

# **Integrated Medium Term Plan**

## **2017/18-2019/20**

# MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

We are pleased to introduce the Integrated Medium Term Plan for the period 2017/18 to 2019/20. This plan sets out how Powys Teaching Health Board will deliver its core purpose of improving health and wellbeing and enabling excellent health services. In order to achieve this we must continue to work together with people and partners and we are committed to the vision to enable 'truly integrated care centred on the needs of the individual'.

We have six key aims which will help us deliver our ambitions. We have taken time to consider these in light of new legislation and have confidence that delivering our aims will support people now and into the future.

- 1. Improving health and wellbeing-** helping people to stay well and to achieve improved wellbeing through positive action.
- 2. Ensuring the right access-** building on recent success, continuing to look to provide care as close to home as possible. Where people need to travel for care and treatment, working with providers to ensure this is high quality and timely.
- 3. Striving for excellence-** whether front line or essential support services, striving to ensure services are excellent and improve by learning from ourselves and others.
- 4. Working in partnership-** integrating more care, particularly with social services, and working alongside partners to make life better for the people of Powys.
- 5. Making every pound count-** in the period of continued austerity, spending every pound wisely and on things that are valued by the people of Powys.
- 6. Always with our staff-** further developing a sustainable, skilled, engaged and content workforce including wherever possible those who work with us but may not be directly employed by us.

The health board, with its partners, is starting the 2017–2020 period from a strong base. Despite some very real challenges, we continue to experience a strong and successful primary care community. GPs, nurses, pharmacists, optometrists, dentists, therapists, social care, voluntary sector and others are working together to develop innovative services for the people of Powys. We know that there is ambition to do more and the health board is committed to the development of primary and community services as a priority.

A priority area is further developing the commissioning of services. Transforming pathways of care through commissioning is essential in order that we meet the changing needs of the population, deliver what matters most to individuals and achieve best value. We have made progress in this area already and recently approved our Strategic Commissioning Framework for implementation from 2017 onward.

The health board and Powys County Council are committed to further integrating health and care services. The development of a long term health and care strategy marks an important stage in this integration. Joining up planning, operational management and front line service delivery will help to deliver the outcomes of this strategy.

We would like to take this opportunity to thank all those who continue to commit to working with us. This includes the extremely strong voluntary sector, Leagues of Friends, primary care contractors, the independent sector and our local authority colleagues. Our plan sets out how we can move forward collectively in the interest of the people of Powys and we look forward to keeping you up to date with the progress through our regular, publicly available reports.



Prof. Viv Harpwood (Chair)



Carol Shilabeer (Chief Executive)



# TABLE OF CONTENTS

<b>1. Introduction to Our Plan</b>	
1.1 Our Plan.....	8
1.2 Developing the Plan.....	8
1.3 Delivering the Plan.....	9
<b>2. Strategic Overview</b>	
2.1 Health Board Profile.....	11
2.1.1 The Health Board.....	11
2.1.2 The Workforce.....	12
2.1.3 Staff Survey.....	13
2.2 Population Needs Assessment.....	14
2.2.1 Powys Demographics.....	14
2.2.2 Determinants of Health.....	15
2.2.3 Life Style and Health Status.....	17
2.2.4 Mental Health Needs.....	19
2.2.5 Service Utilisation and Activity.....	20
2.3 Vision for the Future.....	21
2.3.1 Vision, Aims and Strategic Objectives.....	21
2.3.2 Health and Care Strategy for Powys.....	22
2.3.3 Wellbeing Objectives.....	23
2.4 Working in Partnership.....	24
2.4.1 Powys County Council.....	24
2.4.2 Powys Public Service Board.....	24
2.4.3 Powys Regional Partnership Board.....	24
2.4.4 Third Sector.....	25
2.4.5 Regional Collaboration.....	25
2.4.6 Hosted Services.....	25
2.4.7 Strategic Change Across Our Health Economies.....	26
2.5 Organising Principles.....	28
2.5.1 Prudent Health and Care.....	28
2.5.2 Quality, Safety and Patient Experience.....	30
2.5.3 Wellbeing of Future Generations.....	33
2.5.4 Health Inequalities.....	34
2.5.5 Integration.....	36
<b>3. Achievements in 2016/17</b>	
3.1 Delivery Against Aims and Objectives 2016/17.....	38
3.2 Delivery Against Welsh Government National Outcome Framework.....	39
<b>4. Challenges and Opportunities</b>	
4.1 Demography.....	45
4.2 Geography and Infrastructure.....	46
4.3 The Opportunities of Integration.....	46
4.4 The Complexity and Impact of External Change.....	47
4.5 Transforming through Strengthening Commissioning.....	49
4.6 Sustainability and Development of General Practice.....	49
4.7 Workforce.....	50
4.8 Achieving Value for Money and Financial Balance.....	52
<b>5. Significant Service Change</b>	
5.1 The Context of Service Change in Powys.....	55

5.2	Delivering Our Long Term Vision for Health and Care.....	56
5.3	Integration.....	58
5.4	Rural Regional Centres.....	58
5.5	Managing Service Change in North Powys (Future Fit) .....	59
5.6	Managing Service Change in South Powys (Clinical Futures) .....	60
5.7	Herefordshire and Worcestershire Sustainability Transformation Plan.....	60
5.8	Capital Developments.....	61
5.9	Developing Mental Health Services.....	62

## 6. Service Delivery

6.1	Prevention and Health improvement.....	64
6.2	Commissioning Development.....	70
6.3	Primary and Community Care.....	79
6.4	Urgent and Emergency Care.....	88
6.5	Planned Care.....	92
6.6	Major Health Conditions.....	97
6.6.1	Cancer.....	99
6.6.2	Diabetes.....	100
6.6.3	Heart Disease.....	101
6.6.4	Neurological Conditions.....	102
6.6.5	Respiratory.....	103
6.6.6	Stroke.....	104
6.6.7	End of Life.....	105
6.6.8	Liver Disease.....	106
6.6.9	Critical Care.....	107
6.6.10	Rare Diseases.....	108
6.7	Mental Health.....	109
6.8	Learning Disabilities.....	117
6.9	Women & Children's Services.....	120
6.10	Integrated Care for Older People.....	126
6.11	Third Sector.....	128
6.12	Carers.....	129
6.13	Health and Social Care Integration.....	132

## 7. Enabling Delivery

7.1	Workforce and Organisational Development.....	136
7.1.1	Improve Workforce Planning and Deployment of Staff.....	138
7.1.2	Improve Recruitment, Retention, Engagement and Wellbeing of Staff.....	139
7.1.3	Improve Operational HR Delivery through Excellence in Human Resource Management.....	140
7.1.4	Review, Refine and Update the Organisational Development Plan.....	141
7.2	Finance.....	144
7.2.1	Financial Strategy.....	144
7.2.2	Financial Governance and Management.....	146
7.2.3	The Three Year Financial Plan 2017-2020.....	147
7.2.4	Financial Plan Summary 2017-2020.....	153
7.3	Infrastructure Investment.....	156
7.4	Research, Development and Innovation.....	159
7.5	Digital Health and Care.....	163
7.6	Governance.....	167
7.7	Welsh Language, Equalities and Safeguarding.....	174

# EXECUTIVE SUMMARY

This Integrated Medium Term Plan (IMTP) sets out ambitious vision, aims and strategic objectives for the coming three years to 2020. The organisation's purpose to help improve the health and wellbeing of the Powys population; and to provide and commission excellent health services, has driven the vision to enable:

## **'Truly Integrated Care Centred on the Needs of the Individual'.**

Powys is one of the most rural counties in the UK and as such has both strengths and challenges. Whilst the county is approximately 25% of the landmass of Wales, it has only 4% of the population. Furthermore, the proportion of older people is growing and the number of young people living in the county is declining. Powys has a low income economy with low average earnings, low unemployment and house prices that are disproportionately high. The county has a strong network of small towns and villages with a high level of community commitment including a strong voluntary sector. Importantly, the health board and Powys County Council are uniquely positioned as the only co-terminous health board and local authority in Wales.

The health board is largely a commissioning organisation, buying services on behalf of the population from a wide range of providers, including from primary care contractors, independent sector care homes, ambulance services, district general hospitals and other specialist hospitals. There are also a range of directly provided services across Powys, including a network of community hospitals, a health and social care centre, community services such as district nursing, midwifery and health visiting, mental health and services for people with a learning disability. Increasingly, services are jointly provided by the health board and Powys County Council working together and pooling resources. Importantly, we have a highly engaged workforce with a positive view of their work and the organisation as recent staff survey results show. Furthermore, staff are being increasingly recognised for their innovative achievements.

Whilst the general health of the population is good, there are critical issues that have helped shape this plan. 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities are significant with people living in the most deprived areas of Powys; living more years in poor health than in the least deprived areas. A child born today in the most deprived area lives approximately 10 years (boys) to 14 years (girls) longer with poor health than a child born in the least deprived area. Furthermore Powys is the most deprived county in Wales in terms of access poverty.

The Plan sits in the context of a strong partnership with others. The Public Service Board for example plays a critical role in drawing together collective effort and focus to drive forward positive action. In the lifetime of this plan we will develop and begin implementing a Powys Wellbeing Plan that will improve wellbeing both now and for future generations.

Partners who provide services on behalf of the health board also play a critical role in health care provision. Recognising the challenges and opportunities that exist including the need to reconfigure how services are provided, it is essential that we work with patients, the public and partners in shaping potential changes. There are some significant changes that we will therefore be working on including the Future Fit Programme in Shropshire; the Mid Wales Healthcare Collaborative; Herefordshire and Worcestershire Strategic Transformation Plan; Velindre Cancer Centre and South Wales Collaborative. In tandem, we will work to ensure

that our directly provided services can change and adapt, developing new, local care options with partners wherever possible.

It is these factors that drive our plan which is focused around six key aims and 12 strategic objectives:

Aims	Strategic Objectives
<b>Improving Health and Wellbeing</b>	<b>1.</b> Improve health now and lay the foundations for maintaining good health for the future
	<b>2.</b> Improve the emotional wellbeing and mental health of the people of Powys
<b>Ensuring the Right Access</b>	<b>3.</b> Increase the capacity and resilience of primary and community care to promote self care and support care closer to home
	<b>4.</b> Implement whole system commissioning to ensure appropriate access to effective services
<b>Striving for Excellence</b>	<b>5.</b> Deliver continuous improvement in safety, quality and patient and carer experience in all settings
	<b>6.</b> Improve the estate so that it is fit for purpose and progressing to meet service needs
	<b>7.</b> Secure innovative ICT solutions, built on a stable platform
	<b>8.</b> Ensure a well governed organisation
<b>Working in Partnership</b>	<b>9.</b> Implement greater integrated health and care services
	<b>10.</b> Develop partnership working to achieve the ambitions of the health and care strategy and the Powys Wellbeing Plan
<b>Making Every Pound Count</b>	<b>11.</b> Implement effective financial management to ensure best value for money and achievement of statutory breakeven
<b>Always with Our Staff</b>	<b>12.</b> Develop a sustainable, skilled, engaged and content workforce fit to meet the needs of the population of Powys

Ultimately we will work to ensure that wherever services are provided, they are safe, of high quality and offer a positive experience to patients and carers. Increasingly we will work with people to help make the choices in health care that address the issues that matter most to them. Taking a measured and prudent approach to health and care will mean that together patients and clinicians will increasingly look at all the options available and select the care options that are most likely to give the outcome the patient is seeking. This plan looks to 'hardwire' Prudent Health and Care and there is evidence throughout that our actions are focused on working with people as equal partners in care; caring for those in greatest need; doing only what is needed and doing no harm; and reducing variation in care by doing what we know works. By working in this way we intend to spend public money effectively on what matters and brings most value to people.

There are three key areas where we feel we can lead the way. We seek to be **leaders in primary and community care**. We already have a strong and vibrant primary and community care service with highly committed staff and partners working together. New ways of providing general medical services have already progressed with a greater emphasis on multi-professional care in General Practitioner (GP) practices. We intend to help to transform the way in which people can be supported to self care through the use of new digital technology and good quality supportive individual health care planning and to help broaden the range of services available locally including social networks and support, mental health care provision and outreach services from district general hospitals. The development of integrated community hubs for example has been a key message from stakeholders and partners with regard our future planning. Furthermore, the development of rural regional centres offering an enhanced service provision in county could be developed to help improve access and patient experience, working hand in hand with secondary care providers, utilising new digital and telehealth solutions.

We seek to be **leaders in commissioning**. This means that we will increasingly look at the whole system of care to help determine (based on need, quality, patient experiences and cost) what, where, when and how services should be provided. Increasingly we are working with others to jointly commission and during the life of this plan we will increase our joint commissioning with social care, enabling a truly joined up approach. We will be relentless in ensuring we work in the interest of the people of Powys when we commission services and will implement our Strategic Commissioning Framework and Commissioning Assurance Framework in order to achieve the best results possible.

Finally we seek to be **leaders in integrated care**. Building on the success to date, we aim to move forward on 'triple integration'. Integrating primary, community and secondary care; physical and mental health care; and health and social care will enable a step change in our offer to the population – seeking to promote a more holistic way of supporting people. The health and social care integration ambition sets Powys apart from others at this stage. We are currently engaging with people on our recently developed integrated health and care strategy, the first of its kind in Wales. This has the potential to be the blueprint for future integrated services managed as a single system with integrated operational management, integrated commissioning, and integrated service provision becoming the norm.

Whilst we recognise that the ambition of this plan is high, we know that we are starting from a strong place. The health board has successfully met the majority of outcomes set by Welsh Government and for the last three years (including the projection for 16/17) has met its financial breakeven aim. There is an effective Board leading the organisation with good governance mechanisms and a strong and highly committed staff and partner base. We know there is further improvements to be made in how we work in order to achieve the ambition set out and are now ready to take transformational steps in innovation, research and development and service improvement in order to realise those ambitions.



# 1. INTRODUCTION TO OUR PLAN

## 1.1 OUR PLAN

This Integrated Medium Term Plan (IMTP), a requirement under the NHS Wales Finance Act (2014), sets out the vision, aims and strategic objectives of Powys Teaching Health Board. It brings together the service, workforce and financial aspects of planning into one place, enabling a coherent approach to achieving improved health and wellbeing of the population and the provision of excellent health care services. The health board has over the last few years achieved approved IMTP status demonstrating a high level of ambition, closely aligned to Welsh Government policy priorities and giving confidence regarding delivery.

Delivering effective and sustainable differences to 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. The vision for health and care in Powys over the next 10 years has been developed concurrently to this IMTP. The detailed implementation plan for the strategy will be developed during 2017/18.

## 1.2 DEVELOPING THE PLAN

The Plan has been developed based on a number of key factors, which include:

- The Strategic Needs Assessment of the population including health and wellbeing needs
- A focus on improving wellbeing and prevention as well as the provision of healthcare services
- Working in partnership with a broad range of stakeholders and partners
- The key challenges and opportunities facing the population and the health board
- The potential strategic changes around the borders of Powys that affect the way in which healthcare services could be provided in the future
- The finite resources available, particularly funding, given the prolonged period of austerity
- The changing shape and availability of the workforce
- The availability of new technologies and their potential use in both self care and health care provision
- The need to join up and integrate care in order to help improve the experience of health and care
- The drive for excellence in quality, safety and the experience of care and most importantly in outcomes.

The Plan sets out the vision to enable 'truly integrated care centred on the needs of the individual', underpinned by six key aims and 12 specific strategic objectives. These are wide ranging and reflective of the analysis we have undertaken of service challenges and opportunities as well as national direction in a number of different government policy areas. Some of the strategic objectives and priorities build on work started during the existing plan and will therefore step up into the next phase of delivery and achievement; whereas some elements are new and reflective of emerging opportunities.

The health board has a strong track record of working with partners and others. Recent health and care strategy development has enabled over 1000 conversations and many more via social media to take place. The key messages from that have helped to shape this IMTP



as well as the long term health and care strategy. Positive relationships with Powys Community Health Council, Powys County Council and the Voluntary Sector continue to develop, and a welcome mature, sometimes challenging, and welcome dialogue helps to ensure a collective approach.

The plans of neighbouring and partnering organisations have also informed the development of this plan. In addition to the ongoing work with the Mid Wales Healthcare Collaborative (MWHCC), a Provider Summit was held 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 and cross cutting issues discussed.



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.

### 1.3 DELIVERING THE PLAN

The health board has a strong track record in delivery of its approved plan. The Enabling Delivery section of the plan outlines the way in which the plan will be implemented. Key and critical success factors include the development of the workforce including new and innovative approaches to workforce composition; engagement and development; and leadership and management. It also includes how the estate will be developed including new opportunities and business cases to help develop longer term, sustainable and flexible solutions to future services delivery. Furthermore, the financial underpinning of the plan seeks best value, efficiency and productivity whilst delivery also focuses on the step change in innovation, research and development; grasping and implementing the opportunities and new capabilities that digital technology offers; and a good, solid base of effective and enabling governance.

## **2. STRATEGIC OVERVIEW**

## 2.1 HEALTH BOARD PROFILE

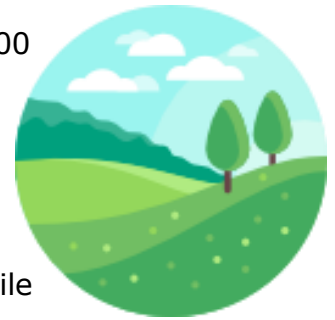
### 2.1.1 THE HEALTH BOARD

#### Rural Powys

PTHB is responsible for improving the health and wellbeing of around 133,000 people living in Powys.

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.

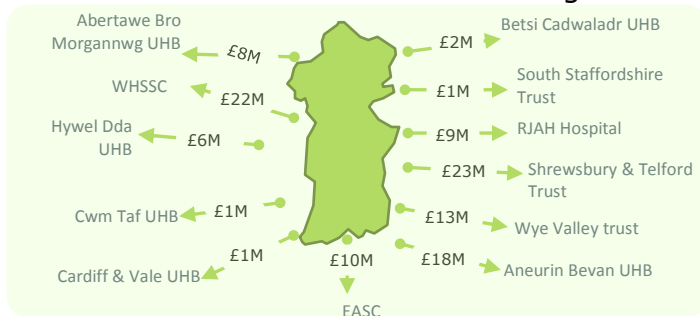
Geography and rurality mean that health and care services are more fragile and access can be more difficult.



#### A Commissioner of Services

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. £2.05M of service delivery is also commissioned through the Third Sector.

Secondary care services are provided through commissioning arrangements with other health boards in Wales and NHS Trusts in England.



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.

#### Primary and Community Care

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 and closer to home.

##### General Practice

17 practices providing general and extended practice services and managing inpatient beds

##### Community Hospitals

Providing a wide range of outpatient, inpatient, mental health inpatient, diagnostic and theatre services

##### Community Services

Including mental health, district nursing midwifery, children's and learning disabilities services

##### Community Pharmacy

Dispensing and supporting medicines management in care home, home, GP and community hospital settings

##### Eye Care

Primary care optometry and accredited optometrists providing out of hospital services

##### Community Dentists

General dental services and more immediate and specialist procedures and services

#### Integrated Working

Powys County Council (PCC) and PTHB are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services. At a senior management level, there is also a joint Director of Workforce and OD and interim arrangements in place whereby the Chief Executive of PTHB is acting as Strategic Director of People for PCC.

Bwrdd Partneriaeth  
Ranbarthol Powys  
Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board  
Health and  
Social Care

## 2.1.2 THE WORKFORCE

**1,803**

Members of staff (=1,404.16 Full Time Equivalent).



**19%**  
(£56.2M)

Of total revenue budget on paybill compared to 70%-80% in other health boards in Wales.

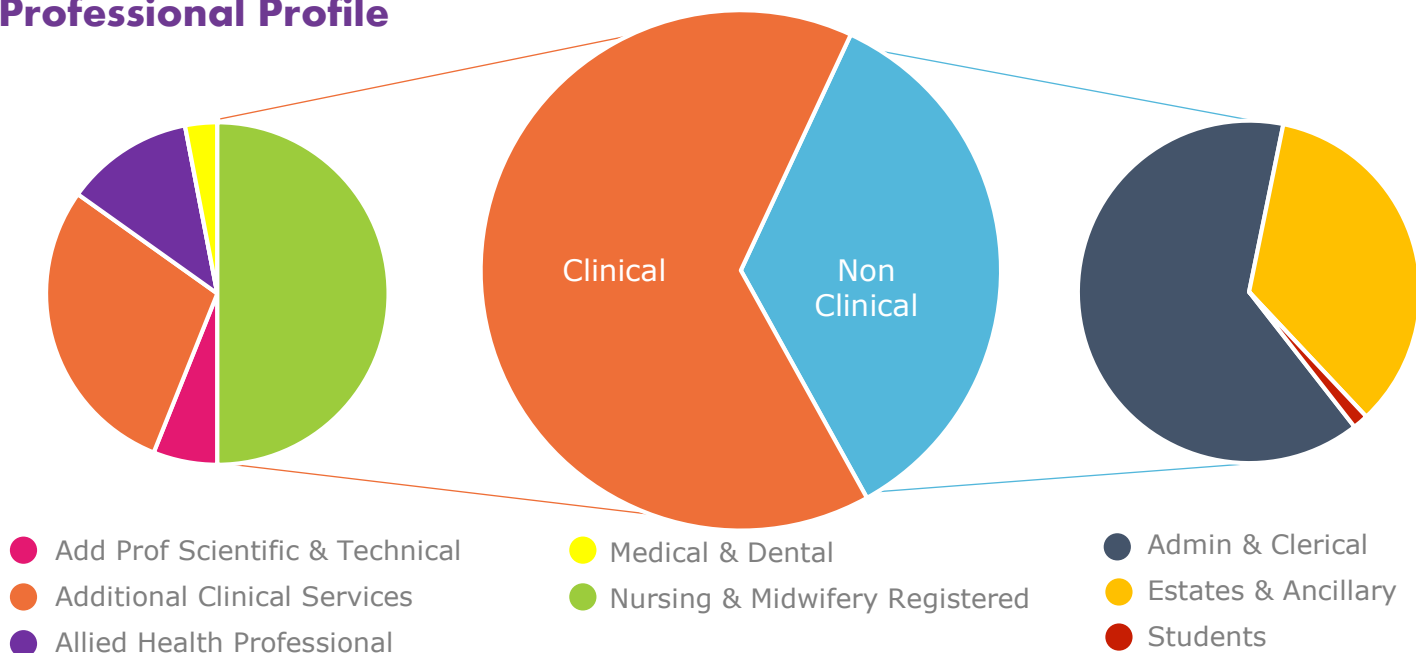


**8%**

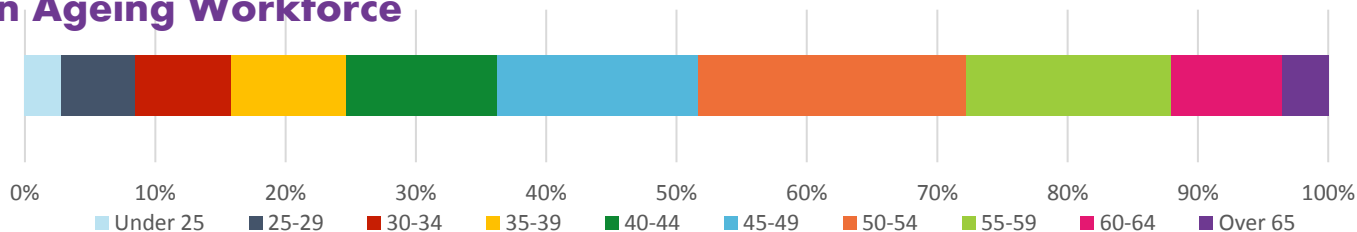
Staff turnover rate over 15/16.



### Professional Profile



### An Ageing Workforce

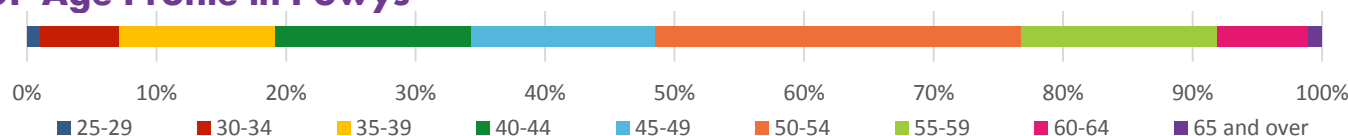


**102**

Practitioners across 17 general Practices



### GP Age Profile in Powys



**53**

Dental Practitioners across 24 General Dental Practices.



**42**

Optometry Practitioners across 20 Optometry Practices.



**23**

Pharmacies across Powys.



**4,400**

Third sector organisations providing a range of valuable services.



### 2.1.3 STAFF SURVEY

Powys is setting the pace in Wales in staff engagement but there is more work to do. A few key findings from the results of the recent staff survey are shown here compared both to the results from 2013 and the all Wales results.



Of the 1345 staff who were sent the staff survey at random, 50% took the offer to complete it; the highest response rate of all health boards in Wales (38%).

#### We have Improved Significantly in Some Areas...

- ↑20%** **58%** are aware of the organisation's long term goals (↑20% from 2013 / **51% Wales**)
- ↑16%** **66%** say senior managers are committed to patient care (↑16% from 2013 / **51% Wales**)
- ↑17%** **84%** have, in the last 12 months, had a PADR (↑17% from 2013 / **75% Wales**)
- ↑38%** **93%** have taken part in e-learning/online training (↑38% from 2013 / **82% Wales**)

#### In Some Areas We Have Improved but there is More to Do...

- ↑8%** **50%** feel the organisation values their work (↑8% from 2013 / **42% Wales**)
- ↑11%** **64%** say their line manager helps them find a good work life balance (↑11% from 2013 / **58% Wales**)
- ↑10%** **46%** are able to provide services in Welsh (↑10% from 2013 / **48% Wales**)

#### Engagement

The overall engagement score in Powys is **69%** (↑2% from 2013 / **62% Wales**), including:

- 69%** are proud to tell people they work for PTHB (↑9% from 2013 / **62% Wales**)
- 67%** would recommend PTHB as a place to work (↑7% from 2013 / **57% Wales**)

#### Priorities for Action

The results have been reviewed by the health board's staff engagement programme 'Chat to Change' champions group, and the following priority areas for action have been identified:



**Acting on the Results** - 34% say senior managers will act on the results of the survey (↑14% from 2013 / 28% Wales).



**Effective communication between senior management and staff** - 31% say communication between senior management and staff is effective (↑11% from 2013 / 28% Wales).



**Managing Change** - 34% say change is well managed (↑8% from 2013 / 29% Wales).



**Stress** - 25% have been injured or unwell due to work related stress (↓3% 2013 / 28% Wales).



**Harassment & Bullying** - 14% have experienced harassment or bullying from colleagues or managers at work (= 2013 / 15% Wales).

## 2.2 POPULATION HEALTH NEEDS ASSESSMENT

### JSNA & WELLBEING ASSESSMENT

The health needs of the Powys population have been identified through the 2013/14 'refreshed' Joint Strategic Needs Assessment (JSNA), the Local Authority neighbourhood management pilot and the 2014/15 JSNA which focused on poverty as well as data and intelligence from other sources e.g. Public Health Wales Observatory and Welsh Government.

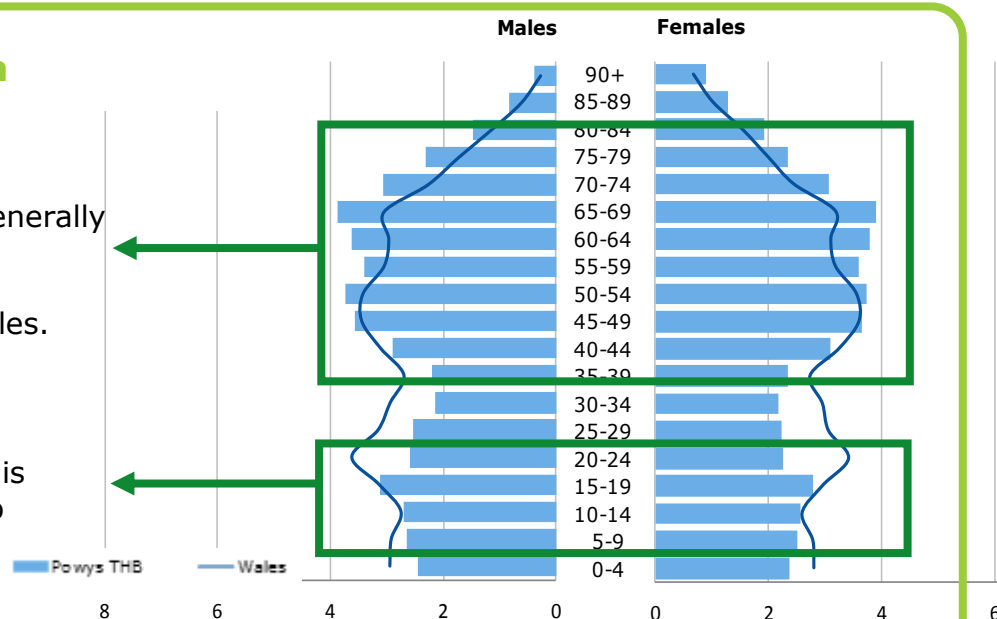
The Wellbeing and Population Assessments being undertaken as part of the development of the Wellbeing of Future Generations Act will be published by 31<sup>st</sup> March 2017. The emerging themes of the wellbeing assessment have been reviewed against the previous assessments and are also included in this section.

#### 2.2.1 POWYS DEMOGRAPHICS

##### A Changing Population

The population in Powys is generally older both in terms of its demographic make up and in comparison to the rest of Wales.

The working adult population is smaller in Powys compared to Wales.



**8%**

Projected overall decline in the Powys population by 2039.

The population of children and young people in Powys is predicted to decrease within the next ten years, mainly due to an on-going trend for young people to leave the county in favour of more urban areas, as well as the reduced birth rate across Powys. However, the number of those aged over 65 and 75 will rise faster in Powys compared with Wales. The 65+ age group in Powys is projected to increase by 37% by 2033 and the 85+ population is estimated to increase by 121% over the same time period in Powys.



The number of young people and those of working age is predicted to decrease while the number of older adults in Powys is predicted to increase dramatically.



**1.6%**

The Powys population who identify as Black and Minority Ethnic (BME) (a 0.8 % increase of BME people Powys since 2001).

**BME**

## 2.2.2 DETERMINANTS OF HEALTH

### Economic Wellbeing and Poverty

#### Access Poverty

Powys is the most deprived Local Authority in Wales for access to services. 42 Lower Super Output Areas (LSOA) are among the least affluent 10% of areas in Wales.

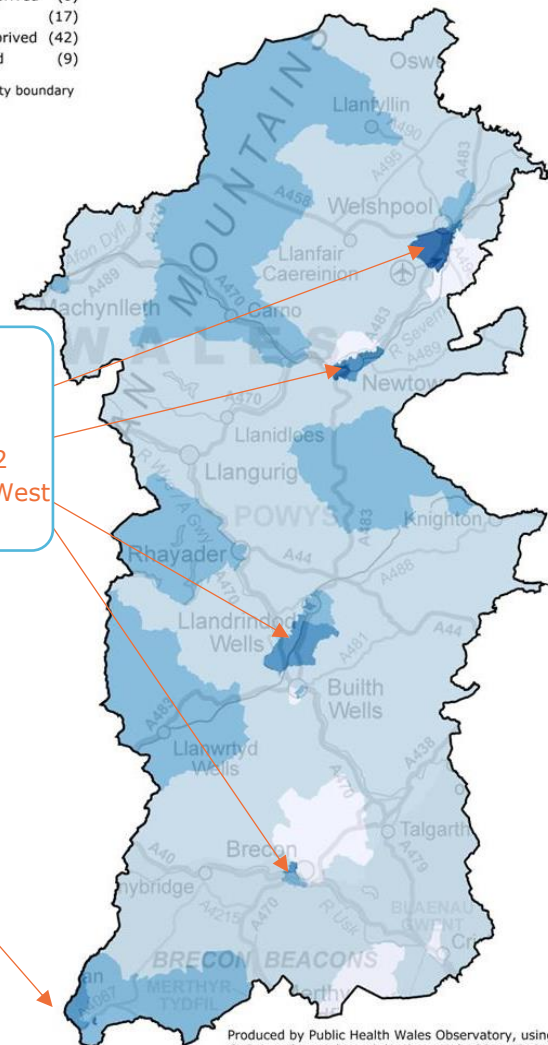
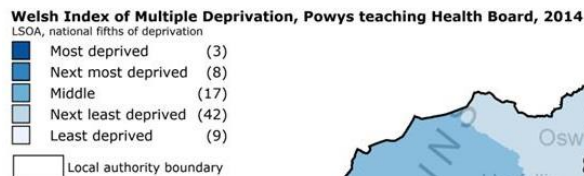
Economic wellbeing is above the Welsh average but there is hidden poverty in Powys associated with rural communities.

On average, Powys residents earn consistently less than people in many other Welsh Local Authorities, ranking third lowest in Wales.

Five LSOAs in Powys are among the most deprived 30% in Wales while **Ystradgynlais 1** is the most deprived area and is among the 10% most deprived LSOAs in Wales.

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.

Between 2004 and 2013, there was a reduction in the proportion of Year 11 leavers not in education, employment or training.



Produced by Public Health Wales Observatory, using WIMD 2014 (WG)  
© Crown Copyright and database right 2014, Ordnance Survey 100044810

**£487**

Average weekly income in Powys (£539 Wales).



**13%**

Children living in poverty in Powys (21.9% Wales).



**24%**

Households in Powys in fuel poverty (23% Wales).





## Community Wellbeing and Health Assets

**83%**

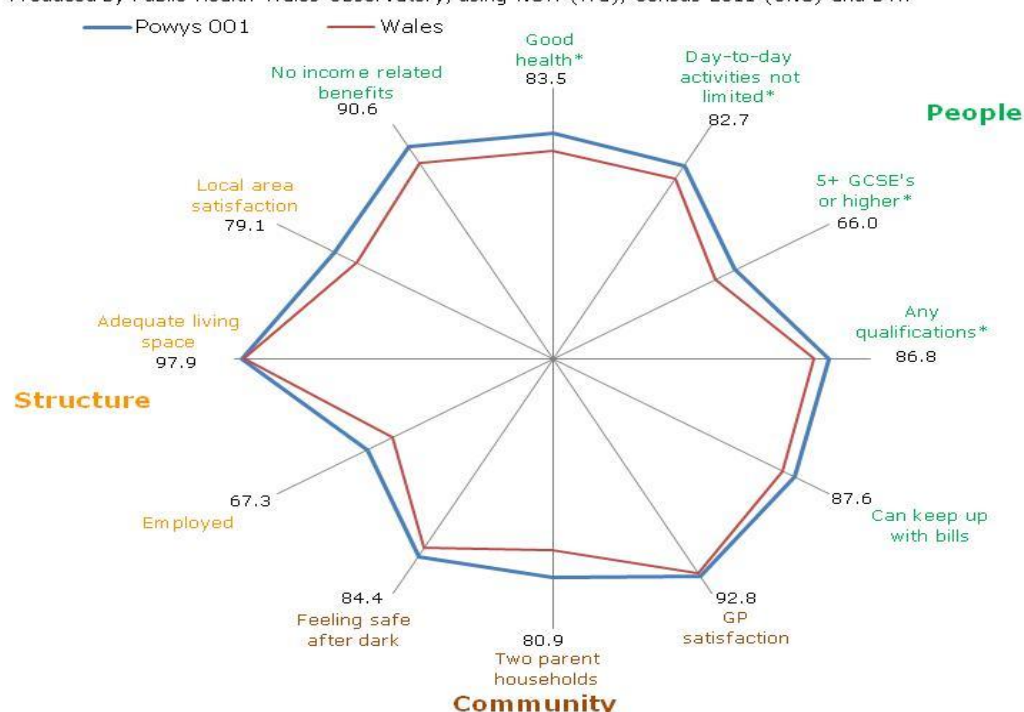
Of Powys residents report that they feel they belong to their local area (Welsh average 76%).



Powys has a high prevalence of the assets required for resilient, self-reliant communities. This is almost universally the case, with good levels of provision relative to Wales, whether looking at people, community or structural assets. The only area where more attention may be required in some parts of Powys is in relation to education and training. Improving educational attainment in more deprived parts of Powys would provide for comprehensive coverage across all communities of the key assets for strong communities.

### Health Asset indicators, percentages, Powys 001 and Wales

Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP



\*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

- People killed or who were casualties in serious road accidents was higher in Powys compared with Wales (2012. 91 versus 34 per /100,000population).
- However, Powys experiences fewer numbers of accidents per 100km of road. Accidents: 7.3 per 100km and casualties: 10.8 per 100km.



- Powys is the second most expensive place to buy a house in Wales (8.7 times the median annual gross pay for a full time job in Powys, 6.4 in Wales).
- 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.



## 2.2.3 LIFE STYLE AND HEALTH STATUS

### Healthy Behaviours

A greater proportion of adults in Powys engage in healthy behaviours compared with Wales. However, the statistical significance of these differences has not been tested.

Powys residents aged over 65 years are more engaged in healthy behaviours compared with older people across Wales.



Healthy Behaviours in Adults (2014-15) (Age standardised)	Powys	Wales
Adults who report being a current <b>smoker</b>	20%	20%
Adults who reported <b>drinking</b> above guidelines on at least one day in the previous wk	39%	40%
Adults who reported eating 5 or more portions of <b>fruit and vegetables</b> the previous day	36%	32%
Adults who reported being <b>physically active</b> on 5 or more days in the past week	39%	31%
Adults who were <b>overweight or obese</b>	58%	59%
Healthy Behaviours in Adults Aged Over 65 (2014-15)		
Adults who report being a daily or occasional <b>smoker</b>	9%	11%
Adults who reported <b>drinking</b> above guidelines on at least one day in the previous wk	23%	26%
Adults who reported eating 5 or more portions of <b>fruit and vegetables</b> the previous day	39%	35%
Adults who reported meeting <b>physical activity</b> guidelines in the past week	24%	17%
Adults who were <b>overweight or obese</b>	31%	62%

**1 in 4** Children enter school either overweight or obese in Powys.

**6 in 10** Adults in Powys are overweight or obese. This is the same as the all Wales rate.

Powys has a significantly lower teenage conception rate compared with Wales (16 versus 27 conceptions per 1,000 females aged under 18 years).



While generally the population engage in healthier behaviours, 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.

### Health Status

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 (2014-15) (Age Standardised)	Powys	Wales
Currently being <b>treated for any illness</b>	45%	50%
Limited by health <b>problems / disability</b> a lot	13%	15%
Limited by health <b>problems / disability</b> at all	32%	33%
<b>General health status</b> fair or poor	17%	19%

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

<b>Adults Who Reported Health Status (2014-15) (Observed)</b>	<b>Powys</b>	<b>Wales</b>
Currently being <b>treated for any illness</b>	48%	50%
Limited by health <b>problems / disability a lot</b>	14%	15%
Limited by health <b>problems / disability at all</b>	35%	33%
<b>General health status fair or poor</b>	18%	19%

Powys residents aged over 65 years report better quality of life compared with older adults in Wales. Overall, older Powys residents are less likely to be treated for a long term condition. 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.

<b>Quality of Life Indicators (observed) for Persons Aged 65 and Over (2012-15)</b>	<b>Powys</b>	<b>Wales</b>
General health status: <b>fair or poor</b>	30%	36%
Limiting <b>long term illness</b>	60%	63%
<b>Selected Conditions (observed) in Adults (2014-15)</b>		
High blood pressure	17%	51%
Heart condition	8%	29%
Respiratory condition	13%	22%
Mental Illness	10%	10%
Diabetes	7%	15%

- Childhood immunisation uptake rates have increased and are now similar to Wales' rates, except for measles, mumps and rubella immunisation uptake in teenagers.
- Flu immunisation uptake rates are increasing in people with long term conditions although they remain below target.



## Carers

The increasing numbers of carers is of particular significance as unpaid carers, usually family members, contribute significantly to maintaining the wellbeing of 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.

**16,154** Carers in Powys, showing an increase of 14% from 2001.



**576** The number of young carers known to the Powys Carers Service in 2016.



## 2.2.4 MENTAL HEALTH NEEDS

### Importance of Mental Wellness

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.

**11**  
Years

The average lost years to life for males with mental health problems. Women with mental health problems on average lose 6 years.

**1 in 4**

Number of people in the UK who will experience a mental health problem each year.

**25%**

GP consultations which are for people with mental health problems.

### Depression and Anxiety

**8%**

Of the Powys 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. In the UK, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression. This is significant given Powys' demography. It is also important to note that depression is the leading cause of suicides in England and Wales each year.

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.

### 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.

In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.

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.

**4,256**

Estimated number of people in Powys aged over 65 with dementia. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales.



## 2.2.5 SERVICE UTILISATION AND ACTIVITY

### 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
GP 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%

### Mental Health Service Activity

In 2015/16 Powys was able to return to the best delayed transfer of care position since 2010, and the improvement trend continued in 2016/17.

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.

### Primary Care Clusters

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.

**North** All indicators except asthma in the north Powys cluster have an adjusted prevalence in the lower quartile compared with clusters across Wales.

**Mid** All indicators except epilepsy and heart failure in the mid Powys cluster have an adjusted prevalence in the lower quartile compared with clusters across Wales.

**South** 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.

## 2.3 VISION FOR THE FUTURE

### 2.3.1 VISION, AIMS AND STRATEGIC OBJECTIVES

#### Vision

**Truly Integrated Care Centred on the Needs of the Individual**

#### Aims & Strategic Objectives

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

1. Improve health now and lay the foundations for maintaining good health for the future
2. Improve the emotional wellbeing and mental health of the people of Powys

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

3. Increase the capacity and resilience of primary and community care to promote self care and support care closer to home
4. Implement whole system commissioning to ensure appropriate access to effective services

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

5. Deliver continuous improvement in safety, quality and patient and carer experience in all settings.
6. Improve the estate so that it is fit for purpose and progressing to meet service needs
7. Secure innovative ICT solutions, built on a stable platform
8. Ensure a well governed organisation

##### **Aim 4: Working in Partnership**

9. Implement greater integrated health and care services
10. Develop partnership working, to achieve the ambitions of the health and care strategy and the Powys Wellbeing Plan

##### **Aim 5: Making Every Pound Count**

11. Implement effective financial management to ensure best value for money and achievement of statutory breakeven

##### **Aim 6: Always with Our Staff**

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

#### Values and Behaviours

Our values are not just words, they are our DNA underpinning everything we do in achieving our vision. 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.





## 2.3.2 HEALTH & CARE STRATEGY FOR POWYS

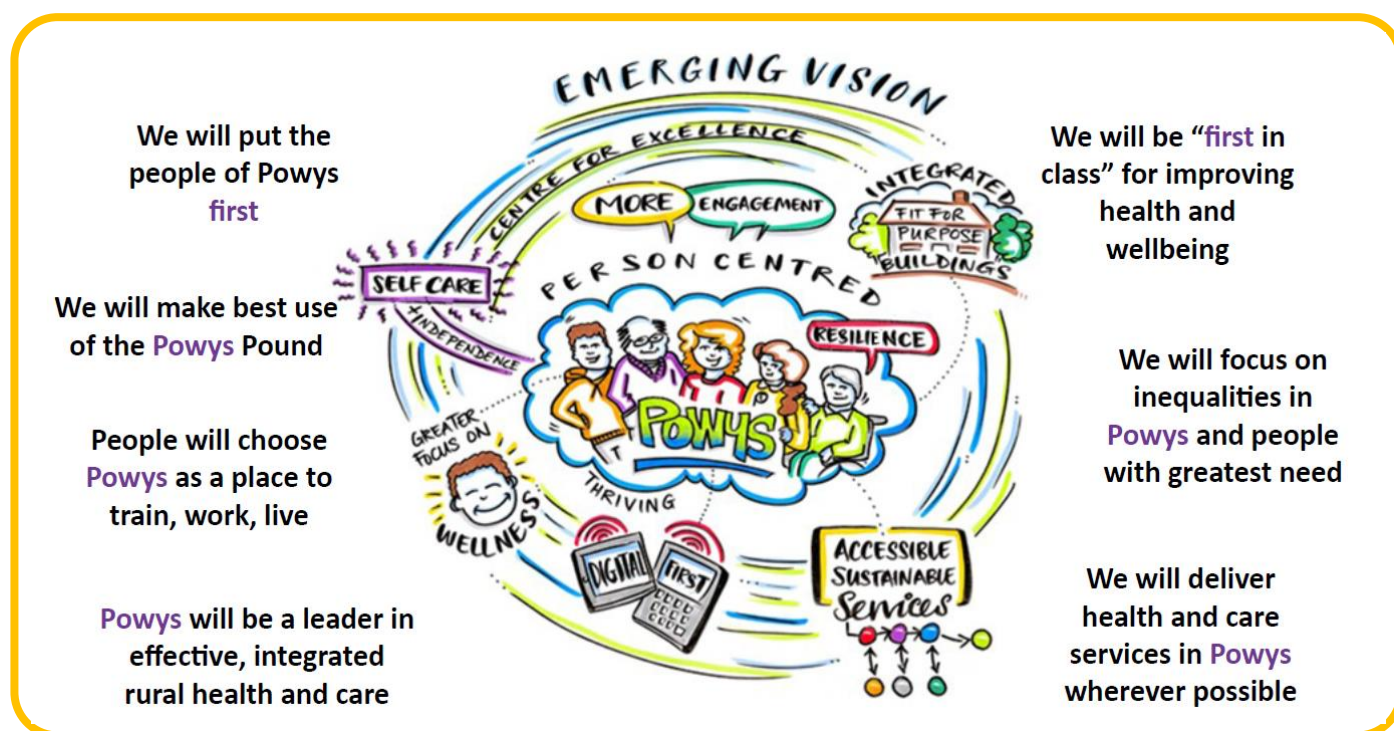
We are working in partnership with Powys County Council to develop a Health and Care Strategy for the County. This will be the first joint health and care strategy in Wales.

