needs in Powys can be met both now and in the future.

## **CLINICAL LEADERSHIP**

To deliver PTHB's ambition we will continue to progress our vision and aim to be a clinically led organisation at all levels of the health board. The overarching approach being to place clinician at the heart of strategic development and delivery of everything we do.

This will mean clinicians will lead the services delivered for the population of Powys at all levels of the organisation. Critical to this will be the successful appointment of both a substantive Medical Director and Director of Therapies and Health Science to support the Director of Nursing and Director of Public Health at a Board level.

As previously identified we will continue to rebalance the organisation to place clinicians in pivotal roles of authority and accountability with autonomy to act.

### **4.1.1 COMPOSITION OF THE WORKFORCE**

Workforce development is a key enabler to increase the capacity, resilience and sustainability of primary and community services, which is one of our strategic objectives. Achieving a key aim of providing care closer to home through the delivery of high quality and robust clinical services, requires new models of care and maximising the role of the workforce across all sectors through an integrated approach. To support the delivery of the primary care plan and the associated change agenda, the health board has focused on the integration of community teams to provide seamless care for the population of Powys, through a prudent approach to create new and flexible roles. In addition, a review of the health board's approach to temporary staffing capacity has ensured that we are able to provide a flexible approach to capacity demands in the most efficient and effective way.

As healthcare becomes more complex, delivering care locally in a rural area presents an ever-increasing challenge. The opportunities for a greater proportion of services to be delivered locally within Powys will enable some of the most innovative approaches in service delivery. To support this, the health board needs to continue to develop new models of integrated, community based care, enabled where appropriate by telehealth and telecare. This will ensure there is sufficient capacity to meet the need for healthcare services with a shift to prevention and early intervention. These new innovative models will be based on multi-skilled roles and will be especially important in primary care.

## **KEY ACHIEVEMENTS**

- Introduction of the new role of Integrated Clinical Team Manager across the localities;
- Introduction of Consultant Nurse role for endoscopy and gastroenterology;
- Roll out of Virtual Ward across Powys;
- Creation of Rehabilitation Assistant posts with a blend of Physiotherapy and Occupational Therapy competences, at ward level within the community hospitals;

- Working in partnership with Powys County Council, the integration of Older People's Care Teams across health and social care in Ystradgynlais, Llanidloes and Machynlleth, with co-location of services in Ystradgynlais and a single management structure;
- Development of an alternative model of workforce for Machynlleth Practice which is a test model for other areas;
- Establishment of a Primary Care Workforce & Organisational Development group in Powys;
- Development of the Physician Associate role within Powys. This includes the introduction of a Physician Associate Development Manager role to provide professional specialist advice to the health board on the introduction of the new roles and provide leadership and direction for their education, training and deployment;
- Leading an initiative with the MWHCC and Birmingham University to appoint up to six Physician Associate students who will take up roles in Mid Wales once qualified;
- The return of 120 Adult Mental Health staff under TUPE which the health board previously commissioned;
- Development of Health Care Support Workers to work across primary care and district nursing services with older people, identifying unmet needs and promoting healthy living.

### **FOR 16/17, SPECIFICALLY WE WILL:**

- Ensure that the remaining mental health staff are successfully transferred back to Powys in line with the mental health service plans;
- Set up a temporary staffing unit which will effectively establish a multi skilled temporary staff bank which includes clinical, administrative and management staff to reduce reliance upon the use of agency staff;
- Develop a sustainable medical staffing model for inpatient and primary care services;
- Further development and recruitment to Physician Associate roles and provision of clinical placements;
- Repeating the Physician Associate Programme (MWHCC) with Birmingham;
- Development of a competence based framework for health care assistants, practice managers and practice nurses in line with the primary care workforce plan;
- Enhancing the skill set of primary care optometrists;
- Enhance the Clinical Specialist roles across neurological and stroke rehabilitation;
- Development of Occupational Therapy rotations across mental health, Social Services and community hospitals to attract staff;
- Review the Welsh Government Safe Staffing Act to determine the impact for nurse staffing levels in Powys;
- Develop a Clinical Leadership framework;
- Review of skill mix and structure in Dietetics and Speech and Language Therapy to reduce its fragility in the future, including the introduction of Assistant Practitioners, supporting the delivery of early intervention and prevention agenda such as weight loss programmes and diabetes education;

- Develop an integrated workforce plan based on the agreed transformation model for adult social care;
- Refresh the Advanced Practice Framework for Nurses and AHP's in Powys.
- Refresh the strategy for Health Care Support Worker development, congruent with Developing Excellence in Healthcare: the NHS Wales Skills and Career framework for Clinical Healthcare Support Workers.

## **4.1.2 CAPABILITY OF THE WORKFORCE**

The health board has responsibility for the delivery of its Organisational Development (OD) approach which extends into primary care and the Local Authority. This approach is essential in developing the ability of the workforce across all sectors who serve the population of Powys to deliver the change agenda. The work to refresh the development of this OD approach, which supports the delivery of the Change Programme, will be a dynamic process, which is vital to continually refresh the workforce capability and effectiveness.

The health board's capability to meet the service demands will be based on using workforce business intelligence so that short and longer term decisions are made on clear evidence. Building on and further developing the workforce planning capability within the health board, this approach has been extended to partner organisations. The health board is supporting Powys County Council in conjunction with the NHS Workforce, Education and Development Service to develop a workforce plan using a common model. This work will enable the workforce plans of the Local Authority to be undertaken using the same approach as the health board which will support the ongoing joint planning required for integrated services.

## **KEY ACHIEVEMENTS**

- Secondment of Director of Workforce and Organisational Development to the Council to undertake a joint Executive role across both organisations to accelerate the integration agenda and lead on workforce planning across both sectors;
- Delivery of key aspects of the Powys One Plan, through the Organisation and Partnership Development workstream, which is the integration plan for PTHB and Powys County Council;
- The launch in September 2014 of our flagship staff engagement programme 'Chat to Change' in partnership with our Staff Representatives and with full support of the Executive Team and Local Partnership Forum. Chat to Change is one of three Bevan Exemplars within Powys. The concept of Chat to Change is a key enabler in shaping the culture of collective leadership and innovation that is to be nurtured in Powys.

## **FOR 2016/17, SPECIFICALLY WE WILL:**

- Develop a truly integrated workforce plan across the local authority and the health board.
- Further develop the joint Organisation and Partnership Development plan to support the next phase of integration with partners.
- Continue and enhance the Chat to Change programme with a focus on:

- Development of the cultural ambassador role;
- Developing of values in action with a focus on thanks and appreciation;
- Increasing the number of Champions;
- Undertaking and acting on the findings of the 2016 Staff Survey;
- Publication of Staff Stories.

### **4.1.3 COMPETENCY OF THE WORKFORCE**

The ability for staff at all levels to have the skills and knowledge to deliver in their role to the quality and standard necessary is an ongoing challenge for PTHB. The health board relies on small teams of staff offering services to a wide geographical area. This requires all staff to have a breadth of knowledge to meet the population's needs. This applies equally to clinical and non clinical staff.

To enable this the Board must show its commitment to the investment in the leadership and skills development of all roles. The health board prioritises staff appraisal and development and has reviewed its expenditure on the investment of education as a base line for future investment. This has demonstrated that there is a strong correlation between the vision of the health board and the strategic objectives translating into key workforce developments to support the change agenda. Working prudently, the health board works jointly with Powys County Council to ensure that both frontline staff and managers develop skills together wherever appropriate.

The challenge for the health board now is to build leadership and management capacity to ensure that there is sufficient resilience, capacity, capability and experience within the executive and senior management team to maintain the substantial pace of change. The health board is committed to ensuring Clinicians at all levels have clinical leadership skills to enable the delivery of the changes required within Powys. This includes the development of the Advanced Practitioner role in services where there is a clearly identified need. The aim is to compliment medical care through advanced nursing and therapy practice that will enhance patient care. The strengthening of clinical leadership will be an area of focus for PTHB.

The Nursing and Midwifery Council (NMC), the UK regulator for all nurses and midwives has agreed to introduce a new process from 1 April 2016 for all those on its register to renew their practice every three years. This process of revalidation aims to improve public trust and confidence in the nursing and midwifery professions by making the NMC Code central to all nursing and midwifery practice and thereby add to public protection. The health board has invested significant time and resources into training and supporting all our staff and those in primary care, local authority, third sector and independent care to ensure all registrants have the necessary skills and tools to comply with this new requirement.

In March 2016 the Nurse Staffing (Wales) Act of the National Assembly for Wales became law. Its purpose is to ensure minimum, safe nursing staffing levels in Local Health Boards and NHS Trusts across the NHS in Wales. The Act sets out nurse (and health care support worker) to patient ratios within adult acute general wards, and has been developed based on a range of global evidence and best practice. The Act allows for the extension of this provision to other specialties in due course.

The Welsh Government will develop guidance over the next 12 months that will apply 'where ever NHS nursing care is provided' therefore the Chair, Chief Executive and the Board must have regard for the appropriate registered nurse staffing levels, (and health care support worker), on all shifts. Boards will have a statutory duty to ensure sufficient registered nurses and Health Care Support Workers to assure the provision of safe, sensitive, effective and efficient care for patients. A range of indicators will be developed over the next 12 months for assessing the impact of this legislation which will be reported to Board and Welsh Government.

## **KEY ACHIEVEMENTS**

- Launch of our Values and Behaviours Framework and redesigned appraisal materials to support our Values and Behaviour Framework;
- The development and implementation of a joint Leadership and Management Development Framework;
- Leading through Engagement, a joint conference with Powys County Council held in November 2015 attended by 180 of our leaders with a focus on staff engagement;
- Further promotion and embedding Improving Quality Together (IQT) across the organisation: locality based Silver cohorts linked to Engagement Programme and Transformation programmes;
- Review of the investment in education and training;
- Pilot introduction of Urgent Care Practitioner role in a Practice with early indications that this is contributing to more effective team working and better utilisation of GP time;
- Launch of Dementia programme;
- Commencement of the first cohort of Advanced Practitioners;
- Successful recruitment to key Director, Assistant Director and Lead Clinical posts;
- In excess of 420 staff trained on the process of revalidation and a website set up to provide appropriate tools to support registrants in complying with the revalidation process.

## **FOR 2016/17, SPECIFICALLY WE WILL:**

- Implement a joint talent management programme across PTHB and Powys County Council;
- Continue to review corporate and locality infrastructures to ensure these are fit for purpose;
- Appoint a joint Transformation Director who will lead the integration agenda in Powys;
- The development of a joint approach to coaching across the health board and Powys County Council to support effective engagement in service change and delivery;
- Evaluate the success of staff engagement and management through the staff survey of 2016;
- Continue to roll out the Advance Practitioner role as appropriate and carry out a full evaluation of the success of this role on enhanced patient care;



- Monitor compliance with revalidation for all nurses and midwives and ensure progress is measured at least annually through the annual performance review process;
- Implement the NHS Core Principles, developed in partnership by the Welsh Government, NHS Wales Employers and Trade Unions, which outline a way of working for all staff in NHS Wales;
- Implement Developing Excellence in Healthcare: the NHS Wales Skills and Career framework for Clinical Healthcare Support workers which includes strengthening the induction programme for Clinical Health Care Support Workers;
- Design and implement a clinical leadership development programme that ensures that clinical leadership is at the core of taking Powys forward in future and to realise the ambition that PTHB is a clinically led organisation;
- Successfully appoint to the remaining director posts.

#### 4.1.4 CAPACITY OF THE WORKFORCE

Organisational capacity not only relies on the development of competency of our staff but maximises the effectiveness of those staff within the workforce. As a mainly rural area the Health Board has had difficulty in recruiting to some clinical areas most notably:

**Medical and Dental:** Consultant CAMHS, Consultant Care of the Elderly, Specialty Doctors in Psychiatry and General Practitioners which mirrors national shortages.

**Nursing and Midwifery:** Registered Nurses Band 5 (reflects national shortage), Registered Mental Health Nurse recruitment in North Powys.

**Allied Health Professionals:** Speech and Language Adult Learning Disabilities Therapists as well as Community Occupational Therapists and Physiotherapists.

The main areas of risk for the Health Board are within medical and nursing staff groups. Whilst there are recruitment challenges in Allied Health Professionals, the volume of numbers are small. However, within a rural setting, even small recruitment difficulties can have an impact on service delivery as we have small teams of staff offering services within a large geographical area. These services are vulnerable in the event of short term absence or staff leaving which may lead to services not being offered consistently. The development of Support Workers within Allied Health Professionals to Assistant Practitioner level and the development of support worker roles working across professional boundaries will mitigate against these risks.

The Health Board has prioritised the development of workforce capacity to deliver its aspirations and this work will feature in the workforce and organisational development strategy of the Health Board in achieving its objectives. The Health Board has sought to improve the utilisation of its current staffing capacity by prioritising its Attendance at w

Work Programme. This has enabled the achievement of the national target on sickness absence through its approach to staff well being. In addition, the Health Board has reviewed its approach to staff deployment and has invested in a roster and temporary staffing electronic management system.



## KEY ACHIEVEMENTS:

- The rolling sickness rate for December 2015 has fallen below the national level target (set at 4.42%) to 4.18%;
- Successful revalidation of the Gold Corporate Health Standard;
- Utilisation of Electronic Staff Record (ESR) capability and the use of Business Intelligence in providing improved quality, intelligent reporting to support a performance based approach to absence management across the health board;
- Establishment of rural healthcare study days for Cardiff medical students and the development of rural mini breaks for medical students;
- 101 work experience placements and 98 clinical placements for pre-registration students;
- Successful in securing spend to save funding for the establishment of an e-rostering team and the purchase of an electronic rostering and temporary staffing system;
- Launch of Health Matters campaign by our Occupational Health team, relating to the Menopause and linked to our workforce demographic;
- Exceeded national tier 1 target for Flu vaccinations for clinical staff;
- Beating the Blues online cognitive behavioural therapy available to staff for mild to moderate depression and anxiety disorders;
- Introduction of 8-week Mindfulness course for staff.

## FOR 2016/17, SPECIFICALLY WE WILL:

- Develop sound succession planning which provides career opportunities and attracts skilled professionals into the services and to the area and due to the rural nature of the County, attracting and retaining young talent from within the area. This will be a joint process with the Local Authority focussing on Apprenticeship and Cadet Schemes to enable the health board and Council to fulfil both its organisational need and its social responsibility;
- Work with Cwm Taf and Powys County Council to deliver a local graduate scheme;
- Develop support workers as 'telehealth technicians';
- Develop new roles and ways of working to support alternative models of care and to meet recruitment challenges:
  - Physician Assistants, Nurse Injectors in Ophthalmology services;
  - Further developing the Practice in Powys brand to encompass other primary care professions, not just GPs;
  - A development framework for the Primary Care Workforce, for Health Care Assistants, Practice Managers and Practice Nurses;
  - Continued development of Advanced Practitioners;
  - Agreed and funded nursing establishments in line with national safe staffing levels;
  - Investment and development in our Health Care Support Workers, including the implementation of the framework for Health Care Support Workers, development of Assistant Practitioner roles in Nursing and Allied Health Professions as well as new roles working across professional boundaries.

## 4.1.5 WORKFORCE CHANGES

The most significant change in the workforce between 2015 and 2016 has arisen as a result of the transfer of mental health staff back into Powys from Betsi Cadwaladr and Abertawe Bro Morgannwg UHBs. For the 2016 – 2019 plan, the change in the workforce profile is an increase of 132.79 F.T.E. totalling £5.5m in 2016/17. The full details of these workforce changes are provided in templates C16, C20 and C21 and a summary breakdown is provided below.

Workforce Changes	FTE	Cost
Board agreed investment to support service configuration and infrastructure in the following areas - Ophthalmology - Information Technology - Flexible Staffing Unit - Immunisation Co-ordinator - Assistant Director of Communications - Director of Transformation	8.98	£399,183
Mental Health	123.81	£5,059,315
<b>Total</b>	<b>132.79</b>	<b>£5,458,498</b>

Table 30: Workforce Changes

## 4.1.6 EDUCATION COMMISSIONS AND DEVELOPMENT

Education commissions are just one source of where our future workforce will come from, other mechanisms are through recruitment, retention and attraction strategies and innovative and prudent workforce development. The workforce assumptions we are working with as part of the IMTP are that:

- No plans for workforce reductions;
- Our workforce numbers will increase as we move care closer to home through repatriation;
- Numbers of registered clinical staff will increase because of the impact of working in a rural community and the broad range of skills that we require to deliver our services;
- We have an ageing workforce, so over the next 10 years our turnover is likely to increase, so it is important not to commission based on previous turnover rates but on potential increases.

Our C23 templates outline requirements for the development of our workforce. As a health board, we have identified the following challenges in terms of education provision which require consideration at a national level:

- We have very small teams within our Community Paediatric Services which we need to upskill. The current model without backfill support presents real challenges for Powys to release staff to undertake this course as it has a detrimental impact on service provision. There is a need to explore different models to support workforce developments in rural areas with small teams;
- Both the rurality and geographic spread of Powys and its position as a primary and community care organisation presents challenges in access to specialist courses by

our staff which may not be provided in Welsh Universities or if they are provided, access to the courses is very difficult due to where our staff live. Hence, some of our requirements may need to be met through Universities other than those in Wales;

- There is currently no provision for education programmes to support the development of Allied Healthcare Professional Support Workers to Assistant Practitioner level.

#### **4.1.7 RISK MITIGATION**

Within the section above, we have identified a number of risks in relation to the provision of education at a national level which cannot be addressed at a local level and requires national solutions to mitigate the risks identified in the development of a workforce in a rural community. The main area of risk for the health board is the recruitment to our medical and nursing workforce. To mitigate these risks and seize the opportunities, the health board has promoted Powys as a place to work and live via its recruitment and retention strategy and has undertaken some overseas recruitment of nursing staff. In addition, we are developing the role of Advanced Practitioners, Health Care Support Worker development and the development of Physician Associates.

## 4.2 FINANCE

### Summary

In delivering its key aims of achieving the statutory duty for financial balance and building an organisation with effective planning and financial management capacity and capability the health board has

- Prepared a balanced three year financial plan;
- Developed a financial strategy which aligns with the principles of Prudent Health and Care;
- Planned to allocate resources based on evidenced based practice and efficiency in delivery.

**Strategic Objective 11: Implement effective financial management to ensure statutory breakeven and best value for money.**

In 2015/16, the Welsh Government recognised the long standing structural financial challenge which historically has meant that living within our means has been difficult to achieve without structural assistance year after year. As a result, Welsh Government agreed 3 year structural assistance in 2015/16 of £25M per year which meant the health board was able to prepare a balanced three year financial plan which subsequently received Welsh Government approval.

Whilst this financial commitment from Welsh Government is very much welcomed by the health board, there is a need to ensure that there is no room for complacency. The continued difficult financial environment for health bodies remains an issue for the foreseeable future and living within our means is a fundamental component of our three year strategy and beyond.

