

Integrated Medium Term Plan 2020/2021-2022/2023

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...



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 2020/2021 to 2022/2023. This will be the fourth year of our shared 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.

We are continuing to build a whole system approach across health and care that works for rural Powys and its populations. We have been successful in securing Welsh Government Transformation Funding for our flagship scheme, the North Powys Well-being Programme. This includes the development of a model of care that is based on prevention and well-being first, with care closer to home, wrapped around the person and their community, not the services and organisations. It is an opportunity to work across traditional boundaries, including education, housing and the independent, community and voluntary sectors.

The health board has an ambition to be a good partner and is taking forward a 'Workforce Futures' programme as part of the Regional Partnership Board, which is focussed on both health and care and takes into account the health board's role as both a provider of healthcare and a strategic commissioner.

There are challenges facing the National Health Service (NHS) in Wales and these can only be addressed sustainably through transformation and collaboration. As public bodies we have a role, collectively and individually, to respond to the wider remit within the Well-being of Future Generations Act, and our IMTP this year has a stronger emphasis on social, economic, environmental and cultural determinants of well-being.

Each section of the IMTP describes what we plan to do and how this delivers against our own 'Powys Outcomes', National well-being goals and the Five Ways of Working.

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.



Professor Vivienne Harpwood (Chair)



Carol Shillabeer (Chief Executive)



TABLE OF CONTENTS

	Page
Strategic Overview	3
Introduction	4
Strategic Context	5-6
Wellbeing of Future Generations	7
Our Workforce	8
Health Board Profile – Key Facts	9
Summary of Wellbeing Assessment	10-11
Priorities for Delivery 2020/21 – 2022/23	12
Key Transformational Areas of Work 2020/2021	13
Powys Outcomes	14
Review & Achievements 2019-2020	15
Delivery Against Key Measures	16-17
Opportunities and Challenges	18-19
Well-Being Objective 1: Focus on Well-being	20
Wider Determinants of Health (Powys Well-being Plan 12 Steps)	21
Health Improvement, Disease Prevention and Population Screening	22-23
Supporting Carers	24
Summary Plan	25-26
Well-being Objective 2: Early Help and Support	27
Primary and Community Care	28-32
Cluster Working	33
Connecting Communities	34-36
Summary Plan	37-38
Well-being objective 3 Tackling The Big Four	39
Mental Health	40-42
Cancer	43-44
Respiratory – Breathe Well Programme	45-46
Circulatory	47-50
Well-being objective 4: Joined Up Care	51
North Powys Well-being Programme and Powys Model of Care	52
Unscheduled Care and Out of Hours	53-55
Planned Care	56-57
Specialised Services	58-59
Quality, Safety and Citizen Experience	60-61
Summary Plan	62
Well-being Objective 5: Workforce Futures	65
Designing, planning and attracting the workforce	65 -66
Leading the workforce	66
Engagement and well-being	66
Education, training and Development	67
Partnership & citizenship	67
Summary Plan	68-69
Well-being Objective 6: Innovative Environments	70
Research, Development and Innovation	71-72
Capital Programme and Estates	73-76
Facilities	77
Summary Plan	78
Well-being Objective 7: Digital First	79-80
Digital Care (Telehealth / Telecare)	80
Digital Access (National ICT Programme)	80-81
Digital Infrastructure and Intelligence	81-82
Summary Plan	83-84
Well-being Objective 8: Transforming In Partnership	85
Good Governance	86-88
Financial Management	89-94
Partnership, Planning, Performance and Commissioning	95 - 98
Summary Plan	99

Introduction

We have an ambition of 'A Healthy Caring Powys' which sets out our Health and Care Strategy 2017 – 2027. This shared long term strategy was agreed by all partners in the Regional Partnership Board and developed following extensive engagement with people who live and work in Powys and is now moving into the fourth year of delivery.

Our long term strategy is strongly aligned to 'A Healthier Wales' (2018), the national strategy for health and care in Wales. We continue to refine and develop our plan in the light of national legislation, policy and transformational opportunities.

We have made significant steps forward against our own Well-being Objectives and have a clear focus on future generations in Powys. Powys Teaching health board is both a provider of health services (which are delivered locally in the county) and a commissioner of secondary and more specialist services and has a unique challenge and opportunity to provide even greater value for the resources that we spend.

We are uniquely placed to create a Powys Model of Care that is truly centred around the person and the place where we live, making the motto 'care closer to home' meaningful by building on our strengths. We already lead the way with innovations in community and primary care, nursing and therapies, with robust relationships between teams and partners.

The greatest strength in Powys is the people and the communities we live in. We have an active voluntary and community sector and there are around one in ten people with caring responsibilities. We are recognising the importance of this with a specific priority for supporting carers and a continued focus on connecting communities. We are also developing our approach to value based health care, which will highlight any variations in outcomes across the communities we serve and provide tools to help tackle health inequalities.

The health board is not only a healthcare provider but an employer and a partner with a key role to play in the well-being of the county in the widest sense. This includes a role in the environmental well-being of Powys and this IMTP includes a focus on actions that the health board can take on its own and in partnership to play its part in tackling climate change, including the work to become carbon neutral by 2030.

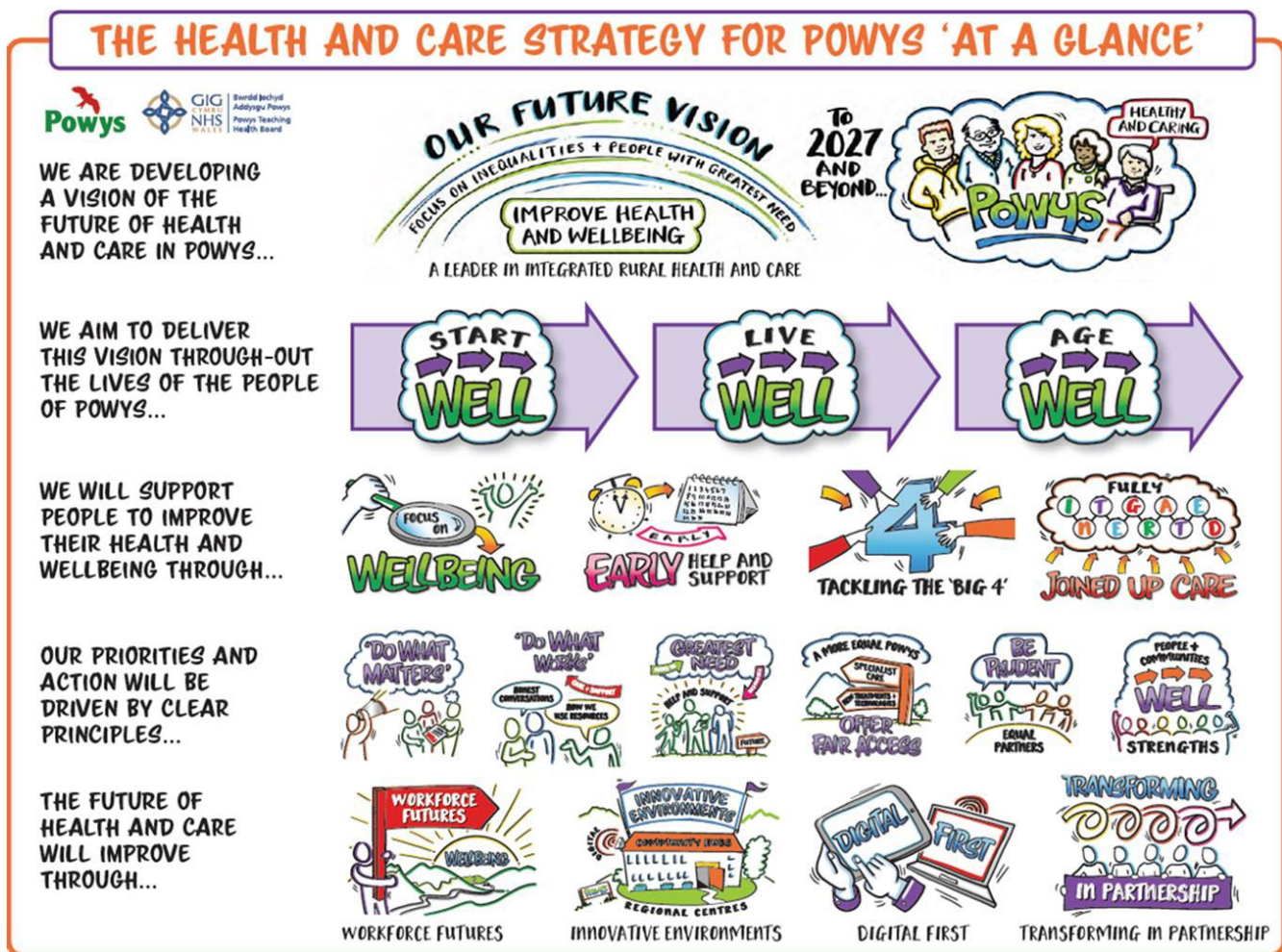
We also have a part to play in the wider social, economic and cultural well-being of Powys and the IMTP sets out our understanding of these factors from the Powys Well-being Assessment, as well as our actions to contribute positively to partnership work on the Powys Well-being Plan which looks 'Towards 2040' to ensure a truly intergenerational approach.

We have embarked on a journey of transformation as a health board since the publication of the Health and Care Strategy and this IMTP sets out the key schemes that we are taking forward, with our partners and our population, to achieve real, immediate and sustainable changes. These include the North Powys Well-being Programme, a once in a lifetime opportunity to work across sectors in health, care, education, housing and the community. This is building and testing a model of care that will be important across Powys.

Partnership working is critical in Powys with some significant changes within and around our borders, regionally and nationally across Wales and England that are underway or planned. The IMTP sets out the strategic planning and commissioning approach that enables us to track and manage changes with informed and shared local responses.

We are also going into an important year for NHS Wales, with the development of an NHS Executive, a National Clinical Plan and the further evolution of the National IMTP. Powys has a pivotal role in both national and regional planning, with its place in the rural heartland of our country. We will continue to represent the people of Powys at national and regional levels, sharing learning with others on our transformational work as well as learning from others and collaborating where a regional or national approach brings the greatest benefit.

Strategic Context



Our shared long term strategy 'A Healthy Caring Powys' was developed in the context of the Wellbeing of Future Generations (Wales) Act 2015 which set ambitious goals for well-being, overseen by Public Service Boards (PSBs). Also important is the Social Services and Well-Being (Wales) Act 2014 which set out how care would be transformed, with a requirement for a Regional Partnership Board (RPB). Our IMTP demonstrates how the health board is taking a leadership role within the PSB and the RPB (refer to the Transforming in Partnership section).

'A Healthier Wales: Our Plan for Health and Social Care' (Welsh Government, 2018) built upon this foundation with an ambition to bring health and care together into a seamless whole system approach, designed and delivered around the needs and preferences of individuals, with a greater emphasis on well-being. This included a community based model of health and social care, with a stronger public health approach and transformation of 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 which is critical for Powys service users. The North Powys Well-being Programme forms our response within this strategic context – further detail of this 'once in a lifetime' initiative can be found in the Joined Up Care section.

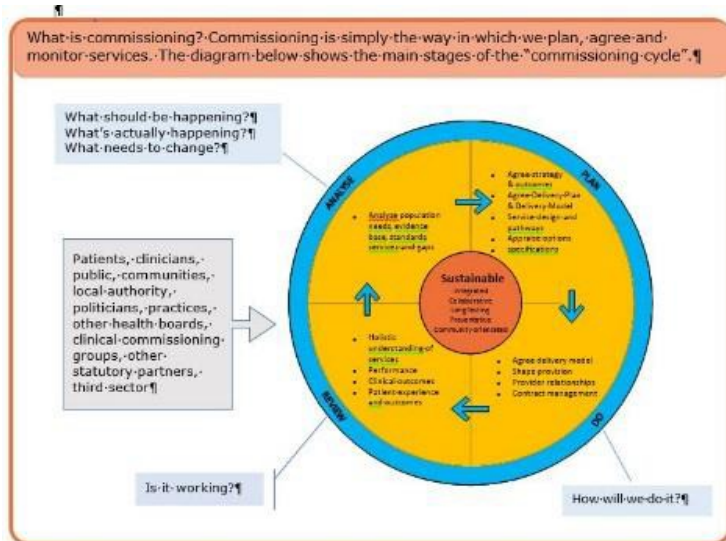


STRATEGIC OVERVIEW

Quality is the watchword in NHS Wales and this informs everything, from daily operational delivery through to transformational schemes. In the health board we have strengthened our approach to quality assurance in 2019/2020 and will continue with this throughout 2020/2021 and beyond.

We have developed a Clinical Quality Framework and Improving Clinical Quality Action Plan, linked to our Board Assurance Framework, which recognises the strengths in the approach taken by the health board and identifies areas for targeted improvement. It also provides a toolkit of improvement methodologies for use across the health board and in partnership with our key stakeholders including the Community Health Council and patient / carer / citizen groups. (Further detail can be found in the Joined Up Care section of this IMTP).

We are developing our commissioning intelligence capability as part of a value based health care approach, particularly around 'Tackling the Big Four', linked to our existing Strategic Commissioning approach and Commissioning Assurance Framework. (Further detail can be found in the Tackling the Big Four and Transforming in Partnerships sections of this IMTP).



PTHB approaches commissioning as a collaborative process, focused on long lasting solutions and prevention. It looks across the "whole system" (spanning wellbeing, primary, secondary, tertiary and continuing health services).

It seeks a careful analysis of need with clinical evidence to understand "what should be happening" and intelligence about "what's actually happening".

The plan for 2020/2021 includes a focus on clinical leadership and better ways to involve patients and communities, working to address inequity and variation to improve outcomes and value. Engagement

is also underway on Strategic Equality objectives which will be finalised in March 2020.

In the context of a complex commissioning landscape, the health board has a unique challenge to deliver value for the people of Powys in relation to the resources we spend. The value based health care approach will enable us to further understand the use of resources and identify any variations in the levels of activity and the outcomes for our communities. This will enable a robust determination of who uses services, whether there is equity and how this relates to health inequalities and a wider public health approach.

There are complexities that must be factored in to make the analysis of value meaningful in Powys and the first stages will involve a blended approach across the levels outlined below.








Technical	Operational Efficiency	Clinical Variation	Outcomes Population Health
Examples: Procurement, skill mixing, productivity	Examples: Theatre start and finish times	Examples: Differing referral patterns within or across clusters	Examples: Support Preventative agenda, health promotion and what the patient wants

Wellbeing of Future Generations

PTHB is active in the **Public Service Board (PSB)**, with the lead for Steps 11 and 12 of the Powys Well-being Plan 'Towards 2040' and targeted public health input on all Steps. The **Wales Audit Office** examination of the North Powys Wellbeing Programme in 2019, demonstrates alignment with the sustainable development principle and five ways of working, with further opportunities to embed the approach as this programme evolves.

The **Office of the Future Generations Commissioner** also provided feedback on the PTHB self-assessment against the WBFGA in 2019. This noted several areas of **good practice** in particular partnership working, a focus on prevention in our wellbeing objectives and a recognition of the importance of workforce futures. The health board has taken further steps in 2019/2020 and held a Board Development session on sustainability which enabled a deeper consideration of the health board's role and actions on the environment, climate change and social and cultural well-being. We have achieved ISO 14001 this past year and this is also enabling us to put robust environmental management at the core of our business. We are also implementing specific, practical changes in line with the '**journey checker**' approach and focusing on the **seven corporate areas** for change – for example adding an assessment of alignment with the WBFGA to requests for estates projects.

Specific areas of our IMTP are aligned to delivery against **National Well-being Goals**:

Workforce futures	Developing a carbon positive strategy (PSB)	North Powys Wellbeing Programme	Healthy weights, tobacco control	Developing a joint approach to community resilience (PSB)	Welsh language standards	ISO14001
						
A Prosperous Wales	A Resilient Wales	A More Equal Wales	A Healthier Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Welsh Language	A Globally Responsible Wales

Our wider approach to the Powys model of care is delivering against the **five ways of working**. A Healthy Caring Powys sets out our **long term** vision. Key to this is the evidence of the well-being assessment which explores the long term impact if the current approach remains the same. The IMTP sets out progress against these long term outcomes.

The Health and Care Strategy and the IMTP span across primary, secondary and tertiary **prevention**. We are utilising the Welsh Government definition of prevention to ensure that encompasses a broader approach, with connections within and between communities of geography and communities of interest, as well as a life course approach in our IMTP and in key Partnership Plans (the Public Services Board Well-being Plan and the Regional Partnership Board Area Plan).

Key to this is the triple **integration** approach of health and social care, mental and physical health and primary and community care. The Powys RPB takes a life course approach to 'Start Well', Live Well and Age Well' and there is a programme of work across each of these.

'A Healthy Caring Powys' is reliant on **collaboration** between and across members of the Regional Partnership Board, which includes the health board, Powys County Council, the Third Sector, Universities, the public, patients and carers. The IMTP described the work of the RPB in more detail in the Transforming in Partnership section.

The Powys well-being objectives and outcomes were developed through **involvement** with our communities and stakeholders. It reflects 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.

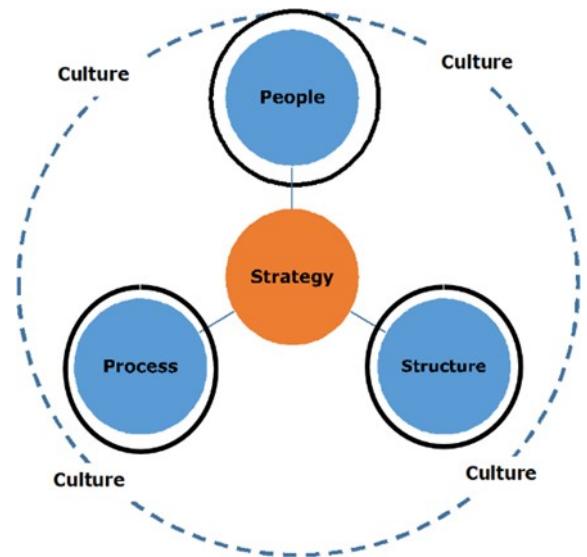
Our Workforce

Currently around 71,500 people have some role either formally or informally in the health and care economy in Powys. This is equivalent to more than half of our population and includes health, social care, the voluntary, community and independent sector and unpaid carers.

- Over 2,000 PTHB staff including nursing and midwifery, administration and clerical, additional clinical services, estates and ancillary, Medical and Dental, Allied Health Professionals, additional professional scientific and technical and healthcare scientists
- 2,974 members of staff in the Independent care sector - 2,260 of these are carers
- 713 members of staff working across adults and children's social care
- 514 temporary staff who are deployed when there are gaps in substantive positions
- 47,812 volunteering roles
- At least 16,000 estimated unpaid carers
- 130 visiting medics (professionals we commission to deliver services for us in Powys)
- 454 staff in general practice, this includes 78 general practitioners

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 findings from the results of the most recent staff survey conducted in 2018 are shown here and comparisons to both the results from 2016 survey and the all Wales results.



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).

Health Board Profile – Key Facts

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.

Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county.

Geography and rurality make access a challenge, with residents of the county accessing acute hospital care from 15 providers around its borders across Wales and England.

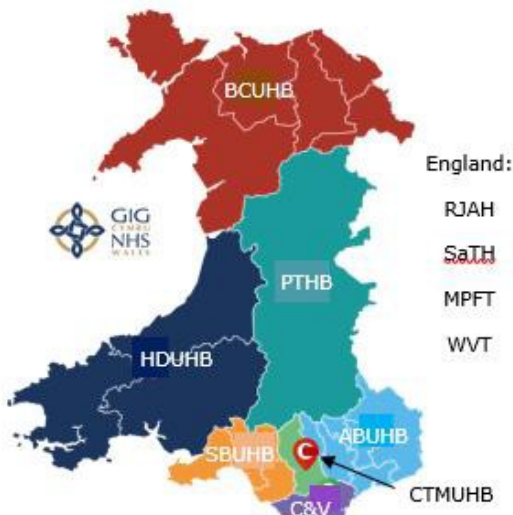


A Commissioner of Services

The health board budget is around £300 million a year; with 50% spent on services that we commission; 30% on directly provided services and 20% on primary care. The largest patient flows from Powys are into the North Midlands and the West Midlands for secondary care.

Long Term Agreement Values 2018/19:

- Shrewsbury and Telford NHS Trust (SaTH): £25.280M
- Wye Valley NHS Trust (WVT): £14M
- Aneurin Bevan (ABUHB): £11.869M
- Robert Jones Agnes Hunt Hospital (RJAH): £9.155M
- Swansea Bay (SBUHB): £7.954M
- Hywel Dda (H DUHB): £6.973M
- Betsi Cadwaladr (BCUHB): £2.107M
- Cardiff & Vale (C&V) UHB: £1.314M
- Cwm Taf Morgannwg (CTMUHB): £1.140M
- Midlands Partnership Foundation Trust (MPFT): £1.101M
- Velindre Cancer Trust: £1.051M
- Other English: £2.698M



Primary and Community Care

Care is provided through our primary care contractors including 16 General Practices, 22 Dental Practices and 5 Community Dental Services, 23 Pharmacies and 17 Optometrists, and also through the Third Sector.