During 2016, we have been working with citizens, staff, partners and stakeholders through a series of mini workshops and stakeholder events to consider the development of the Case for Change and to set our vision for future care.

The strategy builds on the early insights from the Powys Wellbeing Assessment which has been developed by the Powys Public Service Board in response to the Wellbeing of Future Generations Act (2014). The strategy is not a response to the act but the vision for health and care in Powys and will form a key component of the Powys Wellbeing Plan, scheduled for completion in March 2018.

The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1000 people in Powys and many more via social media to what the future could look like.

The vision for the future is for a healthy, caring Powys:



During 2017/18, the potential implications of the vision will be considered and further work will be undertaken to look at the options for how best to implement the strategy. To support this we have adopted a life course approach. We will outline how we will enable children and young people to '**Start Well**', for people to '**Live Well**' and older people to '**Age Well**'.

For each age group we will consider how we will **promote wellbeing, offer early help and support; tackle the big four** diseases that limit life and provide **joined up care**.

Further detail of how we will further develop the strategy along with the principles that will support the implementation are contained in the Significant Service Changes section of this plan.

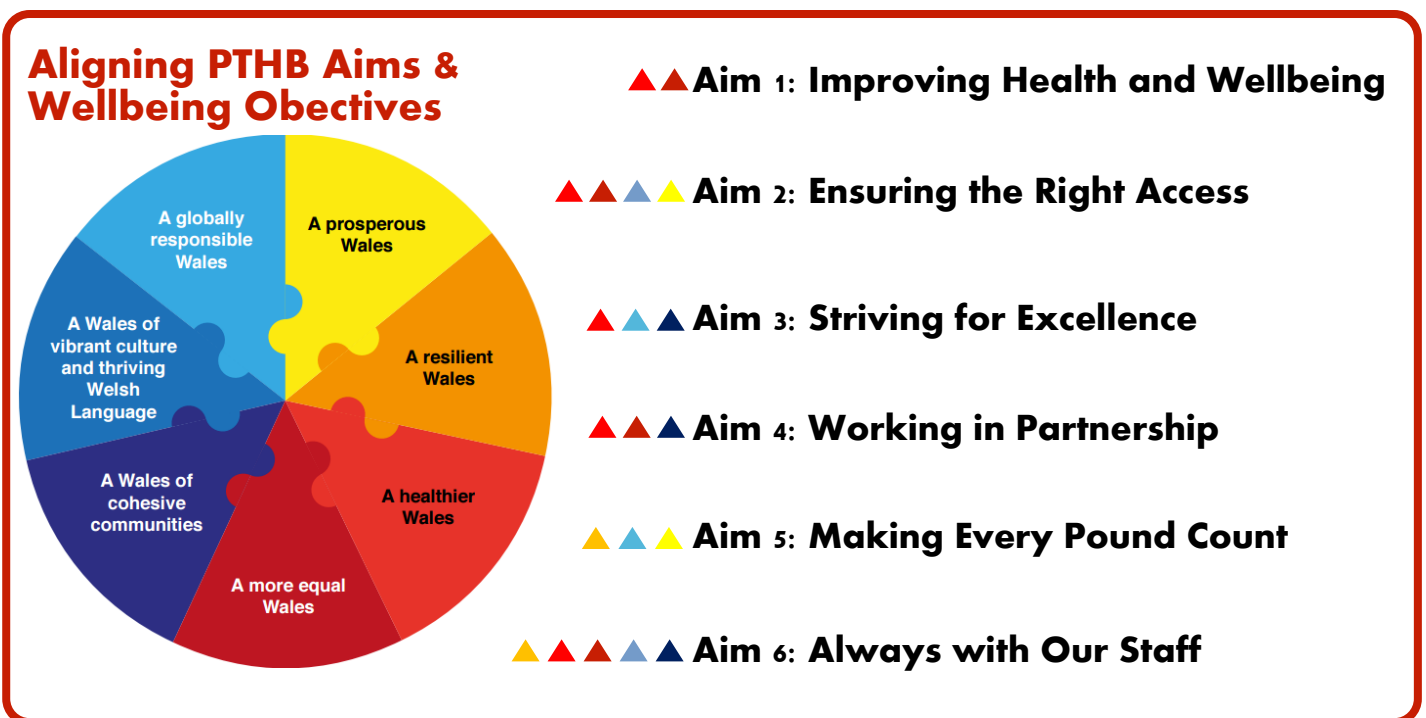


### 2.3.3 WELLBEING OBJECTIVES

PTHB has an agreed and well defined vision as well as aims and strategic objectives around which its approved IMTPs of 2015/16 and 2016/17 were developed. The health board will revisit these in response to the development and publication of the Powys Health and Care Strategy and the Integrated Wellbeing Assessment, both to be completed in March 2017.

Acknowledging the work that will take place during 2017/18 and the solid foundation of engagement established across the health board on the current vision, aims and objectives, the Board agreed they should remain in place for 2107/18. In order to fulfil its duty under the Wellbeing of Future Generations (Wales) Act and to ensure that plans for this IMTP period align to the wellbeing goals and five ways of working, the Board conducted a review and alignment exercise at a Board Development session in late 2016. This session tested the alignment of the health board's current vision, aims and objectives with the wellbeing goals and confirmed a strong alignment to delivery of the Act. The Board identified where there was clear and strong alignment, where alignment existed but was not well articulated and where further consideration will be required.

As part of phase two of the health and care strategy, PTHB will consider fully the wellbeing assessment and a refreshed vision, aims and objectives will be in place from April 2018. These will align with the Powys Public Service Board Wellbeing Plan to be published in March 2018.



The areas identified below will be specifically considered in the development of refreshed vision, aims and objectives and through the development of the Wellbeing Plan and the joint Health and Care Strategy for Powys:

- The health and care system as an enabler of employment and employability e.g. role in developing apprenticeships and other employment growth initiatives in partnership with education providers
- The health board working to optimise the opportunity of utilising local products, services and businesses in delivering services
- Strengthening integration with Powys County Council and other partners to plan and deliver services for residents of the county
- Ensuring any development of the health and care estate is optimised in terms of environmental sustainability

## 2.4 WORKING IN PARTNERSHIP

### 2.4.1 POWYS COUNTY COUNCIL

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.

PTHB and Powys County Council have over-arching Section 33 agreements 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. 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.

At a senior level, the health board and Powys County Council have a Joint Partnership Board, a joint Director of Workforce and the Chief Executive of the health board is the current interim Strategic Director of People with responsibility for social care in the council.

### 2.4.2 POWYS PUBLIC SERVICE BOARD

The Public Service Board (PSB) is the statutory body established by the Wellbeing of Future Generations (Wales) Act which brings together the public bodies in Powys to meet the needs of Powys citizens; present and future. The aim of the group is to improve the economic, social, environmental and cultural wellbeing of Powys. Working in accordance with the five sustainable development principles, the Board will work in partnership to:

- Create and use the wellbeing assessment to identify key opportunities to contribute to the seven national wellbeing goals
- Agree the initiatives they conduct together
- Break down structural barriers across their organisations
- Focus on the long term challenges affecting Powys
- Ensure statutory compliance

The PSB also oversees the development of the integrated wellbeing assessment and the Powys Wellbeing Plan will be developed and approved by the Board by March 2018.

### 2.4.3 POWYS REGIONAL PARTNERSHIP BOARD

The Powys Regional Partnership Board (RPB) is the statutory legal body established in April 2016 by the Social Services and Wellbeing (SSWB) (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Powys. The RPB has also been legally tasked with identifying integration opportunities between social care and health. The THB is a key partner on the Board in supporting the delivery of the priorities identified for 2017/18:

- Develop a shared regional population and service assessment that links to Future Generations Assessment
- Establish an everybody's business model for identifying and assessing carers needs (including champions)
- A return to home project for individuals with a learning disability
- Ensure Integrated Care Teams are in place for older people

- Establish an Integrated Disability Service for children with complex needs (includes pooled funds)
- Agree the strategy and implementation plans for early intervention and prevention services ensuring that the requirements of the SSWB Act are covered across all ages

#### 2.4.4 THIRD SECTOR

There are 4,400 different Third Sector organisations currently operating in Powys, many of whom provide services and activities beneficial to citizen wellbeing. The 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.

Whilst the health board commissions services from, or otherwise funds, and/or provides grants, the majority of the Sector's organisations and activities are not funded by PTHB. Powys Association of Voluntary Organisations (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.

#### 2.4.5 REGIONAL COLLABORATION

The Health Board is committed to working collaboratively with neighbouring organisations across Wales and England in the regions we commission to secure benefits for the population of Powys. The health board is a partner in a number of existing collaborative mechanisms including NHS Wales Collaborative, Mid Wales Healthcare Collaborative and the Future Fit Programme in Shropshire and Telford.

The health board recognises the benefits in developing regional centres of excellence particularly for elective care, to help reduce waiting times for patients. Ophthalmology, orthopaedics and diagnostic services have been identified as potential areas to explore in the South Wales area. The health board will work with neighbouring health boards on a geographical basis across the Heads of the Valleys, ensuring the current and future flows of patients from South Powys are addressed in neighbouring health boards' service plans.

#### 2.4.6 HOSTED SERVICES

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

##### **Community Health Councils**

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

##### **Health and Care Research Wales (HCRW)**

The health board hosts HCRW 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.

## 2.4.7 STRATEGIC CHANGE ACROSS OUR HEALTH ECONOMIES

PTHB is in a unique position in Wales in managing care over five main health systems that span its borders. Each of these systems link into their own wider health economies. There are a number of potential changes in the period of this plan happening across the health economies of Powys. However, the detail of what and how things will change is not yet confirmed and therefore this plan is not in response to that detail.

Since the last IMTP a significant planning change has been the establishment of the Service Transformation Plan (STP) process within NHS England Health economies. Below are highlights of some of the key change programmes that are likely to impact on PTHB during this IMTP period.

Find out more about the STP process: <http://www.england.nhs.uk/stps/>

### Future Fit Programme- Shropshire and Mid Wales

The Future Fit programme has developed over the past year culminating in an option appraisal and a preferred option for the arrangement of hospital services between the Shrewsbury and Telford hospitals sites run by Shrewsbury and Telford NHS Trust (SaTH). PTHB remain an active member of the Programme Board and took part in the option appraisal process.

The preferred option to develop Shrewsbury as the centre for emergency care and Telford for planned care has been reviewed by the CCGs and no agreement has been reached. Further debate and refinement is now planned and consultation will take place in 2017. The lack of an agreed way forward is a risk to current service sustainability.

### Herefordshire and Worcestershire Sustainability Transformation Plan (STP)

A Sustainability Transformation Plan (STP) has been developed for the Herefordshire and Worcestershire footprint. Wye Valley NHS Trust is a key service provider for residents of south and south east Powys. In late 2016, PTHB was informed that there would be shared senior management appointments with South Warwickshire Foundation Trust as part of its recovery from special measures. The potential longer term strategic direction requires careful consideration. There are potential significant changes to this (growing) health economy which could result in changes to the current pattern of service provision.

### Mid Wales Health Care Collaborative (MWHC)

The MWHC works collaboratively to make recommendations on areas of service provision where there is likely to be a greater impact on sustainability, accessibility, efficiency and safety through working together for the Mid Wales population. The MWHC Board has agreed the continuation of the collaborative with revised supporting arrangements for a further 12 months until March 2018.

The health board is working with MWHC partners to redevelop the Bro Dyfi Community Hospital in Machynlleth to reflect the region's aspiration to deliver integrated care for the Mid Wales population across health board boundaries, working together with social care and third sector partners. In addition the work of the MWHC has brought together a strategic

discussion with regard to acute medical and surgical services for north and north east Powys between Shrewsbury and Telford Hospitals, Hywel Dda and Powys Health Boards, and the strategic potential of Newtown as a place has been identified as important to support regional solutions across Wales and Shropshire.

The key priority areas of work for 2017/18 have been identified as follows:

- Joint workforce model for mid Wales
- Palliative care and end of life
- Telehealth strategy
- Telehealth funding
- Clinical strategy for Bronglais General Hospital
- Community focused dental services
- Access and transport
- Virtual ward
- Mental health
- Green prescribing and community resilience

## **Clinical Futures– Aneurin Bevan University Health Board**

The recent announcement of the capital resource to support the establishment of the Specialist and Critical Care Centre (SCCC) in ABUHB is a key step forward in delivering the Clinical Futures programme within ABUHB. ABUHB is a key service provider for the south east Powys population and PTHB are represented on the Programme Board for the scheme.

PTHB welcomes the announcement but also notes the need to develop detailed engagement with the population of south and south east Powys in collaboration with ABHB with regard to the development of the service model for the SCCC and its relationship to other ABUHB hospitals, in particular Nevill Hall in Abergavenny.

## **South Wales Collaborative**

The development of a Major Trauma Centre (MTC) and supporting network of acute and rehabilitation services will provide services for residents of south Powys. Whilst PTHB will develop a view on the location of the MTC via the agreed South Wales Collaborative engagement process the key issue for the Powys population is the location of supporting Major Trauma Units and rehabilitation locations and models. The health board have been working with Hywel Dda UHB and the Collaborative to consider and develop models for rural major trauma and rehabilitation and look forward to further refining these in 2017/18.

## **Other Key Developments**

There are a number of other programmes in providers where Powys residents receive services. Key decisions in relation to current and future service provision will require consideration, engagement and possible consultation with Powys residents. PTHB are working closely on future service provision planning and decision making with

- ARCH – Swansea/West Wales
- Velindre NHS Trust
- Betsi Cadwaladr University Health Board Clinical Services Strategy
- WAST

Whilst this is in the early stages, initial discussions have taken place with Cwm Taf and Aneurin Bevan UHBs with regard future commissioning pathways for the south and south east Powys population.

## 2.5 ORGANISING PRINCIPLES

In line with Welsh Government direction the five organisational principles underpinning this plan are described in this section, these are:

1. Prudent Health and Care
2. Quality, Safety and Patient Experience
3. Wellbeing of Future Generations
4. Health Inequalities
5. Integration (including Social Services and Wellbeing Act)

### 2.5.1 PRUDENT HEALTH & CARE

The principles of prudent health and care continue to inform and influence the health board's plans as well as how the health board develops and implements its plans. The four principles of prudent health and care are woven into the health board's long term health and care strategy, the IMTP priorities, programmes and plans and operational activities.



### Prudent Health and Care in Partnership

Co-terminosity between PTHB, Powys County Council and PAVO alongside the work in progress in relation to integrated delivery between PTHB and Powys County Council has provided significant opportunity to progress prudent health and care across these partner organisations; work that will now continue through the more formalised channels of the Regional Partnership and Public Service Boards. More specifically the health board is ensuring that the Wellbeing Plan for Powys supports the delivery of prudent health and care.

### Delivering Prudent Health and Care

Building on the work already in place and described in the IMTP for 2016/17-18/19 and a mid year review of progress, there are now two key elements to delivering prudent health and care; the first is in how the health board plans its activities, building the principles of prudent health and care into the fabric of the organisation by design, the second is in delivering actions and projects which tangibly deliver the benefits of prudent health and care. The health board's two pronged approach sets in place actions which support the delivery of the three priority actions of NHS Wales' Prudent Healthcare Action Plan:

- Action 1: Appropriate tests, treatment and medications
- Action 2: Changing the model of outpatients
- Action 3: Working together to improve healthcare



## Prudent Health and Care by Design

There are four key areas which the health board has identified as facilitating prudent health and care by design:

### Commissioning Development

The Commissioning Assurance and Strategic Commissioning Frameworks support the assessment of services provided against key domains of Access to Care, Quality and Safety, Finance and Activity and Patient Experience.

### Integration

In addition to ongoing work bringing older people's services together and organisational development in front line and back office functions, the long term health and care strategy will be implemented from 2017/18.

### Powys Wellbeing Assessment

The Powys Wellbeing Assessment is a single integrated piece of work enabling evidence based plans and decisions across and between organisations which support the wellbeing of future generations.

### Powys Health Inequalities Action Plan

As a commissioner and provider of services the health board has a key role to play as a system leader to ensure partnerships work to reduce inequalities through addressing identified high impact interventions.

## Prudent Health and Care in Action

The health board has identified 18 seminal projects which demonstrate and deliver the health board's commitment to delivering prudent health and care in action:

### Appropriate tests, treatment and medications

- Common ailments scheme and infrastructure implementation (Choosing Wisely)
- Community hospital medicines management improvement project
- Discharge medicines reconciliation; supporting safe and efficient management of medicines in primary care
- Reducing inappropriate antibiotic prescribing
- Repeat prescribing project avoiding continued unnecessary or inappropriate prescribing

### Changing the model of outpatients

- Outpatient and Theatre Modernisation project
- Nurse endoscopists in community hospital
- Maximising amount of eye care provided in primary care with Primary Care Plus project
- Developing out of hospital referral pathways for frailty, chronic conditions and palliative care
- Florence texting service for diabetic self management
- Carpal tunnel pathway providing early access to specialist opinion in the community

### Working together to improve healthcare

- Physician Associates in primary care
- Developing a new call handling and clinical triage model
- Reducing unscheduled care admissions through the next phase development of the Virtual Ward
- Developing and implementing diagnostics service strategy
- Embedding the Five Ways to Wellbeing approach
- Making Every Contact Count programme
- Increasing immunisation uptake through new service delivery model



## 2.5.2 QUALITY, SAFETY AND PATIENT EXPERIENCE

We want quality, safety and patient experience to be at the heart of everything we do to ensure standards of care are consistently high in all areas of practice, both in provided and commissioned services. The delivery of safe, effective and dignified care is the responsibility of all staff and as such, actions to improve quality, safety and patient experience are embedded throughout the plan.

The health board's approach to ensuring the delivery of safe, effective and dignified care is linked to the following six health and care standard themes which are described along with key associated actions from across the organisation:

### Staying Healthy

The health board will strive to work to support people to stay healthy and empowered to take responsibility for their own health and wellbeing. Healthy lifestyles will be promoted through efforts and new approaches to reduce tobacco consumption, maintain healthy weights, and promote physical activity. The health of the population will be protected through work to promote the uptake of childhood immunisations and seasonal flu vaccination. There will also be a specific focus on early years with work to address adverse childhood experiences. More staff access Making Every Contact Count training to ensure that the workforce is supported to promote healthy behaviours and empower patients and carers to make healthier choices.

Implement prevention and health improvement actions of the Powys ITMP

Establish a social prescribing trial in primary and community care

Evaluate Invest in Your Health initiative

Develop and implement with partners a refreshed Mental Health Delivery Plan

### Safe Care

Patient safety is a priority for the health board. We aim to avoid all possible harm when we care for people, whether that is in our community hospitals, community services, or in people's homes. We continue to target areas where we know people can suffer harm, for example reducing falls, preventing pressure ulcers and reducing the risk of healthcare associated infections.

As a commissioner of secondary and primary care services, it is also a priority for the health board to ensure patient safety wherever a Powys resident is receiving care even when that care is provided outside of Powys. As such, we will continue to embed the Commissioning Assurance Framework across our providers.

Roll out electronic discharge and prescribing processes

Improvements in skin care; reduce Grade 2 pressure ulcers

Roll out Commissioning Assurance Framework to settings such as primary care

Reduce avoidable falls both in home and care settings

### Effective Care

The health board is committed to making sure people receive the care they need, when they need it and is working to transform services to ensure people also receive care closer to home. Key to delivering effective care is positive partnership working with other organisations, patients, carers and families.

The health board will focus on strengthening integrated team working delivering care in the community, integrated support functions and joint evidence bases such as the wellbeing assessment. In addition to developing and working toward joint wellbeing goals of the Regional Partnership Board, the health board and Powys County Council will be pursuing a more formalised integration of health and social care services.

Develop specialist services within general practices

Integrated teams development

Roll out WCCIS for improved access and joined up records

Development of point of care testing including "lab in a bag"

## Dignified Care

Everyone has a right to be treated with dignity and respect. We are pleased that most people tell us they are happy with the care they receive, but we know there are occasions when the care we provide does not meet the standards. When this happens we take action so that we can learn and put things right.

Integral to ensuring quality and safety of patient care and excellent patient experience is that all staff in the organisation behave and provide care with humanity, dignity, kindness and compassion in accordance with the health board's Values and Behaviours Framework and professional codes of practice.

We have been working to improve our responses to serious incidents, ensuring timely investigation and assurance on learning. We had a backlog of open serious incidents which has been addressed, placing us in a more positive position but we recognise we have further work to ensure our data and assurance mechanisms are accurate and that we can evidence the learning. We need to strengthen systems and processes across the health board to ensure risks are identified and patient safety is maximised.

Learning around patient experience and concerns takes place both horizontal and vertical within the health board. At local level through the Directorates, learning is shared through their monthly quality, risk and experience meetings in addition to other local forums such as team and ward meetings. All learning is shared via the quarterly Patient Experience Steering Group through feedback via the 4 quadrant framework promoting triangulation of data as outlined within our Patient Experience Strategy, supporting listening and learning from concerns and experiences of our residents to inform continuous quality improvement and planning. Learning is shared from 'ward to Board' via reports on Putting Things Right and Redress via the Patient Experience, Quality and Safety Committee. Patient stories reflecting their experiences and concerns raised feature at the start of all Board meetings and this approach is being extended to a range of other meetings across the health board to promote wider learning.

Improve management, closure and learning from serious incidents and tell people what we have done to improve

Further improve the management of concerns within 'Putting things Right' response times

Chat to change programme to test values and behaviour in action

Increase the skills of staff to care well for people with dementia

## Timely Care

We know how important it is to provide the right care at the right time and in the right place and are working hard to achieve this. The health board is committed to improving services to patients and achieving key targets set locally and by Welsh Government to ensure timely care.

We have been working to deliver the referral to treatment targets for patients as a provider and have made excellent progress during 2016/17 ensuring no patients waited over 26 weeks for treatment. We have further work to do over the next three years to maintain our performance as a provider, and we will be focused on improving outpatient and theatre productivity and efficiency, as well as implementing a revised service model for Audiology. We will focus on working with other providers to consider new pathways to improve waiting times for the Powys population and to deliver improved ambulance response for amber calls.

Focus on ambulance response for amber calls

Improve in house theatre service efficiency

Implement GP practice clinical triage

Improvements on pathways specific challenges/waits (RTT)

## Individual Care

We want to work with people to ensure the care they receive is appropriate, meeting their individual needs and is delivered as close to home as possible. We are developing new ways of listening to people and recognise the value of hearing stories from patients and carers as well as staff stories.

Improving the way we work through learning from patients and carers, we have trialled a patient experience survey incorporating the NHS Wales core questions across departments and services. The evaluation of the methodology is being used to inform a Powys-wide survey in 2017/18, the analysis of which will inform how we are responding to patient and carer feedback to improve services. This health board wide approach will give us a first-time overview of what patients think of all our services, importantly including commissioned services.

Support dementia friends & supportive communities

Introduce an annual programme of patient experience surveys

Embed 'what matters' principle for patients in everything we do

Strengthen story telling; engaging patients, carers & staff

## Staff and Resources

We continue to invest in and support our staff to ensure that we are able to deliver the high quality care and excellence we strive to achieve. We want to make Powys a great place to work and somewhere that makes a real difference for our patients and staff.

Investing in our staff, we supported the development of our first cohort of Health Care Support Workers through the All Wales Framework in July 2016, which should promote job satisfaction and enable the delivery to high quality patient centred care. Going forward, we are developing and implementing an essential skills programme for middle and senior managers, as part of our journey to developing confident, ambitious, inspirational leaders and managers. In addition, we have introduced a clinical leadership development programme for clinicians across the Health Board, to support our ambition of a clinically-led organisation

To implement the essential skills for Managers programme

Complete roll out of e-rostering and oversee the delivery of benefits

Evaluate INSPIRE clinical leadership programme for potential roll-out

Introduce clinical skills compendium, ensuring a rolling programme of CPD for staff

Read more in the Annual Quality Statement: <http://www.powysthb.wales.nhs.uk/annual-report-aqs>

## 2.5.3 WELLBEING OF FUTURE GENERATIONS

Working to improve the wellbeing of future generations is a core responsibility of the health board and the broader public sector. Key to this is striving to deliver the principles of the Wellbeing of Future Generations (Wales) Act and working in line with the five ways of working. This means that meeting the requirements of the Act is not about setting particular actions or programmes but embedding core approaches to sustainable development in all that we do.

In order to ensure we are working in ways which benefit future generations and ensure sustainability, a joint wellbeing and population assessment has been undertaken by Powys Public Service Board (PSB) members as a part of requirements of Wellbeing of Future Generations Act (2014) and the Social Services and Well Being Act (2014). This is broader than health and social care and includes all partnership organisations – police, education, fire service, environment, Third Sector, health and social care.

The full assessment will be completed by March 17. In partnership, we will be actively developing our local response via a wellbeing plan. Some of the key emerging issues arising are highlighted below and have been considered within this IMTP and our emerging Health and Care Strategy.

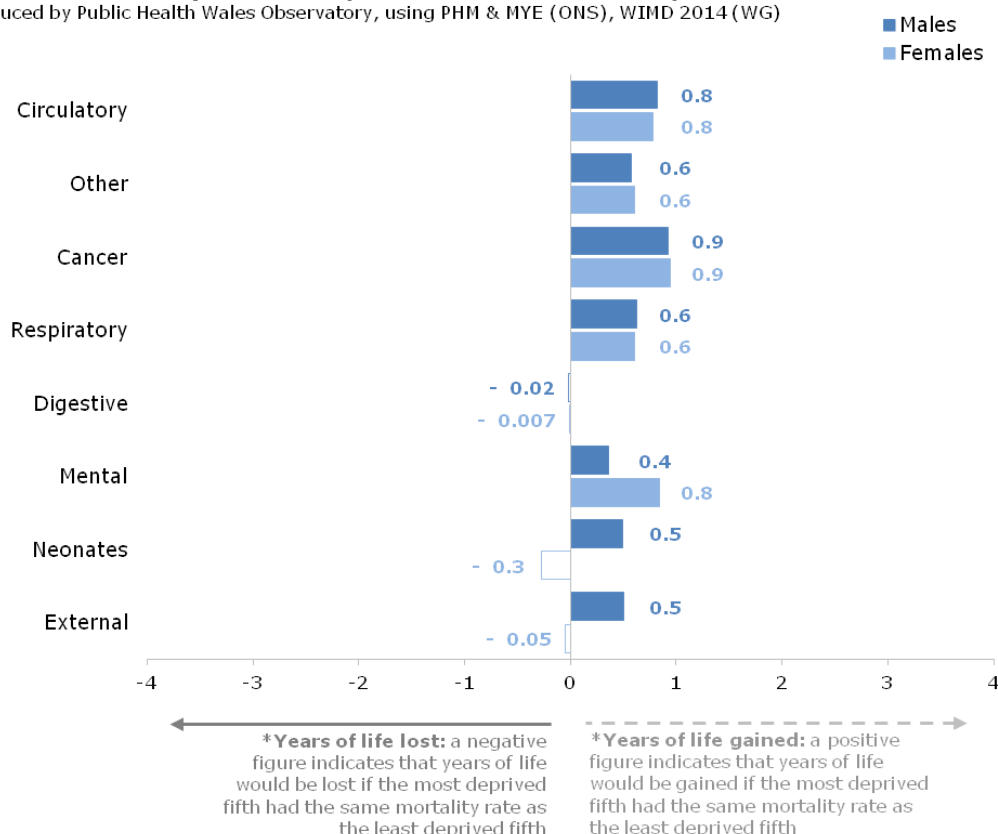
Early Life & Young Adults	Adult and Older Life	Business & Economy	Community & Environment
<ul style="list-style-type: none"> <li>13% of children are estimated to be living in poverty in Powys after housing costs are taken into consideration.</li> </ul>	<ul style="list-style-type: none"> <li>There are 15,571 people aged 65+ predicted to be living alone, this figure is set to rise to 22,063 by 2035.</li> </ul>	<ul style="list-style-type: none"> <li>Road and rail links present a challenge and mean people have difficulty gaining access to employment services.</li> </ul>	<ul style="list-style-type: none"> <li>There are current difficulties in accessing services within Powys because of the lack of services within communities and lack of public transport.</li> </ul>
<ul style="list-style-type: none"> <li>Levels of childhood obesity in Powys compare relatively favourably to Wales. However, it is still the case that almost 1 in 4 (23.6%) Powys children enter school wither overweight or obese.</li> </ul>	<ul style="list-style-type: none"> <li>People in the most deprived areas live more years in poor health compared to people in the least deprived areas. There is a 10 year difference of men and a 14 year difference for women in healthy life expectancy in Powys.</li> </ul>	<ul style="list-style-type: none"> <li>Low levels of unemployment.</li> <li>Majority of people have full time jobs, there are high levels of self-employment.</li> <li>Average gross weekly pay for Powys is £425 compared to £479 for Wales.</li> </ul>	<ul style="list-style-type: none"> <li>Violence against women has seen noticeable increase (incidents of domestic violence), as well as the number of actual crimes being reported to police this may be due to changes in recording crime.</li> </ul>
<ul style="list-style-type: none"> <li>In 2015, Powys had 680 children in need, i.e. children in receipt of social services from their local authorities, including children looked after by local authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy for males/females, is higher than other parts of Wales.</li> <li>1 in 5 adults smoke.</li> <li>6 in 10 adults are overweight /obese.</li> <li>4 in 10 report drinking above recommended levels of alcohol a week.</li> </ul>	<ul style="list-style-type: none"> <li>Mobile coverage and internet connectivity remain an issue for remote communities</li> <li>Housing affordability and supply is an issue – average house Prices are 6.7 times higher than the average salary.</li> </ul>	<ul style="list-style-type: none"> <li>More residents are finding it difficult to heat their homes to an acceptable standard, and this trend is expected to continue over the next 5 – 10 years.</li> </ul>

## 2.5.4 HEALTH INEQUALITIES

People who live in the most deprived parts of Powys live more years in poor health compared to people in the least deprived areas. A child born in the most deprived quintile in Powys today can expect to live in good health for 14 years (female) or 10 years (male) less than in the most affluent quintile. The graph below shows the extent to which the major causes of premature death are unevenly distributed in Powys.

**Years of life expectancy gained or lost\* if the most deprived fifth had the same mortality rates as the least deprived fifth, by broad cause of death, Powys THB, 2012-2014**

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WIND 2014 (WG)



PTHB is in a strong position to influence the performance of the health service through its role as a commissioner and provider of health services, and as a system leader. A number of evidence-based high impact interventions have been shown to work in tackling health inequalities and reducing the gap in life expectancy. These include:

- Widespread, systematic adoption of the following cost-effective high impact interventions:
  - Increased prescribing of drugs to control blood pressure
  - Increased prescribing of drugs to reduce cholesterol
  - Increased smoking cessation services
  - Increased anticoagulant therapy in atrial fibrillation
  - Improved blood sugar control in diabetes.
- Late diagnosis of the big killer diseases is common, particularly in disadvantaged communities. Targeted approaches to case finding in hypertension, Chronic Obstructive Pulmonary Disease (COPD), lung cancer, cardiovascular risk, diabetes and harmful drinking will help to improve outcomes and reduce health inequalities

- Improving access to health care for vulnerable populations. For example, ensuring the homeless are able to register with a GP, and older people with cancer are given access to chemotherapy as determined by their functional status and not their age
- Involving people and communities in designing services to meet their health and care needs to ensure the service works for all users
- Promoting the Making Every Contact Count initiative, which systematically puts the prevention, protection and promotion of health and wellbeing at the heart of every patient contact
- Investing in both targeted and universal early years services and good maternal health for all
- As an employer, reducing discrimination and nurturing and developing a workforce that is representative of the population it serves

Tackling health inequality is not straightforward. Limited progress has been made throughout the UK despite attempts to target significant improvements. In addition, health board functions will have limited impact in isolation; at least as important will be actions by Public Health Wales, local government colleagues, and partnerships between public services and the Third Sector. The health board has a key role to play here as a system leader, ensuring multiagency partnerships, e.g. public service boards and regional partnership boards work to reduce health inequalities.

The strategic approach in Powys is influenced by a range of data and examples of good practice. Recently the CMO Annual Report has highlighted the continuing impact of health inequalities and our plan seeks address these challenges through a social model of health with strong community engagement. Specific actions include work to support parents and young children, engagement with the Inverse Care Law Programme (to identify and address cardiovascular risks) and increasing collaboration with Local Authority and other partners to take action on the wider determinants of health. Cluster data will increasingly be used to identify where additional support is required to improve outcomes for the most disadvantaged communities.

## Targeted Actions



Implement the Healthy Child Wales Programme to put in place services which support families to ensure their children attain their health and developmental potential and increase family resilience



Agree and implement a health inequalities action plan which clearly describes the health board's actions to reduce inequalities



Ensure Making Every Contact Count training places an emphasis on targeting staff groups working in the most disadvantaged parts of Powys



Ensure stop smoking services are promoted in a way which has greater emphasis on attracting current smokers in areas of disadvantage



Introduce a Cardio Vascular Disease risk assessment programme in deprived areas of Powys to improve the detection and management of cardiovascular disease



Ensure that health inequalities is considered as a specific theme as part of the development of the Powys health and care strategy



## 2.5.5 INTEGRATION

Powys Teaching Health Board and Powys County Council are the only co-terminous health board and local authority in Wales and therefore uniquely placed to drive forward integrated planning and service delivery. The decision taken at Board and at Cabinet in December 2015 to accelerate and extend integration has resulted in greater collaboration over the last 12 months. The specific areas of strategic and operational development include:

- The establishment of a revised Joint Partnership Board strengthening governance arrangements. The JPB is made up of four Board members and four Cabinet members supported by executive and strategic directors, and has a leadership and oversight role of the integration plan
- The further development of the Joint Leadership Team made up of both health board and local authority executive and strategic director teams
- The joint approach to Wellbeing and Population Assessment for Powys, essentially to influence the health and care strategy and the Wellbeing Plan for Powys
- The commitment to and development of a joint health and care strategy bringing an increasing focus on the whole health and care system for Powys residents
- The development of an options appraisal to understand the potential options and their merit in determining the best way to organise the accelerated integration
- The implementation of a joint Director of Workforce and OD, leading to the approval and implementation of a joint Leadership and Management Framework
- The development and implementation of a number of projects in line with joint strategies/plans focused on integrated and intermediate care utilising Intermediate Care Funding (ICF)
- The development of an integrated older people's team in Ystradgynlais as an early implementer for the rest of Powys

It is clear that there has been a step change in both ambition and progress over the last two years in relation to the integration of health and social care. Considerable learning has been taken from elsewhere in the UK and beyond, specifically with NHS Highland who have a fully integrated health and social care approach. There is a separate section outlining the areas for further development in the coming year and beyond on this agenda, however the potential for a truly integrated system in Powys is high and in essence could be a pathfinder for the rest of Wales and beyond.

### **3. ACHIEVEMENTS IN 2016/17**

### 3.1 DELIVERY AGAINST AIMS AND OBJECTIVES 2016/17

The health board's 2016/17-18/19 IMTP was approved by Welsh Government in July 2016. Progress with delivery of the health board's Annual Plan has been monitored through the health board's Performance Management Framework, reporting to the Finance, Planning and Performance Committee of the Board.

 <b>AIM 1: IMPROVING HEALTH AND WELLBEING</b>	
1	Improve health now and lay the foundations for maintaining good health for the future
2	Improve the emotional wellbeing and mental health of the people of Powys.
 <b>AIM 2: ENSURING THE RIGHT ACCESS</b>	
3	Increase the capacity, capability and resilience of primary and community care
4	Implement whole system commissioning to ensure appropriate access to effective services
 <b>AIM 3: STRIVING FOR EXCELLENCE</b>	
5	Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings
6	Develop an estate that is fit for purpose and progressing to meet service needs
7	Secure Innovative ICT solutions, built on a stable platform
8	Ensure a well governed organisation
 <b>AIM 4: INVOLVING THE PEOPLE OF POWYS</b>	
9	Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders
10	Maximise opportunities for integration, particularly with Powys County Council
 <b>AIM 5: MAKING EVERY POUND COUNT</b>	
11	Implement effective financial management to ensure statutory breakeven and best value for money
 <b>AIM 6: ALWAYS WITH OUR STAFF</b>	
12	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys

## 3.2 DELIVERY AGAINST WELSH GOVERNMENT NATIONAL OUTCOME FRAMEWORK

There have been many areas of achievement and progress throughout 2016/17 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.

### IMPROVE HEALTH NOW AND LAY THE FOUNDATIONS FOR MAINTAINING GOOD HEALTH FOR THE FUTURE

National Outcomes Framework Indicator 16/17		Target	Current*
% estimated LHB smoking population treated by NHS smoking cessation services		5%	2.29%
% Smoking Prevalence		20%	19.5%
% smokers treated by NHS smoking cessation services who are CO- validated as successful		40%	40.1%
% uptake of the influenza vaccine in the following groups:	Over 65's	63.8% (M11)	64.3%
	Under 65's in at risk groups	44.1% (M11)	44.2%
	Pregnant women	46.6% (M11)	53.5%
	Healthcare workers	54.9% (M11)	55.7%
% uptake of childhood scheduled vaccines up to the age of 4:	4 in1 pre school booster	95%	92.2%
	Hib/MenC booster		97.0%
	Second MMR dose		90.5%
% Crude Mortality rate (less than 75 years of age)		Reduction (12m trend)	6.08%

- Highest uptake of influenza vaccine by NHS staff in Wales in 2016/17 with a trajectory to improve to 65% by March 2018.
- Sustained year on year improved uptake by pregnant women. Targeted work to meet 70% for >65s in March 2018 and 50% for under 65's at risk
- Improved uptake of childhood scheduled vaccines in some areas. Challenging targets of 95% for 4 in 1, 95% for Hib Men C booster and 92% for MMR 2<sup>nd</sup> dose set by March 2018.

### IMPROVE THE EMOTIONAL WELLBEING AND MENTAL HEALTH OF THE PEOPLE OF POWYS

National Outcomes Framework Indicator 16/17		Target	Current*
DToC delivery per 10,000 LHB population - mental health		Reduction (rolling 12m)	1.96%
% assessments by the LPMHSS undertaken within 28 days from the date of referral		80%	83.2%
% therapeutic interventions started within 28 days following assessment by LPMHSS		80%	71.9%
% of LHB residents (all ages) to have a valid CTP completed at the end of each month		90%	95.5%
% LHB residents sent their outcome assessment report 10 working days after assess		100%	100%
% of hospitals with arrangements to ensure advocacy available to qualifying patients		100%	100%

- Transfer of responsibility of providing mental health services back to PTHB from Betsi Cadwaladr UHB for North Powys
- Mental Health DToC performance on 1.96 per 10000 LHB population (rolling 12 month) shows over achievement against IMTP profile and all Wales 3.8 per 10000. For 17/18 current performance is unsustainable and will rise to 3.9 by end of March 2018.
- Performance against the 28 day intervention and assessment targets is expected to reach 75% and 80% respectively by March 2017/18

- Part 2 valid CTP will be expected to maintain their above target performance of 95% throughout 17/18 with outcome assessment reports and advocacy for qualifying

## INCREASE THE CAPACITY, CAPABILITY AND RESILIENCE OF PRIMARY AND COMMUNITY CARE

National Outcomes Framework Indicator 16/17	Target	Current*
Of those practices set up to use MHOL, % who are offering appointment bookings	Improvement (12m trend)	64.7%
Of those practices set up to use MHOL, % who are offering repeat prescriptions		88.2%
% GP practices offering appointments between 17:00 and 18:30 at least 2 days a week	Annual improvement	100.0%
% of GP practices open during daily core hours or within 1 hour of the daily care hours		100.0%
Patients treated by an NHS dentist in the last 24 months as % of population	Improvement (12m trend)	57.4%
% of patients waiting less than 26 weeks for treatment – all specialties	95%	98.2%
Number of 36 week breaches – all specialties	0	0
The number of patients waiting more than 8 weeks for a specified diagnostic	0	13
DToC delivery per 10,000 LHB population - non mental health	Reduction (rolling 12m)	197.78
Number of emergency admissions for basket of 8 chronic conditions per 100,000 of population (Powys Provider)		4.61
Number of emergency readmissions for basket of 8 chronic conditions per 100,000 of population (Powys Provider)		0.8
New OP DNA rates for selected specialties (E&P measure)	Reduction (12m trend)	3.1%
Follow up OP DNA rates for selected specialties (E&P measure)		4.4%

patients remaining at 100% compliance.

- My Health On-Line performance is expected to become 100% compliant for practices in Powys offering repeat prescriptions.
- By March 2018, Powys aims to have 61% of its population regularly accessing NHS primary dental care.
- Powys provider RTT 26 weeks 95%+ by year end and 0 patients waiting over 36 weeks. Powys aims to maintain this performance through 17/18 with 99% of patients being treated within 26 weeks and no patients waiting longer than 36 weeks.
- DToC – Non Mental health performance has continued to improve. We expect improvement to continue through 17/18 reaching 160.6 per 10,000 by March 2018
- Powys provider unscheduled care continues to thrive.
  - Active minor injuries unit seeing 99.% of patients within 4 hours
  - Lowest number of emergency admissions in Wales
- New Outpatient DNA rates for Powys as a provider are currently at 4.1% the aim is to reduce this to 2.8% by March 2018. Follow-up DNA rates for Powys are currently at 5.1% with the aim to reduce this to 4.0% by March 2018, DNA performance in Powys is already one of the best in Wales.

## ENSURE ROBUST SYSTEMS AND PROCESSES ARE IN PLACE TO DELIVER CONTINUOUS IMPROVEMENT IN SAFETY, QUALITY AND PATIENT AND CARER EXPERIENCE IN ALL SETTINGS

National Outcomes Framework Indicator 16/17	Target	Current*
Cancer Welsh Providers % of patients referred as non-urgent suspected cancer seen within 31 days	98%	100%
Cancer Welsh Providers % of patients referred as urgent suspected cancer seen within 62 days	95%	100%
Cancer English Providers decision to treat to first definitive treatment (31 days)	96%	100%
Cancer English Providers urgent GP referral for suspected cancer to first treatment (62 days)	85%	90%
% of Red 0-8 min Ambulance responses	65%	66.2%

- Positive 31 day performance for majority of the year, some variability due to low patient numbers especially in Welsh providers
- More variable 62 day performance with Wales performance better than England.
- Powys aims for its residents to meet the WG set cancer targets in 17/18
- 0-8min response times currently not meeting the 65% target although on average in 16/17 performance at 66% overall. We aim to meet the 65% target throughout 17/18.

## ENSURE ROBUST SYSTEMS AND PROCESSES ARE IN PLACE TO DELIVER CONTINUOUS IMPROVEMENT IN SAFETY, QUALITY AND PATIENT AND CARER EXPERIENCE IN ALL SETTINGS

National Outcomes Framework Indicator 16/17	Target	Current*
The number of preventable hospital acquired thrombosis	4 quarter reduction trend	0
The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	28 per 100,000 population	0
The rate of laboratory confirmed c.difficile cases per 100,000 population	20 per 100,000 population	0
Fluoroquinolone items as a percentage of total antibacterial items prescribed	Maintain performance levels within the lower quartile or show a reduction towards the quartile below	1.98%
Cephalosporin items as a percentage of total antibacterial items prescribed		2.46%
Co-amoxiclav items as a percentage of total antibacterial items prescribed		3.79%
Percentage of GP practices that report at or above the national prescribing indicator target for the submission of yellow cards that monitor the safety of medicines	Submit one yellow card per 2,000 practice population	11.8%
Percentage compliance with the Patient Safety Solutions Wales Alerts issued after April 2014	100%	100%
Percentage compliance with the Patient Safety Solutions Wales Notices issued after April 2014	100%	100%
Percentage of serious incidents assured within the agreed timescales	90%	80%
Number of never events	0	0%

- No preventable hospital acquired thrombosis are expected to occur in Powys 17/18
- MRSA/MSSA rates are currently at zero per 100,000. Good standards in Powys care means we have had no cases since 2012 and we do not expect to have any occur in 17/18.



