



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Medium Term Plan 2019/2020 - 2021/2022

A Healthy Caring Powys

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING
A VISION OF THE
FUTURE OF HEALTH
AND CARE IN POWYS...



TO
2027
AND
BEYOND...



WE AIM TO DELIVER
THIS VISION THROUGH-OUT
THE LIVES OF THE PEOPLE
OF POWYS...



WE WILL SUPPORT
PEOPLE TO IMPROVE
THEIR HEALTH AND
WELLBEING THROUGH...



OUR PRIORITIES AND
ACTION WILL BE
DRIVEN BY CLEAR
PRINCIPLES...



THE FUTURE OF
HEALTH AND CARE
WILL IMPROVE
THROUGH...



MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

We are pleased to introduce the Integrated Medium Term Plan (IMTP) for Powys Teaching Health Board for the period 2019/2020 to 2021/2022. This is the second year of our joint long term Health and Care Strategy, A Healthy Caring Powys, developed following extensive engagement with residents and stakeholders in Powys.

There is a strong connection between our vision for A Healthy Caring Powys and the ambition for 'A Healthier Wales' set out by Welsh Government. The Powys Health and Care Strategy sets out how we will transform the way we provide care for the Powys population, enabling people to start well, live well and age well. It is an important part of the journey towards the very long term, sustainable and inter-generational approach in the Powys Wellbeing Plan.

Powys makes up a significant footprint in the rural heartland of Wales, covering a large geographical area which borders England and all but one of the other health boards in Wales. The economic, social and healthcare links across these areas form part of the distinct characters of North Powys, Mid Powys and South Powys Clusters.

Collaboration is key to delivering healthcare for the people of Powys and this IMTP is therefore taking an increasingly whole system approach as both a provider of healthcare and a strategic commissioner. At the heart of our approach is the Powys model of care, with as much care as possible close or closer to home, within connected communities, and clearly defined pathways to safe and sustainable services outside the county for acute, elective and specialist care.

We have an ambition to grow an even stronger rural alliance for health and care, building on successful partnership working in Mid Wales. Workforce is a shared challenge and there has never been a better time to develop joint solutions between partners and across sectors. Organisational alignment to the health and care strategy is also being strengthened in the health board, so that all our staff can clearly see their role in delivering the shared vision.

We have developed a set of 'Powys Outcomes' to demonstrate the benefits we intend to achieve and each section of the IMTP describes what we plan to do and what impact this will have in terms of key measures and links to national well-being goals and principles.

We would like to take this opportunity to thank all those who continue to commit to working with us. This includes the continuing strength of the Third Sector, Leagues of Friends, primary care contractors, the independent sector, Welsh Ambulance Services Trust, neighbouring health boards and Trusts and our local authority colleagues. Our plan is our part of a collective effort reported through regional partnerships and our own organisational reports and we look forward to keeping you updated on progress.



Prof. Viv Harpwood (Chair)



Carol Shillabeer (Chief Executive)

TABLE OF CONTENTS

	Page
Strategic Overview	4
Introduction	4
Strategic Context	4
Health Board Profile	6
Whole System Commissioning	8
Summary of Wellbeing Assessment	9
Operating Model & Delivery Principles	11
Priorities for Delivery	12
Powys Model of Care	13
Powys Outcomes	14
Review & Achievements 2018-2019	16
Delivery Against Key Measures	17
Opportunities and Challenges	19
Significant Service Change	20
Spotlight on North Powys	21
Well-Being Objective 1: Focus on Well-being	22
Wider Determinants of Health (Powys Well-being Plan 12 Steps)	23
Health Improvement, Disease Prevention and Population Screening	24
Information, Advice and Assistance	26
Summary Plan	27
Well-being Objective 2: Early Help and Support	28
Primary and Community Care	29
Cluster Working	30
Connecting Communities	36
Summary Plan	38
Well-being objective 3 Tackling The Big Four	40
Mental Health	41
Cancer	48
Respiratory	50
Circulatory	52
Summary Plan	53
Well-being objective 4: Joined Up Care	54
Care Co-ordination and Urgent Care	55
Planned Care	58
Specialised Services	60
Quality and Citizen Experience	61
Summary Plan	63
Well-being Objective 5: Workforce Futures	64
Well-being and Engagement	65
Recruitment and Retention	66
Workforce Design, Efficiency and Excellence	67
Skills and Development	68
Summary Plan	69
Well-being Objective 6: Innovative Environments	70
Capital, Estates and Facilities	71
Research Development and Innovation	76
Rural Health and Care Alliance	78
Summary Plan	79
Well-being Objective 7: Digital First	80
Digital Care (Telehealth / Telecare)	81
Digital Access (National ICT Programme)	81
Digital Infrastructure and Intelligence	82
Summary Plan	83
Well-being Objective 8: Transforming In Partnership	85
Good Governance	86
Financial Management	89
Planning, Performance and Commissioning	95
Partnership Working	97
Summary Plan	99
Table of Appendices and Useful Links	100

Introduction

Our ambition for the people of Powys remains high. We are entering the second year of our shared Health and Care Strategy launched back in 2017 which set out the vision for a 'Healthy, Caring Powys'. This long term strategy for health and care forms our Local Area Plan and is itself a component of our very long term, inter-generational Powys Wellbeing Plan.

'A Healthy Caring Powys' is aligned with the Welsh Government plan for Health and Social Care 'A Healthier Wales' (2018).

We developed our Health and Care Strategy based on extensive local engagement as well as taking into account national well-being goals, five ways of working and the sustainable development principle. The quadruple aim and design principles have been applied in the supporting priorities and actions. This IMTP is our contribution to the delivery of the ambition in 'A Healthier Wales'.

We are determined to be leaders in Wales in primary and community care and to continue to strengthen our role as an effective commissioner on behalf of the population of Powys. We have a very complex system of pathways across multiple health and care providers in England and Wales, as well as a role as a direct provider of healthcare. We are a key partner with the local authority and third sector.

Strategic Context

'A Healthier Wales: Our Plan for Health and Social Care' was published by Welsh Government in 2018, setting out a shared ambition to bring health and care services together into a seamless whole system approach, designed and delivered around the needs and preferences of individuals, with a much greater emphasis on health and well-being. It describes a community based model of health and social care, with a stronger public health approach and transformation of key areas including primary, planned and urgent care.

There is a focus on transformation and innovation to meet the needs of the Welsh population. A Healthier Wales describes a shift from large general hospitals to regional and local centres.



Well-being of Future Generations Act

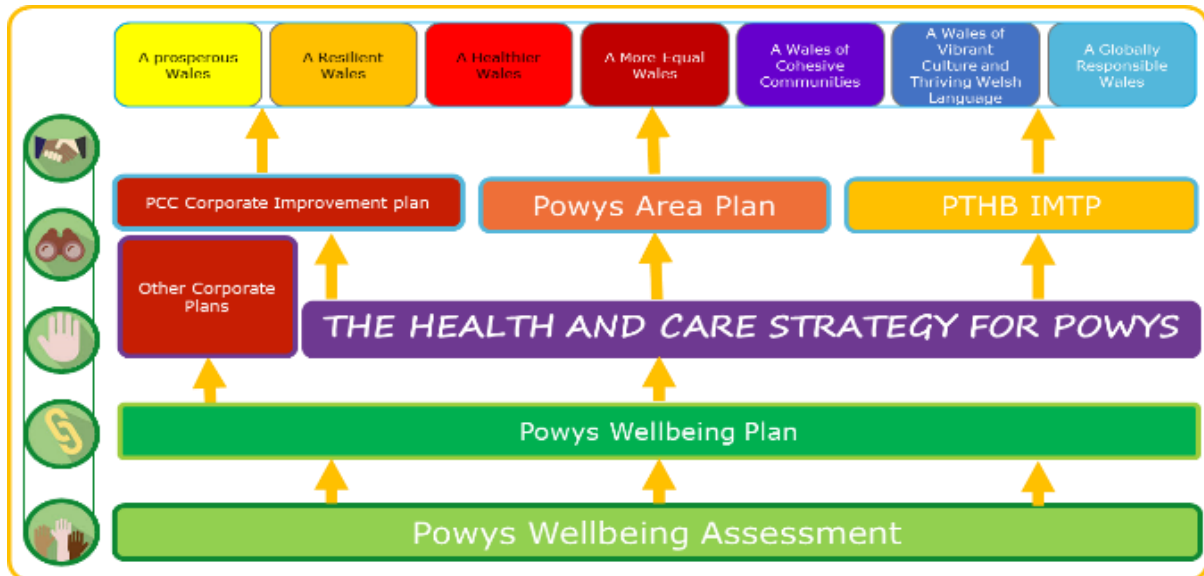
Five Ways of Working: Long Term Vision

A Healthy Caring Powys sets out our long term vision. Key to this is the evidence of the well-being assessment which, in addition to setting out the current picture of well-being in Powys, explores the long term impact if the current focus and approach remains the same.

The health board has made a commitment to fully align organisational delivery and performance improvement to the long term vision. The overleaf diagram outlines the planning context and the way in which plans and planning requirements fit together to support the delivery of the national well-being goals.

STRATEGIC OVERVIEW

The Planning Context in Powys



Five Ways of Working: Prevention

The Health and Care Strategy and the IMTP encompass primary, secondary and tertiary prevention. Core objectives of the Health and Care Strategy include a focus on well-being and the provision of early help and support. The IMTP outlines specific actions which encompass reducing tobacco use, promoting a healthy diet and access to physical activity, empowering staff to have the confidence and competence to discuss healthy lifestyles with service users, and ensuring the population is protected from the threat of infectious diseases through immunisation programmes. It also includes a focus on early years and ensuring children are protected from adverse experiences from a young age, ensuring every child enters school ready to learn. Road traffic accidents are also highlighted, recognising the impact that this issue has in a rural area like Powys. More broadly, the Powys Well-being Plan sets out a vision for a Powys in 2040 in which there is a stable and thriving economy, a sustainable and productive environment; a population which is healthy, socially motivated and responsible, and people are connected to resilient communities and a vibrant culture. The steps to achieve the 2040 vision are published in the Well-being Plan.

Five Ways of Working: Integration

Powys County Council and PTHB are key partners in the Regional Partnership Board and the delivery of the Area Plan and 'A Healthy Caring Powys'.



Key to this is the triple integration approach of health and social care, mental and physical health and primary and community care.

Five Ways of Working: Collaboration

When launched in 2017 'A Healthy Caring Powys' was the first joint strategy between health and social care in Wales. It is reliant on collaboration between the health board, Powys County Council, the Third Sector, Universities, the public, patients and carers. The strategy ensures that efforts and resources are aligned to deliver improved outcomes for the Powys population.

STRATEGIC OVERVIEW

Five Ways of Working: Involvement

The well-being objectives were developed from what the people of Powys said about their health and care – in service user surveys, complaints, compliments, engagement events, service user forums, conferences and specific health and care events.



Health Board Profile

Rural Powys: Population and Wellbeing Assessment

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys. The population and wellbeing assessment has been updated to inform this IMTP. The health board and the co-terminous county council cover a quarter of the landmass of Wales, and with less than 5% of the population it is one of England and Wales' most sparsely populated areas. Geography and rurality make access a challenge and the fragility of services around our borders presents a complex risk.



A Commissioner of Services

The main patient flows from Powys are into the North Midlands and the West Midlands for secondary care, through arrangements with 15 main NHS provider organisations. This covers all specialities, however PTHB is not the main commissioner of any acute providers. The majority of the PTHB budget is spent on externally commissioned services.

Care is also provided through primary care contractors such as General Practices, Dental Practices, Pharmacists and Optometrists, as well as the Third Sector.

These multiple complex arrangements mean an ability to provide coherence across a multiple of providers and pathways is critical.



- Abertawe Bro Morgannwg UHB: £7.609M
- Abertawe Bro Morgannwg UHB (MH): £0.193M
- Aneurin Bevan UHB: £11.627
- Betsi Cadwaladr UHB: £1.948M
- Cardiff & Vale UHB: £1.289M
- Cwm Taf UHB: £1.118M
- Hywel Dda UHB: £6.365M
- Shrewsbury & Telford NHS Trust: £23.734M
- S. Staffordshire Trust (MH): £1.1M
- Velindre Cancer Trust: £1.03M
- RJA Hospital: £8.7M
- Wye Valley Trust: £13.8M
- WHSSC: £21.987M
- EASC: £10.556M
- Other English: £2.719M

Long Term Agreement
Values for 2017/18

Primary and Community Care

PTHB directly provides healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home

General Practice
16 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 therapies, 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

STRATEGIC OVERVIEW

NHS Staff Survey – Powys Teaching Health Board results

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 2016 and the all Wales results.



Of the 2,123 staff who were sent the staff survey, 50% took the offer to complete it, an increase of over 300 staff from 2016; this is in the top 5 of the highest response rates of all health boards in Wales (All Wales 29%).

We have improved significantly in some areas...

- ↑2%** **60%** are aware of the long term goals (↑2% from 2016 / **54% Wales**)
- NEW** **81%** say that their job gives them a feeling of purpose (New since 2016/ **79% Wales**)
- ↑7%** **90%** have, in the last 12 months, had a PADR (↑7% from 2016 / **83% Wales**)
- ↑26%** **51%** believe that they can meet all of the conflicting demands of their work (↑26% from 2016 / **49% 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**)
- ↑6%** **56%** say the organisation is committed to help staff balance work and home life (↑6% from 2016 / **48% Wales**)
- ↑2%** **48%** are able to provide services in Welsh (↑2% from 2016 / **51% Wales**)

Engagement

The overall engagement score in Powys is **78%** (↑9% from 2016 / **76% Wales**), including:

- 77%** are proud to tell people they work for PTHB (↑9% from 2013 / **72% Wales**)
- 73%** would recommend PTHB as a place to work (↑3% from 2016 / **66% Wales**)

Priorities for Action



Acting on the Results - 27% say that the Executive Team will act on the results of the survey (↓7% from 2016 / 24% Wales).



Effective communication between senior management and staff - 36% say communication between senior management and staff is effective (↑5% from 2016 / 32% Wales).



Managing Change - 32% say change is well managed (↓2% from 2016 / 29% Wales).



Stress - 32% have been injured or unwell due to work related stress (↑7% 2016 / 21% Wales).

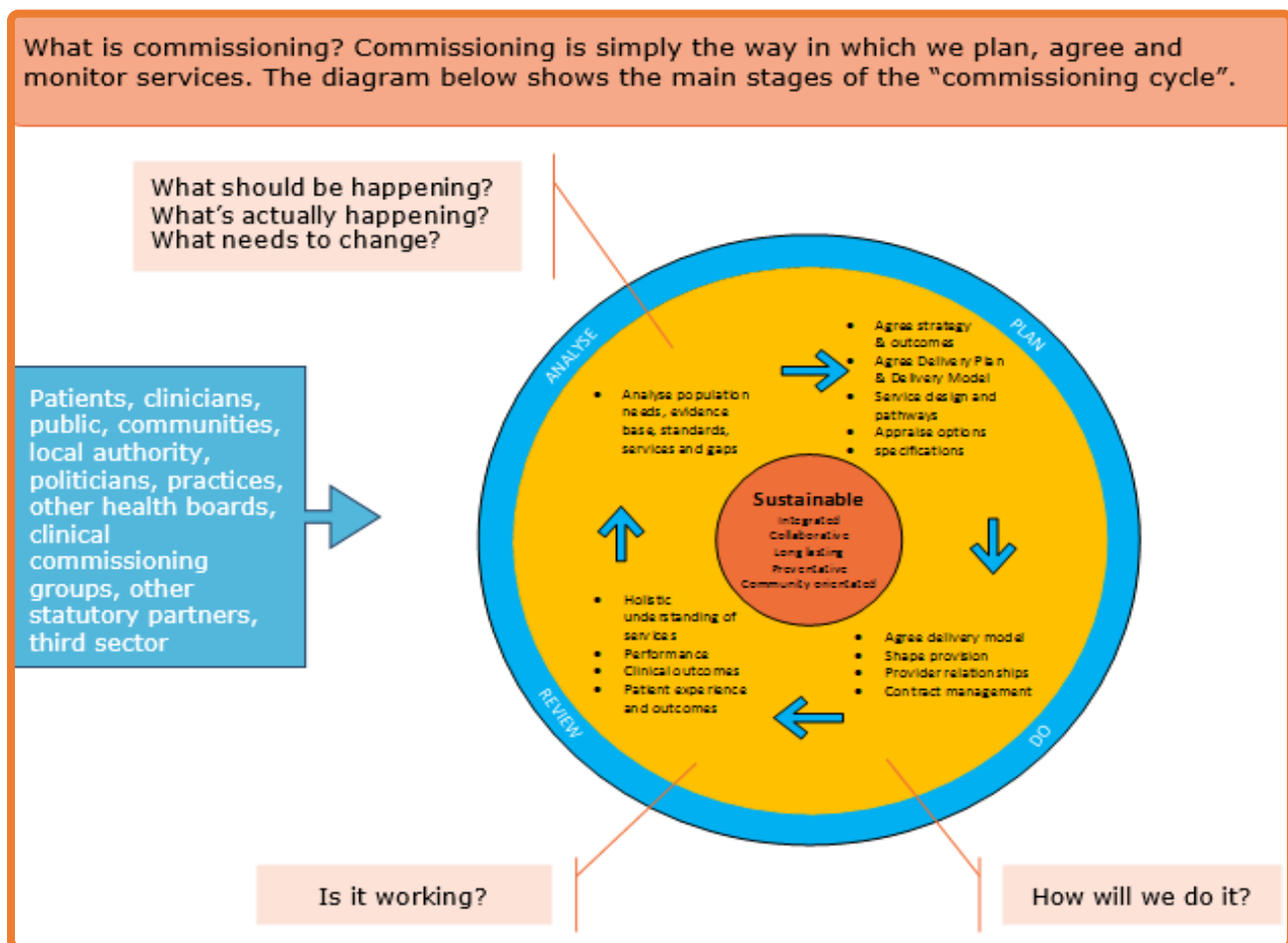


Harassment & Bullying - 17% have experienced harassment or bullying from colleagues or managers at work (↑3% 2016 / 18% Wales).

Whole System Commissioning

PTHB operates within one of the most unusual and complex environments in the UK. As a large highly rural area with no District General Hospital, Powys residents needing secondary and specialist health care travel to 15 main NHS organisations spanning five health economies across England and Wales. The health board commissions services across the “whole system” including prevention, primary, secondary, tertiary, continuing health services – delivered in partnership and closer to home wherever possible. This strategic commissioning approach is particularly important given the fragility of some services in neighbouring regions.

The health board participates in collective commissioning arrangements for Velindre Cancer Services, specialised services and emergency ambulance services and jointly commissions services with the local authority.



Improved health and well-being outcomes for Powys residents can be achieved through the way in which we plan, agree, fund and monitor services. The health board has developed a strategic commissioning approach which reflects the values and arrangements of NHS Wales, which focuses on collaboration and long lasting solutions. Strategic commissioning considers safety, quality, effectiveness, equity, access, cost and the overall patient experience in a “whole system approach” spanning prevention through to specialised services.

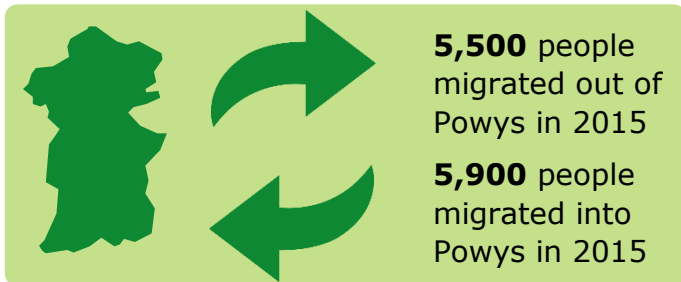
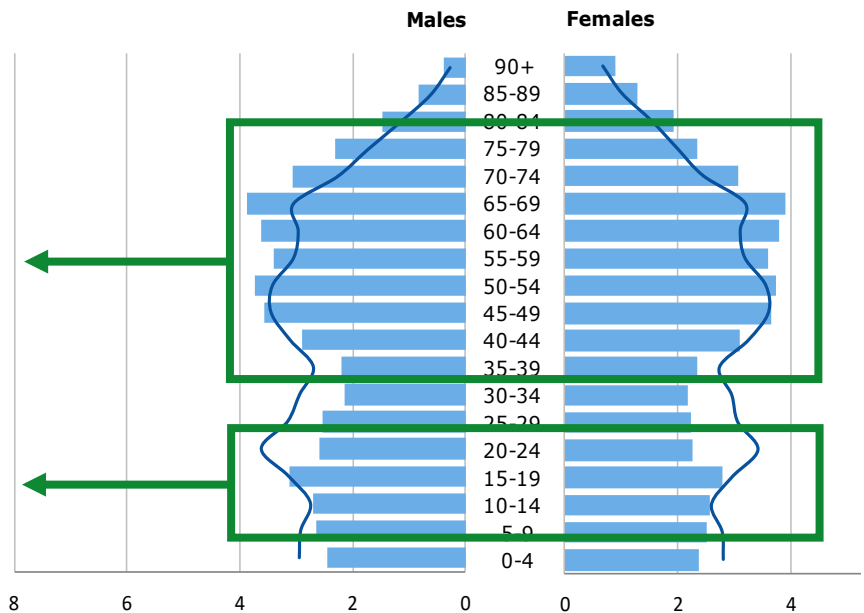
SUMMARY OF WELLBEING ASSESSMENT See Appendix 1 for Further Detail

For the full analysis and list of sources visit <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

A Changing Population

The population in Powys is older compared to the rest of Wales and the working age adult population is smaller compared to Wales. It is predicted that there will be:

- 8% decline in population by 2039
- 15% Population aged 15 and under
- 59% Population aged 16 to 65
- 26% Population aged 65 or over
- The number of young people and those under 65 will decrease while older adults will increase
- 44% increase of people with dementia
- 83% report they feel they belong to their local area (Wales 75%)



People in Powys live longer and spend more years in good health, including eating more healthily and being more physically active. Fewer people feel lonely and there is a sense of community and satisfaction with life. There are however pockets of deprivation and health inequalities.

Economic well-being is above the Welsh average but there is hidden poverty in Powys associated with rural communities as per the Welsh Index of Multiple Deprivation. Five LSOAs are among the most deprived 30% in Wales. Also a child born in the most deprived area will live 10 years less than a child in the most affluent. Powys is one of the most deprived areas in Wales for access to services.

There is a low rate of unemployment and 15.3% of workless households compared to 19.4% for all of Wales. However there is a high proportion of people working part time and on very low pay. In 2016 the average weekly pay in Powys was £366, a fall of £15 per week since the previous year, compared to a rise of £19 per week across Wales. On average, Powys residents earn consistently less than people in many other Welsh Local Authorities, ranking third lowest in Wales. 24% of households are in fuel poverty (compared to 23% Wales). However Powys is recorded as having less children living in poverty (13% compared to 21.9% Wales) as it is a combined household measure, that doesn't take into account low wages individually. 11.3% of men and 8.9% of women of working age in Powys have no formal qualifications.

One in four people report that they live with depression and it is one of the top three causes of disability. 8% of people presenting to a GP are being treated for depression or anxiety. Autistic spectrum disorders are the most common presentation of disability in children in Powys. The most vulnerable children are commonly 10-15 years old and more people are being placed on the child protection register, although referrals to the Youth Justice Service have fallen.

There are about 16,000 carers in Powys including at least 576 young carers.

STRATEGIC OVERVIEW

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 is worse than across Wales, with 24 areas among the worst 20% in Wales.

859 people are supported by domiciliary care in Powys. As the elderly population increases, there will be more demand for suitable accommodation options.

Powys has some unique challenges in terms of demography and geography and the interrelationship between these factors. It is an entirely rural County with no major urban conurbations and no acute general hospitals. People in Powys have to travel outside the county for many services, including healthcare, higher education, employment and leisure.

The Wellbeing Assessment demonstrates the significant challenges, with a greater population of people aged over 50 increasing at rates above those elsewhere in Wales, together with a predicted decrease in births. We expect a significant increase in demand for health and care, over and above the potential impact of epidemiological factors such as obesity, smoking and alcohol use.

There are specific health needs which are likely to increase in prevalence including dementia and long term chronic conditions, as well as mental ill health and more broadly, health inequalities. It is critical not to underestimate the impact on the sustainability and viability of future healthcare services in Powys. The importance of the long term strategy for health and care, based around shared well-being objectives, frame this IMTP.

Population Need

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.



The number of young people and those below 65 years is predicted to decrease while the number of older adults in Powys is predicted to increase dramatically (26% of Powys residents are aged 65 or over compared to 18% in the UK).



8%

Projected overall decline in the Powys population

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.

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.

4,256

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

16,154



Carers in Powys showing an increase of 14% from 2001.

Population health evidence and the burden of disease indicates that the four main causes of ill health and premature mortality in Powys are 'The Big Four':

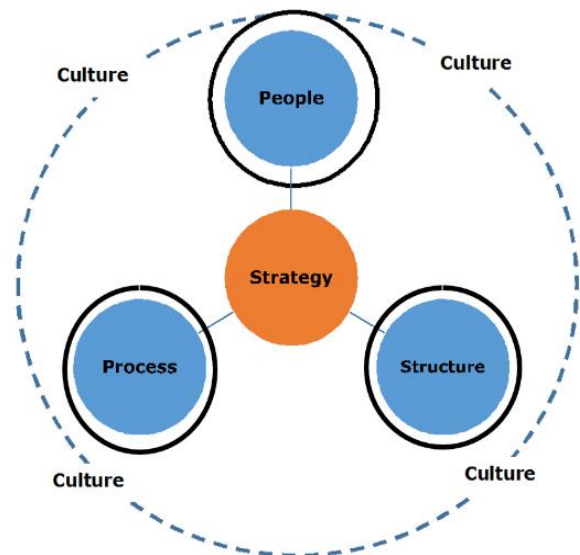
- **MENTAL HEALTH**
- **RESPIRATORY CONDITIONS**
- **CANCER**
- **CIRCULATORY DISEASES**

14 & 10 YEARS

A child born in Powys' 1/5th most deprived population can expect to live 14 years (female) or 10 years (male) less than those born in the most affluent 1/5th.

Operating Model

Organisational effectiveness depends on a shared understanding and commitment to the vision, values and strategy. In order to successfully deliver 'A Healthy Caring Powys' the health board has developed an Operating Model that has five key elements; Strategy, People, Structure, Process (and systems) and culture. Each of these is underpinned by a number of operating enablers that are detailed in the Organisational Development (OD) Framework.



Key to this is the need to continue to embed the organisations values framework that places an expectation of behaviours and form the foundation of the "way we do things".

The values framework enables individuals, teams and the organisation to understand the agreed values and bring them life, ultimately for our patients and the communities in Powys.

Each person has a role in developing the culture of the organisation to ensure that staff and partners feel valued, safe and motivated in their role and deliver the best service for our population.

Delivery Principles

A Healthy Caring Powys sets out six design principles aligned to the national approach:

National Design Principles	Powys Delivery Principles
<ol style="list-style-type: none"> 1. Prevention and Health Improvement 2. Safety 3. Independence 4. Voice 5. Personalised 6. Seamless 7. Higher Value 8. Evidence Driven 9. Scalable 10. Transformative 	<ul style="list-style-type: none"> - Do what matters - Do what works - Focus on greatest need - Offer fair access - Be prudent - Work with people and communities

Priorities for Delivery 2019/2020 – 2021/22

Delivery is framed around the eight well-being objectives defined in A Healthy Caring Powys.

These consist of four Well-being Objectives:

- Focus on Wellbeing
- Early Help and Support
- The Big Four
- Joined Up Care

Supported by four Enabling Objectives:

- Workforce Futures
- Innovative Environments
- Digital First
- Transforming in Partnership

The priorities for 2019/20 to 2021/22 have been redefined or streamlined. There is a greater emphasis on transformational models for primary and community care, cluster development, together with an emphasis on connecting communities. Progress on delivery will be tracked through the Powys Improving Performance Framework.