This finance chapter presents the

- Approach to the health board's financial strategy;
- Key enablers required to develop and deliver;
- Management approach to delivery;
- Financial assumptions in developing the three year financial plan which will need to be tested with Welsh Government.

In doing so, the health board presents a balanced three year Financial Plan for the period 2016/17 – 2018/19.

### 4.2.1 FINANCIAL STRATEGY AND APPROACH TO COST REDUCTION

PTHB's financial strategy is one of improving services and reducing cost. PTHB fervently believes that the 'triple aims' of improving health, enhancing quality and access, and controlling costs go hand in hand. This must be demonstrated across the entire patient pathway regardless of setting or organisational boundary. To this end, we fully embrace the opportunities afforded through our co-terminous boundary with Powys County Council and the joint integration agenda we are pursuing.

Improved quality at reduced cost is at the heart of the prudent healthcare idea and the health board fully embraces the 4 principles as set out by the Health Minister.

- achieve health and wellbeing with the public, patients and professionals as equal partners through co-production
- care for those with the greatest health need first, making the most effective use of all skills and resources
- do only what is needed, no more, no less; and do no harm
- reduce inappropriate variation using evidence based practices consistently and transparently.

These directly link in with the financial strategy as set out by the board and is set out in our financial strategy principles as set out in the figure below.

<ul style="list-style-type: none"><li>• <b>Clear pathways of care that demonstrate the most appropriate care in the most appropriate setting.</b> The intended consequence is a reduction in unnecessary steps and delays which in themselves can drive costs upwards through poor clinical outcomes. The Health Board’s planned care programme, linked to the National Planned Care programme board, will be the main driver for this work. <i>(Do only what is needed, reduce inappropriate variation)</i></li><li>• <b>Each component of the clinical pathway to be efficiently commissioned.</b> Our costing work has observed that there is variation in our cost bases where delivery is at similar scale and complexity. This is observed across a range of services. Again, there is opportunity to do this in partnership with Powys County Council <i>(Effective use of resources and skills)</i></li><li>• <b>Improvements in clinical systems and processes.</b> This will reduce demand for higher cost healthcare, and deliver a higher quality, more efficient right first time system with improved patient experience and outcomes <i>(Do no harm)</i></li><li>• <b>Tackling inequalities in resourcing.</b> We have further work to do to link patient needs, patient outcomes and spend. The identification appropriate targeted shifts in resource to achieve improvements in patient outcomes is the next stage of development for our financial strategy. This will need to be done with patient engagement. <i>(Reduce inappropriate variation, co-production)</i></li><li>• <b>Economic model - Care closer to home.</b> The preferred approach is to promote care at or closer to home where the evidence indicates this will provide the right outcomes for the patient <b>and can be demonstrated to provide value for money</b> <i>(Co-production)</i></li></ul>
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Table 31: Financial Strategy Principles

4.2.2 APPROPRIATE ALLOCATION OF RESOURCES

The fundamental approach to our financial (and service) strategy as set out above is the push to shift services from specialist to mainstream, from secondary to primary and from primary to self care using the prudent healthcare approach to guide how services might be designed.

For the financial strategy of the health board there are two core aspects

- Implementing agreed pathways of care – efficiently designed;
- Delivering efficiency through each component of the pathway.

The Financial Strategy of the board and its links to prudent health and care is set out below.

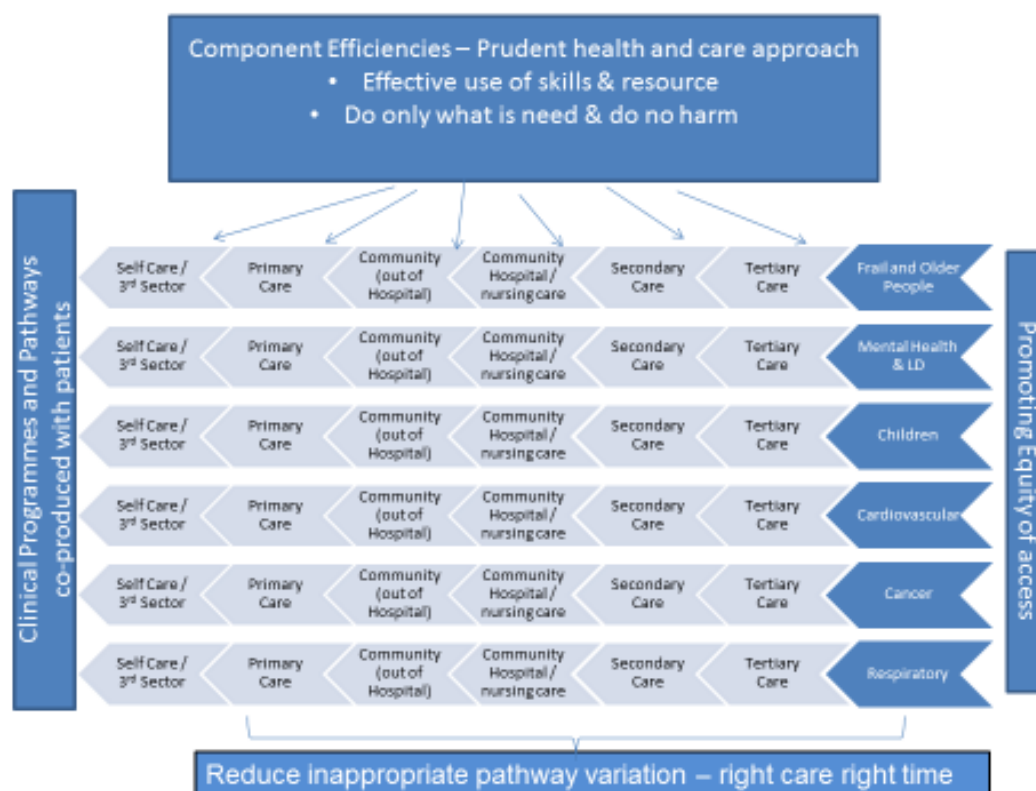


Figure 52: Financial Strategy

## PRUDENT HEALTH AND CARE BY DESIGN

The fundamental requirement will be to resource care in line with best practice.

In planning the management of patient needs, designed in partnership with them, we aim to provide care at an early point of intervention that meets needs in the way a patient needs it, with the aim to prevent where possible the escalation to higher levels of care. Key to achieving this will be to use anticipatory care models to shift from unplanned to planned care and from secondary care to primary / community care settings.

The health board 's planned care and unscheduled care programmes under the auspices of the Primary and Community Care Programme will determine the shape of services and our resourcing will flow from the outcome of those programmes of work. Implementation will focus on understanding the resource impacts of inappropriate variation.

Resourcing based on agreed pathways of care is currently underdeveloped in the health board – and across Wales. To address this, the health board has used external support to model the potential impact of addressing poor pathway compliance and this has been

built into the current savings programme. Examples include reducing the use of Interventions Not Normally Undertaken (INNU), shifting treatments from inpatients to daycases in line with nationally recognised best practice and remodelling the outpatient “offer”. The financial modelling uses current contract currencies and conditions to identify the value of opportunity.

The health board has been participating in the national Time Driven Activity Based Costing (TDABC) exercise for cataract surgery under the arrangements of the national Planned Care Programme Board. This identifies the cost of service delivery from a time driven perspective and aims to match the financial results to identify optimum cost of inputs with optimum clinical outcome. The learning used from this will aid the health board in determining how the approach to this aspect of the financial strategy might be further developed and further pathway efficiencies identified.

## EFFICIENCY IN SECTOR DELIVERY

For each component setting of pathways i.e. secondary care, primary care etc., evidence and information on NHS efficiency is stronger for acute care settings than any other settings i.e. elective inpatient care; non-elective inpatient care; A&E attendances; day case procedures. The recent Lord Carter review within NHS England estimated £5 billion NHS gains in the acute sector through reducing variation in clinical products and practice.

For PTHB, comparative analysis to drive efficiency is more problematic because we are mainly a primary/community service provider and a commissioner of secondary care where inputs of care are not directly managed.

Our efficiency programme is therefore based on the evidence reviews we have commissioned or through benchmarking analysis currently available. Examples of the evidence base supporting our existing programme includes the following

- All Wales costing analysis;
- NHS benchmarking reviews (England and Wales);
- Independent reviews commissioned by the health board.

The health board has used the outcome of these analysis reviews to inform its 3 year financial plan and features within the savings programme as set out below.

During 2016/17, the health board will participate along with the other NHS organisations in Wales within the Welsh Government commissioned review by the Health Foundation “Closing the gap in Wales” to assess how the result of this review might be applied locally to further build on the savings programme. This review will focus on a significant range of benchmarking work which Powys will adapt and adopt for its own use in areas not already covered within the savings programme. Coverage of the review is expected to be comprehensive and covering the following areas

- **Workforce management** e.g. Sickness absence management, Rostering / e-rostering, Skills mix;
- **Procurement** e.g. catalogue use, wastage reduction;
- **Estates** e.g. Energy, Cleaning, Catering, Maintenance, Space utilisation;
- **Corporate/ back office** e.g. Shared services, ICT systems development;
- **Service design** e.g. pathway compliance, demand management, self care;



- **Continuing care** e.g. discharge planning, integrated working with social care;
- **Pharmaceuticals** e.g. Prudent prescribing, procurement;
- **Productivity and prioritising** e.g. Low value interventions, Theatre utilisation, length of stay.

Many of these already feature within our existing savings programme, however the opportunity afforded through this national review will allow the health board to test and reassess its position and scope for further opportunities.

## PROGRESS TO DATE WITH SHIFTING RESOURCES

The health board is already making progress in shifting resources based on planned shifts in care delivery and this will continue to be the targeted approach which we will monitor through our financial investment and disinvestment processes.

As a commissioner of services in Wales, enacting this strategy poses some challenges within the current financial regime. The ability to robustly challenge providers on costs and seek the benefit from changes in approach is problematic given the lack of a means to shift costs appropriately between organisations. This is an issue with which we continue to work at a national level and with Welsh Government.

For Primary Care and in particular General Practice, the concept of shifting resources poses both problems and solutions. Sustainability with primary care becoming ever more an apparent issue, we are mindful that the capacity for practices to take on new and additional work could be limited without the requisite investment. The ability to release funding to enable service development and expansion in the primary care arena is therefore critical to the success of the health board in enacting our service and financial strategy and to ensure sustainability of services for the population.

Our approach to date is largely to invest new funding into primary and community services with a view to limiting anticipated growth in demand for secondary care. Our future strategic service modelling work will need to test whether actual reduction - in volume terms - in secondary care services is a realistic ambition given our rising population needs, or whether the best and most realistic assumption is that we contain volume growth whilst emphasising the need for more efficiency in delivery.

Within our plan for the coming three years we have specifically targeted cost reduction / growth avoidance within secondary care and consciously invested any new funding into primary and community care. Table 32 below presents our proposed 2016/17 Financial Plan compared with 2014/15 outturn as an illustration of our progress with “shift left” to date.

Category of Spend	14/15 Outturn	15/16 Plan	16/17 Plan
<b>Primary &amp; Community Services</b>			
LHB Provided Services	73,328	78,168	80,076
Primary Care Services	59,778	60,220	61,930
Miscellaneous Income	(13,016)	(11,729)	(11,824)
<b>Total Primary &amp; Community</b>	<b>120,089</b>	<b>126,660</b>	<b>130,182</b>
<b>Mental Health Services (transferring to Powys)</b>	<b>9,131</b>	<b>9,324</b>	<b>9,460</b>
<b>Healthcare Services Provided by Other bodies</b>	<b>110,266</b>	<b>108,741</b>	<b>111,988</b>
Voluntary Sector	1,968	1,947	1,947
Private/Independent Sector	2,229	1,746	1,720
Continuing Care - General	7,769	7,423	8,779
Continuing Care - Mental Health	6,476	5,875	5,877
Joint Financing	2,474	2,489	2,489
Other	6,664	7,055	5,297
RRL Income	(267,096)	(271,259)	(277,739)
<b>TOTAL</b>	<b>(30)</b>	<b>0</b>	<b>0</b>

Table 32: 2014/15 Outturn to 2016/17 Proposed Budget Shift Left

The above diagram identifies that with an additional £10M funding between 2014/15 outturn to 2016/17 planned we have used this to invest in primary and community care services whilst broadly planning to contain commissioned services.

We will continue to develop our service priorities, enabled by good business intelligence to continue to refine and be deliberate in this trend over the coming years.

### 4.2.3 DEVELOPING BUSINESS INTELLIGENCE FOR STRATEGIC FINANCIAL PLANNING

Whilst the above diagram indicates that the health board's strategic financial strategy is emerging to reflect its business aims, there is significant further development to take place if we are to be sure of where we should allocate resources to their best effect.

Wales Audit Office's Structured Assessment 2015/16 has recently recommended that the health board consider its capacity and capability for strategic financial planning. Strategic planning, whether service, workforce or financial is only as good as the information upon which it is based.

As set out previously, the health board has made good progress in recent years in developing its costed patient dataset for commissioned services, this has helped develop much of the existing savings programme including

- The introduction of the virtual ward;
- The repatriation agenda;
- The identification of targeted interventions under the Primary and Community Care Programme.

Whilst these are all valid interventions for patient improvement and cost efficiency, they are at the margin and do not expose the population level investment / disinvestment priorities for the health board that would deliver the greatest health benefit given our population needs and outcome requirement. To be able to model at this strategic level,

the health board will need access to public health intelligence, information, analytical capability and financial planning capacity. The health board will commission independent advice and utilise the existing skills within the Business Intelligence Management Group to consider how these needs will be addressed with a view to developing a proposal for capacity within the health board to meet the challenge set.

### 4.2.4    **APPROACH TO FINANCIAL MANAGEMENT**

As set out in the previous chapters of this IMTP, our ambition is to become system leaders in commissioning, primary care and community models and integration.

Excellent Commissioning	Primary Care and Community Services Model:	Integration
<ul style="list-style-type: none"><li>• Capacity and demand</li><li>• Facilitating shift in resourcing</li><li>• Prudent approach</li><li>• Driving quality &amp; efficiency</li></ul>	<ul style="list-style-type: none"><li>• Resilient primary care sector</li><li>• Increased direct service provision</li><li>• Clinical leadership of system</li></ul>	<ul style="list-style-type: none"><li>• Joint neighbourhood teams</li><li>• Joint supporting systems e.g. WCCIS;</li><li>• Mature partnerships with all providers</li></ul>

This approach is exactly mirrored in the health board’s approach to financial management and future sustainability.

### **COMMISSIONING**

The Commissioning Development Programme will aid the health board to develop the service redesign to commission greater efficiency in services from externally commissioned services. Further, the development of a clear commissioning plan for the health board will enable better procurement relationships with service providers with a view to improving both quality and cost. Our savings programme over the life of this plan assumes significant avoidance of future growth from our externally commissioned services through implementation of already recognised best practice and complementing with the outcome of the Business Intelligence development as referenced above.

Strengthening our arrangements and relationships with providers will be fundamental to delivery.

The health board will work closely with the national programme of work emerging from the NHS Wales Collaborative on funding flows in order to maximise benefits through system efficiencies.

### **PRIMARY CARE AND COMMUNITY SERVICES MODEL**

The health board is uniquely placed in Wales to be at the forefront of developing services in partnership with primary care contractors. Further, independent reviews

have identified that there is scope for greater future service and financial sustainability through the redesign of community services.

Developing robust, sustainable primary and community care services are at the heart of our care closer to home strategy and the protective guard against the predicted growth in secondary care service demands for our ageing population.

## **INTEGRATION**

The health board has successfully implemented a Section 33 agreement with Powys County Council with the intention of exploring and developing a range of integrated services under its umbrella. Further the development of the One Powys Plan signals the clear intent of exploring the extent to which integration may occur.

Whilst there are only a few services fully pooled at present, the direction identified within the One Powys Plan demonstrates an intended steady growth in integrated services which will provide a platform of greater service efficiency and sustainability through partnership working. Our planned programme over the coming year as set out in the previous chapters will allow us to thoroughly test the required financial governance and funding arrangements before considering large scale integration across the two organisations.

Of course for Powys, integration is not just about our relationship with the council, our future success will also be reliant upon creating in-county critical mass and efficiency through the establishment of strong, strategic and operational relationships with our range of partners including other health boards, the Primary Care Sector and with the Third and Independent Sectors. This is necessary to prepare for the inevitable rise in service demands that will be placed by the projected future increase in the population of older people.

## **PRIMARY CARE LED SERVICE DEVELOPMENT AND LEADERSHIP**

At the heart of our change agenda is the engagement and anticipated leadership from the primary care clusters to aid the development of our service improvement programme. The organisation's budgets are currently delegated to locality level based on geographical spend with performance against commissioned services shared with clusters to help spark the debate for service improvement. The existing business intelligence programme as outlined above is fundamental to developing powerful hooks from which debate around the potential for alternative models of care to improve both patient experience and securing local sustainability and efficiency. An example of the output from cluster deliberation is the development of the virtual ward.

Wales Audit Office have recommended that we relook at our structural model within the organisation and a review of budget delegation will flow from the review of this work.

## **FINANCIAL GOVERNANCE**

The governance section of this IMTP sets out the improvement actions the health board will take to improve governance arrangements.

The financial governance improvement programme is a core strand of this improvement programme and is fundamental to developing improving governance arrangements within the organisation.

Over the coming months our improvement actions will include

- Reviewing and testing our Standing Financial Instructions in the context of our changing management arrangements to ensure they are fit for purpose and are enabling;
- Completion of a board self assessment on financial governance which will be used to develop a board level financial governance improvement plan;
- Continued roll out of financial training to budget holders to support accountability arrangements.

Over the life of this IMTP a programme of continuous development will be prepared and implemented to ensure high standards of accountability and delivery.

## **ENABLING DELIVERY**

Achieving delivery of this three year plan will not be easy and relies on a number of key proposed investments to support the above approach whilst improving on our governance requirements.

The investment of £200M into health boards across Wales in 2016/17 will provide short term headroom to help prepare the health board for the challenges ahead. Using the funding carefully and seeking other in-year opportunities we have identified the following priority areas

- Public Health and Primary Prevention – investing in population health improvement as part of the shift left approach;
- Governance – getting the basics right and ensuring patient safety at all times;
- Business Intelligence – information to inform future commissioning strategies (service and financial);
- Technology – developing a robust platform of ICT delivery, including improved governance and rolling our technology to enable modern delivery of services i.e. virtual consultations, patient enabled self care, mobile and connected workforce;
- Primary care sustainability – putting the bedrock of care to our population on a sustainable footing for the future;
- Partnerships – recognising the importance of developing our many relationships around us;
- Communications and engagement – a fundamental enabler to service design and implementation.