- Percentage of prescribed medicines is set to remain low in 17/18
- Yellow card submissions has risen drastically since 2014/15 where only 4% of GPs reported. We expect to be closer to 66% in March 2017 and if current all Wales trends continue reach nearly 90% by March 2018.
- Serious incident assurance is currently at 50% compliance. Powys aims to reach 100% compliance against the 90% target by March 2018.
- No never events have occurred in 16/17 and Powys strives to continue this trend in 17/18.

#### **DEVELOP AN ESTATE THAT IS FIT FOR PURPOSE AND PROGRESSING TO MEET SERVICE NEEDS**

- Commencement of Llandrindod Hospital refurbishment project
- Development of business cases for essential maintenance and compliance to secure current service provision in Machynlleth and Ystradgynlais Community Hospitals
- IMTP Discretionary Capital uplift invested in securing high priority backlog and compliance measures
- Diagnostics resources secured to support imaging upgrades to ultrasound and x-ray across Powys and JAG accreditation for endoscopy in Llandrindod

#### **SECURE INNOVATIVE ICT SOLUTIONS, BUILT ON A STABLE PLATFORM**

- Mastermind mental health service using video and text to support Mental Health patients and deliver Cognitive Behavioural Therapy in a sparsely populated rural environment provision moving from EU pilot project to mainstream service delivery.
- FLO – Florence text patient reminder pilot running in Respiratory medicine
- First area of Wales to plan the joint Health and Social Care implementation of WCCIS

#### **ENSURE A WELL GOVERNED ORGANISATION**

- Improved engagement with stakeholders through the establishment of the Stakeholder Reference Group
- Implemented the Board Assurance Framework and strengthened the Risk Management Framework
- Agreed that all Boards and Committee meetings (with exception of Remuneration and Terms of Service) will be held in public ensuring transparency and openness of the Board.

#### **DEVELOP AN INTEGRATED HEALTH AND CARE STRATEGY THROUGH EFFECTIVE PARTNERSHIP WORKING AND CONTINUOUS ENGAGEMENT WITH CITIZENS OF POWYS, PATIENTS, CARERS, STAFF AND STAKEHOLDERS**

- First joint Health and Care Strategy in Wales developed
- Two large stakeholder events and supporting engagement workshops, meetings and focus groups underway.
- Health and Care Strategy shared with public in Q4 2016/17 for further engagement. Final version to be approved by PTHB Board and PCC Cabinet in March 2017

## MAXIMISE OPPORTUNITIES FOR INTEGRATION, PARTICULARLY WITH POWYS COUNTY COUNCIL

- Joint Director of Workforce and OD and CEO acting as Strategic Director of People role on an interim basis for Powys County Council.
- Effective partnership arrangements and establishment of Joint Partnership Board
- Non-financial option appraisal process completed to review long term delivery model options for accelerated integration

## IMPLEMENT EFFECTIVE FINANCIAL MANAGEMENT TO ENSURE FINANCIAL BREAKEVEN AND VALUE FOR MONEY

- 2016/17 – predicting financial balance for third year running
- Uplifted Capital Resource Limit allocated and delivered

## DEVELOP A SUSTAINABLE, SKILLED AND ENGAGED WORKFORCE FIT TO MEET THE NEEDS OF THE POPULATION OF POWYS

National Outcomes Framework Indicator 16/17	Target	Current*
% sickness absence rate of staff	1% Annual Reduction	4.6%
% staff undertaking performance appraisals	85%	73.5%
% of staff completing statutory and mandatory training		100% (M10)

- Centralised Temporary Staffing Unit established, reducing Agency use and eRostering implemented in line with roll out plan
- Strong management of staff sickness focused on staff health and wellbeing, through working towards achieving Corporate Platinum Health Standard
- Strong performance with PADR rates compared to other health boards in Wales

\*Position as at 27 February 2017

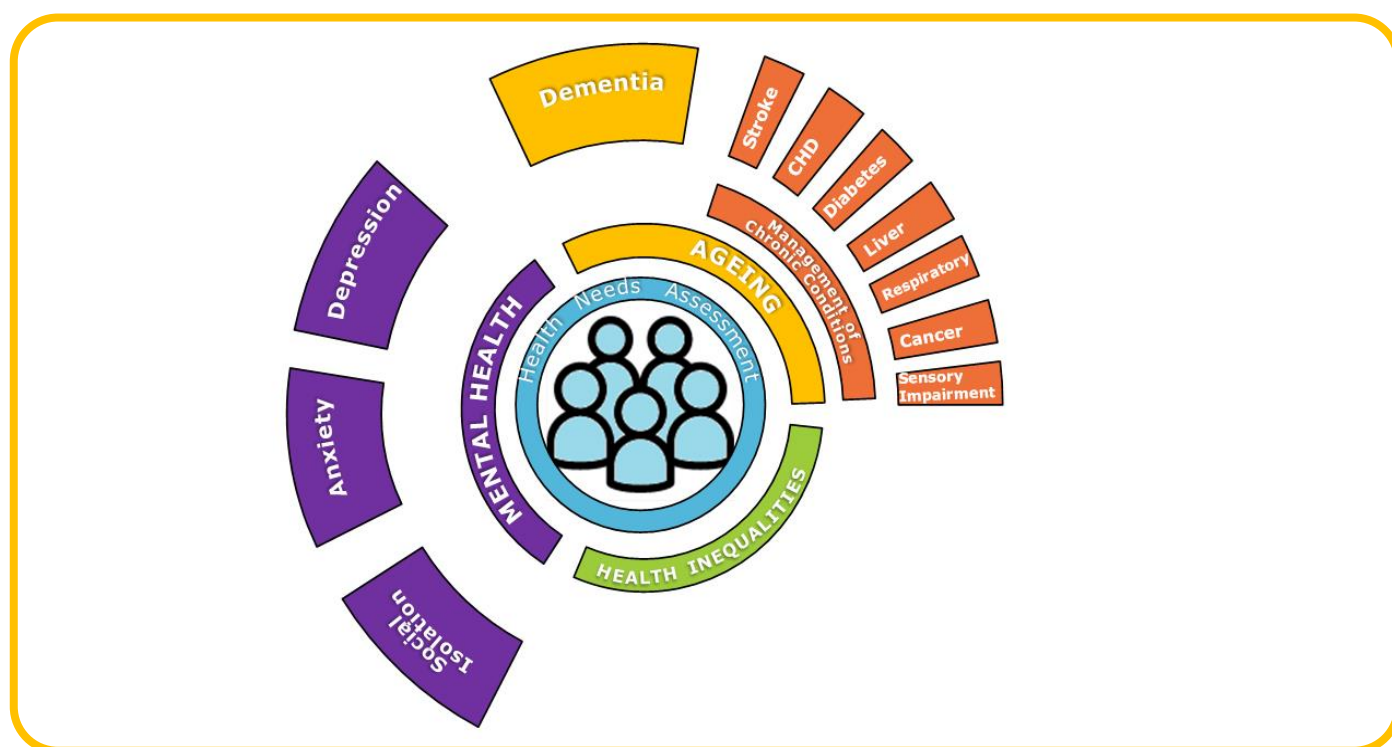
## **4. CHALLENGES & OPPORTUNITIES**

## 4.1 DEMOGRAPHY

The health needs and wellbeing assessments and the demand and capacity modelling work demonstrated the significant challenges facing provision of health care in Powys. 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.

With more people living longer with multiple diseases and complex care needs, if we do nothing to change the way we work, future growth in demand for health services would mean an additional cost pressure within the health board of nearly £24.5M over the next 10 years (assuming tariff inflation for secondary care services would be 1% per annum).

The below figure illustrates the key health needs in Powys of which issues related to an aging 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.



### Key Actions



Agree and implement a health inequalities action plan and ensure health inequalities are specifically considered in implementing the health and care strategy



Improve the support available for people with dementia and for those caring for people with dementia through the delivery of the Dementia Action Plan



Implement a sustainable service delivery model for mental health focused on enhanced primary care, acute care in the community, services for older people and integrated working



Strengthening primary and community care services to promote successful self management including through risk stratification, the virtual wards and community resource teams, Invest in Your Health initiative and telehealth

## 4.2 GEOGRAPHY AND INFRASTRUCTURE

It is vital not to underestimate the ways in which the geography of Mid Wales challenges and influences health and care provision and consequently the strategic and operational plans of the health board. The absence of a District General Hospital and the challenging economies of scale are a direct result of geography and rurality.

Within this context, the geographical distribution of the health board's estate and its functionality has evolved around traditional patterns of care and much of the estate is now outdated. At 45%, Powys has the highest proportion of healthcare estate in Wales that pre-dates 1948, backlog maintenance across the estate was recently assessed at £68.5m and only 62% of the estate is in condition category B or above; the worst in Wales.

The complex commissioning arrangements necessary, the prominence of primary and community services and the poor quality estate mean that technology solutions and innovations are a key part of the future opportunities for sustainable health and care provision for Powys residents. This opportunity for a digital first approach has not been effectively exploited and while some small scale projects such as Florence and Mastermind are working well, there is enormous potential to explore and implement more technology and digital solutions.

A digital first approach will enable and promote telehealth, telemedicine, self care and support for patients and carers and support and enable clinicians, managers and support staff to work more effectively and efficiently whether in community hospitals, primary care facilities or out in the community.

Key to the ongoing transformation of service models, the estate and a digital first approach will be the establishment of the Powys Innovation, Research and Improvement Service (IRIS). This new function will bring together research, development, teaching and service improvement in a coordinated way.

### Key Actions



Develop the long term Estates Strategy, building on the 10 year Health and Care Strategy to be published March 2017



Establish the Powys Innovation, Research and Improvement Service (IRIS) to coordinate the approach to research, development, innovation and teaching



Promote digital first approach building on success of Mastermind, Florence and implementation of WCCIS across health and social care.

## 4.3 THE OPPORTUNITIES OF INTEGRATION

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.

The challenges of integration are well understood, including:

- Establishing potential new forms of governance and operational structures
- Aligning performance and planning frameworks of health and social care

- Operating as a single integrated organisation within a complex national system and policy environment
- Developing capacity in primary and community care for more innovative whole system approaches
- Overcoming differences in organisational and professional cultures
- Managing and addressing the financial pressures of both systems
- Ensuring local and national political support

Integration of health and social care will generate greater opportunities to gain the benefits of prudent health and care across the whole system. This includes creating new roles, reducing duplicate assessments, building on assets rather than deficits and enabling through information and support.

Following work undertaken in 2016, the health board and Powys County Council will be considering options for integration through an option appraisal process in early 2017. The outcome of this process will then be considered in terms of financial sustainability and affordability and governance arrangements in early 2017/18.

## Key Actions



Develop and agree a wellbeing plan for Powys through the Public Service Board based on the findings of the Wellbeing Assessment



Revise and strengthen the Joint Partnership Board with PCC to oversee the development and implementation of the integration plan

## 4.4 THE COMPLEXITY AND IMPACT OF EXTERNAL CHANGE

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 areas. The scale and complexity of effectively engaging and influencing the complex and multiple strategic change agendas is particularly challenging.

Each of the external strategic change programmes:

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

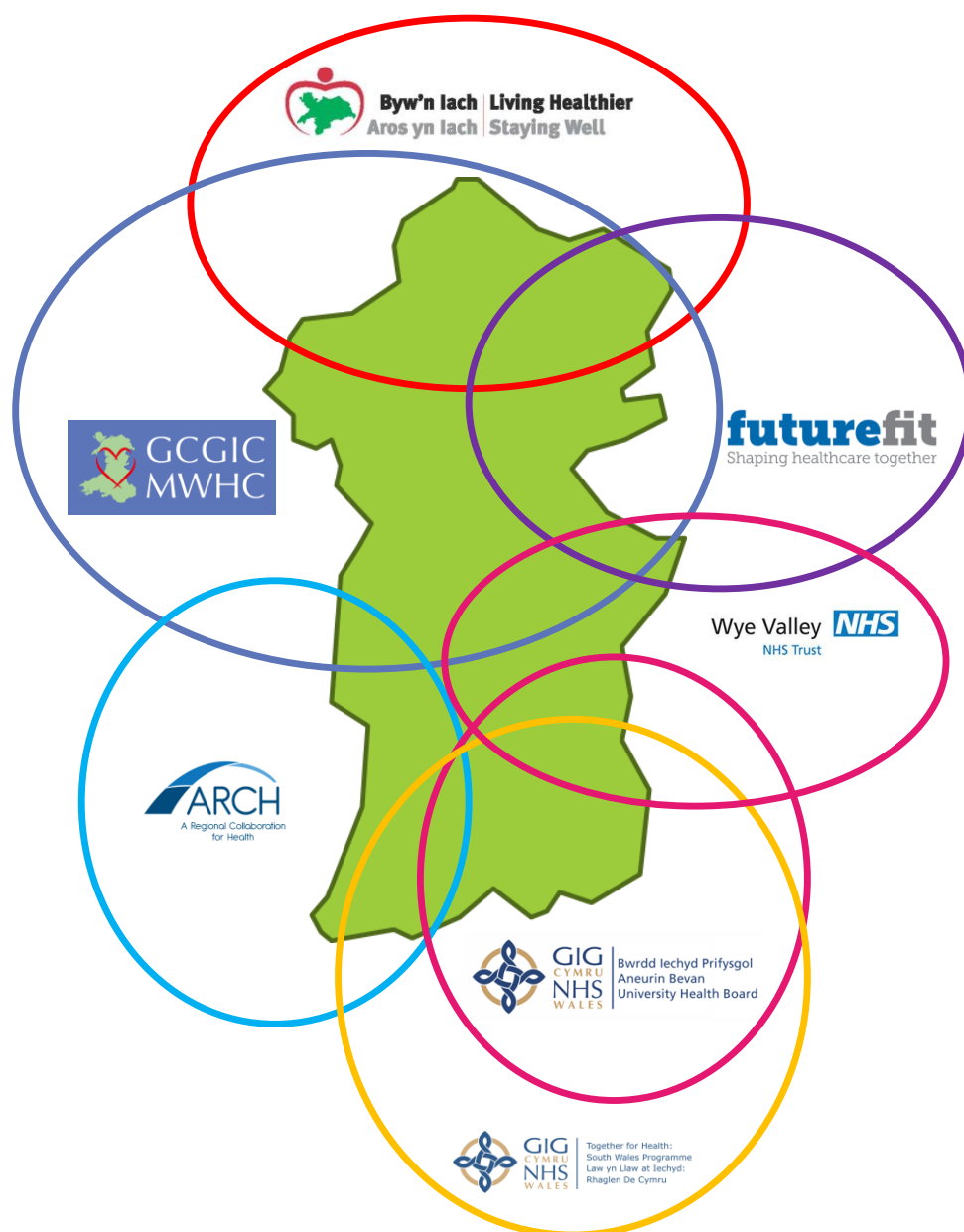
The challenge for PTHB, and its Powys partners, is to ensure an approach is taken by organisations that benefits the future service model for Powys and which responds to neighbouring plans, rather than being driven by them.

Since the last IMTP submission, significant change to the planning environment in NHS England has taken place through the establishment of the Sustainability and Transformation Plans (STP).

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
- Effectively engage in the development of the IMTPs and STPs of our partners



## Key Actions



Develop and strengthen a regional planning based approach to provision of health and care services, working with partners to ensure regionally appropriate solutions



Build capacity and capability to ensure continuous engagement whilst striving for a 'fully engaged Powys' in partnership with Powys County Council and other Public Service Board and Regional Partnership Board partners

## 4.5 TRANSFORMATION THROUGH STRENGTHENING COMMISSIONING

Improved health outcomes for the people of Powys can be achieved through better commissioning – meaning the way in which we plan, agree and monitor services. The strategic demand and capacity modelling undertaken 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.

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 service and workforce planning.

Our Commissioning Development Programme is overseeing the implementation of a system of commissioning, securing and reviewing services to ensure our commissioned services are robust, assured and quality services. In developing and implementing our Strategic Commissioning Framework and the Commissioning Assurance Framework the health board is leading the way in Wales in developing a model which reflects the values and arrangements of NHS Wales to secure sustainable solutions. As such the health board will need to meet the challenges of establishing new processes in an already complex system. To do this, the health board will need the support and cooperation of its commissioned providers and partners to ensure information and intelligence is robust and efficiently provided.

### Key Actions



Implement and embed the Commissioning Assurance Framework across services and providers to improve compliance with essential quality, safety, financial access and activity requirements for Powys people



Embed the Strategic Commissioning Framework to ensure that commissioning is undertaken in a holistic way

## 4.6 SUSTAINABILITY AND DEVELOPMENT OF GENERAL PRACTICE

The changes to the GP contract for 2016/2017 agreed nationally have included a commitment to address the sustainability of GP practices through the development of an evidence based approach, including a risk matrix, to assess the extent to which access and continuity of services can be secured and improved where appropriate for patients. The planned mechanism for health boards to support practices is to be progressed on a short term, transitional basis, whilst longer term solutions to meet population needs are put in place.

The Primary and Community Care Delivery Programme is overseeing the implementation of a sustainable model to enable practices to pilot a number of safe alternative clinical models to support future sustainability. The project's emphasis is on expanding the workforce's collaborative working to apply prudent health care principles to the delivery of primary care medical services to manage the sustainability risk.

Development and implementation of a suite of 'pick and mix' support packages for high and medium risk practices will continue to be piloted which to date has seen successful. New clinical models such as remote clinical triage, pharmacists with independent prescribing, pharmacist technicians, urgent care practitioners (UCP), advanced physiotherapist, advanced nurse practitioner, physician associate and supporting practices through a General Practice Improvement Programme (GPIP) which will focus on identifying improvements for practices working their way through current and future pressures.

## Key Actions



Develop a Primary Care Support Unit applicable to Powys, working with ShropDoc potentially to include GP consultation and remote clinical triage



Continued development of the sustainability toolkit, bringing together general practice resources and community teams delivering new clinical models of care

## 4.7 WORKFORCE

The health board, like many others, faces a number of workforce challenges and some of our greatest risks are our workforce fragility and recruitment difficulties. The recruitment and retention of staff remains a challenge in some key groups e.g. mental health nursing, medical, healthcare scientists and allied professionals. This results in higher than desired use of temporary workforce solutions and/or challenges in sustaining services. The sparsely populated rural population and corresponding service delivery places a unique context to the recruitment, development and retention of specialist staff. The way in which we plan, recruit, support, develop and deploy our staff, will be vital to our ability to meet the risks we face.

Recruitment difficulties are a primary driver for skill mix change and workforce modernisation and these challenges can also provide some of our biggest opportunities for innovation and workforce re-design.

### Medical Workforce

There is a national shortage of doctors and therefore recruitment of doctors is both a national issue and within PTHB CAMHS, Adult Mental Health and Care of the Elderly is proving particularly challenging.

#### Opportunities

- Where we have attempted to recruit without success we continue to review services to see how we continue delivering the service but in different ways and with different posts.
- We have redesigned care of the elderly service delivery models in Powys to deliver those services via a GP led model in the absence of being able to recruit Consultants.
- We have developed a number of innovative advanced practice roles that are unique in NHS Wales such as a Consultant Nurse for Endoscopy and Gastroenterology and a Consultant Therapist for Stroke and Neuro-rehabilitation. We will continue to explore opportunities for innovation and workforce re-design
- Both these roles are key in providing services otherwise not provided in Powys as well as representing their professions on national steering groups.

## Primary Care Workforce

There are substantial recruitment and retention issues in relation to GP and Practice Nurse roles within Powys. The aging GP profile, attracting candidates to such a rural area and GP's considering the future viability of their practices presents us with significant challenges.

### Opportunities

- Primary care workforce redesign to provide a multi professional approach to service delivery in response to GP shortages.
- We continue to look to deliver services in different ways including promoting the role of Physician Associates, Advanced Physiotherapists, Advanced Nurse Practitioners and Urgent Care Practitioners (UCPs).
- Other developments include the introduction of a bursary supporting Physician Associate students during their studies in university and an internship with the health board following graduation.
- We have launched a GP recruitment campaign specifically to attract GPs to Powys. The next phase of this campaign will include advertising through social media and at medical conferences.
- The health board has been involved in the Swansea University selection process for GP Fellows and continues to work with them to appoint in Powys. We also have started discussions with Cardiff University regarding the development of a rural GP fellow post.
- Through Swansea and Cardiff Universities, we continue to increase opportunities for medical students to be attracted to a career as a GP in Powys and have developed a one day workshop for those high school students who have an interest in medicine.

## Nursing Workforce

We have experienced significant pressures on the Nursing workforce due to the difficulties in recruiting qualified Nurses. This is compounded by an aging workforce many of whom are likely to want to retire in coming years, this will continue for the foreseeable future.

### Opportunities

- We took part in the All Wales campaign to recruit nurses from the Philippines. Work continues to convert these offers into nurses ready to work in Powys.
- We are actively working to remove the use of premium "off" contract agency nursing usage (and the subsequent high cost that is associated with this), and to reduce our reliance on agency nurses more generally.
- We continue to actively recruit nurses and Health Care Support Workers to our Temporary Staffing Unit to reduce the use of agency nurses.
- We will also be seeking to improve our bank fill rates.

## Therapies & Health Science Workforce

Recruitment and retention remains a challenge across the therapies and health sciences especially amongst senior and advanced practice roles. This is compounded in part by geographical spread and small team size relative to other health boards.

## Opportunities

- We continue to actively recruiting to Therapy and Health Science posts including the recent appointment of a Head of Psychology
- We are exploring further opportunities to strengthen the Powys Therapies and Health Science team as the employer of choice through initiatives including development of clinical leadership programmes, advanced practitioner roles, R&D and service improvement initiatives
- We are unique within Wales; having a Consultant therapists for Stroke and Neuro Rehabilitation Services
- We have developed generic HCSW roles covering Physio and OT
- We continue to promote Powys as a leader in integrated service delivery including current work within Ystradgynlais

## Key Actions



Improve workforce planning and deployment of staff



Improve recruitment, retention, engagement and wellbeing of staff (to continue to be an employer of choice)



Improve operational delivery through excellence in Human Resource Management



Review, refine and update the Organisational Development strategy and plan

## 4.8 ACHIEVING VALUE FOR MONEY AND FINANCIAL BALANCE

Ensuring that Powys THB has sound financial governance and effective financial management is a core requirement and is fundamental to delivering the financial responsibilities of the organisation. Establishing and delivering a balanced three year financial plan will be a challenge given the service and other pressures present in the NHS. The proposed new three year financial plan has been developed using the latest assumptions regarding the health board's potential funding from Welsh Government over the period, the likely cost pressures facing the organisation and a realistic, but stretching position of the cost saving potential of the services.

The health board will need to employ a variety of approaches to maintain its plan to contain costs within resource. The savings target of 1.4% is subject to work that is currently underway and at this stage is not yet fully defined but will be by the commencement of the year. A major assumption in the financial plan is that the health board will focus on securing better efficiency as well as service redesign. For the next three years there will be a need to continue to focus on the following:

- Workforce configuration and deployment, the management of 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
- Service redesign, workforce design and robust contract management to contain costs within available resources I continuing NHS healthcare and provider services.

The plan will be refined and developed so that it can be the framework required to support the achievement of not only financial balance but also the other delivery components of this IMTP.

## Key Actions



Ensure governance throughout Powys THB activities



Deliver savings schemes to deliver the savings target in full



Maintain effective financial management through the IMTP period in order to deliver a balanced out turn for the end of the three years



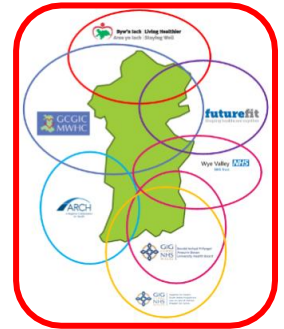
Support Board and executives to continue the development of services to achieve the strategic aims of Powys THB



## **5. SIGNIFICANT SERVICE CHANGES**

## 5.1 THE CONTEXT OF SERVICE CHANGE IN POWYS

Service changes in Powys must be considered within the context of the service changes happening around our borders and beyond, both in England and Wales if we are to deliver truly integrated services. When services are reconfigured, changed, moved, reduced or extended in any one of our commissioned providers there is often an impact on pathways, flows and patient experience for the residents of Powys. The management of change for Powys is therefore complex and must be viewed in terms of our role as both a provider and commissioner.



The ambition for health and care in Powys is being developed through the Health and Care Strategy for Powys. The health board and Powys County Council are working together to develop a joint strategy. This sets out the vision for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1000 people to date in Powys and many more via social media on what the future could look like.



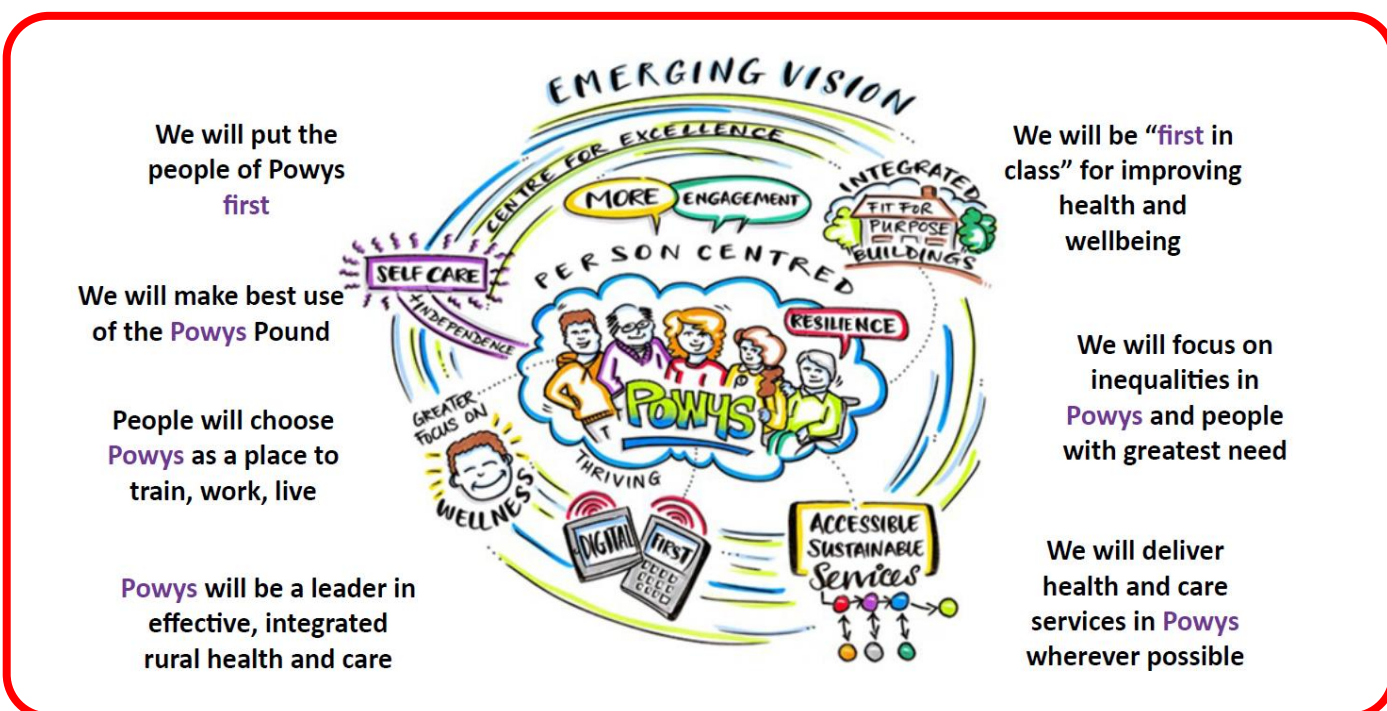
To fulfil the vision set out in the strategy, the health board and Powys County Council will be exploring and potentially implementing significant service changes over the next 10 years. It is important that the future of health and care in Powys continues to be shaped by and developed with all partners, patients and the public.

## 5.2 DELIVERING OUR LONG TERM VISION FOR HEALTH AND CARE

Powys is developing the first long term Health and Care Strategy in Wales. The Strategy will uniquely respond to the challenges facing the health and care system and the health of the population of Powys over the next 10 years.

The vision for health and care in Powys will be launched and engaged on in quarter four of 2016/17. The vision sets out our ambitions for 'what' the future could look like for our population and future generations.

The vision for the future is:



We have developed six key principles to underpin the vision and guide how we consider 'what next':

Focus on Greatest Need

Work with People and Communities

Do What Works

Do What Matters

Be Prudent

Offer Fair Access

We know that these are challenging times, with the prolonged period of austerity and the changing needs of the people of Powys. We also know that Powys is a place where we aspire to help improve the wellbeing of all people. The draft strategy seeks to enable children and young people to '**Start Well**', for people to '**Live Well**' and older people to '**Age Well**'.

Find out more: [www.powysthb.wales.nhs.uk/health-and-care-strategy](http://www.powysthb.wales.nhs.uk/health-and-care-strategy)

For each of these key phases of life we are considering four key areas:

- Focus on wellbeing – key opportunities and challenges at every stage of the life course
- Early help and support – providing opportunities to assist easily and effectively
- Tackling the big four – focussing on the four key issues that effect people's health
- Joined up care – doing things once, well and together

During 2017/18, the potential implication of the vision will be worked through. This phase of work will focus more on 'how' we will deliver our ambitions and what the different options are for how we could provide services in the future.

We will need to ensure financial sustainability and therefore will be looking at the health and economic benefits associated with how we deliver future services. However, we have some emerging enabling themes which illustrate some of the service changes and work that will be undertaken over the next three years and beyond.

We will be aiming to improve through:

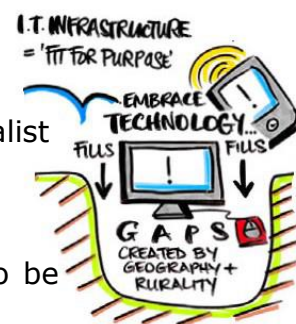
## Workforce Futures

- Support people to work longer, ensuring transfer of knowledge and skills
- Invest in education, research, training and recruitment to deliver new models of care in a rural setting
- Empower individuals thus reducing dependency on health and care
- Grow the Powys workforce through local training and development
- The health and care workforce will be agile to respond to people's needs in a timely way



## Digital First

- Technology will support people to be independent and live in a safe environment, supporting carers
- Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys
- Knowledge and access to information will enable people to take greater responsibility and make informed choices
- New advances in technology will enable more local diagnostic tests to be undertaken in Powys



## Innovative Environments

- Develop integrated "community hubs" that provide a "one stop shop" for local people, also using community facilities and assets to strengthen local health and care delivery
- Tackle poor quality facilities for health and care services, providing a modern care environment and working environment that makes people proud
- Take advantage of the physical and natural environment to maintain and improve people's health and wellbeing
- Develop regional centres to enable more care to be delivered in-county wherever possible





## Transforming in Partnership

- Strengthen relationships with individuals, families, communities and partners across the voluntary, statutory and business sectors through area based planning
- Remove historic barriers between organisations, working in a more integrated way to respond to people's holistic needs
- Transform services based on what matters most
- Improve commissioning to deliver more services in-county, and offer greater continuity of care with services delivered out of county



## 5.3 INTEGRATION

PTHB and PCC have been working closely together for a number of years. Integration is starting to take place at different levels including strategic planning, operational planning and management, commissioning and service provision. The Board and Cabinet have been considering advancing the integration of health and care in the County. Both organisations have agreed on the need to transform the planning, commissioning and provision of health and social care is clear to ensure sustainability.

A formal non-financial option appraisal will be undertaken in quarter four of 2016/17. The scope for consideration goes beyond service delivery. It will also span the continuum of care and will explore opportunities and plausibility of integration across the following areas:

- Assessing Need
- Strategic Planning
- Operational Planning & Performance
- Contracting & Commissioning
- Providing

Depending on the financial appraisal outcome and identification of a preferred delivery option, a period of further consideration, engagement and consultation would take place during 2017/18.

## 5.4 RURAL REGIONAL CENTRES

PTHB have the ambition to develop public sector assets with partners that provide integrated facilities for Powys communities. The Health and Care Strategy is our opportunity to reflect and refine these models in collaboration with stakeholders, partners and the public of Powys. Already, the Glan Irfon development in Builth Wells illustrates the ambition of the health board and local authority in providing an integrated health and care facility for its population.



The Strategy process will consider the potential for the development of Rural Regional Centres. The centres would be integral to the communities of Powys and could provide some of the services currently provided separately in facilities such as Community Hospitals, GP Surgeries, Pharmacies, Elderly Day Centres and residential care facilities.

Such centres should reflect the unique nature of the rural context of Powys and therefore include strong relationships with providers of services that cannot be delivered currently in Powys. The centres should also provide the opportunity of providing more services in Powys that are currently provided out of Powys for example, this could include some day case surgical services and/or advanced physiotherapy and rehabilitation services.

We will develop further with the public the potential and scale of opportunity for the Rural Regional Centres. The scale and scope of the centres will need to reflect the nature of the population they serve e.g. population size, health need, demography, deprivation and also the services (and service changes) in partner commissioned services that currently serve those populations.

Notably, the health board has the ambition to test the rural regional centre model in north east Powys. This area is strategically important and one where significant service change is taking place in the health sector e.g. Future Fit, Mid Wales Healthcare Collaborative and Betsi Cadwaladr UHB Clinical Strategy. We would like to test a fully integrated model securing the triple integration of physical and mental health, health and social care and primary and secondary care. The project would require capital funding and will be discussed with Welsh Government in 2017/18.

## **5.5 Managing Service Change in North Powys (Future Fit)**

Shrewsbury and Telford Hospital NHS Trust (SaTH) is a significant service provider for Powys residents. Every year approximately 203,606 patient contacts take place in Shropshire for Powys residents and this provider accounts for just under 30% of all PTHB DGH commissioned services or approximately £23.7m per annum. SaTH currently provide emergency and planned services for the Powys population and their local populations from hospital sites in Shrewsbury and Telford. SaTH also provide outreach services e.g. consultant outpatient services for Powys residents in community hospitals in Powys

The future configuration of NHS services in Shropshire has been under consideration for sometime by the NHS Future Fit Programme Board comprising of representatives of SaTH, Shropshire and Telford CCGs and PTHB. Proposals for the revised arrangements of hospital services between the Shrewsbury and Telford hospital sites in Shropshire was published at the end of 2016. The early part of 2017/18 will see formal public consultation begin and a final decision is expected in late 2017 following the analysis of the consultation feedback.

The current preferred option would see emergency and critical care remain at the Royal Shrewsbury Hospital with the majority of planned surgery taking place in the Princess Royal Hospital in Telford.

For residents in Powys this would mean that emergency and critical care service pathways would be secured within the same proximity as at present for the north of the county. However, access to some planned care services would result in significantly longer travel time for people in Powys who need day case or planned surgery.



PTHB and Powys Community Health Council have been fully involved in the Future Fit Programme Board as observers and integral to the joint engagement with the residents of Powys in the work of the Programme Board. PTHB have also take a lead for NHS Wales and a leadership role in coordinating with other organisation who could be impacted upon by the changes, namely BCUHB and WAST.

A priority for the health board is to ensure that the people of Powys are provided with all the necessary information on the options presented and its potential implications, that they have their voice heard in the consultation process and their healthcare interests formally and effectively represented. In addition, the health board will work to fully review and assess all the implications of service change to consider and develop alternative models and pathways of care where appropriate.

Although depending on the timescales for consultation and the detail of the implementation plan, it is highly likely that there will be a significant impact on current service provision for Powys residents during the plan period.

The Powys Health and Care Strategy will start to consider the options in response to the proposed changes. The potential to establish a Rural Regional Centre in north Powys in parallel to the service changes proposed in SaTH is a key opportunity to achieve our ambitions of providing more care locally for the population of Powys.

## **5.6 Managing Service Change in South Powys (Clinical Futures)**

The approval by Welsh Government and consequent implementation of the Full Business Case for the Specialist and Critical Care Centre (SCCC) in Aneurin Bevan UHB will impact the health economy of South Powys. The reconfiguration of services, changes to pathways and service delivery will potentially impact on numerous pathways of care for Powys residents, predominantly from the south and south east of the County.

PTHB are delighted to be the only non Aneurin Bevan UHB area agency represented on the Clinical Futures Programme Board. This is an exciting development for the region and PTHB will take an active role in considering the future service model. Currently, Nevill Hall Hospital in Abergavenny plays a key role in providing services to south and south east Powys and any changes to this will have to be carefully considered by PTHB in partnership with Powys CHC.

Initial conversations have taken place with Cwm Taf and Aneurin Bevan UHBs and agreement reached to take a population based approach to the population of the 'Heads of the Valleys' catchment area with regard to future service planning and the impact of the SCCC. This will take place in early 2017. This group will also have to consider any implications from the Herefordshire and Worcestershire STP process and any impact on services currently provided by Wye Valley NHS Trust to the population of eastern Powys.

## **5.7 Herefordshire and Worcestershire Sustainability Transformation Plan (STP)**

Wye Valley NHS Trust is a key service provider for residents of south and south east Powys. In late 2016, PTHB was informed that there would be shared senior management appointments with South Warwickshire Foundation Trust as part of its recovery from special measures.

Whilst the improvement of the provider's performance is welcomed on a short term basis, the potential longer term strategic direction requires careful consideration. There are potential significant changes to this (now growing) health economy through the STP process which could result in changes to the current pattern of service provision.

If proposals were to emerge to move any secondary or tertiary health services further away, consideration of alternative providers and the impact on onward referrals would require careful consideration. A regional plan for the 'Head of the Valleys' area is a key opportunity to consider future commissioning models for the Powys population.

## **5.8 Capital Developments**

During 2017/18, the health board will develop a long term estates strategy building on the ten year health and care strategy published in March 2017 to ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit for purpose facilities across the public sector footprint is achieved for the citizens of Powys.

The following capital developments are prioritised for action in 2017/18:

- Llandrindod Wells Community Hospital; we are seeking Full Business Case (FBC) approval from Welsh Government to support a £4.3M continuation of activity to develop and reconfigure clinical services to enable patients to be treated closer to home.

The initial phase of work has seen the creation of a new birthing centre, which will be followed by the redevelopment of a JAG accredited endoscopy suite, upgraded dentistry, outpatients department and reception areas to provide modern facilities and improve patient experience. The health board is also working closely with the Renal Network to increase capacity in the existing four bay dialysis unit by 50%.

- Machynlleth Community Hospital; the health board is currently working to develop a project to provide infrastructure and much needed estate compliance upgrades to the hospital. The proposed £3.5M redevelopment will fully enable integrated primary and secondary care services for the locality of Machynlleth on the hospital site, with the co-location of General Practice facilities within the redeveloped hospital and the health board is working closely with Powys County Council to embed integrated working across social care and the third sector. The work will also include the provision of a new palliative care suite.
- Ystradgynlais Community Hospital; scheme development is underway to enhance the mental health service environment and provide a fit for purpose building infrastructure. The scheme will also facilitate the development of an urgent care environment in collaboration with local GPs, who currently provide the service from less than suitable accommodation in the GP practice.

Working alongside the service strategy for health and care in Powys, we will develop a strategic outline programme approach for estate investment options. This approach will have to consider the broader public sector service offer and future ambition for Powys. We want to take this a stage further to consider rural regional centres providing integrated primary, secondary and social care facilities and the funding implications and options for doing so will be explored with partners and Welsh Government during 2017/18.

As noted above we would anticipate that this could include the proposal to develop a pathfinder Rural Regional Centre in north east Powys.

## **5.9 Developing Mental Health Services**

There are two key and significant service changes in mental health; the repatriation of mental health services direct provision from Aneurin Bevan UHB to PTHB; and the potentially changing service model for dementia care in North Powys.

It is anticipated that remaining services will transfer back into direct management from ABUHB in the first quarter of 2017/18, following which potential service changes and improvement pan Powys will take place, enabling more patients to receive care within Powys.

Fan Gorau is an eight patient inpatient mental health facility located in Newtown Hospital in north east Powys. The unit provided care for patients suffering from dementia either as direct admissions from the community or as transfers from other inpatient facilities within or outside Powys where they would have been receiving care for medical problems.

The unit has been closed to admissions during 2016 due to the repeated inability to safely staff the service. A number of recruitment campaigns have taken place with limited success and the location of the service provides a challenge to securing a robust temporary workforce through specialist agencies.

Powys CHC supported the temporary closure of the services under urgent service change guidance. However, the health board has engaged on the future service model for Fan Gorau and North Powys Adult Mental Health during Q4 of 2016/17.

During the closure period, a number of alternative services have been developed and/or commissioned to support this patient group and the discussion with the public will focus on considering the experiences of patients and their relatives through this period and the longer term service plan for north Powys. Following engagement, should formal consultation be required, this will take place in Quarter 1 and Quarter 2 of 2017/18.

## **6. SERVICE DELIVERY**

# 6.1 PREVENTION & HEALTH IMPROVEMENT



**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

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. One in five people in Powys still smoke, a quarter of the population are obese and immunisation rates are short of national targets. This plan identifies the key actions and areas of work for the health board in 2017/18-2019/20.

The actions within this plan will be essential in increasing the capacity of individuals and communities to self care and share ownership of decisions and health outcomes.

## Key Outcomes

The key outcomes targeted within the plan are based on local health need and the potential to have the greatest impact on population health. The priority areas have been reviewed and additional priorities included to reflect the need to address adverse childhood experiences and to increase physical activity in addition to improving weight management.

1. Fewer people smoke
2. More children aged 4-5 are a healthy weight
3. More over 65s and people in at risk groups are protected against flu
4. Health Inequalities are reduced
5. Fewer children and adults are overweight or obese and there is an increased uptake in physical activity
6. Reduction in the number of children who suffer exposure to adverse childhood experiences (ACEs)
7. Schools and pre-schools are progressing through the Healthy Schools accreditation standards
8. The needs of Powys patients are holistically addressed
9. There is increased organisational resilience
10. Staff are confident and competent to have conversations about health and wellbeing with clients and signpost into healthy lifestyle services appropriately

## Health Need in Powys

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

## Healthy Weight

Obesity is one of the most significant challenges for the NHS in the 21st century. Reducing the prevalence of overweight and obesity was identified as a high priority in PTHB's IMTP 2016-2019 and continues to be a high priority in this refresh. The issue has also been considered in a number of Annual Reports of the Director of Public Health for Powys over recent years.

Excess body weight is a major contributor to preventable morbidity and premature mortality: being overweight or obese increases the risk of developing a wide range of serious health problems including type 2 diabetes, cardiovascular disease, cancer and musculoskeletal conditions such as osteoarthritis. Obesity in childhood impacts on the child's physical and mental wellbeing and increases the risk of obesity in adulthood. Maternal obesity is a particular problem as it increases health risks for the mother and baby during and after pregnancy. Weight gain during pregnancy and maternal obesity are related to an increased risk of obesity in childhood. Levels of obesity are related to deprivation: differences in obesity rates between socio-economic groups therefore contribute towards creating inequalities in health.

Levels of overweight and obesity in the population have risen over recent decades and the proportion of people who are overweight or obese increases with increasing age. In Powys, almost one in every four children in reception class (age 4-5) and almost three in every five adults are either overweight or obese.

### Prevalence and Trend 4-5 year olds

The Child Measurement Programme (CMP) provides data on the weight of children in reception (aged 4-5). Data from the most recent CMP survey (2014/15) show that:

- 23.6% of 4-5 year olds in Powys are overweight or obese compared to 26.2% in Wales (this difference is not statistically significant)
- 9.2% of 4-5 year olds in Powys are obese compared to 11.6% in Wales (Powys is statistically significantly lower than Wales - this is the first year Powys has been significantly lower than Wales on this measure)

### Prevalence and Trend 11-16 year olds

Self-reported data for older children and young people is available from the Health Behaviours of School-Aged Children (HBSC) report. The most recent HBSC report found that:

- 19% of 11-16 year olds are overweight or obese in Powys (compared to 18% in Wales)
- There was no change in the proportion of overweight or obese children and young people in Wales during the period 2002 - 2014 (Powys data not available)

### Prevalence and Trend Adults

Self-reported data for adults from the Welsh Health Survey (2015) indicate that 58% of adults in Powys are overweight or obese (59% in Wales) and 20% are obese (23% in Wales).



## Summary of Key IMTP Content on Obesity

Reducing the prevalence of overweight and obesity at all ages is one of the five priority actions for prevention and health improvement in the PTHB IMTP 2017-2020 and a key element of the local cancer, heart disease and liver disease plans.

The PTHB IMTP 2016-2019 identified the following actions in relation to 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

Further actions within the IMTP include (but are not limited to):

- 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
- 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 a Level 2 service for primary-aged children and families
- Public Health Dietetics: local delivery of a range of national courses, including the Agored Cymru courses "Get Cooking", "Eating for One" and "Foodwise" as part of a coordinated approach

Progress against these actions has been made during 2016/17 and is summarised below:

- The existing obesity pathways for all ages have been reviewed. Service mapping has identified gaps within existing obesity pathways, in particular for Level 2 and 3 services
- Related to this, a review of the evidence for the effectiveness of interventions for preventing and managing obesity in children has been undertaken, including a review of the evidence-base for Level 2 services for children and young people
- Work has been undertaken to embed the national 10 Steps to a Healthy Weight programme in Powys, including facilitation of work to increase access to interventions which support physical activity and healthy eating during pregnancy and amongst 0-5 year olds
- A programme of work has been introduced to expand local membership of the Healthy and Sustainable Pre-school Scheme in Powys, funded by the 2016/17 Healthy Preschools Obesity Grant

The introduction and/or expansion of a range of initiatives which promote healthy weight by providing access to opportunities for physical activity and/or healthy eating.