Focus on Wellbeing	Early Help and Support	The Big Four	Joined Up Care
<ul style="list-style-type: none"> ▪ Wider Determinants of Health (Powys PSB Wellbeing Plan 12 Steps) ▪ Health Improvement, Disease Prevention and Population Screening ▪ Information, Advice and Assistance 	<ul style="list-style-type: none"> • Primary and Community Care • Cluster Working • Connecting Communities 	<ul style="list-style-type: none"> • Cancer • Circulatory • Respiratory • Mental Health 	<ul style="list-style-type: none"> • Care Coordination and Urgent Care • Planned Care • Specialised Care • Quality and Citizen Experience
Workforce Futures	Innovative Environments	Digital First	Transform in Partnership
<ul style="list-style-type: none"> ▪ Well-being and Engagement ▪ Recruitment and Retention ▪ Workforce Design, Efficiency and Excellence ▪ Skills and Development 	<ul style="list-style-type: none"> • Capital, Estates and Facilities • Research, Development and Innovation 	<ul style="list-style-type: none"> • Digital care – Telehealth/care to support self-management • Digital Access: National ICT Programme • Digital Infrastructure and Intelligence 	<ul style="list-style-type: none"> • Good Governance • Financial Management • Planning, Performance & Commissioning • Partnership Working

The Powys Model of Care

Care Closer to Home

The model is based on enabling greater well-being and preventing illness, an approach to healthcare that is wrapped around individuals, closer to home.

The aim is to develop and strengthen community resources that support well-being, enabling people to live healthily for longer, contributing to their communities for the benefit of all.

The aim is for people to live independently for as long as possible, enabled by support closer to home, with digital technology and changes to way services and environments are designed.



Triple Integration

Learning from and strengthening the Integrated team model, embedding Community Connectors and strengthening primary and community care. Triple integration is required to deliver a person centred approach and we have actions to join up physical and mental health; primary and community care; links with secondary and specialist care; as well as health and social care.

Regional Rural Centres and community Well-being Hubs

In partnership with residents, a neighbourhood approach will be taken to develop new Rural Regional Centres and Community Well-being Hubs, which focus on community need, not just individual need. Powys is one of the three health boards piloting 'Neighbourhood Nursing' across Wales, based on the Buurtzorg model developed in the Netherlands. It is a two year project based on the principles of community involvement, partnership and empowerment.



Powys Outcomes

Co-produced outcomes have been developed as part of the Health and Care Strategy, taking into account stakeholder feedback, the national outcomes frameworks and the Powys Well-being Assessment:

Focus on Well-being

- I am responsible for my own health and well-being.
- I am able to lead a fulfilled life.
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family.
- I have life opportunities whoever I am and wherever I live in Powys.
- The environment /community I live in supports me to be connected and to maintain my health and well-being.
- As a carer I am able to live a fulfilled life and feel supported.

Provide Early Help and Support

- I can easily access information, advice and assistance to inform myself and remain active and independent.
- As a child and young person I have the opportunity to experience the best start in life.
- I have easy access, advice and support to help me live well with my chronic condition.

Tackle the Big Four

- I have easy access to support, information and early diagnosis.
- I have early intervention and appropriate treatment.
- My treatment and support is high quality, evidence based and timely as locally as possible.

Ensure Joined up Care

- I have timely access to equitable services as locally as possible.
- I am treated as an individual with dignity and respect.
- My care and support are focused around what matters most to me.
- I receive continuity of care which is safe and meets my needs.
- I am safe and supported to live a fulfilled life.
- I receive end of life care that respects what is important to me.

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can.
- As a carer, I and those who I care for are part of 'the team'.
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities.
- I am enabled to provide services digitally where appropriate.
- I am engaged and satisfied with my work.

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being.
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel.
- I am encouraged and supported to utilise the great outdoor environment to support my well-being and care.
- I am able to have my home adapted to help me to live independently and make me feel safe.
- I have care in a fit for purpose environment that enhances my experience.

DELIVERY FRAMEWORK

Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self assess or reach a doctor or consultant without having to travel.
- I am helped to use technology and gain access to resources to allow me to be digitally independent.

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest.
- The services I receive are coordinated and seamless.
- I am able to access buildings and resources which are shared for multiple purposes, by multiple organisations.
- My community is able to do more to support health and well-being.

These can also be applied across the life course approach:

Start Well

"I am happy, healthy and ready to learn"

"My parents lead a healthy lifestyle, they are confident and well supported to help me meet my needs"



"People around me are helping me to make the right decisions and equip me to make healthy choices"

Live Well

"My environment enables me to live healthily, easily, knowing how to access information and advice as I need it"



"I receive the right care and treatment as locally as possible"

"I have positive relationships with others and remain connected to my community"

Age Well

"I have housing and support options that enable me to remain independent in my community"

"I have strong intergenerational relationships"



"I still have choices about my life"

REVIEW & ACHIEVEMENTS 2018-2019

Focus on Well-being

- Working with dentists, optometrists and housing associations to reduce smoking to 18%
- Midwives started to deliver the flu vaccine and we achieved some of the best outcomes in Wales for flu immunisation.
- A training framework has been launched to increase awareness of Adverse Childhood experiences

Early Help and Support

- 500 people have been trained in 'Making Every Contact Count' with 12 new motivational interviewers.
- The Regional Partnership Board approved the Violence Against Women, Domestic Abuse and Sexual Violence Strategy and Powys achieved the highest level of Group 1 Training in Wales



The third sector Community Connectors have grown in strength helping the most vulnerable communities. They play a key role in multi-disciplinary team working.



The Big Four

- A Dementia Home Treatment Team has been implemented
- Capacity within CAMHS has been increased
- Online CBT has been expanded
- A bespoke training for mental capacity and deprivation of liberty has been delivered.
- A plan is in place for the Single Cancer Pathway and funding for the Improving Cancer Journey
- Patient Outcome questionnaire implemented for heart failure
- The Commissioning Framework has been further strengthened

Joined Up Care



- NHS 111 was successfully introduced
- Patient Flow Co-ordination Unit was introduced

We have managed significant strategic change consultations with extensive engagement in Powys on Future fit (Shrewsbury and Telford Hospitals) and Hywel Dda's long term plan



Digital First

- 83 teams are live on Welsh Clinical Portal
- Wifi has been extended across all GP surgeries where district nurses / health visitors work
- Mobile devices provided for staff
- Welsh Clinical Portal live in 8 wards



Innovative Environments

- Phase 1 of Llandrindod Wells scheme delivered
- A full Business Case for Machynlleth Hospital submitted
- We completed Stage 1 Audit for ISO14001
- We strengthened estates processes
- The Bright Ideas Hub to co-ordinate innovation was introduced

Workforce Futures

- Powys had good results in the staff survey and a high response rate, with areas of improvement informing our IMTP for 2019/2020
- Engagement with staff included Chat to Change, Chief Executive Roadshows, Well-being Group and activities including exercise, apple picking and policy debate and reading groups.



Transforming in Partnership



Fully approved 'A Healthy Caring Powys'

- Improving governance
- Delivery of financial balance

REVIEW & ACHIEVEMENTS 2018-2019

Delivery against Key Measures 2017/18-2018/19

Over the last two financial years and in the current 2018/19 year the health board has continued to perform well against most of the directly influenced key targets set by Welsh Government.

As a provider of services we are able to consistently meet the timely care access target for both < 26 weeks and 36+ week Referral to Treatment (RTT) pathways however during 2018/19 there has been significant pressures onto the diagnostic services resulting in breaches although by year end we aim to reduce this number significantly.

Since returning to the health board, mental health access for has shown significant improvement and now meets the Welsh Government targets.

The quality and safety key measures are another area where we lead in Wales with zero never events over three years and continued low rates of health care acquired infections.

Our staff continue to have some of the lowest rates of sickness in Wales, we also meet and improve against flu vaccination targets year on year and have one of the highest compliance of all the other major providers.

The below table demonstrates delivery against key national outcomes framework measures targets during the period 2016/17-2018/19 (latest snapshot @ 22/01/2019).

Some of the key measures have been revised for the 2018/19 framework and these have been reflected in the table.

- Childhood vaccinations – revision in the measure to a new 6 in 1 standard from April.
- Delayed Transfers of Care (DToC) both mental and non-mental health – revised from a rate per 100k to the number of DToC's on a rolling 12 period.

Measures	2016/17		2017/18		2018/19	
	Target	Actual @ Mar - 17	Target	Actual @ Mar - 18	Target	*Latest position
The percentage of those smokers who are co-validated as quit at 4 weeks	40%	40.1%	40%	44.4%	40%	41.5%
Influenza vaccination health care workers	50%	57.9%	50%	65.4%	60%	N/A
Percentage of children who received 3 doses of the '5 in 1' vaccine by age 1 / Measure adjusted to '6 in 1' from April 2018	95%	97.3%	95%	96.2%	95%	94.5%
Percentage of children who received 2 doses of the MMR vaccine by age 5		86.8%		88.3%		87.7%
Delayed transfer of care delivery per 10,000 LHB population – mental health (all ages)	Reduction	1.6	Reduction	3.6	Measure discontinued	
New 18/19 - Number of health board mental health delayed transfer of care (rolling 12 months)	New Measure 18/19			45	41	32
The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	70.0%	80%	86.9%	80%	82.1%
The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	32.5%	80%	77.0%	80%	76.1%
The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan	90%	92.1%	90%	94.9%	90%	95.4%
Delayed transfer of care delivery per 10,000 LHB population – non mental health (age 75+)	Reduction	171	Reduction	185.9	Measure discontinued	
New 18/19 - Number of health board non mental health delayed transfer of care (rolling 12 months)	New Measure 18/19			262	249	211
The percentage of patients waiting less than 26 weeks for treatment (provider)	95%	100%	95%	99.9%	95%	98.0%
The number of patients waiting more than 36 weeks for treatment (provider)	0	0	0	0	0	0
The number of patients waiting more than 8 weeks for a specified diagnostic	0	0	0	4	0	150
The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	99.9%	95%	99.2%	95%	99.7%
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	73.8%	65%	70.3%	65%	68.4%
Percentage of serious incidents assured within the agreed timescales	90%	50%	90%	50%	90%	0%
Number of never events	0	0	0	0	0	0
The rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	<=28 per 100k	0.76 (cum)	<= 20 per 100k	0.76 (cum)	0	0 (cum)
The rate of laboratory confirmed c.difficile cases per 100,000 population	<=20 per 100k	21.94 (cum)	<= 26 per 100k	16.65 (cum)	<= 17 per 100k	15.02 (cum)
Percentage of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	73.6%	85%	68.6%	85%	84.0%
Percentage of sickness absence rate of staff	Reduction	4.80%	Reduction	4.54%	Reduction	4.69%

* Latest snapshot position for the data as at December 22nd January 2019

Child vaccination performance over the last 3 years has remained within expected margins of the health board's trajectories. Although the measure for 5 in 1 vaccinations has changed for 2018/19 to a 6 in 1 vaccination (due to the inclusion of hepatitis protection) it will not change our expected compliance of higher than the 95% target for applicable residents vaccinated by year end. For the MMR2 measure the health board's performance is in line with trajectory of improvement against the measure but below national target, no health board in Wales meets the 95% national target. There are potential concerns around data quality/consistency for the vaccination measures with Public Health Wales leading an audit on Powys compliance data, they are looking at local and national data sources including cross border recording issues with a report due in February which will show any performance problems linked to data discrepancies.

Mental Health performance has improved since the 1st June 2017 when services returned to PTHB management. Since this re-integration assessments within 28 days are meeting national targets whilst interventions have improved from 32% to 76.1% in December 2018. For the other mental health measures part 2 (CTP) and part 3 outcome assessments PTHB has remained above target for the last 12 months. During 2018/19 there has been improvement in mental health delayed transfers of care (DToC) performance with a reduction in patients waiting and providing the best rolling 12 month performance levels in Wales.

As a provider Powys still leads Wales in most **access measures**, the under 26 week referral to treatment (RTT) compliance remains at 98% in December although this has dropped compared to previous years. The slight drop in RTT performance in comparison to previous time periods is being caused by critical service issues within clinical capacity linked to the endoscopy specialty, these delays and resulting breaches have a delaying effect on the RTT patient pathways causing slightly more patients to wait longer than 26 weeks. Even with the increase in diagnostic breaches against the 8 week target to 150 patients in December no patients have waited longer than 36 weeks to begin treatment in the provider.

Unscheduled care compliance against national measures continues to be very good with Powys minor injury units continuing to maintain a higher than 99% compliance for patient time (admission to discharge) within the 4hr target and zero patients waiting over 12hrs. In Powys patients waiting longer than 4hrs before discharge are linked to delays in non-urgent patient transport. Ambulance performance against the emergency 8 minute red call response has remained above target with an average of 68% compliance since April 2018.

Quality and Safety serious incident (SI) performance remains at risk during 2018/19 of meeting targets and trajectory. A number of problems compound this poor performance level including staff capacity and low incident numbers which cause significant percentage fluctuations and outdated recording and reporting software. To remedy this position focused work has commenced in December 2018 with additional resource to support and escalate non-compliance including a new recording/reporting software solution. Infection rates within Powys for C.difficile and S.aureus bacteraemias (MRSA and MSSA) remain low and have improved slightly over the last 2 years even with the new stricter testing for 2018/19.

Workforce compliance for Personal Appraisal and Development Reviews (PADRs) has improved significantly since 2016/17 although meeting the national target of 85% will be hard to achieve in March 2019, it should be noted that Powys remains the best in Wales for PADR compliance and sickness absence levels.

Opportunities and Challenges

We have had an approved IMTP status for the past four years making progress with key outcomes and measures. We have a good record of performance and improvement, but there is still work to do. The rurality of the county and its estates and workforce, the complexity of partnerships and commissioning and the need for financial balance and sustainability of services continues to present both challenges and opportunities. These are outlined below:



Quality and Standards

Many of the above factors have a common driver, which is to maintain and improve the standard of care for Powys residents. 'A Healthy Caring Powys' is our response to these challenges and reflects the drive to improve quality and sustainability of care.

Powys residents are part of multiple, complex healthcare systems and their care pathways from primary through to tertiary care involve journeys across many boundaries, with differing systems for transfers and care co-ordination to navigate. Whilst there is investment in NHS Wales this year, there remain financial challenges across the whole system in Wales and England. Ongoing preparations for Brexit will also be a consideration.

There is a clear aim and expectation for services to be closer to home, partly as a response to the above issues. This is complex for the health board as a commissioner as much as a direct provider of services. The majority of the funding that is allocated from Welsh Government for the population of Powys, via the health board, is spent with external providers, across England and Wales.

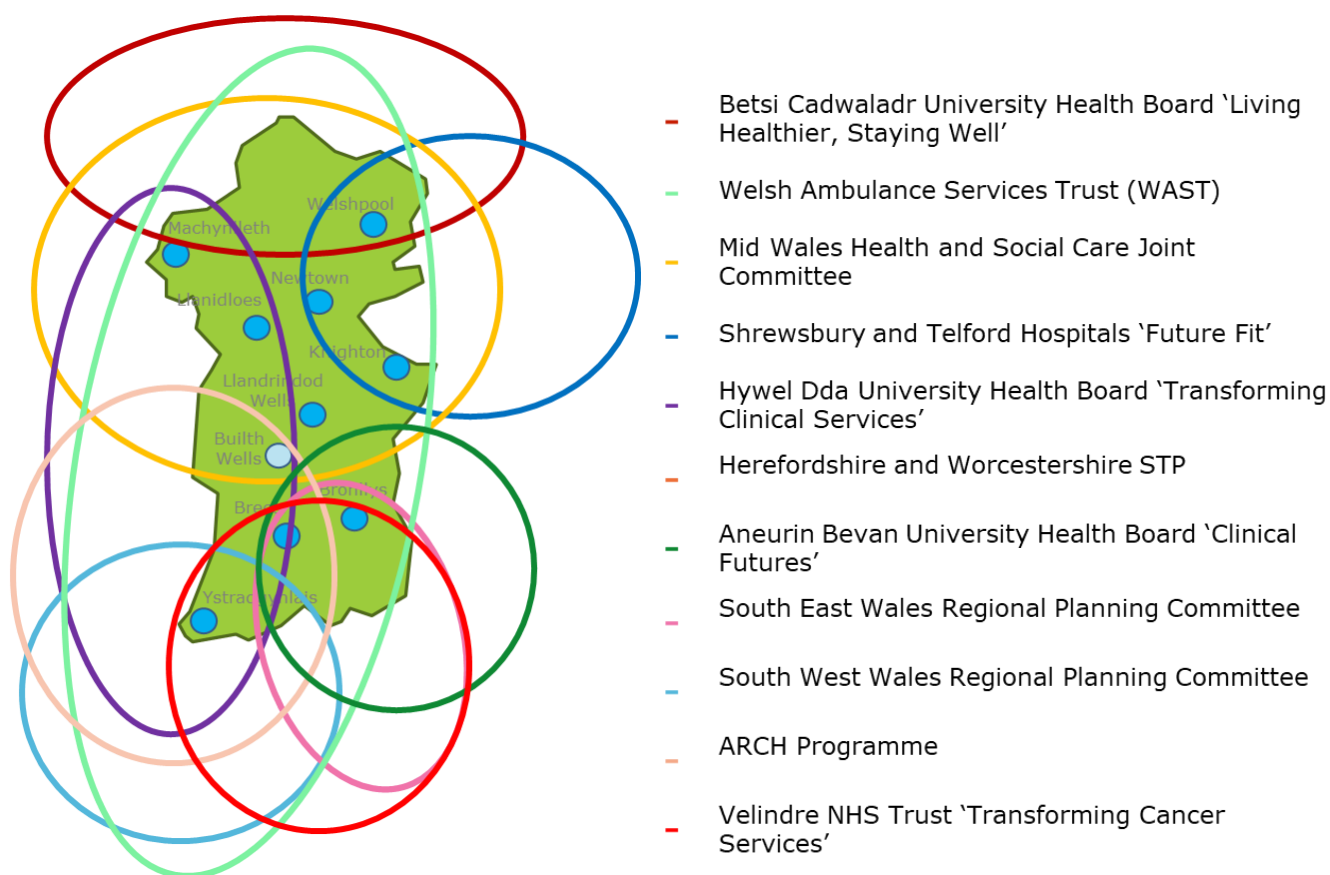
The health board takes a strategic approach in its ambition not just to respond reactively but to implement the Powys Health and Care Strategy, with positive and productive partnership working and the use of digital solutions as well as clinical leadership.

Significant Service Change

The connecting up of communities is an essential part of the opportunity for Powys and key to addressing health inequalities. With strongly defined local areas reflected in Cluster footprints, we have the ability to harness energy at both a place based level and the regional level, working as part of the Powys Regional Partnership Board and Public Service Board, as well as with the wider partnership across Mid Wales.

The priorities set out in this IMTP reflect the unique nature of healthcare in Powys and the distinctive response we are continuing to build and strengthen.

Service change in Powys is set in the context of change happening around our borders and across commissioned providers. The current change programmes impacting on Powys residents are summarised below:



In addition, there are the NHS Wales Collaborative Programmes, National Delivery Plans, Shared Services, Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), Welsh Ambulance Services Trust (WAST) and NHS Wales Informatics Service (NWIS) workstreams.

These have a potential to change pathways or services for people in Powys. Similarly, NHS England have a number of programmes which potentially change access to secondary and tertiary care.

The IMTP forms our response as a commissioner, a direct provider and a regional and national partner through the Powys Regional Partnership Board, Powys Public Service Board and Mid Wales Joint Committee for Health and Care.

Significant Service Change – Spotlight on North Powys



We are working in partnership via the Regional Partnership Board to deliver a new integrated model for North Powys in line with A Healthier Wales. This is a once in a generation opportunity to bring partners and the public together to transform the way we work with the aim to improve health and wellbeing.

The Powys Well-being Assessment identified that Powys citizens tend to be healthier compared to the rest of Wales, but there is a growing inequality gap between the least and most deprived communities. We have an ageing population and needs are becoming more complex, there are challenges in relation to future demand and sustainability so we require a step change in our thinking, considering new roles and skills as well as technology, housing and environment.

There are a number of linked opportunities for transformation, including the 21st Century school programme, extra care developments, economic development and regeneration, housing and social care and other healthcare sectors including ambulance services.

The proposal for an integrated model of care across the whole of Powys includes care closer to home, community well-being hubs within key market towns and three rural regional centres to provide enhanced services within the county and reduce the need to travel out of county. The regional centres of Brecon and Llandrindod Wells already offer a range of more enhanced services for the populations of Mid and South Powys and the North Powys scheme is therefore aiming to bring together what is currently a more dispersed model and respond positively to neighbouring strategic changes including NHS Future Fit (Shrewsbury and Telford Hospitals).

A new programme of work has commenced bringing together health, social care and the third sector with linkages to education, housing, leisure, police and ambulance services. The scope of the programme includes a whole system review, implementation and testing of new ways of working, working with local communities and the potential development of a multi-agency well-being campus in Newtown. It also includes plans for evaluation, learning and transfer.

This is a flagship scheme which supports the broader roll out of a new model which is replicable across Powys and potentially of broader benefit and learning across Wales.

WELL-BEING OBJECTIVE 1: FOCUS ON WELL-BEING



A focus on well-being is the essential foundation for 'A healthy, caring Powys' (refer to the Wellbeing Assessment at Appendix 1). Promoting, supporting and facilitating the physical and mental well-being of people across the life course is about reducing avoidable ill-health and enabling people to effectively manage their health. We have a partnership approach to address the long term, wider determinants of health and behavioural risk. We will continue to strengthen health improvement and disease prevention, enabling people to make decisions and take action. Reducing health inequalities is central to our approach and is therefore reflected throughout the sections of the IMTP.

POWYS OUTCOMES

Through successfully focussing on well-being, people in Powys will say:

- I am engaged in managing my own health and well-being
- I am able to lead a fulfilled life.
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family.
- I have life opportunities wherever I am and wherever I live in Powys.
- I can easily access the information, advice and assistance to inform myself and remain active and independent

PRIORITIES FOR 2019/2020 – 2021/2022

1. Wider Determinants of Health – Powys Wellbeing Plan 12 Steps
2. Health Improvement, Disease Prevention and Population Screening
3. Information, Advice and Assistance

Financial implications

- Areas of collaborative work on an All Wales basis with external funding streams are included in this chapter
- See Finance chapter for an articulation of the overarching financial strategy in relation to shifting to preventative models of care and commissioning.

Workforce implications

- Actions in this section will be delivered in partnership, there are significant interdependencies with the local authority, PSB and RPB partners
- Making Every Contact Count training will be rolled out further
- See Workforce chapter for joint

DELIVERY OF NATIONAL GOALS

- ☐ Aligns to National Goals 3, 4 and 6 (A Healthier Wales, A More Equal Wales, A Wales of Vibrant Culture and Thriving Welsh Language) with further opportunities across all
- ☐ Five Ways of Working: Key to delivery against all five
- ☐ Quadruple Aim: Aligns to Improved Population Health and Wellbeing
- ☐ Delivers against 'Working to achieve a healthier future for Wales, Public Health Wales, Long Term Strategy 2018-30
- ☐ Aligns to Prudent principle of 'Do only what is needed and do no harm'
- ☐ Public Health Wales Act 2017

1. Wider Determinants of Health – Powys Wellbeing Plan 12 Steps

'Key determinants of health are families, friends and communities, the quality and security of housing. The level of education and skills, availability of good work, money and resources and also our surroundings' – Working to achieve a healthier future for Wales, Public Health Wales 2018.

The Area Plan agreed by the Regional Partnership Board reflects the social and economic determinants including social isolation, loneliness and poverty – detail of the actions we are taking in partnership on these in Powys can be found in the hyperlinked plan in the appendix.

Wellbeing has a physical and mental dimension, and the health board recognises that poor mental wellbeing is as much a contributor to ill-health as a poor diet or lack of exercise, throughout the life course but felt particularly in adolescence and adulthood.

We have an agreed Powys Wellbeing Plan which is overseen by the Powys Public Service Board, which sets out the very long term, inter-generational approach to the social, economic and environmental determinants of health, wellbeing and inequalities.

There are 12 Steps identified in the Powys Wellbeing Plan and the health board is a contributor across all of these as an employer, commissioner and provider of health services and leads on Steps 11 and 12.



In rural areas, **road traffic incidents** may be more serious because of higher travel speeds, longer times to be reached by emergency services and longer transfer distances to hospital. The health board is working closely with Public Service Board Partners to look at the transport infrastructure, including how to reduce road traffic accidents and their negative impact.

2. Health Improvement and Disease Prevention

Smoking remains the single greatest preventable cause of premature death and ill health in Powys and is one of the main contributors to health inequalities. In 2019/20 we will implement the “key components of the smoking cessation system” framework, supporting the all Wales Tobacco Leads Group to identify the actions required and develop a plan, as well working via the Public Health Directors Leadership Group to develop a collective vision on smoking prevention and de-normalisation to inform the next Tobacco Control Strategy. Further local developments contingent on additional funding include investing in Maternity Support Workers to provide stop smoking support, placing Health Living Advisors in mental health units to provide stop smoking advice, and increasing Medicines Management capacity to improve the effectiveness of prescribing stop smoking medicines.

Healthy body weight is a major contributor to avoiding preventable morbidity and premature mortality. Being overweight increases the risk of serious health problems including type 2 diabetes, cardiovascular disease, cancer and musculoskeletal conditions. A review of the obesity pathway in Powys found there are gaps in services, particularly at Levels 2 and 3. Level 4 services are commissioned by Welsh Health Specialised Services Committee (WHSSC) and are provided outside Powys; these are dependent on the availability of level 2 and 3 services. An assessment of local need has estimated that there are around 2,100 adults in Powys with a body mass index (BMI) of 40 or above. The health board aims to assist people to manage their weight and ensure support is available to those who need it. Further local developments contingent on additional funding include joint midwife/dietitian clinics to provide enhanced weight management support to pregnant women, and the testing of a primary care based intervention to reduce levels of obesity.

Immunisation remains one of the most effective interventions for providing protection against vaccine-preventable communicable disease. **Flu vaccination** is a high priority especially for people with underlying health conditions, older people, staff, pregnant women and babies and children. The outbreaks of measles seen during 2017/18 in the UK provides an example of the importance of **childhood vaccinations**.

We have explored solutions and mechanisms for improving the rate of **childhood MMR immunisation** and will continue to take the learning from national work in this area, particularly the recording of children who are welsh residents registered with GPs in England and receiving the immunisation outside the welsh system, to ensure these are correctly recorded. We have had conversations about the challenges with regards to parental refusals and the scope for action to make further improvements. As a result, we are predicting an improvement trajectory on this measure, although this does not reach the national target.

Regular physical activity improves physical and mental health and well-being and helps to reduce the risk of overweight / obesity, hypertension, type 2 diabetes, heart disease and some cancers. Addressing sedentary lifestyles and improving levels of physical activity in the population is part of the Healthy Weight Plan and our wider model of health and care.

Outbreak Surveillance: The health board continues to work closely with health protection leads in Public Health Wales with responsibility to deliver services relating to the surveillance, prevention and control of communicable disease in Wales.

Planning for Emerging Infectious Threats: Pandemic influenza remains the highest health risk identified on the National Risk Register of Civil Emergencies and the Dyfed Powys Local Resilience Forums (LRF) Community Risk Register. The PTHB Pandemic Framework and supporting procedures to ensure plans remain in place for the local response.

Substance Misuse: The health board is a delivery partner for the co-occurring Substance Misuse and Mental Health Plan. A number of actions have been identified to ensure that substance misuse and alcohol interventions are delivered in a timely manner; services deliver holistic, recovery focused care and treatment matched to user needs and ensure effective communication both within and between agencies and with service users. This includes locally agreed care pathways and treatment protocols including the transition of children and young people from CAMHS to adult services. Services integrate and operate within the principles of co-production and prudent health and social care and have effective leadership and well established governance and accountability systems to audit the improvement in the delivery of dual diagnosis services. There is a shared set of principles which includes unambiguous clinical responsibility for effective care and treatment, a competent well trained and supervised workforce and access to appropriate services for people with dual diagnosis. The key actions to deliver the plan include a commissioning strategy and annual prioritisation; clinical governance and capacity arrangements; clinical audit and monitoring.

Welsh Health Circular WHC/2017/048 sets out an aim to eliminate **Hepatitis B and C** as a significant public health threat by 2030. In support of this, PTHB will consider whether to introduce opt-out testing in substance misuse services, and, as a minimum, ensure service agreements include a requirement to adhere to the existing annual testing offer. In addition, testing for hepatitis C should be undertaken in asylum seeker services, homeless services, and those with access to a high prevalence population (eg. gyms frequented by users of image and performance enhancing drugs). We will work with Public Health Wales to ensure individuals with a historic diagnosis of hepatitis C are offered treatment. We will ensure that by 2020, testing for, and treatment of, infection in community pharmacies has commenced, and that by 2025 treatment in community settings is sufficient to meet demand. This will take place in partnership with the Welsh Viral Hepatitis Subgroup of the Liver Disease Implementation Group and Community Pharmacy Wales.

The Public Health Wales Review of **Sexual Health** in Wales, Final Report (December 2017) makes clear that there must be leadership, commitment and support at the highest levels in order to ensure equitable access to good sexual health services. The health board agreed a co-produced Sexual Health Improvement Plan in December 2018 which has set out a whole systems approach to improve Sexual Health provision for Powys residents of all ages that maximises primary care, pharmacy, youth services, Looked After Children's Nurses and School Nurses, in line with national recommendations.