### **4.2.5 THREE YEAR SUMMARY FINANCIAL PLAN AND FINANCIAL ASSUMPTIONS**

The three year financial plan has been developed using the latest assumptions regarding the health board's likely funding from Welsh Government, the likely cost pressures

facing the organisation and the most up to date position in respect of the cost saving potential of the service and workforce strategy.

Our major modelling assumptions are as follows

- The £25M funding allocated by Welsh Government in 2014/15 will be repeated in each of the three years of this plan;
- PTHB has included its capitation share of the £200M earmarked to meet the ongoing impact of demand for health services, pay and other cost increases. For planning purposes this has been assumed at £8.0M;
- PTHB has not included any assumptions regarding additional funding that may result from the funding earmarked for mental health, integration and older people;
- It has been assumed that the level of funding received for increased investment for Primary Care, in 2015/16 will be recurrent throughout the 3 years of the IMTP;
- Our base assumption for planning purposes for years 2 and 3 is based on Townsend shares of the assumed additional WG funding in line with the Nuffield model;
- Cost reduction opportunities identified within previous external reviews have been factored into the three years savings programme where they have been assessed as a feasible delivery model.

In summary, our financial plan for the following 3 years is presented in Table 33 below.

Financial Plan Summary - by Category of Spend	2016/17 £M	2017/18 £M	2018/19 £M
Pay & Employee Benefit Expenses	60.371	60.648	61.345
Non Pay	26.472	30.522	32.745
Primary Care Contractor	31.802	31.989	31.647
Medicine Management	28.239	29.004	30.242
Continuing Care and Funded Nursing Care	14.656	14.972	15.538
Commissioned Services	124.343	125.148	127.566
Depreciation	2.481	2.481	2.481
Other Income	(9.787)	(9.787)	(9.787)
Resource Limit	(278.577)	(284.977)	(291.777)
<b>Net position</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Table 33: Summary Financial Plan 2016/17 – 2018/19

The financial plan presents a break even solution for the 3 years of the IMTP.

This is an extremely challenging financial strategy that relies upon efficiency in service delivery and strong delivery of service and savings plans.

The sections that follow explain how the plan as presented has been compiled.

## 4.2.6 INCOME

The income assumptions for 2016/17 are as per the resource allocation letter received from Welsh Government on 22 December 2015.

The movements between the 2015/16 allocation letter and 2016/17 are summarised in table 34 below.

	Disc £m	Ring Fenced £m	Directed £m	GMS £m	Pharmacy £m	Dental £m	Total £m
<b>As per 2015/16 Cash Letter</b>	<b>166.830</b>	<b>38.094</b>	<b>0.263</b>	<b>30.028</b>	<b>4.615</b>	<b>5.347</b>	<b>245.177</b>
Staff TUPE	(0.006)						(0.006)
NWSSP Topslice	(0.005)						(0.005)
EMRTS	0.124						0.124
Pay Award 15-16	0.542						0.542
Pay Award WAST 15-16	0.068						0.068
Pay Award Velindre 15-16	0.011						0.011
Immunisations - additional baseline funding	0.066						0.066
Palliative Care Funding		0.010					0.010
Community Health Councils			3.832				3.832
15-16 Uplift				0.131			0.131
Immunisations - additional baseline funding				0.017			0.017
16-17 Volume increase (3%)					0.138		0.138
Improving Oral Health - Care Homes						0.012	0.012
Improving Specialised Dental services in primary care						0.050	0.050
15-16 Uplift						0.094	0.094
<b>As per 2016/17 Cash Letter</b>	<b>167.630</b>	<b>38.104</b>	<b>4.095</b>	<b>30.176</b>	<b>4.753</b>	<b>5.503</b>	<b>250.261</b>

Table 34: Analysis of movement in income between 2015/16 and 2016/17

Other major assumptions and notes regarding income for 2016/17 are as follows;

- Any agreed funding uplifts for Primary Care pending finalisation of current negotiations have not been factored in;
- Funding for Service Increment for Training (SIFT), Postgraduate Medical and Dental Education Research and Development and Public Health Laboratory Services (PHLS) will be allocated separately;
- Allocations for accelerated depreciation, depreciation for donated assets, impairments and approved capital charge funding with confirmed strategic support will be issued as direct funding where applicable.

In addition to the baseline allocation a number of assumptions have been included in the level of Revenue Resource Limit to be received in 2016/17. These main assumptions are shown below



	£000's
<b>2016-17 Baseline - as per WG letter</b>	<b>250,261</b>
Resource funding - assumed uplift from £8.136M to £25.000M	16,864
Capitation share of £200.0M	8,000
Primary Care Funding	1,421
Clinical Excellence	44
Carer's Measure	40
Substance Misuse	506
ERP	800
Adult MH	360
CAMHS	296
Miscellaneous	122
Depreciation/Impairments	(138)
<b>Total RRL 2016-17</b>	<b>278,576</b>

Table 35: Assumptions in level of Revenue Resource Limit 2016/17

The two major assumptions regarding the funding level included within the plan are

- That the additional funding of £16.864M in respect of structural support received in 2015-16 will be allocated on a recurrent basis for the three years of the IMTP;
- That PTHB capitation share of the £200.0M funding not included in the allocation letter will be £8.00M.

The income level also includes the assumption that £1.421M will be received in 2015/16 in respect of WG primary care and other funding priorities will be available in 2016/17.

Taking into account the income from Welsh Government together with anticipated allocations and other income, the opening funding within the financial plan for PTHB is £291.166M.

## ANTICIPATED INCOME NOT YET INCLUDED IN THE PLAN

The Welsh Government has announced further income for the NHS in 2016/17 for which details have yet to be provided in terms of basis for allocation, but have been announced to be prioritised for Older People, Integration and Mental Health.

Clearly, these accord most definitely to the health board's priorities and as such the preceding chapters of this IMTP indicate how the health board would intend to utilise funding should it become available. These would include

- 5 ways to well being;
- Agewell;
- Alcohol brief intervention for older adults;
- Asset based approach for older adults;
- Enhancing mental well being in secondary schools;

- Physical activity in older people;
- Promoting physical and mental health well being in older adults;
- Warm homes initiative.

Our proposals for use of funding will continue to be in dialogue with Welsh Government pending any announcement on how funds might be accessed.

## COST PRESSURES

The health board has estimated that its costs will grow by £12.615M (4.4%) in 2016/17 and cumulatively by £31.350M over the next 3 years, averaging at around 3.6% per year.

The current analysis of cost pressures captured over the three years of the plan is summarised in table 36 below.

Cost Pressures	2016/17 £M	% of Funding	2017/18 £M	2018/19 £M
Underlying Financial Deficit	3.377	1.17%	0.000	0.000
Old Year Recurrent Impact on 2016/17	0.935	0.32%	2.971	(0.620)
New Year Cost Pressures	8.303	2.87%	5.564	10.82
<b>Total Anticipated Cost Pressures</b>	<b>12.615</b>	<b>4.36%</b>	<b>8.535</b>	<b>10.200</b>
Assumed WG funding	(8.000)		(6.400)	(6.800)
<b>Total Anticipated Cost Pressures before savings applied</b>	<b>4.615</b>		<b>2.135</b>	<b>3.400</b>

Table 36: Analysis of Cost Pressures

## UNDERLYING FINANCIAL DEFICIT (£3.377M)

At the time of preparing this report, the health board is forecasting based on Month 9 reporting, a breakeven position for 2015/16 financial year. This breakeven position includes a combination of non recurrent underspends and use of non recurrent means to support recurrent commitments. We have assessed the recurrent impact of 2015/16 on the organisation to be an underlying deficit of £3.377M.

	£M
Externally Commissioned Services	2.020
Continuing Healthcare	1.080
Primary care	0.277
<b>Total 15-16 Recurrent Cost pressures</b>	<b>3.377</b>

Table 37: Underlying Deficit

## OLD YEAR RECURRENT IMPACT ON 2016/17 (£0.936M)

There are a number of issues which commenced in 2015/16 and will have an increased impact in 2016/17. These are summarised as follows

Old Year impact on new year	2016/17 £M	% of Funding	2017/18 £M	2018/19 £M
Full Year effect of 15-16 pressures	0.509			
Non Recurrent achievement of savings in 2015/16	0.500			
Non recurrent expenditure	(0.100)		(0.276)	(0.620)
Non recurrent income	0.027		0.268	
<b>Total Impact of 2015-16 on 2016-17</b>	<b>0.936</b>	<b>0.32%</b>	<b>(0.008)</b>	<b>(0.620)</b>

Table 38: Impact of 2015/16 on 2016/17

## FULL YEAR EFFECT OF 15-16 PRESSURES

This relates mainly to the full year costs of schemes partially funded in 2015/16 by Invest to Save funding.

## NON RECURRENT ACHIEVEMENT OF SAVINGS IN 2015/16

The reviews with budget holders have identified £0.500M of savings which, in their view, cannot be achieved again in 2015/16. The major component within this sum is posts that have been temporarily held as vacancies but have now been filled.

## NON RECURRENT EXPENDITURE/INCOME

Reviews with budget holders have identified areas within current budgets which are non recurrent. This relates to a number of minor amounts (mainly invest to save funding) which in total result in a reduction in budget of £0.100M.

## NEW YEAR COST PRESSURES (£8.303M)

New year cost pressures are those we anticipate being incurred as new additional expenditure in 2016/17 and include issues such as inflationary increases / cost of living and the expected impact of demographic growth.

These have been collated and compiled on a national basis and therefore the health board's planning assumptions are in line with intelligence on likely cost increases at a national level.

New Year Cost Pressures	2016/17 £M	% of Funding	2017/18 £M	2018/19 £M
Inflation / Cost of Living Increases	3.115	1.08%	1.247	1.132
Impact of Demographic Growth	2.886	1.00%	3.242	4.480
Local Cost Demands	2.302	0.80%	1.075	5.208
<b>Total New Year Cost Pressures</b>	<b>8.303</b>	<b>2.87%</b>	<b>5.564</b>	<b>10.820</b>

Table 39: New Year Cost Pressures

## INFLATIONARY / COST OF LIVING (£3.115M)

This includes:

- 1% pay increase to total pay costs (£0.365M);
- Staff increments (£0.344M);
- Increase due to change in National Insurance (NI) thresholds (£1.092M);
- Non pay increases on budgets for statutory and unavoidable costs (£0.025M);
- 1.0% CHC price increases (£0.122M);
- 2.1% NHS Funded Nursing Care (FNC) (£0.052M);
- 1.0% increase for services commissioned from external organisations (£1.117M).

Apart from pay, incremental drift, Funded Nursing Care (FNC) and commissioned services which will follow a national approach, the health board will consider how or whether these assumed cost increases will be directed on a case by case basis, dependent upon the nature and value of agreements in existence.

## IMPACT OF DEMOGRAPHIC GROWTH / DEMAND ON SERVICES (£2.886M)

Quantifying the impact of demographic growth is difficult to assess. We have taken some judgement from past experience and applied to the future and as such remains somewhat speculative. This is a highly volatile area and therefore one which invariably could have the greatest in-year impact (both good and bad).

- Commissioning Costs 1% (£0.822M);
- NICE / High Cost Drugs expansion, assessment taken from national intelligence (£0.400);
- Continuing Healthcare/FNC 3% (£0.427M);
- Prescribing volume growth 4.8% (£1.237M);

Commissioned services growth at 1% is an ambitious “target” for the organisation. In line with our service strategy, the combination of our actions with primary and community care are targeted at limiting growth in the secondary care sector. We will be carefully tracking our performance against this ambitious target in 2016/17.

## LOCAL COST DEMANDS (£2.302)

As identified above in the section “enabling delivery”, the health board has and continues to consider carefully a range of enabling actions to support delivery and sustainability for future years. Target areas have been set out above.

### 4.6.6 SAVINGS PLAN

The health board has estimated that £10.2M cost reductions could be realised over the coming three year period (average 1.3% per year) across the range of our services as summarised below.

Details of Savings Plans	2016/17 £000's	2017/18 £000's	2018/19 £000's
Commissioned Services	2,549	796	3,400
Primary & Community Care	2,067	1,338	0
<b>Total Savings Plans</b>	<b>4,616</b>	<b>2,134</b>	<b>3,400</b>

Table 40: Details of Savings Plans 2016/17 – 2018/19

As set out at the start of this chapter, the health board is employing a variety of approaches to maintain its plan to contain costs within resource. One of our approaches to ensuring break even is to maintain a savings programme in line with our service and financial strategy as set out above and in the other chapters of the IMTP.

The savings plans for 2017/18 and 2018/19 are subject to output from the long term health and social care strategy programme and as yet are not fully defined, and therefore at this stage are included as a planning assumption.

## COMMISSIONING

There is growing recognition between NHS Wales organisations that given the significant programmes of service change emerging across Wales i.e. South Wales Programme, the mode of effecting financial flows needs a far more sophisticated approach to reflecting the altered burden of cost between organisations in reflecting changes in patient flows.

A major assumption to our financial planning is that these out of date processes will be modernised during the lifetime of this plan to enable the health board to move its funding for the further benefit of care to its residents. Our approach will follow both strands which encompass better efficiency as well as service redesign. We will achieve this through

- Robust contract management with both English and Welsh NHS providers;
- Decommissioning of nationally recognised procedures of limited clinical effectiveness;
- Robust contract management with the Independent and Third Sector;

- Implementing the recommendations falling out of the Primary and Community Care Programme as highlighted by our recent demand and capacity modelling work.

Specifically, the commissioning cost reduction / growth avoidance programme targeted at the external secondary care sector over next three years, will focus on the following work programmes which are referenced in previous chapters. From our experience, it is typically the combination of all actions, rather than any individual schemes, which generate success in managing overall flows to the secondary care sector, these include

- Implementation of the planned care programme, including pathway redesign and repatriation;
- Implementation of the unscheduled care programme, including rollout of the virtual ward;
- Developing a stronger relationship with WHSSC, including strengthened management of waiting times;
- Robust contract management, including using English based opportunities for English based contracts;
- Implementing our primary and community care strategy, including rollout of the virtual ward;
- Implementing our integration plans with Powys County Council for front line service resilience.

We are now also a partner commissioner with both EASC for Ambulance services and WHSSC for specialist tertiary services. We will use these forums to influence the service requirements for our population.

In respect of these two commissioning partnerships, the health board has aligned its financial assumptions, although it has made strong representation of expected reduced cost in the conclusion of the planning round and sign off by the respective boards in 2016/17.

## PRIMARY AND COMMUNITY CARE

The delivery of the savings programme over this three year plan will be delivered through the implementation of our primary and community care programme. This has been set out in the previous chapters and will focus on a range of both efficiency and transformation approaches in order to limit spend or reduce cost.

For the next three years we will continue to focus on the following:

- Workforce configuration and managing sickness and absences, using E Rostering as a key enabler;
- Better non pay procurement and efficiency in utilisation;
- Better estate utilisation;
- Maximisation of efficiency with prescribed/dispensed drugs, using prudent healthcare principles and quality as key drivers;
- Exploring opportunities for increased income either through service delivery or securing alternative funding sources i.e. through European Union funding to support new innovative initiatives;

- Service redesign, workforce design and robust contract management to deliver cost reductions within continuing NHS healthcare.

## INTEGRATION

Our Section 33 agreement with Powys County Council along with the associated governance arrangements means we are well placed to roll out a programme of integrated services across health and social care subject to careful consideration of options for doing so.

Any proposals around exploring integration with Powys County Council for front line services have been assumed to be cost neutral at this stage – that there will be neither financial benefit nor a cost shift from social care to health.

We anticipate that our closer working and where possible pooled resources will mean a stronger platform of delivering care jointly to the local population. This will help us secure the limit on growth in volume of patients travelling out of county for care as built into our planning assumptions above.

Enabling integration will require an element of investment in order to remodel the way in which we jointly provide services to the population. Funding for enabling will be anticipated from new funding announced by Welsh Government for integration.

## STRETCH OF SAVINGS PLANS IN 2016/17

The current proposed savings plans will impact on budget levels in 2016/17 as shown below.

Category	16/17 Planned Savings £000's	% of Total spend (%)
Pay & Employee Benefit Expenses	650	1.05%
Non Pay	426	0.58%
Medicine Management	595	2.06%
Continuing Care and Funded Nursing Care	396	2.69%
Commissioned Services	2,549	2.00%
<b>Total Cost Reduction by Budgeted Area</b>	<b>4,616</b>	<b>1.43%</b>

Table 41: % cost reduction by budgeted area

## EFFICIENCY AND TRANSFORMATION

As indicated in our financial strategy, efficiency remain a major aspect of our approach to service and financial delivery. This includes

- Efficient prescribing;
- Efficient procurement of goods and services.

Compliance with best practice will continue to be an improvement theme throughout the life of this programme whilst paying due regard to the outcomes being achieved by



patients. Evidence shows that the greatest impact is achieved when focussing on care that delivers improved outcomes for patients whilst reducing or eliminating ineffective care or interventions with poor outcomes.

Transformation savings will include compliance with best practice to deliver streamlined care, as identified through the Primary and Community Care Delivery Programme. Examples include

- Continued roll out of the virtual ward model;
- Shift to day cases;
- Repatriation of out patients and day cases into Powys.

	2016/17 £000's	2017/18 £000's	2018/19 £000's
Efficiency Savings	1,692	788	0
Transformation Savings	2,924	1,346	3,400
<b>Total Savings Plans</b>	<b>4,616</b>	<b>2,134</b>	<b>3,400</b>

Table 42: Analysis of savings plans by efficiency/transformation

## 4.2.7 SUMMARY FINANCIAL THREE YEAR PLAN

The three year plan has been set out in high level summary form below identifies and has taken into account

- The likely increased pressures arising from demographic changes and cost of living; and
- Our plans to reduce costs through service improvement.

Financial Plan Summary	2016/17 £M	2017/18 £M	2018/19 £M
Underlying Position	3.377	0.000	0.000
Old Year recurrent impact on 2015/16	0.935	2.971	(0.620)
New Year cost pressures	8.303	5.563	10.820
Assumed WG funding	(8.000)	(6.400)	(6.800)
<b>Anticipated Cost Pressures Before Savings Applied</b>	<b>4.615</b>	<b>2.134</b>	<b>3.400</b>
Savings Plans	(4.615)	(2.134)	(3.400)
<b>Net Position</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Table 43: Summary 3 year plan

Financial Plan Summary - by category of Spend	2016/17 £M	2017/18 £M	2018/19 £M
Pay & Employee Benefit Expenses	60.371	60.648	61.345
Non Pay	26.472	30.522	32.745
Primary Care Contractor	31.802	31.989	31.647
Medicine Management	28.239	29.004	30.242
Continuing Care and Funded Nursing Care	14.656	14.972	15.538
Commissioned Services	124.343	125.148	127.566
Depreciation	2.481	2.481	2.481
Other Income	(9.787)	(9.787)	(9.787)
Resource Limit	(278.577)	(284.977)	(291.777)
<b>Net Position</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>

Table 44: Financial Plan – by Category of Spend

The table below provides a summary of the amounts held as a non allocated contingency.