Other public health-led work which contributes to the promotion of healthy weight includes the local Healthy Schools and Healthy and Sustainable Pre-schools Programmes and a public health dietetic programme, supporting a range of community-based training programmes to enhance nutritional knowledge and skills.

## Summary of Key Actions Identified For 2017/18 Forward Plan

The forward plan encompasses further work to support delivery of the national tiered obesity pathway in Powys, including the prevention, early detection and management of overweight and obesity. Next steps include:

- Development of an approach to maintain and increase breastfeeding rates (initiation and maintenance at 10 days and 6 weeks) and to address inequalities in breastfeeding

- This will encompass actions for the maintenance of the health board's UNICEF Baby Friendly Initiative Level 3 status
- Establishment of a "10 Steps to a Healthy Weight" task and finish group to review actions for promoting healthy weight from pre-conception to age five
- Development of recommendations for pathway/service development, in particular regarding level 2 and 3 services including, if agreed, the development of business cases for Level 2 and 3 services
- Specific actions to further promote the establishment of led-walks in Powys, including the identification of walk-leaders and facilitation of walk-leader training

## **Evidence Based**

Using evidence of effectiveness to guide public health strategies will continue to be at the centre of public health practice in Powys in 2017/18. 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 National Institute of Clinical Excellence (NICE) and the Marmot review.

## **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.

## **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 2016/17 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 arrangement. 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 Public Service Board partners, 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.

## Summary Plan: Prevention and Health Improvement

POPULATION NEED	
<ul style="list-style-type: none"> <li>Smoking prevalence remains high (19%) and not enough smokers are being treated by smoking cessation services;</li> <li>Too many people are overweight or obese</li> </ul>	<ul style="list-style-type: none"> <li>Not enough children are up to date with their vaccinations at 4yrs and flu vaccination uptake rates for over 65s and over, under 65s at risk and pregnant women remain below national target;</li> </ul>

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1.Fewer people smoke:</b> <ul style="list-style-type: none"> <li>Communications to prevent smoking and encourage smokers to stop.</li> <li>Review, update and implement commitments of the Tobacco Control Action Plan, continuing to lead local multiagency network</li> <li>Continue to strengthen the promotion of smoking cessation services for pregnant women (see Women and Children's Summary Plan).</li> </ul>	<ul style="list-style-type: none"> <li>Q4-17/18: Review and amend communications activities in the Tobacco Control action plan for 2018/19.</li> </ul>	<ul style="list-style-type: none"> <li>Smoking prevalence</li> <li>Smoking cessation attempts</li> <li>Smoking in pregnancy</li> </ul>
<b>2.More children aged 4-5 are a healthy weight:</b> <ul style="list-style-type: none"> <li>Promote healthy weights in reception year through the pregnancy and pre school-sub group of the healthy weights steering group</li> <li>Establish approach to maintain and increase breastfeeding rates and address inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Q4-17/18: Finalise plan for health board approval.</li> <li>Q4-17/18: Facilitate the introduction of a programme of led walks for adults.</li> </ul>	<ul style="list-style-type: none"> <li>% children (4-5yrs) of healthy weight</li> <li>% babies breastfed</li> </ul>
<b>3.More over 65s and people in at risk groups are protected against flu</b> <ul style="list-style-type: none"> <li>Implement new model of service delivery for influenza immunisation</li> <li>Implement key actions to increase the uptake of immunisation in children aged 0-4yrs through work led by the Powys Vaccination Group (PVG).</li> </ul>	<ul style="list-style-type: none"> <li>Q1-18/19: Implement new actions following review and approval of business case.</li> </ul>	<ul style="list-style-type: none"> <li>Attainment of immunisation targets</li> </ul>
<b>4.Health inequalities are reduced</b> <ul style="list-style-type: none"> <li>Agree an approach and develop an action plan for the reduction of health inequalities by PTHB (Dependent for delivery of project management capacity)</li> </ul>	<ul style="list-style-type: none"> <li>Q4-17/18: Complete action plan for health board approval.</li> <li>Q1-19/20: Evaluate Impact</li> </ul>	<ul style="list-style-type: none"> <li>Avoidable mortality rate</li> <li>Life expectancy gap at birth (most /least deprived)</li> <li>Healthy life expectancy gap at birth (most /least deprived)</li> </ul>
<b>5.Fewer children and adults are overweight or obese and there is an increased uptake in physical activity</b> <ul style="list-style-type: none"> <li>Implement key actions to promote healthy weight of adults through the Healthy Weights Steering Group and the weight management pathway (subject to funding)</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: Develop proposals for a new model for primary care physical activity referral</li> <li>Q3-17/18: Roll out 'Bach a Iach' depending on evaluation, feedback and continued funding.</li> </ul>	<ul style="list-style-type: none"> <li>% children (4-5yrs) of healthy weight</li> <li>% children (11-16yrs) of healthy weight</li> <li>% adults (16-64yrs) of healthy weight</li> </ul>

<ul style="list-style-type: none"> <li>• Develop an action plan to increase levels of physical activity amongst all age groups in Powys (Contingent on Public Health trainee placement).</li> <li>• Use the Powys Healthy Schools and Pre-Schools scheme to promote physical activity and active play among children.</li> <li>• Develop referral pathways into physical activity from primary care. (Contingent on Public Health trainee placement)</li> </ul>		
<b>6.Reduction in the number of children who suffer exposure to adverse childhood experiences (ACEs).</b> <ul style="list-style-type: none"> <li>• Support Powys Public Service Board to develop actions to address ACEs as part of the wellbeing plan development.</li> <li>• Implement any health board specific actions arising from PHW ACEs response plan (contingent on funding requirements)</li> </ul>	<ul style="list-style-type: none"> <li>• Q2-4-17/18: PHW ACEs response plan used to develop draft recommendations for PSB partners</li> </ul>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>
<b>7.Schools and pre-schools progressing through the Healthy Schools accreditation standards</b> <ul style="list-style-type: none"> <li>• Implement the Healthy Schools national framework and achieve national targets.</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: 2017/18 performance targets agreed with WG.</li> </ul>	<ul style="list-style-type: none"> <li>• No. of schools at different levels of Healthy Schools accreditation.</li> </ul>
<b>8.The needs of Powys patients are holistically addressed</b> <ul style="list-style-type: none"> <li>• Support the development and implementation of a social prescribing scheme in Powys.</li> </ul>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>
<b>9.Increased organisational resilience</b> <ul style="list-style-type: none"> <li>• Continue to support the delivery of the organisations internal and multi-agency emergency preparedness, resilience and response (EPPR) activities as defined with the Civil Contingencies Act 2004.</li> </ul>	<ul style="list-style-type: none"> <li>• Q3-17/18: Test the Corporate Business Continuity Plan in 'Exercise Coldstart'</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with Civil Contingencies Act</li> </ul>
<b>10.Staff are confident and competent to have conversations about health and wellbeing with clients and signpost into healthy lifestyle services appropriately.</b> <ul style="list-style-type: none"> <li>• Continue to implement and embed Making Every Contact Count (MECC) in the health board.</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: MECC strategy and action plan formally approved by PTHB.</li> <li>• Q3-17/18: Staff survey of MECC training impact undertaken.</li> </ul>	<ul style="list-style-type: none"> <li>• No. of MECC trained staff having health and wellbeing conversations with clients. (Measured via staff survey)</li> </ul>

## IMPLICATIONS

<b>Finance</b>	<ul style="list-style-type: none"> <li>• WG funding for healthy schools and pre school programme</li> <li>• Inequalities Plan financial implications for 17/18</li> <li>• Investment required to transform the uptake of childhood immunisations</li> <li>• Continuation of "Flu Monies" identified for 16/17 required</li> <li>• Initiatives to increase breastfeeding rates and reduce inequalities in breastfeeding.</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Public health capacity to deliver</li> <li>• Training implications for health board and other staff/professionals</li> <li>• Recruitment of infant feeding coordinator</li> <li>• Reallocate staff time to greatest Priorities</li> </ul>
	<ul style="list-style-type: none"> <li>• N/A</li> </ul>		<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## 6.2 COMMISSIONING DEVELOPMENT



**Strategic Objective 4:** Implement whole system commissioning to ensure appropriate access to effective services

### Strategic Commissioning Framework

Improved health outcomes for the people of Powys can be achieved through better commissioning - meaning the way in which we plan, agree and monitor services.

PTHB is seeking to ensure that commissioning is undertaken in a “holistic” way where there is an integrated understanding of safety, quality, effectiveness, equity, access, cost and the patient experience.

The “commissioning cycle” can be applied at any level. In very broad terms the stages of the cycle can be summarised as “Analyse, Plan, Do and Review”. The cycle spans identifying needs within a population and then planning how to meet those needs in the most appropriate and cost effective way. It involves focusing on delivery to ensure the intended outcomes are being achieved.

The commissioning cycle applies to all clinical service provision. Health services (no matter whether they are directly managed or secured from other providers) need to be understood within the whole pathway of care. PTHB is an unusual health board in Wales in that around 75% of the £285 million (16/17) entrusted to it by Welsh Government is spent on securing healthcare from providers it does not directly manage. Powys has to continuously collaborate with other NHS organisations, local agencies and other bodies to secure access to the range of services required to meet the needs of local residents.

PTHB has to commission healthcare across some of the most complex arrangements in the UK – spanning both the Welsh and the English systems. Whilst Powys aims to provide healthcare in or close to home wherever possible, as a highly rural area, spanning a quarter of the landmass of Wales, with no District General Hospital, patients have to travel outside Powys to receive most secondary and tertiary treatment – which takes place in just under 200 different locations. Patients flow into five main neighbouring health economies – and further afield for specialised health services.

Through the Strategic Commissioning Framework it is setting out how it should be commissioning and the arrangements needed to achieve this. PTHB is seeking to:

- Develop a model of commissioning which reflects the values and arrangements of NHS Wales to secure sustainable solutions
- Ensure that across the organisation the right strategy, people, processes and structures are in place

The Strategic Commissioning Framework spans:

- The principles, values and behaviours which apply to all stages of the commissioning cycle rooted in Prudent Healthcare and the Future Generations Act
- A whole pathway approach from prevention through to specialised services (not just the balance between primary and secondary care)
- The components of the commissioning cycle and the levels to which it can be applied.
- The “tools and techniques” needed for different points of the cycle
- Condition based approaches and programmes
- The forms of commissioning involving PTHB, including joint commissioning

- The Operating Model needed for an organisational wide approach (how & where the work gets done)
- A high level summary of gaps, risks, actions and benefits, building upon the analysis undertaken during Phase 1 of the Commissioning Development Programme

The Commissioning Development Programme is a key priority within PTHB's IMTP. The Programme Board will drive forward the implementation of the Strategic Commissioning Framework through a detailed Implementation Plan.

PTHB's commissioning work spans the continuum through health promotion, primary care, secondary care, specialised services, individual patient commissioning, continuing healthcare, partnership commissioning and joint commissioning with the local authority. Service, no matter whether they are directly managed or secured from other providers, need to be understood within the whole pathway of care in order to shift the focus to prevention and more local delivery wherever possible.

## **Commissioning Assurance Framework**

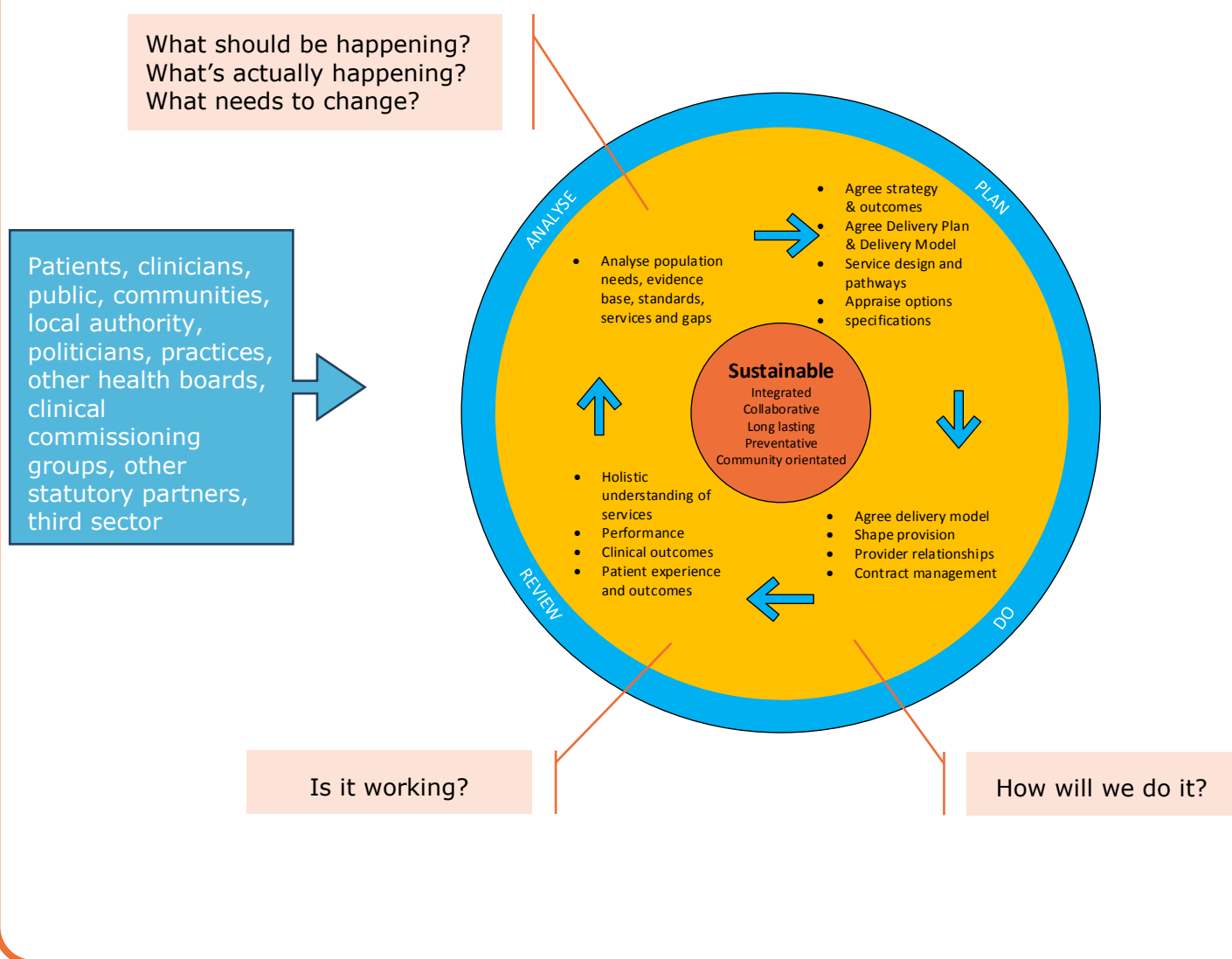
Assurance forms part of the Strategic Commissioning Framework. Work is underway through the Commissioning Assurance Framework to ensure a safer more holistic and robust understanding of the services currently commissioned with a rules based approach to escalation covering the five domains of Quality and safety; Patient experience; Access; Finance and Activity; Governance and Strategic Change.

PTHB is seeking to:

- Commission in a way which reflects the values and arrangements of NHS Wales to secure long lasting solutions making the most of opportunities for prevention, integration, local delivery and collaboration
- Ensure the health board is appropriately orientated to commissioning with the right strategy, people, processes, and structures in place
- Ensure active clinical involvement and leadership within commissioning, with primary care as an essential part of this
- Cover the full range of commissioning arrangements needed for different parts of the continuum of care - and across England and Wales
- Ensure active management of the whole pathway of care- including healthcare delivered across geographical and organisational borders – in order to ensure treatment is safe, clinically and cost effective, on time and informed and influenced by patient experience



What is commissioning? Commissioning is simply the way in which we plan, agree and monitor services. The diagram below shows the main stages of the “commissioning cycle”.



## Developing Commissioning Intentions

The IMTP as a whole sets out PTHB’s priorities for its residents in 17/18 (no matter whether services are directly managed or secured from other organisations). This section summarises the key issues.

### Cross Border Health Care

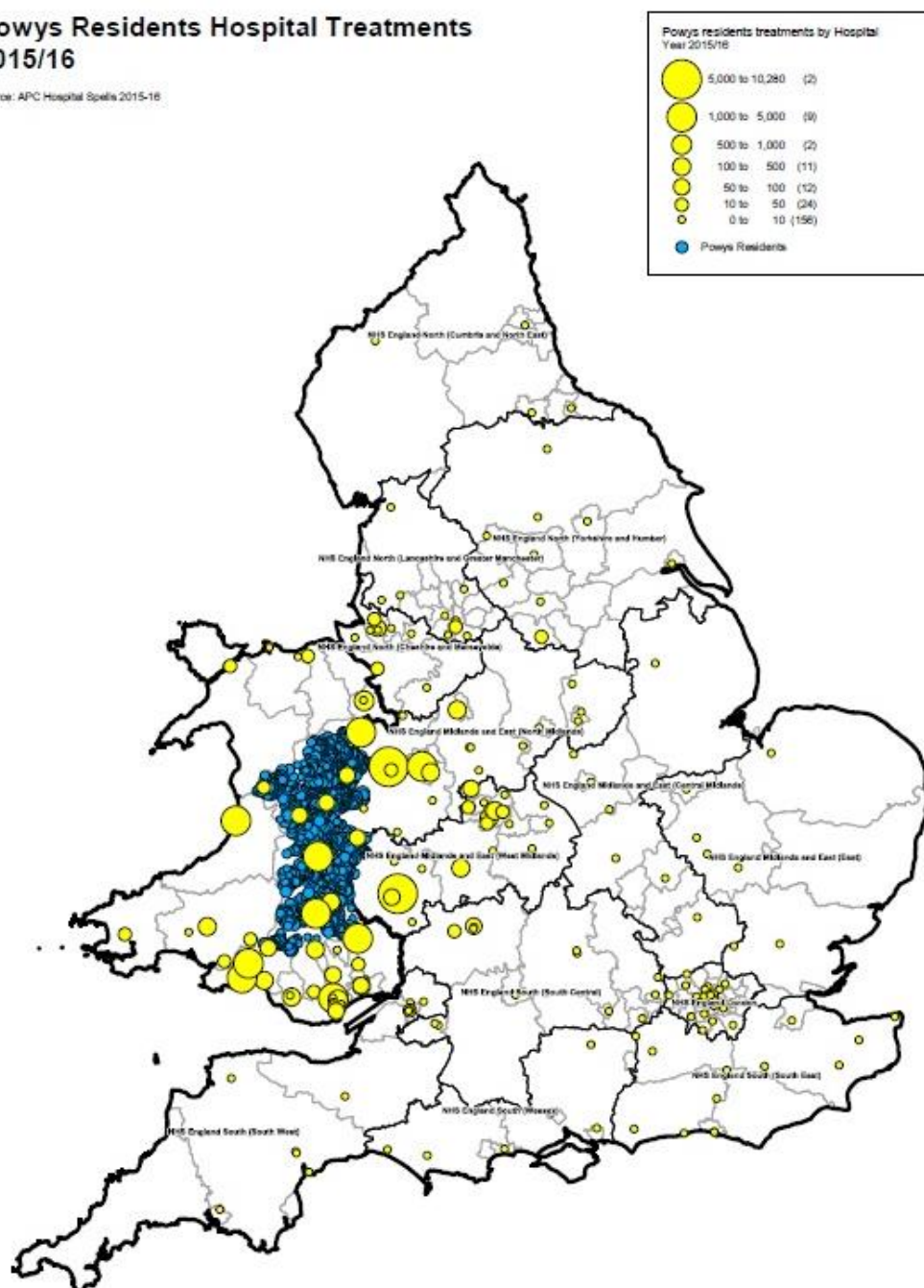
The map below shows all the locations in which Powys residents received treatment in 2015/16. Where patient needs require a District General Hospital or more specialised services the main patient flows are eastwards into England. Nearly half the population is in North Powys and the main patient pathways involve Shrewsbury, Telford and Stoke (north Midlands). The next largest flow involves mid Powys patients being seen in hospitals in Hereford, Worcester and Birmingham (West Midlands). Patients also travel to centres for specialised services such as Birmingham Children’s Hospital and Great Ormond Street in London.

Cross-border healthcare has been examined by the Silk Commission, the Welsh Affairs Select Committee, the National Assembly for Wales and the Welsh Government. Cross-border flows between England and Wales are long established and help patients in rural areas access the services closest to them. Over the next three years more specialised services are likely to further centralise. PTHB will have to work hard with neighbouring health boards, NHS Trusts, and English Clinical Commissioning Groups to rebalance patient pathways to prevention, local delivery and to ensuring access for Powys patients.

There will be a focus on the implementation of any shadow arrangements for the revised cross-border protocol in 2017/18; continuing to keep cross-border arrangements as straightforward as possible; improving cross-border patient information; and improving assurance about equity and compliance with different legal and policy requirements for England and Wales.

### Powys Residents Hospital Treatments 2015/16

Source: APC Hospital Spells 2015-16



## Commissioned Services

In general terms across all NHS secondary providers PTHB will:

- Continue to scrutinise community activity to identify services which could be provided within Powys
- Seek to repatriate maternity ultrasound services
- Continue to improve the performance of virtual wards to prevent admissions wherever possible
- Further extend referral management within Powys
- Focus on Planned Care Programmes to ensure that best practice is being applied across all providers to prevent delays – including the modernisation of “follow-up”. The first priority will be Trauma and Orthopaedic services
- Seek to ensure it receives essential information about quality, safety and patient experience
- Seek the development and use of standardised all-Wales LTA documentation spanning essential requirements for quality and safety and the WG Outcomes Framework
- PTHB is investing in its own Directorates to improve capacity in quality and safety health care public health; and commissioning intelligence so that it can provide an improved analysis of the activity and outcomes involving Powys residents receiving health care services across multiple location in England and Wales
- Work with WG to identify key risks for Welsh Commissioners linked to the use of HRG 4 in England

**Individual Patient Funding Requests:** PTHB is implementing the revised policy for Individual Patient Funding Requests and will consider the findings of the all Wales review.

**Vulnerable Children Living Away from Home:** PTHB will continue to address the needs of vulnerable children living away from home and will work with social services to ensure their needs can be met in Powys wherever possible.

**Third Sector:** PTHB will work with Powys County Council to improve the commissioning of third sector services and ensure alignment with the Health and Social Care Strategy, with improved information about performance and outcomes.

**Secondary Care:** PTHB works with the following main providers across England and Wales:

English Providers	Welsh Providers
Gloucester NHS Foundation Trust	Abertawe Bro Morgannwg UHB
Robert Jones & Agnes Hunt Orthopaedic Hospital	Aneurin Bevan UHB
Shrewsbury and Telford Hospital NHS Trust	Betsi Cadwaladr UHB
Sandwell	Cardiff & Vale UHB
Shropshire Community Health Care	Cwm Taff UHB
Wolverhampton	Hywel Dda UHB
Worcester	Velindre
Mental Health South Staffordshire NHS Foundation Trust	Mental Health BCUHB
	Mental Health ABUHB
Wye Valley NHS Trust	Mental Health ABMUHB (LTA)
	Mental Health 2Gether
	EASC
	Tertiary services via WHSSC

## Specialised Services Commissioning

PTHB is committed to the second year of the agreed Integrated Commissioning Plan. It will seek to ensure that WHSSC reports information at speciality level for all Welsh residents (including the North and West Midlands) as part of a population based approach to commissioning. An analysis of the PTHB share of the WHSSC budget for 16-2017 is set out below.

<b>PTHB WHSSC Budget 2016/17 - Summary</b>		
	<b>£</b>	<b>%</b>
Welsh Providers	8,779	40
English Providers	7,907	36
Mental Health	1,895	9
Specialised IPFR	1,371	6
WHSSC running costs	182	1
2016/17 developments	1,846	8
<b>Total</b>	<b>21,981</b>	<b>100</b>

The 2017/18 requirement is set out below.

<b>Summary – WHSSC Plan</b>		<b>£M</b>
<b>2016-17 Baseline</b>		<b>21.814</b>
Adjustments		0.385
<b>Sub Total</b>		<b>22.199</b>
Red Schemes		0.183
<b>PTHB Requirements</b>		<b>22.382</b>
Amber Schemes		0.312
<b>Total</b>		<b>22.694</b>
<b>Summary – PTHB Budget</b>		<b>£M</b>
<b>2016-17 Baseline</b>		21.981
Agreed uplift		0.660
<b>Sub Total</b>		<b>22.641</b>
<b>Funding levels *</b>		
Mandatory schemes		<b>Yes</b>
Red Schemes		<b>Yes</b>
Amber Schemes		<b>Partial</b>

### Unavoidable Financial Risks in Relation to Specialised Services include:

- Thoracic Review recommendations
- Neurosciences Review recommendations
- New NICE approved medicines

### Rare Diseases Strategy

PTHB will take forward its Rare Diseases Delivery Plan focussing in particular in 17/18 on using CHKS to analyse significant events in patient pathways.

## Joint Commissioning

In broad terms there is a shared understanding of the commissioning cycle within PTHB and Powys County Council. Driving forward integrated approaches enables a shared:

- Analysis of the needs of the same population and the outcomes to be achieved
- Understanding of the gaps and the priorities for action
- Development of agreed strategies, delivery plans and delivery models
- Focus on the development of core integrated services in the community
- Creates resilience and sustainability of public services in a highly rural area

The following priorities for joint commissioning will be taken forward:

- A shared commissioning programme, supported by a Memorandum of Understanding
- The development of integrated core services to prevent problems escalating and to enable people to live in or close to home wherever possible
- The development and use of collaborative commissioning Frameworks within Wales, where core service provision is not possible within Powys.
- A shared approach to Third Sector service development
- Opportunities for staff development

## Summary Plan: Commissioning Development

POPULATION NEED	
<ul style="list-style-type: none"> <li>Improved health outcomes for the people of Powys can be achieved through better commissioning - meaning the way in which we plan, agree and monitor services must meet the population's needs.</li> </ul>	<ul style="list-style-type: none"> <li>PTHB is seeking to ensure that commissioning is undertaken in a "holistic" way - where there is an integrated understanding of safety, quality, effectiveness, equity, access, cost and the patient experience.</li> </ul>

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Improved compliance with essential quality and safety, financial, access, and activity requirements for Powys patients :</b> <ul style="list-style-type: none"> <li>Ensure compliance with CAF across main NHS secondary care providers</li> <li>Work with WHSSC to ensure holistic understanding of commissioned specialised services (including Midlands)</li> <li>Implementation of CAF approach in third sector services</li> </ul>	<ul style="list-style-type: none"> <li>Q1-4-17/18: Develop and initiate approach including improved KPIs</li> <li>Q1-4-18/19: External and internal CAF meetings, escalation, exception reports</li> </ul>	<ul style="list-style-type: none"> <li>NOF</li> <li>LTA</li> </ul>
<b>2. Improved clinical outcomes for Powys residents, patient experience, and compliance. Improved decision making through the commissioning cycle. Right strategy, people, processes and structures in place across the organisation:</b> Implement Phase 3 Plan: <ul style="list-style-type: none"> <li>Ensure the right people in place across the organisation</li> <li>Roll out whole cycle approach focused on highest risks</li> <li>Extend joint commissioning and integrated approaches with PCC</li> <li>Improve Strategic Clinical Prioritisation Processes</li> <li>Extend Referral Management</li> <li>Board and Organisational development</li> <li>Develop Clinical Leadership in Commissioning</li> <li>Develop collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Q1-3-17/18: Implement Phase 3 Plan</li> <li>Q2-17/18: Develop commissioning approaches with WHSSC</li> <li>Q3-17/18: Implement clinical prioritisation panel</li> <li>Q4-17/18: Develop collaborative approaches with CCGs</li> <li>Q4-17/18: Evaluate progress and Develop Phase 4 Plan</li> <li>Q4-17/18: Evaluate progress of applying whole commissioning cycle to T&amp;O</li> <li>Q1-4-18/19: Phase 4 Plan</li> <li>Q4-19/20: Evaluate Benefits realisation</li> </ul>	<ul style="list-style-type: none"> <li>NOF</li> <li>LTA</li> <li>SLA</li> </ul>
<b>3. Improved use of resources to improve clinical outcomes, patient experience and compliance with essential quality and safety, financial, access, and activity requirements:</b> <ul style="list-style-type: none"> <li>Clarify commissioning intentions for NHS secondary services</li> <li>Clarify commissioning intentions for specialised health services</li> <li>Clarify commissioning intentions in relation to third sector with PCC</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: Hold provider summit</li> <li>Q4-17/18: Ensure LTA documentation for 19/20 reflects PTHB IMTP</li> <li>Q1-4 WHSSC meetings improved information about Powys residents</li> </ul>	<ul style="list-style-type: none"> <li>Third Sector KPIs</li> </ul>



<b>4. Improved clinical outcomes, patient experience, and access in relation to planned care for Powys residents to ensure: best practice across whole pathways through planned care programme for :</b> <ul style="list-style-type: none"> <li>• T&amp;O</li> <li>• Ophthalmology</li> <li>• ENT</li> <li>• Urology</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Improve understanding of current picture across all providers through commissioning intelligence, healthcare public health, Q&amp;S and CHKS analysis</li> <li>• Q4-17/18: Monitor improvements and reflect changes needed in 19/20 LTAs</li> </ul>	<ul style="list-style-type: none"> <li>• NOF</li> <li>• Planned Care Programme KPIs</li> </ul>
---	--	--

IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Resources set out in CDP Submission</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Band 4 admin</li> <li>• Q&amp;S Commissioning lead</li> <li>• Appoint and evaluate locum post</li> <li>• Commissioning intelligence post</li> <li>• Referral Management Development Lead</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>

## 6.3 PRIMARY & COMMUNITY CARE



**Strategic Objective 3:** Increasing the capacity, resilience of primary and community care to support care closer to home and self care.

The health board has an explicit ambition and track record of placing primary and community care at the heart of its offer to the population, with strong leadership alongside agile and innovative delivery across a whole spectrum of care provision.

The health board recognises that vibrant and resilient primary and community care services are the cornerstone of its delivery of high quality patient services as close to home as possible. The track record to date shows high levels of performance on unscheduled care provision with an effective primary care infrastructure and flexible community resources working alongside social care services. The delivery ambitions for planned care locally are to drive efficiency and quality within local provision, enabling the opportunity to repatriate services closer to home.

Recognising discrete chapters in the document on planned and unscheduled care, the concentration here is on the rolling plan for developing and delivering primary care services. This is based firmly on 'Our Plan for a Primary Care Service for Wales' as well as Together for Health: Eye Health Care and Oral Health Plans for Wales. Drawing on these key plans requires focus on the five key strands; Planning Care Locally; Improving Access and Quality; Equitable Access; A Skilled Local Workforce; Strong Leadership.

Concentration of effort and clarity of purpose on these strands allows us to do more for patients in their own homes and in the community close to where they live. Developing capacity and creating sustainability within the primary care workforce and promoting innovation within primary and community care services is critical. This chapter outlines the work being taken forward in each of these areas.

### Planning Care Locally

The Primary care based clusters continue to flourish in Powys providing proposals, plans, challenges and solutions that look to address the needs of the populations; the complexity of the pathways that are being dealt with; and provision of high quality services in the most appropriate locations. The clusters also facilitate the sharing of best practice and learning across Powys.

All three clusters in Powys have produced plans and identified key priorities which link through to the IMTP, ensuring that there is a robust link between planning at local and health board level. In summary, the priorities for the next year across the clusters are as follows:

- Development of Urgent Care Practitioners operating as a team across practices, augmenting the workforce and specifically focusing on home visiting and minor injury / minor illness clinics. This builds on the UCP model tested during 2016/17
- Next stage development of robust clinical triage both remotely and at practice level with the aim of reducing demand, delivering resilience and improving access
- Creating capacity through proactive cluster working and through Shropdoc to develop and implement a "primary care support unit" function within a rural setting. This could include remote GP consultation and remote clinical triage from a distant practice both immediately and as part of a sustainability package

- Use of new IT functionality and systems to operate at a pan cluster level and use of technology such as e-consult to help manage demand effectively
- Development of the rural practice approach to the "Patient Aligned Care Team (PACT)" concept developed initially by the USA Department of Veteran's Affairs (VA) on a pilot basis supported by the VA and Health Foundation. Following evaluation the aim, if positive, is to roll out across Powys
- The introduction of additional capacity for extended "all calls" triage with the aim of improving routine access and sustainability at cluster level
- Embedding of substantial pharmacy and pharmacy technician resources aimed at improving both the quality, safety and effectiveness of medicines use and the resilience of the GMS service
- Redesign the clinical pathway for heart failure patients, such that a greater proportion of care is provided by GMS Services and Specialist Nursing resource, with a resulting reduction in secondary care attendances and admissions
- Redesign pathways for ophthalmology services such that maximum use is made of new Eye Health Examination Wales services provided by optometrists and referrals are routed through optometrists on a county wide basis
- The clusters are also key to the integrated work with Powys County Council and have been and will continue to be involved in the older peoples integration work, transformational work using the Vanguard methodologies and delivery of high functioning Multi Disciplinary Teams (MDT) in the community hospitals which are a key component of our unscheduled care delivery aims.

## Machynlleth Primary Care Services

We have been developing improved primary care services in partnership with General Practitioners in the Machynlleth area. Following the transfer of GMS services to the health board in August 2015, there has been considerable work undertaken to both stabilise and deliver a more resilient primary care offer for Machynlleth and the Dyfi Valley.

This has included the commissioning of the neighbouring Cemmaes Road practice to provide the medical input and leadership to the community hospital, the development of resilient pathways of care between the GP practice and the local community care services and work with the Cemmaes Road practice on operating the whole of the primary care (GMS) service for the Dyfi Valley.

The next phase of this proactive development will be concluded in April 2017 as the two practices come under the management and leadership of the Cemmaes Road GPs. This is an excellent and forward thinking development that works to provide resilience and future real potential for the practices and the populations that they serve.

This development fits well with the proposed transformation of the community hospital, with functional space being created in the newly refurbished building to accommodate state of the art primary care services as well as co-located integrated care teams. This adds immensely to the vision of the hospital as a regional integrated healthcare and wellbeing centre. This will deliver countless benefits to the local population, streamline care provision and act as a catalyst for enhanced recruitment of health and social care practitioners to the area.



## Improving Access and Quality

### General Access

Within Powys, securing equitable access to all primary care services can be a challenge, although there is a good spread of services. It is notable that this relative spread may still be at a considerable distance from place of residence.

The health board is working with key partners and clusters to regularly review the expectations of patients and how to best deliver for them. Work undertaken through engagement with our patients' forums, the CHC and through the engagement with citizens (jointly with Powys County Council) results in the following expectations:

- 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
- 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

To address these expectations there are a range of innovative services being established and further deployed including:

- Enhancement of Community Connectors linked specifically to GP practices and Community Resource Teams with the aim of navigating patients into appropriate community based alternatives to GMS
- Enhancement of Care Transfer coordinator resources such that there is a smooth transition from DGH care back into the community through a named care coordinator
- Enhancement of clinical triage and reviews of flow at Practice and Community Resource Team level to ensure that patient care is optimised, accessible and appropriate
- Working with Clusters to further increase the length of appointments for complex patients by using a variety of streaming methodologies and a different workforce profile
- Work with partners including social work, GMS providers, the community hospital and local voluntary sector provision on the creation of a health and wellbeing service in the redesign of Machynlleth Community Hospital.

Further work is required across all services regarding sensory loss and carers which are considered in more detail elsewhere.

### 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. This has been combined with a medical model which has usually meant the patient playing 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 Community Resource Teams using risk stratification tools with GPs, the Virtual Ward, Invest in Your Health initiative, and telehealth solutions such as Florence which is a condition specific smart phone/text reminder service focusing initially on diabetic, hypertensive and respiratory patients.

### **Diagnostic Services**

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. Developing the extent to which patients have local access to diagnostic services is a priority for the health board.

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. These have been piloted in 2016/17 and deployment will be further refined in 2017/18 and onwards for comprehensive rollout subject to affordability and governance.

It is crucial that the best use is made of the resources available and as such there are occasions when highly skilled non-medical practitioners / registrants would be ideally placed to refer for ultrasound and even MRI/CT. The ability of said professionals to undertake these referrals will be delivered as part of the health board's diagnostics 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 patients 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 has developed an Assistive Technology Strategy with Powys County Council and joint implementation of this will be key for 2017/18 and beyond. Within this there will be a focus on the implementation of the use of telehealth and care approaches with the Reablement Service, using basic kit, mobile phones and tablets, together with the implementation of the Florence technology around proactive texting and alerting to patients with COPD, Diabetes and hypertension, expanding the base over the coming three years.

In addition, the implementation of the Urgent Care Practitioner (UCP) workforce and several challenges on "duty doctor" availability has led to the development of remote GP telehealth solutions. This new capability will be further deployed both in and out of hours over the coming two years.

## **Equitable Access**

### **Sustainability**

During 2016, the health board undertook a further comprehensive review of the sustainability of GP practices across Powys and identified three at high risk and four others that could move into that category depending upon the outcome of recruitment and the diversification of their workforce. Much work has been undertaken in 2016/17 by the health board and the primary care clusters to strengthen the sustainability of general practices through the development of a sustainability toolkit and targeted support.

The health board became responsible for the delivery of GMS services in Machynlleth in August 2015 and had success in re-designing the way care is delivered to the population. A new multidisciplinary clinical team has been established and the learning from this used to further develop the sustainability toolkit for general practice.

The health board has also continued to work with the Newtown practice on delivering a new clinical model of care given the significant recruitment challenges. These developments have included clinical triage and urgent care practitioner service through ShropDoc, the employment of a pharmacist, and advanced practitioner in physiotherapy.

The sustainability toolkit of options for deployment in challenged areas supports other practices considered to be at medium risk to find alternative, innovative and proactive solutions. This ensures that general practice resources and community teams combine to deliver rounded outcomes for the local population.

### **Welsh Language Requirements**

The ability for patients to take full advantage of a service must consider multiple factors including the needs of language, cultural need, physical or learning disability, sensory loss, low health literacy, frailty, and those who do not routinely seek help from the NHS.

The health board will continue to work with primary care contractors on implementation of the Welsh Language Commissioner's 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.

## **A Skilled Workforce**

Powys has a changing workforce and amongst GPs 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. Challenges of recruitment also exist with the nursing workforce and to some extent our wider Community Resource Team professionals. It will be essential in order to be in a position to accommodate a greater workload as service provision continues to shift from secondary care to a primary and community care setting.

The health board has taken a very proactive stance in looking to address workforce challenges through the established Primary Care Workforce Group, together with active engagement in the national nursing workforce group. Key in 2017/18 will be the implementation of the Primary Care Workforce Plan and the continued investment in the



development of extended areas of practice across disciplines, increased skill mixing and integrated working alongside recruitment, retention and organisational development programmes of work.

## **Strong Leadership**

The health board is 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. There will be further health board support provided during 2017/18 to support the organisational development of clusters.

The health board will continue to deploy resources 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. Significant progress has already been made in this area.

A review of the structure of the Directorate of Primary, Community and Mental Health Care has been undertaken and the outcome will be implemented during 2017/18. This will ensure that cluster and locality working is symbiotic, there is greater integration and team working with mental health services and there is a stronger governance and accountability based on well developed leadership.

## **Dental Services**

The health board is conscious that the General Dental Service (GDS) provision in Powys, whilst reasonable, has a level of ongoing fragility. Based on experience during previous years, we will further develop the community dental service to be a referral based service with a focus on developing intermediate and specialist services closer to home through increased skill mixing. At the same time, the services and access for vulnerable groups including people who are unable to readily access general dental services will be strengthened.

Where access to general dental services becomes a problem due to recruitment difficulties, the community dental service has and will continue to build capacity to help maintain access to high quality dental services. The availability of appropriate dental services in care homes is a further priority area for the health board with the community dental service now having dedicated domiciliary sessions across Powys.

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 several developments using facilities at Bronglais Hospital in Aberystwyth. During the life of this plan, consideration will be given to the development of 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.

The Dental Service in Powys already has a track record of delivering advanced oral care services in the community setting, using experienced consultants alongside CDS Dentists and Practitioners

## Eye Care Services

Putting patient safety at the heart of all developments, the health board will continue to work to integrate primary and secondary care eye services. 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 maximised through the 'Primary care plus' approach.

The health board already has a track record of delivering more integrated primary and secondary care. The development of the Wet AMD service in Brecon provided on a multi-disciplinary basis using optometrists, nurses and health care assistants is an example of the services which can be provided in Powys to reduce patient travel. This 'one-stop-shop' service, hugely valued by patients, enables assessment and treatment during a single visit to the hospital. Other similar services which can be established will be identified and developed. The health board will also further develop its intentions to involve primary care optometrists in the treatment of patients with suspected glaucoma and stable glaucoma.

## Medicines Use and Prescribing

Improvements in patient centred use of medicines has opportunities for significant overall savings with improvements in use of nutritional supplements, and hydration, and further savings from efficiencies in other prescribable non-medicines.

To support activity improving quality service provision to patients, specific WG 'Invest to Save' funded projects have been established. These projects have 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. Specifically, this work which is ongoing through 17/18, seeks to deliver the:

- 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

## Summary Plan: Primary Care

POPULATION NEED		
<ul style="list-style-type: none"> <li>A child born in most deprived quintile today can expect to live in good health for 14 yrs (female) or 10 yrs (male) less than in the most affluent quintile.</li> <li>The population in Powys is generally older both in terms of its demographic make up and in comparison to the rest of Wales.</li> </ul>		<ul style="list-style-type: none"> <li>Powys is the most deprived Local Authority in Wales for access to services.</li> <li>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.</li> </ul>
OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Strong Leadership</b> <ul style="list-style-type: none"> <li>Cluster development through strengthened governance, organisational development and multi disciplinary working</li> <li>Create and implement a bespoke OD programme for each Cluster</li> <li>Create scheme of delegation and accountability for GP Networks and Locality Clusters including resources</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Implement revised Directorate and Cluster arrangements</li> <li>Q3 – Scheme of Delegation complete</li> <li>Q4-17/18: Cluster Plans 18/19 complete</li> </ul>	<ul style="list-style-type: none"> <li>QOF</li> <li>Primary Care NOF measures</li> <li>Locally agreed Key Performance Indicators</li> </ul>
<b>2. Equitable Access</b> <ul style="list-style-type: none"> <li>Strengthen/proactively implement GMS sustainability toolkit:</li> <li>Integrated IT infrastructure for cross Cluster working</li> <li>Transfer of Machynlleth practice to GMS</li> <li>Implement social prescribing pilot</li> <li>Telemedicines pilot in mid Powys</li> <li>Create a model and service specification for cluster support/buddy role for GMS provision support across practices.</li> <li>Explore long term sustainability solutions with Shropdoc</li> <li>Development of Primary Care Support Unit applicable to Powys</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Transfer the Machynlleth Medical Practice contract to Cemmaes Rd Medical Practice</li> <li>Q2-17/18: Implement IT infrastructure-practices able to view others' clinical systems.</li> <li>Q2-17/18: Implement remote GP Telehealth</li> <li>Q1-Q4 : Introduce , then embed Social Prescribing pilot for community connectors</li> <li>Q3-4-17/18: Explore and pilot additional long term sustainability solutions</li> </ul>	
<b>3. Improving Access and Quality</b> <ul style="list-style-type: none"> <li>Introduce Community Connectors through PAVO</li> <li>Increase capacity and role of Care Transfer Co-ordinators</li> <li>Extend &amp; embed triage across Powys both remote and in-house</li> <li>Introduce longer appointment times for complex patient through application of new workforce models and streamlined workflow</li> <li>Introduce dynamic point of care testing</li> </ul>	<ul style="list-style-type: none"> <li>Q1-Agreed deployment of coordinator policy</li> <li>Q2 Assess</li> <li>Q3 – Extend remote triage to 2 more practices and total triage pilot</li> <li>Q4 Evaluate progress on PAVO triage solution</li> <li>Q2 Evaluate role of CTCs and implement DU audit recommendations</li> </ul>	

<b>4 Dental services : Strong and sustainable</b> Developing specialist services and repatriation of dental activity including <ul style="list-style-type: none"> <li>• Endodontic services</li> <li>• Restorative dentistry</li> <li>• IV sedation Service</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Increase endodontic sessions.</li> <li>• Q2-17/18: Increase restorative dentistry access</li> <li>• Q3-17/18: Develop IV sedation service</li> <li>• Q4-17/18: Reduce oral surgery waiting times and Orthodontic waiting times</li> </ul>	
<b>5.Planning Care Locally</b> <ul style="list-style-type: none"> <li>• Deliver network of UCPs</li> <li>• Pilot the implementation of the PACT team</li> <li>• Pilot the use of "total Triage" to generate capacity and resilience</li> <li>• Implement multifaceted GP telehealth</li> <li>• Implement pan cluster level ICT solution</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Robust recruitment of more UCPs</li> <li>• Q2-17/18: Total Triage in 1 Practice operational</li> <li>• Q1 Establish PACT pilot in Welshpool</li> <li>• Q4-Evaluate PACT on workload/patient experience</li> </ul>	
<b>6.A Skilled Workforce</b> <ul style="list-style-type: none"> <li>• Deliver the primary care workforce plan</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: first pupil experience day arranged</li> <li>• Q2-17/18: first PA student to qualify and commence work in the county.</li> <li>• Q1-18/19: Facilitate one rural GP fellow</li> </ul>	
<b>7. Effective Medicines Management</b> <ul style="list-style-type: none"> <li>• Provide pharmaceutical expertise and support to Social Services and develop integrated pharmacy service provision across settings</li> <li>• Implement and Support All Wales Common Conditions Formulary and Common Ailments Enhanced Service</li> <li>• Develop support for Non-Medical prescribing, ensuring academic places available and promoting role of Designated Medical Prescriber</li> <li>• Implement use of Patients Own Drug scheme and promote public waste medicines campaigns</li> <li>• Roll Out MTeD across Powys hospitals</li> <li>• Develop safer systems for pharmacy medicines chain</li> <li>• Evaluate potential for 7 day pharmacy services; develop as appropriate</li> <li>• Ensure medical gases training for facilities and nursing staff</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Map interface between health care and social care for medicines use</li> <li>• Q1-17/18: Support roll-out of Choose Pharmacy Platform</li> <li>• Q3-17/18: Begin wider roll out of Patients Own Drugs within hospitals</li> <li>• Q3-17/18: Develop medicines policy with social care</li> <li>• Q3-17/18: Evaluation of potential 7 day pharmacy service models</li> </ul>	

IMPLICATIONS			
<b>Estates</b>	<ul style="list-style-type: none"> <li>• Improvement grant for Newtown</li> <li>• Capital Development at Machynlleth</li> <li>• Machynlleth GP Practice team extension</li> <li>• Refurbished Welshpool Dental room</li> <li>• Deployment of a new Dental mobile unit</li> </ul>	<b>Workforce</b>	Subject to business case approval <ul style="list-style-type: none"> <li>• Up to 4 new UCPs</li> <li>• Deployment of 4 Physician Associates</li> <li>• Up to 4 new triage nurses</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>• EMIS and VISION available on a pan cluster basis. Remote telehealth capacity sufficiently reliable for GP Consultation</li> </ul>	<b>Finance</b>	<ul style="list-style-type: none"> <li>• Funding of PCSU, telehealth options and Total Triage pilot subject enhanced Primary Care Funding</li> </ul>

## 6.4 URGENT & EMERGENCY CARE



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

**Strategic Objective 4:** Implement whole system commissioning to ensure appropriate access to effective services

The vision for unscheduled care in Wales is that “people should be supported to remain as independent as possible, that it should be straight forward to get the right help when needed and that no one should have to wait unnecessarily for the care they need” (The Way Ahead for Unscheduled Care in Wales). We will achieve this by working with patients and carers as equal partners to provide prudent care.