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 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

Summary of Well-being Assessment

For the full analysis and list of sources see Appendix 1 and visit <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

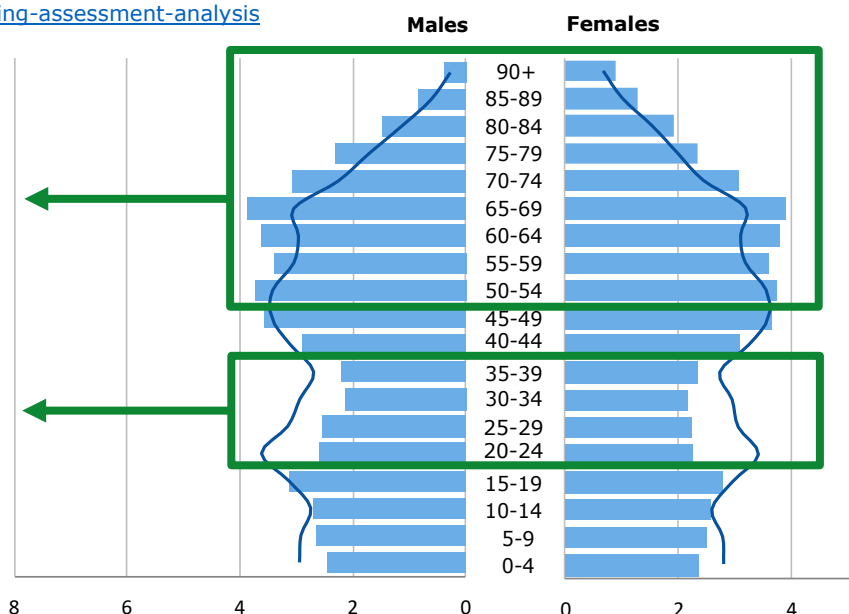
A Changing Population

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%)



5,500 people migrated out of Powys in 2015

5,900 people migrated into Powys in 2015

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 Lower Super Output Areas (LSOAs) are among the most deprived 30% in Wales. Also a child born in the most deprived area will live 5.6 years less (for females) and 6.5 years less (for males) 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.

Summary of Well-being Assessment (Continued)

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 Lower Super Output 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 health behaviours compared with Wales, there remains significant challenge in further improving health behaviours and health outcomes



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



8%

Projected overall decline in 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 entering school overweight or obese in Powys

6 in 10

Adults in Powys are overweight or obese (same as all Wales rate).

4,256

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

16,154



Carers in Powys an increase of 14% from 2001.

Population health evidence on 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

Priorities for Delivery 2020/2021 – 2022/23

Delivery is framed around the eight well-being objectives defined in A Healthy Caring Powys. These consist of four Well-being Objectives: Supported by four Enabling Objectives:

- | | |
|--|--|
| <ul style="list-style-type: none"> - Focus on Wellbeing - Early Help and Support - The Big Four - Joined Up Care | <ul style="list-style-type: none"> - Workforce Futures - Innovative Environments - Digital First - Transforming in Partnership |
|--|--|

There is a continued emphasis on our ambition to be leaders in primary and community care, and this year this is strengthened further with the development of more integrated cluster working and the full alignment of priorities across the Health and Care Strategy, Integrated Medium Term Plan and Cluster Plans. This means that actions are aligned at a pan Powys and sub regional level in North, Mid and South Powys. The organisation is supporting this with organisational alignment and associated organisational development and work commissioned by the RPB on an integrated Workforce Futures strategic framework, detailed further in the Workforce Futures section.

Progress on delivery will be tracked through the Powys Improving Performance Framework which has also been refreshed this year and takes a multi factored approach to assessing positions against our Well-being Objectives.

Focus on Wellbeing	Early Help and Support	The Big Four	Joined Up Care
<ul style="list-style-type: none"> ▪ Wider Determinants of Health ▪ Health Improvement and Disease Prevention ▪ Supporting Communities and Carers 	<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"> • North Powys Well-being Programme • Unscheduled Care / Out of Hours • Planned Care • Specialised Care • Quality and Citizen Experience
Workforce Futures	Innovative Environments	Digital First	Transforming in Partnership
<ul style="list-style-type: none"> ▪ Designing, Planning and Attracting the Workforce ▪ Leading the Workforce ▪ Engagement and Well-being ▪ Education and Training ▪ Partnership and Citizenship 	<ul style="list-style-type: none"> • Research, Development and Innovation • Capital Programme and Estates • Facilities 	Deliver the Digital First Strategic Framework: <ul style="list-style-type: none"> • Digital care • Digital Access • Digital Infrastructure 	<ul style="list-style-type: none"> • Good Governance • Financial Management • Partnership, Planning, Performance & Commissioning

Key transformational areas of work



Within the health board's priorities there are key areas of Transformation, that together form a response to the unique characteristics of the Powys landscape, building collaborations across not only health and care but wider sectors, to achieve 'A Healthy Caring Powys'.

The North Powys Well-being Programme is the first of the major programmes to secure Welsh Government Transformation funding and is leading the way on the Powys Model of Care. Further detail can be found in the [Joined Up Care](#) section of this IMTP. This is one of a number of important partnership programmes of work overseen by the Regional Partnership Board and further detail on these are found in the [Transforming in Partnership](#) section.

Primary and Community Care is building on a strong track record in Powys, with three Clusters which reflect natural geographies of South, Mid and North Powys. Many of the elements of the National Primary Care Model are already in place and some significant innovations are being rolled out in other areas of Wales after a successful starting point in Powys. Further detail can be found in the [Early Help and Support](#) section of this IMTP.

The [Tackling the Big Four](#) section describes the value based approach that is being pioneered in the health board in key clinical change programmes for the 'big four' burdens of ill health with the most impact on the health of the population of Powys including Cancer, Respiratory, Circulatory Conditions and Mental Health. The Mental Health transformation and more recently the "Breathe Well" programme are leading the way and significant progress has been made, with plans to scale and spread this approach across the Big Four in 2020 – 2022.

Each of these in turn depends on the development of strategic frameworks for [Digital First](#) and [Workforce Futures](#), to underpin the transformation ambitions. These enablers are key to ensuring that the transformation programmes are based on robust assumptions, forming a resilient and sustainable approach across both health and care. Further detail can be found in the separate sections of the IMTP.

Powys Outcomes

Co-produced outcomes were developed as part of the Health and Care Strategy, informed by stakeholder feedback, 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 wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain 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 & assistance to remain active & 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 use the great outdoors 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

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 shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

REVIEW & ACHIEVEMENTS 2019-2020

Focus on Well-being

- Full implementation of maternity led flu vaccination in the 2019/2020 season and 2 separate improvement trials into flu vaccination underway
- Improvements in recorded MMR vaccine uptake
- Using transfer of client facing stop smoking services to improve coordination of support to smokers
- Healthy Weight: Healthy Wales – developing the local obesity pathway as part of wider work

Early Help and Support

- Third sector links including Community Connectors part of the community resource team
- Healthy Schools and Pre-Schools schemes on track to achieve 2019/20 targets through 'Bach a Iach'
- Funding received from Health Education and Improvement Wales to support HCSWs
- Powys RPB joined First 1000 Days Collaborative; shared understanding importance of first 1,000 days and impact of ACEs

Workforce Futures

- A shared Workforce Futures for the Regional Partnership Board developed, following extensive engagement
- PTHB was a finalist in four of eight HPMA Wales awards, winner of 'Rising Star' award and highly commended for staff engagement through Chat to Change

The Big Four

- Respiratory Clinical Change Programme 'Breathe Well' underway
- Successful Improving Cancer Journey Implementation
- Cancer champions in all practices
- Baseline assessment of national disease plans completed
- Diabetes Plan 2019 – 2020 in place
- Stroke and Neurological Conditions Plan 2019-2020 in place
- Dementia Home Treatment Service fully operational in Powys
- New personality disorder pathway introduced
- Psychology Single Point of Access (operational April 2020)
- District nurses visiting Farmers Markets across Powys to offer a full 'health MOT' (including emotional health support) to farmers
- Suicide and Self-Harm Prevention Co-ordinator in place
- Drop in sessions and groups at Mind for farming sector
- Online CBT (Silvercloud) with self-referral functionality

Joined Up Care

- Discharge to Recover and Assess (D2RA) model trialled in North Powys and being scaled up across Powys
- Out of Hours Peer Review undertaken and future model agreed for an integrated urgent primary care approach endorsed
- Working with Delivery Unit on demand and capacity review for planned care
- Full engagement with the national Eye Care programme
- Catheter Care Passport implemented
- District Nurses using sepsis bundle
- Senior Nurse for Infection Control working with key teams including promotion of e-learning to increase uptake
- Clinical Quality Framework developed

Digital First

- Powys-wide self referral model in place for Silvercloud
- Engagement with further health boards regarding Silvercloud rollout across NHS Wales
- The Information Department successfully supported the implementation of the new Single Cancer Pathway (SCP) via WPAS
- Telehealth Co-ordinator engaging key stakeholders including GP Practices to promote use of innovative approaches including 'Florence' virtual support app

Innovative Environments

- Completion of significant phase of development for Outpatients and Renal at Llandrindod Wells; programme business case in development for Phase 2
- North Powys Well-being programme will include business case for significant capital development to deliver ambition in 2020
- ISO14001 achieved with plans to improve environmental management further including progress towards carbon neutral in 2030
- Continuous improvement with audit and estates compliance

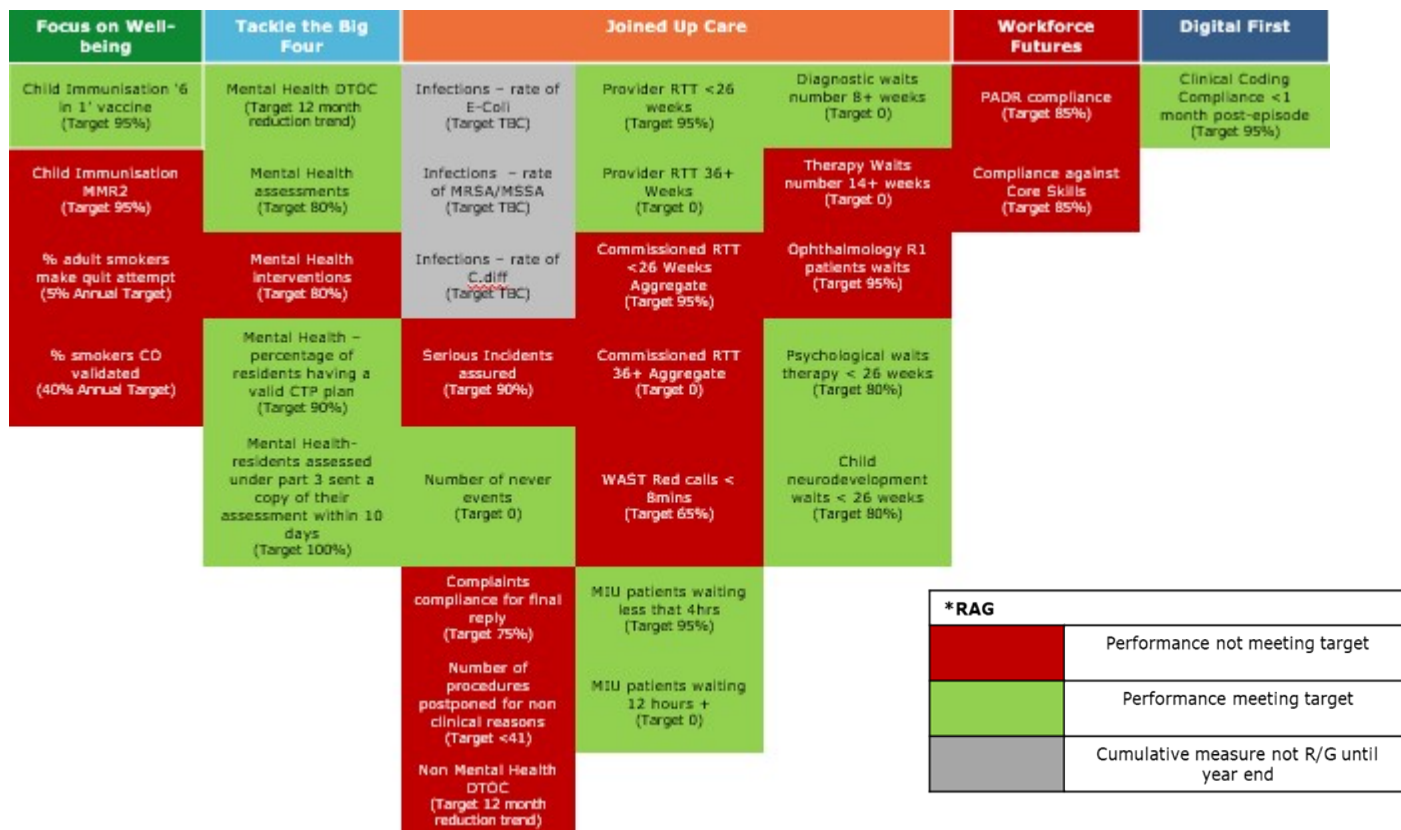
Transforming in Partnership

- Commissioning Assurance Framework rolled out to include Primary Care and developed for use thematically for Maternity care
- Cluster IMTPs developed for the first time, fully aligned to the Powys Health and Care Strategy and the health board IMTP
- Successful in securing Transformation Funding for the North Powys Well-being Program 15 and comprehensive engagement carried out; model of care drafted and accelerated areas of delivery underway

REVIEW & ACHIEVEMENTS 2019-2020

Delivery against Key Measures 2019/20-2020/21

This update on delivery is based on the information as at December 2019 as this is the most up to date available at the time of producing this document. Further updates are produced quarterly in accordance with our Integrated Performance Framework; the latest Integrated Performance Reports are published in PTHB Board papers, available on the PTHB website.



As at December 2019/2020 the health board continues to perform well against most of the directly influenced key targets set by Welsh Government for its own directly provided services. All areas which are not meeting the target (highlighted red in the above diagram) are addressed in the detailed delivery sections of this IMTP as signposted below:

Measure	Section of the IMTP
<ul style="list-style-type: none"> Childhood immunisation Smoking measures 	Focus on Well-being - health improvement
<ul style="list-style-type: none"> Mental Health interventions 	Tackling the Big Four - Mental Health
<ul style="list-style-type: none"> Procedures postponed Commissioned Referral to Treatment (RTT) Therapy Waits Ophthalmology 	Joined Up Care- Planned Care
<ul style="list-style-type: none"> Delayed transfers of care (DTOC) / Welsh Ambulance Services Trust Red Calls 	Joined Up Care- Unscheduled Care
<ul style="list-style-type: none"> Serious incidents/ complaints 	Joined Up Care - Quality
<ul style="list-style-type: none"> Personal Appraisal and Development Review (PADR) Compliance Compliance against core skills 	Workforce Futures – Engagement and Well-being; Education and Training

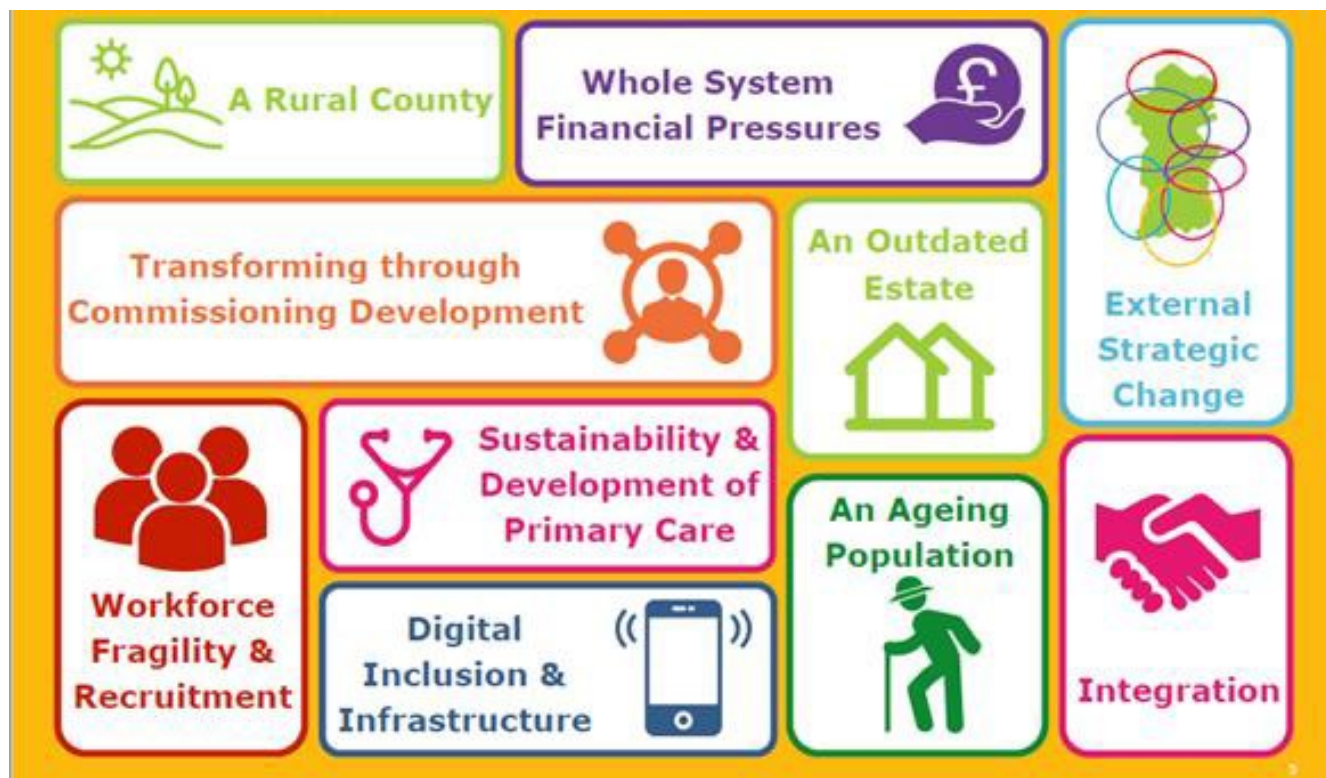
REVIEW & ACHIEVEMENTS 2019-2020

There are a number of accountability conditions that are put in place by Welsh Government on approval of the IMTP – the latest position on these, as at the end of Quarter 3 2019/2020 are shared in summary below:

Condition	Quarter 3 Position 2019/2020
<p>Ensure Referral to Treatment (RTT) requirements are closely monitored to ensure providers meet required timeframes</p>	<p>RTT is closely monitored as part of our Improving Performance Framework for both provider and commissioned services.</p> <p>As a provider of services we are able to consistently meet the timely care access targets for referral to treatment within 26 weeks as shown in the latest position (November 2019). No patient has waited longer than 36 weeks for treatment in our own provided services and no patient has waited longer than 8 weeks for a specified diagnostic. As at November 2019, 6 patients were waiting for a specified therapy and actions are in place to address these.</p> <p>In relation to commissioned services, there is a slight improvement in the latest position for both 26 and 36 weeks but overall it remains below target. Robust monitoring is carried out as part of a Commissioning Assurance Framework with agreed actions plans used for key areas of improvement.</p>
<p>Financial control, including the delivery of savings plans and delivery of the IMTP</p>	<p>A breakeven position is forecast for year end with plans in place to deliver the savings plans, with contingency planning to address any slippage in the delivery by year end. There is close monitoring and management of risks and opportunities to support delivery of the financial plan.</p>
<p>Ensure the delivery of sustainable Out of Hours services and standards</p>	<p>The model for out of hours provision in Powys takes into account the unique characteristics of the rural area, the existing arrangement with Shropdoc and the introduction of NHS 111. Work is continuing on further integration of these services with General Practices to ensure a clear route of access out of hours.</p>
<p>Continue to stabilise the workforce including Mental Health services</p>	<p>Focus on workforce sustainability continues including safe staffing levels; model of care and workforce futures strategic framework; variable pay/ temporary staffing arrangements; flexible workforce responses to ensure service continuity.</p>
<p>Regional Planning commitments</p>	<p>Refer to the Transforming in Partnership section for full detail of the role of the health board in the Powys Regional Partnership Board and the Mid Wales Joint Committee for Health and Social Care and other regional planning mechanisms and strategic change programmes. The Focus on Well-being section also details our role in the Public Services Board.</p>

OPPORTUNITIES AND CHALLENGES

We have had an approved IMTP status for the past five 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 the estates and workforce, the complexity of partnerships and commissioning and the need for financial balance and sustainability of services presents 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 specialist care involve journeys across many boundaries, with multiple points of handover and care co-ordination across both Wales and England.