Population Screening screening programmes are an essential component of the focus on well-being. Through our Health and Care Strategy we are taking a holistic approach to well-being which will include greater promotion of screening, to increase local participation in the national screening programmes.

Public Health Wales is responsible for the delivery and quality control of abdominal aortic aneurysm, breast cancer, cervical cancer, bowel cancer, new born hearing and bloodspot and diabetic eye screening programmes. PTHB uptake and coverage has been reported for Powys and we are focusing on the uptake in relation to reducing health inequalities.

3. Information, Advice and Assistance

The health board provides a wealth of information, advice and assistance through its directly provided services as well as commissioned services and partnerships including the Third sector.

The Making Every Contact Count (MECC) approach will be further rolled out with training offered to all staff who can provide brief advice, supported in the NHS in Wales and England.



Gwneud i bob cyswllt gyfrif
Making every contact count

In Wales, the programme is led by Public Health Wales; in Powys, the Local Public Health Team provide MECC training to PTHB frontline staff, using a national Public Health Wales model. It is designed to produce a workforce with the right skills, competency and motivation to offer healthy lifestyle advice to service users, as part of an everyday role. MECC is evidence based, cost-effective and supports both national and local strategic objectives. One example of MECC in practice is the Public Health National Healthcare Taskforce Falls Prevention Programme.

In partnership with the Powys Association of Voluntary Organisations we are working to enhance Info Engine and Dewis to provide publicly accessible information on social and community support provided by the third sector. This is also being used by Community Connectors in their role across the County. In partnership with the Citizen's Advice Bureau we are continuing to focus advice on well-being, to those who are most vulnerable.

In collaboration with partners, the Community Connectors scheme is being enhanced for 2019-2020 with the use of Integrated Care Fund (ICF) funding. This will see the numbers of roles grow from ten to thirteen, increasing their reach across Powys to support the most vulnerable people.

We are continuing to work on the implementation of the All Wales standards for accessible communication and information for people with sensory loss, to ensure that communication and information needs of people with sensory loss are fully met when accessing health care.

SUMMARY PLAN: FOCUS ON WELL-BEING

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Wider Determinants of Health		
<ul style="list-style-type: none"> Implementation of the Powys Well-being Plan '12 Steps' 	<i>This is a long term partnership plan, tracked by the Public Service Board</i>	<ul style="list-style-type: none"> Refer to Powys Wellbeing Plan
2. Health Improvement and Disease Prevention		
<ul style="list-style-type: none"> Implementation of the Powys Tobacco Control Action Plan and the 'key components of the smoking cessation system' framework on a public health system basis. 	<ul style="list-style-type: none"> As per Powys Tobacco Control Action Plan (Q1) Promote physical activity in children through the Healthy Schools and Healthy Preschools Programmes (Q2) (including Bach a Iach). Implementation of flu campaign (Q3) Identify work in Powys that promotes walking/active travel including PCC & PAVO (Q2) 	<ul style="list-style-type: none"> The gap in life expectancy at birth between the most and least deprived (PHOF_04) and the gap in healthy life expectancy between the most and least deprived (PHOF_05) % adults who smoke (PHOF_25) Working age adults of healthy weight (PHOF_38a) Adolescents of healthy weight (PHOF_33) Uptake of the influenza vaccination (NOF_05) Uptake of Childhood Vaccinations (NOF_02/03) Life satisfaction among working age adults (PHOF_37a) Life satisfaction among older people (PHOF_37b) Deaths from road traffic injuries (PHOF_42) Adults meeting physical activity guidelines (PHOF_24) Physical activity in adolescents (PHOF_19)
<ul style="list-style-type: none"> Promote and support opportunities for increasing physical activity in Powys, on an all-age basis, particularly for people with long term conditions. 		
<ul style="list-style-type: none"> Increase population resilience against communicable disease through improved immunisation uptake. 		
<ul style="list-style-type: none"> Improve weight management of adults and children and increase the % of people with a healthy weight. 		
<ul style="list-style-type: none"> Implement the Substance Misuse Commissioning Strategy (2015-20) 		
<ul style="list-style-type: none"> Develop proposals to improve screening uptake rates, addressing health inequalities. 	<ul style="list-style-type: none"> Q1/2 Review data Q3 & Q4: Work with PHW Screening to scope project 	<ul style="list-style-type: none"> Refer to national targets for uptake/coverage of national population screening programmes
3. Information, Advice and Assistance		
<ul style="list-style-type: none"> Continue to embed Making Every Contact Count (MECC) 	<ul style="list-style-type: none"> Q1 2019/2020 Revised MECC Delivery Plan to increase rollout 	<ul style="list-style-type: none"> Number of staff MECC trained People reporting they have received the right information or advice when they needed it (SSWB_05)
<ul style="list-style-type: none"> Partnership with the third sector to provide focused information, advice and assistance to the most vulnerable communities in Powys (Infoengine; Dewis; CAB and other third sector) 	<ul style="list-style-type: none"> IAA objective included in relevant third sector SLAs Q1 	
<ul style="list-style-type: none"> Assess and secure improvements in compliance to the national standards for accessible communication and information. 	<ul style="list-style-type: none"> Q2 Audit compliance Q3 Develop improvement plan 	

WELL-BEING OBJECTIVE 2: EARLY HELP AND SUPPORT



Providing early help and support is vital across the life course to manage ill health and ensure timely support is in the place (refer to the Powys Wellbeing Assessment at Appendix 1 for detail). Primary and Community Care provide the first point of care for more than 90% of people's contact with the NHS in Wales. This front line care occupies a unique position in the Powys model as it does in the national transformational programmes. Early help and support provides an opportunity to make the greatest impact. Our model will take into account workforce and sustainability challenges and aims to improve access to urgent, unplanned and routine, preventative care.

POWYS OUTCOMES

Through successfully providing early help and support, people in Powys will say;

- I can easily access support to remain active and independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live with my chronic condition
- The environment /community I live in supports me to be connected and to maintain my health and well-being.
- As a carer I am able to live a fulfilled life and feel supported

PRIORITIES FOR 2019/2020 – 2021/2022

1. Primary and Community Care
2. Cluster Working
3. Connecting Communities

Financial implications

- The aim to enhance and rollout the development of clusters through the Transformational Fund is noted here.
- Please refer to the financial section and templates for further detail of the financial implications including the former Pacesetter areas.

Workforce implications

- The primary care transformation described in this section includes enhanced roles, integrated teams and skill development
- See the Workforce section for more description of the associated workforce planning for skill development

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 3, 4, 5 and 6 (A Healthier Wales; A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language) with further opportunities across all
- Five Ways of Working: Key to delivery against 'Long Term'; 'Integration'
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing
- Aligns to Prudent principle of 'Care for those with the greatest health need first'
- Delivers against National Programme for Primary and Community Care and Primary Care Model for Wales

1. Primary and Community Care

Powys Teaching Health Board has an explicit ambition, and a good track record, of placing primary care at the heart of its offer to the population. Strong multi agency and multi professional care teams, supporting local communities based around GP Practices, have enabled more care to be provided in a more integrated manner, closer to people's home. This has been supported by a clear commitment to developing clinical leadership in primary care, involving the wider community in health and wellbeing planning and delivery, and of designing and delivering innovative models of care delivery.

The health board's plans for the further development of primary care over the next 3 years are based firmly on A Healthier Wales, with an emphasis on a whole system approach to health and social care, in which our services are only one element of supporting people to have better health and wellbeing throughout their lives.

Clarity of purpose, and focus on delivering improved outcomes for our population has put the health board in a good position to implement the Primary Care Model for Wales, we explicitly support this model and this chapter outlines the work to deliver this in Powys:

Primary Care Transformation Programme

The Powys Primary Care Transformation Programme, will be enhanced and rolled out Pan Powys if successful in obtaining transformation funding. This will be delivered through Clusters in line with the principles and components of the Primary Care Model for Wales. In this way individual Cluster Plans are focussed on delivering the following objectives:

- Improved access to urgent and unplanned care
- Improved proactive care for those with more complex needs
- Improved routine and preventative care
- Improved business efficiency and sustainability within Practices

To deliver these, the Powys Primary Care Transformation Programme will have interlinked strands that form the basis of the Cluster Plans, including:

- Enhanced direct access general medical, dental and optometry service provision
- Urgent Care Service development, both in and out of hours
- Practice performance and assurance frameworks
- Practice sustainability and development support
- New roles and different ways of working and strengthened clinical leadership
- Cluster organisational and leadership development
- Community Resource Team development and integration
- Home Care services
- Diagnostic and assessment services
- Self Care support
- Integrated pan Powys community models of care/services
- Localised health needs assessment and analysis
- Population segmentation and care planning

The transformation funding specifically relates to further development of the virtual ward approach and total triage. The ambition is to develop a model that can be successful in the whole of Powys thus providing an equitable service for all residents. The aim is to work closely with local authority colleagues and the third sector to ensure services are delivered by the most appropriate organisation to ensure quality, efficiency, effectiveness and seamless care.

2. Cluster Working

There is an organisational development approach to mature and develop Primary Care Clusters and an explicit distinction between Primary Care Clusters, as planners of health and wellbeing services, and GP Networks, as providers of solutions to identified planning challenges. This achieves a greater degree of separation of duties and reduces potential conflicts of interest and governance challenges.

The Clusters have been designed to bring together a wide range of community and service representatives in order to develop plans that, within available resource, aim to:

- Improve local population health and wellbeing
- Improve the quality of care services (timely, safe, effective, individual and dignified)
- Improve the efficiency of care services delivery

Specific developments planned for 2019/20 include:

- Realign PTHB operational structures to support Cluster working and focus
- Increase the availability of local needs assessment and analysis capacity
- Improve performance monitoring and reporting
- Improve capacity for service planning and evaluation to support Cluster development
- Implement cluster priorities to meet local need

Improving 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 noticeable that this spread of services many still be at a considerable distance from people's place of residence. The health board is working with key partners, and through its Clusters, to monitor and review expectations and to design services that are able to meet them. Work undertaken through engagement with patient's forums, the Community Health Council and the engagement of citizens (jointly with Powys County Council) has identified the following key expectations:

- Having ready access to appointments, including those conducted over the telephone
- Continuity of care between services and primary and secondary care settings
- Ensuring that the communication needs of those with sensory impairment are understood and respected
- Respecting the needs of those with caring responsibilities
- A smooth transition between health and social care, with services clearly signposted and explained
- Having the confidence to accept the help and advice of all members of the primary and community care teams, without feeling that this is a lesser service

Specific initiatives planned include:

- The roll out of in hours clinical triage in general practice to ensure that people's needs are met by the most appropriate member of the team as quickly as possible
- Further development of Community Resource Teams to include a wider range of care professionals in order to reduce the number of "hand offs" and improve continuity of care and advice, particularly between health and social care services
- Increase the skills available within the primary care team through the further development and deployment of new roles. This includes Urgent Care Practitioners, Practice based and Community Pharmacists, Physicians Assistants, Advanced Nurse Practitioners and Community Paramedics
- The development of improved, locally provided diagnostic and assessment services
- The development of a more robust, sustainable and high quality out of hours service

Improving Long Term Conditions Management

People with long term conditions experience barriers to making better life style choices, and so improving their condition, have included poor health literacy and a lack of support to modify behaviour. This has been combined with a medical model that has usually meant that patients play a fairly passive role in their condition management.

The health board will take a wider, whole system, approach to risk reduction and condition management, to promote condition stability:

- The continued development of individualised care plans for people with long term conditions
- The continued development and deployment of an Invest in your Health Programme available through primary care
- Community Connectors as part of the Community Resource Team to provide a “social prescription” offer within the community
- A greater focus within Cluster planning on developing service models for people living with long term conditions that identifies the requirements for improved health and wellbeing outcomes, and links these more closely to resources that exists across the whole community rather than just statutory providers

Improving Information Technology Usage

Improving access and quality is also about the better use of technology to give people access to information and advice on their own health and care, and also to ensure that clinicians within primary care have the right information available to them in order to make the best decisions on care and services.

The health board has developed an Assistive Technology Strategy with Powys County Council (https://en.powys.gov.uk/media/607/Assistive-Technology-Strategy-2016-2021/pdf/Assistive_Technology_Strategy_2016-2021_Final.pdf). Joint implementation of this will continue in 2019/20 and beyond. Within this there will be a focus on the implementation of the use of telehealth and telecare technology to improve access to specialist advice provided remotely, and also to increase support for self-management or targeted intervention on an individual care basis.

Improving Practice Sustainability

The health board continues to monitor the sustainability of GP practices across Powys and has developed a Sustainability Toolkit that can be deployed to support practices that find themselves at risk. This has proved invaluable in providing targeted support to individual practices in order to maintain practice viability. In addition, the health board has in place a mechanism for ensuring that dental services can be supported within individual practices or within the community.

Maintaining and improving equity will remain a priority, with initiatives planned including:

- Continued development and deployment of the Sustainability Toolkit with enhanced Practice Development and Support capabilities
- The development and deployment of community dental services
- Wider access to eye care through enhanced local optometry provision
- Continued support for the development of services shared across Cluster areas to provide a wider access to scarcer skills
- The continued development of enhanced services arrangements to support local delivery of care

Language and Accessibility Standards

The ability for people to take full advantage of a service must consider multiple factors. These include: language, culture, physical or learning capabilities, sensory impairment, health

literacy, and frailty. Powys Teaching Health Board will continue to work with primary care contractors to implement the requirements of the Welsh Language Commissioner and the Welsh Language Scheme, the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and the Active Offer.

A Skilled Workforce

Powys has an ageing workforce, and amongst GPs particularly there are many who are approaching retirement age. This will add to a recruitment challenge that already exists across the primary care sector. Powys Teaching Health Board has taken a very positive stance in addressing the workforce challenges, with the establishment of a Primary Care Workforce Group and continued support to primary contractors to support their local recruitment and retention efforts. Initiatives planned include:

- The development of new roles within primary care, supported by Health Board professional supervision arrangements
- The development of more flexible employment arrangements in support of primary care contractor recruitment
- Providing increased access to Health Board provided training and organisational development programmes for primary care practitioners

Strong Leadership

Strong clinical leadership within primary care is critical to the delivery of the Health and Care Strategy. A stronger understanding of the pressures facing primary care and the cultural environment will be key, as leadership is the most significant influence on culture and well led services deliver high quality person centred care and a positive work environment. There will be investment in primary care leadership.

Dental Services

Powys will continue to build on the achievements of its local oral health plan in line with the Chief Dental Officers written statement "*A Healthier Wales. The Oral Health and Dental Services Response*". The vision will be to continue to support dental practices ensuring that opportunities such as General Dental Services (GDS) contract reform are made available to them, there will be a need to continue with the development of training within Powys and ensure that the population has access to specialist dental services reducing the need to travel huge distances, this will ensure that small dental practices are supported and feel less isolated working in a rural environment. Recruitment and retention of the dental team will remain a challenge, but increased training through foundation training places has already had a positive impact on recruitment of dentists, further training programmes will need to be developed for other dental team members, for example dental nurses in order to maintain a viable workforce.

General dental service provision faces many of the same problems faced by general medical service provision, notably around Practice sustainability and workforce challenges. The health board has deployed the community dental service resources to maintain access to patients who are having difficulties accessing traditional services. The following are planned:

1. Continue with the roll out of GDS contract reform
2. Development of salaried General Dental Practitioners (GDPs) in areas where it has not been possible to recruit or where the financial viability of an independent practice is limited
3. Maintain and expand the development of specialist dental services based within the community dental service including:

- a) Increase the capacity of the consultant led oral and maxillofacial surgery through skill mixing and recruitment of additional support
- b) Increase the capacity of the intermediate restorative service by providing additional sessions
- c) Provide training for local GDP's and their teams in collaboration with Health Education and Improvement Wales, to upskill for example hands on endodontic study days
- d) Development of additional Dental Foundation posts to help maintain access and enhance recruitment and retention of dentists across Powys
- e) Continue with progressing the special care plan for special care dentistry through skill mixing and training
- f) Identify areas of need that could be supported by the mobile dental unit, for example by providing additional capacity in Machynlleth
- g) Closer working with visiting consultant oral surgeons from Cwm Taf and Powys community dental service, for example increased outpatient sessions, nurse support and use of dental clinic for minor oral surgery procedures in South Powys

The designed to smile programme will be maintained and refocused ensuring that identified schools get two applications of fluoride per year; engagement with General dental practitioners will ensure that consistent messages are communicated with support from a local consultant in dental public health. As part of the GDS contract reform, local GDP's will be familiar with the Help me Quit services and increasing the level of fluoride applications.

Urgent access will be ensured by providing practices with additional Units of Dental Activity (UDA's) at an appropriate level to see urgent patients when a practice has capacity; developing additional administrative support within the community dental service to co-ordinate urgent access sessions and recruitment of additional dental therapist capacity.

Additional surgery capacity in Machynlleth will be secured and the community dental clinic in Welshpool will be modernised.

A review of WHTM01-05 on current decontamination facilities across the health board dental clinics will be completed with an assessment of financial implications.

Eye Care

The health board works with a range of service providers, including its primary care optometrists, to deliver a wide range of eye care services within the county. The overall aim is to deliver safe, appropriate, high quality care as close as possible to where patients live.

There are 18 optometry practices across the county. As well as undertaking general eye examinations under the General Ophthalmic Services provisions, the optometrists provide a wide range of other services on behalf of the health board. Providing advanced eye examinations under Eye Health Examination Wales (EHEW) arrangements reduces the number of patients taking up appointments in hospital outpatient departments, as does the provision, in a primary care setting, of virtually all cataract post-operative eye examinations. Those with a need for more complex equipment to help them undertake normal daily activities such as reading can be treated by primary care optometrists accredited to provide services under the Low Vision Service Wales (LVSU) provisions.

In addition, consultant-led outreach ophthalmology clinics are delivered from six locations in Powys, including Llandrindod Wells and Brecon hospitals where, in addition to outpatient clinics, a range of non-District General Hospital (DGH) eye care services is available, including day case surgery. In addition, Brecon has a very successful Wet Age-related Macular Degeneration (AMD) service.

EARLY HELP AND SUPPORT

Although consultant-led, the service is heavily supported by primary care optometrists, including some which have been trained to provide injections to the eye as part of the treatment provided.

The health board has a local eye care delivery plan. Looking forward to 2019/2020, the health board will consolidate its compliance with the new Welsh Eye Care Measures and address the following key areas:

Enhancing the role of the primary care optometrist in the treatment of patients with glaucoma

The health board broke new ground in Wales when (in 2017) it approved a plan to train primary care optometrists to provide a greater range of care in the community for patients with active glaucoma. The first optometrists will qualify in 2019 and others have expressed an interest in undertaking the training. The health board is on track to have the first optometrist working in partnership with consultant ophthalmologists to actively provide treatment to patients with confirmed glaucoma and not just monitor those with suspected glaucoma as is currently the case.

Support the first primary care optometrist issued with an FP10 prescription pad

What is thought to be the first example in Wales, a Powys primary care optometrist holding the independent prescribing qualification is about to be issued with an FP10 prescription pad. Working within a defined formulary, the optometrist will be able to directly prescribe drugs to their patients and avoid the need to re-direct those patients to a GP as would previously have been the case. Throughout 2019/20, the health board will work closely with the optometrist to assess the effectiveness of the arrangement.

Improve the level of support offered to patients eligible for a Certificate of Visual Impairment (CVI)

The health board will improve the support to patients with a CVI or being considered for a CVI by consistently involving the Powys Eye Care Liaison Officer (ECLO) which is employed by RNIB Cymru and funded by the health board. This will require a change to the care pathway currently followed and involve a strengthening in the relationship between the ECLO and the consultant ophthalmologist. Having the ECLO involved will ensure the patient who is issued with a CVI or is being considered for one, will ensure the patient is fully supported at a time they may be feeling vulnerable and are assisted to access the full range of services available to them.

Electronic patient record (EPR) for ophthalmology and e-referral for eye care

The health board recognises the benefits of developing the electronic patient record (EPR) for ophthalmology and enabling optometrists and others referring into ophthalmology services to do so electronically. As such, the health board is committed to supporting the national programme for EPR and e-referral.

Medicines Management

The Medicines Management team provides an increasingly demanding range of clinical and pharmaceutical support to Healthcare Professionals and the public across Powys.

Work has been strengthened with cross border providers to improve shared care arrangements and local access to medicines. Continued improvement is sought in data sharing, for complex and high cost drugs, from providers, to allow further analysis and

collaboration around cost and quality. New Treatment Fund (NTF) systems are established and new medicines are introduced to the Powys Formulary within required timescales. The Individual Patient Funding Request (IPFR) process has been further developed to ensure compliance with the All Wales framework.

The achievement of National Prescribing Indicators has been encouraged and the pharmacy and microbiologist resource to fulfil the Antimicrobial Resistance plan within Powys has been planned. There is development of Pharmacy Professionals to support the sustainability programme for General Practice with services in Community Pharmacy through implementation of national schemes, such as the Common Ailments Service and local initiatives, eg. Community Pharmacist prescribers managing common conditions.

Collaboration with HEIW provides training placements to allow Powys, for the first time to, 'grow our own' Pharmacy Professionals and continue partnership working with Social Services to act as a medicines advice service and as their sole medicines administration training provider.

There is a programme of medicines management activity for planned care to:

- Continue the focus on patient safety, optimising the use of medicines, promoting prevention and self care, ensuring legal compliance and developing a sustainable and responsive workforce
- Review the structure, skill mix and capacity, which are currently insufficient to meet growing priorities; access funding opportunities to build a cluster/neighbourhood based pharmacy service model
- Work collaboratively with Community Resource Teams (CRT) to ensure safe and effective care in line with national work and policy
- Invest in resources for services into mental health and to satisfy organisational training needs e.g. Health Care Support Workers
- Further develop the Non-Medical Prescriber workforce to improve safe access. In the interim we will work to improve processes and capacity for the development of Patient Group Directions (PGD)
- Identify and gather resource requirements in preparation for the Falsified Medicines Directive (FMD) becoming law in February 2019
- Work closely with colleagues to identify the additional resources needed to improve Medical Gas safety
- Roll-out the proposed geographically based pharmacy service model and continue to build responsive services to support initiatives that provide care 'closer to home', including scoping opportunities for use of automation
- Continue to support improvement against the National Prescribing Indicators, with particular focus on antimicrobial stewardship
- Develop services further to ensure they reach our most vulnerable citizens.
- Support Community Pharmacy developments, including increasing uptake of services and integration within clusters
- When forthcoming legislation is enacted in Wales, the implementation of a new contract system and the requirements for Pharmaceutical Needs Assessments.
- Continue to enable Community pharmacies to deliver the Common Ailments Scheme to maximise access
- Develop medicines management support to care homes as part of the wider programme of work to ensure safe and effective care for the most vulnerable citizens

3. Connecting Communities

The Health and Care Strategy for Powys takes an approach that engages and connects communities, building on community assets and enabling people to take control of their own well-being and shape their health and care services. Feeling connected as an individual and as a wider community is known to be a determinant of wider health and helps to prevent the impact of loneliness and isolation especially in a rural area.

A focus on **community development** continues to be an aim so that as a health board we have a clear role in the Regional Partnership Board and Public Service Board to encourage and promote co-production with communities. The health board has a strong track record of community engagement and has invested in capacity for both communications and engagement, with the successful delivery of extensive programmes of work in 2018-2019. An organisational development programme in early 2019 will be aimed at further alignment of the organisation to the Health and Care Strategy and transformational programmes of work.

With partners including the local authority and third sector we will develop an agreed approach to community development, testing and refining this in our key schemes during the year including the North Powys Regional Rural Centre.

There continues to be a shared priority between the health board and Powys County Council to implement the **Carers** Plan. Carers provide a significant amount of support in the system as a whole and often carry a significant burden of this support. Carers can experience social isolation, poverty and ill health and may struggle to stay in or return to employment, education and training. It is known that an estimated 1 in 29 young carers miss school as a result. Support for paid and unpaid carers and young carers remains a high priority. There are Carers Champions who develop expertise in respect of carers and changes in service provision includes the use of Carers Special Grant to provide one-off support for carers e.g. taking driving lessons.

There is a greater use of direct payments to provide home based respite and facilities for respite available within residential and nursing homes. Joint working is helping to provide support to care for individuals at home with a terminal illness. Assistive technology will be used to provide a support system to monitor the well-being at home and outside the home environment. Other services such as advocacy and welfare benefits advice are provided in partnership with other organisations particularly the third sector in Powys. CREDU are commissioned to provide carers advice and assistance. Carers assessments are completed for carers in their own right and people are asked at first point of contact with Powys People direct if the carer wishes to have an assessment. The existing Carers Strategy will be reviewed with the Carers Steering Group and other key stakeholders in Powys for 2019 onwards.

We know that a range of factors can produce **Adverse Childhood Experiences** (ACEs) and there is increasing evidence of the long-term negative impact of ACEs on physical and mental health. Development of an ACE informed workforce and early help and support to prevent

ACEs are key to tackling health harming behaviours such as smoking and substance misuse, chronic mental ill-health, diabetes, heart disease and respiratory disease. We will work with our partners via the Regional Partnership Board to deliver the key actions for both of these areas in 2019/2020. We will continue to collaborate with the Adverse Childhood Experiences (ACEs) Hub, Public Health Wales, to deliver training and awareness raising for ACEs. through 2019/20. PTHB also works in partnership to meet the needs of vulnerable children placed in Powys by other authorities.

The health board will continue to work collaboratively with Powys County Council to ensure children in care receive timely identification of their health needs. This will include a formal process to quality assure statutory health assessments; training needs assessment and delivery to raise professionals' awareness of the challenges for children in care.

The health board will be working with partners in taking into account the Additional Learning Needs national transformation programme and Designated Education Clinical Lead Officer including contributing to individual development plans for children with additional learning needs and support for the learner, their parents, families and carers.

Women and Children's Services have an important role in early help and support.

Pregnancy, birth and the early years are special times to nurture the health of children and promote foundations for a healthy life.

The first 1000 days of life, through pregnancy to a child's second birthday represent a unique period of opportunity for the foundations of optimal health, growth and positive neuro-development across the life courses influencing prosperous futures. Children born into secure loving families where their physical and emotional needs are met are more likely to grow up better educated, healthier and financially secure. The Start Well programme has the strategic responsibility for the promotion of positive emotional health, physical health and wellbeing for children and young people, with a particular focus on those who are disadvantaged. The ambition for children and young people to be

- Safe, healthy, confident and resilient
- Ambitious, capable learners
- Enterprising and creative contributors
- Ethical, informed citizens who lead fulfilling lives as valued members of society

Powys Teaching Health board have a clinical role in the start well programme, influencing and driving the health agenda to achieve the challenging ambition. The contribution of senior clinical leaders within women and children services is crucial, not least to secure alignment of Welsh Government strategy and frameworks for children, to include ACEs, School Nursing, maternity vision, healthy child Wales programme, maternal and infant mental health, neurodevelopment, first 1000 days and the mother and infant mental health agenda.

The health board has a programme of work across Midwifery, Health visiting, School Nursing, community paediatrics, therapies and nursing which includes:

- The rollout of continuity of care models for midwifery
- Midwifery Management and Leadership programme
- Partnership with early pregnancy services
- All Wales Breastfeeding Action Plan through the Powys Infant Feeding Group
- Powys nurse led pathways for community paediatrics including continence and neurodevelopmental services
- Integrated disability service
- Hospital at home for children

A key enabler will be the launch of the Wales Maternity vision 2019-2021.

The health board will also be progressing business cases for 'Be Here, Be Clear' speech and language intervention and serial casting in paediatric physiotherapy.