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 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:

- Providing services that reduce unscheduled care demand in the first place, particularly for emergency care
- Ensuring that once an acute episode of care is complete, the transfer back to Powys is timely and safe

Practitioners working in primary and community care have a crucial role as the first contact point for many episodes of unscheduled care, and in helping people maintain independence in their own homes. Hospitals, both acute and community remain an important part of our care networks, but to ensure their appropriate use there must be:

- Anticipatory care planning for people with long term conditions
- Effective and easy to use alternatives for appropriate conditions
- Well managed flow through the whole care system
- An effective balance between demand and capacity

Within Powys, where acute care is largely commissioned from external NHS providers, including NHS England, there is a real opportunity to integrate health and social care provision in primary and community settings in a way that will have a major impact on the demand for more specialist acute care. Getting this right will mean that more people remain active and independent within the community and that care is delivered at the right level for people’s needs.

The intended impact of the work on unscheduled work is to reduce avoidable acute care demand from Powys residents; to improve flow across the system through reduced avoidable lengths of hospital stay and delayed transfers of care; and to improve WAST 8 minute performance.

Although unscheduled care performance continues to show improvement there are a number of areas where further progress is required, for example, the recently completed National

Discharge Audit for Community Hospitals made a number of key recommendations that will impact on unscheduled care, these include:

### **Community Hospital Care Pathways**

Ensuring that there is clarity of purpose for the Community Hospital itself and that there is effective care planning for each inpatient

### **Community Hospital Discharge Processes**

Ensuring that discharge planning is proactive and robust so that patients do not stay in hospital longer than is necessary for their care and safety

### **Alternative Community Based Pathways**

Ensuring that a range of community based care and rehabilitation alternatives are available and considered before deciding to admit to a community hospital ward.

## **Priorities for Improvement/Development**

Unscheduled care priorities for 2017/18 onwards based on the current CARE MORE steps are as follow:

### **Step 1+2: Help me Choose/Answer my Call**

1. Embed GP Triage model in South Powys and pilot introduction of a 'Total Triage System' in Haygarth GP Practice area
2. Rollout Older People's Integrated Care Teams across Powys
3. Introduce Community Resource Team extension to Care Homes to maximise Virtual Ward effectiveness
4. Develop potential operational model for urgent care provision across Powys

### **Step 3+4: Come to See Me/Give Me Treatment**

5. Introduce GP Practice Based Pharmacist
6. Introduce Locality Based Chronic Condition Plan

### **Step 5: Take me to Hospital**

7. Optimise ambulance deployment and community paramedics

### **Step 10: Discharge to home**

8. Further refine and strengthen transfer of care policy
9. Implement consistent and smart MDT approach in each Community Hospital
10. Implement twelve recommendations of Delivery Unit Discharge Audit
11. Implement Community Hospital Patient Pathway



## Summary Plan: Unscheduled Care

POPULATION NEED		
<ul style="list-style-type: none"> <li>Powys most deprived Local Authority in Wales for access to services: 42 LSOAs among the least affluent 10% of areas in Wales.</li> </ul>		<ul style="list-style-type: none"> <li>Powys population is generally older both in terms of its demographic make up and in comparison to the rest of Wales.</li> </ul>
KEY OUTCOMES & ACTIONS	MILESTONES	MEASURES
<b>1. GP Nurse Triage Model (Ensuring the Right Access)</b> To ensure that local, primary care based assessment is available as an alternative to emergency care <ul style="list-style-type: none"> <li>Implement model pilot in South Locality</li> <li>Evaluate model</li> <li>Refine model and roll out across Powys</li> </ul>	Q1-17/18 - Model pilot implemented Q1-17/18- Interim review complete for September Pacesetter review. Final review on course. Q1-18/19-Refine model and potential roll out	<ul style="list-style-type: none"> <li>No of emergency admissions</li> <li>Average Length of stay</li> <li>WAST NOF measures</li> </ul>
<b>2. Integrated Care Teams (Ensuring the Right Access)</b> To ensure that integrated care is available to most vulnerable <ul style="list-style-type: none"> <li>Agree roll out sequence</li> <li>Agree Localities Roll Out Plan</li> <li>Implement Localities Roll Out Plan</li> </ul>	Q1-17/18-Roll out sequence agreed Q2-17/18- Localities roll out plan in development	<ul style="list-style-type: none"> <li>No of emergency admissions</li> <li>Average Length of stay</li> <li>DToCs</li> </ul>
<b>3. CRT extension into Care Homes (Ensuring the Right Access)</b> To ensure that anticipatory and urgent care is available as an alternative to emergency care <ul style="list-style-type: none"> <li>Develop model</li> <li>Develop Pilot Implementation Plan</li> <li>1<sup>st</sup> Evaluation</li> <li>12 month Evaluation</li> <li>Decision on future roll out</li> <li>Implement roll out decision</li> </ul>	Q1-17/18-Model developed (Invest to Save bid accepted) Q1-17/18-Pilot Implementation Plan in place Q2-18/19-Decision on future roll out made	<ul style="list-style-type: none"> <li>No of emergency admissions</li> <li>Average Length of stay</li> <li>WAST NOF measures</li> </ul>
<b>4. Urgent Care Service Model (Ensuring the Right Access)</b> To increase availability of local urgent care options <ul style="list-style-type: none"> <li>Develop and agree model</li> <li>Develop full Business Case for Executive approval</li> <li>Implement agreed model in 1 site</li> <li>Roll out agreed model across all sites</li> </ul>	Q1-17/18-Model Agreed Q2-17/18-Business case complete Q1-19/20-Agreed model implemented in pilot site	<ul style="list-style-type: none"> <li>No of emergency admissions</li> <li>Average Length of stay</li> <li>WAST NOF measures</li> </ul>
<b>5. GP Practiced based Pharmacists (Ensuring the Right Access)</b> To increase the availability of medicine management locally and to reduce avoidable demand on GP time	Q1-17/18-Model implemented in Pilot Q3-17/18-Decision on future roll out	<ul style="list-style-type: none"> <li>No of emergency admissions</li> <li>Average Length of stay</li> </ul>

<ul style="list-style-type: none"> <li>• Implement model in Pilot Cluster</li> <li>• Evaluate model in Pilot Cluster</li> <li>• Decision on future roll out</li> <li>• Implement roll out decision</li> </ul>		<ul style="list-style-type: none"> <li>• WAST NOF measures</li> </ul>
<b>6. Ambulance Deployment (Ensuring the Right Access)</b> To maximise capacity in County <ul style="list-style-type: none"> <li>• Agree deployment model</li> <li>• Agree Community Paramedic approach</li> <li>• Pilot in 4 practice areas</li> <li>• Evaluate pilot</li> </ul>	Q1-17/18-WAST/PTHB model and finance confirmed for pilot Q1-18/19-Potential rollout	<ul style="list-style-type: none"> <li>• No of emergency admissions</li> <li>• Average Length of stay</li> <li>• WAST NOF measures</li> <li>• Red 1 performance</li> </ul>
<b>7. Choice Policy (Ensuring the Right Access)</b> To improve flow through early discharge planning <ul style="list-style-type: none"> <li>• Review Policy</li> <li>• Implementation Guidance</li> <li>• Targeted support system in place</li> </ul>	Q1-17/18-Sign off by Exec Committee Q1-17/18-Training for all staff in MDT Q2-17/18-Review approach to site and delivery targets	<ul style="list-style-type: none"> <li>• No of emergency admissions</li> <li>• Average Length of stay</li> <li>• No of DToCs</li> </ul>
<b>8. MDT Working (Ensuring the Right Access)</b> To improve flow through clearer expectations and cooperative working <ul style="list-style-type: none"> <li>• Agree MDT role and responsibilities</li> <li>• Provide education for teams</li> <li>• Monitoring system in place</li> </ul>	Q1-17/18-Develop model MDT Q2-17/18-Design 'perfect' process & agree MDT measures linked to DU report	<ul style="list-style-type: none"> <li>• No of emergency admissions</li> <li>• Average Length of stay</li> </ul>

IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Continued ICF funding of some posts</li> <li>• Financial remodelling based on workforce redesign</li> <li>• Completion of capital schemes underway required e.g. community hospital developments in Machynlleth, Ystradgynlais and Llandrindod Wells</li> <li>• Funding via EASC for paramedic pilot</li> <li>• Continuation of New Primary Care purchases for Triage and Total Triage</li> </ul>	<b>Workforce</b>	Subject to business care approval: <ul style="list-style-type: none"> <li>• Additional Advanced Nurse Practitioner training and capacity required and Paramedic capacity</li> <li>• Additional Counselling skills capacity required</li> <li>• Additional GP capacity required</li> <li>• Basic care skills training for community members required</li> <li>• Up to 12 Community Paramedics</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>• Interconnectivity between GP, Social Care, WAST and commissioning provider systems needs to be improved</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>• Capital investment in Health and Care facilities via Health and Care Strategy could be required</li> </ul>

## 6.5 PLANNED CARE



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

**Strategic Objective 4:** Implement whole system commissioning to ensure appropriate access to effective services

Planned care focusses on planned appointments or interventions for a patient in a wide range of settings, from their own home to a specialist hospital.

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.

Outside of Powys we commission a wide range of planned care from local, regional and specialist hospitals and healthcare providers, such as major surgery, cancer care and specialist tests and investigations.

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 setting 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 are working with colleagues in Hywl Dda Health Board to develop joint a joint consultant in Care of the Elderly post working across Llandrindod, Newtown and Bronglais General Hospital. We have also jointly funded a Care Transfer Co-ordinator post working for Powys and based in Bronglais General Hospital. Projects under the Mid-Wales Healthcare Collaborative include joint work between Bronglais General Hospital and Royal Shrewsbury Hospital to provide networked specialist services including out-reach clinics and telemedicine clinics to the population of Mid Wales so that they can access specialist care closer to home.

We also have clinically led planning and delivery groups for the major specialisms (e.g. diabetes, ENT, neurology, orthopaedics and ophthalmology) and will be establishing groups for urology and dermatology in the new financial year. The plans focus on care pathways in each of the specialist area from health education and patient self-management, local enhanced primary care services thorough to secondary and tertiary care. Plans for speciality areas such as cardiology and respiratory conditions link to local service developments designed to deliver care closer to home, such as virtual ward, and specialities such as diabetes have input from patient representatives and third sector organisations. We have also established two patient reference groups that link with the diabetes planning work.

### **Ophthalmology**

Until early 2016, there was no Wet AMD service in Powys, with patients having to travel outside the county for their treatment. In March, however, a service was established at Brecon Hospital and serves patients in much of Mid and South Powys. With medical oversight, the service is delivered by a multi-disciplinary team, comprising primary care optometrists,

nurses and health care support workers. Assessments only began in March 2016, followed by treatments too from June. In the period to the first week of March 2017, 474 assessments had been undertaken and 259 treatments. The savings in time and travel costs for patients is considerable, especially as the Brecon service offers patients an assessment and treatment (where required) on the same visit. The health board plans to extend in-county provision of the service. A solution set in a primary care environment is being explored in North Powys. This will, however, still rely on the availability of consultant level oversight of the service. Both the existing and planned service result in considerable numbers of patients being removed from the hospital eye service which operates at district general hospital level.

The Eye Health Examination Wales (EHEW) provisions support optometrists to provide a wider range of eye care services in a primary care setting as opposed to the hospital eye service. This reduces demand on the hospital eye service while also providing a more accessible service for patients, especially those living in a rural area like Powys. The health board has embraced not just the original EHEW scheme, but also the service in its extended form now that cataract post-operative and suspect glaucoma/ocular hypertension form part of its remit. The health board is working with external service providers to encourage a transfer of care into Powys, but has also agreed terms with optometrists in Shropshire to provide cataract post-operative eye examination for Powys patients. Not being eligible to be part of the EHEW scheme, these optometrists are paid directly by the health board for their services. The result is a more accessible service for Powys patients and reduced demand on the hospital eye service in Shropshire.

## **Dental**

### *Oral Surgery*

A local consultant led primary and community oral and maxillofacial service is delivered in the Mid and North of the county which accepts all referrals to the speciality for example complex/surgical extractions/ oral pathology and medicine, atypical facial pain, biopsies etc. This avoids patients having to travel to Telford which is the nearest hospital based maxillofacial service for Powys patients who live in the mid and North of the county. The service is a good example of skill mixing using a combination of dentists with special interest, dental nurses with extended duties and dental therapists to deliver the service. The South of the county has been well served for several years through a SLA with Cwm Taf to provide local Oral surgery services in Brecon. Over 75% of all referrals to the speciality are able to be treated in the primary and community care setting. For December 2015 to 2016 562 referrals were received. Both services are complemented by a GA session delivered in Llandrindod Wells and Brecon community hospitals for ASA 1 and 2 patients which provides minor oral surgery services. In the last month through the mid Wales Collaborative, patients who live in Ceredigion are now able to be treated in Newtown for procedures such as complex surgical extractions, this has halved travel time for these patients.

### *Endodontics*

Prior to 2015 patients who required complex root canal procedures were required to travel to Morriston Hospital. Powys community dental service is now able to accept referrals in the North, Mid and South in three clinics, the service is supported by a consultant in restorative dentistry through a SLA with ABMUHB. Over 150 referrals were received in 15/16 with 95% of the patients satisfying the referral acceptance criteria

### *Restorative*

Access to consultant restorative services in Powys has been patchy at best due to national difficulties in recruiting consultants in restorative dentistry. Powys patients requiring these services had lengthy waits and had to travel significant distances usually to Swansea. In the last three months Powys has recruited a senior dental officer in restorative dentistry and talks are in progress to formalise a consultant link. The service is currently based in Brecon and receives direct referrals from Powys GDP's and hospital consultants including colleagues within the CDS

### *Special care Dentistry*

Powys recruited a specialist in special care dentistry in 2016. This has significantly enhanced the delivery of special care dentistry across Powys. The specialist is supported by CDS dental officers including a SDO in special care dentistry. Patients are now able to be seen locally, this has been particularly advantageous for older people with conditions such as dementia and mobility issues who find travelling long distances difficult. The specialist provides clinics in both Llandrindod Wells and Brecon. By the end of 2017 it is hoped that an IV sedation service can be started to treat more patients who have significant dental phobias and can only manage dental treatment with Intra-Venous sedation.

## **Priorities for Action**

There are five priority areas:

- Reduce the volume of interventions not normally undertaken (INNU) for the key planned care specialties of Ophthalmology, Orthopaedics, ENT, Urology and Dermatology. Ensure consistent approach to INNU and control mechanisms across providers
- Reduce avoidable waiting times for Ophthalmology, Orthopaedics, ENT, Dermatology and Urology procedures. The top 10 procedures will be identified by speciality and specific pathways established
- Improve in house Outpatient Service efficiency (Powys Provider). A demand and capacity analysis will be undertaken and recommendations and repatriation plan implemented
- Improve in house Theatre Service efficiency (Powys Provider). A demand and capacity analysis will be undertaken and recommendations and repatriation plan implemented.
- Implement a new model for the Audiology Service. This will be achieved by agreeing a business case, service model and service specification, identifying the appropriate provider options and implementing the approved option

## Summary Plan: Planned Care

POPULATION NEED	
<ul style="list-style-type: none"> <li>Powys is the most deprived Local Authority in Wales for access to services. 42 LSOAs are among the least affluent 10% of areas in Wales.</li> <li>The population in Powys is generally older both in terms of its demographic make up and in comparison to the rest of Wales.</li> </ul>	<ul style="list-style-type: none"> <li>As a consequence of the age profile of the population, factors of inward and outward migration and relative to Wales low birth rate, Powys has one of the fastest ageing populations in Wales</li> </ul>

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Improved clinical leadership of Planned Care Programme</b> <ul style="list-style-type: none"> <li>Establish clinically led Steering Groups for key Planned Care specialties</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: Steering Groups established for Ophthalmology, Orthopaedics, ENT and Urology</li> </ul>	<ul style="list-style-type: none"> <li>RTT Performance</li> <li>OP new to follow up ratio</li> </ul>
<b>2. Improved demand and capacity balance</b> <ul style="list-style-type: none"> <li>Undertake demand and capacity review for each key specialty</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: D&amp;C analysis for key specialties complete</li> </ul>	<ul style="list-style-type: none"> <li>RTT performance</li> <li>Op new to Follow up ratio</li> <li>Theatre efficiency and productivity (provider)</li> </ul>
<b>3. Reduced avoidable interventions</b> <ul style="list-style-type: none"> <li>Implement INNU for each key specialty</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: List of INNUs for each key specialty distributed</li> </ul>	<ul style="list-style-type: none"> <li>RTT Performance</li> </ul>
<b>4. Reduced avoidable attendance/admission</b> <ul style="list-style-type: none"> <li>Redesign patient pathways for high cost/high volume conditions/procedures for each key specialty to maximise care in Powys</li> <li>Revise referral guidance/protocols for high volume/high cost interventions</li> </ul>	<ul style="list-style-type: none"> <li>Q3-17/18: 2 model pathways available for each key specialty</li> <li>Q4-17/18: 2 model pathways available for each key specialty</li> <li>Q1-18/19: 2 model pathways available for each key specialty</li> <li>Q3-17/18: 1<sup>st</sup> Referral Guidance Review complete and revised guidance issued</li> <li>Q3-18/19: 2<sup>nd</sup> Referral Guidance Review complete and revised guidance issued</li> </ul>	<ul style="list-style-type: none"> <li>RTT Performance</li> <li>OP New to FU ratio</li> <li>% on agreed pathway</li> <li>Consultant contacts</li> </ul>
<b>5. Increased access to care in Powys</b> <p>Action to deliver</p> <ul style="list-style-type: none"> <li>Re-align commissioning process to ensure services are delivered in line with pathway requirements</li> </ul>	<ul style="list-style-type: none"> <li>Q3-17/18: Commissioning intentions confirmed</li> <li>Q1-18/19: Service provision realigned for revised pathways</li> </ul>	<ul style="list-style-type: none"> <li>RTT Performance</li> <li>% care received in Powys</li> </ul>
<b>6. Improved efficiency of Provider Services Out Patient and Theatre Services</b> <ul style="list-style-type: none"> <li>Implement Out Patient Services Improvement Project</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Provider Services Out Patient and Theatre D&amp;C analysis complete</li> <li>Q2-17/18: Revised OP &amp; Theatre session templates operational</li> </ul>	<ul style="list-style-type: none"> <li>RTT Performance</li> <li>OP New:FU ratio</li> <li>% care received in Powys</li> </ul>



<ul style="list-style-type: none"> <li>Implement Theatre Improvement Project</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: OP Follow Up Appointment Guidance operational</li> <li>Q2-17/18 New Audiology Service operational</li> </ul>	
---	---	--

IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>Some ICF funding identified for short term pilot projects.</li> <li>Other in county investments to be determined on a 'per project' business case basis based on reduction in out of county spending/commissioning</li> <li>Transfer of money from commissioned services to provider services</li> </ul>	<b>Workforce</b>	Subject to business case approval <ul style="list-style-type: none"> <li>Additional in house activity will depend on sourcing additional specialist medical expertise from external providers (dependent upon repatriation detail)</li> <li>Increased in house provision will require additional clinical skills to be available for diagnostic, assessment and treatment components</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>Interconnectivity between GP, Social Care, WAST and commissioning provider systems needs to be improved.</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>Internal redesign of some outpatient departments and the introduction of 'procedure rooms' required.</li> </ul>

## 6.6 MAJOR HEALTH CONDITIONS



**Strategic Objective 4:** Implement whole system commissioning to ensure appropriate access to effective services system

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 next phase of 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.

A local overarching steering group is well established, focussed on addressing 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 across all areas

The local response to the major condition delivery plans is formed on the basis of national priorities identified in the national plans, local needs assessments and intelligence and local priorities identified through the partnership groups where appropriate.

### **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.

### **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 Strategic Commissioning 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. Again, both 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. Tied to work on strengthening business intelligence, will be the further development in 2017/18 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 2017/18 and beyond. Provided in this section of the IMTP are summary plans for each local delivery plan, outlining the priorities for 2017/18, key milestones, 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 expanding the use of video consultations, Florence, Mastermind and Invest in Your Health as well as expanding the use of telehealth solutions to support those with long term conditions and the use of smart technologies to support self management.

Detailed condition specific plans can be found at: <http://www.powysthb.wales.nhs.uk/strategies>

Population Need									
<ul style="list-style-type: none"><li>The four most common incident cancers in Powys are prostate, female breast, colorectal and lung cancer</li><li>The incidence of lung cancer is significantly lower than in Wales, for all other cancers considered, the incidence rate is not significantly different but is behind the best in Europe</li></ul>			<ul style="list-style-type: none"><li>One and five year survival rates from individual cancers are, in general, not significantly different to national rates.</li><li>There are an estimated 4,763 Powys residents living with a cancer diagnosis, with 554 new cases diagnosed each year.</li></ul>						
Local Priorities for 2017/18-19/20						Measures			
<p><b>Preventing Cancer</b></p> <ul style="list-style-type: none"><li>Strengthen arrangements for aligning with the public health evidence base and agenda</li></ul> <p><b>Detecting Cancer Earlier</b></p> <ul style="list-style-type: none"><li>Develop targeted and coordinated screening campaigns and activities and review onward referrals</li><li>Appropriate access to MRI &amp; CT and timely receipt of scan reports to ensure appropriate and timely onward referral; Patient pathway to be identified to attend DGH urgent assessment unit</li><li>Strengthen training and development plan for primary care engaging with the Macmillan Framework for Cancer Programme to support clinical leadership development for cancer services</li></ul> <p><b>Delivering Fast, Effective Treatment and Care</b></p> <ul style="list-style-type: none"><li>Robustly and effectively performance manage commissioned cancer services and change programmes.</li></ul> <p><b>Meeting the Needs of People with Cancer</b></p> <ul style="list-style-type: none"><li>Strengthen links between acute and primary care strengthening and improving whole pathway of care</li><li>Improve access to and patient experience systemic anti cancer therapy services</li><li>Develop telehealth solutions where possible across the cancer pathway</li><li>Develop key worker model in primary care including mental health and wellbeing needs</li></ul> <p><b>Improving cancer information</b></p> <ul style="list-style-type: none"><li>Develop the information available to support performance management and development across whole pathway including patient experience, activity and access</li></ul> <p><b>Caring for people with cancer at the end of life</b></p> <ul style="list-style-type: none"><li>Secure and deliver well coordinated palliative and end of life care as per the End of Life Delivery Plan</li></ul> <p><b>Targeting cancer research</b></p> <ul style="list-style-type: none"><li>Increase the funding diverted to Powys in relation to cancer research and pilot studies</li></ul>						<ul style="list-style-type: none"><li>% patients newly diagnosed with cancer started definitive treatment within 31 days of diagnosis</li><li>% patients newly diagnosed with cancer, via the urgent suspected cancer route, started definitive treatment within 62 days of receipt of referral</li><li>Screening rates</li><li>Public Health Outcome Measures</li></ul>			
Key Milestones									
2017/18 Q1		2017/18 Q2		2017/18 Q3		2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
<ul style="list-style-type: none"><li>Decision on Chemo outreach feasibility</li></ul>		<ul style="list-style-type: none"><li>Telehealth projects identified</li></ul>		<ul style="list-style-type: none"><li>Whole cancer pathways review undertaken</li></ul>		<ul style="list-style-type: none"><li>Key worker project reviewed</li></ul>	<ul style="list-style-type: none"><li>Telehealth projects in place</li></ul>	<ul style="list-style-type: none"><li></li></ul>	
Implications									
Financial	Funding to be identified for telehealth solutions for 18/19				ICT	Telehealth solutions to be identified 17/18 to be implemented in 18/19			
Workforce	Support in development of training and development primary care plan				Estates	Potential for development in connection to hubs of Velindre’s Transforming Cancer Services			

Population Need													
There are approximately 6,648 adults living with diabetes. This figure is projected to rise to 9,452 by 2019.													
Local Priorities for 2017/18-19/20					Measures								
<b>Prevention</b> <ul style="list-style-type: none"><li>Lifestyle interventions aimed at changing an individual’s diet and increasing amount of physical activity they do.</li></ul> <b>Detection</b> <ul style="list-style-type: none"><li>Increased public awareness of the symptoms of diabetes and the risks posed by delayed diagnosis and treatment is needed.</li></ul> <b>Children and Young People</b> <ul style="list-style-type: none"><li>Type 1 diabetes is one of the most common chronic diseases in childhood and is not preventable. However, a key factor in reducing the impact of diabetes is good control of blood sugar levels without frequent or disabling hypoglycaemic events.</li></ul> <b>Treatment</b> <ul style="list-style-type: none"><li>The majority of diabetes care takes place in primary care, led by GPs and practice nurses; healthcare professionals are sufficiently knowledgeable to identify, refer and manage, as appropriate, people with diabetes.</li></ul> <b>Person-centred care</b> <ul style="list-style-type: none"><li>A core requirement for person-centred care is a personalised care plan. It should be a clear, simple overview of what the person with diabetes is trying to achieve, with short and long term goals clearly defined for both the patient and the healthcare professional. This is the basis of a partnership approach to care.</li></ul> <b>Research</b> <ul style="list-style-type: none"><li>People who participate in research have a better understanding and better management of their condition through additional contact and a partnership relationship with their health professionals. Well conducted research has a major impact on the development and modification of clinical guidelines.</li></ul>					<ul style="list-style-type: none"><li>Public Health Outcome Framework</li><li>Number of opportunistic tests completed</li><li>Emergency admissions for hypoglycaemia and Diabetic ketoacidosis</li><li>PDU appointment attendance (16-25yrs)</li><li>Insulin pump rates</li><li>Hospital length of stay</li><li>Medication errors</li><li>Compliance with the key care processes</li><li>Population level glycaemic control</li><li>Nu of admissions as an emergency</li><li>Attendance at transition clinics.</li><li>Neonatal care admissions</li><li>Referral for structured education services</li><li>Attendance at structured education</li><li>Nu of people participating in clinical trials</li><li>Number of clinical trials</li></ul>								
Key Milestones													
2017/18 Q1		2017/18 Q2		2017/18 Q3		2017/18 Q4	2018/19 Q2		2018/19 Q4		2019/20		
•Evaluation of Flo pilot and roll out if successful		•Review of structured education programmes		•Local flu campaigns •‘Living with Diabetes’ day		•Refreshed Plan		•Identify individuals within specific target groups for advice & Support					
Implications													
Financial		Funding to be identified to support resources required				ICT		Telehealth solutions, including potential rollout of the ‘Florence Project’.					
Workforce		Support the development of training and development of clinicians in primary and community care supporting patients with diabetes				Estates		N/A					

Population Need						
There are approximately 4,432 patients living with coronary heart disease in Powys or 4% of the population. This figure is projected to remain largely unchanged over the next 3 years.						
Local Priorities for 2017/18-19/20					Measures	
<b>Preventing Cardiovascular Disease</b> <ul style="list-style-type: none"><li>Reduce smoking prevalence, alcohol misuse, childhood obesity, increase resilience of young people and rates of immunisation</li></ul> <b>Timely detection, effective and safe care</b> <ul style="list-style-type: none"><li>Work with GPs to optimise opportunities for secondary prevention, explore relatively low rates of angiography and revascularisation</li><li>Develop locality commissioning plans to ensure: specialist services available; access to diagnostic testing and treatments are in place</li><li>Introduce a Cardio Vascular Disease risk assessment programme in deprived areas of Powys to improve the detection and management of cardiovascular disease</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></ul> <b>Children and Young People</b> <ul style="list-style-type: none"><li>Implement the Healthy Child Wales Programme to put in place services which support families to ensure their children attain their health and developmental potential and increase family resilience</li></ul> <b>Enablers for Delivery</b> <ul style="list-style-type: none"><li>Map community service utilisation and effectiveness to better understand pathways of care</li><li>Accountability and reporting arrangements from WHSSC to Board of PTHB on cardiac issues improved</li></ul> <b>Targeting research</b> <ul style="list-style-type: none"><li>Increase the funding diverted to Powys in relation to cardiovascular research and pilot studies</li></ul>					<ul style="list-style-type: none"><li>Public health outcome framework</li><li>Referral for structured education programme</li><li>Outcome and reporting to HDIG</li><li>Clear narrative on low rates angio/revascularisation</li><li>Powys outcome measures</li><li>Powys outcome measures</li><li>Clear understanding of Board members on Cardiac Issues</li></ul>	
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
<ul style="list-style-type: none"><li>Partial Community Cardiology Services development</li><li>Identify patient pathway</li></ul>	<ul style="list-style-type: none"><li>Develop Workforce plan</li><li>Hold discussions with Providers</li></ul>	<ul style="list-style-type: none"><li>Approval and implementation of Community Cardiology Services development</li></ul>				
Implications						
Financial	Funding to be identified to support resources required		ICT	Telehealth solutions to be explored 17/18 to be implemented in 18/19		
Workforce	Support in development of training and development primary care plan		Estates	N/A		



Population Need						
According to the latest available figures, there are over 2000 people with a neurological condition with the health board area.						
Local Priorities for 2017/18-19/20					Measures	
<b>Raising Awareness of Neurological Conditions</b> <ul style="list-style-type: none"><li>• Work with a broad range of partners to raise awareness and signpost existing sources</li></ul> <b>Timely Diagnosis of Neurological Conditions</b> <ul style="list-style-type: none"><li>• Raise awareness and provide timely access to specialist advice and multidisciplinary assessment</li></ul> <b>Fast and Effective Care</b> <ul style="list-style-type: none"><li>• Review, plan and deliver evidence based and timely treatment inline with latest evidence, standards and guidance</li><li>• Ensure patients with complex needs have appropriate, timely and coordinated access to other specialist services as appropriate</li><li>• Coordinate effective transfer of care and timely repatriation of patients from specialist neurological beds to local hospitals as soon as clinically appropriate</li></ul> <b>Living with a Neurological Condition</b> <ul style="list-style-type: none"><li>• Deliver teaching/training/update sessions to GPs, practice nurses and staff where appropriate</li><li>• Ensure health professionals recognise the importance of supporting individuals and families on diagnosis and are appropriately trained to do so patients with neurological conditions</li><li>• Plan and deliver services to meet the ongoing needs of people with neurological conditions as locally as possible to their home in a manner designed to support self management and independent living</li></ul> <b>Children and Young People</b> <ul style="list-style-type: none"><li>• Work closely with our local community paediatricians and support them to deliver diagnosis as much as possible close to the patient’s home.</li></ul> <b>Improving Information</b> <ul style="list-style-type: none"><li>• Develop the information available to support performance management and development across whole pathway including patient experience, activity and access.</li></ul> <b>Targeting Research</b> <ul style="list-style-type: none"><li>• Increase the funding diverted to Powys in relation to research and pilot studies</li></ul>					<ul style="list-style-type: none"><li>•Increased nu of service users</li><li>•Delivery and action plan</li><li>•Reduction in delayed discharges</li><li>•Delivery plan</li></ul>	
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
•Develop and implement patient reported experience measures (PREMS) and patient reported outcome measures (PROMS)	•Continue to develop multi sector locality networks and community resource teams to improve community neuro rehab care	•Work with existing clusters to support development through appropriate skills, capacity and training	•Continue to engage with developing proposals for the appropriate configuration of services in Wales	•Review performance against RCP standards		
Implications						
Financial	Business case development for additional resources		ICT	Telehealth solutions to be explored 17/18 to be implemented in 18/19		
Workforce	N/A		Estates	N/A		

Population Need						
Chronic obstructive pulmonary disease affects 2,216 adults or 2% of the population. This figure is projected to rise to 3,264 by 2019.						
Local Priorities for 2017/18-19/20						Measures
<p><b>Preventing Respiratory Disease</b></p> <ul style="list-style-type: none"><li>Continue to promote smoking cessation services with the local population.</li><li>Strengthen the work undertaken as part of invest in your health.</li></ul> <p><b>Detecting Lung Disease Early</b></p> <ul style="list-style-type: none"><li>Ensuring respiratory disease is detected quickly where it does occur.</li></ul> <p><b>Delivering Fast, Effective Care</b></p> <ul style="list-style-type: none"><li>Improving access to the pulmonary rehabilitation services for those patients who live in more rural areas.</li><li>Strengthen links between acute and primary care strengthening and improving the whole pathway of care.</li><li>Continue to work with GP Practices to undertake peer review of emergency respiratory admissions.</li><li>Ensure people receive prompt, effective treatment and care for their respiratory condition whether adult or child so that they have the best chance of optimising their quality of life.</li></ul> <p><b>Supporting People Living with Lung Disease</b></p> <ul style="list-style-type: none"><li>Increase the funding linked with Spirometry to provide training throughout Powys for Respiratory nurses, HCAs and other health professionals.</li><li>Deliver efficient self management plans to all of our patients diagnosed with COPD.</li></ul> <p><b>Improving Information</b></p> <ul style="list-style-type: none"><li>Continue to raise awareness with the public of how to live healthy with active lifestyles to maintain respiratory health.</li></ul> <p><b>Targeting Research</b></p> <ul style="list-style-type: none"><li>Increase the funding diverted to Powys in relation to research and pilot studies</li></ul>						<ul style="list-style-type: none"><li>Increased referrals for pulmonary rehab</li><li>Increase in smoking cessation referrals</li><li>Reduction in admissions for COPD</li></ul>
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
<ul style="list-style-type: none"><li>Agree local programme of activity relating to respiratory services and prioritise initial work</li><li>Develop and implement patient experience measures and outcomes</li></ul>	<ul style="list-style-type: none"><li>Continue to develop multi sector locality networks and community resource teams</li><li>Liaise with other HBs over acute respiratory care provision</li></ul>	<ul style="list-style-type: none"><li>Work with existing GP to support development through appropriate skills, capacity and training</li></ul>	<ul style="list-style-type: none"><li>Review performance against national standards</li></ul>			
Implications						
Financial	Business case development for additional resources		ICT	Telehealth solutions to be explored (17/18) to be implemented in 18/19		
Workforce	Support in development of training and development		Estates			

Population Need							
Approximately 3,174 adult patients are living with the consequences of stroke. 2% of adults have had a stroke of Powys. This figure is projected to rise to 3,340 over the next 3 years.							
Local Priorities for 2017/18-19/20					Measures		
<b>Living Well</b> <ul style="list-style-type: none"><li>Strengthen arrangements for aligning with the public health evidence base and agenda</li></ul> <b>Stroke Prevention</b> <ul style="list-style-type: none"><li>Work with national awareness campaigns to raise awareness of symptoms of stroke and need to act quickly to seek specialist medical care</li></ul> <b>Early Recognition and Transient Ischaemic Attack (TIA)</b> <ul style="list-style-type: none"><li>Improving detection and management of atrial fibrillation in primary care in Powys</li></ul> <b>Fast Effective Care</b> <ul style="list-style-type: none"><li>Improving patients experience of transition of care from hospital to home by working more flexibly across hospital and community settings and improving flow of patients through acute and inpatient rehabilitation units by improving community rehabilitation utilising WG funding</li><li>Improving communication and coordination of care to improve 6 month review rates utilising WG funding</li><li>Implement the new Community Clinical Information System ensuring it supports the collection and inputting of stroke sentinel national audit data and it promotes interdisciplinary and interagency working</li></ul> <b>Rehabilitation, Recovery and Life after Stroke</b> <ul style="list-style-type: none"><li>Increase intensity of therapy in our rehabilitation units by working innovatively</li><li>Increasing intensity of therapy provided in the community</li><li>Improving emotional support and access to psychological therapies for stroke survivors and their carers in Powys in order to enable them to self manage their own conditions in the longer term utilising WG funding</li><li>Update information available on website for stroke survivors including clear pathways for services and support both within the county and for specialist services out of county</li></ul> <b>End of Life Care</b> <ul style="list-style-type: none"><li>Secure and deliver well coordinated palliative and end of life care as per the End of Life Delivery Plan</li></ul>					<ul style="list-style-type: none"><li>Stroke register data</li><li>Feedback on patient experience</li><li>HB data</li></ul>		
Key Milestones							
2017/18 Q1		2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
<ul style="list-style-type: none"><li>Develop &amp; implement patient reported experience measures (PREMS) and patient reported outcome measures (PROMS)</li></ul>		<ul style="list-style-type: none"><li>Continue to develop multi sector locality networks and community resource teams</li></ul>	<ul style="list-style-type: none"><li>Share learning from early work on the cardiovascular risk assessment</li></ul>	<ul style="list-style-type: none"><li>Continue to engage with developing proposals for the appropriate configuration of stroke services in Wales</li></ul>	<ul style="list-style-type: none"><li>Review performance against RCP standards, thrombolysis levels, stroke survival rates</li></ul>	<ul style="list-style-type: none"><li></li></ul>	
Implications							
Financial	Business case development for additional resources		ICT	Telehealth solutions to be explored 17/18 to be implemented in 18/19			
Workforce	Support in development of training and development primary care plan		Estates	N/A			

Local Priorities for 2017/18-19/20						Measures
<b>Supporting Living and Dying Well</b> <ul style="list-style-type: none"> <li>Ensure training is available for primary care teams to facilitate conversations about care wishes and advanced care planning</li> <li>Provide palliative care in community settings for paediatric and adult patients</li> <li>Have in place lead pharmacists to support improvement of medicine management</li> <li>Provide a single point of contact for families caring for a person at home whose death is likely to be imminent.</li> </ul> <b>Detecting and Identifying Patients Early</b> <ul style="list-style-type: none"> <li>Ensure generalist teams know how to access support from adult and paediatric palliative care teams at all times</li> <li>Validate palliative care registers for all patients categories with less than one years life expectancy</li> <li>Verify that regular multi-disciplinary team meetings take place to discuss patients in all settings</li> <li>Identify a lead for advanced care planning</li> </ul> <b>Delivering Fast, Effective Care</b> <ul style="list-style-type: none"> <li>Review the capacity of existing bereavement services and settings in which they are delivered</li> <li>Have in place active mechanisms to facilitate rapid transfer of patients to meet their care needs and wishes</li> <li>Ensure appropriate staff are able to access support</li> <li>Review existing workforce capacity and skill mix and service provision to address future need.</li> <li>Ensure secure, effective sharing of patient information between services</li> </ul> <b>Reducing the Distress of Terminal Illness for Patients and their Families</b> <ul style="list-style-type: none"> <li>Put in place a 24 hours paediatric palliative care telephone advice rota</li> <li>Ensure transition arrangements are in place from child to adult palliative care services are in place</li> </ul> <b>Education</b> <ul style="list-style-type: none"> <li>All staff receive mandatory training in the need to monitor pain and respond to distress</li> <li>All staff are aware of the five principles of the MCA through mandatory training</li> <li>An agreed programme of support and education is made available to care home staff</li> </ul>						<ul style="list-style-type: none"> <li>Serious illness conversations occur appropriately and empower patients to take informed decisions</li> </ul>
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
• Training needs identified	• Bereavement services capacity reviewed	•	• MDT meetings reviewed	•	• Single Point of Contact in Place	
Implications						
Financial	N/A		ICT	Support to improve access to and transfer of clinical data		
Workforce	Review existing specialist palliative care workforce capacity and staff skill mix		Estates	N/A		

Population Need						
There are around 97 admissions per year where the primary diagnosis is liver disease.						
Local Priorities for 2017/18-19/20					Measures	
<b>Preventing Liver Disease and Promoting Liver Health</b> <ul style="list-style-type: none"><li>• Ensure delivery of the primary prevention programme targeting the risk factors for liver disease</li><li>• Work with substance misuse services to implement strategies in order to continue to reduce risk behaviour and substance misuse</li></ul> <b>Timely Detection of Liver Disease</b> <ul style="list-style-type: none"><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></ul> <b>Fast and Effective Care</b> <ul style="list-style-type: none"><li>• Secure clinical leadership for liver disease for the population of Powys</li><li>• Develop locality commissioning plans to ensure: onward pathways are clear, specialist services available; access to diagnostic testing and treatments is in place</li><li>• Accountability and reporting arrangements from WHSSC to Board of PTHB on liver issues will be improved</li></ul> <b>Living with Liver Disease</b> <ul style="list-style-type: none"><li>• Work closely with primary Care service providers to improve the management og chronic liver disease and delay or prevent progression</li></ul> <b>Improving Information</b> <ul style="list-style-type: none"><li>• Continue to raise awareness with the public of how to live healthy with active lifestyles</li></ul> <b>Targeting Research</b> <ul style="list-style-type: none"><li>• Increase the funding diverted to Powys in relation to research and pilot studies</li></ul>					<ul style="list-style-type: none"><li>•Proportion of children who are obese</li><li>•Promotion of adults who are obese</li><li>•Proportion of adults self-reporting drinking more than alcohol daily guidelines</li><li>•Rate of alcohol specific admissions to hospital</li><li>•Rates of new diagnosis or cirrhosis</li><li>•Liver disease mortality rate</li><li>•Number of years of life lost due to liver disease</li><li>•Rates of hospital admission for liver disease</li><li>•Participation in Management Group</li><li>•Clinical input to network</li></ul>	
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
•Clinical Lead in place	•develop primary prevention programme approach	•Develop awareness materials with Clusters	•Liver season awareness campaign launch	•	•	
Implications						
Financial	Business case development for additional resources		ICT	Support in development of training and development primary care plan		
Workforce	N/A		Estates	JAG Accreditation requirements for endoscopy services		

Population Need						
<ul style="list-style-type: none"><li>Paediatric critical care is a specialised service where admissions involve around one child per less per thousand.</li><li>Across Wales during 2015-16 over 9,500 patients were treated in adult critical care.</li><li>Demand for critical care is projected to increase mainly as a result of the aging population.</li></ul>						
Local Priorities for 2017/18-19/20					Measures	
<p>PTHB commissions critical care services from relevant NHS provider organisations through its Long Term Agreements (LTA) in both England and Wales. The Welsh Health Specialised Services Committee (WHSSC) is delegated to commission specialised services for the population of Wales. This includes paediatric intensive care and the critical care episodes which form part of a specialised admission for adults.</p> <p><b>Delivering Appropriate Effective Ward Based Care</b></p> <ul style="list-style-type: none"><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> <p><b>Effective Critical Care Provision and Utilisation</b></p> <ul style="list-style-type: none"><li>Welsh Health Boards caring for patients from Powys are expected to be compliant with the standards set out in the condition specific delivery plans for Wales. English providers are also provided with links to the Welsh condition specific plans to ensure the compatibility of essential requirements.</li><li>To respond to finding of the National Care’s Survey in Critical Care as appropriate.</li><li>A key local priority for Powys is to work with the WHSSC to ensure there is clarity about the interface between secondary and tertiary service commissioning with regard to intensive care for adults. Through the WHSSC Integrated Commissioning Plan and the interface group with Powys, PTHB is seeking more detailed information about Welsh residents receiving services in England to ensure equity for Welsh residents.</li></ul> <p><b>Timely Discharge from Critical Care</b></p> <ul style="list-style-type: none"><li>Patients have timely access to (where appropriate for their condition and needs) and discharge from critical care</li></ul> <p>(Psychiatric Intensive Care is covered through the arrangements for mental health services.)</p>					<ul style="list-style-type: none"><li>National Outcomes</li><li>Commissioning Assurance Framework</li></ul>	
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
<ul style="list-style-type: none"><li>Pool information with WHSSC to improve critical care episodes delivered in England</li></ul>	<ul style="list-style-type: none"><li>Analyse information through the WHSSC PTHB interface group</li></ul>	<ul style="list-style-type: none"><li>Identify improvements required for 18/19 IMTP and WHSSC Integrated Commissioning Plan- incl length of stay &amp; quality and safety indicators</li></ul>	<ul style="list-style-type: none"><li>Improve monitoring information received through the WHSSC interface group</li></ul>			



Population Need						
There are up to 8000 rare diseases. These are conditions occurring at a rate of <5 per 10,000 in the population. 80% are genetic. 50% of new cases are children under 5 years old. The main trends in rare diseases over the next 5-10 years are likely to be improvements to screening and genetic diagnostic techniques, resulting in earlier diagnosis in childhood. Improved diagnosis and survival rates increases the prevalence of people living with rare conditions.				PTHB is not a provider of specialised services. PTHB has no DGH and secondary care is provided in 5 neighbouring health economies. Tertiary referrals for Powys residents involve North West England; the North and West Midlands and Birmingham; South Wales including Swansea and Cardiff; and other locations such as London. PTHB participates in the Welsh Health Specialised Services Committee, which is responsible for commissioning certain specialised services from England and Wales.		
Local Priorities for 2017/18-19/20				Measures		
Participate in the Rare Diseases Delivery Group						
Participate in the Welsh Health Specialised Services Committee arrangements for Specialised Services and implement the agreed Integrated Commissioning Plan (Please see separate section.)				National Priorities: patients with an unknown diagnosis; primary and secondary care; significant event analysis (including delayed diagnosis); and feedback from patients.		
Roll out the use of Clinical Healthcare Knowledge Systems to monitor significant events in patient pathways						
Key Milestones						
2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q2	2018/19 Q4	2019/20
• Monitor key rare disease pathways via CHKS	• Work with the Rare Diseases Delivery Group on the application of CHKS	• Report CHKS findings and areas for improvement	• Report progress	• Work with WHSSC to extend the use of CHKS	• Report progress	• Review progress and extend the rare diseases covered
Implications						
Financial	N/A		ICT	Roll out of Clinical Healthcare Knowledge Systems		
Workforce	This should be part of the Specialised Services Pathways Lead post		Estates	N/A		

## 6.7 MENTAL HEALTH



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

### Together for Mental Health

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 and will be refreshed in response to the updated implementation plan. A multiagency Partnership Board is in place to drive forward the implementation of the strategy through a detailed five year delivery plan. This section of the IMTP focuses on Adult and Older Adult Mental Health services in Powys. Details of Child and Adolescent Mental Health Services can be found later in the document.