Whilst there is investment in NHS Wales this year, there remain financial challenges across the whole system in Wales and England. Powys Teaching Health Board is 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 and contractors, 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 partnerships including a lead role in the Regional Partnership Board. Key transformational schemes are being taken forward as part of the RPB, including North Powys Well-being Programme, Workforce Futures and Digital First.

OPPORTUNITIES AND CHALLENGES

The connecting 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 partnerships across Mid Wales.

Our own transformational programmes, notably the North Powys Well-being Programme, the 'Big Four', the Workforce Futures programme, the Primary and Community Care work and our plans for Digital First, form our response to a complex environment of change around our borders and across commissioned services.

These include the NHS Future Fit programme in Shropshire, Telford and Wrekin, the Clinical Futures Programme in South West Wales, the Sustainability and Transformation Partnership in Herefordshire and Worcestershire, the Transforming Clinical Services Programme in Mid and West Wales and developments in Specialist provision such as Major Trauma.

The Clinical Futures Programme, led by Aneurin Bevan University Health Board, is of particular significance for 2020/2021. This is a long term programme which is taking forward the outcome of consultation carried out across South Wales and South Powys in previous years. The programme includes the opening of the Grange (Specialist Critical Care Centre), in March 2021 and developments in the full range of associated pathways and Local General Hospitals which include Nevill Hall Hospital.

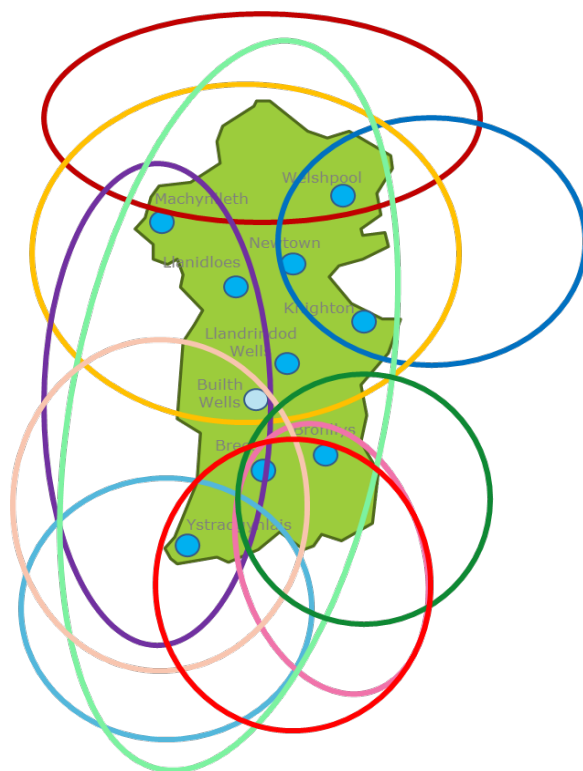
In addition, there are the NHS Wales Collaborative Programmes, National Delivery Plans, Shared Services, Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC), Welsh Ambulance Services Trust (WAST) and NHS Wales Informatics Service (NWIS) work streams.

NHS England published the NHS Long Term Plan (England) in 2019 and an interim People Plan. Responses to the ambitions and requirements in this plan are being worked through across all of our neighbouring English providers and Clinical Commissioning Groups, aiming to address sustainability challenges in the long term. There are also a number of structural changes planned with Shropshire and Telford aiming to have a single strategic commissioner and Herefordshire and Worcestershire intended to merge their Clinical Commissioning bodies.

The EU Transition or 'Brexit' continues to be a focus of attention going into 2020 and PTHB participates in the national Health and Social Services Senior Responsible Officer's Group as well as Dyfed-Powys Local Resilience Forum arrangements. There is an Action Plan in place which includes medical devices and clinical consumables, medicines, supplies, workforce, communications, ICT and assurances from commissioned services. Importantly for our residents, it also has a focus on supporting the farming sector facilitated by the Powys Agricultural Wellbeing Network.

We closely track national and regional developments, in liaison with our Community Health Council, ensuring any changes are understood and any impacts are assessed and mitigated. Some of these responses to change are immediate where there is a specific service pathway involved, and in other cases the response is part of our longer term strategy as both a provider and a commissioner of services for Powys.

Strategic Programmes around Powys
2019/2020



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 risks. 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 2020/2021 – 2022/2023

1. Wider Determinants of Health
2. Health Improvement and Disease Prevention
3. Supporting Communities and Carers

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 workforce planning aims and actions.

DELIVERY OF NATIONAL GOALS

- ┌ Five Ways of Working: Key to delivery against the 'long term' and 'prevention'
- ┌ 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

WBFGA WELL-BEING GOALS:



A Healthier Wales



A More Equal Wales



A Wales of Vibrant
Culture & Welsh
Language

Focus on Well-being

1. Wider Determinants of Health

'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 hyperlinks in the IMTP 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 Well-being 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 Well-being 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.

Well-being 12 steps

We have agreed an initial 12 well-being steps to deliver our local objectives in this first plan. These are collective steps, where we need to work together and enhance the work we're doing as individual organisations and communities. Again more detailed information about the steps is provided later in this plan.

01	£ 🏠 🏥 🙌	Actively engage with residents, communities and key stakeholders to promote, shape and deliver our vision for 2040	07	£ 🏠 🏥 🙌	Develop a carbon positive strategy that maximises green energy production
02	£ 🏠 🏥 🙌	Establish a simple and effective performance management framework to monitor progress in delivering the well-being steps and achieving the vision	08	£ 🏠 🏥 🙌	Develop a sustainable environment strategy
03	£ 🏠 🏥 🙌	Work with and influence others to improve our transport infrastructure, our existing transport links and develop a sustainable and integrated approach for planning and delivery	09	£ 🏠 🏥 🙌	Undertake market research and establish an effective infrastructure to support active enjoyment of the environment and adventure tourism
04	£ 🏠 🏥 🙌	Work with and influence others to ensure improved digital infrastructure for Powys	10	£ 🏠 🏥 🙌	Develop a strong brand to promote and attract inward investment into Powys
05	£ 🏠 🏥 🙌	Develop a joint approach to community resilience by co-ordinating existing support and building the skills and capacity within communities helping them do the things they can do for themselves	11	£ 🏠 🏥 🙌	Implement more effective structures and processes that enable multiagency community focused response to wellbeing, early help and support
06	£ 🏠 🏥 🙌	Develop a holistic approach to skills and lifelong learning, which offers a range of formal and informal opportunities, including apprenticeships and traineeships	12	£ 🏠 🏥 🙌	Develop our organisations' capacity to improve emotional health and well-being within all our communities

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 incidents 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 2020/21 we will continue to implement the “key components of the smoking cessation system” framework, supporting the all Wales Tobacco Leads Group. Further local developments will include responding to the smoke-free Premises and Vehicles (Wales) Regulations 2018, especially the requirements for no-smoking mental health units and smoke-free hospital sites.

Healthy body weight is a major contributor to avoiding preventable morbidity and premature mortality. Being overweight or obese increases the risk of serious health problems including type 2 diabetes, cardiovascular disease, cancer and musculoskeletal conditions. The health board assists people to manage their weight with support for those who need it.

- In Wales, around one in four reception age children and almost 60% of adults are overweight or obese
- There are estimated to be around 3,700 adults in Powys with a body mass index (BMI) of 40 or above and around 600 with a BMI of 50 or above
- The healthy weight BMI range is 18.5-24.9; the overweight range is 25-29.9 and the obese range is a BMI of 30 or above

Welsh Government launched Healthy Weight: Healthy Wales in October 2019. This includes a commitment to “fair and equitable access to a clinical pathway for weight management services with guaranteed access for all”. A review in Powys has found there are gaps, particularly at Levels 2 and 3. Level 4 services are commissioned by Welsh Health Specialised Services Committee (WHSSC) and provided outside Powys. The establishment of level 2 and 3 services to access a clinical pathway for weight management in Powys is contingent on additional funding.



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 Action Plan and our wider model of health and care.

Immunisation remains one of the most effective interventions for 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 during 2017/18 provides an example of the importance of childhood vaccinations.

Outbreak Surveillance: The health board works 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 ensures plans remain in place for the local response.

We have explored solutions to improve the rate of childhood MMR immunisation, learning from national work, particularly recording of children who are registered with GPs in England and receiving immunisation outside Wales. A recent quality assurance project undertaken jointly with Public Health Wales and NWIS led to improvements in recorded uptake in Powys. There is further work with regards to parental refusals and the scope for action to make improvements. As a result, we are predicting an improvement trajectory on this measure, although this does not reach the national target in 2020/2021.

Substance Misuse: Actions in the co-occurring Substance Misuse and Mental Health Plan ensure that substance misuse and alcohol interventions are delivered in a timely manner; services deliver holistic, recovery focussed care and treatment matched to user needs and effective communication within and between agencies and service users. This includes locally agreed care pathways and protocols including the transition from Children and Adolescent Mental Health Services (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. |Key actions include a commissioning strategy and annual prioritisation; clinical governance and capacity arrangements; clinical audit and monitoring.

Problem gambling: In Powys, we have advertised and promoted the GambleAware/Royal Society for Public Health UK eLearning, explored the use of health impact assessment for planning applications for new gambling venues, and made resources available about gambling support agencies in job centres, mental health units and substance misuse services. We will further respond to this issue as new evidence and intelligence becomes available.

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 (e.g. 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.

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, in line with national recommendations. The Plan includes a focus on the agreed all Wales five priority areas for sexual health in Wales over the next five years. These have been clinically identified and seek to reduce social and healthcare costs by:

- Increasing access to contraception by way of innovative services, in particular long-acting reversible contraceptives (LARC). Focusing on client groups where unplanned pregnancies are likely to occur, this will reduce associated social and healthcare costs
- Increasing access and decreasing turnaround times for diagnosis and treatment of bacterial Sexual Transmitted Infections (STIs), with a focus on new technologies
- Improving local and timely access to abortion care, to comply with national guidelines
- Adopting strategies to eradicate new HIV transmissions and prevent late diagnosis
- Facilitating collaborative approaches through the adoption of a Wales-wide case management system, and needs based workforce planning

Population 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 where there is evidence of poor uptake.

3. Supporting Communities and Carers

In Wales, the **Making Every Contact Count** (MECC) 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.



Gwneud i bob cyswllt gyfrif
Making every contact count

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 has been enhanced in 2019-2020 with the use of Integrated Care Fund (ICF) funding. This has seen 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.

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. It is known that an estimated 1 in 29 young carers miss school as a result. There are Carers Champions who develop expertise in respect of carers and changes in service provision including the use of Carers Special Grant to provide one-off support for carers e.g. taking driving lessons.

Young and Adult Carers (Unpaid) Powys County Council & health board members of the Carers Steering Group have developed a Plan on a Page which outlines the plans for Carers over the next year. The areas of focus are Raising Awareness, Carers Voice and Influence, and Respite. The aim is for carers to have the space and time to enjoy a good quality of life and well-being, with support as and when they need it. The co design of services is through Powys Steering Group, with Carer representatives on Start Well, Live Well, Age Well Regional Partnership Board and Carers Steering Group Advocacy Support. The final Plan on a Page will be taken to the RPB for approval as part of the Carers Annual Report.

SUMMARY PLAN: FOCUS ON WELL-BEING

PRIORITY	KEY MILESTONES	MEASURES
1. Wider Determinants of Health		
<ul style="list-style-type: none"> Implement the Powys Wellbeing Plan (Public Service Board) 	This is a long term partnership plan, tracked by the Public Service Board	<ul style="list-style-type: none"> Refer to the Powys (PSB) Wellbeing Plan
2. Health Improvement and Disease Prevention		
<ul style="list-style-type: none"> Implement the health improvement and disease prevention programme Implement Sexual Health Improvement Plan Implement Substance Misuse Strategy as a partner in the Substance Misuse Partnership 	<p>Key milestones to be agreed in Q4 2019/20 as part of 2020/21 annual delivery plan and will include:</p> <ul style="list-style-type: none"> Review current specialist stop smoking service (Q4 2019/20 and Q1 2020/21) Develop plans (Q1 and Q2 2020/21) and start implementation of plans (Q3 2020/21 and beyond) for future sustainable model for stop smoking service Review Tobacco Control Action Plan to include specific actions for 2020/21 and beyond regarding smoke free hospital sites and no-smoking mental health units Continue to progress work developed with 2 GP practices (Haygarth and Presteigne) Finalise costed business case for Level 2 and 3 obesity services/pathway (Q4 2019/20 and Q1 2020/21) Subject to funding, develop action plans to establish new obesity services at Level 1, 2 and 3 (Q2 2020/21) and commence delivery (Q3/4 2020/21). Further roll-out of Level 1, 2 and 3 services in 2021/22-2022/23 subject to funding. Develop an action plan (Q4 2019/20) and commence delivery (Q1 2020/21) of Foundation Phase Bach a Iach in North Powys (project runs until Q4 2020/21) Review Healthy Weight Action Plan to ensure alignment with Healthy Weight: Healthy Wales and 2020-2022 HW:HW Delivery Plan (Q4 2019/20 and Q1 2020/21) Continue to promote physical activity for children and young people through the Healthy Schools and Healthy Pre-schools Scheme and through Bach a Iach 	<ul style="list-style-type: none"> % adults who smoke (PHOF25) % adult smokers who make a quit attempt via smoking cessation services (cumulative data) (NOF) Adolescents who smoke (PHOF20) Children age 5 of healthy weight (PHOF32) Adolescents of healthy weight (PHOF33) Working age adults of healthy weight (PHOF38a) Physical activity in adolescents (PHOF_19) Adults meeting physical activity guidelines (PHOF24) Uptake of the influenza vaccination (NOF05) Uptake of Childhood Vaccinations (NOF02/03) Attainment of influenza vaccination targets (NOF) % of children who have had 3 doses of 6in1 vaccination by age 1 year (NOF2) % of children x 2 doses of MMR by age 5 years (NOF3) Vaccination rates at age 4 (PHOF30) % adults who smoke (PHOF25) Adults meeting physical activity guidelines (PHOF24) The gap in life expectancy at birth between the most and least deprived (PHOF04) and the gap in healthy life expectancy between the most and least deprived (PHOF05) Adolescents using alcohol (PHOF21) Teenage pregnancies (PHOF27)

PRIORITY	KEY MILESTONES	MEASURES
<ul style="list-style-type: none"> Continued 	<ul style="list-style-type: none"> Review physical activity-related actions as part of review of Healthy Weight Action Plan ((Q4 2019/20 and Q1 2020/21) – see “Healthy Body Weight” above Development (Q4 2019/20 and Q1 2020/21) and implementation (Q1 2021/22) of local measles and mumps elimination plan Evaluation of “MECC for Flu” programme introduced in 2019/20 (Q4 2020/21) Develop 2021/22 flu immunisation plans (Q2/Q3 2020/21) Implement 2021/22 flu immunisation plans (Q3/Q4 2020/21) Continue to promote level 1 and 2 Making Every Contact Count training and embed MECC approach in practice (Q1-Q4 2020/21 and 2021/22 onwards) Continue to promote Invest in Your Health (Q1-Q4 2020/21 and 2021/22 onwards) <p>Substance Misuse Partnership strategy - refer to full plan for detailed delivery (hyperlink in IMTP Appendix)</p> <p>Implementation of Sexual Health Improvement Plan – refer to full plan for detailed delivery (hyperlink in IMTP Appendix)</p>	
3. Supporting Communities and Carers		
<ul style="list-style-type: none"> Delivery of Carers Support as per plan agreed with RPB partners 	<ul style="list-style-type: none"> Providing leadership to facilitate multi agency working through the Carers Steering Group Engagement in Carers Trust Wales national work 	<ul style="list-style-type: none"> Census data in relation to Carers in Powys – estimates of numbers of unpaid carer roles Measures of Carers Support uptake / participation in schemes and initiatives

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 2020/2021 – 2022/2023

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

Financial implications

- To secure transformational funding to scale and spread primary and community model through Clusters
- 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

- ┌ 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

WBFGA WELL-BEING GOALS:



A Healthier Wales



A More Equal Wales



A Wales of Cohesive Communities



A Wales of Vibrant Culture & Welsh Language

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 an integrated manner, closer to people's home. This has been supported by a clear commitment to developing clinical leadership, involving the community in planning and delivery, and designing and delivering innovative models of care.

The health board's plans for the further development of primary care over the next 3 years are based firmly on A Healthier Wales and the National Primary Care Model for 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 better health and wellbeing throughout their lives.

A proposal has been submitted for Transformation funding which will enable the further scale and spread of this work, delivering against the milestones set in the Primary Care Model for Wales and informed by the local learning from Powys's successful Pacesetter programmes. This demonstrated that multidisciplinary teams working at cluster level are fundamental for moving forward with safe & effective systems. Experience and evidence show that integrated teams ensure a holistic approach to care for physical, mental and social well-being. Our proposal seeks Welsh Government support to scale up the pace of delivery, in line with a maturing Cluster approach in Powys which has enabled significant commitment covering the whole of Powys to deliver 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
- Delivery of safe effective care as close to home as possible

Through an accelerated programme, we aim to create and deploy a whole system Cluster based health and care service planning and delivery model. This will:

- Improve the health and wellbeing outcomes for our population, by designing services that specifically meet the needs of that population
- Improve access to care by providing more primary and community services, delivered locally, in order to prevent avoidable acute care demand
- Improve general practice sustainability by creating additional clinical capacity in practices
- Improve efficiency by ensuring that all resources available within the health and care system are deployed in a coordinated manner, across professions and sectors

We will work with partners across primary, community health, and social care in responding to the local need, bringing together services around a local community, to improve health and wellbeing, quality and efficiency of care and integration. Together we will design and test innovative care pathways, as well as building upon successful approaches such as Virtual Wards and Care Co-ordination. We will link this to the design of planned and urgent care, working with partners in secondary, specialist and ambulance services, so that services can be more easily accessed and appropriately utilised.

Rural Regional Centres and Community Wellbeing Hubs will be at the heart of a joined up approach to primary, community, unscheduled and social care. This will be achieved as part of a service transformation where the focus will be on health, wellbeing, prevention using home based care and self-management, and social care services to reduce the need for hospital based care and treatment. Our aim is to make it as easy as possible for patients, clients, stakeholders, service users and staff to interact with the health, care and wellbeing teams through innovative service delivery and better use of technological and information assets. The Clusters will upscale existing telehealth/ telecare and assistive technology solutions and develop and fully implement new solutions.

Specifically, these include My Health on Line, the Florence texting service, the SilverCloud online CBT programme and the My COPD and neurological support apps that enable people to increase their involvement in the management of their conditions. In addition, the wide scale use of Skype and remote consultations within the Clusters will enable further development of handheld apps for self-management of health conditions.

The implementation of the new **General Medical Services (GMS) Contract** launched in 2019/20 is a key priority for PTHB in 2020/21 in partnership with the GP practices and Local Medical Committee. It is important that the health board, clusters and practices work together to maximise the benefits of the investment in GMS.

As a result of the negotiations the key changes in the new contract are

- Funding uplift
- Quality Assurance and Improvement Framework (QAIF)
- Cluster Working
- Access Standards
- Partnership Premium
- Last Person Standing (relating to leased premises)
- Introduction of state backed indemnity GMPI and other changes

Guidance relating to developing quality improvement in general practice has been issued through a new Quality Assurance and Improvement Framework (QAIF). This includes some of the previous QOF rationale, including cluster led planning and delivery. Guidance relating to improving access has been issued through new Access Standards. Work is ongoing to understand the detail of the above and to embed the benefits in the coming year.

People with **Long Term Conditions** and those who are frail and elderly experience barriers to making better lifestyle choices, and so improving their condition. The health board will take a wider, whole system, approach to risk reduction and condition management, to promote condition stability by:

- Individualised care plans for long term conditions including frail and elderly people
- 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 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 exist across the whole community

The health board monitors **Practice Sustainability** 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. Currently PTHB directly manages 1 General Medical Services Practice (Presteigne) and also 2 General Dental Services (Machynlleth & Builth Wells).

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
- Further development of services shared across Cluster areas to provide a wider access to scarcer skills and enhanced service arrangements to support local delivery of care.