SUMMARY PLAN: PROVIDE EARLY HELP AND SUPPORT

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Primary and Community Care		
<p>Improved access to urgent and unplanned care</p> <ul style="list-style-type: none"> Clinical triage model in GP Practices in hours Redesign Out of Hours Service model to ensure sustainability Extended roles deployed within and between Practices Transform the impact and role of Pharmacy including non-medical prescribers and common ailments 	<ul style="list-style-type: none"> Triage model in 75% of practices (Q4) Out of Hours model redesigned (Q3); Model implemented (Q4) Extended role Gap Analysis complete (Q2); Workforce Development Plan complete (Q3); New roles in place in each Cluster (Q4) At least 1 additional High Street Pharmacist Prescriber (Q4) 	<ul style="list-style-type: none"> GP access measures (NOF_51/52/53)
<p>Improved proactive care for those with complex needs</p> <ul style="list-style-type: none"> Care Plans in place for individuals deemed high risk Extended roles deployed within and between Practices Take up of enhanced services contracts across Clusters Evaluate and extend Community Resource Teams 	<ul style="list-style-type: none"> Top 3% at risk identified by Practice (Q1); Plans in place (Q2) Complex needs Specialist Advisors available in each Cluster (Q3) Evaluate Neighbourhood Nursing Pilot (Q2) Plan for extended Teams complete (Q3) 	<ul style="list-style-type: none"> % of people with learning disabilities who have an annual health check (NOF_08) Planned care access measures
<p>Improved Routine and Preventative Care</p> <ul style="list-style-type: none"> Expand Community Dental Service offer (including mobile provision, designed to smile and facial / restorative; Glan Irfon Dental centre, Mobile unit in Machynlleth, dental nurses with extended duties) Recruit Foundation Dentist in liaison with HEIW Senior Dental Educational Supervisor Programme of Study Days GDS Contract reform Expand Community Eye Care offer including glaucoma pathway out of hospital and primary care based Wet AMD Extended roles within and between Practices Develop local offers for key conditions / procedures Enhanced role of Primary Care Optometrist Pathway for CVI (Certificate of Visual Impairment) Implement Medicines Management Work Programme 	<ul style="list-style-type: none"> Community Dental Service Plan complete (Q1); Service elements operational (Q2) Eye Care Pathway design complete (Q1); Pathway operational (Q2) Extended Community Teams (Q4) Pathways redesign for Big 4 complete (Q2) Florence Roll Out Plan complete (Q3); Blood Pressure Monitor Roll out Plan complete (Q3) Business Cases Q1-2 implementation Q3-4 EOI Q1; Training Q2-4 Qualification achieved Q3 Liaison with RNIB from Q1 and development of pathway Q2-Q3 Medicines management as per annual work programme 	<ul style="list-style-type: none"> Planned care access measures % of health board population regularly accessing NHS primary dental care (NOF_56) Dental access and activity Eye Care access and activity Medicines Management activity/ programme measures Study Days/ participants

SUMMARY PLAN: PROVIDE EARLY HELP AND SUPPORT (Continued)

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
Improved business efficiency and sustainability <ul style="list-style-type: none"> • Develop a PTHB Primary Care Support Unit to provide clinical and managerial advice and support to Practices • Develop PTHB professional governance for devolved roles • Refine Sustainability Toolkit • Develop Assurance Framework for Primary Care Providers • Develop Primary care Performance Dashboards and Business Intelligence capacity 	<ul style="list-style-type: none"> • Business Case for Development and Support Unit complete (Q1); Unit operational (Q3) • Professional Governance offer developed (Q2) • Revised Toolkit available (Q1) • Commissioning Assurance Framework for Primary Care complete (Q1) Dashboards available (Q2); Business Intelligence capacity available to Clusters (Q1) 	<ul style="list-style-type: none"> • As per toolkit
2. Cluster Working		
<ul style="list-style-type: none"> • Further team work with Community Connectors • Increase integrated working between Primary Care and Community Care and clinical leadership development • Evaluation /Rollout of integrated teams / community resource teams to identify most effective operational model and practices and strengthen • Neighbourhood care link / neighbourhood nursing – community resource model • Development of community resource teams 	<ul style="list-style-type: none"> • Information Governance Protocol for Community Connectors available (Q1) • Directorate structure realignment complete (Q2) • Evaluation complete (Q3) • Refined integrated community resource model agreed (Q3) • Evaluation framework agreed (Q3); Teams operational (Q4) 	<ul style="list-style-type: none"> • Primary Care Access and activity • Uptake of Community Connectors • Evaluation outcomes
3. Connecting Communities		
<ul style="list-style-type: none"> • Working in partnership with the Council and third sector, develop an agreed framework for community development 	<ul style="list-style-type: none"> • Agreed Framework developed Q2 	<ul style="list-style-type: none"> • A sense of community (PHOF_14) • People reporting that they feel a part of their community (SSWB_08) • Carers measures tbd • % registrations of children on Child Protection Registers (SSWB_27)
<ul style="list-style-type: none"> • Provide advice and support for Carers – as part of the delivery of the current joint Carers Strategy (PTHB and PCC) 	<ul style="list-style-type: none"> • Review & implementation of Carers Plan as per milestones to be agreed with partners 	
<ul style="list-style-type: none"> • Delivery of PTHB actions in Regional Partnership Board Area Plan to support reduction of Adverse Childhood Experiences 	<ul style="list-style-type: none"> • As per agreed Area Plan (see appendix for hyperlink) 	
<ul style="list-style-type: none"> • Delivery of Women & Children's Services aligned to Start Well Programme • Implementation of the first 1000 days initiative • Implementation of the maternity vision for Wales 2019-2024 • Implementation of Be hear Be Clear • Delivery of Serial Casting Paediatric Physiotherapy 	<ul style="list-style-type: none"> • Women and Children's programme aligned to Start Well Q1 • First 1000 days plan developed Q2 and agreed by the start well programme • Launch upon publication by Welsh Government 	

WELL-BEING OBJECTIVE 3: TACKLING THE BIG FOUR



The Powys Wellbeing Assessment at Appendix 1 indicates that there are four main causes of ill health, burden of disease and premature mortality in Powys. The Health and Care Strategy aims to tackle 'The Big Four':

- Mental Health
- Cancer
- Respiratory
- Circulatory

In 2019 the Clinical Change Programme will be progressed, to bring the priorities into a whole system approach spanning prevention, resilience and health inequalities. This will focus efforts on the high impact changes and apply learning from the successful approach already applied in Mental Health.

POWYS OUTCOMES

Through tackling the Big Four, people in Powys will say;

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

PRIORITIES FOR 2019/2020 – 2021/2022

- ☐ Mental Health
- ☐ Cancer
- ☐ Respiratory
- ☐ Circulatory

Financial implications

- Opportunities for investment will be explored for collaborative working / local implementation of the National Delivery Plan Priorities and the Single Cancer Pathway as appropriate.

Workforce implications

- An Organisational realignment will be implemented to support a focus on the Big Four – see workforce section
- Service developments set out in this section will also have some operational workforce implications

DELIVERY OF NATIONAL GOALS

- ☐ Aligns to National Goals 3 and 4 (A Healthier Wales; A More Equal Wales) with further opportunities across all
- ☐ Five Ways of Working: Key to delivery against all five
- ☐ Quadruple Aim: Aligns to Improved Population Health and Wellbeing; Higher Value Health and Social Care
- ☐ Prudent principle 'Reduce inappropriate variation through evidence based approaches'
- ☐ Delivers against National Delivery Plan Priorities

In Powys, the [Hearts and Minds: Together for Mental Health](#) is the strategy for improving the mental health and emotional well-being of the people of Powys. The Live Well Partnership: Mental Health is in place to drive forward the implementation of the strategy through a detailed delivery plan. The Delivery Plan was updated in 2018 and covers all ages and encompasses a range of actions, from those designed to improve the mental well-being of all residents in Powys, to those required to support people with a severe and enduring mental illness. The Partnership has a comprehensive framework in place to ensure the voices of people using services are heard in identifying and delivering on priorities for mental health.

- Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65. There are an estimated 4,256 people in Powys over 65 with Dementia.
- Between 10-15% of women experience post-natal depression. In Powys there are approximately 1000 births per year, which means around 100 women may experience post-natal depression, impacting on the mum, baby, partner and family.
- 80% of people identified as having depression are managed entirely in a primary care setting. 8% of the Powys population report being treated for depression or anxiety.

The health board is committed to the promotion of good mental and emotional health and well-being, through the provision of integrated care. In 2017 the programme to repatriate Mental Health Services back to direct delivery by Powys Teaching Health Board from three NHS providers was completed. 2018/19 has been a period of service consolidation and improvement during which we have invested in quality processes and embedding the principles of continuous service improvement. The focus during 2019-2021 will be on developing pathways and services to meet the changing needs of people living in Powys.

The priorities for the health board for 19/20 to 21/22 are to:

- Continue to engage with stakeholders to develop sustainable models and pathways of care suitable for the needs of adults and older adults living in Powys
- Complete the implementation of a new s136 pathway that prevents the need to travel out of county
- Deliver the priorities outlined in the Dementia Plan for 2018-2022
- Establish the Dementia Home Treatment service in South Powys
- In partnership with Powys County Council and the Third Sector, continue to improve mental health, resilience and emotional health of the people of Powys through the mental health delivery plan, including the integration of health and social care mental health services
- Support the families and carers' of people living with mental health issues
- Ensure services are accessible and appropriate, addressing the needs of those whose first language is Welsh and the needs of people with protected characteristics
- Develop our maternal and infant Mental Health, Early Intervention in Psychosis, Eating Disorders and Personality Disorders/Complex Trauma services and pathways

The health board will achieve this through:

- Delivering targeted support and intervention based on need and improving awareness of information, support and services. This will include building upon the existing developments in relation to social prescribing and support to people experiencing isolation and loneliness which impacts upon mental health

- Improving early recognition of and response to mental and emotional health and well-being issues across all ages
- Improving support to mothers requiring perinatal mental health support and their partners and the development of a consistent approach to the delivery of 'tier 2' eating disorders services across Powys
- Improving transitions for young people moving into adult mental health services

Further integration across NHS and Social Care Mental Health services will be sought, at each level including leadership and management as well as front-line provision, to provide a seamless mental health service that supports the mental well-being and recovery of patients.

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

Enhanced primary care and talking therapies 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 continue to work to improve access to psychological therapies within primary care settings, reduce waiting times and invest in our newly commissioned online Cognitive Behavioural Therapy (CBT) service along with other psychological services to improve the emotional and mental health of people living in Powys and Wales. In 2018 we launched the online CBT platform 'Silvercloud' and during 2019 we will build upon this to extend the service and offer a 'blended' CBT programme across Powys.

Learning Disabilities Services will continue to evolve to deliver highly effective, citizen focussed outcomes, which are efficient. Practitioners continue to drive forward service developments and innovations, embedding a culture of continuous improvement, the priorities for which are informed by the voices of the service users.

The future direction for Learning Disabilities is governed by the implementation of the Joint Commissioning Strategy (2015-2020) with Powys County Council, utilising a joint service model that works to improve the user experience. The key priorities for the Health Board are:

- Review anti-psychotic prescribing for service users with learning disabilities
- Implement the Health Equalities Framework
- Improve community care ensuring a seamless transition
- Implement specialist regional and national service models of commissioning, and improving service resilience
- Develop a Complex Behaviour Intervention pathway
- Improve access to, and appropriate support within, acute general hospitals
- Develop pathways and support for individuals with Autism Spectrum Conditions alongside the Integrated Autism Service

Child and Adolescent Mental Health Services (CAMHS) Children, families, communities and other agencies play a crucial role in helping to protect how children think and feel, preventing bullying, abuse, neglect, domestic violence and substance misuse; and by supporting educational attainment and positive parenting.

The health board has developed innovative services for children in collaboration with other agencies, aimed at early intervention to help prevent problems escalating. This will be enhanced by a new Welsh Government CAMHS in-reach to schools pilot which involves two secondary schools in south Powys, with their feeder primary schools, for year 6 children.

Welsh Government's 'Together for Children and Young People' Programme presents a significant opportunity for strategic change in the way in which agencies work together with children, young people and families in supporting emotional and mental health. This is being driven in Powys through the Youth Support and Emotional Health Work Stream of the Start Well Programme. The health board is committed to collaborating with those using services, and other health boards and agencies in Wales to drive forward service improvement.

During the past year there has been a review of PTHB CAMHS, the implementation is well underway. The service will benefit from a new structure, including an enhanced primary mental health team and improved pathways. Following the transfer of CAMHS in September 2018 from Women and Children's services into Mental Health Services, a focus for this year will be the development of our 'through-age' mental health services and the delivery of an effective Early Intervention in Psychosis service and development of our inpatient pathways for children and young people requiring admission to a mental health hospital. These are key actions that will enable PTHB to deliver our planned trajectory against the national target.

Acute Care in the Community

Effective and responsive Community Mental Health services are at the heart of the 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.

During 2019 we will redesign our pathways and service models for people living with a diagnosis of Personality Disorders/Complex Trauma and for people aged 14+ experiencing psychosis for the first time. We will expand our Eating Disorders and Perinatal Mental Health service and embed a part time specialist worker within the community mental health teams. This will enable the service to offer treatment and support earlier, in order enable individuals to maximise their recovery.

During 2019 we will further reduce waiting times for access to services and to develop new approaches to the delivery of psychological therapies within Powys. This will enable Powys to fully achieve the referral to treatment targets for this service area and be achieved through completing the recruitment of hard to fill Psychology vacancies and investing in the recruitment of a dedicated and skilled workforce of Psychology Assistants (working under the supervision of a Consultant Psychologist) to develop our range of individual therapy and Psychologically minded group work services. We will also be further investing in the training of our community practitioners to expand the range of Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), Dialectical Behavioural Therapy (DBT) and Cognitive Stimulation Therapy (CST) within Powys.

Maternal and Infant Mental Health The evidence suggests that between 10% and 20% of women and up to 10% of men will develop poor mental health during pregnancy or within the first year after having a baby. Maternal and infant mental ill health is a relatively common issue and a major public health concern.

The evidence shows that a woman is 23 times more likely to be admitted to psychiatric unit after the birth of a child, particularly the first child, than the general population. Untreated mental health conditions during pregnancy can result in a number of adverse outcomes and severe mental ill health during this period is one of the main causes of maternal suicides, on a par with obstetric haemorrhages. The consequences can be severe, for the parent, the infant, and the wider family, both in the short term and the long term, particularly in relation to behavioural development of the child and negative impact on the life course of the child.

A Powys Maternal and Infant Mental Health Steering Group has developed a pathway and guidance for a community-focused model of care with an emphasis on ensuring that those experiencing mild-moderate anxiety or depression are given support as early as possible. This ensures that all women, men and their families are receiving the right care, by the right practitioners and at the right time, irrespective of where they live in Powys and reflects the importance of the first 1000 days initiative. By delivering a maternal and infant mental health service that is based within community services, Powys has developed a workforce that is able to support parents and their families and promote ways to well-being. Staff have been given the skills and confidence to assess, support and signpost to additional services as needed. Prevention, earlier intervention and the provision of support and treatment for mental ill health can help to reduce the potential long term effects on the individual and their family; it can also help reduce the impact of adverse childhood experiences on future generations.

The key priorities of Maternal and Infant Mental Health services are:

- To promote ways for women, men and their families to support their well-being as well as ways to get support for mental ill health, through innovative, community-based interventions such as bump-to-buggy walks, Sblash a Sbri and baby massage
- Implement pathway and training to enable midwives, health visitors, nursery nurse, primary, secondary care and third sector colleagues to intervene earlier to ensure the support and treatment that is needed is targeted and meets their needs
- Enhance midwives, health visitors and nursery nurses' knowledge and skills to address mild to moderate ill health, and establish a pathway to refer directly to primary and secondary mental health services, supporting the join-up of prevention and treatment service
- Develop closer working relationships with Action 4 Children, MIND, Ponthafren and PAVO to support a truly community focussed approach
- Continue to improve services including the pathway into nursery nurse and secondary mental health services and pregnancy/ birth reflections and birth trauma support

The steering group will continue to work on improving services within Powys. The pathway into nursery nurse service and further into secondary mental health services will need to be reviewed. Ensuring collection of data relating to the standards will need to be prioritised as these will be reported to Welsh Government every six months. Training will also be a priority to ensure any staff working with pregnant women are at an 'informed' level. Clinical leads will be recruited as a result of a successful funding bid and clinical supervision will continue to be strengthened. A pregnancy/birth reflections and birth trauma service will be developed and audited with work between maternity, health visiting and psychology to ensure safe pathways and referral processes. The research study looking at co-production of an intervention for dads linked with Mind will continue into 2019.

Services for Older People

During 2019, we will continue to improve access to psychological therapies for older adults and remodel our delivery to ensure that patients have consistent access to a good quality and responsive service. We will build upon the success of the Dementia Home Treatment Team in North Powys and continue to refine our model to ensure that the service meets our patients changing needs. We will develop a similar Dementia Home Treatment Service within South Powys and embed a Community Connector to link people living with dementia and their carers with other forms of support within the communities to reduce the incidents of loneliness amongst people living and supporting loved ones with advanced dementia.

The delivery of the dementia plan is central to supporting people with organic conditions and we will develop specialist teams of professionals and invest in the training of GPs to better support people in primary care settings. As part of this work we will continue to develop the Cognitive Stimulation Therapy service which will enable us to test and refine new approaches to supporting people following a diagnosis of dementia.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

DoLS is currently managed as an integrated service with Powys County Council. Improvements during 2018/19 have led to a more streamlined service and the sharing of regular quality assurance reports has recently commenced. As with Local Authorities and Health provider organisations across England and Wales, Powys has an ongoing backlog of DoLS applications awaiting authorisation. Identified measures to assist in addressing this risk will continue through 2019/20, pending amendments via the Mental Capacity Reform Bill.

Statement on the Mental Health Ring-fence

PTHB in 2017/18 had expenditure of £34.8M on mental health services (for patients of all ages) out of a total budget of £288M. This represents 12.1% of the total health board budget. In 2018/19 PTHB has a forecast expenditure of £36.1M on mental health services (for patients of all ages) out of a total budget of £295M. This represents 12.2% of the total health board budget.

SUMMARY PLAN: MENTAL HEALTH

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
Adult Service Model		
<ul style="list-style-type: none"> Review and implement the Powys Dementia Plan (2016-'2019) against the newly published 'A Dementia Friendly Nation' (2018) to ensure cognisance and alignment: <ul style="list-style-type: none"> Refine Dementia Home Treatment Team in North Powys. Introduce Dementia Home treatment Team model in South Powys. Continue to promote Welsh dementia helpline to people living with dementia and their carers. 	<ul style="list-style-type: none"> Q1 2018/19: Commence delivery of Crisis Care Concordat Q1 2018/19: Establish working group between practitioners and stakeholders to review Tier 2 Eating Disorder Services Q1 2018/19: Complete WCCIS rollout in North Powys Q4 2018/19: Complete WCCIS roll-out in South Powys Q1 2018/19: Evaluate Dementia Home treatment Team service in North Powys. Q4 2018/19: Implement agreed outcome of Primary Care Support Service scoping and review. Q4 2018/19: Expected decision on Business Case of Low Support Unit Q4 2019/20: End of year evaluation of outcomes of Silver Cloud Q2 2018/19: Consultation commences on changes to service pathways in south Powys 	<ul style="list-style-type: none"> Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73) Treatment Plans in place (NOF_83) Timely receipt of outcome assessment reports (NOF_84)
<ul style="list-style-type: none"> Develop an improvement trajectory to secure compliance with all parts of the Mental Health Measure <ul style="list-style-type: none"> Implement the Mental Health Clinical Education Plan. Support the development of a regional Low Support Unit (LSU) in partnership with ABUHB and CTUHB. Review Memory Assessment Service across Powys in order to achieve consistency and parity of services. Review the service model for Tier 2 Eating disorder Service across Powys. Achieve Welsh Government Tier 1 targets and ensure timely access to Psychology and talking therapies. Undertake a review of the prescribing of psychotropic medication within Powys' CMHTs (Older Adult). Through the section 136 and Criminal Justice work stream of the Mental Health planning and development partnership, deliver the Crisis in Care Concordat. Deliver the Powys Armed and Ex-Forces Forum and Mental Health Planning and Development Partnership plan for veteran services Scope feasibility of Mental Capacity Act training to be included in Mandatory or other training approaches in the health board 		
<ul style="list-style-type: none"> Introduce new approaches to psychological therapies such as group based talking therapies, peer support and links with Community Connectors. <ul style="list-style-type: none"> Implement the new online-CBT platform 'Silver Cloud' Identify an equitable approach to early intervention linked to social prescribing on a Powys wide basis. 		

<ul style="list-style-type: none"> • Publish the Powys Maternal and Infant Mental Health plan, as part of the Start Well Programme to include recommendations for the First 1000 Days work stream <ul style="list-style-type: none"> • Work with the Maternal and Infant Mental Health Steering Group to implement educational and training programmes to improve awareness and management of mental health problems including strengthening communication between teams and connections in the community. 	<ul style="list-style-type: none"> • Q1 2018/19 publish the priorities within the Annual Report for Maternal and Infant Mental Health • Q1 2018/19 produce a proposal for Execs and Cabinet outlining the integration model for Adult Mental Health (AMH). 	
<ul style="list-style-type: none"> • Develop options for the integration of health and social care within Mental Health Services including leadership, management and front-line provision: <ul style="list-style-type: none"> • Explore and consult on the potential to reconfigure Older Adult services in South Powys • Undertake a consultation with stakeholders living in the Newtown and Ystradgynlais area on a change of service pathway for adults and older adults provision of their inpatient MH care within Powys, wherever possible • Support the development of the joint Powys County Council/PTHB pooled budget for Residential Care • Integrate Social Services and NHS Mental Health and Learning Disability functions. • Complete roll out of WCCIS in MH & LD 	<ul style="list-style-type: none"> • Q2 2019/20: Consultation on changes to service pathways in South Powys • Q3 2019/20: Discussions with PCC to consider mechanisms for taking this complex partnership development forward • Q4 2019/20: Commence formal discussions to outline a project for transition towards integration • Q1-Q3 2019/20: Continue with implementation plan 	<ul style="list-style-type: none"> • Mental well-being among adults (PHOF_03b) • Mental health access measures (NOF_11/30/46/72/73)
CAMHS		
<ul style="list-style-type: none"> • Introduce improvements in the experiences of children in crisis and implementing a proactive early intervention model. 	<ul style="list-style-type: none"> • Q2 2018/19 fully implement the recommendations from phase 1 of the CAMHS review • Q2 2018/19 develop a proposal for the alignment of CAMH services with the Mental Health Directorate. • Q2 2018/19 produce a fully developed plan for phase 2 CAMHS improvement. 	<ul style="list-style-type: none"> • Mental well-being among children and young people (PHOF_37b)
<ul style="list-style-type: none"> • Deliver the national Together for Children and Young People programme. 		

Local Drivers and Challenges of Cancer Care

Cancer Incidence is increasing; we must meet increasing demand

There continues to be variation in outcomes throughout Wales; we must help close the gap and ensure equity of access and equity in quality

There is a gap in forecast demand and supply which we need to close; we must ensure that we have the ability to treat and care for patients

Treatments are becoming more complex and new advances are continuously emerging; we must be ready to deliver

More people are living with and beyond cancer; we must work with people as equal partners to achieve best possible quality of life and experience

Local Drivers and Challenges of Cancer Care – Velindre Cancer Strategy

As one of the 'Big Four', the health board has made a strategic commitment to improving clinical outcomes and patient experience for people affected by cancer. This means a whole system approach which takes into account the unique characteristics of the health board as a commissioner as well as a direct provider of services. The whole pathway includes activities to prevent and reduce the incidence of cancer through the health board's wider work to improve health and well-being; timely detection of cancer through screening and primary and community care for early diagnosis; fast and effective care, treatment and support for patients and their carers and families throughout the cancer journey. This will strengthen our focus on improving Powys outcomes and reducing cancer incidence and mortality rates, improving one and five year survival rates and patient experience.

- People in Powys live longer and spend more years in good health however, 19.2% of adults smoke, only 65% of adults meet the physical activity guidelines and 18.4% drink above recommended guidelines.
- The age-adjusted cancer incidence rate in PTHB has increased from 567 cases per 100,000 population in 1995, to 632 cases per 100,000 population in 2014.
- The four most common incident cancers in Powys are prostate, female breast, colorectal and lung cancer.
- There are an estimated 4,763 Powys residents living with a cancer diagnosis, with 945 new cases diagnosed each year (2014).
- The one year survival rate for all cancers has improved by 12 percentage points in PTHB between 1995-99 to 2009-13. Nearly three quarters of persons diagnosed with cancer in 2009-13 were alive one-year after diagnosis.
- One and five year survival rates from individual cancers amongst the Powys population are, in general, not significantly different to the national rates.
- The majority of cancer patients responding to the Macmillan Patient Experience Cancer Survey (90%) rated their overall care as 7/10 or more, however only 15% said they were offered a written care plan. 45% of Powys respondents felt they completely discussed the impact of cancer on their day-to-day activities, and 41% felt they received information about financial help for benefits they might be entitled to, both of which were the lowest percentages in Wales.

There are trends in cancer treatment and practice which will also have impacts and benefits for the NHS as a whole which include advanced radiotherapy techniques, immunotherapy, acute oncology and the requirement for senior review on complex decision making, as well as the shared ambition for care closer to home. Powys has a complex set of arrangements for Cancer patients and the Velindre Trust is one component of that landscape.

For a significant number of people in South Powys treatment and services are provided through the Velindre Cancer Centre. Velindre's NHS Trust's IMTP is based on delivering its Cancer Strategy 2016-2026.

PTHB has taken a lead on strategic commissioning by introducing a Strategic Commissioning Framework and associated assurance processes. The vast majority of cancer treatment for people in Powys is commissioned outside of Powys and robust management of performance is carried out through the Commissioning Assurance Framework. Information is being developed to support performance improvement including patient experience, access and activity.

In response to the National Cancer Delivery Plan, the health board has in place a multi-agency Cancer Partnership Group which leads the work to improve cancer services for the people of Powys and the implementation of the Single Cancer Pathway.

Organisational Priorities for 2019/20-22						Measures	
Cancer							
<ul style="list-style-type: none">• Focus on Wellbeing: Population Needs Assessment for Cancer is in place and programmes for smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation• Early help and Support: Targeted and coordinated screening campaigns and activities; appropriate access to MRI & CT and timely receipt of scan reports to ensure appropriate and timely onward referral; training and development programme for primary care engaging with the Macmillan Framework for Cancer Programme to support clinical leadership development for cancer services; information provision and awareness, work with partners to develop a “neighbour scheme”• Joined Up Care: Robust and effective performance management of commissioned cancer services and change programmes; strengthen links between acute and primary care improving whole pathway of care.• Tackling the Big Four and Health Inequalities: Implement the Single Cancer pathway and Powys Improving Cancer Journey (ICJ) with Macmillan and Third Sector partners.; improve access to and patient experience of systemic anti cancer therapy; develop telehealth solutions where possible across the cancer pathway; secure and deliver coordinated palliative and end of life care; explore opportunities for cancer research and pilot studies in Powys; ensure the appropriate targeting of cancer screening and other approaches supporting the early diagnosis of cancer; targeted cancer case finding, Analysis of pathways and outcomes to identify and address inequalities.						Cancer access targets Hospital activity data Population needs Screening uptake Training activity	
Key Milestones							
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22	
<ul style="list-style-type: none">• Initiate ICJ project• Launch Macmillan Quality Toolkit	<ul style="list-style-type: none">• Scope ICJ model• Roll out Holistic Needs Assessments	<ul style="list-style-type: none">• Train clinical teams and staff groups	<ul style="list-style-type: none">• Scope Lung and Lower GP pathways	Annual planning and review			

As one of the 'Big Four', the health board has made a strategic commitment to improving clinical outcomes and patient experience for people affected by Respiratory conditions. This means supporting activities which will prevent respiratory diseases through the health board's wider work to improve health and well-being and through targeted efforts with at risk groups; improving early diagnosis through strong local diagnostics services; and supporting those with respiratory conditions to effectively and proactively manage their conditions through effective rehabilitation and self-management programmes.

The Respiratory Health Delivery Plan for Wales has been extended to 2020 and there are workstreams to improve respiratory health in Powys. Improving the respiratory health of the population of Powys is a challenge but the lives of patients and their families can improve. People who have a respiratory condition need timely access to care and support.

The aim is to achieve a reduction in prevalence of asthma and chronic obstructive pulmonary disease (COPD); decreased admissions to acute settings for respiratory conditions and improved patient experience.

As a commissioner of services as well as a direct provider there is a focus on providing care for residents as close to home as possible, to avoid journeys out of county wherever possible and to have the right preventative and crisis management support through primary and community services and links with wider community networks.

- 2.7% of adolescents in Powys smoke.
- 14.5% of pregnant women in Powys smoke
- In Powys, as of February 2018, 56.7% of two to three year olds, 69.7% of four year olds, 69.8% of five year olds, 68.6% of 6 year olds, 65.8% of 7 year olds and 66.9% of 8 year olds have had the flu vaccination
- In Powys, as of February 2018, 47.7% of under 65s at risk and 66.2% of people over 65 years have had the flu vaccination
- 64.6% of Clinical staff in Powys had their flu vaccination as of February 2018.
- Chronic obstructive pulmonary disease (COPD) affects 2,216 adults or 2% of the population. This figure is projected to rise to 3,264 by 2019
- One in twelve people are said to have a respiratory illness and Wales has the highest prevalence of asthma in Europe

There is an overarching aim to 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. Support services needs to be well co-ordinated, multi-agency in nature, across primary, community, hospital and social care.