SUMMARY of NON ALLOCATED CONTINGENCY	
	£M
<b>Uncommitted</b>	
General reserve	0.55
<b>Committed</b>	
Service developments not allocated to budget holders	0.91
<b>TOTAL</b>	<b>1.46</b>

Table 45: Summary of Non Allocated Contingency

## 4.2.8 RISKS AND FURTHER ACTIONS

In examining the scale of both upside and downside risks to the financial plan as set out above, a risk assessment has been completed which gives an indication of the scale of risk being carried by the organisation in setting out the financial plan.

The risks include a range of delivery issues, partner compliance issues and risks arising from the relative robustness of the assumptions made. N.B. there is an element of cross over with the “further actions” as set out above.

	2016/17			Worst Case	
	Worst Case £M	Most Likely £M	Best Case £M	2017/18 £M	2018/19 £M
<b>Current Financial Plan</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
Structural Support funding	16.864			16.864	16.864
Additional resource funding	8.000			8.000	8.000
Additional retrospective arising from Phase 3 cases				0.500	
Additional retrospective arising from Phase 4 cases					0.500
Delivery of savings programme	1.200			0.700	1.700
RTT - possible expenditure above plan	0.555			0.555	0.555
Potential for contract rebasing	0.488			0.488	0.488
Possible local tariff - Non Welsh providers	0.180			0.180	0.180
Potential use of non allocated contingency			(0.550)		
<b>Potential Financial Challenge</b>	<b>27.287</b>	<b>0.000</b>	<b>(0.550)</b>	<b>27.287</b>	<b>28.287</b>

Table 46: Financial Risk Assessment

The following provides the basis for the health board's financial risk assessment

- The health board has had confirmation of funding from Welsh Government of an additional £17M above the £8M new funding included in the allocation letter for 2015/16. This plan assumes the total of £25M will remain as income to the health board annually over the life of this plan. This has not been included in the allocation letter received in December 2015. If this is not forthcoming the health board will not be able to achieve a break even plan in future years;
- For planning purposes PTHB has assumed its capitation share of the £200M held centrally to meet the impact of increasing demand for health services;
- The health board is aware of potential phase three retrospective CHC cases which could result in a cost pressure of £0.500M for the next three financial years;
- The health board is aware of potential phase four retrospective CHC cases which could result in a cost pressure of £0.500M for the next three financial years;
- A risk assessment around the delivery of the savings programme has been completed which suggests a degree of pessimism in delivery of up to £1.2M. These risks are spread across the breadth of our operations including commissioning, direct delivery and continuing NHS healthcare saving;
- The assessment of expenditure requirement to deliver RTT is between £0.7M to £1.3M. We have assumed resource requirement of £0.75M on the assumption that increased efficiency will be delivered by both the direct delivery arm of the organisation and through our commissioned services to limit the cost of meeting this target;
- As a result of contract movements there is potential that rebasing of contracts may cost £0.488M;
- Non Welsh providers may require the introduction of local tariffs and this could cost £0.181M.

However there is a potential to mitigate the position by

- Possible use of the uncommitted non allocated contingency (£0.500M)

## **4.2.9 CONCLUSION**

This chapter has set out the financial strategy which has been developed in line with the service strategy of the health board alongside the management approach to deliver. A number of key enablers will be required to assist the organisation to continue to develop its plans to ensure future sustainability of services and focus on outcomes and these will be progressed in 2016/17 under the direction of the Board.

Overall, this plan demonstrates the organisation's continued determination not only to live within its means but also to ensure the resources it uses are put towards delivering better healthcare outcomes for the population of Powys.

### Summary

The Information Communication Technology (ICT) strategy of the health board will support the development and delivery of services through:

- Supporting improved communication and patient care planning between professionals, both within PTHB and across organisational boundaries;
- Supporting improved communication and access to clinical consultation between professionals and patients across distance and organisational boundaries;
- Promoting patient empowerment through use of technology for self care, self monitoring and self reporting;
- Equipping and maintaining PTHB and Powys County Council with a stable ICT platform that is flexible and future proofed.

**Strategic Objective 7: Secure Innovative ICT solutions, built on a stable platform.**

### 4.3.1 ICT JOINT STRATEGY

Since 2012, both PTHB and Powys County Council's ICT has been provided under an section 33 agreement that formally brought together the two organisations' ICT functions and teams into a single management structure with a single strategic and operational approach.

This model enables PTHB to implement local integrated ICT systems across health and social care, including primary care, based on a common platform.

During 2015/16 the joint three year ICT strategy was refreshed to set out the priorities for ICT across the two organisations. Since then, there has been continuous consideration of the need to strengthen the general ICT infrastructure and governance to ensure business as usual activities are on a firm platform. We have also discussed with a number of front line clinicians and engaged in the development of service plans for ICT requirements culminating in this refreshed ICT chapter within the IMTP.

At its core, ICT is a key enabler to strategic change as well as a key component of current operational delivery of services. As such, our underpinning principles remain unchanged from those set out in the joint strategy:

- We will keep our ICT simple and adaptive;
- We will make it easy for our citizen and staff customers to access services through ICT;
- We will enable staff to self-serve ICT where appropriate;
- We will make our systems safe and secure;
- In supporting business needs we will seek solutions based on a 'Once for Wales', 'Once for the Region' or 'Once for Powys' approach to reduce duplication;
- Where our population can, and want to, we will utilise online channels and transactions utilising e-business as much as possible;
- We will support and encourage innovation in self-help and self-care technologies as these begin to emerge;

- We will use technology that supports widely geographically dispersed organisations;
- Our technology will help to drive efficiency;
- Our technology will be resilient to support incident response and allow quick disaster recovery and business continuity planning;
- Our ICT solutions will be of appropriate scale. Where possible, and appropriate, we will use cloud services, existing solutions and shared services;
- ICT systems will be bi-lingual where possible and appropriate;
- ICT systems will up-hold our environmental principles, devices will be of low power consumption where possible and will enable users to communicate effectively avoiding unnecessary travel;
- Our systems will be available to our users 24/7 (when they need them) in multiple locations.

During late 2015, Welsh Government published its '*Digital Health and Social Care strategy*' for Wales. For PTHB and our work towards closer integration with the Council we are placed in a unique position to deliver the *Digital Health and Social Care Strategy* at a local level, the priorities within which are set out below and can be aligned easily to the ICT strategy of the health board.

- Supporting Professionals;

We will develop ICT related infrastructure such as the rollout of LYNC to enable clinicians to communicate and plan care across long distances. The English cross border referral and discharge information project will assist in better communication between clinicians across the two countries, supporting patient care and safe discharges;

- Joint Planning;

The implementation of the Welsh Community Care Information System (WCCIS) will be a significant support platform for the better co-ordination and planning of patient care across health and social care, enabling greater collaboration and joint working across organisational boundaries;

- Information for you;

Through promotion of the use of My Health on Line by practices and the public, we will enable patients to be more equipped to take control of their use of services. The CareWell project will test and promote the use of web enabled information for informed patient education and choice for the over 65s who participate in the project. The rollout of WIFI across health and social care sites for patient access will also help with our patient education programmes;

- Improvement and innovation;

We will use technology to support innovative ways of working for improved patient care using existing forums and funding sources to support such as the MWHCC, EU funding routes and the Health Efficiency Through Technology (HETT) fund. Examples to date of projects already in place or in planning stages include:

- Mastermind – using Lync / Video conferencing as means of patient consultation;
- Florence – using technology for patient self reporting.

- Speaking to local clinicians, their most requested technology is LYNC, as a means to better communicate with other clinicians and to plan care with patients, enabling a new way of working across distance. Therefore, the rollout of Lync for the early part of this refreshed three year plan will be prioritised.

All of the above will need to be supported by a strong local ICT infrastructure which will require support and investment over the life of this plan. We will also rely on the continued rollout and support of the national ICT architecture programme led by NHS Wales Informatics Service (NWIS) to enable the single patient record and seamless transfer of patient information across NHS Wales organisational boundaries.

It is important to note that ICT systems use and design is on a steep development curve in PTHB. The priorities within this refreshed ICT chapter of the IMTP is based on what we currently understand to be the needs of the organisation. However, as future clinical service models are designed and are clear about their ICT requirements for delivery, the ICT strategy and implementation plan will be continuously refreshed and therefore annual refresh will be expected over the coming three years of this plan.

For the implementation of the current joint ICT strategy, we will:

<b>Commissioning of new systems and services</b>	<b>Business as usual</b>
<ul style="list-style-type: none"> <li>• Implement the Welsh Community Care Information system across health and social care services;</li> <li>• Support the rollout of the national ICT Programme (NWIS led);</li> <li>• Support delivery of EU funded Mastermind Project;</li> <li>• Review support services systems under the Powys One Plan Organisation and Partnership Development Programme with a view to standardisation and rationalisation of systems;</li> <li>• Work closely with the MWHCC to ensure we support joint requirements through 2016/17;</li> <li>• Support any ICT requirements of ESR2 rollout;</li> <li>• Complete and review the impact of the CareWell and MasterMind projects (EU Funded) to support telehealth and patient empowerment;</li> <li>• Seek a network join between PTHB and Powys County Council – this will require NWIS support to enable.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve existing infrastructure updating it to meet the current and future needs of PTHB, including refreshed network resilience and design;</li> <li>• Seek to establish a shared infrastructure between Powys County Council, PTHB and NWIS;</li> <li>• Identify and share opportunities e.g. shared printer rationalisation;</li> <li>• Respond to service re-commissioning opportunities;</li> <li>• Refresh network and telephony services;</li> <li>• Improve ICT governance arrangements such as updating ICT disaster recovery policy and procedures.</li> </ul>



Extending the use of existing systems	Supporting Primary Care
<ul style="list-style-type: none"> <li>• Evaluate the cross border project with NHS England with a view to rollout;</li> <li>• Contribute to the implementation of the national programme at a local level including Welsh Clinical portal including MTED;</li> <li>• Implement the Master Patient Index (MPI) notably its integration with the WCCIS;</li> <li>• Continue to rollout WIFI including patient access to WIFI;</li> <li>• Expand use of LYNC to support communication between professionals and support delivery of health care over distance;</li> <li>• Procure and implement care monitors to support self- monitoring and use portals like 'Florence' to support patient self-reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued improvements with Welsh Clinical Communication Gateway (WCCG) as secure communications between sectors (GP, Hospitals, Social care via WCCIS);</li> <li>• Explore the use of LYNC within Primary Care as a means to communicate with other health and social care services;</li> <li>• Promote the active use of My Health On-line (MHOL) within General Practices and specifically through the CareWell project;</li> <li>• Support the national programme for GP Test Requesting and reporting noting dependencies on NWIS resourcing for implementation.</li> </ul>

Table 47: ICT Joint Strategy Activities

## 4.3.2 PRIORITY ACTIONS

### FOR 2016/17 SPECIFICALLY, WE WILL:

- WCCIS implementation – this is a major implementation programme across Powys County Council and PTHB and will be the most significant focus of work for 2016/17, with implementation date planned for November 2016 with stable operations from January 2017;
- Improving access to telehealth and telecare technology. In particular
  - The rollout of LYNC to staff across the health board to enable improved care planning and patient access to services;
  - Exploring and implementing where possible the feasibility of LYNC between health providers (primary, secondary, out of hours services and health to patient);
  - Implementing patient self-monitoring and reporting systems such as Florence;
  - Implementing the HETT funded patient self management and education programmes;
  - Reviewing the impact and potential further rollout of the Mastermind project;
  - Reviewing the impact and potential further rollout of the CareWell project;

- Improving WiFi infrastructure for staff and exploring WIFI access for patients.
- Create an up to date modern ICT infrastructure (shared with Powys County Council where applicable) that will improve staff and network resilience, business continuity and ICT governance;
- Implement the local aspects of the national NHS ICT programmes which includes the rollout of e referrals and e discharges with NHS England, and local aspects of the Welsh Clinical Portal;
- Develop a comprehensive future model for digital enabled health services. This will be based on in-year evaluation of local pilots and projects currently underway and informed by the clinical models as designed through the long term health and social care strategy.

To support true integrated working and to overcome organisational boundaries we will seek a network join between Powys County Council and PTHB to enable appropriate access to systems that will need to be shared to accommodate integrated teams.

The investment within ICT to accommodate the above implementation have been included within the financial plan for 2016/17 which includes specific investment for the rollout of WCCIS with other projects supported through external funding e.g. WG grants, EU funding. A review of further financial requirements will be undertaken during 2017/18 once the clinical service model and hence ICT requirements become clarified through the long term health and social care strategy.

## ICT SUMMARY PLAN

<b>1.Implement WCCIS</b>		Delivered
Implement WCCIS as part of the national project for health and social care across Powys		Q3 2016
<b>2. Modern up to date infrastructure supporting improving Business continuity</b>		Delivered
Network Improvements		Q3
Server improvements		Q4
Agile and remote working improvements		Q2
Documented business continuity plans		Q4
<b>3.Tele Health / Telecare</b>		Delivered
Self Management Programmes and Health Education via Skype (HETT Funded)		Q3
Improve WIFI access across health board sites for staff and explore patient access to WIFI		Q3
Patient self monitoring and self-reporting through use of care monitors and access to self reporting portals e.g. 'Florence'		Q4
Rural community maternity diagnostic day assessment units.		2017/18
<b>4. National Programmes</b>		Delivered
Implement Medicines Transcribing e-Discharge (MTED) - subject to national programme support		Q3
Implement Cross-Border (England) Referrals and Discharges – subject to national programme support		Q3/4
Individual Health Records in secondary care – subject to national programme support		Q3
<b>5. Seek European and WG funding to support Digital strategies</b>		Delivered
Improve ICT business cases and governance processes to maximise funding potentials when they arise		Q2
<b>Measures</b>		
WCCIS – number of staff with access to system		Number of sites with WIFI access for staff
Infrastructure baseline & measures as per Section 33 project reports		Cross Border: Nu referrals & discharge summaries sent electronically via WCCG to/from each of the 3 providers
<b>Risks</b>		
<ul style="list-style-type: none"> <li>• ICT skills and capacity to support programme</li> <li>• National team resource and working to deadlines</li> </ul>		
<b>Implications</b>		
Workforce	• WCCIS Programme & application, Infrastructure support teams, co-location & integration of ICT support teams.	
Financial	• WCCIS project costs & on-going support. Increase in infrastructure team support as approved in financial plan.	
Estate	• Network and wireless access will be required in all health buildings.	
ICT	• WCCIS will increase the number of devices that will need support and refresh.	

## 4.4 CAPITAL AND ESTATES

### Summary

The health board's Capital and Estates Programme will focus on three main areas:

- Short term: Seek additional WG funding to complete the Capital Programme to ensure that the current patient environment is maintained and that PTHB is compliant with its core responsibilities in respect of Health and Safety;
- Medium and longer term transformation: Complete the production and publication of the Estates strategy (10 year plan) responding to the long term health and social care strategy;
- Deliver a sustainable and efficient Estates and Capital service, with enhanced capacity, services, processes and systems, working in full partnership with Powys County Council.

### Strategic Objective 6: Develop an estate that is fit for purpose and progressing to meet service needs.

PTHB will continue seeking to significantly raise local and national aspirations in respect of the quality of the patient environment in which PTHB provides its services. PTHB currently delivers services through nine community hospital sites, one other facility for children and an integrated facility in Builth Wells. Powys staff also work from GP premises and increasingly PTHB is seeking joint accommodation solutions with Powys County Council for both clinical and support services.

The Glan Irfon Health and Social Care Centre shows how PTHB is committed to innovation in shared use of assets and this has been recognised by the Wales Audit Office as best practice in the use of public assets. PTHB is also working on plans to deliver co-located integrated children's services. As PTHB moves forward to ensure that its estate supports the delivery of its service strategy, shared and innovative approaches to the use of public sector assets and alternative funding models will be the primary route through which PTHB develops and delivers its Estates Strategy.

Forty five per cent of the Powys estates pre-dates 1948, the highest percentage in Wales, with only 25% being post 1995. The risk adjusted backlog maintenance across the estate assessed in 2012-13 was £5.2M of which £3.1M relates to the Bronllys Hospital site. The building and engineering maintenance budget for the estate is approximately £1.3M per annum. Only 68% of the estate is in condition category B or above, the worst performing estate in Wales.

PTHB's Primary Care Estate is relatively modern, although there have been no new build facilities in the County since 2004. Many practices remain in direct GP ownership. GP practices are beginning to articulate the cost of the burden of the estate in securing new GPs to join rural practices, and alternative models of premises ownership alongside a review of opportunities to bring facilities together will be undertaken as part of the development of PTHB's Primary Care Estate. PTHB has demonstrated its ambition for modern facilities through the campus approach to health and social care facilities in Builth Wells, which has been designed along primary care principles.

### **4.4.1 ESTATES IMPROVEMENT AND CAPITAL PROGRAMME**

The Estates Improvement and Capital Programme is established to deliver the following objectives:

- To provide a safe, cost effective, attractive and well equipped environment for patients, staff and visitors;
- To invest prudently to improve the physical environment;
- To improve the effectiveness and efficiency of the estate;
- To attract WG capital investment to address the longstanding backlog maintenance and to address key estate compliance risks;
- To link new estate developments with the realisation of the health board's vision and long term health and care strategy.

The programme aims to secure improvement in three main areas:

- Short term: Agree and complete the Capital Programme against agreed quality, performance and financial metrics;
- Medium and longer term transformation: Complete the production and publication of the Estates strategy (10 year plan)
- Service Efficiency: Deliver a sustainable and efficient Estates and Capital service, with enhanced capacity to provide economic, efficient and effective services, processes and systems to deliver the estates and capital agenda.

### **4.4.2 ANNUAL CAPITAL PROGRAMME AND COMPLIANCE WORK**

The Capital Programme will deliver

- Management and commissioning of capital projects to time, budget and quality requirements funded by the health board's discretionary budget, charitable funds and WG capital sources of funding;
- Project management of construction work packages/projects, support Senior Responsible Officers (SRO), management processes and reporting requirements;
- Compliant commissioning and procurement of construction projects from feasibility/inception through to final completion/handover.

PTHB has undertaken substantial additional works in year to further strengthen a risk based programme of estates compliance assessments and summarised this in the Strategic Outline Programme (SOP) approved by the Board and currently under consideration for approval by Welsh Government. Key achievements include:

- Re-assessment of fire compliance and associated works programme, strengthened by the appointment of a dedicated full time in-house Fire Safety Advisor;
- A substantial investment in software and development of the key planned preventative maintenance and helpdesk systems to add resilience and accountability to these core activities;
- Completion of asbestos surveys and implementation of asbestos database system;

- Preparation of schematics of water systems in all facilities following legionella incidents, to inform water risk management plans for each site;
- Re-assessment of ventilation and medical gas systems.