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. The health board has taken a very positive stance in addressing the workforce challenges, with the establishment of a Primary Care Workforce Group and ongoing support to primary contractors to support local recruitment and retention. The health board's plans to attract more GPs to the county as well as strengthening the professions that work in support of GPs to deliver rural primary care services includes:

- Promotion of job opportunities in primary care via its *Practice in Powys* recruitment website and supporting recruitment campaign. Following the campaign's success in 2019 in attracting GPs to the area, a further campaign will be undertaken across 2020.
- Further two Physician Associates studying currently, committed to work in the county when qualified. The health board will establish the post of Physician Associate Development Manager to support those already working in Powys and introduce a development programme aimed at supporting newly qualified Physician Associates to hone their skills and competencies to work in a rural primary care setting.
- The health board will build on the work with Swansea University to attract GPs to work in Powys as part of the clinical fellowship scheme and attract medical students to spend time in Powys as part of their Primary Care Academy.
- The health board will continue with its programme of workshops for school years 12 and 13 and introduce a workshop aimed at students years 10 and 11 and studying for GCSEs.

Dental Services

Powys will further 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*". This will ensure that the population has access to specialist dental services reducing the need to travel huge distances, and 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, and a Foundation Dentist has commenced a placement at the managed dental service at Builth Wells. Further training programmes will be developed for other dental team members, for example dental nurses. The health board has deployed the community dental 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; expectation that practices will join Phase 2 and Phase 3; greater role for dental nurse in contract reform practices.
2. Development of salaried General Dental Practitioners (GDPs) in areas where it has not been possible to recruit or where the 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 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 the special care plan through skill mixing and training
 - f) Identify areas of need that could be supported by the mobile dental unit, for example by additional capacity in Machynlleth
 - g) Identify improvements to community dental practice facilities
 - h) 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
 - i) Implement "Gwen am Byth" care home programme

The Designed to Smile programme will be maintained and refocussed 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.

Eye Care

The health board has a local eye care delivery plan. Looking forward to 2020/2021, the health board will consolidate its compliance with the Welsh Eye Care Measure (National Planned Care Programme) and the requirements of the Wales National Eye Health Programme to include:

- In 2020/21 the health board will review training plans and funding requirements to ensure sustainability for glaucoma services. Work will continue to establish a workforce database for primary care.
- Electronic Patient Record (EPR) is the largest national digital Programme in Wales and it is being introduced to support delivery of the New Eye Care Measures. Each health board has given a commitment to support the Programme and the Outline Business Case (OBC) has been approved by Welsh Government and the Minister for Health. The Programme structure comprises three regions with Betsi Cadwaladr University health board (BCUHB) and PTHB forming the North Region. The National Programme Director will continue to work directly with PTHB to understand the complexity of in reach services and support the full implementation of EPR within the health board.
- What is thought to be the first example in Wales, a Powys primary care optometrist with an independent prescribing qualification was issued with an FP10 prescription pad in 2019/20. Working within a defined formulary, the optometrist is 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. The pilot scheme will be reviewed in Q4 2019/2020 and a roll-out plan will be developed in 2020/21.
- The health board will improve the support to patients with a Cortical Visual Impairment (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 current care pathway and involve a strengthening in the relationship between the ECLO and the consultant ophthalmologist and will ensure the patient who is issued with a CVI or is being considered for one, is fully supported at a time they may be feeling vulnerable and are assisted to access the full range of services available to them.
- Continue with development of Mid Wales collaborative Eye Care Plan, progressing the appointment of a clinical leadership post for ophthalmology working across the mid Wales region.
- To explore eye care service opportunities as part of the North Powys Wellbeing Programme.
- Review the model for Wet AMD established in South Powys and develop plans for service expansion to accommodate further repatriation from English and Welsh Providers
- With the appointment of a substantive Optometry Advisor for PTHB in Q3 2019/20, develop and implement plans in 2020/21 for PTHB Eye Care Directorate spanning planned and primary care.
- Develop plans for Optometric Diagnostic Treatment Centres (ODTCs) for Powys, supported by robust demand and capacity modelling as part of the Wales National Eye Health Programme requirements.

Medicines Management

The Medicines Management team provides clinical and pharmaceutical support to Healthcare Professionals and the public across Powys with the following achievements and ambitions:

- Work has been strengthened with cross border providers to improve shared care arrangements and local access to medicines. Further improvement is sought in data sharing, for complex and high cost drugs, from providers, to allow further analysis and collaboration around cost and quality.
- 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.
- Safety and governance of medicines remains a high priority, with a new high level Medicines Safety group established. Alongside this, an increasing role in Powys Community Hospitals to provide robust medicines reconciliation, advice to prescribers, and to patients or their carers on medicines use post-discharge.
- Support for medicines access by many services is facilitated through development of robust protocols, and support for independent prescribers enabling non-medical provision.
- The first Wales Pharmaceutical Needs Assessment will be published by each health board in October 2020. The working group for Powys will be strongly supported by Medicines Management, and colleagues across the Public Health, Planning Primary Care and the Medical Directorates.
- Support for safe and cost effective systems around medical gases use in Powys, cold chain management, and compliance with the Falsified Medicines Directive - or its UK successor, will all be facilitated by the development of non-registered Assistant Technical Officer roles within the Transformation Fund proposal. These roles also provide a development pathway and support attempts to 'grow our own' staff by potentially leading to work based Pharmacy Technician apprenticeship training, in collaboration with HEIW.
- Working with HEIW on appropriate models of training that cater for Powys needs, and supporting wider training of pre-registration pharmacists, and pharmacy technicians, undergraduate placements and diploma students, designed to highlight the rewards of the Powys model of care, for professionals.

2. Cluster Working

Powys consists of 3 clusters formed around the natural geographies of North Powys, Mid Powys and South Powys, with varying population sizes, teams, service and demographic needs. In line with national guidance, the Clusters and the health board have co-produced Integrated Medium Term Plans for 2020-2023 and a summary is provided overleaf of the key priorities for each of the clusters (the full plans are hyperlinked in the IMTP Appendix).

The priorities reflect local needs, focussed on providing a solid foundation of core and sustainable primary care services in local communities whilst maximising the cluster approach to increase the range of services provided locally and outside the hospital setting.

The Clusters will be key to the implementation of the transformation proposal if successful, to scale and spread the model, delivering identified patient benefits and outcomes. This will be underpinned by robust governance approaches and informed by recent reviews.

The above is key to our delivery locally of the Primary Care Model for Wales and associated milestones. It is also included in our action plan in response to the Welsh Audit Office review of Primary Care, which will be reported through our Integrated Performance Framework.

SUMMARY OF CLUSTER IMTPs

Powys is made up of 3 Clusters – North, Mid and South. All have multi-disciplinary and multi organisational membership including Health Board, County Council, Third Sector, Dentistry and Optometry. The Clusters meet regularly, chaired by a Cluster Lead.

The Clusters are planning mechanisms that span organisations, services and professions. Also there are GP networks as groups of general medical practitioners. This allows GP Practice issues and wider cluster planning issues to be discussed separately, but with one informed by the other. *"This year, Cluster IMTPs have been developed and priorities identified which ensure that the Cluster Plans deliver against the National Primary Care Model and its milestones"*

Clusters are central to the delivery of the Powys model of care in the Health and Care Strategy – with services based around individual GP practices through an integrated Community Resource Team that includes practice, Health Board, County Council and Third Sector representatives.

Achievements to date

- Midwives trained to deliver flu vaccines
- 500 people trained in "Making Every Contact Count"
- Third Sector community connectors working in collaboration with every GP practice
- Macmillan toolkit active in all practices
- NHS 111 successfully introduced
- Integration of Pharmacy teams in Primary Care teams
- Online booking and prescription requests

North Cluster

North Powys Primary Care Cluster is comprised of 7 GP Practices with population of 64,000 people.

Priorities 2020-23

- Further integration of community connectors attached to each practice
- Implement local sexual health services / pathway
- Increase use of Florence to support self-management of chronic conditions
- Clinically led practice triage rollout across practices
- Partnership with Wrexham University of Glyndwr to promote nursing placements
- Identify factors that make recruiting GPs into some areas of Powys challenging and develop strategies to increase recruitment
- Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme

Mid Cluster

The Mid Powys Cluster comprised of 5 GP Practices with a population of 29,500 people.

Priorities 2020-23

- Further integration of community connectors attached to each practice
- Development of Cluster Health Champion role
- Redesign Respiratory pathways and services, in partnership with PTHB and the Breathe Well Programme
- Increase use of Florence to support self-management of chronic conditions
- Review mental health pathway for young people
- Develop Cluster approach to remote GP support
- Develop cluster pharmacy team and Cluster Practice Nurse role
- Develop telehealth and telecare in partnership with PTHB, the RPB and the Digital First Programme

South Cluster

The South Cluster is comprised of 4 GP practices with a population of 45,580 people.

Priorities 2020-23

- Development of GPs with Extended Roles (GPwERs) in Cardiology, Dermatology
- Primary care pain management to focus on medication reduction and early intervention
- Development of service for Intrauterine contraception (IUCD) to respond to fragility of in reach service
- In-house Physiotherapy plus further integration with triage services
- Roll out of Primary Care Transformation through Telephone first, Physiotherapy, OT, Pharmacist, Community and third sector services
- Integration of services, pathways and patient education to increase service knowledge and access

3. Connecting Communities

Powys Teaching health board is one of three pilot sites across Wales who are testing an innovative model of **Neighbourhood Nursing** to understand the benefits to their populations of a neighbourhood-based system of district nursing care. The focus is on continuity of care delivered by a small team of nurses. The team understand the community well, alongside good relationships and informal networks within the local community, GP's, local authority partners, third sector, and all locally based allied health professionals.

The philosophy promotes efficiency and cost effectiveness through the simplification of procedures, rules and communication. The focus is on the best possible care and outcomes for patients. This has enabled the district nursing team to further develop skills and services in partnership with our community. Key outcomes include:

- Increasing opportunities to treat people at home (admissions avoidance)
- Reduction in avoidable hospital admissions and for those in hospital their average length of hospital stay and length of delay, enhancing care coordination and the home first ethos, through the Virtual Ward and Community Resource Teams
- Proactive support and management of people who are at risk of falling, with a focus on care home residents, embracing 'Confident Strides' & the 'IStumble' programmes
- Enhance the provision of palliative care at home, to support patient choice
- Improve attraction, recruitment and retention with growth in the community nursing workforce, through the development of new roles
- Improve patient experience

There has been the benefit of sharing good practice with the other pilot areas in Cwm Taf Morgannwg Health Board and Aneurin Bevan University Health Board and work to maximise combined opportunities for learning and development promoting an *All Wales* approach.

Volunteers The health board works with the Third Sector (PAVO) to continue the roll out of the "Red Kite Scheme" for inpatient areas. This has a focus on attracting both young students and those persons of retirement age to undertake a volunteer role. There are a number of volunteers working across the county and in North Powys this includes support for palliative care patients at home. Further plans are being developed with PAVO to create a coordinator role to support volunteering across the Health and Third Sector.

The Welsh Government **Dementia** Action Plan 2018-2022 was adopted by Powys Teaching health board in 2018 and works in partnership with a number of partners who include Powys County Council, PAVO, Dementia Matters in Powys, Dyfed Powys Policy and WAST to deliver the actions contained in the plan. Highlights from 2019 include:

- Dementia Leads for Powys have launched a 6-monthly newsletter
- Info engine: 125 organisations now use the tag word "dementia"
- Working with Dementia Friendly Newtown Dementia Matters in Powys have launched a new dementia friendly meeting centre, the fourth in Powys and 10th in the UK
- Citizen and carer representatives sit on the Regional Partnership Board (RPB) 'top table'
- Dementia assessment tools are available in Welsh
- The Independent Professional Advocacy Service for Adults (18+) now live in Powys
- My Life My Wishes has been shared with the Community Mental Health Teams (CMHT) and Memory teams and publicised at the Powys Dementia Network meetings and on PAVO social media posts
- Dementia training is being reviewed to identify mechanisms for delivery. Where appropriate staff also undertake the Dementia Module in conjunction with University of South Wales. The uptake will be increased in 2020/2021

During 2020/21 we will complete the expansion of the Dementia Home Treatment Service within South Powys and embed a Community Connector. This will link people living with dementia and their carers with other forms of support to reduce the experience of loneliness. 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.

A summary plan for **End of Life Care** can be found in the appendix of this IMTP. Notable highlights in palliative care include My Life, My Wishes which was launched May 2019 in Ty Mawr Care Home, Powys and the work with the Bevan Commission who accepted an application by the Palliative Care Specialist Nurses to enable the next stage of the project development for Advanced Care Planning (ACP). The strength of partnership working with Social Care and rural local volunteering enables the next step of the project to embed My Life, My Wishes and ACP across Powys.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS) continues to be managed as an integrated service with Powys County Council. We are continuing to embed changes in order to address findings from an Internal Audit in 2019. Alongside this, we are actively planning for legislative changes to be introduced in late 2020 to replace DoLS with Liberty Protection Safeguards. As with Local Authorities and Health provider organisations across England and Wales, Powys has an ongoing backlog of DoLS applications awaiting authorisation and action will be included in the Nursing Directorate Plan for 2020/2021.

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. (Also refer to the Focus on Well-being section earlier in this IMTP for actions to address childhood obesity including Healthy Weights and Healthy Schools). We will work with our partners via the Regional Partnership Board to deliver the key actions for both of these areas in 2020/2021. We will continue to collaborate with the Adverse Childhood Experiences (ACEs) Hub, Public Health Wales, to deliver training and awareness raising through 2020/21.

The health board works collaboratively with Powys County Council to ensure children in care receive timely identification of their health needs. We will quality assure statutory health assessments using our newly developed tool.

The health board will be working with partners 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.

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.

Many of **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 course.

The **all Wales Maternity and Neonatal network** will support the implementation of the five key themes from the Wales Maternity Vision 2019-2021 which for Powys include full roll out of Continuity of Care schemes which is being considered as part of the outcome of the recent Birth Rate Plus assessment. Additionally the health board is compliant in relation to health visitor to caseload ratio.

Plans have been developed with partner organisations to accelerate targeted prevention projects in North Powys with the aim of improving health outcomes for children and families in the most deprived communities, building on the first 1,000 days programme. These include a Foundation Phase "Bach a Iach" project to provide additional support to promote **children's health outcomes** through schools and pre-schools, developing community resilience in Welshpool using the Children First approach, increasing capacity for the delivery of Designed to Smile and immunisation and increasing the uptake of Healthy Start vouchers. These projects will continue to be rolled out in 2020/21.

A Powys Strategic **Infant Feeding** Plan is being developed as a response to the All Wales Breastfeeding Action Plan (July 2019) to ensure that more babies in Powys will be breastfed for longer and the current inequalities in breastfeeding rates across the county will be reduced. A business case will be developed in 2020/2021 to ensure the delivery of the two strategic aims within the Infant Feeding Strategic Action Plan (Health System action and Population level / Whole System action).

The Augmentative and Alternative Communication (ACC) national core pathway for people who use it and professionals who provide it will support **paediatric therapies** developments including to support Children's Speech and Language Therapy delivery. It will provide a specialist speech and Language therapist to assess and advise on communication aids, an assistant role to support users and improved links to the Highly Specialist National hub for advice on advice and assessment for children with highly specialist, high tech needs.

The Women and Children's service will continue to remodel **community paediatrics** to progress the implementation of a pan Powys model of community paediatrics that is sustainable, prudent and future proofed, and utilises existing resources and workforce to its fullest capacity. The centralised triage process for managing community paediatric referrals is now established and pathways will be enhanced by a clinical coordinator. Developments will also include a Powys Cerebral Palsy Register.

A key priority will be to mainstream a pilot of a nurse led **children's community continence** service as well as developing further clinical pathways and nurse led services to include children's palliative care, long term conditions provision and epilepsy. It is recognised that these developments will require extended and advanced nursing roles to ensure progression.

Thanks to a successful Powys paediatric mobile **serial casting** pilot project, a new physiotherapy led service will be implemented and delivered locally closest to child and family. This will minimise District General Hospital (DGH) interventions and consequently reduce school absences to attend appointments.

SUMMARY PLAN: EARLY HELP AND SUPPORT

PRIORITY	KEY MILESTONES	MEASURES
Primary and Community Care		
<ul style="list-style-type: none"> • Scope and implement delivery of anticipated Transformation funding to support extended roles and models of care • Implement support to manage an extended Managed Practice portfolio including temporary support to independent practices to support sustainability • Support practices to achieve national access standards. Identify solutions, utilising digital support • Review governance arrangements and wider strategic context of Enhanced Service delivery across Powys • Support Clusters to achieve the QAIF targets, in particular the Quality Improvement (QI) element • Review resources into mental health e.g. Health Care Support Workers • Continue to work collaboratively with Community Resource Teams (CRT) to ensure safe and effective care in line with national work and policy • refine OOH model through wider MDT working 	<ul style="list-style-type: none"> • Extended role Gap Analysis and workforce development/ transformation plan completed (Q1); • Commence implementation of transformation plan Q2 – 4) • Implement PTHB Access Forum (Q1) • Quarterly review of GP access standards achievement (Q1- 4) • QAIF, Quality Improvement Project Cluster Peer Review Q1 • QAIF achievement (Q3) 	<ul style="list-style-type: none"> • Primary Care measures • Delivery milestones 2020-21 • GP contract National Access standards – Group 1 & 2 • GP Contract - QAIF achievement
<ul style="list-style-type: none"> • Expand managed dental service at Builth Wells to improve patient access • Maintain and expand the development of specialist dental services based within the community dental service. • Identify areas of need across Powys that could be supported by the mobile dental unit. • Scope and cost the implementation implications following the WHTM01-05 decontamination review • Develop workforce plan to implement Gwen am Byth care home programme 	<ul style="list-style-type: none"> • Extended GDS access arrangements for mid Powys (Q1) • Deployment of mobile dental unit in relevant location (Q1) • Decontamination improvements required costed (Q1) • Expansion of Specialist dental services scoped 	<ul style="list-style-type: none"> • Dental Access rates/ UDA achievement • Delivery milestones 2020-21 • WHTM01-05 decontamination requirements • Gwen am Byth Care home programme
<ul style="list-style-type: none"> • Continue the focus on patient safety, optimising the use of medicines, promoting prevention and self care, ensuring legal compliance • Further develop the Non-Medical Prescriber workforce to improve safe access. • Multi professional Medical Gases Group will ensure robust policy and standard operating procedures • Continue improvement against the National Prescribing Indicators, focus on antimicrobial stewardship 	<ul style="list-style-type: none"> • At least 1 additional High Street Pharmacist Prescriber (Q4) • Action plan with PCC for domiciliary care Medicines awareness support (Q1) • Your medicines Your Health campaign (by Q2) • Implement plan for integrated medicines support between community pharmacy and hospital pharmacies, in Powys, to align to Pharmacy: Delivering a Healthier Wales (by Q2) 	<ul style="list-style-type: none"> • Delivery milestones 2020-21 • GP Contract - QAIF achievement • National prescribing indicator targets • Care Home DES

PRIORITY	KEY MILESTONES	MEASURES
Primary and Community Care (Continued)		
<ul style="list-style-type: none"> Support Community Pharmacy developments, including uptake of services and integration within clusters Enable Community pharmacies to deliver the Common Ailments Scheme to maximise access across Powys Develop medicines management support to care homes Implement digital technology, such as the Medicines Transcribing electronic Discharge system, Work with Social Services to improve the safety of medicines support for cared for patients Build on the 4 independent prescriber community pharmacists active in Powys. Develop further use of pharmacy skills such as the IP Pharmacist undertaking clinics for osteoporosis 	<ul style="list-style-type: none"> 'Grow our own' pharmacy professionals (1 pharmacy technician (Q1), 2 Pharmacists (Q3)) Define Powys Medicines Safety Officer Role (Q1) Implement Medical Gas Policy provider units (Q1) Implement revised Medicines Policy and procedures (by Q2)Initiate Community Pharmacy IP service for respiratory care in Hay area.(byQ2) Report on Common Ailments service, and data capture for patients converted to self care. (Q1) Map the Care Homes Medicines management support, and produce an issues document (by Q2) Implement digital technology supporting access to medicines and to lifestyle advice (by Q2) 	<ul style="list-style-type: none"> As above
<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 (Q2) Complex needs Specialist Advisors in Clusters (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
<ul style="list-style-type: none"> Cluster Working 		
<ul style="list-style-type: none"> Delivery of Cluster IMTPs (summary included in this section; full documents in Appendices) 	<ul style="list-style-type: none"> As per Cluster IMTPs (summary in this section; full documents in Appendices) 	<ul style="list-style-type: none"> Delivery milestones 2020-21 GP Contract - QAIF achievement' National Access standards National prescribing indicators
<ul style="list-style-type: none"> Connecting Communities 		
<ul style="list-style-type: none"> Delivery of Nursing Directorate Actions including: <ul style="list-style-type: none"> Neighbourhood Nursing model Volunteering development Adverse Childhood Experiences (RPB Plan) Dementia Plan DOLS Plan 	<ul style="list-style-type: none"> Detailed plan to be developed within Nursing Directorate Action Plan 	<ul style="list-style-type: none"> A sense of community (PHOF_14) People reporting that they feel a part of their community (SSWB_08)
<ul style="list-style-type: none"> Delivery of Women and Children's Actions including: <ul style="list-style-type: none"> Maternity Vision Healthy child Wales and First 1000 Days Bach A Iach Infant Feeding Action Plan Implementation of ACC Pathway (paediatric therapy) Community paediatrics 	<ul style="list-style-type: none"> Detailed plan to be developed within Women & Children's Directorate Action Plan 	<ul style="list-style-type: none"> % registrations of children on Child Protection Registers (SSWB_27) Specific Project Plan based measures

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 2020 the Clinical Change Programme will be rolled out taking a Value Based Healthcare approach, 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 2020/2021 – 2022/2023

- ┌ Mental Health
- ┌ Cancer
- ┌ Respiratory Conditions
- ┌ Circulatory Disease

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

- Organisational realignment 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

- ┌ 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 for Cardiac Disease; Diabetes; Stroke; Neurological Conditions; Respiratory Conditions; Cancer (and Single Cancer Pathway)

WBFGA WELL-BEING GOALS:



A Healthier Wales



A More Equal Wales

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 responsible for the implementation of the strategy through a detailed delivery plan. The Partnership meets quarterly and ensures that people who use Mental Health Services are central to identifying and delivering shared priorities for Mental Health.