This will require a whole system, value based and clinically focused approach to planning and commissioning for respiratory care, as part of a clinical change programme for the big four, as shown in the organisational priorities table overleaf.

RESPIRATORY

Respiratory Conditions – Implementing Whole System Approach

WHOLE PATHWAY				PATHWAY	ACTIONS
Work with Respiratory Health Improvement Group for Wales to implement delivery plan to reduce variation and to ensure best	Implement Integrated Informatics Solutions	Develop systematic collection of patient outcomes	Clarify key care pathways across the whole system (COPD, Asthma, ...)	Ensure compliance with prescribing guidelines	Self-Help <ul style="list-style-type: none"> • Vaccinated • Non-smoking • Exercising
					Prevention and Public Health <ul style="list-style-type: none"> • Increase vaccination and immunisation up-take (notably influenza) • Improve smoking cessation rates through the actions in the Tobacco Control Plan • Implement infection control and antimicrobial policies • Ensure availability of exercise programmes (including pulmonary rehabilitation)
					Primary Care and Universal Services <ul style="list-style-type: none"> • Improve accuracy and speed of diagnosis across primary and secondary care (including implementation of ART, spirometry practitioners programme in GP practices and hospitals)
					Community (diagnostics, outpatient, follow-up and in-patient) <ul style="list-style-type: none"> • Develop spend to save proposal to increase respiratory nurses in order to reduce unscheduled activity, referrals to secondary care and inappropriate use of Oxygen • Develop proposal for approval for a community based sleep disorder service • Identify solution to enable designation of a TB lead clinician • Review management of Oxygen • Improve local access to diagnostics
					District General Hospitals <ul style="list-style-type: none"> • Develop proposal for pre-referral advice and referral management arrangements • Review LTA and SLA OP activity to modernise and repatriate where possible (New/Follow-Up) • Up-date and challenge Interventions Not Normally Undertaken • Improve use of benchmarking • Reduce length of stay (including identifying potential to further strengthen access to Non-Invasive Ventilation in the community) • Ensure compliance with NICE guidance for Bronchiolitis (paediatric)
					Tertiary / Specialised <ul style="list-style-type: none"> • Fund and participate in the agreed Welsh Health Specialised Services Integrated Care Plan

Organisational Priorities for 2019/20-22						Measures
RESPIRATORY						
<ul style="list-style-type: none"> • Focus on Wellbeing: Whole system approach including assessment of population need; programmes for smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation; promotion of healthy active lifestyles; invest in your health. • Early Help and Support: Improve access to the pulmonary rehabilitation services in rural areas; improve Spirometry and training throughout Powys for Respiratory nurses, HCAs and other health professionals; deliver efficient self management plans to patients diagnosed with COPD; reduce unnecessary variation in oxygen prescribing using best practice. • Joined Up Care: Ensure crisis management packs are available to the whole of Powys; promote the management of acute respiratory conditions in the patient's home and in intermediate care settings; Strengthen links between acute and primary care; and whole pathway; work with GP Practices to review emergency respiratory admissions; ensure that service users of oxygen have a positive experience of care; improve the provision of specialist sleep service; improve the efficiency of referrals to treatment. • Tackling the Big Four and Health Inequalities Targeted approaches to case finding and active management of chronic obstructive pulmonary disease and lung cancer; consideration of the impact and response to occupationally associated disease. 						<ul style="list-style-type: none"> • Hospital / primary care / clinic activity • Referrals for pulmonary rehab • Smoking cessation • COPD related measures • Oxygen variation
Key Milestones						
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22
Prioritise and set annual work plans	Work with GPs to develop skills, capacity and training	Review performance against national standards	Completion of annual programme and review	To be determined as part of annual review		

Circulatory conditions includes heart disease, stroke and diabetes as a determinant. Across all of these, the health board aims to prevent and reduce incidence with a whole system approach that fully takes into account the Powys health and care landscape. Powys residents access care from providers in Wales and England, depending on the support required. Their care pathways include journeys outside the County if acute or specialised care is required.

Our Health and Care Strategy aims to provide as much of the care as possible close to home, in Powys. We aim to shift the focus to prevention and early intervention, by increasing awareness and working with community and primary care services as well as wider community networks including the third sector. This will enable people to manage their own conditions wherever possible and co-design their care plans when they require more complex support. There are active local delivery and expert groups in place for diabetes and stroke and learning from these will be used to take forward greater collaboration in other areas.

We are working with regional planning committees in Wales and Sustainability and Transformation Partnerships (STPs) in England, as well as directly with our acute and specialised providers around strategic service changes and transformation programmes around our borders, to ensure that the needs of the Powys population are fully taken into account. This includes the reviews of Stroke pathways and services that are underway across Wales and the Herefordshire and Worcestershire Stroke Programme Board and the changes to Stroke Services as part of the NHS Future Fit programme in Shropshire and Telford.

We also aim to prevent and reduce rates of type two diabetes and incidence of stroke and heart disease. This runs parallel with expected decreases in admissions due to complications. We expect to see the impacts in SSNAP data (Sentinel Stroke National Audit Programme), activity data and associated improvements in patient experience.

- 2% of adults have had a stroke in Powys and about 3,174 adults are living with the consequences of stroke. This is projected to rise to 3,340 over the next three years.
- There are approximately 4,432 patients living with coronary heart disease in Powys or 4% of the population. This is projected to be largely unchanged over the next 3 years.
- The total number of patients diagnosed with diabetes in Powys increased to 8469 in 2015/16; generally there has been an upward trend in the past five years. Of these; 647 have type one diabetes.
- Cardiovascular disease (and within this, heart disease) is one of the most significant population health issues in Powys.
- There is some high level evidence from Public Health Wales that the relatively low emergency admission and intervention rates for coronary heart disease in the Powys population are in line with local need. However, there is also anecdotal evidence that patients present late to primary care including after acute events.

Please refer to the Summary Plans for Stroke, Heart Disease and Diabetes overleaf.

Organisational Priorities for 2019/20-22					Measures	
<ul style="list-style-type: none">• Focus on Wellbeing: Whole system approach including assessment of population need; programmes for smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation; promotion of healthy active lifestyles.						
Stroke						
<ul style="list-style-type: none">• Early Help and Support: Improve detection and management of atrial fibrillation in primary care; improve prevention, diagnostics, early intervention and access to stroke care and treatment close to home• Joined Up Care: Review of staffing and MDT on wards which admit people who have a stroke; improve patient’s experience of transition of care from hospital to home; improve flow of patients through acute and inpatient rehabilitation units by improving community rehabilitation; Workforce planning to address patient flow throughout the pathway; increase intensity of therapy provided in the community; improve communication and coordination of care to improve 6 month review rates• Tackling the Big Four and Health Inequalities: continue to participate in Stroke programmes in neighbouring areas; continue to support the development of stroke research network in Wales; develop and respond to patient experience and outcome measures; improve emotional support and access to psychological therapies for stroke survivors in Powys in order to enable them to self manage; update pathway information for stroke survivors; pilot the new Community Clinical Information System; engage in plans for thrombectomy services in liaison with WHSSC					<ul style="list-style-type: none">• Stroke treatment measures• SSNAP Data• Hospital activity• Primary Care Activity• Programme Plans• Study results• Patient experience• Workforce measures• Therapy / clinic activity	
Heart Disease						
<ul style="list-style-type: none">• Early Help and Support: Implement All Wales pathways to improve access, treatment times and outcomes for acute coronary syndrome, atrial fibrillation and heart failure; rollout of International Consortium for Health Outcomes Measurement pilot across Powys and analysis of data collection;• Joined Up Care: Develop a community cardiology one stop shop; improve detection and management of atrial fibrillation in Primary Care; introduce a CVD risk assessment programme in deprived areas of Powys; provide GPs with timely access to diagnostic testing and procedures• Tackling the Big Four and Health Inequalities: Map community service utilisation and effectiveness of pathways of care; improve accountability and reporting arrangements in liaison with WHSSC; explore funding opportunities for cardiovascular research and pilot studies; participate in National cardiac rehabilitation audit					<ul style="list-style-type: none">• Public health outcome framework• Hospital activity• Primary care activity• Patient experience• Analysis results• Project plans	
DIABETES						
<ul style="list-style-type: none">• Early Help and Support: Develop campaigns with community pharmacies and Diabetes UK Cymru; delivery of structured education programmes• Joined Up Care: Adopt the Referral Pathway for Children with Suspected Diabetes; improve against the 8 essential care processes for adults• Tackling the Big Four and Health Inequalities: Participate in peer review of type 1 diabetes services; Promote the uptake of Diabetes Enhanced Services in primary care					<ul style="list-style-type: none">• Hospital / primary care / clinic activity• Compliance with key care processes• Education activity	
Key Milestones						
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22
<ul style="list-style-type: none">• Community cardiology plan• MDT review• Protected Learning Time	<ul style="list-style-type: none">• Community cardiology plan• Community rehab plan• Review transition (diabetes)	<ul style="list-style-type: none">• Continue to implement Q2 plans• Influenza vaccination campaign• Stroke awareness campaigns	<ul style="list-style-type: none">• 6 month reviews for stroke survivors• CVD Risk assessment in place	Annual review of the 8 essential care processes for adults	Annual review and planning	

WELLBEING OBJECTIVE 4: JOINED UP CARE



Providing Joined Up Care in Powys requires a whole system approach, for commissioned and directly provided services and population needs. (refer to the Well-being Assessment at Appendix 1) Collaboration across boundaries is essential to care co-ordination. Residents in Powys access urgent, planned and specialised care across a wide geography spanning North, Mid and South Wales, the West Midlands and North of England. 'A Healthy Caring Powys' aims to bring care closer to home wherever possible with easily navigable access to wider networks as required for the whole pathway of care.

POWYS OUTCOMES

Through Joined Up Care, people in Powys will say:

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life

PRIORITIES AND ACTIONS FOR 2019/2020 – 2021/2022

1. Care Co-ordination and Urgent Care
2. Planned Care
3. Specialised Care
4. Quality and Citizen Experience

Financial implications

- Continued investment in the Patient Flow Co-ordination Unit; seasonal planning and referral to treatment as detailed in the financial section
- Commissioning arrangements for secondary and specialised care (see financial section for detail)

Workforce implications

- Continuation of key lead roles in the Patient Flow Co-ordination Unit
- Commissioning and service improvements as described will have associated role developments
- See workforce section for further detail of skill development

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 3, 4 and 5 (A Healthier Wales; A More Equal Wales, A Wales of Cohesive Communities)
- Five Ways of Working: Key to 'Integration'; Collaboration' and 'Involvement'
- Quadruple Aim: Aligns to Improved Population Health and Wellbeing; Better Quality & More Accessible Health and Social Care Services
- Aligns to Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Programmes for Planned Care and Unscheduled Care and Transformational Model of integrated, seamless services

1. Care Co-ordination and Urgent Care

The residents of Powys form part of the catchment areas for Accident and Emergency provision at several of the bordering General Hospitals including the Royal Shrewsbury Hospital, Hereford Hospital, Bronglais Hospital in Aberystwyth, Wrexham Maelor Hospital, Morriston Hospital in Swansea, Glangwili Hospital in Carmarthen, Nevill Hall Hospital in Abergavenny and Prince Charles Hospital in Merthyr Tydfil. An even wider range of bordering providers in England and Wales are used by Powys residents for other planned and urgent care referrals and specialist care. There have been challenges in key delivery areas during 2018/19, particularly with waiting times for treatment; cancer waits in some specialties; and in keeping pace with unscheduled care demand. These are not unique to Powys, but locally, a growing number of elderly frail people has impacted on our ability to effectively manage flow. We will be focusing on key areas in our annual and seasonal planning:

- Reducing the number of patients being admitted to Acute Care/DGH's that could be managed via alternative pathways
- Reducing avoidable emergency admissions / re-admissions for chronic disease
- Improving discharge planning and reducing length of stay
- Working with ambulance services to make sure patients are directed to the best place to meet their needs to reduce delays for ambulances at hospitals
- Reducing waiting times for patients requiring outpatient assessment, diagnostic investigation or planned surgery
- Reducing variation in cancer waiting times
- Reducing the number of patients waiting for outpatient follow up and reducing follow ups
- Reducing the average Length of Stay in Community Hospitals
- Reducing non-Mental Health Delayed Transfers of Care, due to social care availability
- Improving care coordination and community flow, by measuring demand and capacity
- Extend the Clinical Musculoskeletal Assessment and Treatment service model
- Reducing the repatriation time from acute care back to Powys

In line with 'A Healthier Wales', the ambition in Powys is to transform service models to meet changing needs. For example the further development of bespoke community models of care for elderly and frail people.

Working together with adult social care colleagues, the **Virtual Ward** aims to reduce hospital admissions by identifying patients who are at high risk of admission and managing them more effectively in the community, as well as supporting a more timely discharge back home if admitted. A review of the virtual ward to achieve the greatest benefit and effectiveness in terms of patient experience and value will be carried out. As part of the implementation of the Powys Discharge to Assess model there will be discharge for patients through the Home First pathway and where appropriate admission to the virtual ward.

Patient Flow Co-ordination Unit: The prioritisation and coordination of repatriation for Powys patients is complex. The Coordination Unit ensures a more efficient way of managing the timely repatriation of Powys patients from other health board's DGH / acute hospital beds in Wales and England and manage flow in and out of Community Hospitals in collaboration with Powys County Council. It will increase the ability to minimise the length of stay in a DGH / acute care bed for Powys patients, as patients will be transferred to the most appropriate setting in a timely way as soon as they no longer need acute hospital care. This will support a 'home first' ethos and a 'discharge to assess' model of care. The Coordination Unit was established during 2018 and manages bed and service capacity data from across the health and social care system in Powys acting as the central point for referral and allocation of community hospital beds, assessments of need, packages of care, residential and nursing home beds, for those who are currently in a DGH /acute care bed in Wales and England. By providing one single source of real time admission, transfer and discharge data we will set local targets for the community hospitals and provide effective challenge and rigour across the system, utilising a clinical prioritisation process.

Local Priorities for 2019/20-22						Measures									
Unscheduled Care															
<ul style="list-style-type: none">Review and enhance the Virtual Ward ModelDeliver the Powys Discharge to Assess model and SAFER bundleContinued development of the pan Powys Co-ordination UnitUse of LEAN approaches with a piece of work to assess demand and capacity and the introduction of levelled discharges.Embed Estimated Discharge Date (EDD) identification and planning in community hospitals, providing EDD to DGH’s to secure timely transfers.Focus on DToC, an ethos of zero health DToC and early escalationRevisit the implementation of the good practice guidelines set out in ‘Passing the Baton’ to improve patient flow and outcomesSystematic use of performance indicators for each ward area relating to Length of Stay (LoS), use of EDDs, DToC and compare sites.Implement the Discharge to Assess Model with Powys County Council.Review District Nursing specification, caseload, acuity and skills to provide enhanced care in the community, in line with CNO Principles.Implement the test of the Neighbourhood Nursing model in PowysEvaluate in-reach models for hospital dischargeConsider in hours GP call handling as part of the Patient Flow and Co-ordination UnitEarlier identification of simple or complex discharge pathways, with flow charting, revised discharge policy and discharge training programmes.Implement Care Home Choice PolicyDeliver an audit cycle to ensure compliance.Develop performance measures to feed Flow dashboard (IFOR).Update patient and family information packs with partnersReview the Joint Reablement Service with Powys County Council as part of the Section 33 agreement and implement improvements aligned to Community Resource TeamsImplement Out of Hours, collaborative initiatives with WAST and EASC as noted in more detail below						Across all commissioned providers for Powys Patients:		Hospital data including Emergency Admissions/ Attendances Delayed Transfers of Care Length of Stay		Community data/ performance metrics and activity measures including caseload		Workforce measures		Patient experience and outcomes	
Key Milestones															
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22									
<ul style="list-style-type: none">Implementation of unscheduled care programme – detailed schedules and milestones under development (by end March 2019)Seasonal planning preparation and implementation				Annual review and planning											

Powys has an effective **Out of Hours** Service, with good access to both clinical assessment and face to face appointments. This means that over 95% of all calls made to the Out of Hours Service in 2018/19 were dealt with directly, without using ambulance or emergency department services, the lowest rate in Wales. Powys has high rates of GP base coverage, with additional resilience from access to GPs outside of Powys. During 2018/19 the transition of call handling and initial clinical triage to the national 111 Service was delivered. The second line clinical triage and face to face appointments are provided by Shropdoc whose clinical services have been rated as "excellent" by the Care Quality Commission. The health board provided additional support to Shropdoc during 2018/19, and has established a Project Board to progress agreed project work with key partners, to ensure that sustainable, high quality out of hours services remain available to the population of Powys within available resources.

Community Paramedics: Collaborative working between unscheduled care services is vital to improve communications and avoid delays, unnecessary patient admissions or support packages. With the creation of anticipatory care plans for those with Long Term Conditions, paramedics will work alongside District Nursing, Occupational Therapists, Physiotherapists and other colleagues to support more patients to be appropriately managed within the community. This will avoid unnecessary conveyance to hospital, & enable paramedics to effectively become members of the existing community teams. Following the successful testing of the concept of a new model and pathway linking the local rapid response vehicle directly to a Minor Injuries Unit in North Powys, work will continue with WAST to be an early implementer for their **Advanced Practice Paramedics** across Powys.

The health board have agreed further **joint initiatives with WAST** for 2019/20 which include a Respiratory Pathway, a second trial on low acuity fallers in residential and nursing homes in North Powys; care home pathways to reduce avoidable call outs and 999 calls; Multi Disciplinary Team arrangements to identify, review and support Frequent Service Users and the exploration of co-location of services. The health board continues to support operational performance as a whole system including actions to reduce response times to Amber calls; improved efficiencies including reduction of handover delays; enhancing Community First Responder/Uniformed First Responder provision across Powys, exploring additional schemes with Young Farmers Clubs and also looking at opportunities with the Police.

Emergency Ambulance Service Commissioning (EASC) is a joint committee of the health boards in Wales responsible for Emergency Medical Services (EMS), Non Emergency Patient Transport Services (NEPTS) and Emergency Medical Retrieval and Transport Services (EMRTS). Commissioning intentions for 2019/20 build upon the:

- Strong foundation of the Framework Agreement
- Close relationship with the National Programme for Unscheduled Care
- Co-ordination and learning from health board initiatives for example home to hospital
- Understanding the 'Big five' unscheduled care demands
- Examining solutions to better manage demand and capacity
- The use of CAREMORE™ as a Quality and Delivery Framework
- Performance improvement in collaboration across NHS Wales as set out in the EASC and Welsh Ambulance Services Trust Plans
- EMS intentions as set out in the EASC and Welsh Ambulance Services Trust plans
- NEPTS intentions as set out in the EASC and Welsh Ambulance Services Trust plans
- PTHB will work closely with the Emergency Ambulance Services Committee (EASC) & the Welsh Ambulance Service Trust (WAST) as part of the national commissioning process, to ensure that the needs of the population of Powys are reflected in an updated service specification. The future commissioning of NEPTS for Powys patients travelling to English hospitals will be evaluated during 2019/20 and opportunities for further assurance and value will be scoped
- Following the request from the Chief Executive, NHS Wales, to explore the extension of the EMRTS, a review was carried out with the EMRTS Delivery Assurance Group (DAG). This aimed to establish a case for change based on strategic drivers and an analysis of current unmet demand. The preferred option that was identified during this process includes an extension of consultant and rapid response services. This will be implemented in a phased approach with an indicative timescale of 12 months for each of the three operational rotas. There is a commitment to provide equity in the benefits for all areas in NHS Wales

2. Planned Care

The **Planned Care Programme** in Powys takes forward the National Programme with a focus on care as close to home as possible we aim to have shorter waiting times, improved access and outcomes and high quality and sustainable services. This includes work to address service fragility and modernise appointments and pathways particularly where there have been challenges including diagnostics, therapies and outpatient follow ups. There are workstreams in place for endoscopy, ophthalmology, orthopaedics, urology and Ear, Nose and Throat (ENT). This programme of work is critical to achieving the improvement trajectories as a health board, in line with the national targets including those for Referral to Treatment.

This means the right clinician at the right time for clinics, triage, and the use of digital options and virtual clinics. An update and standardisation of referral guidelines into secondary care will be carried out. Review and further development of the **multi-disciplinary approach** will address individual needs across health and social care to prevent crises; reducing duplication, improve continuity and the quality of care across providers and ensure that resources in the community are used efficiently by targeting additional services to those most at risk.

Local Priorities for 2019/20-22						Measures							
Planned Care													
<ul style="list-style-type: none">Robust improvement plans to be implemented for diagnostics, therapies and outpatient follow ups to meet trajectoriesPriority workstreams for endoscopy, ophthalmology, orthopaedics, urology and ear, nose and throat (ENT).Review and development of the multi-disciplinary approachImplement the neighbourhood nursing modelImplement anticipatory care planning for people with long term conditionsDaily recording and reporting of nurse staffing levelsFurther integration of health and social careTargeted service redesign and repatriation linked to transformational programmes noted elsewhere in this IMTPThe development of the North Powys Regional Rural Centre is also noted in the Transforming in Partnership section and forms a significant part of the planned care ambitionsThe delivery of actions in relation to quality, safety, patient experience are noted later in this chapterDelivery of actions in relation to safeguarding, the Violence Against Women, Domestic Abuse and Sexual Violence strategy and the Sexual Assault Referral Centre (SARC) <p>There are significant interdependencies with the Unscheduled Care and Primary Care programmes of work which are detailed in this IMTP – including enhanced roles and integrated working across primary and community care, the development of multidisciplinary community approaches and the continuous improvement of cluster working.</p>						Performance trajectories for diagnostics and referral to treatment		Workstream and Project plan tracking measures		Number of people with anticipatory care plans		Workforce measures including nurse staffing levels	
Key Milestones													
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22							
<ul style="list-style-type: none">Implementation of planned care programme – detailed schedules and milestones under development (by end March 2019)				Annual review and planning									

Staffing establishments within the health board's Community Hospitals have been reviewed and staffing levels set, based on professional judgement and Chief Nursing Officer principles, with headroom to account for annual leave, sickness and study leave.

The health board is also Birth Rate Plus compliant in relation to midwifery. Additionally the Health Board is compliant in relation to health visitor to caseload ratio.

Powys has been actively involved in the development of a new mental health nursing framework due to be launched in February 2019 which will enable assessment and review of patient acuity and staffing.

Powys is also part of a three Health Board pilot Neighbourhood Nursing Model, and work continues with primary care providers to consider nurse staffing levels in those settings.

The overarching duty in the Staffing Act (25A) applies to all nursing services in all clinical areas, to have regard to providing sufficient nurses to allow time to care for patients sensitively.

Commissioning Intentions and Development

At present, 90% of admissions and 80% of outpatient appointments for the patients of Powys Teaching Health Board occur outside of Powys borders. Further detail on the commissioning approach taken by the health board can be found in the Transforming in Partnership section.

A programme of work on referral alternatives will seek to ensure there is a step change in referral to DGH services. This will involve pre-referral advice and support; alternative services within Powys; new approaches to triage; and, where referral into secondary is needed, the option of alternative providers where there are long waiting times. It will draw together an "all Powys" approach building on work for specific communities.

The commissioning intentions for secondary and specialised care are set out below:

Commissioning Intentions (Secondary Care) - Finance

- Please see Finance section for details of uplift and efficiency figures. For English LTAs and SLAs the uplifted tariff for Payment by Results
- Strategic solution to HRG 4+ (non funded English pricing system)
- Use all-Wales frameworks or NHS Shared Services Partnership Procurement processes, if NHS clinical capacity cannot be secured
- Focus on reducing expenditure on high cost drugs through biosimilars
- Explore offer of day case theatre capacity to neighbouring providers

Commissioning Intentions (Secondary Care) - Governance and Strategic Change

- Respond to change e.g. trauma centres, thoracic, stroke, radiotherapy and vascular.
- Monitor impact of English Accountable Care Organisations, Foundation Groups and Sustainability and Transformation Partnerships
- Compliance with engagement and consultation arrangements in relation to significant service changes.
- Ensure six months' notice in writing of significant service changes covered by Long Term Agreements and Service Level Agreements (including Finance Recovery Plans).
- Work with the Cross-Border Network to ensure clarity of respective commissioning responsibilities
- LTAs and SLAs within Welsh Government timeframe and internal deadlines
- Primary and secondary care clinical involvement in commissioning
- Further develop collaborative working with Clinical Commissioning Groups

Commissioning Intentions (Secondary Care) - Access

- Priority for Respiratory, Cancer, Circulatory; Mental Health, Endoscopy
- Identify care which could be delivered in Powys (e.g. Wet Age related Macular Degeneration, maternity ultrasound, endoscopy)
- Pre-referral advice and support to GPs, especially in orthopaedics
- Strengthen outpatient triage and community first points of contact
- Improve virtual wards to prevent and reduce admissions, and emergency activity
- Apply best practice to address waiting times, especially in relation to Orthopaedics and Ophthalmology
- Implementation of Obesity pathway
- Modernise follow up and outpatients
- Trajectories to improve waiting times for routine treatment, especially diagnostic and therapies
- Work collaboratively to secure sustainable in-reach, particularly for diagnostics
- Access to Thrombectomy and Cardiac MRI
- Ensure implementation of the Single Cancer Pathway

Commissioning Intentions (Secondary Care) -Quality, Safety and Citizen Experience

- Strengthen the Commissioning Assurance Framework across provider, primary care and commissioned services for qualitative measures (with a particular focus on maternity)
- Strengthen shared care arrangements
- Reduce interventions not normally undertaken of limited effectiveness
- Reduce Non Commissioned Activity by extending LTAs, SLAs & Prior Approval
- Work with the Council to prevent delayed transfers and improve Powys repatriation rate
- Redesign fragile / high risk pathways

3. Specialised Services

The seven health boards in Wales commission specialised services jointly through the Welsh Health Specialised Services Committee (WHSSC), which aims to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales.

These are generally characterised as having a high unit cost; unpredictable activity; a minimum number of patients to be safe and sustainable and a planning population of more than a million. There are more patients requiring specialised services due to an ageing population and advances in medical technology. It is expected that the increase in demand for specialised services over the next ten years will be between 3% and 5%.

There will also be increased demand for people with Rare Diseases (fewer than 500 patients per million population) as earlier diagnosis and interventions will improve quality of life and survival rates. PTHB will take forward its Rare Diseases Delivery Plan focussing in particular on using Clinical Health Knowledge System (CHKS) to analyse significant events in pathways.

The main patient flows are into the North and West Midlands for the population of North East and Mid Powys. Patients in South Powys and North West Powys are generally referred to specialised services in Cardiff and Swansea. However, Powys residents also use specialised services in locations such as Bristol and London.

The key priorities in the WHSSC Integrated Commissioning Plan 2019/20 include:

- A Gender Identity Pathway
- New genetic tests
- Mandatory advanced therapeutic medicinal products (ATMP)
- Access to Thrombectomy; Thoracic surgery and major trauma implementation.
- Appropriate pathways taking into account the English system for Powys patients
- It is assumed that specialised perinatal services will be progressed through the mental health ring fenced allocation

The new tariff in England will require a resolution in collaboration with Welsh Government and NHS England. There is also a continued high rate of growth in specialised cardiology spend and the cumulative impact of growth in very high cost drugs and NICE approved therapies.

There are significant challenges for Powys Teaching Health Board in meeting the growing demand for specialised health services and the health board will work with WHSC to secure efficiencies and improvements, particularly in the Midlands, for Powys patients, using a new intelligence system and a whole system approach. Financial assumptions have been based on the Month 9 position (2018-2019) and any forecast variance will be subject to a risk management approach in year.

The WHSC Joint Committee approved the Integrated Commissioning Plan on 22 January 2019. Further detail can be found at <http://www.whsc.wales.nhs.uk/home>.