### Priorities for Action

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. The priorities for the health board for 17/18-19/20 are to:

- Implement the sustainable new model of care for adult mental health
- Improve the support available for people with dementia and for those caring for people with dementia through the delivery of the Dementia Action Plan
- Improve mental health and resilience of the people of Powys through delivering the priorities the new mental health delivery plan
- Support families and carers' of people living with mental health issues that impact up daily living and quality of life

The health board 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

Engaging and involvement with people who use services, their families and carers to ensure that Mental Health Services respond to individual need, promote recovery and support resilience and self-help.

## Adult Service Model

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

### **Enhanced Primary Care**

Enhanced primary care focuses on co-locating mental health practitioners and services wherever possible; promoting collaboration through shared/care /co-management arrangements between GPs/primary care practitioners and 'secondary' care and providing flexible local solutions.

We intend to improve access to psychological therapies, reduce waiting times and continue to invest in online Cognitive Behavioural Therapy (CBT) and other psychological services to improve the emotional and mental health of people living in Powys. Our key priority for primary care mental health services for is to achieve the 'tier 1' targets during 2017/18. This will be achieved through the implementation of the urgent improvement plan that has been developed since the service's repatriation in November 2016 and completion of the demand and capacity analysis as well as close management of absence within the service.

Following transfer of primary care services from Betsi Cadwalader UHB (2015) and Aneurin Bevan UHB (2016) our key priority is to reduce waiting times for access to service and to continue to support third sector partners in the implementation of the mid Powys Mind 'active monitoring' scheme across participating GP practices in south Powys. This scheme focuses on early intervention and promotes a facilitated self help approach to wellbeing by engaging participants in meaningful community led activities to promote recovery and reduce isolation.

GP Cluster funding has been deployed across the south of the county to promote services such as MIND. This service delivery will be evaluated in 2017/18 to ensure it promotes effective treatment, delivers good outcomes and is a positive element of the whole primary care mental health offer.

The potential for e CBT to have both a good outcome for patients and impacted positively on the demand for psychological services is well rehearsed. Mastermind has been in operation in Powys for over a year and has evaluated positively so far. During 17/18 eCBT will form part of the solution for the delivery of effective capacity and capability with Psychological Therapies.

### **Acute Care in the Community**

Effective and responsive Community Mental Health services are at the heart of our service model and during the period of this plan, we intend to strengthen our Community Mental Health Teams through a programme of integrating NHS and Social Care Community Mental Health Services to form one truly holistic and joined up service.

We are determined to continually improve the quality and consistency of our community services and during 2017/18 we will undertake a focused improvement programme with Public Health Wales/1000 Lives. This joint improvement plan will assist the Health Board to deliver a whole system service improvement programme (over eighteen months) focused on primary and community mental health services; including integrated Mental Health services, emotional wellbeing teams, alternatives to hospital at home, breaking down barriers to access

through new ways of working and ensuring that care is closely co-ordinated with local agencies.

As the Mental Health Service repatriation programme concludes in 2017, (with the return of services currently delivered by Aneurin Bevan UHB in South Powys) we are working to implement new ways of working that support patients to be cared for in Powys at times of mental health crisis. During 2017/18 the operational hours of the Crisis Resolution and Home Treatment Teams will be increased to operate 9am-10pm/365days. This will enable the majority of patients to receive their acute care support within Powys, avoid unnecessary hospital admissions and where hospital admissions are required, work with patients to reduce length of in-patient stays and to confidently and successfully return home as quickly as possible. We will also consult with stakeholders on changes to the s136 pathway in North Powys. Currently North Powys patients travel to Wrexham for assessment, we wish to change this pathway to ensure that patients remain in Powys for both their assessment and subsequent treatment.

### **Services for Older People**

Services will no longer be based on age categorisation, but will consider the natural impact of the aging 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. A key part of this will be an emphasis on shared care arrangements for people who have both physical and mental health problems. Our model moves away from having mixed 'functional and organic' inpatient wards. The impact of the repositioning of older people's 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.

In the 2016/7 IMTP, we committed to developing specialist teams of professionals in the area of dementia that are strongly linked into physical health teams (such as virtual ward and inpatient facilities). During 2016/17, a pilot Dementia Home Treatment service was established in north Powys. Initial evaluation of the Dementia Home Treatment Team consultation indicates that the service has been positively welcomed by patients and carers. The pilot service is achieving good outcomes to both enable individuals to remain successfully living at home through intensive targeted support and to provide assistance, advice and training to care homes to maintain continuity of care through the use of patient centred interventions to manage behaviour that challenge staff and would otherwise lead to a breakdown of the placement. An engagement process will commence in February 2017 on our future model for older adult mental services, and will focus on options for inpatient and older adult mental health services in north Powys.

We also have the Dementia Delivery Plan and Dementia Leads include third sector. We continue to embed the 'Butterfly Scheme' across the health board and 'John's Campaign'. Achievements made against each pledge are monitored through the Dementia Plan Assurance group, chaired by the Director of Nursing. Over the past six months a significant amount of work has been undertaken to implement the Dementia Plan.

### **Integration & Integrated Working**

We intend to integrate NHS and Social Care Mental Health services across Powys. Integration will occur at each level including leadership and management as well as front-line provision to

provide a seamless mental health service that supports the mental wellbeing and recovery of patients.

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.

## **Substance Misuse**

The purpose of the Substance Misuse and Mental Health Plan is to outline activity to effectively deliver Welsh Government's Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework (September 2015) by informing and influencing the delivery of integrated and collaborative practice in the delivery of mental health and substance misuse services for adults and children and young people.

Responsibility for ensuring its implementation lies with managers, commissioners, planners and clinical leaders in health, social services, education and third sector services with a lead from PTHB and joint oversight from the Powys Area Planning Board (APB) and the Powys Mental Health Planning and Development Partnership (MHP&DP) to whom progress regarding this plan will be reported.

Some of the more specific actions in the approved plan are:

- Undertake biennial joint audits to review:
  - effective clinical leadership
  - resolution of professional differences of opinion,
  - delivery of competency based training and
  - service user involvement in the design and evaluation of local services
  - accessibility to services
- Effectively respond to serious and untoward incidents (SUIs)
- Have in place clear and up to date joint protocol and integrated pathways between mental health and substance misuse services and ensure joint protocol reflects requirements for prevention and early intervention including adherence to the Part 1 scheme for the Local Primary Mental Health Support Service to cover "sign-posting" by the LPMHSS
- Ensure managerial and clinical support structures are strengthened for all individuals working with clients with co-occurring problems
- Joint training sessions on the Powys operational policy and joint working protocol to be delivered

## **Adult Mental Health Services NHS Management Arrangements**

A great deal has been done in 2015 and 2016 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. A new model of care has been established in the north of the county and the design work for the repatriation of service arrangements in the south and particularly out of hours arrangements have been

completed with a view to services and in the south of the county being repatriated in the first two quarters of 2017/18.

## **Statement on the Mental Health Ring-fence**

Powys teaching health board 2016 has a forecasted expenditure of £31.9M on mental health services (for patients of all ages) out of a total budget of £284.9M. This represents 10.9 % of the total health board budget.

## **Mental Health Financial Allocation 2017-18**

The 2017-18 new allocation, will be allocated to strengthening local service delivery as part of the wider project to repatriate direct delivery of Mental Health services from Betsi Cadwaladr UHB, Abertawe Bro Morgannwg UHB and Aneurin Bevan UHB to Powys. Investment will be made in the Out of Hours model of care in order to improve patient outcomes and treat patients as close to home as possible within Powys and avoid unnecessary admissions to out of county mental health units. Direct investment will be made in extending the operational delivery hours of the Crisis Resolution and Home Treatment Teams and ensuring parity of access across Powys to out of hours psychiatry services.

Find more information about Mental Health Services in Powys at: <http://www.powysthb.wales.nhs.uk/nhs-services>



## Summary Plan: Mental Health Services

POPULATION NEED	
<ul style="list-style-type: none"> <li>8% of Powys population report being treated for depression or anxiety, it is one of the top three leading causes of disability.</li> <li>In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales.</li> <li>In the UK up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia.</li> </ul>

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Sustainable service and new model of care in place</b> <ul style="list-style-type: none"> <li>Complete repatriation of MH services from ABUHB</li> <li>Implement rapid improvement plan for psychology and psychological therapies including LPMHS</li> <li>Engagement on service model of older people's MH services in North Powys</li> <li>Implementation of new 136 section pathways</li> <li>Redesign of inpatient acute Pathways to support patients wherever possible in Powys based facilities</li> <li>Extend crisis resolution and home treatment operational hours</li> <li>Recruit and train nurse prescribers and MH advanced nurse practitioners to support front line service delivery in Powys</li> <li>Review psychiatry medical staffing model and recruit to vacancies</li> <li>Implement new pilot out of hours model for on call psychiatry</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Building upon the listening and learning phase in Q4 16/17 moving to formal engagement on service model for older peoples MH services in north Powys</li> <li>Q1-17/18: Service &amp; staff repatriated from ABUHB</li> <li>Q2-17/18: Implement new 136 pathway in North Powys</li> <li>Q2-17/18: Implement revised CRHTT service</li> <li>Q3-17/18: Begin implementation of agreed model</li> <li>Q4-17/18: Implement approved programme of capital works for Felindre Unit</li> <li>Q4-17/18: New Psychiatry model operational</li> <li>Q2-18/19: Complete review of new model</li> </ul>	<ul style="list-style-type: none"> <li>All assessed under part 3 of the mental health measure sent copy of outcome assessment report &lt;10 working days after assessment</li> <li>% health board residents in receipt of secondary mental health services (all ages) with valid CTP</li> <li>% therapeutic interventions started &lt; 28 days following LPMHSS assessment</li> </ul>
<b>2. Strengthened and more robust delivery of adult mental health services</b> <ul style="list-style-type: none"> <li>In partnership with the DU and 1,000Lives team, undertake a deep dive and improvement focused audit into the culture, leadership and performance of MH services in Powys. Roll out whole cycle approach focused on highest risks</li> <li>Implement a programme of management and leadership development focused on Culture values and performance</li> <li>Through the Engage to Change work stream, strengthen existing involvement of people using services in the design and delivery of services, including development of a recruitment policy.</li> </ul>	<ul style="list-style-type: none"> <li>Q2-17/18: Complete Audit</li> <li>Q3-17/18: Act upon initial findings and areas of urgent improvement while improvement focused work continues</li> <li>Q3-17/18: Design Leadership Development Programme for managers within the mental health service</li> </ul>	

<p><b>3. People with dementia and those who care for them are supported in their communities:</b></p> <ul style="list-style-type: none"> <li>• Conduct a demand and capacity assessment of the memory assessment service in Powys and implement action plan</li> <li>• Hold GP cluster training event with view to awareness raising of targets for dementia diagnosis resulting in improved referral rate for dementia with Powys GPs</li> <li>• Implement a post diagnosis information pack to support people newly diagnosed at memory assessment services</li> <li>• Ensure GPs, staff, care home and service providers who deliver care to people with dementia and their carers have access to universal and third sector support services</li> <li>• Work with partners across Powys to support the development of dementia friends and dementia supportive communities across Powys</li> <li>• Increase and promote access to assistive technologies to support patients and carers living with dementia</li> <li>• Undertake regular reviews and audits of Psychotropic medicines prescribing with people living with dementia</li> <li>• Promote Welsh dementia helpline to people living with dementia and their carers</li> </ul>	<ul style="list-style-type: none"> <li>• Q2-17/18: Implement MH elements of the PTHB/PCC Assistive Technology Strategy</li> <li>• Q2-17/18: New materials for memory assessment service available</li> <li>• Q3-17/18: Commence D &amp; C assessment of Memory Services</li> <li>• Q4-17/18: GP dementia Training Programme operational</li> <li>• Q1-18/19: Inform commissioning intentions in relation to dementia services</li> <li>• Q3-18/19: Complete implementation of memory assessment service</li> <li>• Q1-4: Continue to support the development of dementia friendly communities across Powys.</li> <li>• Q1-4 17/19: Continue to implement the joint PTHB and PCC Assistive Technology Strategy.</li> <li>• Throughout 17/18: Continue to promote the helpline to Patients at Care Treatment Plan reviews and during initial assessment.</li> </ul>	<ul style="list-style-type: none"> <li>• % people with 65+ who are diagnosed (registered on a GP QOF register)</li> <li>• % GP practice teams that have completed mental health training in dementia care or other training as outlined under the Directed Enhanced Services for mental illness</li> <li>• Rate of calls to the Welsh dementia helpline by Welsh residents per 100,000 of the population (age 40+)</li> </ul>
<p><b>4. People with dementia in our health and care settings receive the best possible care</b></p> <ul style="list-style-type: none"> <li>• Ensure the Butterfly scheme is embedded across all community hospitals in Powys</li> <li>• Ensure failure free and meaningful activity is available on all Powys older adult MH wards</li> <li>• Ensure appropriate staff have dementia awareness training</li> </ul>	<ul style="list-style-type: none"> <li>• Q2-17/18: Evaluation of Butterfly scheme complete</li> <li>• Q2-17/18: Dementia Training Plan operational</li> <li>• Q2-17/18: Meaningful Activity Programme operational phase 1</li> </ul>	<ul style="list-style-type: none"> <li>• % of NHS staff who come into contact with the public who are trained in an appropriate level of dementia care</li> </ul>
<p><b>5. Patient pathways are managed robustly ensuring minimal waiting times and provision of quality services</b></p> <ul style="list-style-type: none"> <li>• Continue to manage patient flow and maintain effective performance in the management in DTOC</li> <li>• Ensure that RAID schemes are commissioned at DGHs and are performance managed</li> </ul>	<ul style="list-style-type: none"> <li>• Q4-17/18: Evaluation of demand and efficacy of current commissioning arrangements complete</li> <li>• 17-19 Continue to commission RAID schemes as part of LTA agreements with neighbouring Health Boards.</li> <li>• 17-19 Continue to deliver and review the implementation of the Substance Misuse/ Mental Health Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Delayed transfer of care delivery per 10,000 LHB population – mental health (all ages)</li> </ul>

<ul style="list-style-type: none"> <li>• Deliver the co-occurring Substance Misuse and Mental Health Plan which includes policy review, audit and multi-agency training.</li> <li>• Commission Third Sector services across Powys and identify future needs in line with the Prevention and Early-Support Model.</li> <li>• Improve awareness and take up of Veterans Mental Health services across Powys.</li> <li>• Through the section 136 and Criminal Justice work stream of the Mental Health planning and development partnership, deliver the Crisis in Care Concordat requirements to maintain performance that reduces the inappropriate use of section 136 detentions.</li> </ul>	<ul style="list-style-type: none"> <li>• 17-19: Continue to work with Veterans MH services and Third Sector to promote take up of services in Powys.</li> <li>• Implement the Veterans' Mental Health Action Plan.</li> <li>• Review and implement the s136 and Criminal Justice work plan.</li> </ul>	
--	--	--

IMPLICATIONS			
<b>Finance</b>	Mental Health service budgets are under considerable pressure due to increasing patient need and levels of acuity. This pressure is particularly apparent within the Health Boards complex care, Continuing Health Care and s117 responsibilities. New models of integrated care and repatriation of services to Powys will mitigate risk in this area.	<b>Workforce</b>	<p>The recruitment of qualified staff Nursing, Social Work and Medical Staff is an area of service pressure and work is ongoing to recruit to vacancies within our structure.</p> <p>Our new service models will require investment in Advance Nurse Practitioner training, Nurse Prescribing and s12 Approved Medical Staff.</p> <p>Additional capacity from NHS support services (Organisational Development, Estates, ICT, PMO and Finance) is required to support the process of Mental Health service transformation.</p>
<b>ICT</b>	The roll out of WCCIS will support the delivery of integrated Mental Health services by providing a common patient records platform to aid joint working, decision making across professional groups.	<b>Estates</b>	Powys' mental health estate is aging and a number of in-patient and community facilities requires significant investment to meet current and future standards. Strategic Outline Programme for long term estates strategy will be developed in response to the health and care strategy

## 6.8 LEARNING DISABILITIES



**Strategic Objective 2:** Improving 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.

### Priorities for Action

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)
- Consultation and co-production
- Staying Safe
- Moving on and transition
- Good Support
- Opportunities for work, leisure and learning

### Relationships and Family Life

The team work closely with other services such as People's First and other support services to help clients establish meaningful, non-day centre related social activities. 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. The service will be focusing on improving access to primary care services for people with learning disabilities through supporting and developing the primary and community care teams.

### Specialist Regional and National services Models of Commissioning

PTHB have currently a small number of patients in a low secure hospital, the focus is to ensure that individuals are treated within their own community with an appropriate support package.

### Joint Development Complex Behaviour Intervention Pathway

PTHB will further develop challenging behaviour services, and work to develop and implement a Joint Complex Behaviour Intervention Pathway. Involvement in the Community of Practice (CoP), All Wales Group to ensure delivery of research based interventions remains a priority.

### 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.

### Quality/Patient Experience/Safety monitoring

Taking complaints seriously. Development of patient/carers questionnaires following the All Wales guidance and making them available and accessible to people with LD. The team take responsibility for ensuring that any incidents that arise are reported via Datix/Safeguarding.

- Reporting quarterly at the Patient Experience Committee under the Four Quadrant Framework
- Reporting to the Mental Health and Learning Disabilities committee on Learning Disabilities service delivery.

### **Protection (Winterbourne)**

- Return to home project – reporting to Regional Partnership Board jointly with Local Authority via Thematics Board.
- Placements made under Welsh QAIT Framework therefore assurance given.
- Combined approach with Local Authority regarding Quality Assurance when placing joint funded clients.
- When placing in non framework placements, process in place to check regulatory body reports and liaise with local safeguarding teams.
- Powys Teaching Health Board currently have no clients placed out of county under the low secure regional framework.

More information on learning disability services in Powys: <http://www.powysthb.wales.nhs.uk/learning-disabilities-services>

## Summary Plan: Learning Disabilities

### POPULATION NEED

- There are currently 625 people registered on the Local Authority Learning Disabilities register who are open to the team.

### OUTCOMES & KEY ACTIONS

#### 1. 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:

- Improve access and ensuring the sustainability to primary care services through education and support and strengthening community resources.
- Develop and implement the Joint Complex Behavioural Intervention pathways
- Strengthen the links with Adult Mental Health & Older People's Mental Health services for people with learning disabilities to access appropriate services when required.
- Review model and develop business case for autism spectrum disorder as appropriate
- Develop Integration proposals (health and adult social care)

### KEY MILESTONES

- Q1-17/18: Primary Care Care Bundles training for Primary staff in place
- Q3-17/18: PBS Training Development Plan in place
- Assessments of needs for joint commissioning Strategy complete
- Q4-17/18: Pilot Complex Behaviour Intervention Pathway in place
- Q1 – Develop model for H&SC Integration work
- Q2-Q3 – Implement agreed model

### MEASURES

NOF Measures

### IMPLICATIONS

<b>Finance</b>	<ul style="list-style-type: none"> <li>The current ICF funded business case for autism spectrum disorder services will be reviewed alongside current service provision.</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>TBC</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>Interconnectivity between GP, Social Care, WAST and commissioning provider systems needs to be improved.</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

## 6.9 WOMEN & CHILDREN'S SERVICES



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



**Strategic Objective 3:** Increasing the capacity, resilience of primary and community care to support care closer to home and self care.

In 2016, the women's and children's service in Powys set out their vision to strive to work collectively to support and empower children, young people and their families to achieve their full potential by assuring the delivery of accessible, safe, effective, bespoke and sustainable health care.

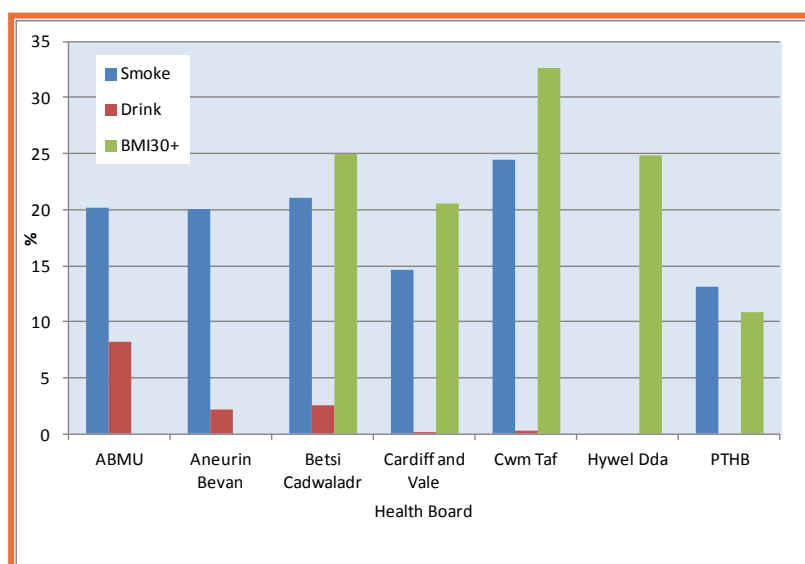
### Maternity Services

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.

It is 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. As strategic service changes in obstetric led maternity care move forward around Powys' borders, access to local services and the use of technology to support local service delivery is increasingly important. The service aims to increase the number of women choosing to birth in Powys, and day assessment and ultrasound access in county will be supported by the further improvement of midwifery led units in Powys as well as the development and enhancement of skills across the midwifery workforce.

Health improvement is a key priority for maternity services with the delivery of the Making Every Contact Count Programme essential in addressing smoking and weight management in expectant mothers. The graph below shows that Powys is already in a relatively positive position in relation to the healthy lifestyles of pregnant women. In particular, it is worth noting that Powys maternity service experiences the lowest rate of smoking in pregnancy across all health boards, in part due to the focus on low-risk births. Powys will also continue to build on the success in promoting breastfeeding through the work of the community midwifery teams.

Rates of smoking, excess drinking and obesity at initial assessment by health board maternity service, 2014/15.





## Children's Services

PTHB's children's services deliver a significant portfolio of public health services and commission services for children with urgent and acute health needs. Results of a series of consultations with children and families in Powys demonstrate that 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 principal domains, based on total care pathway management with a focus on the Children's Commissioner for Wales's priorities set out in the 2016-2019 plan. The priorities are underpinned by understanding the prevalence and impact of adverse childhood experiences and improving childhood resilience by addressing perinatal mental health and supporting positive parenting.

### Community Services for Young People

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. Consultant Community Paediatricians already deliver services to children with disability, chronic conditions or where there are safeguarding concerns. It is further 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.

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.

### Integrated Teams

Working in partnership with Social Services and Education further integrated working 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' and ICF funding 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 Adult Mental Health Services (CAMHS)

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.

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. PTHB is committed to collaborating with those using services, and other health boards and agencies in Wales to drive forward service improvement.

A specific focus for children's mental health will be in ensuring access to 136 place of safety bed and pathway suitable for children and young people, establishing a sustainable model to support CAMHS consultant and nurse led services and develop care pathways for CAMHS specialised services.

Women's & Children's services information in Powys: <http://www.powysthb.wales.nhs.uk/women-and-childrens-services>

## Summary Plan: Women & Children's Services

### POPULATION NEED

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1 in 4 children enter school either overweight or obese in Powys.</li> <li>PTHB has the lowest rate of smoking in pregnancy across all maternity services in Wales (13%).</li> </ul> | <ul style="list-style-type: none"> <li>13% of children living in poverty in Powys (21.9% Wales)</li> </ul> |
|---|--|

### OUTCOMES & KEY ACTIONS

#### 1. Improved maternal health:

- Continue to strengthen the promotion of smoking cessation services for pregnant women. Roll out opt- out system of referrals and provision of CO2 monitors for midwives and Health Visitors in line with national recommendations from the MAMMS project. Re-audit compliance with use of CO monitors and implementation of opt-out approach. Midwifery lead for smoking in pregnancy in place. Quarterly maternal smoking meetings with Public Health.
- Continue to lead on Maternity flu immunisation uptake for pregnant women and implementation of new 136 section pathways
- Develop perinatal Mental Health pathways and community support

### KEY MILESTONES

- Q1-17/18: Perinatal Mental Steering group to agree work plan to finalise and Implement Perinatal Mental Health pathways
- Q2-17/18: Review Flu plan for 17-18 Immunisation uptake for pregnant women

### MEASURES

#### 2. Improved health in early years

- Working with Public Health on 10 steps to health weight plan
- Implement key actions to increase the uptake of immunisation in children aged 0-4yrs through work led by the Powys Vaccination Group (PVG) Childhood vaccinations e.g. Fluenza parties / school nurses
- Implement families first priorities for health inequalities
- Establish an approach to maintain and increase breastfeeding rates, to address inequalities in breastfeeding and to maintain PTHB's Level 3 Baby Friendly Initiative status with infant feeding and breastfeeding support
- Implement FRAIT assessment as part of the Healthy Child Wales Programme

- Q1-17/18: Infant Feeding Group to be set up with workplan
- Q1-17/18: agree families first funding with Local authority to address priorities for Health inequalities, adverse childhood experiences
- Q2-17/18: Review Immunisation plan for 17-18 Immunisation uptake

#### 3. Children with mental health issues are supported and receive the right care as close to home as possible:

- Ensure access to 136 place of safety bed and pathway suitable for children and young people.
- Put in place sustainable model to support CAMHS consultant & nurse led services
- Develop care pathways for CAMHS specialised services e.g. eating disorders, early intervention and family therapy

- Q1-17/18: 136 place of safety pathway developed
- Q2 - 17/18: Place of safety identified
- Q2-17/18: Review Consultant Psychiatry process and develop a sustainable cover for 1.7wte
- Q1-17/18: Review of capacity and demand for recent service developments such as Eating Disorders and Family Therapy

- Sec 136 Pathway and place of safety is available.
- Consultant cover consistent.
- A smooth transition between

<ul style="list-style-type: none"> <li>• Work on a partnership in Powys to deliver on the national Together 4 Children and Young People programme.</li> <li>• To work towards meeting the targets for the Mental Health Measure</li> <li>• Where services are not available within Powys to deliver on services specifically tier 4 and crisis hospital admission – ensure that agreements are in place to provide timely and necessary / appropriate care is delivered.</li> </ul>	<ul style="list-style-type: none"> <li>• Q2-17/18: Develop the pathways</li> <li>• Q1-17/18: Multi agency stakeholder workshop with partners to develop a Powys Framework for delivery.</li> <li>• Q2-17/18: 1st work streams taking place. Dependent upon above.</li> </ul>	<p>assessment and intervention</p> <ul style="list-style-type: none"> <li>• A Powys Plan for T4CYP</li> </ul>
<p><b>4. Children in need of health care and their families have access to quality, timely care as close to home as possible</b></p> <ul style="list-style-type: none"> <li>• Manage benefits realisation of the CYP continuing care invest to save project</li> <li>• Develop and strengthen paediatric pathways and services including: Community Children's Nursing team to support Consultant Paediatrician pathways, paediatric audiology, Continence Services for Children and Young people including Enuresis and Encopresis Clinics for Powys, Develop serial casting for Paediatric physio</li> <li>• Implementing the Integrated Disability Service through partnership approach</li> <li>• Link with Special schools modernisation project for integrated environments for North and South Powys Children, Young People and Family centres</li> <li>• Ensure Welsh Language training for SALT workers</li> <li>• Strengthen links with Neurodevelopmental funding and link with IASP project ensure sustainability of services for children with neurodevelopment and autism including therapy post / behavioural pathways (Potential for Funding)</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Project group established to lead on partnership approach Special schools modernisation project</li> <li>• Q1-17/18: Project group established to lead on partnership approach for Integrated Disability Service</li> <li>• Q2-17/18: To develop proposal for In House serial casting for Paediatric physio</li> <li>• Q3-17/18: To develop proposals for Community Children's Nursing team to support Consultant Paediatrician pathways</li> <li>• Q4-17/18: Integrated Disability Service will be fully integrated</li> </ul>	
<p><b>5. Woman and families are supported to choose to birth as close to home as possible in safe, high quality environments:</b></p> <ul style="list-style-type: none"> <li>• Develop the model for maternity services: Restructure maternity services and put in place consultant midwifery model, continue to develop the Day assessment unit and obstetric ultrasound services available in Powys , Maternity Electronic records project</li> <li>• Develop plans for ensuring adequate environment for children's and midwifery services: North Powys family and children's centres &amp; Welshpool MIU/Birth centre exchange, Day Assessment Unit for North Powys</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Project plans for North Powys DAU and Welshpool MIU/Birth centre exchange approved through capital control</li> <li>• Q4- Welsh Government Neurodevelopmental pathways implemented and fully operational service to meet Neurodevelopmental waiting times</li> </ul>	

## IMPLICATIONS

<b>Finance</b>	<ul style="list-style-type: none"> <li>Investment of c£10,000 is requested in 2017/18 to support the development of key actions to increase the uptake of immunisation in children aged 0-4yrs through work led by the Powys Vaccination Group (PVG)</li> <li>Investment of £22840 is required to maintain and increase breastfeeding rates (initiation and maintenance at 10 days and 6 weeks), to address inequalities in breastfeeding and to maintain PTHB's Level 3 Baby Friendly Initiative status with the support of Infant Feeding Co-ordinator</li> </ul>	<b>Workforce</b>	<p>Subject to business case approval:</p> <ul style="list-style-type: none"> <li>Head of CAMHS and LD to further develop Nurse Led Services</li> <li>Head of CAMHS and LD to review Consultant Psychiatry process and develop a sustainable cover for 1.7wte</li> <li>Head of CAMHS and LD to review Locum Nurse and develop a sustainable cover for waiting list initiatives</li> <li>Head of CAMHS and LD with review of capacity and demand for recent service developments such as Eating Disorders and Family Therapy To support IASP project with role developments for all age autism</li> <li>Lead for Paediatric Physio and 14+ in developing workforce to support Paediatric Serial Casting service in Powys</li> <li>Head of Midwifery and Head Children's Public Health Nursing to recruit to 0.2wte Infant feeding coordinator</li> <li>Head of Child's Public Nursing to support work stream to develop Neurodevelopmental services for Powys</li> <li>Head of Midwifery with review of current workforce configuration include review of current band 8a and band 7 posts and implement Consultant Midwife role</li> <li>Head Children's Public Health Nursing and Immunisation Co-Ordinator to develop additional capacity for the delivery of immunisations and/or to follow up non/incompletely immunised children</li> </ul>
<b>ICT</b>	<p>Bevan Commission exemplar to in progress to develop electronic maternity record.</p>	<b>Estates</b>	<ul style="list-style-type: none"> <li>Welshpool MIU/Birth centre exchange</li> <li>Midwife led Day Assessment Unit for North Powys</li> </ul>

## 6.10 INTEGRATED CARE FOR OLDER PEOPLE



### Strategic Objective 9: Implement greater integrated health and care services

As noted in the Population Needs Assessment, the number of people aged over 65 and 75 is rising faster in Powys than elsewhere in Wales, and while clearly increasing longevity is something to be celebrated, it also brings with it an increasing incidence of multiple chronic conditions and a growing number of functional and cognitive impairments. These issues in turn tend to result in a growing demand for health and care services to treat multiple chronic medical conditions as well as services to help individuals cope with everyday activities such as dressing, bathing, shopping, or preparing food. The latter social care services, are often provided by family members or informal caregivers but can also be provided by formal service providers, either as home care services or as part of residential long-term care. Often, as these formal social care services are organised and funded separately from health care services, it can result in fragmented care for people who need both types of service.

A joint Commissioning Strategy for Older People has been agreed between the health board and Powys County Council that sets out the way we want to work together with our public, patients, service users, their families and other partners to ensure older people in Powys are able to age well. In line with this we are testing both new ways of working and new models of service delivery as part of our Integrated Care Pathways for Older People Programme. The establishment of the Regional Partnership Board (RPB) early in 2016 allowed the principles and agreed priority areas for action to be formally adopted by the RPB as part of its workplan; recognising that the partnership was not starting from a zero base in terms of either population assessment for older people nor thorough engagement with key stakeholders.

The programme of actions are now incorporated into the RPB and includes initiatives to improve prevention and early intervention and to develop intermediate care services to enable people to remain living as independently at home, or within the community, for as long as possible. These programmes are fully outlined in the joint commissioning strategy action plan and are being progressed using both core funding as well as very specific and targeted projects through use of the Intermediate Care Fund (ICF). Within this programme a joint Health and Social Services Project has already been established to develop, test and roll out Integrated Health and Social Care Teams as an extension of our current Community Resource Team model. This involves local, community based teams, centred on local GP Practices, providing a single access point for a range of health and social care services, provided by public, private and volunteer providers, that are housed and managed jointly and within the community itself. The model will be further tested and refined and roll out across the County will begin in 2017/18.

The appointment, in 2017, of the health board Chief Executive as the Interim County Council's Strategic Director of People greatly assist in strengthening the development of integrated services during the period of this Plan covering both older adults and those with mental health requirements.

ICF funding will be targeted at the development of early intervention and prevention programmes, in particular around the development of Community Connectors; introduction of social prescribing into two GP practices targeted at older people; development of Health and Well being services within three specific communities, and enhancing the dementia friendly communities approach. There will also be an integrated approach established for the commissioning of out of hospital care for older people. Progress has been made with the implementation of the Assistive Technology services, which is run through PCC and to which the health board plays an active part, in particular in 17/18 there will be a drive to embed new development services in and around falls prevention.

## Summary Plan: Integrated Care for Older People

POPULATION NEED	
<ul style="list-style-type: none"> <li>The 65+ age group in Powys is projected to increase by 37% by 2033</li> </ul>	<ul style="list-style-type: none"> <li>The 85+ population is estimated to increase by 12% by 2033</li> <li>The number of those aged 65+ will rise faster in Powys compared with Wales</li> </ul>

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1.Improved Prevention and Early Intervention</b> Action to deliver <ul style="list-style-type: none"> <li>Flu Vaccination Programme</li> <li>Prevention and Early Intervention Workstream (ICF)</li> <li>Improve your Health Programme</li> <li>Deliver the community connector and social prescribing programme to two GP practices, all Virtual Wards and all MDTs</li> </ul>	<ul style="list-style-type: none"> <li>Q2 17/18 Flu Plan in place</li> <li>Q3 17/18 All connector posts fully embedded</li> <li>Q2 17/18 Assistive Technology programme re launched</li> <li>Q2 17/18 Initial Health and Well being service options presented to HB &amp; Cabinet</li> <li>Q4 17/18 Prevention and Early Intervention Workstream Evaluation completed</li> <li>Q4 17/18 Improve your Health Evaluation complete and amended as required for 18/19</li> <li>Q4 17/18 Pathways for basket of 8 conditions operational</li> </ul>	<ul style="list-style-type: none"> <li>+ 65 Flu Vaccination Uptake</li> <li>% population cared for at home</li> <li>Emergency Admissions for basket of 8 conditions</li> </ul>
<b>2. Improved Service Integration and Intermediate Care Options</b> Action to deliver <ul style="list-style-type: none"> <li>Integrated Care Teams Project</li> <li>Hospital Flow Project</li> <li>End of Life Plan</li> </ul>	<ul style="list-style-type: none"> <li>Q2 17/18 Enhanced Brokerage teams in place</li> <li>Q4 17/18 Integrated Care Teams operational</li> <li>Q4 17/18 Hospital Flow Project plans delivered</li> <li>Q4 17/18 End of Life Plan objectives delivered</li> </ul>	<ul style="list-style-type: none"> <li>% Cared for at home</li> <li>Emergency admissions for basket of 8 conditions</li> <li>Community Hospital Length of Stay</li> <li>Delayed Transfers of Care</li> </ul>
<b>3. Improved Community engagement</b> Action to deliver <ul style="list-style-type: none"> <li>Cluster Development</li> <li>Health Focus Group Development</li> </ul>	<ul style="list-style-type: none"> <li>Q1 17/18 Clusters defined and operational</li> <li>Q2 17/18 Revised Health Focus Group arrangements, linked to Clusters, in place</li> </ul>	<ul style="list-style-type: none"> <li>% cared for at home</li> <li>Emergency admissions for basket of 8 conditions</li> <li>Community Hospital Length of Stay</li> <li>Delayed Transfers of Care</li> <li>% dying in preferred place</li> </ul>

IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>Workforce within PAVO and PCC</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>WCCIS will support improved information</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



## 6.11 THIRD SECTOR



**Strategic Objective 10:** Develop partnership working, to achieve the ambitions of the health and care strategy and the Powys Wellbeing Plan

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.

### 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 around local services and to enable service change. The health board has significant programmes of work underway over the coming three years 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 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 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.

### 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 voluntary 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.

## 6.12 CARERS



**Strategic Objective 5:** Deliver continuous improvement in safety, quality and patient and carer experience in all settings



**Strategic Objective 10:** Develop partnership working, to achieve the ambitions of the health and care strategy and the Powys Wellbeing Plan

Carers make a critical 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. According to the 2011 census, there are 1,066 unpaid carers aged 0-24 in Powys. The majority of these provide 1-19 hours of care per week. Powys Carers Service know of 576 young carers under the age of 18 and not all of these were known to the commissioned information and advice service. A key impact on young carers is that roughly 1 in 29 young carers miss school due to their responsibilities. In turn, this affects their education and chances of long term employment. Young carers have a significantly lower attainment level at GCSE and are much more likely to be Not in Education, Employment or Training (NEET). We will work through the Carers Partnership to help address the stigma young people can experience as a carer and to help address issues that are important to young carers.

### 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 supported to help maintain employment, education and training

### 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 and support. In 2011, there were 16,154 unpaid carers aged 18+ in Powys, a 14% increase since 2001. The majority of these are over 50 and retired. Their health is typically below average, and more carers are now providing 50 or more hours of care each week. This increase will require a greater number of integrated 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

- Integrated 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 by a Carers Partnership Group. The strategy is to ensure 'Carers have a good sense of wellbeing and are able to fulfil the caring responsibilities they chose to so'. 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, with a target of 100% by March 2018
- 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)

Read the Joint Commissioning Strategy for Carers: [Joint Commissioning Strategy for Carers in Powys](#)

## Summary Plan: Carers

POPULATION NEED			
<ul style="list-style-type: none"> <li>16,154 Carers in Powys, showing an increase of 14% from 2001.</li> </ul>		<ul style="list-style-type: none"> <li>576 Young Carers known to the Powys Carers Services in 2016</li> </ul>	
OUTCOMES & KEY ACTIONS		KEY MILESTONES	MEASURES
<b>1. Information, Advice and Assistance and Community Based Preventative Services</b> Review outcomes for Carers Service 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 services needed in a timely manner</li> <li>Training, information and advice for carers is accessible to support them in their role.</li> </ul>		<ul style="list-style-type: none"> <li>Q4-17/18: Review of new service against key performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>% carers identified that have been offered an assessment will increase to with a target of 100% by 2017</li> <li>Nu of carers accessing support who report their health and wellbeing improved equal or greater than 70%</li> </ul>
<b>2. Everybody's Business Model</b> <ul style="list-style-type: none"> <li>Implement and role out 'everybody's business' model for supporting carers across PCC and health board, which means that identifying carers and understanding their support needs is part of everybody's role.</li> </ul>		<ul style="list-style-type: none"> <li>Q1-17/18: Agree Work Programme</li> <li>Q2-4 17/18: Implement awareness raising training.</li> <li>Initial evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Nu carers accessing support who feel social, employment or educational areas of life has improved, equal or greater than 45.6%</li> </ul>
<b>3. Carers' Respite Review</b> <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>		<ul style="list-style-type: none"> <li>Q1–Agreed deployment of coordinator policy</li> <li>Q3–Extend remote triage to 2 more practices</li> <li>Q4 Evaluate progress on PAVO triage solution</li> <li>Q2 Evaluate role of CTCs and implement DU audit recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Nu carers accessing support that we help to carry on caring equal or greater than 64.8%</li> </ul>
<b>4 Integrated Assessment</b> <ul style="list-style-type: none"> <li>Ongoing review of all training and information provided to carers.</li> <li>Ongoing roll out of Carers Champions</li> <li>Identify the number of young carers in each school</li> </ul>		<ul style="list-style-type: none"> <li>Q1-17/18: Increase endodontic service sessions.</li> <li>Q2-17/18: Increase restorative dentistry access</li> <li>Q3-17/18: Develop IV sedation service</li> <li>Q4-17/18: Reduce oral surgery &amp; orthodontic waits</li> </ul>	<ul style="list-style-type: none"> <li>Nu of carers accessing support who we help to feel less alone in their caring role will be equal or greater than 69.4%</li> </ul>
IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>Delivery of the Joint Commissioning Strategy for Carers within allocated resources</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>Ongoing roll out of carers training for staff</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>Roll out of Carers e-learning</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>None</li> </ul>

## 6.13 HEALTH & SOCIAL CARE INTEGRATION



### Strategic Objective 9: Implement greater integrated health and care services

Health and social care increasingly is being seen as part of a single, whole system. The health board already has a strong track record of working with social care. There is continued commitment to work closely with social care in developing person centred information, support and care. The Chief Executive is currently the interim Strategic Director of People (includes the statutory Director of Social Services role), this provides a unique opportunity to further the relationships between health and social care and to proceed at pace the integration agenda. The section earlier describes the integration agenda.