The key focus of the Mental Health service during 2020-2021 is on the continued development of local, sustainable and person centred mental health services.

The priorities for the health board for 2020-2023 are to:

- Deliver the Together for Mental Health Strategy for Powys and engage with stakeholders to develop sustainable models of care suitable for the needs of children and adults.
- Implement the new complex trauma (personality disorders) pathway across Powys and develop a Single Point of Access to Psychology.
- Deliver the Dementia Plan for 2018-2022 (see Early Help and Support section).
- Establish the developing Early Intervention in Psychosis pathway.
- Implement the suicide and self-harm reduction programme 'Talk to me 2' strategy.
- Develop the 'Participation and Engagement strategy' to ensure patients' views and experiences are at the heart of service design and contribute to service developments.
- Implement the Dignity Pledge in all Mental Health settings across Powys.
- Undertake a review of all patient information and strengthen our online presence.
- Explore the development a crisis house/ sanctuary service in North Powys.
- In partnership with Children's Social Services and our third sector partners, establish the Children and young people's emotional health and resilience service.
- Develop services for those with co-occurring mental health & substance misuse problems.

The health board will achieve this through delivery of targeted support and intervention and improving awareness. This includes social prescribing and support to people experiencing isolation and loneliness; early recognition and response to mental / emotional health and wellbeing issues; support to mothers and partners for maternal and infant mental health and young people's experience of transition into adult mental health services. Further integration across NHS and Social Care Mental Health services will be explored, including leadership and management as well as front-line provision, to provide a seamless mental health service.

A key priority is the commencement of the new single point of **Access to Psychology** that will enable us to more effectively triage patients' and provide immediate stabilisation support whilst improving waiting times for access to services.

During 2019/20 extensive service design has produced a service model for people living with Complex Trauma and Personality Disorders. This service will commence in 2020/21 based on the delivery of Dialectic Behavioural Therapy, Mentalisation Behavioural Therapy and Structured Clinical Support following the completion of training for practitioners during 2019.

In 2019 we launched the 'blended CBT approach' with our Third Sector providers to provide patients with an option to participate a combined face to face and computerised CBT service embedded within every Powys GP practice. During 20/21 we will review the efficacy of this new approach and embed the learning within the development of the service.

Learning Disabilities Services will continue to evolve to deliver highly effective, person centred outcomes that support people with learning disabilities to live valued and meaningful lives. The strategic direction for the service is closely aligned to the implementation of the Joint Commissioning Strategy (2015-2020), utilising a joint service model that works to improve the user experience. The key priorities for the health board are:

- Minimising anti-psychotic prescribing for service users with learning disabilities
- Implement the Health Equalities Framework
- A seamless transition from children's services into adulthood
- Develop a Complex Behaviour Intervention pathway

MENTAL HEALTH

- Improve access to and support in acute hospitals and implement the care bundles
- Improve access to Primary services, with the implementation of the Annual Health Check
- Improve services in relation to dementia, including early baseline screening
- To continue auditing the service in relation to PTHB Epilepsy pathway

Children, families, communities and other agencies play a crucial role in helping children and young people to thrive, through the provision of timely interventions and support that maximise their wellbeing into adulthood. This focuses on building resilience to improve emotional health and wellbeing, positively influencing how children think and feel and by preventing bullying, abuse, neglect, domestic violence and substance misuse.

The health board has developed **Child and Adolescent Mental Health Services (CAMHS)** services for children in collaboration with partner agencies, aimed at early intervention to help prevent problems escalating. This has been enhanced by the Welsh Government CAMHS in-reach to schools pilot. Welsh Government's 'Together for Children and Young People' Programme is enabling agencies to work together with children, young people and families to support emotional and mental health. This is driven in Powys through the Youth Support and Emotional Health Work Stream of the Start Well Programme.

The Powys **Maternal and Infant Mental Health** Steering Group has developed a pathway and guidance for a community-focussed 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 in community services, Powys has developed a workforce able to support parents and families and promote ways to well-being. The key priorities are:

- To promote well-being as well as support for mental ill health, through innovative interventions such as bump-to-buggy walks, Sblash a Sbri and baby massage
- Implement pathway and training to intervene earlier to meets 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 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

During 2020/21 the **Integrated Autism Service (IAS)** will focus on reducing assessment/diagnosis waiting times for clients and implement a revised support model offering needs led, short term interventions. Further priorities include:

- Improve partnership and joint working with statutory and Third Sector partners.
- Continue to support parents and carers.
- Establish the IAS as the key service for advice and guidance in relation to autism.

In support of the 1000 Lives Improvement initiative, we will embed the national standards and pathway to our **Neurodevelopment (ND) Service** ensuring compliance. This will include Autism and Attention Deficit Hyper-activity Disorder (ADHD) provision and will reduce the time from referral to diagnostic assessment, offering a child focussed, timely and multi-disciplinary assessment and improving communication. Support post diagnosis will be offered including follow up with families where appropriate. We will concentrate on compliance with standards and the experience of children, young people and families in the diagnostic process and support provision.

Statement on the Mental Health Ring-fence PTHB in 2018/19 had expenditure of £33.5M equating to 11% of the health board budget, in 2019/20 PTHB has a forecast expenditure of £35.0M equating to 11% of the health board budget.

MENTAL HEALTH

SUMMARY PLAN: MENTAL HEALTH

PRIORITY	KEY MILESTONES	MEASURES
<p>Organic Mental Health and Older Adult Mental Health:</p> <ul style="list-style-type: none"> Evaluate the newly introduced Dementia Home treatment Team model in South Powys (refer to Early Help and Support Section for detail) Develop and implement options for improvement of physical health care to Mental Health inpatients living with organic conditions. 	<ul style="list-style-type: none"> Q4 Evaluation of first 18 Months of full operation of the South Powys DHTT. Q1: work with Medical Director and GPs to develop model for Physical health input into Inpatient settings. 	
<p>Adult and Functional Mental Health:</p> <ul style="list-style-type: none"> Continue to deliver the Together for Mental Health Strategy. Continue to implement the improvement trajectory to secure compliance with all parts of the Mental Health Measure Implement the agreed developments to the Eating Disorder Service- including recruitment and training of specialist staff. In partnership with the third Sector, explore the development of a Crisis House/Sanctuary Provision for North Powys. Implement the new service model for Early Intervention in Psychosis. Complete consultation with stakeholders on centralisation of the s136 suite to Felindre Ward for all Powys patients. Extend the South Powys Crisis and Home Treatment Team operational geographical area to include Ystradgynlais. Develop and implement options for improvement of physical health care to Adult Functional inpatients. Complete the implementation of the Personality Disorder/ Complex Trauma pathway in North Powys. Design and implement the Single Point of Access for Psychology 	<ul style="list-style-type: none"> Q1-4 Deliver the T4MH strategy and achieve the milestones set out in the strategy. Q1-2 Complete recruitment of staff to the ED service. Q1-3 Develop options for a Crisis House/Sanctuary provision in North Powys. Q1-4 Complete recruitment of staff and develop the rural model of EIP for Powys. Q1-2 Complete engagement with stakeholders on change of s136 pathway to Felindre Ward (Pan Powys). Q1-2 complete introduction of new Personality disorder pathway and design of SPA. Q1-4 Implementation of the Powys Maternal and Infant MH Plan, and achievement of milestones. 	<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) Mental well-being among adults (PHOF_03b) Mental health access measures (NOF_11/30/46/72/73)
<p>Perinatal Mental Health:</p> <ul style="list-style-type: none"> Implement 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. 		
<p>CAMHS</p> <ul style="list-style-type: none"> Deliver the CAMHS improvement plan (arising from the CAMHS review). Implement the Early intervention in Psychosis (all age model). Implement the development of an age appropriate bed for 16-17 years olds at Felindre Ward. Deliver the national Together for Children and Young People programme. 	<ul style="list-style-type: none"> Q1-4 Deliver the CAMHS improvement plan and achieve agreed milestones. Q1 develop options for the development of an age appropriate bed at Felindre for 16-17 year olds and gain capital funding. 	<ul style="list-style-type: none"> Mental well-being among children and young people (PHOF_37b)

As one of the 'Big Four', the health board has made a strategic commitment to improving outcomes, value and 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, to ensure the best outcomes for patients at the best cost, addressing health inequalities and unwarranted variation.

Capacity has already been strengthened in 2019 / 2020 to include a specialist in commissioning intelligence and a Public Health Consultant in healthcare public health. This will be taken forward further, as part of the implementation of whole system clinical commissioning, growing the expertise of all our staff to implement a value-based approach.

The whole of the pathway for cancer care includes activities to prevent and reduce the incidence of cancer through the work to improve health and well-being; earlier detection by encouraging self-awareness of symptoms; 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 whole system approach with the development of a **cancer transformation programme** led by the medical director, strengthens our focus on improving Powys outcomes and reducing 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 survival rates for all cancers at one and five years has improved over the past decade in Powys, in line with the national picture, at a rate that is statistically significant; three quarters of people survive at one year from their diagnosis
- Whilst there is an improvement in cancer survival rates, there is a slow down noted in the overall improvement trend compared to previous decades
- 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.

Powys has a complex set of arrangements for cancer patients with other Welsh health boards including the Velindre Cancer Centre and English NHS trusts and management of performance is conducted via the Commissioning Assurance Framework. The Powys Model of Care places a greater emphasis on care closer to home and whilst there will always be a need for specialist treatment in centres of excellence, with advances in the practical delivery of some treatments, the ambition to provide further care in Powys is increasingly realistic. The Powys Cancer Partnership Group has a key role in the work to improve cancer services for the people of Powys including the Single Cancer Pathway, the National Delivery Plan and partnership work with Macmillan and the Local Authority on the Improving Cancer Journey.

Priorities for 2020/21-23	Measures
<ul style="list-style-type: none"> Implementation of Cancer Transformation Programme: Analysis of population need, evidence and opportunities; Programme Plan Implementation of the Improving Cancer Journey (ICJ) including governance framework, pathway development and engagement, focusing on the experience of the cancer pathway and treatment Full implementation of the Single Cancer Pathway building on successful tracking development in 2019/20 and rapid diagnosis via JAG accredited theatre in Brecon for endoscopy procedures; further strengthening of early diagnosis with SCP bid for Joint consultants; ensuring appropriate access to MRI and CT scanning with timely receipt of reports and onward referral including pathways for urgent assessment working with acute providers Ensure appropriate access to MRI & CT scanning with timely receipt of reports to ensure timely onward referral Training and development including Macmillan Framework to support clinical leadership development; GP Practice cancer champions; GP oncology and palliative care education programme Upscale information provision, accessibility and awareness including work with third sector partners, neighbourhood schemes and community connectors and workplace communication mechanisms Commissioning Assurance Framework in place to robustly manage performance of directly provided and commissioned services and use of commissioning intelligence to inform Cancer Transformation Programme See End of Life Plan in Appendix for palliative care programme My life , My Wishes launched, Adopt and Spread supported by Bevan Commission Cross reference to Focus on Well-being section for health improvement programmes and campaigns including smoking cessation, substance and alcohol misuse, healthy weights, physical activity and immunisation, promotion of healthy lifestyles; targeted screening campaigns Refer to the End of Life Delivery Plan in the Appendix for palliative care 	<ul style="list-style-type: none"> Cancer access targets Hospital activity data Population needs Screening uptake Training activity Measures relating to health inequalities (Powys Well-being Assessment)

Key Milestones				
----------------	--	--	--	--

Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	2021/22 – 2022/2023
<ul style="list-style-type: none"> Transformation Programme Plan agreed ICJ Launch & Programme Plan sign off Good Practice / Evidence Review Monitor robust management of SCP, adoption of optimal pathways Monitor theatre nurse scheme 	<ul style="list-style-type: none"> Needs assessment & review of existing services and pathways Engagement on pathway experience Robust management of SCP, adoption of optimal pathways Monitor SCP theatre nurse scheme 	<ul style="list-style-type: none"> ICJ engagement phase management of SCP, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG Further milestones to be defined in Q1 and Q2 following plan sign off – Robust 	<ul style="list-style-type: none"> Final Powys Model of Care for cancer; feasibility of options – further milestones to be determined Robust management of SCP measure in PTHB, adoption of optimal pathways where appropriate Monitor SCP scheme for theatre nurses funded by WG 	<ul style="list-style-type: none"> Implement further phases of Cancer Transformation Plan (detailed work to be conducted in Phase 1 to identify longer term programme actions and milestones)

2020 is a special year for Bronllys Hospital as it celebrates its centenary.

The care provided has modernised and evolved and we are continuing to transform respiratory care going into 2020 to address modern challenges across Powys:

- 2.7% of adolescents and 14.5% of pregnant women smoke
- 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
- 1 in 12 people have a respiratory illness; Wales has the highest prevalence of asthma in Europe

Opening the new TB hospital in Bronllys in 1920 King George V emphasised the need to *"improve the homes, to extend education in the principles of health and to ameliorate social conditions..."*

The **Breathe Well** clinical transformation programme, led by the Medical Director will:

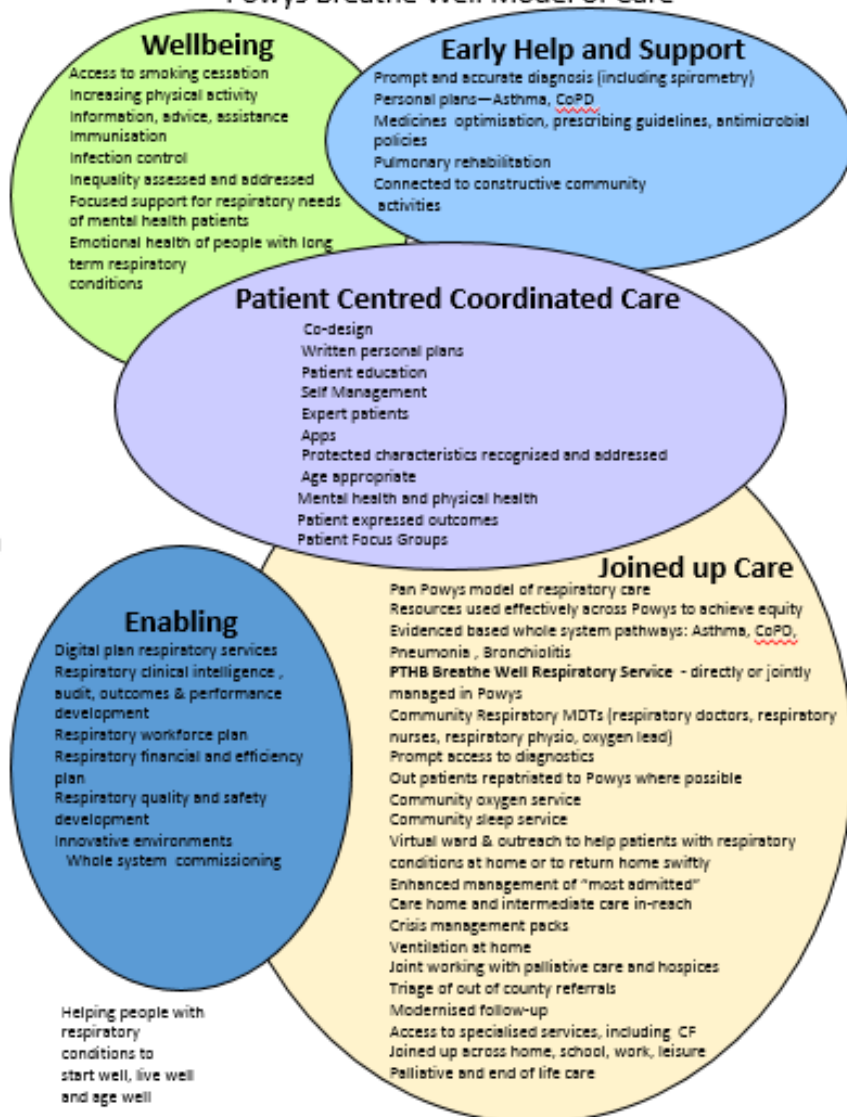
- Transform the wellbeing, primary and community services whole system model,
- Improve respiratory outcomes and patient experience in Powys

Following a workshop involving clinicians and patient, carer, parent, Third Sector and local authority representatives a gap analysis has been completed, the outline model of care developed; a programme board and team established; and the implementation of an agreed programme plan is underway.

This includes Multi-Disciplinary Teams; modernised outpatient services; reduced emergency admissions; e-referral and triage; a sleep service, including physiology; appropriate use of oxygen; self-management and Apps; physical and mental health; and an approach for children and young people in line with national Asthma Management.



Powys Breathe Well Model of Care



The programme will embed a value based approach, to achieve a reduction in prevalence of asthma and chronic obstructive pulmonary disease (COPD); decrease admissions to acute settings and improve patient experience. Co-ordinated services will ensure prompt, effective treatment and care whether adult or child optimising quality of life.

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 practice Implement Integrated Informatics Solutions Develop systematic collection of patient outcomes Clarify key care pathways across the whole system Ensure Compliance with prescribing guidelines	Self-Help	<ul style="list-style-type: none"> Vaccinated Non-Smoking Exercising <ul style="list-style-type: none"> Self-managing/expert patient Informed Connected to beneficial third sector activities
	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 diagnostics across primary and secondary care (including implementation of Association of Respiratory Technology and Physiology (ARTP) 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 of a community based sleep disorder service Identify solution to enable designation of a Tuberculosis lead clinician Review management of Oxygen Improve local access to diagnostics
	District General Hospital	<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 Wesh Health Specialised Services Integrated Care Plan

The Breathe Well Programme encompasses the Respiratory Health National Delivery Plan to prevent respiratory diseases; target efforts with at risk groups; improve local diagnostics and support to proactively manage conditions through rehabilitation and self-management.

Priorities for 2020/21-23		Measures		
<ul style="list-style-type: none"> Implement phase 2 of the Breathe Well Programme: <ul style="list-style-type: none"> Complete the programme impact assessment Complete the risk mitigation of the proposals Respiratory model for Powys will be completed by March 2020 and the Phase 2 plan finalised for implementation in 2020-23 Service specification developed and approved, with preferred option(s) identified and agreed Develop workforce model with the model of care and service specification Implications for LTAs and SLAs identified Deliver and evaluate Respiratory Response Team pilot project with WAST Work with RHIG (Respiratory Health Implementation Group) to strengthen asthma plans for children & young people; physiology and sleep services 		<ul style="list-style-type: none"> Hospital / primary care / clinic activity Referrals for pulmonary rehab Smoking cessation COPD related measures Oxygen variation 		
Key Milestones				
Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	2021/22 – 2022/23
<ul style="list-style-type: none"> Implement Phase 2 Service specification approved WAST pilot project implemented Workforce model 	<ul style="list-style-type: none"> Phase 2 Centenary Workforce model including joint appointments Transition of LTAs & SLAs WAST pilot evaluated Winter plan 	<ul style="list-style-type: none"> Phase 2 Children & young people's asthma plans strengthened Winter plan implementation Review workshop Patient Forums Phase 3 development & embed in next IMTP 	<ul style="list-style-type: none"> Phase 2 completion Children & young people's asthma plans strengthened Winter plan implementation Strengthened intelligence and performance reporting 	<ul style="list-style-type: none"> Implementation of Phase 3 of Breathe Well Programme (detailed programme actions and milestones to be determined by work carried out in Phase 2)

The term circulatory disease encompasses the national disease plans for heart conditions, stroke and diabetes. Across each of these, the health board aims to prevent and reduce the incidence of disease within 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. In particular, treatment pathways inevitably include journeys outside Powys if acute or specialist care is required.