4. Quality, Safety and Citizen Experience

We will develop clinical plans to support the delivery of 'A Healthy Caring Powys' strengthening the contributions of clinicians for the benefit of the Powys resident. In addition to our Commissioning Assurance Framework we have a programme of action as follows:

Local Priorities for 2019/20-22						Measures	
Quality and Citizen Experience							
<ul style="list-style-type: none">• Key priorities for the quality programme include a role in assuring and mitigating the impact of changes in neighbouring health board provision and pathways including neonatal care, maternity care and paediatric care (with interdependencies across commissioning and provider functions in the health board)• There is also an interdependency with the 'Big Four' and outcomes for the population including the cancer pathway• Feedback on citizen experience and use of stories with a focus on outcomes and learning will be a key theme for 2019/2020; strengthen concerns management and resolution• Other specific actions in the work plan include:<ul style="list-style-type: none">• Management of serious incidents including sharing good practice and learning, implementing joint investigations where appropriate• Upgrade of the risk management system for intelligent monitoring• Implement Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs)• Identification of sensory loss and language needs and implementation of standards• Improve the lived experience of people with dementia and promotion of dignity and respect, working with families and community groups• Scrutiny Panel for pressure ulcers and rollout of sepsis bundle• Reduction of healthcare associated infection (HCAI) and falls• Improvement measures for urinary tract infection management• Training including Improving Quality Together and Sage & Thyme• Asset management system and point of care testing						<ul style="list-style-type: none">- Concerns and complaints- Citizen experience- PROMS- PREMS- Serious Incidents- Flagging of sensory and communication needs- Sepsis data- HCAI data- Falls data- Specific improvement plan measures- Training activity	
Key Milestones							
2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q2	2020/21 Q4	2022/22	
<ul style="list-style-type: none">• Implementation of Quality Work Programme – detailed schedules and milestones under development (by end March 2019)				Annual review and planning			

Safeguarding

Safeguarding actions will be implemented through the strategic framework for 2017-2020. This focuses on work to enable the people of Powys to live safely within families and communities, protecting them from the risk of abuse, neglect or other kinds of harm. The priority for next year will be to complete the remaining actions outlined in the strategy delivery plan for its final year.

This includes ongoing work to improve systems and processes for capturing safeguarding information including Electronic Staff Record (ESR) training records and DATIX and compliance with the Safeguarding Maturing Matrix, as determined by NHS Safeguarding Team/ Network.

The Regional Safeguarding Board's **Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)** Strategy and Delivery Plan was developed and approved in line with requirements of the VAWDASV (Wales) Act 2015.

Significant progress has been achieved by the South, Mid and West Wales Collaborative in agreeing a **Sexual Abuse Referral Centre (SARC)** pathway which will meet the needs of Powys residents. The proposed interim model is planned for roll-out in early 2019. Subject to investment, there will also be a roll out of Ask and Act training to support early identification and signposting.

Welsh language

Statistics on Welsh language use in Powys generated in 2016 for the Welsh language Commissioners Inquiry into Primary Care indicates that 18.6% of the Powys population are Welsh speakers (24,000 people).

The health board recognises the importance of supporting a culture where Welsh can thrive and people can receive care through their language of choice, and is continuing in its efforts to promote the use of Welsh language.

Welsh language awareness training continues to be provided to staff groups during induction. We are committed to proactively implementing the Standards, establishing a Steering Group.

The Board will provide clear leadership and direction, continuing to start every Board and Committee bilingually and each member committing to improve their Welsh language skills. We will develop a Project Plan and conduct a self-assessment to consider further actions, taking into account compliance requirements and financial implications.

SUMMARY PLAN: JOINED UP CARE

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. CARE CO-ORDINATION AND URGENT CARE		
<ul style="list-style-type: none">Delivery of <u>Unscheduled Care Programme</u> including targeted improvements to key patient outcomes (see box in section for more detail)	<ul style="list-style-type: none">As per Unscheduled Care Programme	<ul style="list-style-type: none">Delayed Transfers of Care (DTC)Reablement measuresEmergency admissions111 service measuresAmbulance service measures
2. PLANNED CARE		
<ul style="list-style-type: none">Delivery of <u>Planned Care Programme</u> including targeted action to achieve improvement trajectories (see box in section for more detail)	<ul style="list-style-type: none">As per Planned Care Programme	<ul style="list-style-type: none">Nos waiting more than 8 weeks for a specified diagnostic (NOF_59)Referral to TreatmentLife satisfaction among older people (PHOF_37b)Nos. with anticipatory care plans
3. SPECIALISED CARE		
<ul style="list-style-type: none">Implement WHSSC Integrated Commissioning Plan with annual planning and review of PTHB activity	<ul style="list-style-type: none">As per ICP	<ul style="list-style-type: none">LTAs signed
<ul style="list-style-type: none">Tracking and responding to NHS England programmes for specialised care and assessing impact for Powys patients		
4. QUALITY AND CITIZEN EXPERIENCE		
<ul style="list-style-type: none">Implementation of Quality Work Programme including contribution to management of external strategic change and fragility; serious incident management and strengthened approach to citizen experience (see box in section for more detail)	As per Work Programme Q1-Q4	<ul style="list-style-type: none">Reduction in pressure ulcersHCAI measuresSepsis measure tbc
<ul style="list-style-type: none">Agreement of a clear pathway for accessing SARC services for victims of sexual assault or rape who reside in Powys.	<ul style="list-style-type: none">As per agreed Regional Strategy	Refer to SARC strategy
<ul style="list-style-type: none">Implementation of the Strategic Framework for Safeguarding	<ul style="list-style-type: none">As per framework	ESR Training records; Datix
<ul style="list-style-type: none">Conduct Welsh Language self-assessment and implement development plan with assessment of resource	<ul style="list-style-type: none">Plan in place Q1	As per detailed plan

WELL-BEING OBJECTIVE 5: WORKFORCE FUTURES



Workforce Futures remains an essential enabler to deliver 'A Healthy Caring Powys', which relies on a transformed workforce focused on the needs of the population (refer to Wellbeing Assessment at Appendix 1). This applies across our directly provided services and links to the workforce of partners and commissioned services. We require an agile workforce with transferrable knowledge, skills and competencies to adapt to new and enhanced roles and ways of working, with greater integration and collaboration. We will achieve this through embedding a competency approach and alignment to our long term strategic objectives, shared with the Regional Partnership Board and Public Service Board.

POWYS OUTCOMES

Through workforce futures, people in Powys will say:

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can.
- As a carer, I and those who I care for are part of the team.
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities.
- I am enabled to provide services digitally where appropriate.
- I am engaged and satisfied with my work.

PRIORITIES AND ACTIONS FOR 2019/2020 – 2021/2022

1. Well-Being and Engagement
2. Recruitment and Retention
3. Workforce Design, Efficiency and Excellence
4. Skills and Development

Financial Implications

- Financial implications across workforce are incorporated into the technical templates.
- We are working with Health Education and Improvement Wales (HEIW) and Partners including neighbouring universities and will identify opportunities for innovative investment and collaboration to accelerate areas of our plan.

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 2, 3, 5 and 6 (A resilient Wales, A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language) with further opportunities in Goals 4 and 7 in particular
- Five Ways of Working: Key to 'Long Term'; 'Integration' and 'Collaboration'
- Quadruple Aim: A Motivated and Sustainable Health and Social Care Workforce
- Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National HEIW Vision and Workstreams

Workforce Futures is a key enabler in the Health and Care Strategy and creating a 'Healthy, Caring Powys' between now and 2027. The successful delivery will include co-operation with our partners including the commissioned services workforce. This will be more important as we work to repatriate more services to Powys. This will help us establish joint posts not only across sectors, but also across health organisations. The Health Boards OD framework therefore focuses on structure, process, people and culture. The framework will support organisational alignment to meet the need of the Health & Care Strategy and the transformational change programme required. There are significant opportunities, but also challenges, including recruitment, retention, an ageing workforce and workforce fragility. Through delivery of our workforce priorities, the health board will become an employer of choice with a stable workforce and increased ability to retain and develop staff and new roles. Utilising a stability index, rather than turnover metrics, which is often not appropriate in Powys. Primary Care continues to be a priority in supporting contractors to ensure services are sustainable.

- **Ageing Workforce:** Our workforce profile shows that **26%** of our workforce are aged 55 and above, by 2028 this will be **61%**. Our staffing compliment is made up of **76%** of Powys residents and **24%** of staff commuting into Powys County to work for the Health Board.
- **Recruitment of clinical staff remains a challenge:** Medical, nursing, therapies, and allied health professionals workforce pressures in Powys, reflect the national picture. This picture is mirrored in Social Care, Primary Care, the Third Sector, and the independent sector in Powys.
- **Turnover:** The staff turnover rate for October 2017/18 was **12.12%** including retirements. Excluding flexi/age retirements this reduces to **8.66%**.
- **Well-being:** Despite the age profile in Powys, sickness seems to remain at a steady state. The latest Sickness absence rate in Powys was **4.69%** in December 2018. The health and well-being of the workforce needs to be seen in the context of the working population we serve. We therefore consider the Population Health Assessment is crucial in understanding the workforce health and wellbeing needs.
- **Workforce Planning:** Through the Regional Partnership Board, we are taking a unique joint approach to workforce planning in Powys. Employing the first in Wales joint Health & Social Care Workforce Planning Manager, ensuring we have a focus on the joined up approach to workforce planning across sectors. This work will include detailed analysis of workforce needs across boundaries including the volunteers and carers now and into the future, enabling us to better understand the workforce requirements of new models of delivery.

1. Well-Being and Engagement

Plans for engagement and wellbeing are built around an ethos of listening and working collaboratively with the workforce, supporting them to embrace change positively. This will provide us cultural competitive edge, which is vital to achieving our ambition. The health board aim as an employer to design and champion a culture that creates an environment of wellbeing and belonging where staff have positive working relationships with their managers and colleagues. This will be achieved through innovative engagement, where staff feel safe, supported and confident to manage their own well-being. This in turn will positively impact on the citizen experience of health and care in Powys.

The national Staff Survey 2018, shows continued improvement, above the NHS Wales average in most areas. 77% of our staff state they are proud to say they work for the organisation, and 73% of our staff said that they would recommend the health board as a place of work. We recognise there is still work to do to improve. We will focus on management of change, reducing work related stress and eliminating harassment and bullying. We have articulated our values and embedding these will ensure the culture reflects these. We will enhance our approach to the health and wellbeing of our collective workforce, through culture and behaviours with the philosophy of 'it starts with me'.

Through embedding a values based culture we will ensure people feel valued and respected by their colleagues and managers. The physical work environment plays a significant part of an individual's wellbeing, and our agile approach to work life balance will support staff within our challenging geographical environment. This will be supported by our digital strategy and the concept of work for Powys, not necessarily in Powys.

Staff will be actively involved in changes that affect their work. Working in co-production with our staff, an enhanced 'Chat to Change' approach will improve how we connect with the objectives of the Health Board and how they are implemented throughout the organisation. Thereby strengthening the deployment of the objectives of the Health Board through both 'Chat to Change' and excellence in delivering operational management. We will:

- Celebrate and utilise our positive 2018 national staff survey results by addressing the areas of improvement e.g. reducing stress, improving wellbeing and eradicating bullying & harassment.
- Retain our gold category of 'Corporate Health Standards' with a suite of wellness benefits and programmes. Through effective Professional Leadership & Management skills, we will lead by example by 'walking the walk' and 'talking the talk', which will cultivate excellence in operational management, clinical and professional leadership.
- Maximise the attendance of staff in work and their contribution, by implementing the new national managing absence policy and training. We will enhance our local initiatives, which focus on employee health rather than sickness.
- Refresh the offer of advice, support and interventions of health & safety ensuring we are corporately compliant and meeting statutory and mandatory requirements.

2. Recruitment and Retention

We aim to provide opportunities in an innovative rural setting and working in partnership, we will develop our ability to 'grow our own' through attracting and identifying talent across the county and neighbouring communities whilst retaining a focus on retire and return and return to practice. The health board does not have a University in its footprint however has a unique selling point, providing opportunities for people to work across sectors in Powys in an innovative way including exploring the development of a Rural Health & Care Academy, via academic alliances.

The ambition for the health board is to move from a traditional recruitment process of qualification and experience, to skills and competency and cultural fit. This will require us to actively change how roles are designed and recruited to, aligned with a Healthier Wales Quadruple Aim: *a motivated and sustainable health and social care workforce*. This will apply within Primary Care as well as community based services.

Working closely with our educational links i.e. schools, colleges and Further Education Colleges, we will track students and maintain contact during their study offering access to a range of placements and learning opportunities. Additionally, we will enhance opportunities for our local communities including carers and volunteers, exploring opportunities to increase the skill set of the unpaid workforce and allowing transition for those who want to access careers in health. We plan to:

- Understand workforce demographics including third sector and partner organisations
- Implement an effective rural workforce recruitment campaign and a streamlined process
- Develop an enhanced pool of volunteers through better links with Powys Association of Voluntary Organisations (PAVO) and our communities
- Enhance our links with our educational functions and employment agencies i.e. universities, schools and colleges, job centre plus
- Retention via tailored and explicit opportunities offering agile and flexible careers
- Reduce recruitment timelines, enabling us to fill all vacancies with minimal gap time

3. Workforce Design, Efficiency and Excellence

Building capacity, capability and aligning our services to best meet the requirements of health and social care requires us to look outside our current models of delivery and align our structures based on local cluster needs. We recognise that ground breaking models of delivery will be required for the future. These need to be evidence based and designed around population need, with a clear 'Powys' focus. Using our workforce planning intelligence across the range of sectors the health board will focus on hot spot areas to effectively succession plan and develop new models of delivery.

We need to be agile and consider alternative methods i.e. the use of Artificial intelligence, digital systems and robotics to ensure models are sustainable. The health board will develop effective role redesign, ensuring we do not design more of the same; and supporting services with effective workforce planning tools will encourage a whole system approach to new models of delivery. The ambition is to have an agile workforce that flexes with the demands and works across organisational boundaries and is supported digitally.

The development of the workforce governance arrangements will need to support new designs and models of delivery, which will require flexibility. This work will be delivered in partnership across the sectors in Powys so the totality of workforce is considered. Digital and streamlined workforce systems will be in place which will enable the efficient deployment and utilisation of staff and support good governance.

Volunteers and carers will provide a vital part of the redesign of our workforce futures. Therefore we will further build the capacity of this resource so that they increasingly become an integrated part of a wider workforce pool. This will be supported by Community Connectors working with us to deliver service provision that makes a difference to the people of Powys.

We will:

- Scope a competency based approach across PTHB and our partner interfaces
- Ensure effective electronic and digital systems which act as enablers for the workforce
- Facilitate functional service improvements across sectors to ensure productivity
- Streamline lean processes across organisational boundaries
- Implement cultural change programme enabling delivery working in partnership with others
- Implement national programmes of work such as 'All Wales Succession Planning and Talent Management Strategy' tailoring them to the unique needs of Powys

4. Skills and Development

The health board will work jointly with our partners utilising national talent management programmes and clinical and professional skills frameworks. New roles in a joined up rural care system will involve the development of skills and competencies to support new and existing staff, maximising the role of our workforce.

We will review our learning & development offer for the workforce to develop skills together. The Health Board will develop its talent pool, working with partners to share talent, building skills and competency that provides the highest quality of health and care for Powys.

Our ambition is to explore future educational workforce pathways through working with educational establishments to understand what the design of future training delivery could look like. This will include building strong working relationships with HEIW and local educational providers i.e. universities, FE's. Through the (RPB) Workforce Futures programme we will explore the development of a Rural Health and Social Care academy of learning, refer to the Innovative Environments section for more detail. We plan to:

- Better understand the skills of the current/ future workforce, and develop our talent pool through a succession planning mechanism that addresses future workforce gaps
- Work with educational establishments to widen, strengthen and build educational opportunities i.e. apprenticeships
- Enhance the presence of universities in Powys by exploring satellite delivery encouraging a learn in Powys ethos
- Make best use of the specialist and generalist roles, strengthen professional & clinical leadership and management skills
- Work with partners to enable carers and volunteers are able to develop a range of skills for the immediate, and where appropriate longer term opportunities
- Review investment on education and training, and widening access for our talent pipeline through a robust policy framework
- Implement an enhanced Health Care Support Worker (HCSW) development framework

SUMMARY PLAN: WORKFORCE FUTURES

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Well-being and Engagement		
<ul style="list-style-type: none">An engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.	Q1 Define the cultural change required at an Executive and Board level; and the programme of activity required to deliver that change including a review of the role of Chat2Change. Q1 - Q2 Implement an action plan arising from the outcomes of the Staff Survey. Q2: Undertake a review of stress-related absence. Q1 – Q4 Roll-out new managing attendance policy. Q1 – Q2 Roll-out monthly national well-being campaigns. Q2 Define a Health and Safety Audit and Inspection Programme.	<ul style="list-style-type: none">Improved staff Survey scores,Workforce Performance measures (NOF 91-95).
2. Recruitment and Retention		
<ul style="list-style-type: none">To have an approach to recruitment that is personal, timely and promotes the unique offer of PTHB.	Q1 Design an approach for the use of apprenticeships. Q2 Develop a strong, distinctive employment offer, which differentiates Powys Teaching Health Board from other NHS and non NHS organisations. Q1 Run targeted quarterly recruitment/open events. Q3 Review of the supply and demand for temporary staffing.	<ul style="list-style-type: none">% of reduction in the overall vacancy level,Recruitment timeframes are consistent with national targets
3. Workforce Design, Efficiency and Excellence		
<ul style="list-style-type: none">New roles developed and structures realigned to respond to emerging models of delivery.	Q1 Continue with the implementation of the Organisational Change Process (OCP) for the re-alignment of structures. Q2 & Q3 Review organisational establishment levels for Nursing and Allied Health Professionals.	<ul style="list-style-type: none">% of OCP completed within agreed timescales,% of timely responses within the Action Point,E-Rostering Insight tool reflects rostering compliance with PTHB policies.
<ul style="list-style-type: none">Digital and streamlined workforce systems are in place which enable the efficient deployment and utilisation of staff and support good governance.	Q2 Establish an approach to Joint Workforce Planning through the establishment of the Workforce Futures Group. Q3 Review Job Evaluation process. Q1 Embed the Insight rostering reporting system. Q3 Complete implementation of E-Rostering system into rostered areas.	
4. Skills and Development		
<ul style="list-style-type: none">An investment into learning which ensures the workforce has the right skills and capabilities and provides opportunities to grow in their roles and develop for the future.	Q1 & Q2 Review current clinical and non-clinical training needs and provision. Q1 Develop a business case to initiate Rural Academy of Learning Project. Q3 Design a management induction and general management training programme and gain approval to deliver. Q1 Develop a proposal to deliver HCSW induction in house.	<ul style="list-style-type: none">% of training DNA rates% of Statutory and Mandatory Training compliance

WELL-BEING OBJECTIVE 6: INNOVATIVE ENVIRONMENTS



We need innovative environments to deliver 'A Healthy Caring Powys'. This is partly about safe, effective and sustainable physical environments and facilities for patients and for working. It is also about fostering the space for innovation and taking forward bright ideas to support the delivery of our vision.

There is a short term, medium term and longer term programme of capital developments described in this section, alongside our key areas of facilities management. We also outline our ambition for research and development.

POWYS OUTCOMES

Through innovative environments, people in Powys will say:

- I am part of a thriving community which has a range of opportunities for health and social care, to support my well-being
- I have access to one stop health and care which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

PRIORITIES AND ACTIONS FOR 2019/2020 – 2021/2022

1. Capital, Estates and Facilities
2. Research, Development and Innovation

Financial implications

- This section reflects our ambition to explore innovative investment for example via the Transformation Fund and ICF funding, working in collaboration via the Regional Partnership Board.
- It also sets out key priorities and business cases to secure Welsh Government Capital investment

Workforce implications

- The capital schemes have workforce implications including a requirement for joint workforce planning with the local authority and RPB.
- Investment has been made in the Innovation infrastructure for 2019/2020
- See the Workforce section for more detail

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 2, 3, 5, 6 and 7 (A resilient Wales, A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language, A Globally Responsive Wales)
- Five Ways of Working: Key to 'Long Term' and 'Integration'
- Quadruple Aim: Higher Value Health and Social Care; Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Capital programme and partnership working via ICF

1. Capital, Estates and Facilities

Capital Developments

During 2019/20, the health board will develop a long term estates strategic plan, informed by the recent six facet survey data 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 2019/20:

- Llandrindod Wells Community Hospital; work on site commenced in 2017 to develop and reconfigure clinical services to enable patients to be treated closer to home. The early phases of work have seen the creation of a new birthing centre and expansion site at Waterloo Road; a new main hospital reception and JAG accredited endoscopy suite (Joint Advisory Group on GI endoscopy) are now completed. The acquisition of a new car park adjacent to the hospital is now operational which has improved patient access in the immediacy of the hospital. On-going work includes a new dental clinic, outpatients department and X-ray with a recent supplementary business case approval for renal expansion offering a 50% increase in capacity for the existing four chair unit.
- Machynlleth Community Hospital; the health board submitted a Full Business Case (FBC) in 2018 to develop a project to provide infrastructure and much needed estate compliance upgrades to the hospital. The proposed major 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 and scoping will be initiated in 2020/2021 to enhance the clinical 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.

Development of an outline programme approach for estate investment options. This approach will have to consider the broader public sector service offer and ambition for Powys. The health board 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 2019/20. This will include the proposal to develop a pathfinder Rural Regional Centre for North Powys.

The Capital and Estates Programme focusses on the following 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 strategic plan informed by 'A Healthy Caring Powys' and six facet survey
 - Implement Rural Regional Centre Pathfinder Project in North Powys
 - Implement a Community Well-being Hub model of care in East Radnorshire
 - 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 Partnership

At 42%, Powys has the highest proportion of healthcare estate in Wales that pre-dates 1948 with only two percent of the estate built since 2005. The results of the recent six facet survey indicate that backlog maintenance of the estate is £56M. Only 58% of the estate is in condition category B (reasonable standard) 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 following are key priorities for action:

- Llandrindod Wells Community Hospital: completion of refurbishment works to enable patients to be treated closer to home.
- Ystradgynlais Community Hospital; it is acknowledged that Welsh Government All-Wales funding will continue to be at a premium in the 2019/20 financial year cycle, but opportunities will continue to be explored to advance this project. The ambition will be to enhance the clinical service environment and provide a fit for purpose building infrastructure where there is currently a need for investment.
- 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 major 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 work in 2019.
- Llanfair Caereinion Primary Care Centre; this will replace the existing GP Practice and provide a new health and care centre at Llanfair Caereinion by 2020-21, via a third party revenue development route with good progress along the procurement pathway having been achieved in 2018/19.

Collaborative Assets The health board will continue to work with NWSSP Specialist Estates Services (Property Services) to ensure e-PIMS data is current and valid in respect of the Asset Collaboration Programme, and continue to work closely with Powys County Council to improve asset mapping and property collaboration across Powys.

Discretionary Programme The health board continues to utilise its discretionary capital funding to support a range of smaller projects using a risk based approach.

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. It is recognised that Welsh Government capital commitments to a small number of significant projects will provide only very limited funding opportunities for capital scheme progression in Powys in the 2019/20 financial year.

INNOVATIVE ENVIRONMENTS

Integrated Care Fund (ICF) ICF aims to drive and enable integrated working between social services, health, housing, and the third sector. The focus of the fund is to enable older people to maintain their independence and remain at home, avoiding unnecessary hospital admissions and delayed discharges. It also supports the development of integrated care and support services for other groups of people including people with learning disabilities, those with dementia and children with complex needs. Three bids were generated in 2018/19:-

- North Powys Project; this project will develop a new transformational model of care for North Powys population, it will be based on a robust population needs assessment which drives a whole system change. It is anticipated this process may identify other priority areas for integration particularly around primary and community care: £0.137M
- Fan Gorau, Newtown; Refurbishment & Redefinition to form Community Mental Health Services Hub for North Powys: £0.195M
- Workforce Hub, Bronllys; the Health & Social Care Workforce Futures Central Hub will be a focussed environment to enable Workforce and OD teams to come together, to support and work on the integration agenda and provide a base for a shared learning environment: £0.136M over 2018/19 and 2019/20.

Health and Care Strategy The estates service and capital funding is an enabler to deliver 'A Healthy Caring Powys'. In line with the service strategy we will develop a strategic outline programme for investment. Taking this a stage further during 2018/19 we will explore rural regional centres providing integrated primary, secondary and social care facilities. Such facilities are vital to our response to the ageing 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 engagement on the strategy.

The strategic importance of Newtown has been recognised in relation to strengthening joint working between Bronglais DGH and Shrewsbury Hospital through the Mid Wales Joint Committee for Health & Social Care work, and in relation to the emerging Betsi Cadwaladr UHB clinical strategy work and the Future Fit Programme in Shropshire. Our ambition is to test a fully integrated model that would secure the triple integration aims in relation to integrating physical and mental health; health and social care; primary and secondary care.

Strengthening Estates Capacity During 2019/20, the health board will continue to strengthen its Estates workforce with appointments to support delivery of the 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, the health board will also review the capacity of the Estates Team by completing a review of the estates planned preventative 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 for joint working with Powys County Council.

Environment and Sustainability The Environment (Wales) Act 2016 sets a target to reduce carbon emissions by at least 80% by 2050 with a further ambition for public sector in Wales to be carbon neutral by 2030, and the health board will strengthen plans to support this in 2019/20. The Act also embodies a Towards Zero Waste strategy for Wales with zero landfill.

INNOVATIVE ENVIRONMENTS

The health board is working towards ISO 14001:2015 Environmental management system accreditation in early 2019 and a range of compliance initiatives including waste and carbon management. The Well-being of Future Generations (Wales) Act 2015 recognises the environment as a key factor in attaining its goals and the health board will be developing plans adopting the sustainable development principles to support prosperous, resilient and globally responsibly approach.

Property and Asset Investment

Property & Asset Investment			
Estimate of the capital expenditure required to meet obligations over the next 3 years:			
<ul style="list-style-type: none"> Maintenance and compliance (not otherwise covered in revenue budgets); Development schemes; IT strategy; 		<ul style="list-style-type: none"> Equipment and new technologies including radiography and catering facilities upgrades; Primary care 	
	2019-20	2020-21	2021-22
Gross Capital Expenditure	11.575	9.497	11.046
less: Receipts	-0.013	-0.013	-0.013
Net Capital Expenditure	11.445	9.367	10.916
Welsh Government Funding			
Discretionary (Group 1 - CRL / CEL)	1.431	1.431	1.431
Approved Schemes (Group 2 - CRL / CEL)	0.489	0.000	0.000
WG Funding Required (Approved)	0.489	0.000	0.000
Funding for identified schemes not approved by Welsh Government	9.525	7.936	9.485
Gross Capital Expenditure	11.445	9.367	10.916

Business Case Programme

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

Scheme	BJC	SOC	OBC	FBC
Llandrindod Reconfiguration		Approved	Approved	Approved
Ystradgynlais Reconfiguration			Q4 19/20	
Machynlleth Reconfiguration			Approved	Q4 18/19
Llanfair Caereinion Primary Care Centre	Approved			
Rural Regional Centre, Newtown		Q4 19/20	Q1 20/21	Q4 20/21
Llandrindod Back of Hospital		Q2 20/21	Q4 20/21	Q
Boiler Replacement Programme	Q2 19/20			
Purchase Property North Powys	Q2 19/20			
Boiler Replacement Programme	Q2 19/20			
Enhanced Access Brecon Car Park	Q1 19/20			
Catering Upgrade	Q3 19/20			
Fleet Vehicles Upgrade	Q2 19/20			
Ynys Y Plant	Q2 19/20			
Anti-Ligature / Dementia Upgrade	Q3 19/20			
Fleet Vehicles Upgrade	Q2 19/20			
IM&T Hardware Refresh	Q2 19/20			
Alternative Data Centre Provision	Q1 19/20			
Telephony Upgrade	Q1 19/20			
Additional WiFi	Q1 19/20			
External Upgrade Waterloo Road	Q1 20/21			
CCTV Upgrade	Q1 20/21			
Bronllys Sewerage	Q3 20/21			

INNOVATIVE ENVIRONMENTS

PTHB IMTP Capital Programme 2019-22

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

Schemes	2019/20 £m	2020/21 £m	2021/22 £m
Discretionary Capital Funding	1.43	1.43	1.43
Llandrindod Reconfiguration	0.49	-	-
Machynlleth Reconfiguration	5.00	2.00	-
Ystradgynlais Reconfiguration	0.05	1.75	2.50
Llandrindod Back of Hospital	-	0.20	1.00
Rural Regional Centre, Newtown	0.60	1.00	1.50
Purchase Property North Powys	1.50	-	-
Boiler Replacement Programme	0.50	1.00	1.00
Enhanced Access Brecon Car Park	0.35	-	-
Catering Upgrade	0.10	0.75	0.65
Fleet Vehicles Upgrade	0.20	0.10	0.10
Ynys Y Plant	0.15	-	-
Anti-Ligature / Dementia Upgrade	0.20	0.20	0.20
Fleet Vehicles Upgrade	0.20	0.10	0.10
Donated Asset Additions	0.13	0.13	0.13
IM&T Hardware Refresh	0.37	0.29	0.34
Alternative Data Centre Provision	0.30	-	-
Telephony Upgrade	0.25	-	-
Additional WiFi	0.10	-	-
External Upgrade Waterloo Road	-	0.15	-
CCTV Upgrade	-	0.50	0.20
Bronllys Sewerage	-	-	2.00

Facilities

Facilities have an important role in modernising support services and experiences for patients and staff and 'keeping the lights on' across our sites and premises. The team have reviewed and refreshed their priorities for next year including:

- Review **Waste & Recycling** activities and update Site Waste Management Plan to generate efficiencies and help meet Welsh Government waste reduction targets
- Transfer **District Transport** services to NHS Wales Shared Service Partnership (NWSSP) which provides clinical logistics services across all Health Boards in Wales via its Health Courier Service (HCS). This will ensure that the health board has a flexible and resilient service that can fully meet all future legislative transport requirements as well as the ever changing needs of our various clients who rely on this transport
- Review **Pool Car, Lease Car & Taxi** policies to ensure that these vehicles are providing value for money and fully meet the current needs of the health board
- Review arrangements for **Patient and Staff Catering** Services, supported by the introduction of a computerised catering system, drawn down from a national framework. This will support healthier food choices and comply with national standards to meet new food texture descriptors
- High **standards of cleanliness** in healthcare environments, continually reviewing innovative methodologies and arrangements to achieve best use of resources
- Maintain agreed security and surveillance measures including control of access points during out of hour's periods and security lock downs. Upgrade requirements will continue to be embedded into building projects as part of renovations and new builds

2. Research, Development and Innovation

The health board has an ambition to be recognised as an organisation with an active innovation, research and service improvement agenda. A culture of learning, of openness to change and sharing knowledge to support services that are constantly adapting to the needs of the population and proactively seeking feedback. We aim to improve the health and wellbeing of Powys residents by actively promoting the translation of improvement programmes, innovation and research into practice and to fully engage the public in opportunities to participate in research, innovation and quality improvement studies. We have a strong track record in teaching and student placements, providing experience in the rural setting that highlights the potential of enhanced community provision. We will support the modernisation and redesign of pathways to ensure that Powys provides the most equitable, accessible and evidence driven care for its population.