There are 4 key areas that provide the Framework for Integration:

1. Strategic integration – based on key drivers such as the joint health, needs and wellbeing assessment, as well as new legislation (Wellbeing of Future Generations Act and Social Services and Wellbeing Act) to develop a strategic vision and direction based on an integrated whole system approach; and focusing on outcomes that matter most to the people of Powys.
2. Integrated commissioning – enabling a whole system approach to commissioning, using flexible and adaptable mechanisms and ensuring that best value is achieved for the people accessing support and services.
3. Operational management integration – organising ourselves and our resources to deliver our collective objectives in a coordinated and effective way.
4. Integrated Service provision – bringing teams together, pooling resources, collectively working to agreed common goals and delivering effective, efficient and sustainable support and services for people.

### Strategic Integration

An integrated Health and Care Strategy, the first in Wales, has been developed and is currently being engaged upon with a view to approval in March 2017. The focus on the coming three years therefore is to develop the detailed plans that enable the goals to be achieved and to start implementing, making changes as soon as possible starting in 2017. The key deliverables therefore, dependent on the outcome of the engagement and approval process are:

- Develop year 1 implementation proposals for health and care strategy, including
  - Potential Rural Regional Centre proposal
  - Development of Community Hubs
- Complete the Options Appraisal process for integration delivery model including financial appraisal/assessment leading to Board and Cabinet decision
- Evaluate the co-role of the CEO and the Strategic Director of People to develop a long term option
- Self-assess and evaluate the mechanism of Joint Partnership Board as the integrated leadership approach and develop a joint scrutiny and assurance mechanism.
- Enable a greater external lens on our work through potential partnerships with other organisations including academic institutions (including Bevan Commission).
- Strengthen the communication and engagement approach to integrated working, ensuring an outward as well as inward facing approach.
- Embed the Regional Partnership Board working arrangements through the statutory bodies, with clearly articulated governance

## Integrated Commissioning

There are already areas where joint strategies have been developed either for patient citizen groups or pathways. Given the development of the health and care strategy the alignment of such strategies including the streamlining of their development, aspirations and their implementation will need to be considered. Similarly there are priority areas where an integrated approach will be essential to comply for example with the social services and Wellbeing Act. The key deliverables therefore are:

- Develop a proposal for an integrated commissioning approach including the operating model for success
- Review and align existing joint strategies to the aims and delivery objectives of the Health and Care Strategy
- Deliver a specific integrated commissioning approach as a priority for residential care, linking into the national work and applying the Powys specific lens
- Revise, where necessary, and implement the integrated telehealth/ telecare strategy
- Evaluate the ICT capacity and capability needed to implement further ambitions in this area

## Operational management integration

This area relates to the 'how we will work' and 'what we will do' and largely moves us towards an integrated operating model over the life of this plan. The key deliverables therefore are:

- Develop a proposal for an integrated approach to Organisational Development, building on the success so far of the joint Leadership and Management Framework.
- Develop a proposal for close operational HR management systems and processes to support and enable integrated team working, including the further development of an integrated workforce plan.
- Strengthen the approach to Section 33/pooled resources arrangements, including the simplification and broadening of the approach to focus on service objectives and way of working specifically.
- Improve mechanisms for joint operational planning, management delivery and performance improvement over the life of the plan, starting with clear joint objectives at directorate level including the People Directorate (social services).
- Implement the WCCIS system to all designated teams and enable new ways of working as a result

## Integrated Service provision

In addition to integrated commissioning there is significant opportunity to accelerate the scale and pace of integrated service provision, building on the progress already made. Underpinned by positive approaches to organisational development and working together with staff partners there are a number of key deliverables:

- Evaluate the Ystradgynlais Older People's Team Early Implementer integration project, and dependent on outcomes develop and implement a considered roll out plan for the rest of Powys
- Develop, and where appropriate, implement integration proposals regarding mental health and learning disabilities services
- Building on the work already undertaken, consider opportunities to further develop integration of children's services

- Consider the health input that could add value in the Powys People Direct service, in tandem with a review of utilisation and impact of PPD
- Review reablement services to ensure best impact is being made in supporting self care and community support options (avoiding admissions into longer term care options)
- Develop proposals for an integrated day hospital and day centre approach to community support, working closely with the Third Sector and Town and Community Councils where feasible
- Plan and implement the integrated service model and environmental changes (through Capital) for Machynlleth

This work will be reviewed and modified/agreed through the Joint Partnership Board before final confirmation.



## **7. ENABLING DELIVERY**

## 7.1 WORKFORCE & ORGANISATIONAL DEVELOPMENT



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

There are a number of potential changes both cross boundary and cross organisational happening across the health economies of Powys. We will need to ensure that the workforce will be ready with the resilience to stand the test of time able to address the needs of the population. Critical to our success will be our ability to develop the workforce including new and innovative approaches to workforce composition; engagement and development; and leadership and management. The ambition of the health board can only be achieved through the following key underpinning principles:

- The workforce being fully engaged, satisfied, flexible and responsive to the evolving healthcare needs of both individuals and the population of Powys. Working in partnership with partner organisation, public, patients and carers and developing a sustainable, skilled, engaged and content workforce
- Providing integrated services across Powys in a sustained and robust way requires a comprehensive workforce plan, including new and existing roles that evolve and change
- Effective and productive relationships with our partners in contractor services, local authority, Third Sector, and independent sectors is essential
- Health professionals are key in leading the planning and delivery of services delivered for the population of Powys at every level of the organisation, supported by excellent general management



A major assumption in the financial plan is that the health board will focus on securing better efficiency as well as service redesign. We recognise the need to continue to focus on the configuration of our workforce.

Maximising the efficiency and productive contribution of the workforce is a key component of our workforce plan ensuring our operational and management systems and processes are robust and facilitate the effective management and deployment of our staff. There will continue to be a range of actions to support efficiency and productivity to support service improvement.

To ensure we have the right people and skills in place to deliver the service changes we are planning, means that at the same time as we need to invest in new roles and new service models, there is a need to maximise the efficiency and productivity of our current workforce.

Alternative workforce models, workforce redesign, skill mix change have to be considered as part of patient pathway redesign and change.

The continued deployment of E-Systems will allow improvements to existing arrangements for a range of workforce productivity opportunities that will enable us to realise the benefits, both cost avoidance and functional service improvements.

The health board has strong foundations with its workforce and partners which facilitates innovation in workforce planning and recruitment. We must be more forward thinking in relation to 'growing our own' through the development of our ability to identify talent across the Health Board and to put apprentices at the heart of recruitment and training.

A number of opportunities have been taken to ensure sustained and improved services in spite of workforce challenges. Our work with Powys County Council has supported the establishment of Integrated Community Teams under single leadership, bringing together replicable services in health and social care to care for and support people in their own homes and in the transition between them and their hospitals.

Optimising these opportunities and translating them into tangible results and improvements for our patients and the population is essential in this next three-year cycle. This will only become possible when staff are fully engaged and there is credible clinical leadership distributed throughout the organisation.

To deliver against the health board's aim of working always with our staff, the IMTP presents a workforce and OD plan which enables us to:



Improve workforce planning and deployment of staff



Improve recruitment, retention, engagement and wellbeing of staff (to continue to be an employer of choice)



Improve operational HR delivery through excellence in Human Resource Management



Review, refine and update the Organisational Development strategy and plan

### 7.1.1 IMPROVE WORKFORCE PLANNING AND DEPLOYMENT OF STAFF

The efficient deployment of staff together with effective workforce planning will ensure that workforce numbers are sufficient to meet current need and our ambitions for future models of care and is directly link in with the financial strategy as set out on page 138.

The key priorities reflect the critical requirement to have affordable and effective workforce plans, in the context of a changing labour market. Furthermore the productivity of the workforce, particular the scarcest resource, is pivotal. Underpinned by both the Prudent health and care principles and the Carter of Cole Review. The key priorities therefore include:

- The comprehensive **implementation of effective electronic systems** which support workforce management.
- The **review and revision of measures and management information** that help us to understand effective staff deployment.
- The utilisation of the **All Wales Workforce Dashboard** will enable benchmarking across a range of workforce data areas driving improvement and learning from others.
- A **review of the skill mix** to ensure that the staff with the right skills and experience are effectively utilised to the best of their abilities. Work will be undertaken to improve the role re-evaluation process.
- The **development of a longer term workforce plan** that reflects the development of new ambitions in the health and care strategy. Recognising that the ambition for integrated commissioning, operational management and service provision the plan will need to indicate a step change from more traditional approaches. The Third Sector in particular has stressed the need for their involvement to be closely aligned to that of statutory sector organisations and this offers a promising additional element to achieve sustainable local services.
- The **review and revision of the short to medium term primary care workforce plan**, building on the progress already made and ensuring in line with the development of the new models that a workforce supply can be achieved. This work is evident in our approach to the introduction of Physicians Associates within Primary Care, pharmacists, advanced nurse practitioner and urgent care practitioners.
- The continued development of WOD data on the current workforce and use this information effectively to identify areas of challenge and plan for action
- The **building of capacity and capability for good workforce planning** using a common model; and utilising the skills and experience of the health board, Powys County Council and the NHS Workforce, Education and Development Service. Improved integration means that staff from different disciplines and services will work together more effectively using their skills, competencies and experience in the most effective and efficient way.
- A stock-take review of the health board's approach to **temporary staffing** capacity will take place with the extension of the 'bank' to a wider range of staff groups including importantly to social care. Developing relationship with care home providers also offers opportunities to think differently about staffing solutions across the whole range of care services. We will also explore utilising temporary staffing across both the health board and local authority, in managerial and project management positions increasing our ability to best utilise the skills across Powys for the people of Powys.

### 7.1.2 IMPROVE RECRUITMENT, RETENTION, ENGAGEMENT AND WELLBEING OF STAFF (CONTINUE TO BE AN EMPLOYER OF CHOICE)

At a time when the workforce is becoming more diverse in terms of age, cultural background, geographic base and skills sets it is essential that we do all we can to retain and retrain our workforce, reviewing skill-mix and the need for retraining to maximise the full range of existing and potential skills and effectiveness of our staff.

The health board, like many others, faces a number of workforce challenges and some of our greatest risks are our workforce fragility and recruitment difficulties. The recruitment and retention of staff remains a challenge in some key groups e.g. mental health nursing, medical, healthcare scientists and allied professionals. This results in higher than desired use of temporary workforce solutions and/or challenges in sustaining services. The sparsely populated rural population and corresponding service delivery places a unique context to the recruitment, development and retention of specialist staff. The way in which we plan, recruit, support, develop and deploy our staff, will be vital to our ability to meet the risks we face.

However, recruitment difficulties are a primary driver for skill mix change and workforce modernisation and these challenges can also provide some of our biggest opportunities for innovation and workforce re-design. Details of our workforce challenges and the opportunities that these present can be found in Section 4.

The key priorities reflect the need to ensure that we retain staff and that our reputation as an employer is first class. The recent staff survey results help us with this as does our ambitious plan for the future. Recruitment however will continue to be a key priority and we will need to attract people into Powys as well as grow our own through developments such as Apprenticeships and talent management programmes. The key priorities therefore are:

- We will develop and implement a **branding and marketing plan** which encompasses approaches to return to practice, links with the job centre, schools, universities and volunteering. We will utilise social media and use our staff as advocates to promote jobs and careers in the health board and will utilise the national campaign Train, Work, Live.
- Organisational capacity not only relies on the development of competency of our staff but maximises the effectiveness of those staff within the workforce. Working prudently, the health board works jointly with Powys County Council to ensure that both frontline staff and managers develop skills together wherever appropriate, in addition, a **joint talent management approach** will also be implemented to best utilise the skills in Powys.
- 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.
- **Graduate placement and apprenticeship schemes** will be strengthened building on the development of new initiatives such as the health board and Powys County Council appointed first Joint Management trainee under the Cwm Taf scheme. This will enable the health board to explore approaches to 'growing our own' workforce within Powys.
- The health board will undertake a review of **Welsh language** requirements to establish a baseline and consider how it could best position and utilise staff to enable Welsh language to be available and accessible to all Welsh language speakers.

- Utilising the tools developed as part of the Working Longer Review, we will **manage employee health** rather than employee sickness, not as a standalone well-being strategy but as an integral part of an overall employee well-being programme. This approach will give real benefits to the health board in reducing turnover and increasing the productivity and engagement of our workforce and helping us to become an employer of choice. This strong management of staff sickness focused on staff health and well-being will be an enabler to helping us to achieve our National Outcomes Framework Indicator relating to staff absence.
- The **engagement and involvement of our staff** will be crucial. All staff should be involved in changes that affect their work. Working in co-production with our staff, the '**Chat to Change**' group will continue to work collaboratively to improve how we truly connect with the objectives of the Health Board and how these are implemented throughout the organisation through engagement with our staff. The 'Chat to Change' group will lead on the delivery of outcomes from the 2017 staff survey and chat to change champions will work collaboratively with Workforce & OD in the delivery of objectives arising from the survey.

### 7.1.3 IMPROVE OPERATIONAL HR DELIVERY THROUGH EXCELLENCE IN HUMAN RESOURCE MANAGEMENT

The Well-Being of Future Generations Act together with the Social Services and Well Being Act requires local authorities and health boards to come together in new statutory partnerships to drive integration, innovation and service change. An increased focus on delivery across the health board presents a challenge to ensure that the Workforce & OD structure directly contributes to the delivery of the IMTP.

The key priorities are:

- The implementation of the **new self-service Workforce and OD delivery model** will help us to inform, advise, support and develop managers and staff in respect of their obligations in the workplace, whilst monitoring practice (including compliance) and allows WOD resource to be focused on the support for more complex HR issues.
- To support managers in this transition and ensure that they are skilled in the management of their staff, delivery of the joint leadership programme will continue, supplemented by further **HR skill specific training**. This will enable managers to deliver essential people management practice themselves. In addition we will launch the third in line **leadership programme** together with an essential skills for managers and will continue to use Strengths Deployment Inventory and Aston as a framework for team development.
- In addition, **web-based WOD tools** will empower managers and employees to take responsibility for their own people management. Changing the way staff access their WOD service by directing them to self-help and self-service will enable managers and employees to have information 'at their finger tips' and be more responsive to their need.



#### 7.1.4 REVIEW, REFINE AND UPDATE THE ORGANISATIONAL DEVELOPMENT (OD) PLAN

Issues such as culture, change, values & behaviours and team/board effectiveness are seen as vital to our performance and are key to the delivery of our vision and objectives. The health board has responsibility for the delivery of its organisational development (OD) approach which extends into Primary care and local authority. Our agreed operating model describes where and how the critical work is delivered. It is a vital link between strategy and the detailed organisational design that is put in place to deliver the strategy. As such, the W&OD Team will support the periodic refinement of the organisational infrastructure including directorates' responsibilities, ensuring that the organisational form is based on current need and not historic arrangements.

The key priorities are:

- 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**. 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.
- To progress our vision we will further **strengthen clinical leadership** ensuring the health board is a clinically led organisation at all levels. The overarching approach is to place the clinician at the heart of strategic decision making and delivery.
- We are clear about the links between leadership and teamwork and effective clinical outcomes for patients. Through the implementation of a planned process of **leading and managing change** we will take a systemic approach to improving organisational performance across the health board whilst identifying, designing, implementing and embedding different ways of working and thinking. Being clear about the root of relevant challenges will enable us to best tackle these and use this understanding to communicate, influence and to bring about sustained improvement.
- An **OD review** of the revised structures within the Primary Care and Mental Health Directorate took place within the context of the Board's stated ambition to deliver 'truly integrated care centred on the needs of the individual'. The recommendations relating to Workforce & OD will form an integral part of the OD Plan going forward.



## Summary Plan: Workforce & OD

### Organisational Need

The ability of the health board to achieve its ambition 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 roles to evolve and change. This will be supported by the development of new ways of working. This must be underpinned by effective and productive relationships with our partners in local authority, Third Sector, voluntary and independent sectors.

	OUTCOMES & KEY ACTIONS	MILESTONES	MEASURES
Improve workforce planning and deployment of staff	Roll out of e-rostering across Estates, facilities and Community Teams	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>• Delivery in line with eRostering Implementation Plan</li> </ul>
	Commencement of drop down to Payroll	Q1 2017/18	<ul style="list-style-type: none"> <li>• % staff paid through drop down to payroll</li> </ul>
	Delivery of benefits realisation from the implementation of eRostering	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>• Monitoring of benefit realisation plan</li> </ul>
	Full utilisation of ESR / Implementation of the Hire to Retire Programme of work	Q4 2107/18	<ul style="list-style-type: none"> <li>• Delivery in line with ESR / Implementation of the Hire to Retire Implementation Plan</li> </ul>
	Develop an integrated workforce plan based on the agreed transformation model for adult social care		<ul style="list-style-type: none"> <li>• Awaits agreement of the integration model</li> </ul>
	Development and implementation of an enhanced primary care workforce plan	Q1 2017/18	<ul style="list-style-type: none"> <li>• Delivery in line with Primary Care Workforce Plan</li> </ul>
	Restructure of service areas and teams to rebalance the organisation to enable delivery of organisational priorities	Q1 2017/18	<ul style="list-style-type: none"> <li>• Restructure of service areas and teams undertaken as identified</li> </ul>
	Development of assistant practitioner, blended and Band 3/4 rehab roles	Q2 2017/18	<ul style="list-style-type: none"> <li>• Number of new roles introduced</li> </ul>
Improve recruitment, retention, engagement and wellbeing of	Development of the Chat 2 Change staff engagement strategy, incorporating themes from the Staff Survey	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>• Staff actively engaged</li> <li>• Improved recruitment and retention</li> <li>• Increased employee wellbeing</li> </ul>
	To engage the services of external partnership consultants to undertake a 'health-check' of the health board's partnership working arrangements	Q1 2017/18	<ul style="list-style-type: none"> <li>• Development of an implementation plan following health check</li> </ul>

staff (to continue to be an employer of choice)	Refocussing of the Wellbeing at Work Group to deliver on the health board's Health and Wellbeing Strategy	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>Agree action plan</li> </ul>
	Develop and Implement a Branding and Marketing Strategy for recruitment	Q2 2107/18	<ul style="list-style-type: none"> <li>Sign off and implementation of the strategy</li> </ul>
	Develop a policy that describes how PTHB will support an older workforce	Q2 2017/18	<ul style="list-style-type: none"> <li>Sign off and implementation of the policy</li> </ul>
Improve operational delivery through excellence in Human Resource Management	A timetable for PADRs is in place and is delivered.	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>Achieve 85% compliance with values based appraisals</li> </ul>
	A timetable for release to complete mandatory training is in place and is delivered against.	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>Increased % of staff undertaking Mandatory training</li> </ul>
	Manage sickness absence in line with policy and implement any necessary action if need arises	Commence Q1 2017/18	<ul style="list-style-type: none"> <li>% of sickness absence</li> </ul>
	Development and implementation of the 'WOD Assist' self-help intranet pages for staff and managers	Q3 2107/18	<ul style="list-style-type: none"> <li>Launch of new WOD Intranet pages</li> </ul>
	Introduction of the new WOD operating model	Q3 2017/18	<ul style="list-style-type: none"> <li>Agree implementation plan</li> </ul>
Review, refine and update the Organisational Development strategy and plan	Development of an OD Strategy	Q2 2017/18	<ul style="list-style-type: none"> <li>Sign off and implementation of the strategy</li> </ul>
	Explore joint approach to Talent Management	Q3 2017/18	<ul style="list-style-type: none"> <li>Feasibility of joint approach agreed across PTHB and PCC</li> </ul>
	Implement agreed approach to Apprenticeships across the health board	Q1 2017/18	<ul style="list-style-type: none"> <li>Increased number of apprentices</li> </ul>
	Implement the recommendations identified within the OD review of the revised structures within the Primary Care and Mental Health Directorate	Commence Q2 2017/18	<ul style="list-style-type: none"> <li>OD review action plan</li> </ul>

## IMPLICATIONS

<b>Finance</b>	<ul style="list-style-type: none"> <li>Funding to be identified to support resources required</li> <li>Business cases will be prepared to identify any support resources</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>Consideration to a joint OD function across PTHB and PCC</li> <li>Continuation of the Joint Director of Workforce &amp; OD post across PTHB and PCC</li> <li>OD capacity to deliver interventions required</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



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

### 7.2.1 FINANCIAL STRATEGY

The financial strategy for Powys Teaching Health Board is to support the drive to ensure that its residents have ongoing access to good quality health services that meet their needs whilst containing expenditure to within the resources available. Regardless of setting or organisational boundary, the 'triple aims' of improving health, enhancing quality and access, and sound financial governance go hand in hand.

The four Prudent Healthcare principles can be embedded into the approach of managing and providing health care services, and these directly link in with the financial strategy as set out in the figure below:

**Clear pathways of care that demonstrate the most appropriate care in the most appropriate setting.**

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. *(Do only what is needed, reduce inappropriate variation)*

**Each component of the clinical pathway to be efficiently commissioned.** 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. There are opportunities to address this in partnership with Powys County Council. *(Effective use of resources and skills)*

**Improvements in clinical systems and processes.** 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 *(Do no harm)*

**Tackling inequalities in resourcing.** We have further work to do to link patient needs, patient outcomes and service costs. The identification of appropriate targeted shifts in resource allocations to achieve improvements in patient outcomes is a key strategic development for our emerging strategy. *(Reduce inappropriate variation, co-production)*

**Care closer to home.** 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 and can be demonstrated to provide good value for money. *(Use evidence based practices, make effective use of skills and resources).*

The financial strategy is underpinned by the ambition that Powys THB has to become a health sector leader in commissioning, mental health, primary care and community service models and integration.

## Excellent Commissioning

- Capacity and demand
- Facilitating shift in resourcing
- Prudent approach

The health board is implementing a Commissioning Programme that supports service redesign and secures greater efficiency from externally commissioned services. The savings programme established over the life of the financial plan assumes significant avoidance of future growth from our externally commissioned services through implementation of best practice supported by business intelligence development. Strengthening arrangements and relationships with providers of services will be fundamental to delivering the transformation envisaged. 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 and Community Services Model

- Resilient primary care sector
- Increased direct service provision
- Clinical leadership of system

The health board is well placed in Wales to be at the forefront of developing health and care services in partnership with primary care contractors. Independent reviews have identified that there is scope for greater service and financial sustainability through the redesign of community services. Developing robust, sustainable primary and community care services are at the heart of the care closer to home strategy and could address the impact of the current and predicted growth in secondary care service demands.

## Integration

- Joint neighbourhood teams
- Joint supporting systems e.g. WCCIS;

The health board has successfully implemented Section 33 agreements with Powys County Council in order to explore and develop a range of integrated services under its umbrella. Over the coming year there will be a need to thoroughly test the required financial governance and funding arrangements that will need to be present in order for ambitious integration proposals to be progressed.

Public services in Powys will also be reliant upon creating in-county critical mass and efficiency through the establishment of strong, strategic and operational relationships with a range of partners including other health boards, the Primary Care Sector and with the Third and Independent Sectors.

In 2014/15, the Welsh Government recognised a long standing structural financial imbalance which historically meant that Powys THB could not, for a number of reasons, contain the cost of the services provided to its residents within the allocations made available. Therefore, the Welsh Government agreed to provide ongoing structural assistance from 2014/15, of £25M per year. This has facilitated Powys THB establishing a succession of IMTPs with balanced three year financial plans, which subsequently received Welsh Government approval. The continued receipt of this financial commitment from Welsh Government is critical to supporting services going forward. The UK economic context challenges the finances forecast as required by public services and the NHS in particular. Therefore ensuring that Powys THB remains in a balanced financial position going forward will be a very significant challenge for the Board and management over the next three years.

## 7.2.2 FINANCIAL GOVERNANCE AND MANAGEMENT

Ensuring that Powys THB has sound financial governance and effective financial management is a core requirement and is fundamental to delivering the financial responsibilities of the organisation. In order to ensure that the expenditure that emerges over the three year period is in line with the expectation of the IMTP Financial Plan, the health board must ensure that there is effective and robust financial governance in place. This will require:

### ➤ **Excellent Financial and Service Planning**



- Recognition of the limited scope for new investment and the continued need to identify and deliver savings
- Use of benchmarking to identify opportunities for performance and cost improvement
- Ability to identify funding if necessary for any new investment
- Compare and contrast requirements for new investment in services with lower priority service curtailment or reduction

### ➤ **Strong Discipline – in All Budget Areas**



- Tight financial control over all expenditure commitments
- Continuous monitoring of financial position
- Timely action to recover financial position when expenditure goes off plan

### ➤ **Excellent Financial Interaction**



- Organisational and budget holder commitment to IMTP plan/budget/savings
- Provision of timely financial advice
- Provision of options/alternative actions
- Support through difficult periods

### ➤ **Buy in from Operational Management**



- Budget holder ownership of responsibility to manage the budget
- Commitment to pursuing service improvement and savings delivery
- Tight grip on non-pay commitments, staff deployment and LTA management
- Finance team to provide regular feedback and advice to budget holders

### ➤ **Leadership**



- At Health Board and Executive Level
- From Finance Director and Finance team
- Supported by Corporate Departments
- From Senior Managers and Budget Holders

Over the life of this IMTP, a programme of continuous development will be prepared and implemented to enable high standards of accountability and delivery. Central to the change programme being taken forward by Powys THB is engagement and leadership from the primary care clusters to aid the development of the 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. Ensuring there is insightful business intelligence to aid decision-making and planning is fundamental to support the debate for alternative models of care to improve both patient experience and securing sustainability and efficiency. The roll-out of the virtual ward model is an example of the output of this work in Powys THB.

## 7.2.3 THE THREE YEAR FINANCIAL PLAN 2017 – 2020

Establishing and delivering a balanced three year financial plan will be a challenge for the board, executives, senior management and staff. The proposed new three year financial plan has been developed using the latest assumptions regarding the health board's potential funding from Welsh Government, the likely cost pressures facing the organisation and a realistic, but aspirational view of the cost saving potential of services.

Our major modelling assumptions are as follows:

- The £25M structural funding allocated by Welsh Government in 2014/15 will be repeated in each of the three years of this new plan
- Cost reduction targets, informed by previous external reviews and the recent Health Foundation report have been factored into the three years savings programme

In summary, the proposed financial plan for the 2017 to 2020 three year period is presented in the table below.

	2017/18 £M	2018/19 £M	2019/20 £M
<b>a)</b> { Revenue Resource Limit	(288.476)	(298.276)	(305.076)
{ Other Income	(10.112)	(6.771)	(6.772)
<b>Total Income</b>	<b>(298.611)</b>	<b>(305.047)</b>	<b>(311.848)</b>
<b>b)</b> { Primary Care – (excluding drugs)	38.043	38.581	39.129
{ Primary Care – drugs & appliances	28.849	28.997	29.148
{ Provided Services – pay	63.000	63.217	63.426
{ Provided Services – non pay	20.914	20.748	20.577
<b>c)</b> { Secondary Care – drugs	0.705	0.843	0.985
{ Healthcare Services – other NHS bodies	123.763	124.961	126.149
{ Continuing Care and FNC	14.993	15.216	15.443
{ Other Private & Voluntary Sector	3.705	3.743	3.781
{ Joint Financing & Other	2.602	2.602	2.602
{ Depreciation etc.	2.932	2.932	2.932
{ Non Allocated Contingency	1.605	1.207	5.676
{ General Reserves	0.500	0.500	0.500
<b>Total Costs</b>	<b>301.611</b>	<b>303.547</b>	<b>310.348</b>
<b>Net Residual Risk</b>	<b>3.000</b>	<b>(1,500)</b>	<b>(1,500)</b>

Whilst the financial plan is balanced over the three year period, it does not present a break even position in 2017/18. Opportunities to address the first year shortfall are still being pursued and will continue to be pursued in-year. It is envisaged that opportunities may also exist to promote developments and initiatives that could attract further funding support from Welsh Government. The plan contains the expectation that in-year savings will be achieved, over and above the formal savings target set, and these have already been incorporated in the financial position shown. This is an extremely challenging financial strategy that relies upon efficiency in service delivery, effective financial and budgetary discipline, and robust delivery of service and savings plans.

The sections that follow explain how the above plan, as presented, has been compiled.

### **a) Income**

The income assumptions for 2017/18 are as per the resource allocation letter received from Welsh Government on 20 December 2016 in the main, with assumptions made where further funding opportunities are to be taken forward in key programme areas.



The movements between the 2016/17 allocation letter and 2017/18 are summarised in the table below.

	Disc £M	Ring Fenced £M	Directed £M	GMS £M	Pharm- acy £M	Dental £M	Total £M
<b>As per 2016/17 cash letter</b>	<b>178.057</b>	<b>40.799</b>	<b>4.095</b>	<b>30.176</b>	<b>4.753</b>	<b>5.503</b>	<b>263.383</b>
Transfer from HCHS to Dental	(0.079)						0.000
Transfer from HCHS to GMS	(0.450)			0.450		0.079	0.000
Transfer to NWSSP–Surgical Material Testing	(0.023)						(0.023)
17-18 Funding Uplift–Discretionary & Directed	3.662						3.662
Immunisation Funding	0.054			0.033			0.087
17/18 Funding Uplift–Mental Health (MH)		0.814					0.814
MH–Pay awards transfers		0.058					0.058
MH–DOLS		0.003					0.003
MH–SARC		0.008					0.008
MH–Flexible (FRT) Teams		0.096					0.096
MH–LPMHSS (Clusters)		0.063					0.063
MH–Inpatient Psychological Therapies		0.048					0.048
MH–EIP/TSW		0.013					0.013
ICF–WCCIS		0.061					0.061
ICF–Autism		0.337					0.337
Delivery Plan Funding		(0.036)					(0.036)
Organ Donation		(0.161)					(0.161)
Topslice–NHS BSA						(0.003)	(0.003)
Topslice–NHS BSA full year effect						(0.002)	(0.002)
<b>As per 2017/18 cash letter</b>	<b>181.221</b>	<b>42.103</b>	<b>4.095</b>	<b>30.659</b>	<b>4.753</b>	<b>5.577</b>	<b>268.408</b>

Other major assumptions and notes regarding income for 2017/18 are as follows;

- Funding uplifts for Primary Care pending finalisation of current national negotiations have not been factored in the table above
- 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 2017/18. These main assumptions are shown below:

	£000s
<b>2016-17 Baseline – as per WG letter</b>	<b>268,408</b>
Resource funding – assumed uplift from £8.136M to £25.000M	16,864
2% uplift on structured resource funding	337
Primary care inflation	529
ERP	800
Carers	36
Clinical Excellence	44
Substance misuse	506
AME/DEL	952
<b>Total RRL 2017-18</b>	<b>288.476</b>



The major assumption regarding the funding level included within the plan is that the additional funding of £16.864M in respect of structural support received in previous years will be allocated on a recurrent basis for the three years of this new IMTP, and consideration of providing an annual uplift of 2% from 2017/18.

Taking into account the income from Welsh Government together with anticipated allocations and other income, the opening funding established within the financial plan for Powys THB is set at £298.611M.

## b) New Costs, Cost Growth and Pressures

The health board has estimated that its costs will grow by £12.263M (4.24%) in 2017/18 and cumulatively by £30.334M over the next 3 years, averaging at around 3.4 % per year.

The current analysis of cost pressures captured over the three years of the plan is summarised in the table below.

Cost Pressures	2017/18 £M	% of Funding	2018/19 £M	2019/20 £M
<b>b1}</b> Underlying Financial Deficit	1.879	0.65%	6.365	1.500
<b>b2}</b> Old Year Recurrent Impact on 2017/18	3.592	1.24%	(0.320)	0.000
<b>b3}</b> New Year Cost Pressures	6.792	2.35%	5.583	8.695
<b>Total Anticipated Cost Pressures before savings applied</b>	<b>12.263</b>	<b>4.24%</b>	<b>11.628</b>	<b>11.694</b>

### b1) Underlying Financial Deficit (£1.879M)

At the time of preparing this report, the health board is forecasting based on Month 11 reporting, a breakeven position for 2016/17 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 2016/17 on the organisation to be an underlying deficit of £1.879M.

	£M
Non recurrent use of balance sheet releases	1.046
Unachieved savings targets	0.833
<b>Total</b>	<b>1.879</b>

### b2) Old Year Recurrent Impact Carried Forward to 2017/18 (£3.592M)

There are a number of issues which impacted in 2016/17 and will have an increased impact in 2017/18. These are summarised as follows:

	£M
Commissioned services	2.819
Continuing Healthcare	0.200
Mental health costs	0.573
<b>Total</b>	<b>3.592</b>

### b3) New Year Cost Pressures (£6.792M)

New year cost pressures are those that are anticipated to be incurred as new additional expenditure in 2017/18 and include issues such as inflationary increases/cost of living and the expected impact of demographic growth. These have been informed from work undertaken 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.

	<b>New Year Cost Pressures</b>	<b>2017/18 £M</b>	<b>% of Funding</b>	<b>2018/19 £M</b>	<b>2019/20 £M</b>
i)	Inflation / Cost of living increases	4.226	1.46%	4.009	3.863
ii)	Impact of Demographic Growth	1.981	0.69%	2.153	3.853
iii)	Local cost demand	0.585	0.20%	(0.579)	0.978
	<b>Total New Year Cost Pressures</b>	<b>6.792</b>	<b>2.35%</b>	<b>5.583</b>	<b>8.695</b>

### i) Inflationary and Cost of Living Increases (£4.226M)

This includes:

- 1% pay increase to total pay costs (£0.627M)
- Employer pension contribution increase (£0.030M)
- Auto enrolment from October 2016 (£0.210M)
- Apprenticeship Levy (£0.250M)
- Non pay increases on budgets for statutory and unavoidable costs (£0.119M)
- 1.0% increase on cost of prescriber drugs (£0.290M)
- Increase on primary care contractor costs (£0.524M)
- 1.5% CHC/FNC price increases (£0.218M)
- 1% increase for services commissioned from external organisations in England (£0.560M)
- 2% increase for services commissioned from external organisation in Wales that includes all cost growth factors (£1.398M)

Apart from pay, incremental drift, Funded Nursing Care (FNC) and commissioned services which will follow a national approach, PTHB 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.

### ii) Impact of Demographic Growth and Demand on Services (£2.711)

It is difficult to accurately forecast and quantify the impact of demographic growth. We have taken some judgement from past experience applied to the future and as such the estimates are somewhat speculative. This is a highly volatile area and therefore one which invariably could have the greatest in-year impact (both good and bad).

- English Providers growth of 1.5% (£0.959M)
- Continuing Healthcare/FNC 2.5% (£0.311M)
- Other Non pay costs (£0.121M)
- Prescribing volume growth 1.0% (£0.290M)

Containing commissioned services growth is a very ambitious challenge for the organisation. In line with our service strategy, the combination of our actions with primary and community services to limit demand in the acute secondary care sector will be a fundamental contribution to achieving this outcome.

### iii) Local Cost Demands

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.

## C) Savings Plan

The recent Health Foundation report – The Path to Sustainability concluded that ‘...long-term fiscal sustainability of the NHS in Wales may be achievable, if the funding rises in line with expected economic growth to 2030/31 and the NHS maintains the trend rate for efficiency growth of 1% a year.’ The report went on to say for the short term outlook ‘To close the funding gap while protecting patient care, the NHS in Wales will need to maintain the current public sector deal and achieve additional efficiency growth of 1.5% a year, higher than the current UK trend.’

Powys Teaching Health Board fully embraces the Prudent Care approach and service improvement and savings initiatives should seek to build on the direction given by the four principles.

The health board has estimated that £10.0M cost reductions could be realised over the coming three year period (average 1.3% per year) across the total range of our services as summarised below.

Details of Savings Plans	2017/18 £M	2018/19 £M	2019/20 £M
C1) Commissioned Services	1.848	1.885	1.923
C2) Primary & Community Care	1.415	1.443	1.471
<b>Total Savings Plans</b>	<b>3.263</b>	<b>3.328</b>	<b>3.394</b>

The health board will need to employ a variety of approaches to maintain its plan to contain costs within resource. The savings plans are subject to further work that is currently underway and at this stage are not yet fully complete, and therefore at this stage are included as targets to be pursued. The target of 1.3% is a combination of savings targets across the range of health board budgets, whereby the recent Health Foundation report identified the need to deliver between 1% and 1.5% over this planning period. Delivering this savings target is fundamental to achieving the financial outcome set out in the plan.

In order to minimise the financial shortfall in 2017/18, the plan also assumes that some services will underspend to the value of £1m for a variety of reasons (as in previous years), that slippage occurs in implementing funded schemes and developments and that accountancy gains will be available to support the position on a non-recurring basis of an additional £2m. In total, the plan for 2017/18 has thereby already assumed that some £3m will be available to support the financial position.

### C1) Commissioned Services

A major assumption to our financial planning is that the health board will focus on securing better efficiency as well as service redesign 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 will be targeted at the external secondary care sector over next three years. 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, and these include:

- Implementation of the planned care programme, including pathway redesign and repatriation
- Implementation of the unscheduled care programme, including ongoing delivery 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 integration plans with Powys County Council

Powys THB is also a partner commissioner with both EASC for Ambulance services and WHSSC for specialist tertiary services and we influence the commissioning of these services for our population.

## C2) Primary and Community Care

The delivery of the savings programme over the three year planning period will need to be achieved through the implementation of the primary and community care programme. This will focus on a range of both efficiency and transformation approaches in order to limit expenditure 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 solutions
- Service redesign, workforce design and robust contract management to deliver cost reductions within continuing NHS healthcare

## Summary Savings Targets

The £3.262M savings target established within the Financial Plan for 2017/18 lies midway between the 1% historical achievement of the NHS in recent years and the 1.5% identified as required by the recent Health Foundation report. However, it should be recognised that all areas are targeted with achieving savings of the order of 1.5% in 2017/18, with the exception of provider services pay budgets which are required to achieve the 0.75% target set.

Securing efficiency will need to remain a key aspect of the approach to service and financial delivery and will need to include targeted programmes for:

- 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.

The current proposed savings plans will impact on budget levels in 2017/18 as shown below:

Category	17/18 Planned Savings £M	% of Total spend (%)
Pay & employee benefits	0.402	0.75%
Non pay	0.266	1.40%
Medicines management	0.435	1.50%
Continuing Healthcare	0.311	2.10%
Commissioned services	1.848	1.50%
<b>Total savings plans</b>	<b>3.262</b>	<b>1.40%</b>
Across Service Areas – Non recurring assumed in-year underspends	1.000	-
<b>Total Cost Reduction Targets</b>	<b>4.262</b>	<b>-</b>

## 7.2.4 FINANCIAL PLAN SUMMARY 2017 – 2020

The three year plan has been summarised below, taking into account:

- The estimated increased cost pressures arising from demographic changes, growth and inflation
- The expectation that service costs and expenditure can be reduced through savings

Financial Plan Summary	2017/18 £M	2018/19 £M	2019/20 £M
Underlying Financial Deficit	1.879	6.365	0.000
Old Year Recurrent Impact	3.592	(0.320)	0.000
New Year Cost Pressures	6.792	5.583	8.695
Revenue Resource Limit	(5.000)	(9.800)	(6.800)
<b>Total anticipated cost pressure before savings applied</b>	<b>7.263</b>	<b>1.828</b>	<b>1.895</b>
Savings Plans	(4.263)	(3.328)	(3.395)
<b>Net Residual Risk</b>	<b>3.000</b>	<b>(1.500)</b>	<b>(1.500)</b>

Financial Plan Summary – by Category of Spend	Health Board £M	Hosted £M	2017/18 £M	2018/19 £M	2019/20 £M
Revenue Resource Limit	(284.611)	(3.685)	(288.476)	(298.276)	(305.076)
Other Income	(10.135)		(10.135)	(6.771)	(6.772)
<b>Total Income</b>	<b>(294.746)</b>	<b>(3.685)</b>	<b>(298.611)</b>	<b>(305.047)</b>	<b>(311.848)</b>
Pay & employee benefit expenses	60.018	2.982	63.000	63.217	63.426
Non pay	23.338	0.883	24.221	24.193	24.164
Primary care contractor	38.043		38.043	38.581	39.129
Medicine management	28.849		28.849	28.997	29.148
Continuing Care and Funded nursing care	14.993		14.993	15.216	15.443
Commissioned services	127.468		127.468	128.704	129.930
Depreciation	2.932		2.932	2.932	2.932
Non Allocated/Reserves	2.105		2.105	1.707	6.176
<b>Total Costs</b>	<b>297.746</b>	<b>3.685</b>	<b>301.611</b>	<b>303.547</b>	<b>310.348</b>
<b>Net Residual Risk</b>	<b>3.000</b>	<b>0.000</b>	<b>3.000</b>	<b>(1.500)</b>	<b>(1.500)</b>

The table below provides a summary of the amounts held as a non allocated contingency.

Summary Non Allocated Contingency		£M
General Reserve		0.500
Service development not allocated to budget holders		1.605
<b>Total</b>		<b>2.105</b>

## Risks, Opportunities and Further Action

In examining the scale of both upside and downside risks to the financial plan as set out above, an initial risk assessment has been completed which gives an indication of the scale of risk contained within this financial framework.

The risks include a range of delivery issues, partner compliance issues, delivery of savings targets, receipt of additional income and risks arising from the fact that assumptions have had to be made based on current knowledge of the future pressures on the NHS.

	2017/18			Worst Case	
	Worst Case £M	Most Likely £M	Best Case £M	2018/19 £M	2019/20 £M
Current Financial Plan	3.000	3.000	3.000	(1.500)	(1.500)
Structural support funding uplift	0.337			0.337	0.337
RTT performance – possible expenditure above plan	0.700			0.700	0.700
Delivery of savings programme	1.100			1.100	1.100
Costs arising from Phase 4 retrospective CHC cases				0.200	0.300
Potential impact of proposed service transfer of Mental Health	0.500			0.500	0.500
Potential use of non allocated contingency			(0.500)	(0.500)	(0.500)
<b>Potential Financial Challenge</b>	<b>5.637</b>	<b>3.000</b>	<b>2.500</b>	<b>0.837</b>	<b>0.937</b>

The following provides the basis for the health board's financial risk assessment

- The health board has received structural support as a non recurrent addition to its baseline funding. The health board has assumed that the national uplift of 2% will be applied to this sum (£0.337M)
- The assessment of the expenditure requirement to deliver improved performance on RTT is estimated to be £0.700M
- A risk assessment around the delivery of the savings programme has been completed which suggests a degree of pessimism in delivery of up to £1.1M. These risks are spread across the breadth of our operations including commissioning, direct delivery and continuing NHS healthcare saving
- 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

However there is potential to improve the position by

- Possible use of the uncommitted non allocated contingency (£0.500M)

## Conclusion

The financial strategy and the resulting financial plan has been developed alongside the service strategy of the health board. Continued attention will be required by the board to ensure that the organisation continues to develop its guiding long and medium term strategies to ensure the future sustainability of services and the continued provision of good quality, responsive and efficient health services for its residents.

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.

Further work and discussions with Welsh Government will be undertaken over the months ahead to refine and develop the plan so that it can be the framework required to support the achievement of not only financial balance but also the other delivery components of this IMTP.

The plan has set very challenging expectations on budget discipline, savings targets and containing commissioning costs that will require significant effort by executives, senior managers and budget holders to deliver. Achieving these will be key to the successful implementation of the plan.



## 7.3 INFRASTRUCTURE INVESTMENT



Strategic Objective 6: Ensure an Estate fit for purpose and progressing to meet service needs

The Capital and Estates Programme focusses on three main areas:

- Short term:
  - optimise the available discretionary capital to support prioritised investment in the current estate reducing backlog maintenance to ensure compliance with core Health and Safety standards for the patient environment
  - continue to develop current major capital schemes to completion to improve statutory compliance and service improvements in Llandrindod Wells, Ystradgynlais and Machynlleth Community Hospitals
- Medium and longer term transformation: complete the publication of the 10 year Estates Strategy following the approval of the Health and Care Strategy for Powys.
- Deliver a sustainable and efficient Estates and Capital service, with enhanced capability, services, processes and systems, working in partnership with Powys County Council and NHS Wales Shared Services

### Background

At forty five per cent, Powys has the highest proportion of healthcare estate in Wales that pre-dates 1948. Backlog maintenance across the estate assessed in 2012-13 was £5.4m an interim assessment has been made and this more recent assessment provides a figure of circa £68.5m. A six facet survey is in the process of being commissioned and will be completed in early 2017/18 to provide a more robust up to date assessment of the backlog. Only 62% of the estate is in condition category B or above, the worst in Wales.

The Primary Care estate is more modern, although the newest facility is now 12 years old. The majority of practices are under direct GP ownership which is causing a challenge in recruiting new GPs to replace those who are leaving the profession and/or the area.

The ambition is to develop public sector assets to provide integrated facilities where they are required. The Health and Care Strategy will be the vehicle for discussing this future with the public of Powys and start to shape the nature of service delivery and the estates requirements to enable this. Already, the Glan Irfon development in Builth Wells illustrates the ambition of the health board and local authority in providing an integrated health and care facility for its population.

During 2017/18, the health board will develop a long term Estates Strategy building on the ten year health and care strategy published in March 2017. This will ensure the best use of the current built environment and ensuring that opportunities to deliver modern fit for purpose facilities across the public sector footprint is achieved for the citizens of Powys.