- 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 number of patients diagnosed with diabetes in Powys increased to 8,469 in 2015/16; generally there is an upward trend in the past five years. Of these, 647 have type one diabetes.
- Cardiovascular 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 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.

The Powys Health and Care Strategy aims to provide care as close to home with the focus on prevention and early intervention, tackling behavioural and clinical risk factors, working with community and primary care services and wider community networks. This will enable people to remain healthy, manage their own conditions, and co-design their care plans when they require more complex support. Currently, there are active local delivery and expert groups in place for diabetes and stroke and more than 500 staff have been trained in 'Making Every Contact Count' and programmes are in place including 'Know Your Blood Pressure' with the third sector, 'Moving on after Stroke' for self-management and 'Living with Diabetes Days' with Diabetes Cymru. The Circulatory Programme from 2020 will build on these successes and adopt the learning and approach from the Breathe Well Programme – developing a whole system, value based approach.

Clinical Change Programme for Circulatory Conditions

- Baseline assessment of national disease plans (diabetes, stroke and heart conditions) has been completed and is informing the establishment of programme of work, along with the learning from the Breathe Well programme
- Diabetes Plan 2019 – 2020 in place which includes patient education, progressed and monitored through the Powys Diabetes Planning and Delivery Group
- Stroke and Neurological Conditions Plan 2019-2020 on track and includes a range of actions with a strong focus on rehabilitation and service development
- The Programme will co-ordinate engagement with the national and regional programmes including the All Wales Stroke Programme, the Herefordshire and Worcestershire Stroke Programme, NHS Future Fit and ARCH (Mid & West Wales)

We expect to see the impacts across key outcomes, preventing and reducing the incidence of circulatory conditions and improving healthcare. Measures of success will include quality, value and outcomes measures and a shift to community care, with reduced avoidable hospital admissions. The improvements in patient and citizen experience will also be part of the 'Powys Outcomes' that we want to see. There are key measures to track each condition area, such as SSNAP data (Sentinel Stroke National Audit Programme) shown overleaf.



CIRCULATORY

Domain Level Hospital Performance Period 25 (Jul - Sep 2019)

Source: SSNAP	Domain 1 Scanning	Domain 2 Stroke Unit	Domain 3 Thrombolysis	Domain 4 Specialist Assessments
Bronglais Hospital	A	B	A	B↓
Morrison Hospital	A	E↓↓	B	B
Nevill Hall Hospital	A	E	D↓	D
Prince Charles Hospital	A	E	D	C↑
Princess Royal Hospital Telford	C	D	D↓	C
Hereford County Hospital	B	E	C↑	C↓

This snapshot of the SSNAP data gives an indication of the complexity of the Powys pathways, with residents accessing secondary care from providers in both England and Wales, at varying positions in relation to key measures as shown.

The circulatory programme will take into account a number of transformational programmes in neighbouring areas through work with regional planning committees and health boards in Wales and Sustainability and Transformation Partnerships (STPs) in England.

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.

Priorities for 2020-23				Measures
CIRCULATORY CONDITIONS – Whole Programme				
<ul style="list-style-type: none"> Fully scope and finalise plan for Circulatory Clinical Change Programme, to include value based analysis of opportunities and evidence and establishment of Programme mechanisms Implement Phase 1 of the Circulatory Programme Detailed actions to be agreed as part of the full scoping for the Programme however it is likely to include a model of care and may require the development of specification(s)/ workforce models etc., in line with the approach being forged in the Breathe Well programme Programme encompasses the Powys implementation of the National Delivery Plans for Stroke, Diabetes and Heart/ Cardiac and the development of the relevant action plans as below 				<ul style="list-style-type: none"> Population health outcomes Powys Outcomes Patient experience / Patient Reported Outcomes Quality measures Service activity and performance
Key Milestones				
2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 – 2022/23
<ul style="list-style-type: none"> Finalise scope for Phase 1 Establish Programme mechanisms Agree and commence Comms / Engagement 	<ul style="list-style-type: none"> Baseline and needs assessment Engagement with users, stakeholders, professionals Further actions for Q2 – Q4 to be defined as in Q1, 	<ul style="list-style-type: none"> Further milestones to be defined in Q1 and Q2 following analysis / plan development 	<ul style="list-style-type: none"> Further milestones to be detailed post Q1– e.g. Model of Care for circulatory; feasibility of options as appropriate 	<ul style="list-style-type: none"> Further milestones for Transformation Programme to be defined by Phase 1 work

CIRCULATORY

Stroke

The Circulatory Programme noted in the Big Four Section of the IMTP will encompass the Stroke Delivery Plan, key actions for 2020/2021 noted below:

- Improve detection and management of atrial fibrillation and hypertension in primary care
- Improve prevention and diagnostics for stroke with liaison and training across primary and community services
- Early intervention and access to acute stroke care
- Timely access to rehabilitation close to home with development of Powys pathways and services
- Continue to develop staff and multidisciplinary working on stroke rehabilitation wards and in the community; review of staffing and team working on wards which admit people who have had a Stroke
- Improve patients' experience of care from hospital to home, focusing on the transition of care and support by developing new stroke nurse role and working more flexibly across hospital and community settings
- Implement and respond to patient experience findings and outcome measures; improve service user engagement in service improvement
- Improve flow of patients through acute and inpatient rehabilitation units by improving community rehabilitation
- Workforce planning and modelling to address patient flow throughout the pathway
- Increase intensity of therapy provided in the community
- Improve communication and coordination of care to demonstrate continual improvement against 6 month review rates
- Support the development of a stroke research network in Wales and identify further opportunities for engaging in research
- Engage in plans for thrombectomy care in liaison with WHSSC
- Continue to participate in strategic programmes where service planning for stroke is taking place at a national level and in neighbouring Health Boards in England and Wales including HDUHB Transforming Clinical Services, ARCH Programme, Herefordshire and Worcestershire Stroke Programme Board, ABUHB Clinical Futures
- Update information available on website for stroke survivors including clear pathways for services and support within the county and specialist services out of county
- Improve emotional support and access to psychological therapies for stroke survivors in order to enable them to self-manage

- Stroke treatment measures
- SSNAP Data
- Hospital / clinic/ therapy activity
- Primary Care Activity
- Programme Plans
- Study results
- Workforce measures
- PROMs
- PREMs
- Patient experience survey

Key Milestones

2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 – 2022/23
MDT Working review Inc. blended roles and Health Care Support Workers; Support Early Discharge development work (ongoing)	Improvements to inpatient rehabilitation for stroke survivors	Improved completion of 6 month reviews (Stroke Nurse in post)	Service User Forums developed and running	<ul style="list-style-type: none"> • Further phases to be detailed in 2020/2021 • Stroke Clinical Leadership programme • Development of Early Discharge Service / Powys Community Neurological Service

CIRCULATORY

Heart Conditions				
<p>The Circulatory Programme will encompass the Heart Conditions Delivery Plan, key actions for 2020/2021:</p> <ul style="list-style-type: none"> • Reduce smoking prevalence through the Tobacco Control Action Plan • Improve detection & management of atrial fibrillation (primary care) • Provide opportunities for physical activity and improving diet working with partner agencies as part of <i>Healthy Weight: Healthy Wales</i> • Agree the model for community cardiology as part of the wider programme of work on Circulatory conditions • Continue to embed heart failure PROMS data collection in Powys • Explore funding opportunities for research and pilot studies • Participate in the national cardiac rehabilitation audit • Working as part of the National Implementation Group, participate in the delivery of the National Delivery Plan and all Wales pathways to improve access, treatment times and outcomes • Making Every Contact Count promoted extensively to support staff to effectively raise the issue of smoking with patients. Information about signposting to local support services is included in the training 				<ul style="list-style-type: none"> • Public health outcome framework • Hospital activity • Primary care activity • Patient experience • PROMS • Programme measures
Key Milestones				
2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 – 2022/23
<p>Milestones to be developed as part of wider circulatory programme noted above (also refer to Summary Plans for Focus on Wellbeing section and Joined Up Care for contributory actions).</p>				

Diabetes				
<p>The Circulatory Programme will encompass the Diabetes Delivery Plan, key actions for 2020/2021:</p> <ul style="list-style-type: none"> • Run campaigns with community pharmacies / Diabetes UK Cymru • Delivery of structured education programmes • Adopt the Referral Pathway for Children with Suspected Diabetes • Achieve improvement against 8 essential care processes (adults) • 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"> • Public Health Outcome Framework • Hospital / primary care / clinic activity and attendance • Emergency admissions • Insulin pump rates • Compliance with key care processes • Education activity
Key Milestones				
2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 – 2022/23
<ul style="list-style-type: none"> • Deliver Type 2 Living with Diabetes Patient Education • Annual Protected Learning Time Workshops 	<ul style="list-style-type: none"> • Review Paediatric to Adult services • 8 Care Processes Review with GP practice engagement 	<ul style="list-style-type: none"> • Complete Type 1 Diabetes peer review • Targeted campaigns to support Flu Plan 	<ul style="list-style-type: none"> • Annual review of Diabetes Plan – in context of Circulatory Programme 	<ul style="list-style-type: none"> • To be determined following Annual Review

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 as residents in Powys access urgent, planned and specialised care across a wide geography in England and Wales. '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 FOR 2020/2021 – 2022/2023

1. North Powys Well-being Programme
2. Unscheduled Care and Out of Hours
3. Planned Care
4. Specialised Care
5. 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

- ┆ 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
- ┆ Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- ┆ Delivers against National Programmes for Planned Care and Unscheduled Care, National Endoscopy Programme and National Eye Care Programme (as and where relevant to Powys)
- ┆ Aligns with WHSSC Integrated Commissioning Plan and EASC IMTP

WBFGA WELL-BEING GOALS:



A Healthier Wales



A More Equal Wales



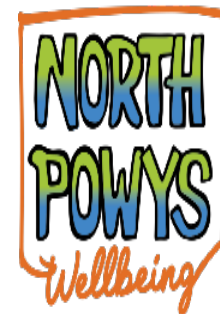
A Wales of Cohesive Communities

1. North Powys Well-being Programme and Powys Model of Care

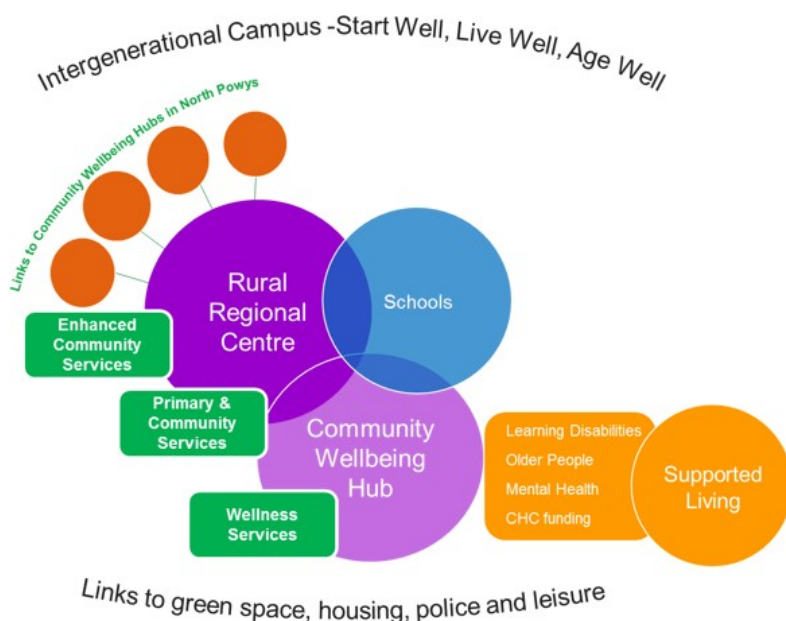
Powys is predominantly rural in character, and the geography of the county presents a challenge in delivering all front line services, but especially so in the case of health and social care. Given that over half of Powys residents live in villages and small hamlets, access to services is challenging.

As part of the Regional Partnership Board we are taking forward a once in a generation opportunity to transform services in north Powys and have successfully secured Transformation funding for the initial phase of work. This is building and testing the model of care for the whole of Powys.

Phase 1 is complete, the proof of concept, case for change and the model of care has been drafted, following significant engagement. Demand and capacity modelling and service mapping is continuing. Accelerated areas for change will feature strongly in the plan for 2020/2021 alongside the development of the business case for the next phase.



There is a strong national and international consensus that we should strengthen **care closer to home**. Digital technology and workforce are key enablers to achieving this ambition. **Community Well-being Hubs** will provide a place where neighbourhoods can address the issues that matter most. **Rural Regional Centres** will link with the Hubs and provide the opportunity to deliver more services in Powys, e.g. pre-and post-operative care, day case procedures, diagnostics, outpatients and rehabilitation services.



Accelerated Delivery Areas

Discharge to Recover and Assess

Integrated Cross Border Team (Machynlleth)

Repatriation of Children (Looked After; Early Help, Multi Agency Access)

Local Pre-operative Assessment

Targeted Prevention

Risk Stratification

Digital

THE CASE FOR CHANGE

OUR FUTURE VISION
TO IMPROVE HEALTH AND WELLBEING IN NORTH POWYS
A FUTURE OF INTEGRATED HEALTH AND CARE

HAVE YOUR SAY
ON THE FUTURE OF HEALTH & WELLBEING SERVICES IN NORTH POWYS

DEWCH I'N GWELP NI: VISIT US AT:
Chatwood House
Longbridge St, Llanidloes
Mehefin / June 14, 10:30 - 1pm

CYMERWCH RAN GET INVOLVED

@LlesPowys
@PowysWellbeing

2. Unscheduled Care and Out of Hours

The residents of Powys form part of the catchment areas for Accident and Emergency Department provision at several of the bordering District 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. The interaction with neighbouring providers as part of a pathway for our residents and patients means Powys is unique within Wales and places a higher reliance on care co-ordination and joined up working. The health board worked with partners closely in preparing for the winter of 2019 and the preparation and investment did yield benefits in terms of flow for urgent care as well as support the provision of scheduled care services. There has however been a loss of domiciliary care providers in the winter period and throughout 2019 the level of delayed transfers of care has been consistently higher than previously. Joint working with the Local Authority is starting to see this reduce but much work will need to be done not only for the remainder of 2019/20 but into future years to provide a sustainable model of care across health and social care. This challenge has dominated the winter planning preparation and informed this IMTP.

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, including the average length of stay in community hospitals
- 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
- Maintain and where possible further reduce waiting times for patients requiring outpatient assessment, diagnostic investigation or planned surgery
- Manage the single cancer pathway for Powys residents in conjunction with partners
- Reducing the number of patients waiting for outpatient follow up and reducing follow ups
- Reducing non-Mental Health Delayed Transfers of Care, due to social care availability
- Improving care coordination and community flow, by measuring demand and capacity with the local authority and NHS Wales Delivery Unit on the "Right Sizing" project
- Implement discharge to recover and assess models across Powys; implemented during Winter 2020 using RPB monies and embed sustainably during 2020/21
- Reducing the repatriation time from acute care back to Powys
- Embed the Out of Hours Model

In line with 'A Healthier Wales', the ambition is to transform service models to meet changing needs. For example the further development of models of care for elderly and frail people. There will be an emphasis on self-care, co-production and empowering the patient and their network in supporting care closer to home. To deliver this there will be a focus on strengthening the role played by Therapists and Health Sciences.

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. As part of the implementation of the **Powys Discharge to Recover and Assess** model there will be discharge for patients through the Home First pathway and where appropriate admission to the virtual ward. The management of wider system flow will be through the **Patient Flow Co-ordination Unit** which was put in place during 2018. This initiative has proven to be central to the focus on plans for every patient and seeks to minimise individual delays with escalation across partnerships of challenges and constraints.

Priorities for 2019/20-22				Measures
Unscheduled Care				
<ul style="list-style-type: none"> Implement Therapy led Discharge to Recover and Assess model across Powys to deliver more care closer to home and reduce unnecessary step down transfers to community hospitals Introduce trusted assessor model for restart of care packages Embed the home first model from the first contact with all professionals and continue with consistent message throughout their journey Review the Joint Reablement Service with Powys County Council as part of the Section 33 agreement and implement improvements aligned to Community Resource Teams and Glan Irfon Review and enhance the Virtual Ward Model Review District Nursing specification, caseload, acuity and skills to provide enhanced care in the community, in line with CNO Principles. Evaluate /Implement the test of the Neighbourhood Nursing model Community Services Managers to implement SAFER bundle and EDD to reduce ALOS to below 35 days Pilot a flow coordinator role in areas with high Average Length of Stay Continued development of the pan Powys Co-ordination Unit Focus on Delayed Transfers of Care (DToC), implementing the agreed joint health and social care plan including early escalation Promote an ethos of zero health DToC Strengthen use of performance indicators for ward areas relating to Length of Stay (LoS), use of Early Discharge Dates, DToC – to allow comparison of sites / good practice for reporting and improvement Earlier identification of simple or complex discharge pathways, with flow charting, revised discharge policy and discharge training programmes Implement Care Home Choice Policy Develop performance measures to feed Flow dashboard (IFOR) Improve the information available for patients and families to enable them to choose well to prevent unnecessary admissions and support early discharge by creating on line information resources. Web page with resources to 'choose well' and appropriate information 				<p>Unscheduled care key measures including DTOC, access and waiting times (direct and commissioned services)</p> <p>Local aims:</p> <ul style="list-style-type: none"> - to improve acute discharges straight home by 10% against 2019/20 base line - to reduce use of external provider community hospital beds. - Health DTOCS to be zero. Reduction in overall DTOCS over 12 months. - Reduce length of stay (community hospitals) to below 35 days per site.
Milestones				
Q1	Q2	Q3	Q4	2021/22 - 2022/23
Winter plan review / develop DTOC Plan D2RA model implementation; therapy care support roles; Trusted assessor introduced Virtual Ward Review Care Home Choice Policy	Winter Plan development DTOC Plan D2RA model implementation; Home First used by all CRT Develop Flow Dashboard	Complete Review Joint Reablement Service – implement improvements Complete District Nursing Review Implement SAFER bundle Pilot Flow Co-ordinator (LOS)	Complete Virtual Ward review, implement improvements Complete Evaluation of Neighbourhood Nursing & implement	Annual Review and planning to include evaluation of winter planning and initiatives

Powys continues to have an effective **Out of Hours** Service, which provides the main access point to both clinical assessment and face to face appointments for urgent care out of hours. 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. This is building on the existing model of out of hours in Powys and provides a clear single access point for service users, whilst the second line clinical triage and face to face appointments is still provided by Shropdoc, whose clinical services have been rated as "excellent" by the Care Quality Commission.

Informed by national audits, peer review and the desire to provide a more integrated model of care, PTHB has undertaken a review of the model and service during the last year. An agreed model which is less reliant on GP numbers, with a focus on MDT working has been agreed, with GP input for 2nd line triage and face to face. A priority at this stage remains the sourcing of end to end reporting for patients who now move between 111 and OOH and also to consider any findings from the Peer Review undertaken in November 2019.

The health board have agreed **joint initiatives with WAST** for 2020/2021 which form part of the EASC IMTP Template (Emergency Ambulance Service Commissioning). These include the continuation of work on the Falls pathway to further embed good practice and develop a point of access to clinical advice and support; the implementation of the National conveyance Pathway for respiratory, in the context for Powys of the Breathe Well programme; further development of Advanced Practice Paramedics and the further stages of the Respiratory initiative, with a trial of Multi-Disciplinary Team working concluding in April 2020 and evaluation to inform the next steps.

Performance on key ambulance service measures in Powys has been challenging in 2019/2020 and actions are being progressed to reduce response times to Red and Amber calls; improve handover delays; enhance First Responder provision and link with additional schemes with Young Farmers Clubs and the Police.

The health board continues to support operational performance in ambulance services as part of the **National Collaborative Commissioning Unit (NCCU)**. Delivery of the NCCU IMTP for the areas noted on the right is overseen by the **Emergency ambulance Services Committee (EASC)** which is a joint committee of the health boards.

The NCCU IMTP 2020/2021/ EASC Commissioning intentions cover the following areas:

- Emergency Medical Services (EMS)
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval Transfer Services (EMRTS)
- What does good look like for the Emergency Department in Wales? (EDQDF)

The National Collaborative Commissioning Unit (NCCU), hosted by Cwm Taf Morgannwg University Health Board is the collaborative commissioning service of NHS Wales: "*Leading quality assurance and improvement for NHS Wales through collaborative commissioning*".

NCCU delivers a national programme of work in support of EASC, The National Programme for Unscheduled Care and Mental Health and Learning Disabilities. Refer to the Financial Strategy section of this IMTP to cross reference with PTHB commitments (Transforming in Partnership section from page 89 – 94).