The approval for the appointment of an Environment and Sustainability Manager will oversee the implementation of ISO 14001 and the carbon strategy. The carbon strategy has been developed with the Carbon Trust to reduce PTHB's carbon emissions and thus reduce the impact of rising energy prices on the overall financial position of PTHB.

In 2015, PTHB was successful in securing 'invest to save' funding from the Welsh Government for two schemes to upgrade external lighting to an LED standard and introduce voltage optimisation with both schemes acting to reduce energy usage, reduce carbon emissions and reduce energy costs. The capital requirements of the carbon strategy works will be factored into the Estates Strategy and considered for further 'Invest to Save' bids.

During 2015, a space utilisation survey has been completed along with a full asset survey of mechanical and electrical plant and equipment with the remaining elements of the five facet survey to be assessed to ensure a robust provision of baseline data for the 2016 EFPMS submission.

### **4.4.3 LONG TERM ESTATES STRATEGY**

PTHB has been working to deliver an estates programme based on the Strategic Outline Programme (SOP) agreed by the Board in 2011. This SOP now requires significant review and key elements of work are taking place to inform a strategic 10 year plan for the estate. The first phase of this has been completed through the development of a Strategic Outline Programme that covers the capital requirements for the Estate over a five year period to ensure that the current patient environment is maintained and that PTHB is compliant with its core responsibilities in respect of Health and Safety. A capacity and demand planning exercise identified where the current estate falls short of the clinical requirements of the services. Core to this is the number, location and configuration of bed capacity. Other aspects of service delivery such as the quality of birthing environments, the requirement for dementia friendly environments, and facilities suited to integrated service delivery for children and changes in the mental health model lead PTHB into the need to engage the public in a comprehensive review of the future of the estates aligned to discussions around the future long term health and social care strategy. The timetable for this, and the place of a comprehensive estates strategy in this context, is mapped out elsewhere in this Plan. In the meantime PTHB is developing an Estates Strategy that bridges the immediate requirements of developing the estate to maintain services, whilst the work to complete the service strategy is completed and consulted upon with the public. This bridging strategy will cover three key components:

- Ensuring patient and staff safety through estates compliance, and taking opportunities to consolidate estate utilisation, including taking forward opportunities with other public sector partners – this included a review of staff resourcing and the approval of additional key appointments to ensure the Estates Team and structure were suitable and sufficient to meet expectations for delivery during 2015/16;

- Maintaining the patient environment through investment in a 'First Impressions' programme – this programme will further add to the compliance of the estate in respect of key environmental aspects of care such as clear single entry points, dementia friendly environments, signage including Welsh Language, disability discrimination compliance, patient dignity standards, all supporting improved patient and staff experience;l
- Taking forward specific programmes in respect of renewal of accommodation e.g. in Llandrindod Hospital and improvements to Ystradgynlais Hospital enabling the disposal of The Larches in 2015.
- Working in partnership with local volunteers to discuss the community's vision for the future role of the Bronllys site as a Bronllys Wellbeing Park.
- Continue work to further strengthen transparency, governance and resilience of the capital programme systems and resourcing. This will continue to be an ongoing priority over the next year.

#### 4.4.4 SERVICE STRATEGY

The service strategy is the key driver for the future of the estate and the work to date on service models have identified significant changes in the estates requirements of most services as PTHB takes forward its programme. This strategy has now been underpinned by the capacity and demand modelling exercise which has confirmed many of the assumptions previously driving PTHB in developing its Estate. As most of these services are currently provided in integrated facilities in community hospital settings this has significant implications for all of Powys hospital sites, as PTHB will need to move to right sizing and modernising facilities. The service requirements also lend themselves to new approaches to developing estates solutions, with other public sector partners and through innovative funding routes, and PTHB will work with Welsh Government and others to build on its previous experience in taking this forward.

Service Area	Future Estate Requirements
Planned Care	<ul style="list-style-type: none"> <li>• Repatriation of outpatient care to Powys</li> <li>• Enhanced use of e-technology in patient pathways</li> <li>• Local access to diagnostics</li> <li>• Increased day surgery in Powys</li> </ul>
Primary Care	<ul style="list-style-type: none"> <li>• Enhanced role for primary care requiring expansion of estate in GP practices and other high street health services</li> <li>• Co-location of primary care and community services</li> <li>• Four practices requiring new premises, and on-going upgrading required in other premises</li> </ul>
Long Term Conditions	<ul style="list-style-type: none"> <li>• Growing demand for outpatient based care from demographic changes</li> <li>• Enhanced use of e-technology in patient pathways</li> </ul>
Integrated Care for Older People	<ul style="list-style-type: none"> <li>• Integrated health and social care accommodation model, including for people with dementia</li> <li>• Reduced requirement for traditional consultant led inpatient facilities</li> <li>• Requirement for modern en-suite dementia friendly facilities where provided</li> </ul>



Unscheduled Care	<ul style="list-style-type: none"> <li>Continuation of Minor Injury unit provision and extended role for community pharmacy</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>Enhanced community service provision for integrated teams</li> <li>Enhanced use of e-technology in patient pathways</li> <li>Extended crisis models including older people</li> <li>Repatriation of in-patient activity to acute mental health beds in Powys</li> </ul>
End of Life	<ul style="list-style-type: none"> <li>Palliative care facilities</li> </ul>
Children's Services	<ul style="list-style-type: none"> <li>Co-located health, social care and education facilities, including CAMHS services across Powys</li> </ul>
Maternity Services	<ul style="list-style-type: none"> <li>Increased ante-natal care provided locally</li> <li>Improvements in quality of birthing environments</li> </ul>
Medicines Use	<ul style="list-style-type: none"> <li>Automated dispensing</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Fit for purpose office accommodation for all staff, co-located with other public services</li> <li>Increased use of flexible and e-working</li> </ul>

Table 48: Service Future Estate Requirements

Further work is required to refine the service models in each of these areas and apply the capacity and demand modelling to enable an overall strategic approach to estates development to be taken forward. However a number of key actions with the estate will need to be taken forward in advance of the delivery of this strategy as follows:

- Completion of the five facet survey;
- Acceleration of work to ensure statutory compliance of the estate through delivery of the works described in the SOP over three years;
- Completion of outline business case for refurbishment and upgrading of Llandrindod Hospital with works having commenced in December 2015 on the initial decanting and redevelopment of the new Birthing Centre and essential improvements to the roof and front elevation of the hospital;
- Further consolidation and rationalisation of property on Bronllys site including disposal of Mansion House during 2016/17 and joint working with the community;
- Maintenance and up-grading of patient environments over the life of the plan;
- Development of a primary care estates strategy;
- Partnership with Powys County Council in respect of estate utilisation, specifically in relation to office accommodation, integrated children's and joint health and social care accommodation strategy. Discussions are also progressing in respect of a Joint Venture for service provision for estates with Powys Council which could provide local, more responsive and cost effective specialist contract services for key operational delivery activities such as boiler maintenance – this arrangement could come into effect in late 2016.

#### 4.4.5 BENEFITS

It should be noted that the precise benefits that the health board will look to realise from the long term Estates Strategy will be identified and agreed during the development process. The below list provides an overview of the ambitions and potential benefits:

## STRATEGIC FIT

- The long term estates strategy will respond to the outcomes from the integrated health and social care strategy. The estates strategy will support the delivery of local commissioning strategies (within the frameworks set by national policy) and the implementation of the integrated health and social care strategy and the health board's strategic vision.

## IMPROVED ACCESS TO LOCAL SERVICES

- The strategy will improve patient access to services by expanding capacity and improving care pathways. The strategy will capitalise on emerging technologies and the latest research evidence to improve clinical outcomes for patients.

## MODERN HEALTHCARE FACILITIES

- The programme will support the health board to replace ageing building stock with accommodation that is fit for purpose; comfortable, therapeutic and efficient. This will enhance patient privacy and dignity, cleanliness, infection control, staff recruitment and retention. It will also significantly reduce backlog maintenance.

## EFFECTIVE USE OF RESOURCES

- Buildings will be designed to the highest possible standards of environmental sustainability. The investment will support efficiencies in staffing and will support the health board to deliver its revenue position.

### 4.4.6 SERVICE EFFICIENCY

Significant progress has been achieved during 2015/16 to improve the Estates and Capital function. Further work will be undertaken over the next three years to deliver a sustainable Estates and Capital service, with enhanced capacity, efficient services, processes and systems to deliver the estates and capital priorities. Key priorities for delivery during 2016/17 include:

- Embed preventative maintenance and helpdesk systems to add resilience;
- Undertake a review of the team, systems and processes to embed further resilience and best practice;
- Work with Powys County Council on a strategic assets management plan and maximise opportunities for joint working;
- Property /Asset Management:
  - Manage and legally protect the health board's land and property holdings, ensure valuation and disposals advice and support is provided on all health board projects and initiatives to ensure all matters are legally contracted and the value of the estate is protected and correctly reported in all matters.

## PROPERTY & ASSET INVESTMENT

The table below provides an estimate of the capital expenditure required by PTHB to meet its obligations over the next five years in respect of:

- Maintenance and compliance (not otherwise covered in revenue budgets);
- Development schemes;
- IT strategy;
- Equipment and new technologies including radiography and catering facilities upgrades;
- Primary care

### Summary

	2016-17	2017-18	2018-19	2019-20	2020-21
	£m	£m	£m	£m	£m
<b>Gross Capital Expenditure (approved and unapproved)</b>	<b>6.854</b>	<b>6.443</b>	<b>4.729</b>	<b>4.629</b>	<b>4.629</b>
<b>less: Receipts</b>	0.690	0.050	0.050	0.050	0.050
<b>Net Capital Expenditure</b>	<b>6.164</b>	<b>6.393</b>	<b>4.679</b>	<b>4.579</b>	<b>4.579</b>
	2016-17	2017-18	2018-19	2019-20	2019-20
	£m	£m	£m	£m	£m
<b>Welsh Government Funding</b>					
<b>Discretionary</b>	0.954	0.954	0.954	0.954	0.954
<b>Non recurrent 50 % uplift to Discretionary</b>	0.477				
<b>Approved Schemes</b>	1.700	1.514	0	0	0
<b>Unapproved Schemes</b>	4.200	3.975	3.775	3.675	3.675
<b>WG Funding Required</b>	<b>6.854</b>	<b>6.443</b>	<b>4.729</b>	<b>4.629</b>	<b>4.629</b>

Table 49: Property and Asset Investment

## 4.5 RESEARCH AND INNOVATION

### Summary

The health board will continue to develop its research and innovation ambitions through:

- Promoting research in primary care and raising the profile of research and development activities across the organisation;
- Exploring the potential for establishing a local Bevan Innovation Hub in Powys focused on the integration of health and social care services;
- Maximising opportunities with research and academic partners to increase the research portfolio of PTHB.

**Strategic Objective 6: Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.**

### 4.5.1 RESEARCH

Research, and the evidence produced from it, shapes the care patients receive. Participation in research is known to produce better outcomes for patients, regardless of whether they are receiving treatments under test, or normal care. Research activity in Powys is limited compared with other parts of Wales, but work continues to increase the access to participants.

The National Institute for Social Care and Health Research (NISCHR) is the funding body of Welsh Government that leads the research infrastructure across Wales, and provides Powys with a small allocation to fund research governance. The NISCHR strategy is to support only high quality research, and activities that lead to, or support, high quality research activity.

The benefits of enhanced research activity include, but are not limited to:

- **Service users:** higher quality services, better and quicker access to evidence based treatments; better treatment outcomes; and the opportunity to contribute to knowledge generation – leading to better care for others; increased confidence in, and therefore increased recruitment into studies in both Primary and Secondary Care;
- **Health staff:** The willingness and motivation of staff is essential to high quality healthcare and increasing staff experience is at the heart of our innovative Chat to Change staff engagement programme. In addition, research can lead to personal rewards that promote higher motivation and reduced burn out;
- **Health board:** Research activity can support recruitment and retention of high quality staff; improve reputation through publications and conference presentations; and financial benefits to support further research from the Activity Based Funding mechanism.

The Research and Development (R&D) Office have been working hard to increase activity within Powys, in particular to increase involvement in studies eligible for the

Clinical Research Portfolio (CRP). Currently we have 19 commercial and non-commercial studies recruiting in Powys, with 13 CRP eligible studies, up significantly from previous years. Similarly we have an increasing number of GP practices making a commitment to be involved in primary care research with four PICRIS registered practices, up from two registered in the previous year.

Year	Total Studies	CRP eligible	Approved in year
2013-2014	12	4	4
2014-2015	19	13	10

Table 50: Research Studies

In order to achieve growth in research activity Powys will:

- Ensure Powys is open to as many types of clinical research portfolio trials as possible
- Support recruitment of patients to portfolio eligible studies;
- Promote local research activity, identify and support interested staff where they present ideas that could become high quality research studies (i.e. on Pathway to Portfolio), or who wish to become Principle Investigators or Chief Investigators.
- Raise the profile of research at PTHB, to stimulate thinking and support for potential research practitioners.

## AIMS AND OBJECTIVES

The overriding principle is to ensure that PTHB and its partners improve the health and wealth of the population of Powys, through developing the evidence base on appropriate areas of practice and by supporting high quality research initiated elsewhere – ensuring that the needs of rural patients are also part of the research outcomes. The framework of the Health and Care Standards for Wales will underpin research activity to ensure improvements in delivery of services and care continue to be of high quality and provide positive patient and staff experiences for Powys residents.

## KEY AREAS FOR RESEARCH AND DEVELOPMENT

- Increased collaboration with the Health and Care Research Wales infrastructure and Aneurin Bevan UHB should enable Powys to increase their research portfolio (both commercial and non-commercial);
- Increased collaboration with the Health and Care Research Wales infrastructure and Aneurin Bevan UHB should enable Powys to increase their participant recruitment into clinical research portfolio studies (both commercial and non-commercial);
- Collaborative working with North Wales Organisation for Randomised Trials in Health (NORTH) on their Infrastructure Board, which will have Powys representation. This proposed Board will assist with the development and mentorship of novice researchers in BC UHB and PTHB. Develop a Research Network Infrastructure (RNI) in conjunction with relevant interested academic partners. The RNI should create and facilitate a rich research environment for both Health and Academic researchers, to assist patient recruitment, and continue to

liaise with regional groups to disseminate research concepts/ideas further. The network would be used as a platform to stimulate research within PTHB, and improve research engagement with clinical staff;

- Ongoing refinement of the R&D Committee processes, for review and scrutiny of proposed and active research activity. This will ratify management approval for studies to run in Powys, and quality assure the process, to ensure all research is of high quality, and safe, for the residents of Powys;
- Introduce and maintain criteria for a fair, reliant, transparent and strategic system for allocating funds to researchers who submit projects on 'pathway to portfolio';
- Identify opportunities for accessing other funds for pump-priming research activity, such as charitable funds;
- Raise the profile of research through submissions to the Executive Team and Board members, with Board level reporting on research and development activity, and of the use of available funds to support progress;
- Support for dissemination and promotion of research will continue through local and national conferences;
- Continue strategies to keep Research and Development high on the agenda and promoted throughout PTHB. The continued development of workshops, drop in centres and conferences, with other promotional material, need to be sustained to provide the opportunities to inform clinical staff from all backgrounds about local research outcomes and the research support available;
- Continue work to establish links with Academic Institutes, and with Industry partners to develop technology and innovation within PTHB. These partnerships can be used to develop additional income and revenue, whilst stimulating novel treatment approaches, and the development of technology based research;
- Continue to work on research promotion in Primary Care. The Primary Care Research Incentive Scheme (PiCRiS) offers an opportunity for practices to become involved in formal research activity, with support from the Wales R&D infrastructure. Developing a role to promote and support uptake of this opportunity is a priority for Powys.

The success of the strategy will be judged on the quantity and quality of research activity, partnerships formed and maintained, and innovation into practice from the published evidence base, and revisions will be made accordingly.

## **4.5.2 INNOVATION**

### **POWYS AS AN INNOVATIVE ORGANISATION**

PTHB will continue in its efforts to develop innovative ways of working and different modalities of treatment. Three recent examples of this are the projects which have been chosen as Exemplars by the Bevan Commission. The first project describes an innovative approach to redesigning a patient care pathway; improving quality through better use of resources for the management of carpal tunnel syndrome. The second project, Chat 2 Change, is a staff engagement programme designed "to make Powys a great place to work". This co-production designed initiative will enable staff to be at their best through the embedding of the health board's values and behaviours into every

strategy, system and processes. The final project engages directly with the public allowing them much stronger interaction with their partners in health care through a texting and e-referral project.

In other developments PTHB is working with academic partners to develop the role of Physician Assistant in primary care. These individuals will support the General Practitioner community to meet the care needs of citizens in those rural areas that are increasingly challenged by difficulties in medical recruitment and an ageing population base.

PTHB is also developing plans for a research based evaluation of its virtual ward service in collaboration with Y Lab staff. Y Lab is a joint venture between the UK innovation agency NESTA and Cardiff University.

The Bevan Academy will form a national innovation and leadership hub, working with local innovation hubs, encouraging and motivating collaboration across NHS Wales, across different fields of expertise, different organisations, universities and centres of excellence, nationally and internationally. It will bring people with different expertise together to develop and drive new ways of thinking and new 'prudent' ideas; identifying collaborative research and development opportunities locally, regionally and internationally; ensuring that the skills, effort and resource is effectively shared across Wales; avoiding duplication and maximising health impact.

The central Bevan Innovation Hub will support and coordinate local Bevan Innovation Hubs and PTHB are in early discussions with the Bevan Commission regarding establishing a local Bevan Innovation Hub in Powys focused on the integration of health and social care services.

PTHB will also continue its support of the Improving Quality Together initiative which seeks to spread improvement skills throughout NHS Wales. Powys has already achieved a significantly high completion rate for the bronze level award and has successfully supported nine members of staff to a fully accredited silver level, a significant number for a small organisation.

In the area of chronic condition management, the pain and fatigue service have a number of initiatives that bring individual-based and community-delivered solutions to conditions as diverse as chronic fatigue, depression and sleep apnoea.

Moving quite literally further afield, the Women and Children's service have been working with two programmes in Kenya to provide innovative solutions that create bespoke chairs and standing frames made from freely available waste materials. This work has allowed community rehabilitation schemes to provide assistive devices for children with cerebral palsy which would otherwise have not been affordable.

## **APPROACH TO INNOVATION**

The approach to innovation by PTHB will be based around the things at which the health board excels. PTHB is primarily a Primary Care and Community Service driven organisation, and it is this that will drive its approach to innovation, both through its direct service delivery and the way in which it commissions services to maintain and build local access and local responses to support people in need. High quality and standards reflecting the Health and Care Standards framework will be at the forefront of



innovation ensuring Powys residents continue to have the best health and care experience, regardless of where it is provided.