### Priorities for Action

The following are key priorities for action in 2017/18:

#### Community Hospital Development

- Llandrindod Wells Community Hospital; we are seeking Full Business Case (FBC) approval from Welsh Government to support commencement on site for a £4.3M continuation of activity to develop and reconfigure clinical services to enable patients to be treated closer to home. The FBC will be submitted to Welsh Government in March 2017 and subject to approval timescales we would aim to progress on site in May 2017
- Machynlleth Community Hospital; the health board are currently working with Welsh Government to develop a project to provide infrastructure and estate compliance

upgrades to the Hospital. The proposed £3.5M redevelopment enables the integration of primary and secondary care health and care services for the locality of Machynlleth on the hospital site, and will enhance integrated working across social care and the voluntary sector. Subject to approval the aim is to start works during summer 2017 for completion in late 2018.

- Ystradgynlais Community Hospital; scheme development underway to enhance the mental health service environment and provide a fit for purpose building infrastructure, anticipated start on site for late autumn 2017.

## **Discretionary Programme**

The health board continues to utilise its discretionary capital funding to support a range of smaller projects using a risk based approach which is prioritised by the Capital & Estates Improvement Board for approval by the Board.

## **All-Wales funding**

Maximising opportunities for seeking additional funding to support larger service improvement projects, for example, the reconfiguration of community hospital schemes or All Wales diagnostics programme which supports higher value equipment replacements.

## **Phase 2 Health and Care Strategy**

As the overall health and care strategy emerges, the estates service and capital funding will be a key enabler to underpin health and care services in Powys. Working in line with the service strategy for health and care in Powys we will develop a strategic outline programme for estate investment. This approach will have to consider the broader public sector service offer and future ambition for Powys and will build upon the development of Glan Irfon Health and Care Centre in Builth Wells as an integrated service model.

Taking this a stage further during 2017/18 we will explore rural regional centres providing integrated primary, secondary and social care facilities. Such facilities are vital to our response to the aging estate of Powys facilities, strategic changes to health care services beyond our borders and enablers to further integration and cooperation with our partners in social care and the third sector. The ambition for shared, community spaces to act as hubs or beacon sites for service provision in our communities has been strongly communicated to us through our early engagement on the Strategy.

The strategic importance of Newtown has been recognised in relation to strengthening joint working between Bronglais District General Hospital and Shrewsbury Hospital through the Mid Wales Health Care Collaborative work, and in relation to the emerging Betsi Cadwaladr UHB clinical strategy work and the Future Fit Programme in Shropshire. The Health Board has ambition to test a fully integrated model of a rural regional centre that would secure the triple integration aims in relation to integrating physical and mental health; health and social care; primary and secondary care in north east Powys. This project requires capital funding and will be discussed with Welsh Government in 2017/18. The health board will work to complete a strategic case for investment during 2017/18.

## **Strengthening Estates Capacity**

During 2016/17, the health board has strengthened its Estates workforce through investing in three new posts to support delivery of the enhanced Capital Programme and to build resilience within the Estates Team to address estates compliance and maintenance programme requirements. In discussion with the Welsh Government Capital Team, and to respond to the increased scale of the Capital Programme planned from 2017/18, the health board will further strengthen the capacity of the Estates Team by completing a review of the planned estates maintenance programme including the Direct Labour Organisation function; a review of the approach to in-house capital project and programme management, and explore further opportunities with Powys County Council for a Joint Venture.

## Property & Asset Investment

### Business Case Programme

The following table provides the timetable for case submissions to Welsh Government

Scheme	BJC	SOC	OBC	FBC
Llandrindod Reconfiguration / Renal		Approved	Approved	Submitted March 17
Machynlleth Reconfiguration			Q1 17/18	
Ystradgynlais Reconfiguration			Q2 17/18	
Enhanced Access Brecon			Q1 17/18	
Catering			Q3 17/18	
Newtown Hospital			Q3 17/18	
Waterloo Road	Q1 17/18			
Bronllys Sewerage			Q2 17/18	

## PTHB IMTP Capital Programme 2017-20

This table sets out the three year capital programme for discussion with Welsh Government

Schemes	2017/18 £m	2018/19 £m	2019/20 £m
Newtown Integrated Health Care	0.60	1.00	3.00
Llandrindod Reconfiguration	1.30	2.80	0.20
Machynlleth Reconfiguration	1.50	2.50	-
Ystradgynlais Reconfiguration	0.80	2.00	0.50
Diagnostics	0.15	-	0.15
Fleet Vehicles Upgrade	0.15	0.15	0.10
Mobile Dental Clinic	0.17	-	-
Bronllys Sewer	-	2.00	1.10
Catering SOP	0.25	0.25	-
Corporate HQ Bronllys	-	0.50	-
IT infrastructure and telephony	0.85	0.50	0.50
Llandrindod Renal Expansion	0.35	-	-
Enhanced Patient Access & Car Parking	0.70	-	-
Fan Gorau	0.35	-	-
Anti Ligature/ Dementia Upgrade	0.21	0.20	0.20
External Upgrade Waterloo Road	0.15	-	-

### Property & Asset Investment

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

	2017-18	2018-19	2019-20	2020-21	2021-22
	£m	£m	£m	£m	£m
<b>Gross Capital Expenditure</b>	9.009	13.381	8.731	8.831	8.581
<b>less: Receipts</b>	0.350	0.180	0.000	0.000	0.000
<b>Net Capital Expenditure</b>	8.659	13.201	8.731	8.831	8.581
<b>Welsh Government Funding</b>					
<b>Discretionary (Group 1 - CRL / CEL)</b>	1.431	1.431	1.431	1.431	1.431
<b>Approved Schemes (Group 2 - CRL / CEL)</b>	1.678	2.800	0.200	0.000	0.000
<b>WG Funding Required</b>	3.109	4.231	1.631	1.431	1.431
<b>Funding for identified schemes not approved by Welsh Government</b>	5.900	9.150	7.100	7.400	7.150

## 7.4 RESEARCH, DEVELOPMENT & INNOVATION



Strategic Objective 5: Deliver continuous improvement in safety, quality and patient and carer experience in all settings

At Powys Teaching Health Board we are taking the opportunity to make a step change in our approach to innovation, research and development (R&D) and service improvement. Building on our existing successes this will further strengthen our reputation as an innovative 'Teaching' Health Board whilst also positioning the Health Board to explore a future transition to 'University' status. We are engaged in a wide range of discussions with partner organisations, and through more formal discussions with the Mid Wales Healthcare Collaborative, to ensure that Powys plays its full part in exploring the full potential of a primary care led integrated system to drive sustainable, prudent, person centred care.

We have a strong track record in teaching, providing experience in the rural setting that highlights the potential of enhanced community provision. We have an ambition to be a national exemplar for innovative models of primary and community care and new partnerships between generalist and specialist expertise. This will build on our existing reputation for strong integrated primary and community services based around a network of community facilities. The pooling of expertise and resources across these defined but currently separate areas both internally and externally across our wider public sector networks is part of the vision to deliver maximum system impact and creating a high profile branded approach to innovation.

### The Powys Approach

The Powys Innovation, Research and Improvement Service; using the acronym IRIS will be the focal point that brings together the expertise from across Powys Teaching Health Board. This will create a central hub and point of contact with Local Universities, Powys County Council and Voluntary Sector Partners to lever the skills and experience of our innovators, improvement champions and research and development specialists across the Powys network and further afield. The application of technology to support self management and enable the delivery of care across the rural setting will continue to be a priority. Within the Teaching Health Board IRIS will support staff education and learning, further strengthening our culture as an innovative and agile learning organisation and employer of choice.

#### IRIS

The Powys Innovation, Research and Improvement Service will provide up-to-date advice, and support services for the promotion of improvement, innovation, and high quality research in the areas of clinical and scientific relevance to Powys THB. As well as supporting improved delivery of safe effective and efficient patient centred services to the local population, IRIS will become the new lens through which we evaluate innovation, R&D and improvement and foster more effective learning and sustainable change. IRIS will bring local requirements within Powys into sharper focus, thereby contributing to the national innovation agenda.

Achieving Excellence – the Quality Delivery Plan for the NHS in Wales set out the vision for a quality driven NHS, focussed on providing high quality care and excellent patient experience. It recognised that key drivers for delivery are:

- The ambitions and commitment of staff, inspiring them to take responsibility for improving the quality of care they provide, and
- A system that demonstrates the behaviours of high performing, quality focussed organisations; including clear values and goals, visible leadership at all levels, strong

employee engagement and satisfaction, a relentless focus on improvement, robust systems of reporting, learning and openness.

The Bevan Commission supports the Bevan Commission Innovator Projects, including on Sleep Apnoea and the Accessible Healthcare (Sensory Loss) Standards within Powys, as presented at the Bevan Innovators Conference towards the end of 2016.

IRIS will support more robust evaluation drawing on the NESTA Framework to evaluate the evidence generated. The objective of developing standards of evidence is to help create confidence in the data and information that we produce. This will enable Powys to identify if an intervention is having a positive impact for our service users and wider community. The NESTA framework has five levels of evidence:

- LEVEL 1: A basic description of what we do and why it matters; logically and coherently
- LEVEL 2: Adding data collection and evidence of real change
- LEVEL 3: Use of comparison groups and starting to demonstrate evidence of causality
- LEVEL 4: Commencing independent replication of findings and clear causality
- LEVEL 5: Creating systems and procedures to ensure consistency when replicating benefits

The IRIS approach will build on the learning and evidence from best practice elsewhere whether within Wales through the All Wales Continuous Improvement Collaborative or further afield including the recommendations from the NHS Wales Quality, Development and Leadership White Paper – Lessons to learn from Jönköping.

A baseline assessment and review of existing resources for Innovation, Research & Development and Service Improvement; including funding streams, professional networks, existing staff capacity and training opportunities to further build our capability. IRIS will also identify potential future opportunities to innovate with public and commercial sector partners. Prudent healthcare principles will form the context against which the work of IRIS will be evaluated.

## **1000 Lives Improvement**

1000 Lives Improvement reinforces the importance of Prudent Healthcare and outlines a series of national improvement work streams including Primary Care. As the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales, GP surgeries are a core element of primary care alongside other services including pharmacy, dentistry, and optometry. The primary and community care focus within Powys is resulting in better coordinated access for people to the wide range of services in the local community, to help meet their health and wellbeing needs and prevent unnecessary secondary care admissions. These services include community and district nurses, midwives, health visitors, mental health teams, physiotherapists, occupational therapists, social services, other local authority staff and voluntary sector partners that support people in our communities.

## **Powys Improvement**

In terms of specific improvement work in Powys, IRIS will capture and share the learning from existing improvement initiatives including:

- The Virtual Ward
- New workforce models including the developing role of Physicians Associates
- Developing the contribution of Rural Academic Fellowships to strengthen clinical leadership, teaching and research in the rural environment
- Neuro Café
- Integration Project in Ystradgynlais
- IT and Telehealth Projects – including WCCIS, Mastermind, Carewell and FLO
- Harnessing the talent of the existing improvement specialists including the Bevan Innovators

- Integrating service improvement as part of everyone's Job and PADR
- Developing the network of Primary Care Research Incentive Scheme (PICRIS) practices to increase capacity in primary care in Wales to support high-quality research and create a strong primary care research base and culture

## Some Current Successes

### Virtual Ward

Powys has been a leading exponent of the Virtual Ward and is an area of innovation where Powys can be justly proud of progress to date.

### Neurology Services

The recent establishment of a Neurology Service Coordinator within Powys is enabling a more systematic approach to data capture, evaluation and coordination of a range of neurology and stroke services across Powys. The success of the Neuro Café supporting patients with neurological conditions in Ystradgynlais and Brecon is set for wider roll out during 2017/18.

### IT & Telehealth

The Florence telehealth text messaging service that helps patients take a more active role in managing their health conditions has already been successfully implemented in Powys supporting self care and helping patients with self management of their own health.

The health board will be amongst the first to adopt the WCCIS integrated IT system to support staff to deliver a more seamless service to our patients. The roll out in Powys will provide learning to be shared with other health boards in Wales.

## Research

Powys is committed to developing the research agenda in the rural setting. Whilst we are a small organisation we have a strong track record with active recruitment into Clinical Research Portfolio studies. This has included:

- Powys THB clinician currently working on a Clinical Research Portfolio eligible study proposal in conjunction with the BOBATH charity
- Agreed funding from Powys THB R&D for research time for practice nurses to assist research capacity for hosting portfolio eligible studies
- A Powys THB research nominated by Cambridge University for RCN Research Nurse of the Year after collaborating on a research study together.

A research roundtable was held in March 2017, with the leadership of the Medical Director, to consider the ambition for the health board in further developing its research portfolio. This builds on our existing programme including our partnership through the Mid Wales Healthcare Collaborative. In 2017/18, priority areas will be developed aligned to our strategic objectives and the unique Powys context, including a strong focus on integration, delivering care in the rural environment and actions to address health inequalities in a rural context. A key priority in 2017/18 will also be to engage with partners, such as the integrated Care Fund, to scope further opportunities and to agree detailed actions and milestones for 2018/19 -2019/20.

### European Funded Research

Powys has also been involved with research at a European level including the European Commission funded Mastermind programme supporting patients through computerised Cognitive Behavioural Therapy and the CareWell programme exploring the benefits of technology to support patients with chronic conditions.

IRIS will strengthen the coordinated evaluation framework to underpin progress in this and the areas of innovative service delivery that are reflected throughout this plan.



## Summary Plan: Research Development and Innovation

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Revise and Finalise Document of Strategic Intent: The Powys Innovation Research and Improvement Service (IRIS):</b> <ul style="list-style-type: none"> <li>Executive Team agreement and sign off</li> <li>Endorsement of aims of IRIS</li> <li>Agreement for IRIS Steering Group</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Complete</li> </ul>	<ul style="list-style-type: none"> <li>Completed document</li> </ul>
<b>2. Establish IRIS Steering Group</b> <ul style="list-style-type: none"> <li>Refine purpose, scope and roles</li> <li>Agree decision and reporting mechanisms</li> <li>Identify sub-groups and programme support</li> <li>Agree work shop to initiate baseline assessment and review</li> <li>Agree 'light touch' evaluation framework</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Commencement</li> </ul>	<ul style="list-style-type: none"> <li>Steering Group, reporting flow chart and minutes</li> <li>Draft evaluation framework</li> </ul>
<b>3. Workshop To Scope Remit of IRIS</b> <ul style="list-style-type: none"> <li>Engage stakeholders</li> <li>Refine purpose, scope and roles</li> <li>Agree key themes for work programme and draft initial work programme</li> </ul>	<ul style="list-style-type: none"> <li>Q1-17/18: Complete</li> </ul>	<ul style="list-style-type: none"> <li>Workshop Programme</li> <li>Workshop Update Report</li> </ul>
<b>4. Undertake Baseline Assessment and Review:</b> <ul style="list-style-type: none"> <li>Identify R&amp;D, Innovation and Service Improvement across Powys</li> <li>Create database of current Innovation, R&amp;D and Improvement</li> <li>Map existing resources</li> <li>Identify further funding opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Q2/3 -17/18: Complete</li> </ul>	<ul style="list-style-type: none"> <li>IRIS Database</li> <li>Increase quality and no. of funding bids</li> </ul>
<b>5. Establish 2018 Work programme:</b> <ul style="list-style-type: none"> <li>Identify new R&amp;D, Innovation and Service Improvement across Powys</li> <li>Update database of Innovation, R&amp;D and Improvement</li> <li>Utilise evaluation framework to identify impact of changes</li> </ul>	<ul style="list-style-type: none"> <li>Q4-17/18: Complete</li> </ul>	<ul style="list-style-type: none"> <li>Work programme</li> </ul>

IMPLICATIONS			
<b>Finance</b>	<ul style="list-style-type: none"> <li>Utilise existing resources</li> <li>Explore new funding &amp; grant opportunities</li> </ul>	<b>Workforce</b>	<ul style="list-style-type: none"> <li>Deliver through skills of existing workforce in PMO, Innovation, R&amp;D and Improvement</li> <li>Utilise wider improvement networks</li> </ul>
<b>ICT</b>	<ul style="list-style-type: none"> <li>To explore ICT, Telehealth options</li> </ul>	<b>Estates</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



## 7.5 DIGITAL HEALTH & CARE



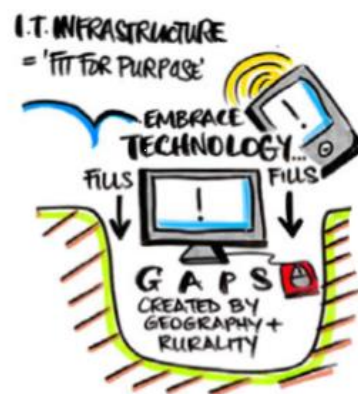
### Strategic Objective 7: Secure innovative ICT solutions, built on a stable platform

Since 2012, both PTHB and Powys County Council's ICT has been provided under a 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.

The health and care strategy sets our vision for the next ten years and places 'Digital First' as a key principle.

### Digital First

- Technology will support people to be independent and live in a safe environment, supporting carers.
- Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.
- Knowledge and access to information will enable people to take greater responsibility and make informed choices.
- New advances in technology will enable more local diagnostic tests to be undertaken in Powys.



At its core, ICT is a key enabler to strategic change as well as a key component of current operational delivery of services. We will be reviewing our current ICT strategy to respond to the health and care long term strategy.

Our current principles are:

- 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
- 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

The geographical and rural challenges of Powys places a high reliance and importance on the implementation, utilization and development of digital solutions to achieve and deliver its plans. The continued implementation of our local ICT Strategy combined with the Digital Health and Social Care Strategy will enable the people of Powys to:

Implement, upscale and utilize online solutions to connect the people of Powys with Healthcare services online to; book appointments, order repeat prescriptions and use the internet to support self management of conditions (through trusted sources), use video conferencing to connect the people of Powys with healthcare professionals and clinicians for “Virtual” appointments and consultations (where suitable).



Enable the people of Powys to access their health records online to view their hospital appointments, details of GP's and their GP visits, personal prescriptions and test results. Provide patients with the functionality to maintain their personal information. Exploring the possibilities of seamlessly passing information that they may have gathered from other sources, such as mobile apps and other devices. This will enable people to play a more active part in developing and improving the quality of their information and support them in managing their own health and well-being, in line with the principles of Prudent Healthcare.

Implement, Upscale and utilize mobile solutions to support the people of Powys in not only the growing use of digital solutions, smartphone applications and online portals to manage their own health and well-being to live independently, but also look at ways and methods of interoperability with existing local and national systems and infrastructure.

We will develop ICT related infrastructure such as the rollout of LYNC to enable our workforce and clinicians to communicate and plan care across long distances. 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. This will provide the healthboard with added options for service delivery, potentially reducing delays and releasing time to care for clinicians and healthcare professionals through reduced travel across the county.

The nature of Powys along with the fact that we do not have a District General Hospital results in 40% of referrals to secondary care in Powys being sent to three providers in England. The English cross border referral and discharge information project will improve the quality and timeliness of cross-border clinical correspondence between GP Practices in Powys and those hospitals in England, in particular the electronic transfer of referral letters and hospital discharge summaries, it will assist in better communication between clinicians across the two countries, supporting patient care and safe discharges. The project will “speed up” the referral process between Powys and the three English providers also reducing risk of referrals not being received due to manual submission and transfer. This project will continue and may be expanded further to include other types of cross-border information flows.

### **Welsh Community Care Information System (WCCIS)**

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. The health board will also continue to prioritise the implementation of other National ICT programmes such as the Welsh Clinical Portal (WCP).

## 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 include:

- Mastermind – Implementing collaborative care through the use of video conferencing (Lync / Skype for Business) and delivering cCBT (computerised Cognitive Behavioural Therapy) currently through the Beating the Blues programme.
- Florence (Flo) – A short message communication software intended for use as a reminder/communication service for patients, to help patients engage better with, and adhere better to their existing shared healthcare plan.

Moving forward with the upscaling of cCBT, we will inter-operate the online cBT solution with Florence to create a more robust, effective service offering where service users will receive support, information and reminders from Flo with regards to their progress with the online cBT programme. . The two programmes combined together have had great results when piloted in Lanarkshire, increasing the uptake and also reducing the number of drop-outs. It will also provide the facility for a more person centered approach where the online cBT solution and support network can be better tailored to the needs of the individual.

The health board will be exploring the possibilities of collaborating with other NHS Wales health boards and public sector organisations to design and implement an “All Wales” approach to the use of online cBT to the people of Wales. This will include an all Wales procurement process and shared learning with NHS Wales and the wider Public sector. We will continue to work closely with our partners in NHS Scotland and across Europe throughout this process.

As well as upscaling our “self guided” online cBT solution we will be exploring the use of therapist assisted CBT options. This programme is not only designed for patients suffering with anxiety/depression but for those suffering with stress, eating disorders and chronic illness.

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 are 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.

## Summary Plan: Digital Health Care

OUTCOMES & KEY ACTIONS	KEY MILESTONES	MEASURES
<b>1. Services and staff are supported with a modern and efficient infrastructure:</b> <ul style="list-style-type: none"> <li>• WCCIS fully implemented to support information sharing between Health and Social Care</li> <li>• Building coverage surveys, followed by procurement and fitting of Wireless Access Points so that mobile devices can connect to the Health network from any Health or Council premises and Internet access for patients</li> <li>• Update and improve desktop operating system.</li> <li>• Improve network accessibility through provision of Wi-Fi access and Guest/Patient Access.</li> <li>• Create and implement a managed print project to support health and Social care with the integrated working rollout across the County Including ICT support to joint working like sharing applications, printers</li> <li>• Create and implement datacentre migration Project.</li> <li>• Rollout of LYNC across the health board</li> <li>• Replace blackberry with a modern smartphone capability for PTHB</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: Wireless Access Point project implementation Complete</li> <li>• Q3-17/18: Commence improved Desktop Operating System</li> <li>• Q3-17/18: Commence data centre migration project</li> <li>• Q3-17/18: Commence roll out of LYNC</li> <li>• Q3-17/18: Commence smartphone upgrade</li> <li>• Q1-18/19: WCCIS implementation Complete</li> </ul>	<ul style="list-style-type: none"> <li>• Annual metrics report</li> </ul>
<b>2. Improved coordination of information, referrals and patient records:</b> <ul style="list-style-type: none"> <li>• Implement WCP/MTeD in all Powys hospitals to facilitate electronic Discharge Summaries sent from Powys Hospitals to GP Practices</li> <li>• Implement WCP/WGPR in all Powys Hospitals to make Summary of GP Record available Ensure IG Team using NIIAS on a regular basis to ensure monitoring staff access to patient information and potential IG breaches investigated.</li> <li>• Move to full implementation of Electronic Referrals and Discharge Summaries to /from hospitals in England.</li> <li>• ICNet implemented complete with connections to all relevant Pathology Labs Roll out Welsh Results Reporting Service (WRRS) so that all Pathology test results and Radiology reports are available directly to clinicians in a single national database accessed via WCP</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: eReferrals - RJAH &amp; SaTH complete</li> <li>• Q4-17/18: WCP/MTeD implementation Complete</li> <li>• Q4-17/18: WCP/WGPR implementation Complete</li> </ul>	
<b>3. Care closer to home supported by effective and innovative technology</b> <ul style="list-style-type: none"> <li>• Electronic "Point of Care" testing devices procured, in use and sending test results back to the national database (WRRS) to enable Point of Care testing carried out in Powys Hospitals</li> <li>• DAUs, built, equipped, IT equipment procured and installed to include Ultra Sound Scanners to enable assessment and care of expectant mothers provided locally at Llandrindod Wells and Newtown.</li> <li>• IT equipment and data transferred as required for MH Services transferred to be directly managed by PTHB</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-17/18: DAU implementation complete</li> <li>• Q2-17/18: Mental Health Transfer Complete</li> </ul>	

## 7.6 GOVERNANCE



### Strategic Objective 8: Ensure a well governed organisation

Powys Teaching Health Board 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. A 'prudent' governance approach is being embedded across the organisation, that is, governance arrangements that are:

- Effective
- Efficient
- Simple
- Enabling
- Focused
- Integrated

The health board's governance arrangements were further developed and strengthened during 2016-17, with such improvements being recognised by the Wales Audit Office in its 2016 Structured Assessment Report.

### Board and Committee Arrangements

For the period of this IMTP, the Board will continue to be supported by a number of committees, namely, the Audit and Assurance Committee; the Finance, Planning and Performance Committee; the Information Management, Technology and Governance Committee; the Mental Health and Learning Disabilities Committee; the Patient Experience, Quality and Safety Committee; the Remuneration and Terms of Service Committee; the Workforce and Organisational Development Committee; and the Executive Committee.

Over the last 12-months the effectiveness of the Board and its Committee arrangements was strengthened. Referencing the work taken forward by the health board in 2016-17, the Wales Audit Office concluded in its 2016 Structured Assessment Report that the Board and its committees were functioning well and that steady progress had been made in strengthening Board and committee effectiveness.

In 2017/18, we will further improve the effectiveness of the Board and its committees by:

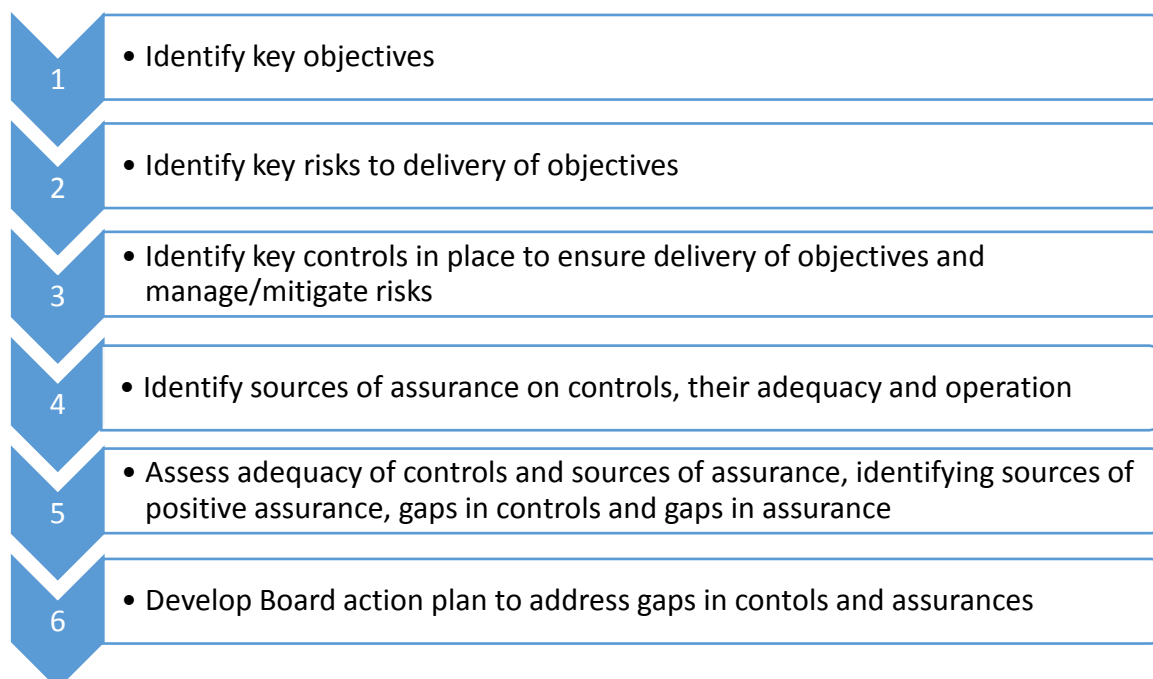
- Ensuring the work programme of the Board and its Committees is focused on strategy development
- Developing and delivering an annual Board/Committee development programme, including individual Independent Member development programmes
- Establishing a robust induction programme for newly appointed board members
- Improving the information provided to the Board and its Committees
- Implementing a digital board paper system
- Establishing a Healthcare Professionals Forum with clinical and stakeholder input to provide balanced, multi-disciplinary view of healthcare professional issues and advice on local strategy and delivery

The health board's Organisational Governance Model, Standing Orders, Scheme of Delegation and the portfolios of executive directors will be reviewed each year to ensure that they remain relevant and reflect the health board's structures and governance arrangements.

### Health Board's Assurance Framework

As reported in last year's IMTP, in February 2016, the Board set out the principles underpinning its assurance framework, and the approach the Board would take to putting a robust Assurance Framework in place.

Commenting on the 2016-17 development of the Assurance Framework, the Wales Audit Office stated that the health board had made steady progress and that while the process of its development had been prolonged, the Board now understood its assurance requirements.



In 2017/18, we will ensure that the system of assurance and the Assurance Framework is understood and effectively embedded by:

- Capturing the interfaces between primary care and secondary care, commissioned services and independent contractors to ensure a 'Whole Health Economy Assurance Framework'
- Developing Directorate level Assurance Frameworks
- Strengthening operational and managerial assurance arrangements and those mechanisms of assurance related to overseeing management, by:
  - Implementing a rolling programme of training and awareness sessions
  - Implementing a programme of self-assessments and peer review
- Regularly revising the assurance framework as a result of lessons learned
- Aligning the Assurance Framework with the health board's Performance Management Framework.

## Audit and Review Arrangements

The health board invested in additional internal audit reviews in 2016-17 and arrangements for the reporting of progress against the implementation of audit recommendations to the Audit and Assurance Committee were strengthened.

The Wales Audit Office has reported that the health board has good processes in place to respond to findings from Healthcare Inspectorate Wales inspections through the Patient Experience, Quality and Safety Committee, but that more robust coordination of the health board's clinical audit programme is needed.

During 2017-18, the health board's clinical audit arrangements will be strengthened, including development of a risk based clinical audit strategy and plan. In addition, as part of the work to further develop and embed the Assurance Framework steps will be taken to fully map and capture the outputs of internal audit, clinical audit, and external audit and planned external regulatory review work.



## Risk Management

Embedding effective risk management remains a key priority for the Board. Over the last 12-months steps have been taken to strengthen risk management across the organisation and the Board approved a strengthened Risk Management Framework in January 2017.

Our approach to risk management has been designed to ensure that risks are identified, assessed and prioritised and appropriate mitigating actions taken. The Assurance Framework together with the health board's Corporate Risk Register form a key part of this approach.

Further work is needed to strengthen risk management arrangements at a Directorate level. Regular spot checks will be undertaken by the Directorate of Governance and Corporate Affairs to ensure that the approach set out in the Risk Management Framework is being complied with and necessary improvements introduced and implemented. A strengthened training programme is being developed and steps will be taken to ensure improved compliance and uptake of training.

In addition, during 2017/18, we will embed sound risk management arrangements by:

- Embedding the health board's assurance framework
- Implementing the Risk Management Framework and introducing easy to use processes and documentation
- 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 and risk management frameworks

Board and committee work plans for 2017-18 have been agreed with a view to ensuring that they receive adequate assurance in relation to how risk is being managed throughout the year.

## Addressing Key Strategic Risks

Our approach to risk management has been designed to ensure that risks are identified, assessed and prioritised and appropriate mitigating actions taken. The Assurance Framework together with the health board's Corporate Risk Register form a key part of this approach; through these the following key risks to the delivery of our aims and strategic objectives have been identified:

- Whole system commissioning not embedded
- Ineffective financial planning
- Governance not embedded in all areas
- Inability to attract, recruit and develop qualified staff with the appropriate skills and competencies required across primary and community care
- Lack of a robust and stable ICT system
- Inadequate and non-compliant estate in some areas
- Delayed redesign of the mental health services model
- Areas of fragmented health and social care services

In developing this IMTP we have given careful consideration to the actions that we will take to mitigate such risks. The steps that will be taken to embed governance across all areas are set out in this section, while those that will be taken to address the other strategic risks that have been identified can be found in the following sections of this document:



## Complaints and Incidents

The effective management and resolution of complaints will continue to be a critical work stream to enhance patient experience and health board reputation. The significant backlog of complaints has been addressed, with improved compliance in 30 day turnaround time.

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 in February 2016 has set the direction for 2018-19. With the Assurance and Risk Management Frameworks in place we will ensure that the information arising from incidents and complaints is used to inform assurance and risks.

## Information Governance

In order to strengthen information governance arrangements the remit of the central team has been reset. From 2017-18, the team's responsibilities will be to provide expert advice, facilitate and provide training and raising awareness sessions, monitor and review compliance and quality assure.

During 2017/18, these revised arrangements will be embedded through:

- The identification and training of Information Governance Champions within each Directorate
- The introduction and delivery of a rolling programme of training and awareness sessions tailored to the responsibilities and needs of individuals
- The establishment of a robust Information Governance Champions Group, which will report to the Information Management, Technology and Governance Committee of the Board
- The roll-out of a programme of spot checks and peer reviews

## Compliance with legislative requirements

Sound governance arrangements are fundamental to ensuring that the health board complies with all relevant statutory and legal requirements. Over the next three years we will continue to test our compliance with statutory and legislative requirements through a rolling programme of spot checks. The scope of these will be wide ranging, but during 2017-18 will focus on ensuring compliance with information governance, Welsh Language and equality requirements.

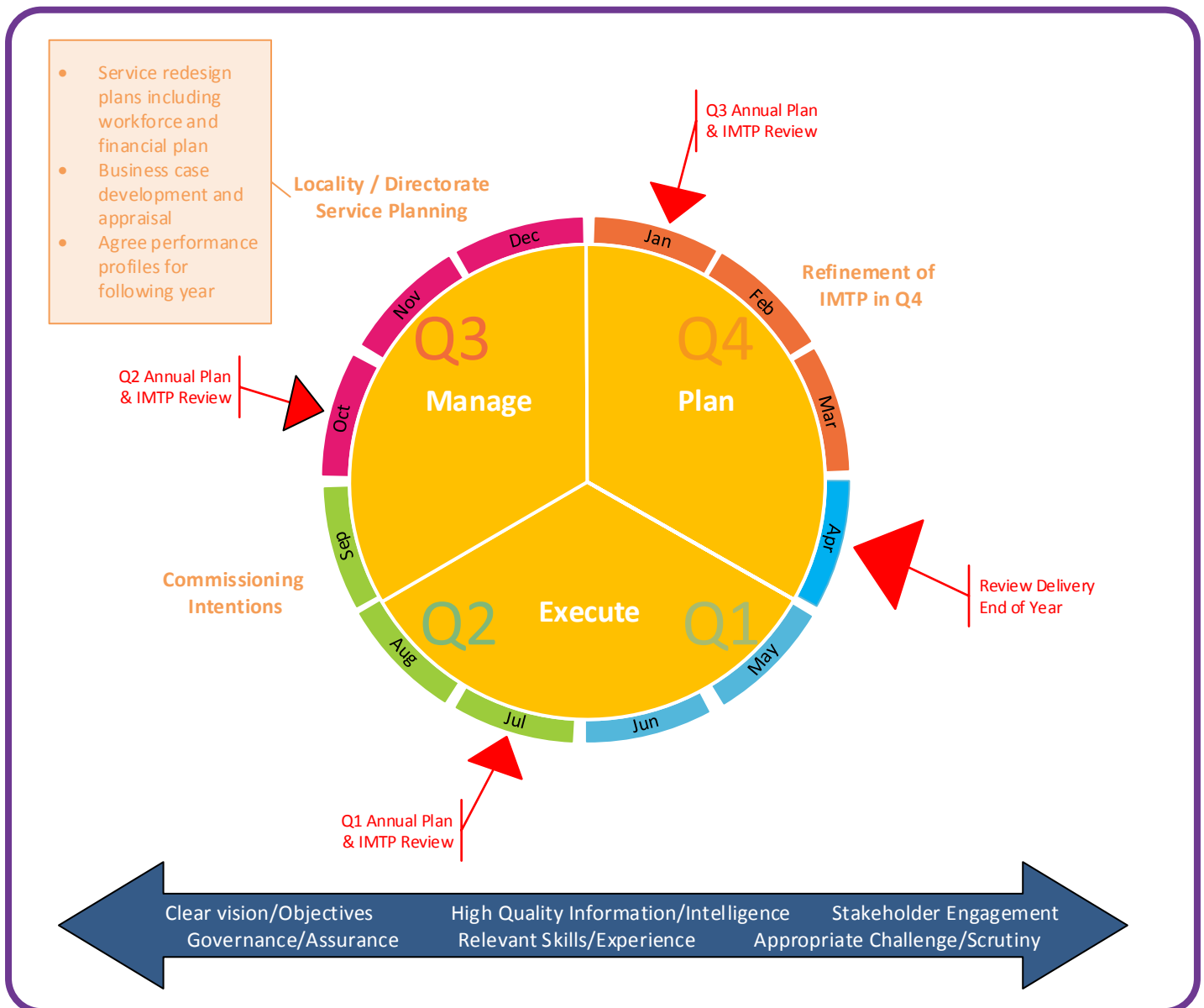
## Planning

Our planning approach has been designed as a three-fold process. Developing GP Cluster Plans 'bottom up' and in parallel developing directorate plans and cross cutting organisation wide plans. The health board's directorate plans, which sit beneath the ITMP, ensure detailed milestones and measures are in place in order to monitor performance against plan and achievement of national and local measures.

The health board has developed a ten year vision and draft Health and Care Strategy for Powys in partnership with Powys County Council. In addition, the two organisations continue to develop closer joint working and sharing on areas such as service, quality, performance, IT, estate, workforce and financial plans. Our intention is to further strengthen our strategic planning and operational delivery approach together with Powys County Council as part of our journey towards integration and with other partners to strengthen partnership working.

Key principles of the process are to ensure:

- Patients are at the centre of service design and delivery
- There is a clinically led planning environment with multi professional input
- 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



In the past year the Health Board has strengthened its planning governance arrangements through a number of new initiatives:

### National Delivery Planning Group

- A coordinating group has been established to oversee and monitor the completion of National Delivery Plan progress against national update requirements, review of updated national planning guidance and to provide assurance of planning completeness

prior to submission to Health Board Committee and Board.

- Lead Planning Managers have been allocated to each Delivery Plan to support clinical staff who are responsible for delivery plan specific steering groups where appropriate.
- This group reports quarterly to the Executive Committee of the Health Board.

### **Strategic Change Steering Group**

- As outlined elsewhere in the Plan the Health Board has a significant number of service changes beyond their borders. A steering group has been established to coordinate updates and issues from officers who are representing the health board in out of county change programmes.
- The group is able to consider on a regional basis overlapping implications from change programmes and formulate information for discussion with executive colleagues.
- This group reports quarterly to the Executive Committee of the health board.

### **Health and Care Strategy Programme**

- The Health and Care Strategy has been developed through a formal programme management approach with Programme Board membership from PTHB, PCC and Powys CHC.
- This group monitors progress with the programme plan, set's strategic direction on content, considers and assures the engagement and consultation plan and outcomes.
- The Programme Board reports to the Joint Partnership Board of PTHB and PCC.

## **Integrated Performance Management**

During 2016/17, the health board has continued to implement rigorous performance assurance and review mechanisms, in line with the Board's agreed Performance Management Framework. These mechanisms will continue into 2017/18, ensuring the organisation effectively anticipates and responds to performance at every level. To ensure appropriate assurance and performance reporting to the Board, the following arrangements are in place:

### **The Board**

The Board receives an Integrated Performance Report at each Health Board meeting. This comprises of a combination of key relevant national priority indicators, regulatory requirements, and priority local performance measures which balance quality, safety, access and finance.

The Board also receives assurances in respect of performance via its Finance, Planning & Performance Committee, which is responsible for providing assurance to the Board that the health board has strong performance management arrangements in place. The Finance, Planning and Performance Committee will also provide assurance to the Board relating to the achievement against the health board's plans and objectives.

### **The Executive Delivery and Performance Group**

The Delivery & Performance Group, established as a sub-group of the Executive Committee, is responsible for providing appropriate scrutiny and review in respect of Health Board performance relating to operational performance and the delivery of the organisational objectives set by the Board. The Delivery and Performance Group provides assurance to the Finance, Planning and Performance Committee.

### **Directorate Performance Reviews**

Directorate Performance Reviews, led by the Chief Executive Officer and attended by Executive Directors, hold Directorates to account for delivery against plans and agreed performance management measures and support the development of integrated future plans.

Directorate Performance Reviews are reported to the Executive Delivery and Performance Group.

The health board's Performance Management Framework sets out the overarching principles and approach to developing a high performing organisation. The Framework will be reviewed in 2017/18 to ensure it remains fit for purpose in embedding a culture that enables the PTHB to successfully deliver national standards for quality, performance, finance and patient experience as laid down in the NHS Wales Outcomes Framework as well as ensuring achievement of the Board's agreed priorities. In reviewing the framework for 2017/18, the following will be considered:-

- Integration arrangements with Powys County Council
- Embedding the organisation's operating model
- A review of effectiveness of the performance management arrangements in place
- A review of performance measures in light of changes from national and local priorities
- Alignment with the Assurance Framework and risk management arrangements
- Introduction of arrangements to incentivise and sanction performance, linked to current health board escalation arrangements, for both provided and commissioned services
- Embedding a culture of continuous performance improvement throughout the organisation

### Welsh Language

During 2016/17 the health board contributed to the Welsh Government's consultation on the Welsh Language Standards. Until the Welsh Language Commissioner issues her compliance notice the health board, like other NHS bodies in Wales, continues to deliver Welsh language services based on its Welsh Language Schemes operated under the Welsh Language Act 1993. The Standards have been drafted so as to build on the Schemes.

"More than just words....", the Welsh Government's strategic framework for Welsh language services in Health, Social Services and Social Care works to support Welsh Language Schemes to address issues in a planned and co-ordinated way across the whole sector outlining the actions required to strengthen Welsh language services in the sector. While the Standards will replace the Welsh Language Schemes, *More than just words* will continue to provide the wider policy infrastructure within which the standards will sit and will continue to be an important policy document for the sector that will support the implementation of standards.

A report on the health board's progress in relation to the implementation of the requirements of *More than Just Words* was submitted to Welsh Government in November 2016. The progress report has been used to inform a work programme for 2017-18 that will ensure that there is a focus on the key areas that will enable the health board to be compliant with the Standards in a pragmatic and timely way.

Key Actions to ensure organisational readiness for implementation of Welsh Language Standards through:

- Completion of Directorate and primary care Welsh language action plans
- Identification of established posts that are Welsh essential
- Identification of where linguistic capacity need to be increased
- Implement and roll-out an awareness raising and training programme

### Human Rights and Equalities

Ensuring that policy and decision making takes into consideration the impact of how any changes and proposals might affect disadvantaged and protected groups continues to be a priority for the health board. This also includes implementation of the All Wales Standards for accessible communication and information for people with sensory loss.

PTHB has received recognition from the Older People's Commissioner for Wales for its rights based approach to patient care, citing Llanidloes as an example of good practice. The Health Board's ongoing commitment to this is reinforced through regularly scheduled discussions between Standard leads and the Human Rights and Equalities expert.

Key actions during 2017/18 include:

- Auditing the use and quality of Equality Impact Assessments
- Developing patient pathways and processes in readiness for the accessible information standard as well as Welsh language preference or need
- Ensuring compliance in undertaking mandatory equality training and completion of the Sensory Loss and Welsh Language awareness raising online training modules
- Achieving continuous improvement by Health and Care Standards leads regarding equalities and human rights

Access remains a key issue for the health board in terms of equality with access poverty being a significant challenge for the Powys population. The health board has set 'ensuring the right access' as one of its strategic aims and in 2017/18 the health board will continue to work to increase the capacity and resilience of primary and community care to promote self-care and care closer to home and implement whole system commissioning to ensure appropriate access to effective services i.e. services that are delivered at the right place, at the right time and by the right people.

## Safeguarding

Powys Teaching Health Board are developing a Strategic Framework for Safeguarding 2017-2020 for approval in March 2017. This framework strategy will provide clear direction regarding the future planning and delivery of NHS Safeguarding services for vulnerable people and their families for the population of Powys. It describes the core principles fundamental to service provision and outlines the key issues that need to be addressed in forthcoming years in order to deliver high quality safe services.

The vision of PTHB is that all citizens live their lives free from violence, abuse, neglect and exploitation and their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation. Engaging with and being responsive to the needs of all stakeholders, including children at risk, adults at risk, carers, service providers and the wider community, is essential to promote the Board's vision.

Safeguarding in Powys is everyone's business with shared understanding and requires ownership of both the issues and solutions across all organisations, professionals and the public.

The strategic framework for safeguarding helps us appreciate this vision and describes our main aims and objectives over the next three years. It will incorporate the key principles and values set out in national and local legislation and guidelines. The strategy applies to all staff working for or contracted to work for the Health Board and provides a framework to safeguard and promote the welfare of children, young people, vulnerable adults and victims of domestic abuse in all areas of the Board's business.

It supports the All Wales Child Protection Procedures and the All Wales Interim Policy for the Protection of Vulnerable adults (currently being updated in line with the Social Services & Wellbeing (Wales) Act). The Safeguarding Strategy aims to ensure safety of people in Powys whilst achieving the Health Board's vision to deliver 'truly integrated care centred on the needs of the individual'.