Further detail on the work programmes & deliverables of the Emergency Ambulance Services Committee can be found at <http://www.wales.nhs.uk/easc>.

3. Planned Care

The **Planned Care Programme** in Powys takes forward the National Programme with a focus on care as close to home as possible, 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 work streams in place for endoscopy, eye care, and trauma and orthopaedics. 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.

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.

In line with the requirements of the **Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)** (Wales) Act 2015 National Training Framework and the Regional Delivery Plan, roll out of Group 2 Ask and Act training has now commenced.

Following the launch of the new National **Safeguarding** Procedures in November 2019 we will ensure changes are embedded into practice in a timely way. The existing Strategic Safeguarding Framework runs until 2020 and will be closed; with the development of a new framework for 2020 – 2023 in line with the All Wales requirements and Self Assessment.

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, with the interim paediatric model launched in April 2019. Funding for Phase 1 of the model for PTHB has been agreed.

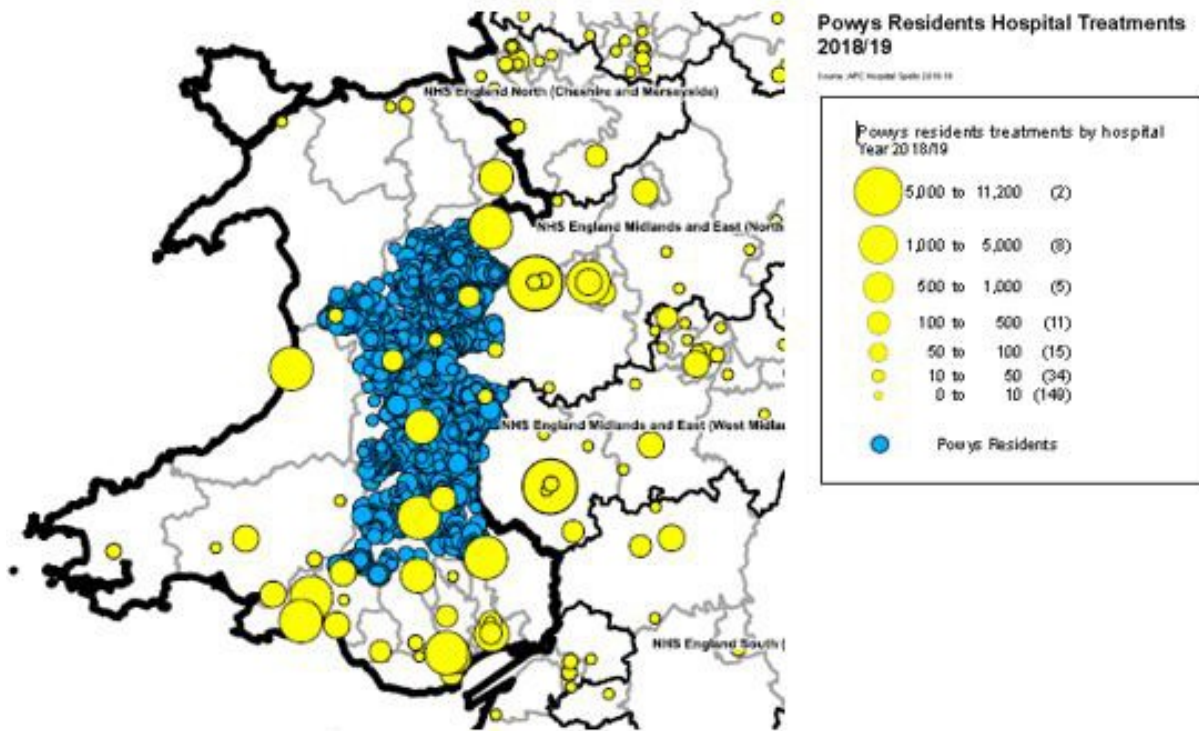
Health boards and all key stakeholders across the South Wales region have been engaged in the modelling work to support a sustainable model for SARC services. In September 2019, the statutory bodies approved a commitment to implementation of acute SARC hubs for adults and SARCs hubs for children up to the age of 16 years. It is anticipated this will commence 2020/21. Further work will take place early 2020/21 to develop the commissioning framework, as well as the service model and costs associated with phase 2 and 3 (spokes and Forensic Medical Services).

Priorities for 2019/20-22	Measures
Planned Care	
<ul style="list-style-type: none"> • Priority work streams for endoscopy, eye care, orthopaedics, ear, nose and throat (ENT). • Review and development of the multi-disciplinary approach • Implement anticipatory care planning for people with long term conditions • Targeted service redesign and repatriation linked to transformational programmes noted elsewhere in this IMTP • The development of the North Powys Well-being Programme <p>Continued overleaf</p>	<p>Performance trajectories for diagnostics and referral to treatment</p> <p>Work stream and Project plan tracking measures</p>

<p>Continued</p> <ul style="list-style-type: none"> Delivery of actions in relation to safeguarding, the Violence Against Women, Domestic Abuse and Sexual Violence strategy and the Sexual Assault Referral Centre (SARC) Robust demand and capacity modelling across planned care specialities to inform SLA commissioning requirements Develop a sustainable endoscopy service, achieving transformation in accordance with the National Endoscopy Plan Enhance clinical leadership for Theatres/OPs with the appointment of a full-time senior clinical lead for Theatres/OPs pan PTHB replacing current out sourced SLA arrangement Development of local model for lymphoedema services Develop sustainable planned care, achieving transformation in accordance with the National Planned Care Programme (where relevant to Powys) Implement regional plans for diagnostics with neighbouring health boards Repatriation of elective services planned and operationalised effectively Improve cancer service access to diagnostic pathways and deliver access targets against the new single cancer pathway Improve elective access, maintaining a zero 36 week breach position and achieving 95% by end of March 2021, no patients waiting 8 weeks for diagnostic by end of March 2021, reduction in total and overdue follow ups Therapy and diagnostics improvements including Podiatry and Speech and Language Therapy reviews and developments Agreement of SARC pathway and implementation of the Violence Against Women, Domestic Abuse and Sexual Violence Strategy Closure of 2017-2020 / Development of 2020-23 Strategic Framework for Safeguarding in line with NHS Wales / Self Assessment 	<p>Number of people with anticipatory care plans</p> <p>Workforce measures including nurse staffing levels</p>			
Key Milestones				
2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22
<ul style="list-style-type: none"> Continued Implementation of National Planned Care Programme (where relevant to PTHB) – detailed milestones 2020/21 to be advised by National Programme Improve elective access, maintaining a zero 36 week breach position and achieving 95% Q1-Q4, no patients waiting 8 weeks for diagnostic Q1-Q4, reduction in total and overdue follow ups by 20% March 2021 Q4 (links appendix C trajectories) National Endoscopy Plan – Q1 HB to agree local plan to deliver increased activity, improved infrastructure, recruitment & training. JAG Annual Review Brecon Unit. By Q4 regular reporting of demand & capacity against baseline. HB implementation of productivity measures. Reduction of surveillance backlogs. Implement nationally optimised pathways. Ensure that the repatriation of elective services is planned and operationalised effectively Q1-Q4 OPs/Endoscopy/Theatres LWH Improve cancer service access to diagnostic pathways and deliver access targets against the new single cancer pathway Q1-Q4 Introduce Powys wide Carpal Tunnel pathway Ensure the ultrasound sonography service is sustainable by recruiting our own Robust demand and capacity modelling across planned care specialities to inform SLA commissioning requirements Q1 WVT & SATH completed, Q2 - 3 roll out to other SLAs Q4 Review against baseline Agree SARC Pathway Q1 				<p>Annual review and planning</p>

3. Specialised Services

The following diagram illustrates the complexity and range of services used by Powys residents in accessing secondary and specialist care:



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 services 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.

Pathways to and from specialised services are extremely complex in Powys. As PTHB has no DGH, the majority of secondary care consultants referring Powys patients into specialised services are in hospitals in England. The main patient flows are into the North and West Midlands via DGHs in Shrewsbury, Telford and Hereford. Patients in South Powys and North West Powys are generally referred to services in Cardiff and Swansea via DGHs in Abergavenny, Swansea and Aberystwyth. There are also small flows into DGHs in North Wales. Powys residents also use specialised services further afield in Bristol and London. Given the complexity of pathways a specialised services pathway lead is being appointed to work with WHSSC, secondary care and local stakeholders.

During 2019/20 an internal Specialised Services Group was established in PTHB involving commissioning, finance, information and public health to examine specialised services pathway information including My Analytics and Information Reports (MAIR), which will be further strengthened. PTHB also undertook work in collaboration with WHSCC, national advisory committees and other health boards to establish a pathway from Shrewsbury and Telford to Wrexham for PET scans. A community based Local Gender Team is also now in place.

The WHSSC ICP for 2020/21 includes:

- Strategic Priorities
 - NICE or All Wales Medicines Strategy Group mandated newly approved Advanced Therapeutic Medicinal Products (ATMPs)
 - Major Trauma (South and West Wales and parts of Powys)
 - Perinatal Mother and Baby Unit (based in SBUHB) through the mental health ring fenced allocation
 - Cystic Fibrosis (South and West Wales and parts of Powys)
 - Thrombectomy (South and West Wales and parts of Powys)
 - Proton Beam Therapy
 - Intestinal Failure Services (South and West Wales and parts of Powys)
 - Critical Care Long Term Ventilation in Llandough (specification development)
 - Neurosciences (South and West Wales and parts of Powys) re-commissioning work to ensure the best use is being made of resources
 - Work on peer support requirements for the All Wales Gender Service
 - Interventional Neuro Radiology (based in Cardiff) to enable local Thrombectomy
- Increasing Access
 - Strengthen Referral Management, use of MAIR and public health expertise and address variation
 - Increasing value, including improved information about outcomes.
- Areas prioritised by the Clinical Impact Advisory Group (CIAG) and Management Group joint prioritisation process.
 - Further PET indications
 - Prolonged Disorders of Consciousness
 - Foetal Medicine
 - Inherited Metabolic Disease (Adult)
 - Neuroendocrine Tumours Phase 2
- Paediatric cardiology standards
- Hereditary anaemias

The full Integrated Commissioning Plan is available on the WHSSC website

<http://www.whssc.wales.nhs.uk/home>. The funding arrangements for the ICP are set out within the PTHB's IMTP financial plan. Welsh Government has provided additional funding to support the implementation of ATMPs and Major Trauma.

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.

Quality and Citizen Experience

The health board aims to deliver the highest quality clinical services to meet the needs of the population in line with the Powys Health and Care Strategy "A Healthy, Caring Powys".

Building on progress over the past year, a system wide approach being taken which includes a Clinical Quality Framework and commissioning intelligence. This supports and aligns with the existing Strategic Commissioning Framework and Commissioning Assurance Framework.

A comprehensive review and self-assessment was carried out in 2019 and the three year **Clinical Quality Framework** developed alongside the IMTP, to be approved in January 2019, for delivery in 2020/21 – 2022/23.

The framework has been developed in the context of 'A Healthier Wales' and other national policy, legislation, reviews and good practice, including the work of Lord Darzi on high quality clinical care and the Health and Social Care (Quality and Engagement) Bill 2019.

It is founded in evidence and recommendations in relation to governance for quality including the recent independent reviews and inspections of neighbouring health boards and trusts in both Wales and England. (The full Clinical Quality Framework contains full detail of the legislative and policy context – refer to IMTP Appendix for hyperlink).

The purpose of the clinical quality framework is to realise a vision of systematic clinically led, continuous yet sustainable, year on year improvement in clinical care.

The framework encompasses fundamental pre-determinants of the delivery of high quality clinical care, including:

- Organisational culture - encompassing honesty and openness
- Clinical leadership
- The improvement methodology in place in the organisation
- Clinical quality intelligence and performance reporting

This supports the overarching Board Assurance Framework and assurance processes including the reporting of quality and the escalation of matters requiring Board attention. It also complements the PTHB Annual Quality Statement which is structured to reflect the Wales Health and Care Standards.

The framework sharpens the focus on clinical quality and clinical quality improvement and will drive forward a pro-active and systematic approach, to be overseen by the PTHB Quality Governance Group.

The PTHB Risk Appetite Statement (July 2019) sets out the organisation's strategic approach to risk taking, including through the definition of risk appetite thresholds. PTHB has no appetite for risks which could result in poor quality care; non-compliance with standards of clinical or professional practice; or poor clinical interventions or outcomes. Likewise, PTHB has no appetite for risks which could result in avoidable harm to patients.

Detail of the controls and assurances in place (encompassing operational management; corporate oversight; and independent review - including their adequacy and necessary further development) exists at the level of the PTHB organisational delivery priorities.

The overall rating of current assurances and controls is "medium"; the identified assurances having been deemed "adequate" in relation to the effectiveness of the controls in place, although some gaps were identified.

Specifically, PTHB recognises a need to drive forward with an anticipatory and learning based approach, focused on clinical quality and outcomes. Importantly, this is aimed at informing decision making and value based healthcare, with a particular link to the programmes of work noted in 'Tackling the Big Four'.

The framework is structured around five organisational goals and linked improvement activities. The first goal relates specifically to implementation of the dimensions of clinical quality originally identified by Lord Darzi; the remaining four goals are underpinning, but equally important:

GOAL 1 Implement the Darzi Model for clinical quality: Safe Care; Effective Care; Patient Experience

GOAL 2 Optimise organisational culture

GOAL 3 Develop excellent clinical leadership

GOAL 4 Implement a defined programme of improvement methodology

GOAL 5 Develop excellent information and intelligence systems

Key areas of delivery in the three year programme of work for Quality are detailed in the framework (refer to IMTP Appendix for hyperlink) and include:

- A clear role for the clinical quality improvement function to promote best practice and put in place consistent methodologies and systems
- Development of the PTHB Quality Governance Group, accountable to the PTHB Executive Committee
- Development of a comprehensive clinical peer review programme
- Systematic gathering and evaluation of patient experience findings to inform clinical service development and continuous improvement
- Actively addressing and identifying learning from all recommendations of external reviews and internal audit, including full implementation of the clinical audit plan
- Triangulation of information to test, validate and identify actions and learning
- Oversight and governance of risk management systems including DATIX
- Identification of outliers from clinical audit and associated action plans
- Empowerment of staff in relation to serious incident and concerns reporting and management; implementation of the 'Putting Things Right' Policy and the 5 Key Improvement Actions for Serious Incidents (including policy, completion of review of open cases, designation, training and awareness, threshold audit)
- Assessment of systems of support that enable staff to raise concerns
- Review and revise as necessary the system for Patient Safety Alerts/ Notices
- Review and develop the organisation's approach to implementation of national clinical guidelines and compliance with health and care standards
- Accelerate the development of the value-based healthcare approach
- Implementation of Infection Control Action Plan including update of policies for 2020/2021; robust monitoring and surveillance; working with 1000 Lives Partnership on reduction of E-Coli and management of Urinary Tract Infection
- Medical devices replacement programme linked to Asset management system and focus on implementation programme for point of care testing
- Nurse staffing levels regular review with Heads of services and Director of Nursing and in Workforce Efficiency meetings, including compliance with e-rostering; continue to review commissioned services' staffing levels via the LTA monitoring and CQPRM
- Safeguarding improvements will be driven by the outcome of annual NHS Wales Safeguarding Maturity Matrix Self-Assessments and annual Improvement Plans
- Participate in the electronic device pilots for E Documentation

SUMMARY PLAN: JOINED UP CARE

PRIORITY	KEY MILESTONES	MEASURES
1. NORTH POWYS WELL_BEING PROGRAMME		
Implementation of North Powys Programme Plan agreed at Regional Partnership Board and delivery against Welsh Government Transformation Fund commitments – refer to IMTP Appendix for hyperlink to further detail.	As per North Powys Well-being Programme Plan	<ul style="list-style-type: none"> As per North Powys Well-being Programme Plan
2. CARE CO-ORDINATION AND URGENT CARE		
Delivery of Unscheduled Care Programme - as set out in detail on page 54 of this section	As per Unscheduled Care Programme	<ul style="list-style-type: none"> Delayed Transfers of Care (DTC) Reablement measures Emergency admissions 111 service measures Ambulance service measures
2. PLANNED CARE		
Delivery of Planned Care Programme – as set out in detail on page 56-577 of this section	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 Treatment Life satisfaction among older people (PHOF_37b) Nos. with anticipatory care plans
3. SPECIALISED CARE		
Implement WHSSC Integrated Commissioning Plan with annual planning and review of PTHB activity	As per WHSSC ICP	<ul style="list-style-type: none"> LTAs signed Other measures as per WHSSC ICP
Tracking and responding to NHS England programmes for specialised care and assessing impact for Powys patients		
4. QUALITY AND CITIZEN EXPERIENCE		
Implementation of Quality Work Programme, shaped around the Clinical Quality Framework – as set out on pages 60 - 61 of this section – also refer to IMTP Appendix for hyperlink to full Clinical Quality Framework	As per Clinical Quality Framework Work Programme Q1-Q4	<ul style="list-style-type: none"> Refer to Clinical Quality Framework

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 FOR 2020/2021 – 2022/2023

1. Designing, planning and attracting the workforce
2. Leading the workforce
3. Engagement and wellbeing
4. Education, training and development
5. Partnership & citizenship

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

- ┌ Quadruple Aim: A Motivated and Sustainable Health and Social Care Workforce
- ┌ Prudent principle 'Public and Professionals are Equal Partners through Co-production'
- ┌ Developed in line with the draft HEIW National Workforce Strategy (alignment across National and Local themes detailed in following section)

WBFGA WELL-BEING GOALS:



A Resilient Wales



A Healthier Wales



A Wales of Cohesive Communities



A Wales of Vibrant Culture & Welsh Language

Workforce Futures is a key enabler in the Health and Care Strategy and creating a 'Healthy, Caring Powys' between now and 2027. We have developed Our Local Workforce Strategic Framework for Health and Social Care in line with the draft National Workforce Strategy. This allows us to optimise capacity from linking in with national programmes of work, while also strongly focusing on local delivery of our objectives. The successful delivery will include co-operation with partners including the commissioned services workforce, to repatriate more services to Powys. Joint posts will be established not only across sectors, but across health organisations. The workforce challenges facing Powys are clear. The geographical spread, a reducing younger population, increasing older population and the absence of infrastructure such as a University within the county means that collectively a different approach to attracting and developing a workforce for the future is essential.

Building on our success, Workforce Futures provides an opportunity to focus on developing a workforce model that will help to attract, support and train the best people. Powys will be developed as a region that offers exemplary health and care in a rural setting, delivered by an engaged and valued workforce, working seamlessly across organisational boundaries. The strategic framework sets out high-level priorities needed to deliver A Healthy, Caring Powys through our workforce and is based on needs, evidence and wide ranging engagement.

From a Workforce Futures perspective, the current challenges are well known, including workforce demographics, rurality, social and economic pressures and care demands with increased complex needs. Workforce shortages are already having a direct impact.

The future vision is for a workforce that provides seamless Rural Health and Care Service across Powys. Specifically, the Health and Care Strategy sets out the ambition to:

- Grow the health and care workforce through local training and development
- Support people to work longer, ensuring transfer of knowledge, skills and experience
- Support the workforce to develop innovative models of care in a rural setting through technology, education, research and training
- Support a thriving volunteering sector and core economy
- Make sure the health and care workforce is enabled and so able to respond to people's needs in a timely way
- Promote well-being within the workplace

The Workforce Futures framework makes a commitment to design a health and care workforce that will meet the needs of our citizens and communities, attract the right people with the right skills and knowledge, continue to value, engage and retain our workforce through compassionate and collective leadership, and provide education and development.

Workforce profile:

Ageing Workforce Our workforce profile shows that 32% (excluding hosted service 27%) of our workforce are aged 55 and above, by 2029 this will be 63% (59%). Our staffing compliment is made up of 69% of Powys residents and 31% of staff commuting into Powys. It is anticipated that approximately 48% of the nursing workforce could be over the age of 56 by 2024, which increases the risk of reliance on Bank and Agency Workers.

- **Turnover** The staff turnover rate for October 18/19 was 10.19% including retirements. Excluding flexi/age retirements this reduces to 7.37%.
- **Recruitment of clinical staff remains a challenge** There are significant recruitment pressures on medical, nursing, therapies, and allied health professionals workforce in Powys, reflecting the national picture. This is mirrored in Social Care, Primary Care, Third Sector and the independent sector. In Primary Care, we know we have a 5% retirement prediction for GP's in the next 2 years pan Powys. Additionally, there are challenges within dentistry particularly in the north of the county.
- **Well-being:** Despite the age profile in Powys, sickness remains below the NHS Wales average and has also shown improvement from 4.75% in November to 4.64% in

December 2019. The health and well-being of the workforce needs to be seen in the context of the working population. The Population Health Assessment is crucial in understanding the workforce health and wellbeing needs. Well-being goals are aligned to the national goals of the Well-being of Future Generations (Wales) Act 2015.