Continued austerity and tightened budgets across the public sector are driving innovation in the way that people and communities are sustaining themselves, including for health and social care purposes. PTHB will look to build innovative partnerships with communities for sustainable health and social care, seeking to facilitate for example the development of co-operative business models across primary care, the development of social enterprises to manage public assets and the exploration of the Joint Venture models for the delivery of support services to the public sector.

The use of technology in the community is also developing and Powys is only at the start of its journey in respect of capturing the technology revolution that is underway in our communities. General trends in the consumer led approach and the sharing economy will inevitably impact on the way in which healthcare is delivered. PTHB will need to take a co-production approach to understanding how people will use technology in the future to support their own health and to access health and social care services. With an ageing population PTHB needs to develop its approach to using the 'internet of things' and the public increasingly using their own devices to monitor their health. PTHB will be responsive to this, in particular working with the technology industry and Powys County Council through the Digital Powys project to pilot new ways of working with the industry sector to develop innovative solutions to care problems.

The strategic challenges that PTHB faces: a rapidly ageing population, the impact of rurality on service access, and recruitment challenges are exactly those matters where we will seek to determine innovative solutions. Specifically we will seek to pursue resources in respect of the following

## DIGITAL PATIENT EDUCATION AND SERVICE DELIVERY

The health board is currently investing in and rolling out a web based Cognitive Behavioural Therapy service (e-CBT) called Mastermind, matched funded by the European Union. As a sector leader in this technology in Wales, PTHB will seek to extend the range of education programmes delivered via the web, specifically considering diabetes and chronic condition management, where there is a high level of demand, shortfall in capacity and logistical challenges in providing traditional group based programmes in rural areas.

## DIGITAL PROFESSIONAL ADVICE

GPs and others often resort to traditional outpatient referrals to obtain a professional opinion on an individual patient, when other, quicker and more efficient means could be established through developing the logistical processes, through the use of existing technologies to enable this advice to be gained.

## LOCAL INFORMAL CARER NETWORKS

There are often people in communities willing to support other local residents, but who do not wish to participate in formal volunteering programmes. A web-based solution could be developed to manage people in need in communities with those willing to provide support.

The space for innovation will also be recognised and celebrated through PTHB's existing structures and systems through:

- Recognising innovation through internal and external awards and publications;
- The opportunity to participate in the Bevan Exemplar programme. The health board has had three projects accepted as part of this inaugural national initiative;
- Widening the engagement of PTHB in research through PTHB's research facilitator;
- Raising the profile of PTHB in Europe through PTHB's International Office, and its existing European partner projects, and building on these networks and bringing the learning back to Wales;
- Adoption of best practice from elsewhere and early recognition of innovative models of rural service delivery through the MWHCC and PTHB's own Change Programme. As part of the Invest to Save bids for our virtual ward and pharmacy projects we are looking to undertake some research work with the Innovation Lab. This is a joint initiative between NESTA and researchers from Cardiff University to use evaluation methods to enable us to understand the impact of changes during project implementation;
- Through the Integration work with Powys Council, and the Powys One Plan we are exploring further opportunities around assistive technology, telemedicine and tele-health through a number of agreed initiatives;
- Further developing the Digital Powys project and other specific digital programme.

## THE CONCEPT OF INNOVATION WILL BE TAKEN FORWARD THROUGH:

- Our approach to staff engagement through Chat to Change which is about making Powys a great place to work, enables decision making as close as possible to where services are delivered and encourages staff to make changes.
- The introduction of the pay progression and the alignment to Personal Appraisal and Development Reviews (PADR) has enhanced our appraisal process with the introduction of Specific, Measureable Innovative objectives which are tried out in a learning environment (SMILE objectives);
- Our approach to leadership and staff engagement based on the Collective Leadership work of Michael West which outlines the components of effective teams which lead to increased levels of innovation;
- Through our primary care, commissioning, and integration delivery processes, seeking opportunities to roll-out proven innovation across Powys. For example in 2015 we rolled out the Virtual Ward Project across the County to reduce emergency admissions;
- Creating the space within the organisation to support and develop new innovative practice, particularly to resolve key challenges of the organisation: rurality and the ageing population. In particular innovative approaches to patient education and self care using technology will be a key area of delivery for the organisation;
- We will be looking at how innovation can inform discussions around our future health and social care strategy for the longer term future.

The health board recognises that delivering innovation is reliant on integrating strategy, structure, systems and processes to create a high performing organisation. The enabling programmes identified in the IMTP seek to build an environment which will deliver the seven key factors identified in the diagram below.

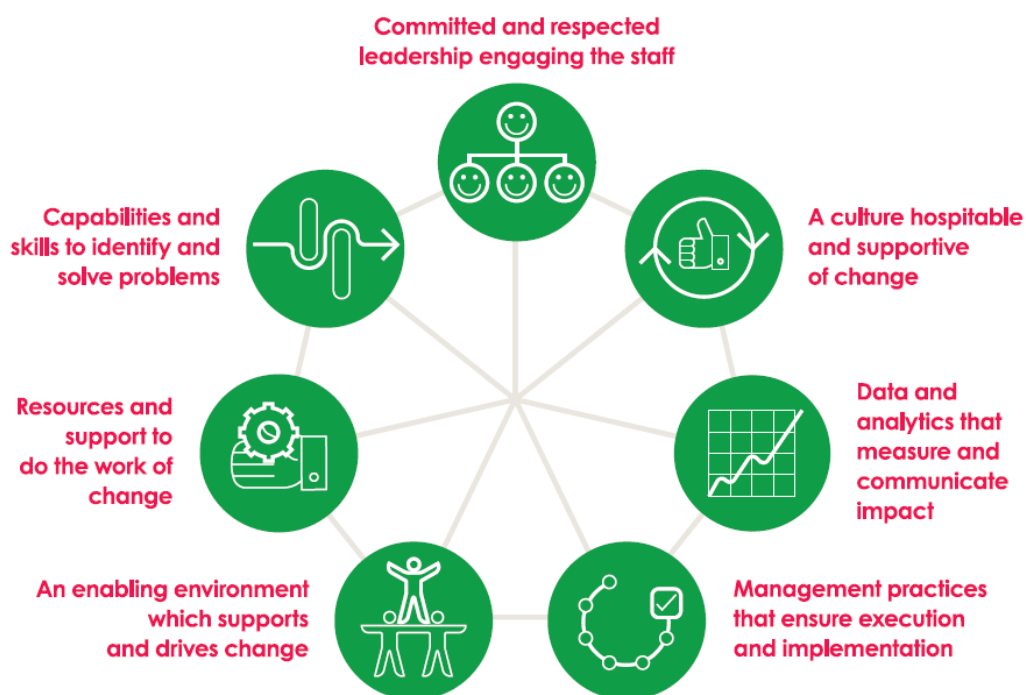


Figure 53: Seven Key Factors for Innovation

## TEACHING STATUS

PTHB has determined that its 'Teaching' status should evidence an aspiration to develop a learning and innovation culture driven and enabled by strong clinical leadership. Our aim is therefore to build an organisation characterised by:

- Alignment of staff objectives to the organisational vision, aims and strategy;
- Developing as a centre of excellence for primary and community practice;
- A drive for innovation, continuous improvement and learning;
- Empowering the workforce through Chat to Change - enabling staff and teams to innovate and take appropriate decisions in a 'no blame culture';
- Recognition and utilisation of the expertise that we already have in the workforce;
- Improved communication at all levels to build confidence, relationships and openness;
- Acting on ideas both at a local level – 'just do it' - and corporately through more formal implementation programmes;
- Routinely identifying, celebrating and sharing good practice and success;
- Multi professional, multi disciplinary and multi-organisational learning – erosion of silos;
- Effective team working at all levels;
- Delegated decision making.

## RESEARCH AND INNOVATION SUMMARY PLAN

<b>Objective 1</b>		Delivered by
Increase number of research projects undertaken in Powys that are eligible for the WG Clinical research Portfolio (CRP)		Q4
<b>Objective 2</b>		
To increase the number of GP practices in Powys making a commitment to be involved in primary care research		Q4
<b>Objective 3</b>		
Promote local research activity and identify and support interested staff where they present ideas that could become high quality research studies or who wish to become Principle Investigators or Chief Investigators.		Q4
<b>Objective 4</b>		
Raise profile of research, to stimulate thinking and support for potential research practitioners.		Q4
<b>Baseline &amp; Measures</b>		
More than 13 CRP projects undertaken in Powys	Demonstrate increased collaboration with the Health and Care Research Wales infrastructure and ABHB	
The development of a Research Network Infrastructure (RNI) in conjunction with interested academic partners that will create and facilitate a rich research environment for both Health and Academic researchers.	Demonstrate collaborative working with N Worth on their Infrastructure Board. This proposed Board will assist with the development and mentorship of novice researchers in BC UHB and PTHB.	
Explore Integration Innovation Hub with the Bevan Commission	To have more than 4 Powys GP surgeries that are PICRIS registered	
<b>Risks</b>		
<b>Implications</b>		
Workforce	<ul style="list-style-type: none"><li>The willingness and motivation of staff is essential to high quality healthcare and increasing staff experience is at the heart of our innovative Chat to Change staff engagement programme. In addition, research can lead to personal rewards that promote higher motivation and reduced burn out.</li></ul>	
Financial	<ul style="list-style-type: none"><li>The R&amp;D department will continue work to establish links with Academic Institutes, and with Industry partners to develop technology and innovation within PTHB. These partnerships can be used to develop additional income and revenue, whilst stimulating novel treatment approaches, and the development of technology based research.</li></ul>	
Estate	<ul style="list-style-type: none"><li>No issues at present</li></ul>	
ICT	<ul style="list-style-type: none"><li>No issues at present</li></ul>	

## 4.6 STEWARDSHIP AND GOVERNANCE

### Summary

The health board will ensure a well governed organisation by

- Clearly setting the culture and articulating the key steps needed to deliver its vision;
- Increasing the effectiveness of the Board and the committees of the Board (the committees);
- Further improving governance structures and processes;
- Embedding sound risk management and assurance arrangements;
- Embedding and continuously improve the planning, performance management and engagement arrangements;
- Ensuring that governance arrangements take account of all statutory and legislative requirements.

### Strategic Objective 8: Ensure a well governed organisation

#### OUTCOMES

PTHB recognises that effective governance is fundamental to the successful delivery of its strategic objectives, and most importantly the delivery and commissioning of quality health and care services. PTHB's governance and related assurance arrangements are maturing and over the next twelve months they will continue to be developed and strengthened to ensure that a 'prudent' governance approach is embedded across the organisation. That is, governance arrangements that are:

- Effective;
- Efficient;
- Simple;
- Enabling;
- Focused; and
- Integrated.

#### 4.6.1 PERFORMANCE AND KEY AREAS OF FOCUS

The Board of PTHB recognises that delivery of its vision, aims and objectives and most importantly the delivery and commissioning of quality health and care services is dependent upon there being robust governance arrangements in place. Therefore, in 2015, the Board put in place a Governance Improvement Programme.

The improvements made to governance arrangements during 2014-15 were acknowledged by the Wales Audit Office (WAO) in its 2015 Structured Assessment of the health board. The WAO reported that:

- Planning arrangements had improved, with the IMTP setting a clear vision with scope to sharpen its content in the 2016/17 iteration;
- A comprehensive Governance Improvement Programme and revised Executive portfolios provide a better position from which the health board is able to deliver its strategic objectives;

- The Board has made good progress in relation to the strengthening of its overall effectiveness although further work is required before it can demonstrate sustained good practice and innovation;
- Board members demonstrate a clear commitment to openness, constructive challenge and quality improvement.

However, it is recognised that there are further improvements to be made in order to ensure that governance arrangements continue to be fit for purpose and are embedded throughout the organisation. Therefore, over the next year, further steps will be taken to ensure that PTHB's governance and related assurance arrangements are aligned to the following principles:

- Visible leadership and clear strategic direction;
- Clarity of purpose, accountabilities, roles and responsibilities (delegation and reservation);
- Effective internal and external relationships - the consideration and involvement of all stakeholders;
- Constructive challenge;
- Openness and transparency;
- Sound arrangements for managing risks and ensuring compliance;
- Sound knowledge of the health board and the communities it serves;
- Competent decision making;
- Organisational effectiveness.

To do this the Board will:

- Clearly set the culture and articulate the key steps that are needed to deliver its vision. It will ensure that quality and safety is consistently delivered by embedding prudent approaches to health and care, co-production and integration; the golden threads that will run through all that the health board does;
- Increase the effectiveness of the Board and the committees of the Board (the committees) and put in place an integrated and holistic development programme for Board members (independent members and executive directors);
- Further improve governance structures and processes;
- Embed sound risk management and assurance arrangements;
- Ensure that governance arrangements take account of all statutory and legislative requirements.

## **4.6.2 SETTING THE CULTURE AND ARTICULATING KEY STEPS**

To ensure that the Board's vision is delivered there is a need to clearly articulate the key steps/milestones and culture that will lead to its delivery.

Driving tangible and sustainable improvement in the quality and safety of the services provided and commissioned by PTHB is a key priority. However, to do this in a meaningful way that ensures patients and the population of Powys are at the centre of

any plans and staff are empowered, requires clear strategic direction, strong and consistent leadership, the right culture and a meaningful plan that is owned by all.

A number of steps have already been taken to ensure that the culture of the health board supports the delivery the Board's vision, and the key steps/milestones are articulated. Such steps include:

- The clear articulation of PTHB's one vision, six aims and 12 strategic objectives.
- The establishment of organisational principles that are centred around prudent health and care, and quality, safety and patient experience.
- The establishment of a clear annual planning model and cycle, which is still evolving. These arrangements will ensure the delivery of our IMTP in line with agreed milestones and timescales. Further they help the Board to:
  - Implement a clinically led planning environment for service planning, annual planning and medium term (three year horizon) planning;
  - Meet requirements of the NHS Wales Planning Framework to integrate our service, workforce and financial planning into a continuous cycle;
- The introduction of the 'Chat to Change' programme, which is designed to ensure that we develop and maintain the values and behaviours required to deliver excellent care;
- The development of the values and behaviours that describe the "way we do things in Powys". The values and associated behaviours were developed at a series of Chat to Change workshops held in late 2014;
- The development and implementation of a well publicised change programme;
- The strengthening of the health board's approach to the development of this IMTP, by improving engagement with staff and key stakeholders;
- The implementation of a performance management framework and Commissioning Assurance Framework.

#### **DURING 2016-17, WE WILL:**

- Continue to embed the values and behaviours that we have developed with our staff. This will ensure a culture that will deliver prudent health and care and quality services every time;
- Make it clear 'what will' and 'what will not' be accepted in terms of behaviour and practice by ensuring the values and behaviours framework is embedded in practice;
- Make further improvements to our planning arrangements to ensure that key milestones are clear and outcome measures are measurable, realistic and timely. Steps will also be taken to ensure that the IMTP is owned by those who work for or on-behalf of PTHB, our partners and stakeholders. In doing so, the process will build on:
  - GP Cluster and primary care development plans;
  - Service/locality/directorate plans;
  - One Powys Plan and partnerships plans;
  - Workforce, training and education plans;
  - Quality, safety and performance reports;



- Service redesign plans;
- Resource and financial plans;
- Audit, research and development.
- Continuously review effectiveness of the performance management arrangements:
  - Reviewing performance measures in light of changes from national and local priorities;
  - Evaluating the effectiveness of changes to individual performance management arrangements on organisational performance;
  - Ensuring a culture of continuous performance improvement is embedded throughout the organisation;
  - Establishing a mechanism of earned autonomy for high performing areas;
  - Reflecting any changes to the Board's significant areas of operation, key performance indicators at a national and local level, and any emerging strategic or operational plans.

Further information in relation to our planning, engagement, IMTP preparation and performance management process are provided below:

## **PLANNING**

Our planning approach has been designed as a three-fold process. Developing GP Cluster/Locality Plans 'bottom up' and in parallel developing plans based on cross cutting themes and other organisation wide plans. Working with our partners, the One Powys Plan has driven a number of the strategic priorities being taken forward by the health board over the next three years. The building blocks of our integrated planning are closer integration between service, quality, performance, IT, estate, workforce and financial plans. Our intention is to further strengthen our planning and delivery approach together with Powys County Council as part of our journey towards integration and with our partners to strengthen partnership working.

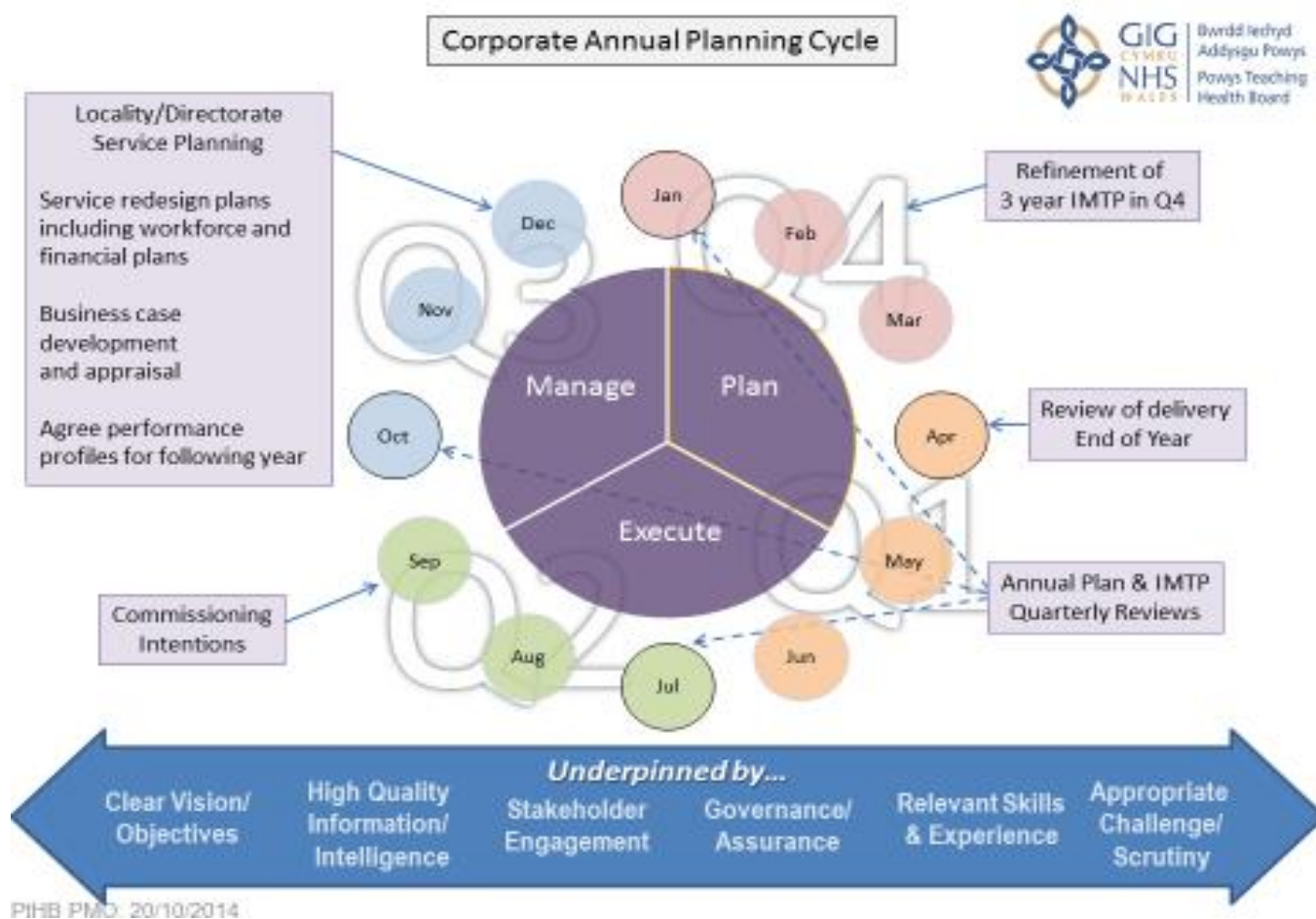


Figure 54: Corporate Annual Planning Cycle

Key principles of the process are to ensure:

- There is a clinically led planning environment with multi professional input;
- Patients are at the centre of service design and delivery;
- There is whole system planning, ensuring alignment with neighbouring providers plans;
- There is a transformation of commissioning and provider functions;
- Promotion of integration at a strategic and service level;
- There are internal relationships including staff side/trade unions;
- There are external relationships with key stakeholders;
- There are strong Community Health Council planning links.