Through embedding a robust Innovation, Research and Improvement Hub we will support local employees to develop ideas, be a central point for external partners to collaborate on ideas and provide clinical expertise to drive forward priority areas most relevant to the Powys population. The hub will provide facilitation support, governance and measurement for innovations, research and improvements.

Powys' strength in recent years has been through quality improvement and the health board has the highest percentage of staff with Improving Quality Together [IQT] bronze in Wales, a significant number of staff with IQT silver training and two IQT projects that were finalists in the NHS Wales awards. However we need to build on this success and consider plans for developing QI training in Powys; determining what research, innovation and improvement skills are required in the organisation and in everyday practice.

Public involvement and clinical engagement is central to the development of our approach. Through a range of partnerships we will engage with wider innovation [Bevan Commission], research [Health and Care Research Wales] and improvement [1000 lives Q Wales] networks to develop and deliver larger scale programmes. We will use our commissioning processes to ensure that Powys residents have equitable access to opportunities to participate in research, innovation and improvement projects.

An active innovation and research culture will be a key aspect of our recruitment and retention strategy to attract and retain well-qualified and engaged staff to work within and help to transform the services we provide. We will strengthen this through establishing and re-energising the research and innovation capacity of consultant, Advanced/specialist and clinical leadership roles.

Through workforce redesign and clear leadership we will move forward from the current staff hub built on volunteers to establish a core staff with skills, experience and enthusiasm to prioritise innovation and research. This will include strategic leadership through Medical Director and Assistant Director for Innovation and Improvement championing innovation within the health board. Other roles will include governance, research, commercialisation, information, programme management, library and clinical specialties. We will then create a strong image within and external to the Health Board to increase awareness of the hub and create a clear forum through which service users and staff members can give input and receive feedback on the hub activity. Through development of our web page the hub can provide a central virtual resource to staff on methodologies, improvement tools, funding opportunities and shared learning.

The hub will need to provide assurance for the Board of good practice principles but the board will need to accept that not all innovation will work and therefore the hub will provide mechanisms for minimising risk – accepting that some risk is inevitable with innovation but ensuring that lessons are learnt and that the evidence base is being built through a commitment to innovation and research as parallel processes.

The hub will need to adapt and change to grow organically as our culture develops through the core roles as well as exploring wider approaches such as collaboration with a university to explore funded MSc or PhD places and options available through the Kess 2 programme. We will seek to attract research, innovation and improvement expertise through marketing what Powys can offer and develop our specific strength areas such as integrated rural health and social care, primary care, dementia, rehabilitation.

Powys' uniqueness makes it a prime area for developing new and different ideas that can then be scaled up for wider consideration. We are concentrating on collaborative working with other hubs, the Bevan Commission, MediWales and Life sciences hub to share expertise and business support for research, improvement and innovation roll out and a 'once for Wales approach'.

The development of a central hub driven from the staff's enthusiasm and commitment has allowed us to bring Innovation, Research and Improvement under one umbrella. We have been able to use the hub to test the usability of such a concept for developing new ideas and affecting transformational change.

The group have been actively involved in shaping the needs and evaluating resource requirements for sustainability in the future. Through the initial hub work we have supported several staff members to develop ideas from inception to applying for external funding, completing projects and going on to develop bigger applications that will in the future have a wider national interest.

We have built wider networks through Bevan commission, Health Hack, Gadget Hack, Q network, Manchester University and Health and Research Wales to support partnership working over the next three years.

Research will be strengthened by the links and opportunities that the joint hub can provide. We have clear leadership for Research and Innovation through the Medical Director and Assistant Director for Innovation and Improvement Roles. Further development of the core roles within the hub will provide clarity and consistency in our ability to deliver research activities. The next three years will see core roles developed as well as a strategy for charitable funds and R&D budgets.

The health board has had an international health partnership link with the Molo Sub County Health Service in Kenya since 2008. This is part of the Brecon Molo Community Partnership. Various projects have been completed and visits to Molo and Powys undertaken.

Since 2010 the link has focussed on community based capacity building work. Projects have included training in Community Based Rehabilitation and cerebral palsy, Community Health Support for Disabled Children and Maternity Project.

The health board has also partnered in research at a European level specifically in the European Commission funded Mastermind programme supporting patients through computerised Cognitive Behavioural Therapy and the Care Well programme exploring the

benefits of technology to support patients with Chronic conditions. IRIS will continue to explore funding and research opportunities with European partners.

Both European projects and the most recent Molo projects have been completed and evaluated. The health board now plans to review and strengthen the health board's broader approach to International Health Partnerships recognising opportunities for the organisation to respond to the aims of the Future Generations Act.

We continue to commit to working on an international basis and have this year supported several staff members to benefit from Travel Scholarships and networking opportunities. We have built professional links with Countries such as Denmark, New Zealand and Africa. Through close working with the Bevan commission we plan to develop this work further and are in the process of building research partnerships for the future. We are in the process of applying for a collaborative research project with Denmark called Circonia.

Rural Health and Care Alliance Through the (RPB) Workforce Futures programme we will explore the development of a Rural Health and Social Care academy of learning. Working with further and higher Academic institutes to develop a bespoke virtual Powys University that supports the economy and development of health and care excellence.

This will act as an enabler to access the latest educational and developmental techniques supporting and enhancing our workforce skill and competency for our new models of delivery in order to achieve equal health outcomes for all. We will invest into learning and development to ensure the workforce has the right skills and capabilities providing opportunities to grow in their roles and develop for the future.

SUMMARY PLAN: INNOVATIVE ENVIRONMENTS

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Capital, Estates and Facilities		
<ul style="list-style-type: none">Develop Long Term Estates Strategy	<ul style="list-style-type: none">Long Term Estates strategic plan agreed; implementation (Qs to be added)	<ul style="list-style-type: none">Condition of Estate SurveyEFPMS dataProject specific measures
<ul style="list-style-type: none">Implement Priority Projects: Llandrindod Wells Community Hospital; Machynlleth Community Hospital; Ystradgynlais Community Hospital; Llanfair Caereinion Medical Practice (third party revenue scheme).	<ul style="list-style-type: none">As per agreed Project Plans	
<ul style="list-style-type: none">Implement IMTP and Discretionary Capital Programme including management of business cases as appropriate.	<ul style="list-style-type: none">As per agreed programme and project plans	
<ul style="list-style-type: none">Improve environmental sustainability; implementation of ISO14001		
<ul style="list-style-type: none">Maintenance and compliance in line with standards and in accordance with an agreed risk based approach.		
<ul style="list-style-type: none">Deliver Facilities modernisation improvements including review of waste and recycling; pool car, lease car and taxi policies and catering.	<ul style="list-style-type: none">As per agreed work programme	
2. Research, Development and Innovation		
<ul style="list-style-type: none">Fully establish the Innovation Research & Improvement Hub & implement 19/20 programme.	<ul style="list-style-type: none">Implementation Q1	<ul style="list-style-type: none">To be worked up in detail in Q1
<ul style="list-style-type: none">Develop proposal for Rural Health & Care Alliance, working closely with the Health & care cademy development.	<ul style="list-style-type: none">To be worked up in detail in Q1	

WELL-BEING OBJECTIVE 7: DIGITAL FIRST



Digital First for Powys means that we are making a conscious shift in our approach to utilising new technologies to support residents needs (Refer to Wellbeing Assessment at Appendix 1). We want technology to improve services and achieve better outcomes. As many residents have to travel outside Powys for healthcare, digital solutions are key to providing care closer to home and avoiding travelling where possible. Our aim is to make it as easy as possible for patients, clients, stakeholders and staff to interact with the health board, Council and its partners. Digital solutions and innovations are key to a sustainable health care approach, enabling self-care and more effective services.

POWYS OUTCOMES

Through Digital First, people in Powys will say;

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent
- We have an effective and safe technology infrastructure that supports residents and staff to use digital tools

PRIORITIES FOR 2019/2020 – 2021/2022

1. Digital care – Telehealth and telecare to support patient self-management
2. Digital Access: Implementation of the National ICT Programme
3. Digital Infrastructure and Intelligence

Financial implications

- There are several projects described in this section which will be progressed via business case / approval mechanisms, often jointly with the local authority
- Where additional investment opportunities arise we will scale up in line with national / local priorities

Workforce implications

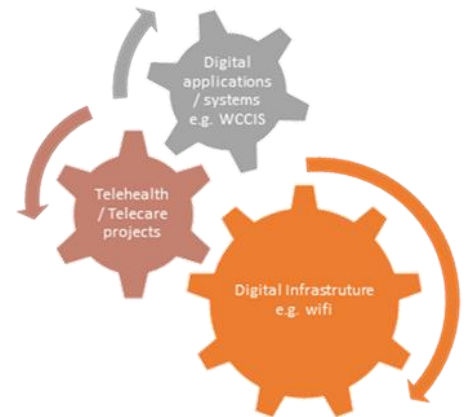
- This section sets out work which is delivered jointly with the local authority
- There are also significant inter-dependencies with clinical and operational teams as described

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 2, 3 and 4 (A resilient Wales, A Healthier Wales; A More Equal Wales) with further opportunities across 5,6 and 7
- Five Ways of Working: Key to 'Long Term' 'Integration' 'Collaboration'
- Quadruple Aim: Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent principle of 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National ICT Programmes / Aligned with NWIS Programme

Powys is in a unique position having one shared IT department, servicing both the Health Board and Council. This model enables resources to be shared and intelligence maximised through the implementation of local integrated Information Communications Technology (ICT) systems across health and social care. This is an unprecedented and rapid period of transformation and people expect more and more services through digital means and increasingly in collaboration with partner organisations.

In order to achieve the outcomes of 'digital first', Powys Teaching Health Board has three interconnected priorities. As a demonstration of this balance; it would almost be impossible to develop or rollout digital applications that address service needs; unless the digital infrastructure is fit for purpose, secure and robust. It is the inter-dependency and balance between these components that we have considered when planning a holistic work programme.



1. Digital Care: Telehealth and Telecare

Digital care is focused on the development of telehealth and telecare to support patient self-management and virtual support to help treat and manage people in their own homes.

A roll out of telehealth and telemedicine to enable people to self-care and to support people to access early help and support. We have an ambition for Virtual Outpatients Department and Virtual Consultant Inreach, with the use of online appointments and monitoring. This will include use of Skype and in home monitoring devices and applications.

A scale up of the Florence text service, online conditions management programmes and apps will increase involvement in the management of conditions, treatments and lifestyle support.

A review of the small projects being tested under Digital First will be completed and scaling up decisions made based on the findings. Further specific projects will be added as a result.

2. Digital Access: Implementation of the ICT National Programme

Access is the foundation for all of the technological innovation that we want to progress in Powys. Continuing to implement the ICT National Programme for Wales is a key priority in Powys. We have particular complexities to be considered as we have to take into account our links with 15 main providers in both Wales and England.

The implementation in Powys includes the Welsh Clinical Portal (WCP) and the Welsh Community care information system (WCCIS), which allow staff to have access to digital information to improve outcomes through better collaboration across health and care sectors.

Welsh Clinical Portal brings together patient information from a number of systems to form the national electronic patient record for Wales. It will eventually replace the paper files and folders used in hospitals. The key components are:

- Medication information and electronic discharge letters (MTeD)
- A summary of the patient GP Record (WGPR)
- Pathology and Radiology reports and results (WRRS) including WVT and SaTH
- A document repository including copies of Referral Letters, Discharge Summaries, Clinic Letters, Nursing eDocs etc. Some Health Boards have digitised their paper Case Note files. The system is called Welsh Care Records System (WCRS)
- A system for electronic referrals to Consultants for assessment / grading (WPRS)
- PACS (Primary and Acute Care System) images via the national Image Archive (WIAS).

Positive progress has been made implementing the WCCIS system across Powys, providing a technological solution which meets the functional and business needs of community staff, providing access to appropriate information to enable person-focused co-ordinated care. We will continue to roll this out to support joint assessment and care co-ordination and ensure that service users do not have to repeat their stories. Once WCCIS is at full function it will offer diary/clinic management, waiting list and bed management, referrals, assessments, case and discharge planning and budgeting functionality across all settings.

The aim of the Cross Border WCCG project is to implement the electronic exchange (via WCCG) of key referral and discharge information between Powys GPs and the three acute hospitals in England that border Powys (Wye Valley Trust; Shrewsbury and Telford Hospitals Trust; Robert Jones and Agnes Hunt specialist orthopaedic hospital in Oswestry). Also included in the scope is the Shropshire Skin Clinic (referrals only).

Alongside this work we will implement electronic referral, discharge and diagnostic information across Powys GP Practices. We will ensure this work caters for cross border (England) to provide a digital approach to care regardless where it is provided.

3. Digital Infrastructure and Intelligence

Digital First is about information as much as technology and we will continue to build our business intelligence (BI) capability. We have an ambition to strengthen our demand and capacity modelling working with national programmes. We will also aim to implement Power BI working closely with WHSSC on a commissioning reporting system, and to develop the use of the Comparative Health Knowledge System (CHKS) for use in commissioning, planning, quality and safety and operational functions.

We will build this strengthened business intelligence together with a fit, robust and safe infrastructure with increasing digitisation and digital inclusion, in a cost effective manner whilst being adaptable to organisation and industry change. This is critical component within each of the above priorities. We will look to improve connectivity to patients and staff with improving WIFI and public access. We will continue to improve our digital security and ability to respond to cyber threats.

We will continue to de-risk our current on-site data centres and explore opportunities to migrate digital services to the cloud, providing improved services while meeting security, data and compliance requirements.

We aim to provide a suitable modern Internet Protocol (IP) platform for the future, standardise user experience, improve functionality by providing Unified Communications integration, and reduce support requirements and costs.

There is a challenge for Powys to scale up at pace to a larger transformational offer and to agree the resources jointly between the partners to prioritise and schedule this work. A review of actions and smaller project work will confirm the shared priorities across the health board, local authority and Mid Wales Joint Committee for Health and Social Care.

It is widely recognised that public services cannot transform without technology and a clear shared strategy is critical to meet the demands including those arising from organisational change. We will ensure that technical work is not seen in isolated but continues to have a high profile in our collaborative long term strategy.

SUMMARY PLAN: DIGITAL FIRST

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Digital Care		
Scale up and roll out the Florence text service, & Neurological Apps	Review project Plan Q1; set detail for year	To be set Q1
Develop the range of Online condition management programmes and apps to enhance the offer of the Centre for Long Term Condition Management	Milestones tbc on Project initiation / plan	Measures tbc
Create a Virtual Outpatients Department/ Virtual Consultant Inreach and Outreach in partnership with the Mid Wales Joint Committee	Review / develop action from Mid Wales Joint Committee work programme	Measures tbc
Scale up and roll out provision of and access to online Cognitive Behavioural Therapy for people with mild to moderate depression and anxiety to aid improved rural access to care	Upscale Powys-wide (Q1-4) inc evaluation	PHQ9; GAD7 Scores User feedback Evaluation findings
2. Digital Access		
Fully implement the WCCIS system across Powys to support care coordination. Lead: Powys ICT	Services/ processes live on WCCIS according to phasing detail to be agreed / Project Plan	WCCIS utilisation and access
Fully implement the WCP system across Powys to provide the national Electronic Patient Record.	Implement MTeD 6/14 Wards live (42%). Awaiting additional qualified pharmacists	WCP utilisation / access Associated clinical measures to be detailed. An increase of images accessed by WCP users
	Implement WGPR Live on 14/14 Wards	
	Implement WRRS Ystradgynlais, Bronllys, Brecon, Machynlleth, Llanidloes, Llandrindod Wells, Knighton, Newtown Welshpool (assuming English lab results are feeding into the WRRS)	
	Implement WCRS PTHB requirements for further digitisation for example, Clinic letters.	
	Implement WPRS Detailed feasibility and proposals for electronic referrals tbc	
	Implement WIAS Connect to the national PACS image system	
The Cross Border WCCG Project	Feasibility Study Q1 Completion of electronic referrals and discharge with the 3 English Hospitals	edischarges delivery measures

SUMMARY PLAN: DIGITAL FIRST (Continued)

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
<p>Activity- Primary Care:- Implement electronic referral, discharge and diagnostic information across Powys GP practices.</p> <p>Encourage GP Practices to use WCCG for clinical communications between Primary and Secondary Care, i.e. referrals, discharge summaries, clinic letters. Where feasible, implement the national GPTR in Powys (GP Test Requesting and Reporting)</p>	<p>Implement GPTR with NWIS to complete the implementation of GP Test Requesting.</p> <p>Results viewing live in 7 Practices</p> <p>Test requesting live in 7 Practices</p> <p>Further rollout of Results Viewing dependent upon English lab results within GPTR</p> <p>Further rollout of Test Requesting dependent upon English Path labs being able to process request from the Welsh GPTR system.</p>	<p>A higher percentage of GPs can now access results from multi-site locations compared with the previous Qtr.</p>
3. Digital Infrastructure and Intelligence		
<p>Improve business intelligence capability to include demand and capacity, Power BI, commissioning reporting with WHSSC and the use of the CHKS intelligence</p>	<p>To be detailed within Directorate work plan – opportunity / resources to be defined in Q1</p>	<p>Project measures to be confirmed post Q1</p>
<p>Improve ICT infrastructure through improving information storage, server hosting, security and disaster recovery, back up and archiving capabilities.</p> <p>Data centre – Project pending sign off</p>	<p>Produce Business Case with 3rd party survey to assess viable options.</p> <p>Commence design phase - Scoping and specification of requirements.</p> <p>Tender, evaluation and Award</p> <p>Implementation</p>	<p>Business Case Approval</p> <p>Specification sign off</p> <p>Tender Award</p> <p>Implementation</p>
<p>Increase flexibility for accessing information and systems (anytime/anywhere/any device) including improved connectivity e.g. mobile coverage, broadband, Wi-Fi and modem, agile ready with integration by design.</p> <p>Activity - PTHB Voice</p>	<p>Produce Business Case to confirm scope</p> <p>Approval of Business Case</p> <p>Agree Project Plan</p> <p>Develop specification of requirements</p> <p>Tender, evaluation, contract awarded</p> <p>Implementation</p>	<p>Outline BC Approval</p> <p>Business Case and Plan approval</p> <p>Contract Award</p> <p>New telephony system adopted by users. Reduced telephony bills.</p>
<p>Activity - Digital inclusion</p> <p>Commission work to develop a greater understanding of the community support network to aid digital inclusion and develop a plan to meet needs</p>	<p>Project TBC</p> <p>Qtr 1 TBC Commission 'Digital inclusion' work- work commences and plan developed.</p> <p>Qtr 2 TBC following outcome of 'Digital inclusion' work in Qtr 1</p>	<p>Report on Digital inclusion, including support/plan required for Powys residents to benefit from Digital Inclusion.</p>

WELL-BEING OBJECTIVE 8: TRANSFORMING IN PARTNERSHIP



The ambition in A Healthier Wales and 'A Healthy Caring Powys' can only be achieved and sustained by working collaboratively. The Wellbeing Assessment at Appendix 1 sets out the population needs assessment. We have a strong platform of collaboration in Powys. Building on this requires a balance between robust organisational governance and innovative partnership. We will continue to embed the principles of prudent and value based healthcare, aligned to the quadruple aim and five ways of working. This IMTP concludes as it began with the unique position of Powys as a commissioner as well as a direct provider, in a complex environment.

Powys Outcomes

Through Transforming in Partnership, people in Powys will say;

- I can tell my story once
- I am confident that those looking after me are working together in my best interest
- The services I receive are co-ordinated and seamless
- I am able to access buildings and resources which are shared for multiple purposes

PRIORITIES FOR 2019/2020 – 2021/2022

1. Good Governance
2. Financial Management
3. Planning, Performance and Commissioning
4. Partnership Working

Financial implications

- The financial strategy is set out in detail in this section (and technical templates)
- 'A Healthy Caring Powys' includes an ambition for innovative investment to make a step change with the transformational North Powys scheme

Workforce implications

- The North Powys scheme in particular will require joint workforce planning, new roles and skill development
- Refer to the workforce section for more detail on the joint workforce approach

DELIVERY OF NATIONAL GOALS

- Aligns to National Goals 3, 5, 6 and 7 (A Healthier Wales; A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language, A Globally Responsive Wales) and further opportunities across 1,2 and 4
- Five Ways of Working: Key to 'Long Term' 'Integration' 'Collaboration'
- Quadruple Aim: Higher Value Health and Social Care; Better Quality and More Accessible Health and Social Care Services
- Aligns to Prudent principle of 'Public and Professionals are Equal Partners through Co-production'
- Delivers against National Efficiency Framework, Value Based Health Care; WHSCC and EASC Programmes with links to All Wales / NHS England commissioning

1. Good Governance

Wales Audit Office's Structured Assessment report for 2018 outlined that the health board is generally well led and well governed and is taking forward work in a number of areas to continue to strengthen its governance arrangements.

Governance and assurance arrangements have been established in accordance with the health board's Standing Orders and Standing Financial Instructions (see diagram overleaf).

The Board has approved the pillars of its governance arrangements, these include the Risk Management Framework; the Assurance Framework and the Corporate Risk Register.

These arrangements are intended to provide a 'golden thread' so that high level risks that emerge within services are visible and are escalated, as necessary, to the Board.

We will further improve the effectiveness of the Board and its committees by:

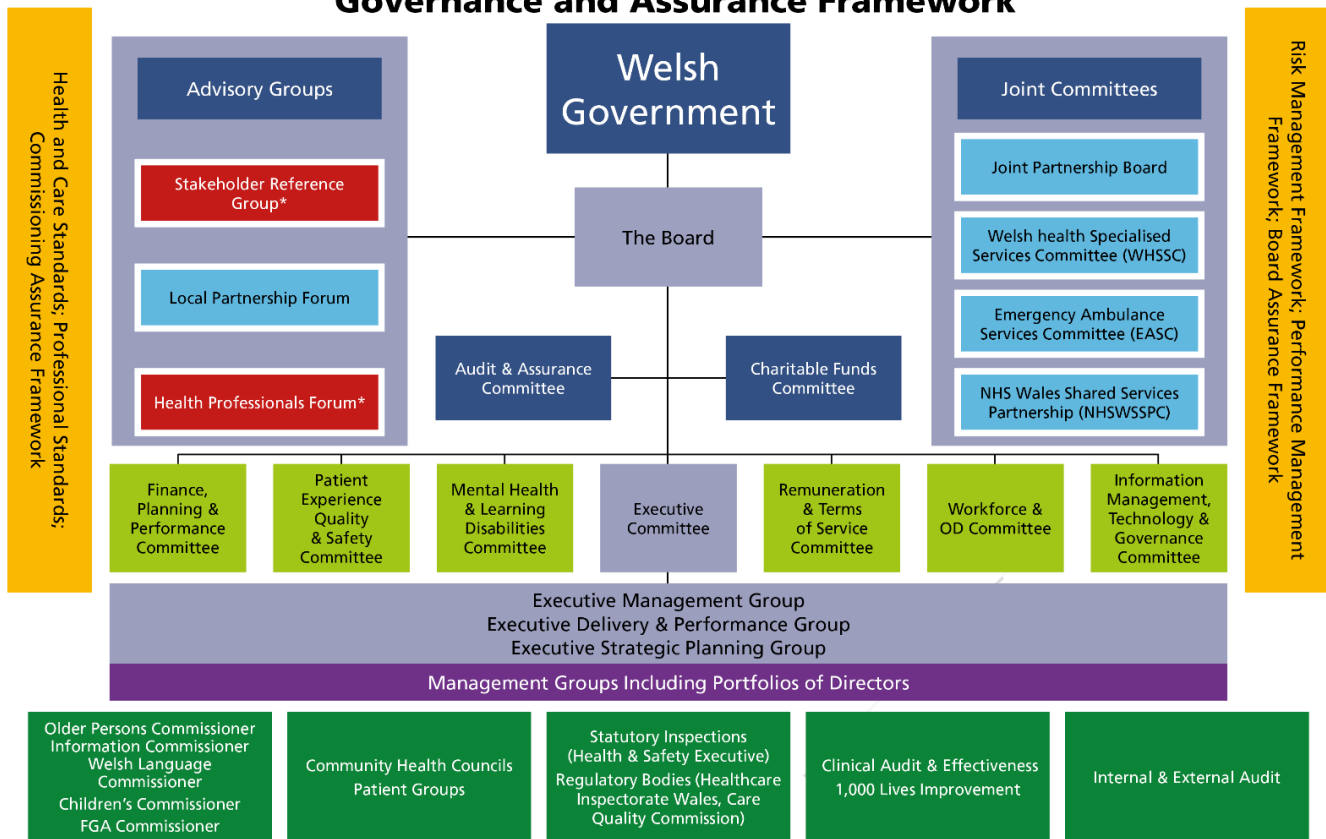
- Reviewing the Board Committee structure
- Strengthening the alignment of Board and Committee requirements to the Assurance Framework and Corporate Risk Register
- Further improving the quality of information to the Board and its Committees, based on risk
- Fully establishing the Board's Advisory Structure, i.e. The Healthcare Professionals' Forum

Further information on the health board's Governance framework is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available on the health board's web pages at <http://www.powysthb.wales.nhs.uk/home>.

The **Citizen Centred Governance Principles for Wales** underpin the health board's governance arrangements:

- **Putting the citizen first** – Putting the citizen at the heart of everything and focusing on their needs and experiences; making the organisation's purpose the delivery of a high quality service
- **Knowing who does what and why** – Making sure that everyone involved in the delivery chain understands each other's roles and responsibilities and how together they can deliver the best possible outcomes
- **Engaging with others** – working in constructive partnerships to deliver the best outcome for the citizen
- **Living public sector values** – being a value-driven organisation, rooted in Nolan Principles and Welsh Public Service Values. High standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership
- **Fostering innovative delivery** – being creative and innovative in the delivery of public services – working from evidence and taking managed risks to achieve better outcomes
- **Being a learning organisation** – always learning and always improving service delivery
- **Achieving value for money** – looking after taxpayers' resources properly, and using them carefully to deliver

Powys Teaching Health Board Governance and Assurance Framework



*Yet to be established

During 2019-20 we will further develop and strengthen our risk and assurance arrangements:

- The Board will establish its Assurance Framework as a key mechanism for driving forward the business of the Board and its Committees.
- The Audit and Assurance Committee will take a proactive role in oversight of the health boards' assurance framework, risk management and governance arrangements.
- Finalise and embed a Partnership Governance Framework.
- The Board's Risk Appetite Statement will be revisited to ensure it reinforces the delivery of safe services, whilst at the same time supporting innovation.
- The Risk Management Improvement Programme will be implemented.
- Strengthen recording and reporting arrangements in respect of gifts, hospitality and sponsorship.
- Establish more robust arrangements for monitoring the implementation of audit recommendations.