## THE ENGAGEMENT PROCESS

The health board's approach to stakeholder engagement has matured during 2015 with the approval of the Board's stakeholder engagement strategy. This ensures a multi-disciplinary clinically led approach to developing the IMTP; with an appropriate balance between Powys-wide and locality/directorate groups; empowerment of staff and local decision making.

The following table provides a high level summary of the health board's key stakeholder groups:



Figure 55: Summary Key Stakeholders

Engagement is embedded in Powys at a local level and has informed this IMTP at a number of levels, however PTHB recognises that it needs to strengthen its overall corporate arrangements for continuous engagement and this will be undertaken in 2016/17 in conjunction with partners. There is reference to considerable engagement throughout this plan focused on:

- Areas of geographical interest following the pathways of care and around local services, demonstrated in local cluster plans for example around areas of specific common interest, such as mental health services and stroke services;
- As part of strategic service change such as FutureFit and the MWHCC and the public engagement to develop the One Powys Plan.

During 16/17 we will develop more robust engagement processes that will ensure that we appropriately engage with seldom heard groups.

Changing culture takes time, but to ensure there is momentum we will make a number of visible changes that will signal to the residents of Powys, patients, staff and those from whom we commission services that we are intent on driving the safety and quality agenda forward through robust and prudent governance approaches.

## THE DEVELOPMENT OF THE IMTP

The development of the IMTP has been an iterative process underpinned by formal and informal engagement processes and feedback. In the course of the year, a series of

public engagement events have taken place to shape the Council and health board's ongoing priorities and plans. The joint priorities contained within the One Powys Plan and health board's Plan have been approved by the Powys Local Service Board.

In addition the planning assumptions have been tested with

- The Local Partnership Forum;
- PTHB – meetings and development sessions;
- Montgomeryshire, Brecknockshire and Radnorshire Community Health Councils;
- Third Sector;
- Commissioned Services.

In addition we have participated in the NHS led Peer Review process which was facilitated by the WG in December 2015 and we have responded to this feedback in our Plan.

The Finance and Performance Committee provides Board assurance on the management of the planning and performance and commissioning cycles. The health board recognises that areas of planning require further strengthening and this will be part of the ongoing approach to embed the planning cycle across the organisation.

## INTEGRATED PERFORMANCE MANAGEMENT

Performance management is defined as *taking action in response to actual performance to make outcomes for users and the public better than they would be otherwise.*

Performance management is integral to the health board's overall operation in that it helps us to plan, monitor and manage delivery of our health improvement and health care services.

The health board approved its Performance Management Framework for 2015/16, which sets out the overarching principles and approach to developing a high performing organisation.

The Framework has been developed to ensure that PTHB successfully delivers national standards for quality, performance, finance and patient experience as laid down in the NHS Wales Outcomes Framework. The Framework also seeks to encompass achievement of broader strategic objectives contained within the Board's Annual Plan, and other key enabling strategies. It is set within the context of the overall Planning Framework to ensure a clear line between national requirements, contractual obligations and the strategic business priorities of the health board.

The following principles underpin the health board's Performance Management Framework:-

- **Creating a performance culture:** these arrangements are intended to support the development of a culture of continuous performance improvement, delivered for the benefits of patients. This will be supported by clear objectives at all levels which drive a culture of high performance and accountability, supported by the PADR process. At locality and directorate level, the Performance Management Framework should also be used as a driver for cultural change and engagement within areas;

- **Transparency:** The measures and evidence used to assess performance will be clear. Individuals, locality, directorate and corporate teams will understand what is required and be held accountable through a clearly articulated agreement. They will know how their performance is being assessed and what to expect if their performance falls below expected levels;
- **Delivery focus:** The performance management approach will be integrated, action orientated and focussed on delivering improved performance;
- **Proportionality and balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support is maintained;
- **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie;
- **Empowerment and delegation:** higher performance will earn greater levels of delegated authority, with greater levels of performance management intervention in underperforming areas. The health board will work towards developing the concept of 'earned autonomy' whereby consistently high performing localities, directorates and corporate teams will be assessed against a clear set of governance criteria, with success resulting in reward and flexibilities around decision making and innovative ways of working.

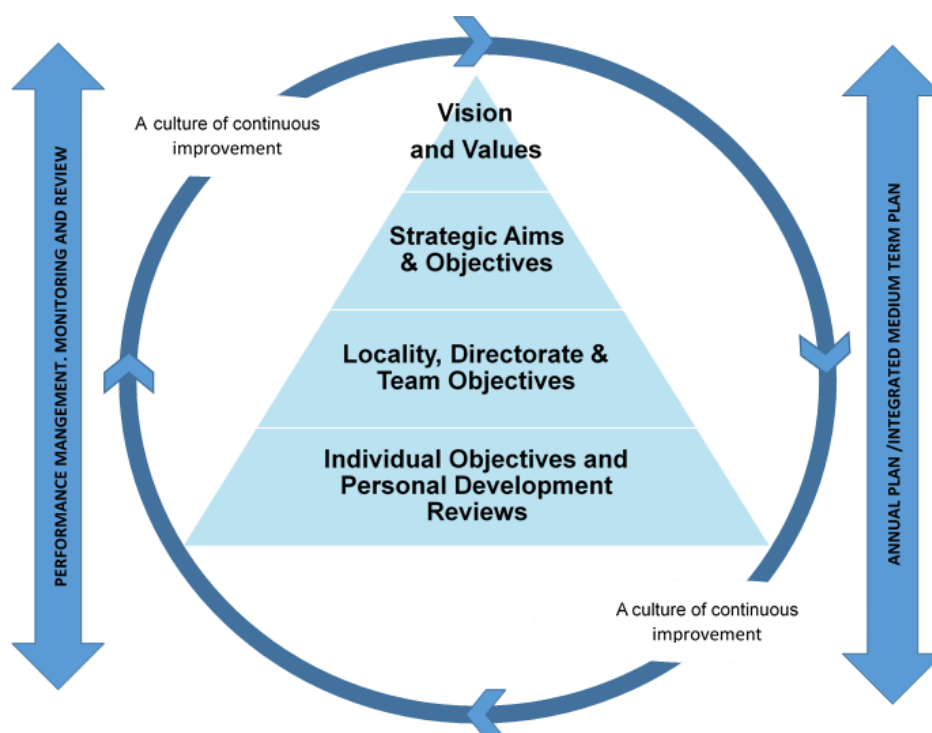


Figure 56: Model for Performance Management

These key actions are described further in the diagram below:-

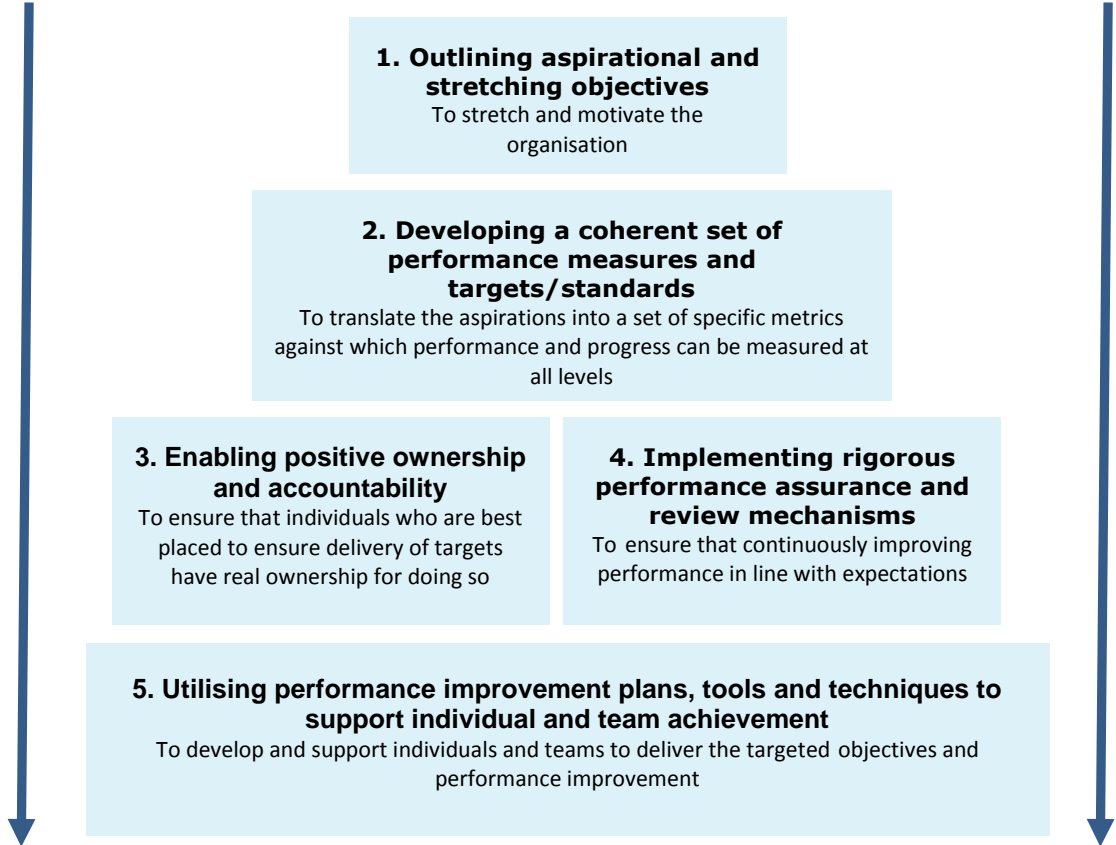


Figure 57: Key Actions for Performance Management

The diagram below shows the levels of performance monitoring and management throughout the organisation and the relationship between them. Clear terms of reference/purpose are in place at each level.

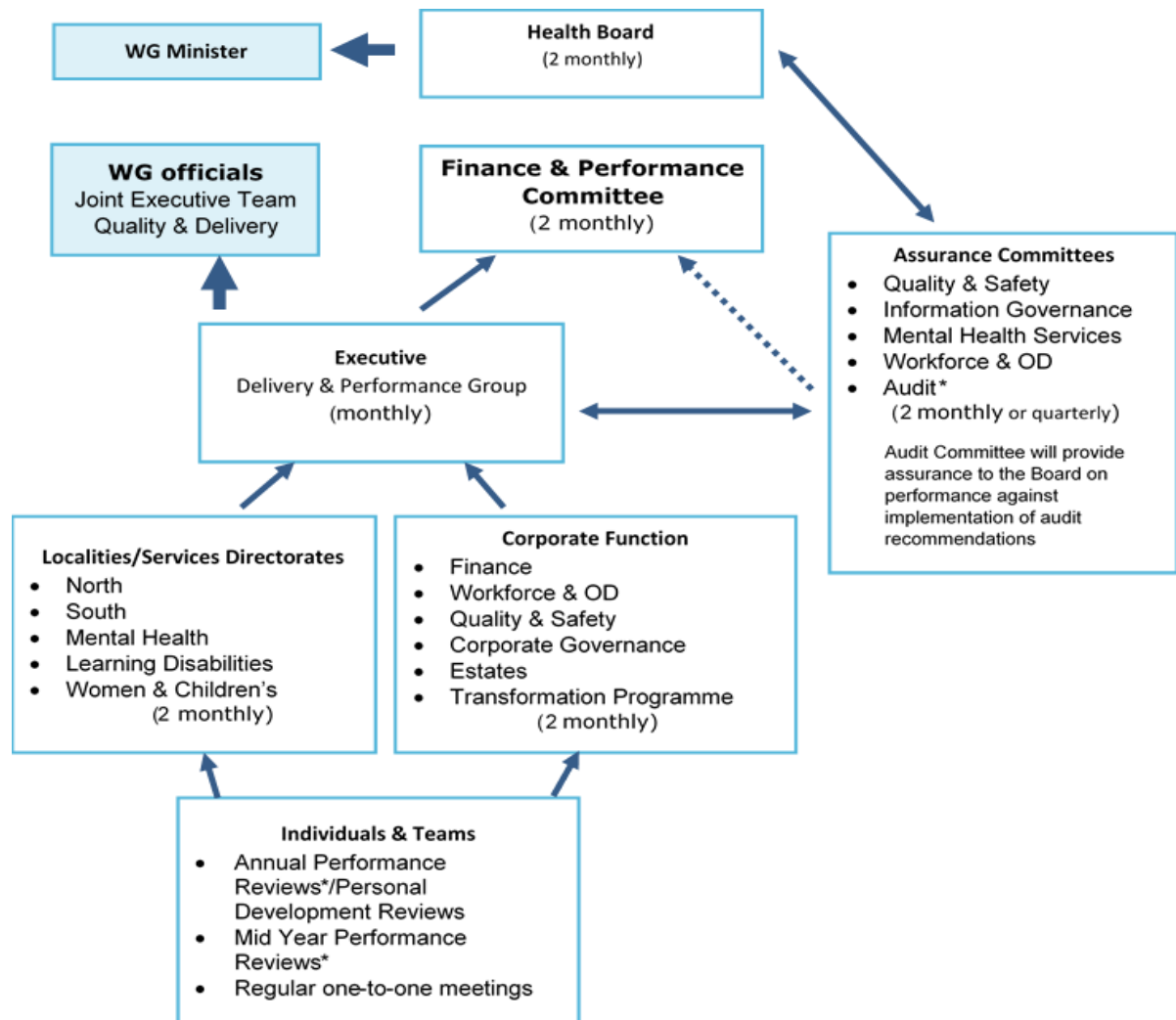


Figure 58: Levels of Performance Management

## KEY OUTCOMES EXPECTED FROM THE DELIVERY OF THE PERFORMANCE FRAMEWORK

- All staff employed by the health board will have a clear understanding of the Performance Management Framework and will believe that achieving good performance is important;
- The Board will play a key role in monitoring and managing performance;
- All employees will have a demonstrable appreciation as to how their work contributes towards the delivery of all priorities;
- Integrated performance management frameworks will be in place at corporate and departmental level;
- There will be integrated and timely reporting with high quality commentary for performance reviews;
- Data quality will be taken seriously with good arrangements in place at all levels;
- Acceptable external audit reports;
- Assurance;



- Consistency in our approach to managing performance issues.

There will need to be a number of key actions undertaken to deliver an effective Performance Framework embedded across the health board. It should be recognised that there is a significant organisational development programme of work required to run alongside this change to ensure that the principles, competencies, capabilities and ways of working are in place to deliver the intent of the Framework.

### 4.6.3 INCREASING THE EFFECTIVENESS OF THE BOARD AND ITS COMMITTEES

Robust governance is reliant upon effective and efficient Board and committee arrangements that ensure a balance of focus between strategic development, gaining assurance and scrutiny.

The Board sits at the top of the organisation's governance and assurance systems. Its principal role is to exercise effective leadership, provide strategic direction and control. The Board is accountable for governance and internal control in the organisation, with the Chief Executive (as Accountable Officer) responsible for maintaining appropriate governance structures and procedures. In summary, the Board:

- Sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales;
- Establishes and maintains high standards of corporate governance;
- Ensures the delivery of the aims and objectives of the organisation through effective challenge and scrutiny of performance across all areas of responsibility;
- Monitors progress against the delivery of strategic and annual objectives;
- Ensures effective financial stewardship by effective administration and economic use of resources;
- Ensures effective communication between the organisation and the community including stakeholders regarding planning and performance and that these arrangements are responsive to the health needs of the population it serves.

The Board meets every other month in public, details of meetings are posted on the Boards internet site. To ensure that robust governance and assurance arrangements are in place the Board has established a number of committees

Committee
Audit Committee
Quality and Safety Committee
Remuneration and Terms of Service Committee
Workforce and Organisational Development Committee
Finance and Performance Committee
Mental Health Act Assurance Committee
Information Governance Committee
Charitable Funds Committee

Table 51: PTHB Committees

Each Committee is chaired by an Independent Member of the Board, and has an annual work programme. A number of other Independent Members form the membership of the Board, with lead Executive Directors in attendance.

There are a number of groups operating below the Board Committees which report into the Committees on a regular basis, but which may also report into the Management Executive.

The Welsh Health Specialist Services Commissioning Committee and Emergency Ambulance Committee are also joint committees of the Board. These are operated in partnerships with the other six Welsh health boards.

Under Standing Orders PTHB is also required to have three forums in place. These allow the Board to seek advice from and consult with staff and key stakeholders. They are:

- Local Partnership Forum - The forum provides a formal mechanism for the health board (as an employer) and Trade Unions/Professional Bodies (representing the health board employees) to work together to improve health and care services;
- Stakeholder Reference Group - This group provides a forum to facilitate full engagement and active debate. Its membership includes elected representatives for protected characteristic groups under the Equalities Act. Members also include statutory bodies such as the Local Authorities, Police, Fire and Rescue and Environmental Agency etc. The group has a remit to examine any aspect of the health board's work in relation to how it affects stakeholders;
- Health Professionals Forum - The role of this forum is to provide balanced, multi-disciplinary professional advice to the Board on local strategy and delivery. The forum has responsibility for facilitating engagement and debate amongst a wide range of clinical interests within the health board's area of activity.