The health board's Corporate Risk Register identifies the key risks to the delivery of our aims and strategic objectives. These include sustainability and safety of services and service models and the potential impacts of the change programmes of neighbouring or inreaching providers; specific risks in key areas including ICT infrastructure and systems; workforce and legislative compliance.

TRANSFORMING IN PARTNERSHIP

The organisation's business continuity planning is an important mechanism for managing areas with potential business risk and this includes the ongoing assessment of Brexit arrangements in line with national requirements.

AUDIT AND REVIEW ARRANGEMENTS

During 2018-19, the health board's clinical audit arrangements were strengthened, with a risk based clinical audit strategy and plan. Steps were taken to capture the outputs of internal audit, clinical audit, and external audit and planned external regulatory review work. Wales Audit Office's (WAO) 2017 Structured Assessment noted that good progress was being made to strengthen clinical audit and counter fraud services.

The Internal Audit plan for 2018-19 included 28 audits aligned to the health board's areas of highest risk. As at 29 November 2018, 11 had been completed. 4 audits resulted in a reasonable assurance; 3 in a limited assurance, 1 in a no assurance and 3 were not rated.

During 2018-19, work will continue to strengthen audit and review arrangements. As in previous years a programme of internal audit work will be commissioned from Internal Audit Services. The scope of this work will be agreed by the Audit and Assurance Committee and it will focus on significant risk areas and local improvement priorities. We will ensure that the work of all regulators, inspectors and assurance bodies is mapped and evidenced in our assurance framework so that the Board is fully aware of this activity and the level of assurance it provides.

INFORMATION GOVERNANCE

In 2018-19 work to strengthen information governance (IG) arrangements continued with preparations for the General Data Protection Regulation, including the updating of relevant policies and training programmes, Information Asset Register, review of contracts, Information Governance Champions, Statutory and Mandatory IG training and peer reviews.

Key priorities for 2019/20 include:

- Delivery of IG Awareness sessions, spot check audits, corporate induction
- Delivery of the IG Strategic Framework
- Further development and population of the Information Asset Register
- Embedding of a reporting infrastructure that protects the role of the Data Protection Officer and enables unfettered reporting through to Board
- Ensure Information Governance Policies are up-to-date and published

HOSTED SERVICES

PTHB provides leadership and support to three hosted functions on behalf of NHS Wales. During 2019/20 improved oversight and governance arrangements for hosted functions will be implemented

- **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.

TRANSFORMING IN PARTNERSHIP

2. Financial Management

The **Financial Plan** for Powys Teaching Health Board is designed to support its residents having ongoing access to good quality health services that meet their needs whilst achieving the target of containing expenditure to within the resources available. The 'quadruple aims' approach of Improving Health, Enhancing Quality and Access, Higher Value Care and a Motivated and Sustainable Workforce go hand in hand with achieving good value in the use of public money. The health board's financial plan supports the ambition of being a leader in health service commissioning, primary care and the provision of community services with an increased focus on prevention and wellbeing.

EXCELLENT COMMISSIONING

- Capacity and demand
- Facilitating shift in resourcing
- Prudent approach
- Driving quality & efficiently

The health board continues its whole system commissioning approach that supports service re-design whilst securing 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
- Increased direct service provision
- Clinical leadership
- Preventative Focus

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.

JOINED UP CARE

- Joint integrated teams.
- Joint supporting systems e.g. WCCIS.
- Care home Commissioning
- Mature partnerships with all providers

The health board has successfully implemented Section 33 agreements with Powys County Council in order to develop a range of integrated services under its umbrella.

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, the Third and Independent Sectors.

The health board has established a succession of IMTPs with balanced three year financial plans, which have subsequently received Welsh Government approval. The health board was one of three in Wales that met its financial duty in 2016/17 and 2017/18 to balance its Income and Expenditure over a 3 year period and project balance for the medium term.

There are continuing economic pressures that challenge public finances in general and the NHS in particular. Ensuring that Powys THB remains in a balanced financial position will be a very significant challenge for the Board and health board's Management teams over the next three years.

TRANSFORMING IN PARTNERSHIP

➤ Excellent Financial and Service Planning



- Reprioritise existing commitments in line with A Healthier Wales approach and continue to identify and deliver savings to improve Value for Money
- Use of benchmarking to identify opportunities for performance and cost improvement and maximise opportunities from the Efficiency Framework
- Secure additional/new investment and focus on value in service delivery
- Compare and contrast requirements for new investment in services with lower priority service curtailment or reduction

➤ Strong Discipline – in All Budget Areas



- Disciplined financial management over all expenditure commitments
- Continuous and detailed monitoring of financial position
- Timely action to recover financial position when expenditure goes off plan

➤ Excellent Financial Interaction



- Effective Budget Holder management to deliver IMTP plan/budget/savings
- Provision of timely financial advice
- Provision of options or alternatives in order to address overspends
- Support budget holders through difficult or challenging situations

➤ Buy in Across the Organisation



- Budget holder ownership of managing services within budget
- Commitment to pursue service improvement and savings delivery
- Tight grip on non-pay commitments, effective staff deployment and Long Term Agreement management
- Finance team to provide regular feedback and support to budget holders

➤ Leadership



- Clear and effective leadership by Health Board and Executive Team
- Timely and realistic planning support by Finance Team
- Integrated working within all Corporate Departments and Directorates
- Visible and timely interaction by Executives, Managers and Budget Holders

Over the life of this IMTP, a programme of continuous development will be undertaken to enable high standards of accountability and delivery. This includes engagement and leadership from the clusters to aid the delivery of the IMTP. The organisation's budgets and performance are delegated to Service Directorates to help drive the debate for service improvement and alternative models of care.

Establishing and delivering a balanced three year financial plan will be a challenge for the Board, Executives, Senior Management and staff. The proposed 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 and a realistic, but challenging view of the cost saving potential of services. The major modelling assumptions are as follows:

- Revenue Resource Limit uplift of 2% for inflation and 1% for growth
- Direct increased cost of new Pay Awards to be funded in full including all Employer Pension Contribution changes
- Indirect cost of the new pay awards (through Commissioned Services) to be funded
- English Provider HRG4+ and CQuin Costs to be funded in full
- RTT to be funded at the same level as 2018/19 as required
- No material impact from new IFRS and no material impact from BREXIT (excepting the possibility of a worse case scenario, as per Table on page 94)

TRANSFORMING IN PARTNERSHIP

The three year plan is summarised below, taking into account estimated increased cost pressures from demographic changes, growth and inflation and the expectation that service costs and expenditure can be reduced through savings:

Financial Plan Summary – by Category of Spend	2019/20 £M	2020/21 £M	2021/22 £M
Revenue Resource Limit	-310.656	-320.419	-326.828
Other Income	-11.035	-11.103	-11.162
Total Income	-321.690	-331.522	-337.989
Primary Care – (excluding drugs)	42.231	43.026	43.811
Primary Care – drugs & appliances	28.821	29.484	30.147
Provided Services – pay	76.236	78.412	78.885
Provided Services – non pay	18.917	18.930	20.597
Secondary Care – drugs	0.928	0.936	0.943
Healthcare Services – other NHS bodies	127.621	132.852	135.274
Continuing Care and FNC	13.926	14.709	15.084
Other Private & Voluntary Sector	2.978	3.145	3.206
Joint Financing & Other	6.614	6.614	6.614
Depreciation etc.	3.138	3.138	3.138
Non Allocated Contingency	0.038	0.038	0.038
General Reserves	0.235	0.235	0.235
Total Costs	321.682	331.519	337.972
Net Residual Risk	-0.008	-0.003	-0.017

Financial Plan Summary – Incremental Movement (from 18/19)

Financial Plan Summary (Incremental Movement)	2019/20 £M	2020/21 £M	2021/22 £M
Underlying Financial Deficit (carried forward)	2.950	1.503	0.727
Revenue Resource Limit	-15.195	-9.764	-6.408
New Year Cost Pressures	15.745	11.765	9.173
Savings Plan Target	-3.508	-3.508	-3.508
Net Residual Risk	-0.008	-0.003	-0.017

The financial plan is balanced over the three year period and in year for 2019/20. This contains the expectation that in-year savings will be achieved to deliver this balanced position and thereby are already 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, containment of Commissioned Services growth and robust delivery of service and savings plans. Delivery of the 2019/18 breakeven position is based on a number of additional actions and expectations (above the assumptions and savings targets /plans stated) to deliver expenditure reduction of £1.5m:

	£000s
Additional Actions to be delivered	2019/20
Operational Underspend	0.75
Additional Income and Funding Opportunities	0.40
Management of Growth and Cost Avoidance	0.35
Total Additional Actions	1.50

TRANSFORMING IN PARTNERSHIP

The major assumptions and notes regarding income for 2019/20 are as follows:

- Funding uplifts for Primary Care estimated at 2% (pending finalisation of current national negotiations) are included 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) 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 2019/20, main assumptions shown below:

	£000s
	2019/20
2018-19 Baseline – as per WG letter	302.986
Pay Award (indirect)	2.441
Other anticipated allocations	5.228
Total RRL 2019-20 (current assumption)	310.656

Taking into account the income from Welsh Government together with anticipated allocations and other income, the opening funding established within the plan is set at £321.690m.

At the time of preparing this report, the health board is forecasting based on Month 9 reporting, a breakeven position for the 2018/19 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 2018/19 on the organisation to be an underlying deficit of £2.95m.

New year cost pressures are those that are anticipated as additional expenditure in the 2019/20 financial year 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, including:

- 3% pay increase to total pay costs
- 3% increase (2% inflation and 1% growth) for services commissioned from Welsh and 2% increase (inflation) from English Providers
- 2% uplift on primary care contractor payments
- 3% uplift on Service Level Agreements held with Welsh health boards
- 2% Continuing Health Care (CHC)/Funded Nursing Care (FNC) inflation price increases
- 0.5% increase on cost of prescriber drugs
- Non pay increases on budgets for statutory and unavoidable costs
- WHSCC and EASC Inflation and Growth as per collaborative agreements.

Apart from pay, incremental drift, FNC and commissioned services which 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.

The health board has and continues to consider carefully a range of enabling actions to support delivery and sustainability for future years. The demands on the service recognised in the IMTP relate to top sliced services to be undertaken by EASC; increased costs arising from the Out of Hours service and cluster funding and pacesetter developments.

TRANSFORMING IN PARTNERSHIP

The Health Foundation identified that '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.' The health board embraces the Prudent approach and initiatives seek to build on the direction of the four principles.

The health board has estimated that £10.53M cost reductions could be realised over the coming three year period (average 1.5% per year) across the total range of our services.

Details of Savings Plans	2019/20 £M	2020/21 £M	2021/22 £M
Commissioned Services	-1.956	-1.956	-1.956
Primary & Community Care	-1.552	-1.552	-1.552
Total Savings Plans	-3.508	-3.508	-3.508

The health board will 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 therefore at this stage are included as targets to be pursued.

c1) Commissioning

A major assumption to our financial planning is that the health board will focus on securing better efficiency as well as service redesign through:

- Whole system approaches
- 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
- Improve compliance with prescribing guidelines

Specifically, the Executive Strategic Planning and Commissioning Group, through a whole system approach will focus on reducing demand for secondary care through growth avoidance and cost reduction. 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, the Efficiency Framework will help in identifying opportunities for improvement:

- Implementation of the planned care programme, including pathway redesign and repatriation (link to opportunities provided in line with the Capital Programme for Llandrindod Wells and Machynlleth rural developments)
- Implementation of the unscheduled care programme, including the virtual ward
- A strengthened relationship with WHSSC and management of activity
- Robust contract management, including using English based opportunities
- Implementing our integration plans with Powys County Council

C2) Primary and Community Care

The delivery of the savings programme focuses on both efficiency and transformation in order to limit expenditure or reduce cost. For the next three years we will focus on the following:

- Workforce configuration and managing sickness and absences, E Rostering
- Better non pay procurement and efficiency in utilisation (Value Based Procurement)
- 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 deliver cost reductions within continuing NHS healthcare.

TRANSFORMING IN PARTNERSHIP

The £3.51M savings target established within the Financial Plan for 2019/20 lies close to the 1.5% identified as required by the recent Health Foundation report. It should be recognised that all areas are targeted with achieving savings of the order of 1.5% in 2019/20.

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, procurement of goods and services and pathway redesign. The Efficiency Framework will be a key source of information to target opportunities and the Health Board will actively develop its relationship with the Finance Delivery Unit to strengthen this approach going forward.

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.

	2019/20			Worst Case	
	Worst Case £M	Most Likely £M	Best Case £M	2020/21 £M	2021/22 £M
Commissioning Services (Growth)	2.500	1.500	0.000	2.000	2.000
Non Delivery of Savings	2.000	0.000	0.000	1.500	1.500
Secondary Care High Cost Drugs	0.500	0.250	0.000	0.500	0.500
Pay Award costs higher than funding allocated	0.500	0.250	0.000	0.500	0.500
Increased Pension Contribution Costs (if not funded)	5.000	0.000	0.000	5.000	5.000
Additional Costs re Brexit	2.000	0.000	0.000	2.000	2.000
Potential unfunded increase in English Tariff	3.000	0.000	0.000	3.000	3.000
Potential Primary Care Underperformance	0.000	-0.650	-0.750	0.000	0.000
Potential Funding and Income Opportunities	0.000	-0.700	-0.750	0.000	0.000
Operational Underspend	0.000	-0.650	-0.750	0.000	0.000
Potential Financial Challenge	15.500	0.000	-2.250	14.500	14.500

The financial strategy and the resulting financial plan has been developed alongside the Health and Care Strategy of the health board. Close 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 focusing on outcomes for its residents.

Overall, the health board's financial plan demonstrates the organisation's continued determination to live within its means and ensure that the resources that are available are put towards delivering better healthcare outcomes for the population of Powys.

The plan is the framework to support the achievement of not only financial balance but also the other delivery components of this IMTP. The Board will aim to explore opportunities for further investment by Welsh Government to accelerate the pace of transformational change.

The plan has set very challenging expectations on budget discipline, savings targets and containing commissioning costs which 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.

3. Planning, Performance and Commissioning

Powys has a unique position in the rural heartlands of Wales. It borders on all but one of the other Welsh health boards as well as the English border, and has an important inter-relationship with healthcare providers and commissioners in these areas. Our ambition for Powys is one developed in partnership with the County Council, the Third Sector and other members of the Regional Partnership Board, spanning across health and care.

The healthcare journey for a Powys resident is often one which travels across several geographies and crosses organisational boundaries. The planning, performance and commissioning approach therefore has to 'follow the patient' and take into account the complex set of arrangements nationally and regionally as well as locally. Many of our care pathways have components outside of the County and this makes up the greatest part of the commissioning spend.

Commissioning, planning and performance management are key interfaces and enabling functions, working with and across teams, providing the processes and mechanisms that allow us to scale and track our ambitions in a complex environment. In 2019-2020 we will be strengthening the connections between Clusters with their knowledge of place based needs and the health board as a Pan Powys body with regional and national co-ordination.

We have an integrated performance framework which enables us to track delivery against our ambitions. We will continue to build this approach to ensure we are measuring what matters and strengthening the collaborative approach with the Regional Partnership Board, Public Service Board and key partners.

Our Commissioning function has made significant progress in recent years in establishing a Strategic Commissioning ethos. This has included progressing key areas of joint commissioning with the local authority and securing a Public Health Consultant role to drive forward public health within whole system commissioning. Medicines management expertise has also been secured to focus on commissioned services including biosimilars.

The implementation of the Clinical Health Knowledge System has provided invaluable commissioning intelligence and this will continue to be developed.

Cross border arrangements remain a high priority and work will continue to build on the values and principles developed with Governments to ensure smooth working. Securing funding to address referral to treatment waiting times between England and Wales and the further development of Prior Approval policy will also be important to reduce risk.

An Executive Committee Strategic Planning and Commissioning Group has been established to drive a prioritised and long term approach to commissioning. It will ensure commissioning arrangements and decisions:

- Reflect the agreed priorities of the Health and Care Strategy and the IMTP
- Are understood within a whole system approach
- Comply with legal and policy requirements

The work programme of the group in 2019/20 will include:

- Extending the membership to include cluster leadership, so there is coherence between whole-system commissioning across five health economies

TRANSFORMING IN PARTNERSHIP

- Developing strategic commissioning including the Big Four (Cancer, Circulatory Disease, Respiratory Conditions, Mental Health); referral alternatives, public health expertise and commissioning intelligence including CHKS (Comparative Health Knowledge System), Value Based Health Care and the health board operating model
- Strengthening the processes which underpin the commissioning cycle (including needs assessment, evidence appraisal, business cases, specifications, policies)

The health board has an approved **Strategic Commissioning Framework** to develop a model of commissioning which reflects the values and arrangements of NHS Wales. This aims to secure sustainable solutions, ensure that the right strategy, people, processes and structures are in place and drive forward strategic change whilst improving the day to day assurances.

The health board has been implementing a **Commissioning Assurance Framework** across its main NHS providers, to identify and escalate emerging patterns of poor performance and risk in health services used by Powys residents. It covers the domains of patient experience, quality, safety, access, activity, finance, governance and strategic change. The process is developmental and incremental. Escalated issues in relation to providers in Special Measures or scoring Level 4 within the Powys system are reported to the Finance, Planning and Performance Committee and the Patient Experience, Quality and Safety Committee. This is supporting a safer, more holistic and robust understanding of the services currently commissioned with a rules based approach to escalation.

In 2019/20 we will extend the framework with Primary Care, speciality specific services such as for Obstetrics and maternity and residential care, working with the local authority.

Cross border arrangements help patients in highly rural areas access the health services needed. We will continue to participate in the Cross-Border Network. In 2019/20 we will:

- Ensure the implementation of the Values and Principles Statement developed with Welsh Government and the Department of Health
- Address the consequences of the transfer of public health services to local authorities in England including health visiting; clarify responsibilities including safeguarding
- Implement requirement in relation to new treatments
- Support any border GP practice wishing to link into the English "Choose and Book" Referral Assessment Service where English patients are registered with a Powys GP
- Ensure appropriate engagement in any further changes to the Tariff system (HRG4+).
- Monitor changing models of care driven through Accountable Care Organisations, Foundation Groups and Sustainability and Transformation Plans
- Resolve any cross-border issues arising from the implementation of 111

In line with the requirements of the Social Services and Well-being (Wales) Act 2014, the health board and the Council will ensure the implementation of a **Section 33 Agreement** for residential care spanning adults of all ages. This will include Full Nursing Care and Continuing Health Care. The Scheme will help to ensure that there is a population assessment; market analysis including the needs of self-funders, an integrated Market Position Statement, common contracts and specifications, shared approach to agreeing fees and quality assurance, a transparent use of budgets/pooled resources.

TRANSFORMING IN PARTNERSHIP

There will be continued use of **all-Wales frameworks**, e.g. mental health services. 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.

PTHB will work with Powys County Council to ensure the commissioning of **Third Sector services** is aligned with the Health and Social Care Strategy; and to explore further alignment of monitoring and planning these services.

4. Partnership Working

There is a shared commitment and a passion for the ambitions set out in 'A Healthy Caring Powys' over the next 10 years and beyond including the development of the North Powys Regional Rural Centre (see spotlight in Strategic Overview). This is a key component of the Area Plan of the Powys Regional Partnership Board.

Our approach looks outward as a collaborator as well as inward to the improvement to our own services. This is encapsulated in 'A Healthy Caring Powys', itself a shared approach to transformation in a complex environment. The map below shows the number of overlapping change programmes which have an impact on Powys:



- Betsi Cadwaladr UHB 'Living Healthier, Staying Well'
- Welsh Ambulance Services NHS Trust
- Mid Wales Joint committee for Health and Social Care
- Shrewsbury and Telford Hospitals 'NHS Future Fit'
- Hywel Dda UHB 'Transforming Clinical Services'
- Herefordshire and Worcestershire STP & WVT
- Aneurin Bevan UHB 'Clinical Futures'
- South East Wales Regional Planning Committee
- South West Wales Regional Planning Committee
- Mid and West Wales - ARCH Regional Programme
- Velindre NHS Trust 'Transforming Cancer Services'

Plus NHS England and NHS Wales arrangements for specialised services, shared series emergency ambulance services, National Delivery Plans and Collaborative Programmes, Informatics, Public Health, National Commissioning and Policy, Health Education, Improvement and Workforce

Intensive efforts are focused onto the 'live' change programmes where there is significant consultation or engagement to continuously assess impact on Powys residents and work collaboratively to address these. This includes our participation on the Future Fit Programme Board (Shrewsbury and Telford Hospitals) as this reaches a critical decision point in 2019. We align our approach with commissioner actions in response to regulator action and whole system working in key areas including seasonal planning, care co-ordination and patient flow actions as described in Joined Up Care.

We are increasingly working as a regional partner in this context via the **Mid Wales Joint Committee for Health and Care**, (formerly the Mid Wales Healthcare Collaborative), which has been recognised by Welsh Government as a Regional Planning area. The work

TRANSFORMING IN PARTNERSHIP

programme has been refreshed in the light of partner's strategic plans during 2018/2019 and a statement of strategic intent has been agreed and was finalised at the Committee's meeting on 14 January 2019. The Mid Wales Planning and Delivery Executive Group oversee the delivery of the detailed work programme and provide assurance on its delivery to the Mid Wales Joint Committee. Detailed work plans are in the process of review and development and will be reported to the Planning and Delivery Group in March 2019. Further detail can be found at <http://www.midwalescollaborative.wales.nhs.uk>

Mid Wales Joint Committee for Health and Care	
Aims for the next 3 Years	Current Priorities
Aim 1: Health, Well-being and Prevention	<ul style="list-style-type: none"> • Green Health Strategy • Ophthalmology • Community Dental • Oncology • WCCIS • Respiratory • Dementia • Telemedicine • Bro Dyfi Health & Care Centre • Workforce • Hospital Care and Treatment • Public, Staff and Patient engagement and involvement
Aim 2: Care Closer to Home	
Aim 3: Rural Health and Care Workforce	
Aim 4: Hospital Based Care and Treatment	
Aim 5: Communications, Involvement and Engagement	

Other **regional planning** between Health Boards is summarised below and the health board collaborates on those programmes that have an impact for the Powys population:

South West Regional Planning and Delivery Committee	South Central and South East Regional Planning and Delivery Committee	North Wales (Betsi Cadwaladr UHB)
<p>Current Priorities:</p> <p>Capacity and demand for Planned Care</p> <p>Ophthalmology</p> <p>Orthopaedics</p> <p>Endoscopy</p> <p>Cardiology</p> <p>Non Surgical oncology</p> <p>Vascular</p>	<p>Current Priorities:</p> <p>Legacy programmes from the South Wales Plan</p> <p>Vascular</p> <p>ENT</p> <p>Paediatrics</p> <p>Obstetrics</p> <p>Neonatal</p> <p>Gynaecology</p> <p>Regional Priority Programmes:</p> <ul style="list-style-type: none"> - Orthopaedics - Ophthalmology - Diagnostics 	<p>This is an integral part of the BCUHB Plan rather than a separate committee.</p> <p>Current priorities as per the BCUHB IMTP.</p>

These programmes, together with those of neighbouring health boards, collaborative bodies and partnerships across the English border are tracked using a 'Strategic Change Stocktake' which is a live document updated regularly with the Executive team and key partners including the Community Health Council.

SUMMARY PLAN: TRANSFORMING IN PARTNERSHIP

ORGANISATIONAL PRIORITY	KEY MILESTONES	MEASURES
1. Good Governance		
<ul style="list-style-type: none"> • Further improve Board Effectiveness, deliver a programme of governance reviews and spot checks • Strengthen risk and assurance including an internal audit programme agreed with the Audit and Assurance Committee, a Partnership Governance Framework, Risk management improvement programme and revisiting Risk Appetite • Delivery of Information Governance Strategic Framework and reporting, Information Asset Register, training, awareness raising • 	<ul style="list-style-type: none"> - Review & implement of Board Committee structure; programme of governance reviews/ spot checks (Q1-4) - Internal Audit Programme (Q1-4) - Partnership Governance Framework agreed Q1 - Risk Appetite review/ agreed Q2 - IG Framework (Q1-4) 	<ul style="list-style-type: none"> • Audit compliance • GDPR compliance • Findings of welsh language audit & needs assessment to determine further measures / baseline
2. Financial Management		
<ul style="list-style-type: none"> - Approval of a balanced IMTP/ financial balance 19/20 – 21/22 - Delivery of Financial strategy to include reprioritisation; delivery of savings and cost improvements; management of financial risk - Securing investment to accelerate/ upscale transformation 	<ul style="list-style-type: none"> - Approval of IMTP Q1 - Detailed financial monitoring and reporting (Q1-4) including JET 	<ul style="list-style-type: none"> • Approval of IMTP • Financial balance / financial reports
3. Planning, Performance and Commissioning		
<ul style="list-style-type: none"> - Approval of Trajectories & Integrated Performance Framework - Agreement of commissioning intentions and sign off LTAs - Strengthened approach to Planning & Commissioning aligned to delivery of Health & Care Strategy including; big four; commissioning intelligence; Cross Border Network; Section 33; Third Sector, referral alternatives and cross directorate planning support 	<ul style="list-style-type: none"> - Performance monitoring and reporting including JET (Q1-4) - Quarterly CAF; Service Fragility Log and Strategic Change Stocktake - Strategic Planning and Commissioning sessions (Q1-4) - Bi-annual Planning Workshops 	<ul style="list-style-type: none"> • Approval of IMTP • IPR reports • Signed LTAs • Delivery of key products
4. Partnership Working		
<ul style="list-style-type: none"> - Development of the North Powys Regional Rural Centre & Community Well-being Hub in accordance with the agreed partnership plan - Deliver regional planning that impacts on Powys including actions within the programmes of the Mid Wales Joint Committee for Health and Care (MWJC) Programme - Delivery of the Powys Regional Partnership Board Area Plan: Health and Care Strategy and Powys Wellbeing Plan (PTHB Lead Actions) - Robust management of Strategic Change including stocktake; impact assessment; stakeholder engagement including Powys CHC 	<ul style="list-style-type: none"> - As per Programme Plans - Strategic Planning Stocktake and Communications/ Engagement Report produced quarterly - Detailed Communications and Engagement Plans for live Strategic Change programmes 	<ul style="list-style-type: none"> • Quarterly Stocktake produced • Detailed Comms & Engagement Plans for Live Programmes • Delivery of CHC actions

TABLE OF APPENDICES AND USEFUL LINKS

Appendix	Content	Pages
Appendix 1	Summary of the Powys Wellbeing Assessment	2 - 10
Appendix 2	Summary Plans for National Delivery Plan areas (NDPs)	
	<ul style="list-style-type: none"> • Cancer 	11
	<ul style="list-style-type: none"> • Stroke 	12
	<ul style="list-style-type: none"> • Diabetes 	13
	<ul style="list-style-type: none"> • Heart Disease 	14
	<ul style="list-style-type: none"> • Respiratory 	15
	<ul style="list-style-type: none"> • Neurological Conditions 	16
	<ul style="list-style-type: none"> • End of Life 	17
	<ul style="list-style-type: none"> • Liver Disease 	18
	<ul style="list-style-type: none"> • Critically Ill 	19
Appendix 3	Table of Long Term Agreements (LTAs)	20 - 21
Appendix 4	PTHB Annual Plan 2019 - 2020	22 - 27
Appendix 4	Self Assessment / Signposting against Welsh Government Guidance	28 -
Appendix 5	Glossary of Acronyms	28 - 39
Appendix 6	Useful Links (Key links below, full list in appendix)	40
	<p>Powys Regional Partnership Board Area Plan https://en.powys.gov.uk/article/1741/Powys-Regional-Partnership-Board</p> <p>Powys Regional Partnership Board Health & Care Strategy http://www.powysthb.wales.nhs.uk/health-and-care-strategy Powys Public Service Board Well-being Plan</p> <p>Mid Wales Joint Committee http://www.midwalescollaborative.wales.nhs.uk/</p> <p>Powys Well-being Assessment https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis</p> <p>Rural Health and Care Wales https://ruralhealthandcare.wales</p> <p>Powys Association of Voluntary Organisations (PAVO) http://www.pavo.org.uk/home.html</p> <p>Powys Community Health Council (CHC) http://www.wales.nhs.uk/sitesplus/1144/home</p> <p>Powys County Council http://www.powys.gov.uk/</p> <p>Powys Teaching Health Board website http://www.powysthb.wales.nhs.uk/ and separate hyperlinks to PTHB Annual Report; PTHB Annual Quality Plan; PTHB Health Inequalities Plan</p>	41 - 42