It is intended that the chairs of each of the above forums attend Board meetings to ensure that equality issues are central to the health board's agenda. The Stakeholder Reference Group and Health Professionals Forum are still to be established; these will be established during the first quarter of 2016/17. The roles of these forums will become increasingly important as the Board takes forward its change programme and works towards closer integration with Powys County Council.

During 2015/16 we strengthened Board and its committee arrangements by:

- Making new executive director and independent member appointments;
- Establishing new committee arrangements.

Over the year ahead we will further improve the effectiveness of our Board and Committee arrangements by:

## ENSURING APPROPRIATE COVERAGE AND FOCUS

- Reviewing the effectiveness of the Board and its committees;
- Refocusing the Board's agenda on the Board's strategic objectives, ensuring these are reviewed on a cyclical basis;
- Reviewing the information needs of the Board and its committees;
- Strengthening engagement with patients and staff by developing a Board programme of assurance visits and walkabouts;

- Strengthening engagement with staff by, in line with Standing Orders, establishing a Health Professions Forum;
- Strengthening engagement with stakeholders by, in line with Standing Orders, establishing a Stakeholder Reference Group.

## ENSURING EFFECTIVE MEETINGS

- Reviewing the timing of Board and committee meetings; ensuring alignment with Executive Team Meeting agendas and information availability;
- Reducing the length of meeting agendas and meetings;
- Developing handbooks and governance packs for each of the Board committees.

## ENSURING THE EFFECTIVENESS OF BOARD MEMBERS

- Ensuring that all independent members have access to health board information technology and systems so that they can receive information safely and securely and have easy access to mandatory training;
- Developing a Board development programme.

### 4.6.4 FURTHER IMPROVING GOVERNANCE STRUCTURES AND PROCESSES

To be effective governance structures must be clear, transparent and integrated. They must be designed to facilitate, support and drive prudent health and care, co-production and integration.

Good governance is essential to providing safe, sustainable and high quality services and is key to addressing the challenges the NHS Wales faces. Where NHS organisations in England and Wales has been subject to formal regulatory action, poor governance arrangements have been a contributing factor in almost all cases. However, to be effective governance arrangements must be flexible and tailored to suit the circumstances of the organisation.

Early in 2016/17, we will confirm the organisational governance model to ensure clarity over delegated levels of authority and accountability. This will start with a review of PTHB's Standing Orders, Standing Financial Instructions, Scheme of Delegation and the portfolios of executive directors. We will also test to ensure that our governance arrangements fully support the delivery of the requirements of the Wellbeing of Future Generations Act (Wales) 2015 and Social Services and Wellbeing (Wales) Act 2014.

We will review the health board's organisational infrastructure and alignment of the locality structures to deliver the health board's aspirations as identified within the IMTP. This work will meet the ongoing development approach which began in 2014, the aim being to ensure that organisational alignment and capacity was in line with the strategic vision.

The Wales Audit Office Structured Assessment 2016 identified that the previous realignment of corporate structures in 2014 and subsequently the locality structures in 2015 had gone some way to ensuring the health board was aligned in an appropriate way. This work has supported the development of the organisational governance,

accountability, authority and alignment arrangements. However the assessment identified that there was further work required to ensure the health board was able to ensure delivery of its strategy in the most effective way, specifically it recommended that:

- An assessment of the resilience, capacity and experience of the Executive team is undertaken to ensure that a sustainable pace of change is maintained; and
- The balance of responsibilities between the centre and the localities is not yet clear. The accountabilities and responsibilities between the centre and the localities needed to be clarified, and where appropriate, reflected in the health board's scheme of delegations.

Continually refining the corporate infrastructure and subsequently the localities is vital in ensuring that the organisational form is based on current need and not historic arrangements. This review to strengthen accountability, authority, autonomy will be completed during early 2016/17, underpinned by external assurance input.

Working with health boards and Trusts from across Wales we will further develop and strengthen the governance and assurance arrangements that are integral to our joint committee and collaborative arrangements. Such work will be taken forward through the all-Wales Board Secretaries Group.

We will continue to work with Powys County Council to ensure that the services we provide are increasingly integrated. Both organisations have agreed to look at ways in which integration can be quickly but safely escalated. During the year ahead PTHB's governance arrangements will be strengthened to ensure that they continue to be fit for purpose and also support the integration work. The key driver for this integration work is the commitment of both organisations to ensuring that the health and care needs of the people of Powys are served in the most efficient and effective way.

The Minister for Health and Social Services made a recent announcement that Powys will be a region in its own right under Part 9 of the Social Services Wellbeing (Wales) Act 2014, when it is implemented on 6 April 2016. In light of this and combined with the requirements of the Wellbeing of Future Generations Act (Wales) 2015 and the collective drive towards increased integration between PTHB and Powys County Council a review of the governance arrangements aligned to the joint agendas was commissioned during the later part of 2015/16 and recommendations will be implemented from April 2016.

Building on the outcomes of the governance review, in February 2016, PTHB and Powys County Council revised the Joint Partnership Board terms of reference. This brings together nominated strategic leaders from Powys County Council and PTHB to ensure effective partnership working across organisations within the county for the benefit of the people of Powys.

#### **4.6.5 EMBEDDING SOUND RISK MANAGEMENT AND ASSURANCE ARRANGEMENTS**

Sound risk management and assurance arrangements are fundamental to ensuring the delivery of PTHB's vision.

In February 2016, the Board:

- Published its risk appetite statement;
- Set out the principles underpinning its assurance framework, and the approach the Board would take to putting a robust assurance framework in place;
- Began a review of its risk strategy and policy.

Over the year ahead we will strengthen and embed risk management and assurance arrangements by:

- Developing and embedding PTHB's 'assurance framework';
- Implementing a strengthened risk strategy and policy;
- Identifying and regularly reviewing the strategic risks linked to the strategic objectives and priorities set out in this IMTP;
- Clarifying the role of the committees of the Board in relation to the 'assurance framework' and risk management.

## PTHB'S ASSURANCE FRAMEWORK

PTHB has developed an Assurance Framework (AF) that provides a structure and process to enable it to focus on the risks that may compromise the delivery of its strategic and related annual objectives.

The AF is aligned to the annual objectives that will support the delivery of the strategy (ies) that PTHB has put in place for delivering its overall purpose. The AF ensures that sufficient, continuous and reliable assurance on the management of the major risks to the delivery of its strategic objectives and most importantly the delivery of quality, patient centred.

PTHB's AF is structured to provide reliable evidence to underpin the assessment of its risk and control environment and is supported by independent appraisal from PTHB's internal audit service. It describes how risk and assurance arrangements are directed to meet the delivery and accountability needs of the Chief Executive and Board, providing evidence-based assurances on the management of risks that threaten the successful achievement of PTHB's corporate and annual objectives.

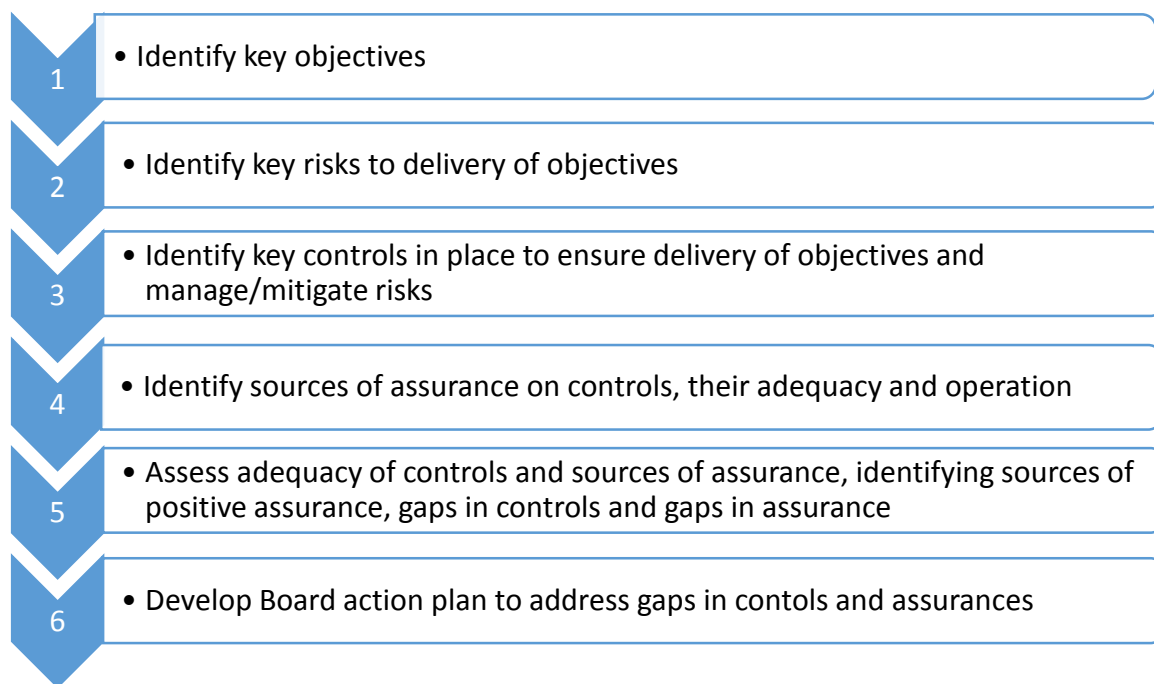


Figure 59: Assurance Framework

The Chief Executive, supported by the Board, is responsible for ensuring that robust governance, risk management and internal control arrangements are in place and operating as intended across the whole of PTHB, including any organisations from which services are commissioned or contracted.

It is the duty of the whole Board, executives and non-officers to discuss and advise on the format and content of the AF. It is also the duty of the Board to appropriately monitor PTHB's significant risks, associated controls and assurances.

PTHB's Audit Committee (AC), has been delegated responsibility for the monitoring of assurance. It is responsible for providing the Board with advice on the adequacy of the AF.

On behalf of the Board, the AC tests and scrutinises the arrangements that are in place to provide comprehensive and reliable assurance.

Responsibility for the population of the AF sits with the executive team and organisational management, as does responsibility for the mitigation of risks. The executive team is responsible for identifying the assurance need, establishing how the assurance need will be met, assessing whether there are any assurance gaps or overlaps, deciding how assurance gaps can best be filled and whether arrangements will provide the sufficient, relevant, reliable assurance that it needs.

As the custodian of the AF process, the Board Secretary has a fundamental role to play in ensuring its robustness. Over the next twelve months further work is needed to strengthen the AF and ensure that it fully captures the interfaces between primary care and secondary care, commissioned services and independent contractors i.e. it provides a 'Whole Health Economy Assurance Framework'.

## RISK MANAGEMENT

Embedding effective risk management remains a key priority for PTHB, as it is integral to enabling the delivery of our objectives, both strategic and operational, and most importantly to the delivery of safe, high quality services.

PTHB published its 'risk appetite statement' in February 2016, and a strengthened but simplified Risk Management Strategy will be implemented in the first quarter of the financial year. The Strategy will reinforce that PTHB's approach to risk management is to ensure that risks are identified, assessed and prioritised; ensuring that risk is managed within a framework that devolves responsibility and accountability throughout the organisation. The Strategy and related Risk Management Framework will set out the levels at which staff groups are responsible and can take action and when they have to escalate risks above an agreed tolerance level.

Over the coming months steps will be taken to strengthen risk management across the organisation; this work will include commissioned and contracted services.

Board and Committee work plans will also be agreed with a view to ensuring that they receive adequate assurance in relation to how risk is being managed throughout the year.

## FINANCIAL ASSURANCE

The organisation's financial control framework is set out within the Standing Financial Instructions (SFIs) of the organisation. SFI's set out the regulation of financial proceedings and business and are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business. They translate statutory and Welsh Assembly Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of PTHB.

In addition to SOs and SFI's there are a series of Financial Control Procedures that cover core financial systems of the health board including a budgetary control policy that sets out the accountability framework for budgets and processes that are to be followed when budget variances arise.

There are many other control systems within the health board that contribute to good financial control. The Audit Committee provides assurance to the board that the organisation's systems of internal control are effective. In seeking assurance as to their effectiveness, the Audit Committee approves a programme of internal audit of systems and processes to seek assurance and to drive improvement. Internal Audit is provided by NWSSP Audit and Assurance. Further assurance is also gained from external audit work provided by Wales Audit Office in relation to their role in providing an opinion on the organisation's statutory accounts and their work on structured assessment and performance reviews.

The development of the annual and three year IMTP is an integrated process overseen by the Finance and Performance Committee, including their attendance at the planning development meetings. The IMTP is signed by the Board annually and monitored on a monthly basis by either the Finance and Performance Committee or the Board



(dependent upon the reporting month). Financial reporting for the organisation follows a firm monthly cycle. The financial position is reported to WG on working day five of the month end with a full and a comprehensive financial report developed for the organisation and Welsh Government.

Delivery of the financial plan for the year is monitored through the Finance Director's monthly meeting with lead Directors and also through the supporting finance staff with delegated budget holders on a monthly basis. These sessions provide both challenge and support to budget holders in the delivery of their plan and also follow the escalation process as set out in the budgetary control procedure where required. During early 2016/17 we will review our budgetary control procedure to assure the Finance and Performance Committee and ourselves that we are taking a proportionate risk based approach to financial review and monitoring, tailored to the areas of most risk of delivery.

## INTERNAL AUDIT

NWSSP Audit & Assurance Services provide internal audit, specialist audit and consultancy services. An overall audit strategy has been developed which sets out the strategic approach to the delivery of audit services to all health organisations in Wales, and the Strategy has been approved by the health board. The Strategic Audit Plan is largely based on the system of assurance operating within PTHB together with the organisation-wide risk assessment.

An Annual Operational Plan is prepared each year drawn from the Strategic Audit Plan outlining the scope and timing of audit assignments to be completed in the year ahead. Both Strategic and Annual Plans are developed in discussion with Executive Management and approved by the Audit Committee on behalf of the Board.

## **4.6.6 ENSURING THAT GOVERNANCE ARRANGEMENTS TAKE ACCOUNT OF ALL STATUTORY AND LEGISLATIVE REQUIREMENTS.**

Sound governance arrangements are fundamental to ensuring PTHB complies with all relevant statutory and legal requirements.

During 2016/17, alongside the review of our Standing Orders and Standing Financial Instructions we will begin a programme of work that will test our compliance with statutory and legislative requirements. The scope of the review will be wide ranging, but will initially focus on the following areas where we have already identified a need for improvements to be made:

## EQUALITY DUTY

We are strengthening our approach to assessing any equality impact (as described in legislation) of any key service changes or significant policy changes, to ensure that we can understand and where possible mitigate impact on the groups defined in the equalities legislation.

## WELSH LANGUAGE

PTHB is required to implement its Welsh Language Scheme and the Welsh Language Framework, "More than Just Words" and implementation is monitored by Welsh Government and the Welsh Language Commissioner. The Workforce and Organisational Development committee of the PTHB Board has oversight of Welsh Language and provides assurance to the Board.

Key to implementing the Welsh Language Scheme and More than Just Words is language planning. This involves understanding the population and workforce linguistic profile and addressing for each patient service any capacity shortfalls. This process is known by Welsh Government and the health boards as a Language Skills Strategy.

PTHB plans to take this one step further through a Welsh Language Strategy. The Strategy, to be agreed by the Board Q1 of 2016/17 will include a policy statement and an overarching action plan to implement "More than Just Words Two" and the forthcoming Welsh Language Standards.

Activity is well underway to ensure that:

- PTHB understands the linguistic profile of the workforce by recording language competency onto ESR. Together with the analysis of the population and service users this will inform the language skills strategy. The strategy will address identified workforce shortfalls through a combination of training, recruitment and partnership arrangements with other organisations to ensure as complete an implementation of the Active Offer as possible. One service, Speech and Language Therapy has already identified a shortfall and are seeking support from a neighbouring health board to address this in the short term;
- Welsh language needs are picked up as part of the needs assessment process, Welsh Language is included as part of the Equality Impact Assessment requirement embedded into needs assessment processes. Examples of this are the South Wales Programme Equality Impact Assessment and the One Powys Plan activities;
- The new Corporate Brand guidelines include Welsh Language requirements and the new public website is fully bi-lingual.

During 2016/17:

- An Accessible Estates Strategy will be developed. This will include an agreed policy and clear guidance on ensuring not only an accessible patient environment but also a bi-lingual environment. In addition to this, the Estates directorate are establishing a group whose remit is to consider the special access needs and Welsh Language requirements for patient areas.
- The environmental aspects of the active offer will be addressed initially as premises are refurbished and will be built into other relevant capital schemes. As the All Wales work to develop patient record flagging systems advances, the associated operational processes will be developed.

With regards to primary care, the new Clinical Governance Self Assessment Tool produced by Public Health Wales, will be a useful driver towards addressing the Welsh Language Commissioners recommendations for Primary Care and monitoring progress. Limited to General Practice, the Equalities Team will work with key officers on ways of

obtaining similar results with the other contractor professions. The health board will support primary care providers with the practical implementation of the requirements set out in the Welsh Language Commissioner's report. This will, however, need to be informed by advice available on an all-Wales basis.

Moving beyond Welsh Language, there is much commonality between the Welsh Language obligations on the health board and the All Wales Standard for Accessible Information and Communications for people with sensory loss e.g. the need for flagging patient records, for awareness raising and training of staff, environment, information etc. For this reason the PTHB will not look at these issues in isolation but will address them together.

## CIVIL CONTINGENCIES

The Civil Contingencies Act 2004 (CCA) outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at a local level. As a category one responder PTHB is subject to the following civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place business continuity management arrangements;
- Maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance coordination;
- Cooperate with other local responders to enhance co-ordination and efficiency.

## IN SUMMARY, DURING 2015/16, PTHB:

- Established a new Civil Contingencies Steering Group to ensure that there are effective operational governance arrangements in place to ensure delivery of the duties placed on the HB as part of the CCA;
- Established regular progress reporting arrangements for Executive Directors;
- Developed a business continuity toolkit, which provides a step by step guide to assist service areas in the development of service level business continuity plans. This has been implemented across the Primary and Community Care Directorate of the health board;
- Achieved compliance with statutory exercising duties, including the undertaking of a live exercise;
- Introduced a new Civil Contingencies planning page on the PTHB staff intranet. This has helped to improve communications across the organisation and provides an area to store and share plans and other resources relating to Civil Contingencies.

## THE MAIN PRIORITIES FOR 2016/17 AND BEYOND INCLUDE:

- Strengthening Organisational Resilience through an incremental approach to the delivery and subsequent embedding of the PTHB Business Continuity Management processes across the organisation;
- Increasing Organisational Preparedness, ensuring that planning and preparedness activities are informed by local assessment of risk and that PTHB staff at all levels are appropriately trained to respond to emergencies;
- Continuing Joint Working with Multi-Agency Partners, ensuring that PTHB is effectively engaged in the Dyfed Powys Local Resilience Forum for the purposes of planning, training and the exercising of local plans.

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