The 5 core themes in our workforce futures strategic framework:

- Designing, planning and attracting the workforce
- Leading the workforce
- Engagement and wellbeing
- Education, training and development
- Partnership & citizenship

In addition, there is a cross-cutting theme: utilising technology and digital, aligned to theme 4 'Building a Digitally Ready Workforce' of the HEIW national workforce plan. For each of our five themes we have begun to identify our ambition and priority actions for the next three years. Our themes and priority actions align with the themes emerging in the national Workforce Strategy for Health and Care, yet developed around specific challenges for Powys.

Theme 1: Designing, Planning and Attracting the Workforce

Aligned to HEIW National Workforce Plan Theme 2 'Attracting and Recruitment', Theme 3 'Seamless Workforce Models' and Theme 7 'Workforce Supply and Shape'

We will have a multi-agency, multi-disciplinary workforce that is meeting the health and care demands of a rural county and providing seamless services. Powys will provide the best opportunity to develop a chosen career and balance work and home life. The workforce will be empowered, able to contribute to the future, enjoying a great working culture and attractive employment conditions, to ensure they can meet the health and care needs of our population and support the economy. Action will be taken to:

- Explore every opportunity to re-design roles and models of delivery to address and resolve our recruitment challenges. Review staffing models to reflect the demands and needs of our patients, ensuring the best use of staffing and skill mix. This will include the Neighborhood Nursing Project and use of Band 4 Assistant Practitioner roles to deliver more prudent healthcare, based on competency and needs based assessments.
- Develop the skills and capabilities of our existing staff through the provision of local training along with an apprenticeship approach including a Health Care Support Worker Academy and an apprenticeship programme within the facilities team.
- Work 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.
- Reduce recruitment timelines, to fill all vacancies within a minimal gap timeline.
- Implement an effective rural workforce recruitment campaign and a streamlined process.
- Scope a competency based approach across PTHB and our partner interfaces.
- Ensure effective electronic and digital systems which act as enablers for the workforce.
- Ensure policy compliance with All Wales policies and employment law.
- Implement national programmes of work such as 'All Wales Succession Planning and Talent Management Strategy' tailoring them to the unique needs of Powys.
- Support the Out of Hours contract and clinical model for Out of Hours.
- Develop our recruitment branding and new website to strengthen our recruitment offer.
- In order to build capacity and enable efficient workforce planning, we will invest in robust systems including e-job planning, which will facilitate job planning for consultants, specialty doctors and associate specialists. E-community will allow community staff to be deployed in the most effective and efficient way.
- Support the Physician Associates Development Manager in extending roles

A successful bid for the North Powys Wellbeing programme has been progressed, which is testing and accelerating the model of care. A second bid has been submitted, to consolidate

and strengthen Primary Care in line with the National Primary Care model to maximise readiness to contribute to the Powys model of care.

Actions for which additional investment has been sought as part of a Transformation Fund proposal for primary care have been identified below:

- Develop care coordinator roles to identify patients who require multiple treatment packages and interventions in order to remain healthy
- Support integration of community pharmacy; Practice based pharmacists and pharmacist technicians will be developed to manage long-term conditions and minor illness and undertake practice based prescribing. Pharmacy technicians will lead on medicines reconciliation and manage medication enquired and reviews
- The proposed model will integrate the existing hospital pharmacy team with the primary care team, and cross setting activity – improving efficiencies through reduced travel and increased responsiveness to demands
- In line with the Community Resource Team development, and integration across organisations, develop Professional Frameworks that ensure leadership and governance of staff employed by different organisations
- Introduce new / extended roles including GPwSIs, blended community roles, Cluster Pharmacists, Pharmacy Technicians and Advanced Nurse Practitioners – adding skills and experiences to multidisciplinary teams at a cluster level
- Introduce new / extended roles including GPwSIs, blended community roles, Cluster Pharmacists, Pharmacy Technicians and Advanced Nurse Practitioners – adding skills and experiences to multidisciplinary teams at a cluster level
- The model will also include professional multi-disciplinary staff working across clusters to increase efficiency and the creation of GPs with Special Interest

Theme 2: Leading the workforce

Aligned to HEIW National Workforce Plan Theme 3 'Leadership and Succession'

We will be led by exemplar leaders at all levels, who are passionate about their teams and making a difference to the citizens and communities of Powys. They will lead our biggest resource, the workforce, compassionately and will provide a compelling vision through a narrative of quality of care, which we will align all of our work to. We will:

- Through effective Professional Leadership & Management skills, we will lead by example by cultivating excellence in clinical and professional leadership and management.
- Continue to implement the leadership and management framework with a focus towards compassionate leadership, as well as enabling all staff to access training that helps them understand how to deal with inappropriate behaviour.
- Strengthen professional & clinical leadership and management skills.
- Implement and deliver cultural development programme, in partnership with others.
- Develop leaders who will be visible role models, and promote wellbeing and a culture of support through compassionate and collective leadership through coaching & mentoring.
- Leaders to promote good health and well-being for themselves and wider workforce.

Theme 3: Engagement and wellbeing

Aligned to HEIW National Workforce Plan Theme 1 'An Engaged, Motivated and Healthy Workforce'

Our workforce is our biggest strength and will be empowered to be involved in planning, shaping and delivering excellent quality services, and to feel valued, fully engaged in their work and have a sense of wellbeing, to deliver effective compassionate care. Actions will be taken to:

- Embed a values based culture so people feel valued and respected

- Support staff within our challenging geographical environment through an agile approach to work life balance.
- Design and champion a culture that creates an environment of wellbeing and belonging where staff have positive working relationships with their managers and colleagues.
- Proactively take steps to minimise stress and improve wellbeing in the workplace.
- Retain the gold category of 'Corporate Health Standards' with a suite of wellness benefits.
- Support the national staff survey by undertaking an internal, targeted survey to identify where services require specific support to overcome a bullying culture.
- Maximise the contribution and attendance of staff in work and their contribution, by continuing to embed the new national managing absence policy and training.
- Enhance local initiatives, which focus on employee health rather than sickness.
- Refresh health and safety advice, support and interventions ensuring compliance and meeting statutory and mandatory requirements focused on a safety culture.
- Monitor management reports for stress related absence through the Stress Steering Group, to inform where any specific interventions and follow-ups are required.
- Monitor how quickly staff return to work after counselling sessions and provide updates at the Stress Steering Group.

Theme 4: Education, training and development

Aligned to HEIW National Workforce Plan Theme 5 'Excellent Education and Learning'

The workforce will have opportunities to take part in high-quality education, training and development to be successful in their role, feel fulfilled and have excellent job satisfaction. The workforce will have the right skills to operate more flexibly across Health and Social Care, and will be supported to find the right pathways across their career. Action will be taken to:

- Use national talent management programmes and clinical / professional frameworks.
- Ensure new roles in a joined up rural care system involve the development of skills and competencies to support new and existing staff, maximising our workforce.
- Support ongoing delivery of an enhanced clinical skills development framework.
- Develop and recognise advanced practitioners through a 'grow your own' approach.
- Explore future educational workforce pathways with educational establishments to understand what the design of future training delivery could look like.
- Enhance the presence of universities by satellite delivery and a 'learn in Powys' ethos.
- Implement an enhanced health care support worker (hcsw) development framework.
- Work with Aberystwyth University and Hywel Dda to develop a nursing degree in 2022.

Theme 5: Partnership and citizenship

Aligned to HEIW National Workforce Plan Theme 3 'Seamless Workforce Models'

The approach to workforce development and transformation will be seamless and delivered through a co-productive partnership that makes best use of the assets, strengths and aspirations of all parts of the community and the health and care system, recognising and valuing the contribution of everyone including unpaid carers and volunteers. Action will be taken to:

- Work with trade unions to ensure shared protocols for new working practices and/or policy describing the expectations and outcomes for users, workforce and partners.
- Widen access to employment to those leaving care and with advanced learning needs.
- Enhance opportunities for local communities including carers and volunteers to increase the skill set of the unpaid workforce and transition for those who want careers in health.
- Develop a holistic approach to skills and lifelong learning which offers a range of formal and informal opportunities, including apprenticeships and traineeships.

SUMMARY PLAN: WORKFORCE FUTURES

PRIORITY	KEY MILESTONES	MEASURES
Deliver the Workforce Futures Framework		
1. Designing, Planning and Attracting the Workforce	<p>Q1 - Implementation of Phase 2 of the Organisational Change Process (OCP). Q1 - Begin roll out of the e-community rostering system. Q1 - Commence implementation of the Workforce Futures Strategic Framework. Q2 - Implement Standard Operating Procedures for internal operational workforce planning. Q3 - Implement an approach to succession planning. Q3 - Develop a brand and approach for resourcing in Powys including a website.</p> <p>Yr 2 - 2021-22</p> <ul style="list-style-type: none"> Implementation of new roles, based on research evidence and competency-based workforce planning Widening access to employment opportunities to those leaving care and those with advanced learning needs <p>Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of reduction in the overall vacancy level, Recruitment timeframes are consistent with national targets % of OCP completed within agreed timescales, % of timely responses within the Action Point, E-Rostering Insight tool reflects rostering compliance with PTHB policies.
2 Leading the Workforce	<p>Q3 - Implement a cultural development programme based upon the Compassionate Leadership Model. Q4 - Evaluate PTHB Manager's Programme. Q2 - Roll out Assistant Director/Senior Manager Leadership Development.</p> <p>Yr2 - 2021-22 - To be developed in line with the National Workforce Futures Programme Yr3 - 2022-23 - To be developed in line with the National Workforce Futures Programme</p>	<ul style="list-style-type: none"> % of Managers completing the management development programme Improved staff survey scores for management section
3. Engagement and Well-being	<p>Q3 - Develop and implement an engagement framework through Chat2Change. Q2 - Submit application for funding of 2 Workforce Health Intervention Co-coordinators who will support attendance at work initiatives to enable staff to manage their own health. Focused on Healthy weights and stress management Q1 - Implement a targeted internal staff survey aligned to the National survey that will continually test levels of staff engagement and wellbeing as well as levels of reported bullying. Q4 - Strengthen assurance and compliance for Health and Safety.</p> <p>Yr2 - 2021-22 - To be developed in line with the National Workforce Futures Programme Yr 3 - 2022-23 - Have a workforce which will include more carers and volunteers working in partnership with paid staff, who all feel valued and engaged in their work</p> <p>Q2 - Following initial approval in October 2019, the Stress Management Policy and Toolkit will be reviewed to ensure approaches are current and fit for purpose. Q4 - Chat2Change Work Programme will seek to design and implement in-house 'PULSE' survey on the topic of stress and well-being.</p>	<ul style="list-style-type: none"> Improved staff Survey scores, Workforce Performance measures (NOF 91-95).

PRIORITY	KEY MILESTONES	MEASURES
Deliver the Workforce Futures Framework		
4. Education and Training	<p>Q2 - Partner with Aberystwyth University to design a new nursing degree, which will meet needs of the rural health board.</p> <p>Q4 - Evaluate the success of the first phase of the Apprentice Academy.</p> <p>Q4 - Implement a talent management approach for HCSW to access Nursing/Therapies.</p> <p>Q4 - Design an Access route to Healthcare Student Academy.</p> <p>Q2 - Develop a training framework that meets all statutory and mandatory training needs.</p> <p>Q2 - Launch the approach to clinical simulated training.</p> <p>Yr2 – 2021-22 - To be developed in line with the National Workforce Futures Programme</p> <p>Yr 3 – 2022-23 - Laying the foundations for a Health and Care faculty in Powys, that offers a wide range of practical, academic and digital learning opportunities for employed staff, volunteers and carers</p>	<ul style="list-style-type: none"> • % of training DNA rates • % of Statutory and Mandatory Training compliance
5. Partnership and Citizenship	<p>Q1 - Develop the approach to volunteering and work experience.</p> <p>Q1 - Develop the business case to deliver the Rural Academy of Learning.</p> <p>Q1 – Implement an agreed joint approach to work experience for secondary aged children in conjunction with Powys County Council.</p> <p>Yr 2 - 2021-22 - A shared recruitment platform which automatically matches skill mix opportunities for all employees across health & social care.</p> <p>Yr 3 – 2022-23 - Have a workforce which will include more carers and volunteers working in partnership with paid staff, who all feel valued and engaged in their work.</p>	<ul style="list-style-type: none"> • Uptake on the work experience programme • Approval of rural academy of learning

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 within. 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 FOR 2020/2021 – 2022/2023

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

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

- ┌ 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 RPB

WBFGA WELL-BEING GOALS:



1. Research, Development and Innovation

The health board has a culture of learning, openness to change and knowledge sharing to support services that are constantly adapting to the needs of the population. We aim to improve well-being of Powys residents by actively promoting improvement programmes, innovation and research, translating learning into practice. We aim to fully engage the public in opportunities to participate in research, innovation and quality improvement studies. We have a progressively growing record in highly regarded teaching and student placements, providing experience in the rural setting that highlights the potential of enhanced community provision. As a potential benefit of these close university links particularly with Swansea and Cardiff we are supporting moves to develop rural healthcare as a speciality in itself. We will support the modernisation and redesign of pathways to ensure that Powys has 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, including those linked to the Well-being of Future Generations Act such as the role of the health board in relation to climate change and decarbonisation. The hub will provide facilitation, governance and measurement of improvement for innovation and research.

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.

We are building on this success and consider plans for developing Quality Improvement 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. We will be working collaboratively with other health boards to energise our research strategies and to ensure that Powys residents have maximised opportunities to participate in research.

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, broaden and advance the services we provide. We will strengthen this through establishing and re-energising the research and innovation capacity of consultant, Advanced/specialist, physician associate 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 to champion 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 provide assurance for the Board of good practice principles and enable board engagement in the balance of risk and innovation, to ensure new approaches can be encouraged and an evidence base is being built, linking with the Clinical Quality framework which will also equip the organisation with learning and insights valuable for innovation.

The hub will need to adapt and change to grow organically as our culture develops 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 scholarship programme. We will seek to attract research, innovation and improvement expertise 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 ideas that can be scaled up for wider consideration. We are beginning work with the University of South Wales collaboratively looking at the innovative use of software and technology in assisting Powys residents at home and in remote settings. 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'. Powys is already championing and developing the Macmillan 'Improving Cancer Journey' which has generated interest from Welsh Government in terms of an all Wales approach.

The development of a central hub driven from the staff's enthusiasm has allowed us to test the development of ideas from inception to applying for external funding, completing projects and going on to develop bigger applications with a wider national interest.

We have built 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 the now in post Assistant Director for Innovation and Improvement. Further development of the core roles within the hub will provide clarity and consistency in our ability to deliver research activities. The next 3 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 as part of the Brecon Molo Community Partnership. Since 2010 the link has focussed on community capacity building. Projects have included training in Community Based Rehabilitation and cerebral palsy, Community Health Support for Disabled Children and a Maternity Project.

The health board has a history of partnering 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 continues to explore European funding and research opportunities.

We 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 education institutes to develop a bespoke virtual Powys University that supports excellence in health and care. This will act as an enabler to access the educational and developmental techniques enhancing our workforce skill and competency for new models of delivery.

2. Capital Programme and Estates

During 2020/21, the health board will develop a long term estates strategy, building on the ten year Health and Care Strategy and the 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.

Working alongside the service strategy for health and care in Powys, we will develop a strategic outline programme approach for estate investment options. This approach will have to consider the broader public sector service offer and ambition for Powys. We want to take this a stage further to consider rural regional centres providing integrated primary, secondary and social care facilities. A specific proposal is being developed to consider a Rural Regional Centre for North Powys in the Newtown area. A joint Business Case with Powys County Council for a campus style approach to include health and care, education, housing and community facilities will be submitted to Welsh Government in 2020.

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 focussing more immediately on Llandrindod Wells and Machynlleth Community Hospitals.
- Development of a Business Case for Ystradgynlais Community Hospital
- Complete the production of the 10 year Estates Strategy informed by the Health and Care Strategy for Powys and six facet survey

Medium and longer term transformation: implementation of the 10 year Estates Strategy

- Implement Rural Regional Centre 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 39%, Powys has the highest proportion of healthcare estate in Wales that pre-dates 1948 with only 3% of the estate built since 2005, representing the 'least new' estate in Wales with the average for other health boards in this category being 20%. The results of the recent six facet survey indicate that backlog maintenance of the estate is £73M. Only 61% of the estate is in condition category B (reasonable standard) or above, the worst health board in Wales.

The Primary Care estate is more modern, although the newest facility is now 13 years old. The majority of practices are under direct GP ownership which is causing a challenge in recruiting new GPs to replace those who are leaving the profession and/or the area.

The ambition is to develop public sector assets to provide integrated facilities where they are required. The Health and Care Strategy is the vehicle for discussing and shaping the nature of service delivery and the estates requirements to enable this.

During 2020/21, the health board will develop a long term Estates Strategy building on the ten year Health and Care Strategy. This will ensure the best use of the current built environment and create opportunities to deliver modern fit for purpose facilities across the public sector footprint for the citizens of Powys. The following are key priorities for 2020/21:

The following capital developments are prioritised for action in 2020/21:

- Llandrindod Wells Community Hospital; work onsite commenced on November 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; works have now also been completed to develop a new main hospital reception, outpatients department, X-ray facility, dental and endoscopy suite. 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. Further support from Welsh Government and the Renal Network has also delivered a much needed extension to the existing unit. The focus for 2020/2021 is to ensure the benefits from the Phase 1 refurbishment are realised and work towards the further Phase 2 development of a Programme Business Case to describe the scope of works required to bring the remainder of the hospital site up to a satisfactory standard which is fit for purpose.

- Machynlleth Community Hospital; the health board will be resubmitting a Full Business Case to Welsh Government in Spring 2020 to develop a project to provide infrastructure and much needed estate compliance upgrades to the hospital including improvements to the main entrance road junction. The proposed major redevelopment will fully enable a Community Well-being Hub with 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. Subject to approval, the aim is to start work in 2020 for completion by 2022, with funding ring-fenced for health and care community hubs.
- Ystradgynlais Community Hospital; it is acknowledged that Welsh Government All-Wales funding will be at a premium in the 2020/21 financial year cycle, but opportunities will continue to be explored to advance this project. Scheme development and scoping will be initiated to develop a business case to enhance the clinical service environment and provide a fit for purpose building infrastructure.
- 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 having been made to date with a developer identified and a preferred site being considered.

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

Discretionary Programme: The health board utilises its discretionary capital funding to support a range of smaller projects using a risk based approach. A two year programme is prioritised on an annual basis, approved by the Board.

All-Wales Funding: Maximising opportunities for seeking additional funding to support larger service improvement projects, for example, the reconfiguration of community hospital schemes or All Wales diagnostics programme, which supports higher value equipment replacements. 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 2020/21 financial year.

Integrated Care Fund (ICF) aims to drive and enable integrated working between social services, health, housing, and the third sector. The priorities of the fund are determined by the Regional Partnership Board, in line with the Health and Care Strategy, with the longer term aim of achieving the agreed 'Powys Outcomes.

Current ICF priorities are set around five themes:

<p>Older people with complex needs and long term conditions, including dementia:</p> <ul style="list-style-type: none"> • Maintain independence and remain at home • Avoid unnecessary hospital admissions • Strong focus on Delayed Transfers of Care 	<p>People with learning disabilities:</p> <ul style="list-style-type: none"> • Reduction of health inequalities • Increasing community integration • Improving planning and funding systems. 	<p>Children with complex needs due to disability or illness:</p> <ul style="list-style-type: none"> • Holistic, seamless care and support • Physical, emotional and mental wellbeing. 	<p>Carers, including young carers:</p> <ul style="list-style-type: none"> • Projects which provide direct support for carers • Aiming to improve carers own well-being 	<p>Children at risk of becoming looked after, in care or who are adopted:</p> <ul style="list-style-type: none"> • Help families stay together safely and prevent the need for children to become looked after.
--	--	--	---	---

An investment plan is in place for 2019 – 2021 and evaluation being progressed using Results Based Accountability methodology to inform forward plans beyond this period. There is an ICF Leads Group in place that oversees delivery and review, reporting to the Regional Partnership Board. Further information is available at <https://en.powys.gov.uk/article/1742/Powys-RPB-Documents>

Strengthening Estates Capacity - During 2020/21, the health board will 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 planned estates maintenance programme including the Direct Labour Organisation function; a review of the approach to in-house capital project and programme management, and opportunities for joint work with Powys County Council.

Environment and Sustainability

Global warming and its effects have and continue to affect every living organism on the planet. In recognition of the reality of the issues facing us now, and the potential impact on future generations, national and international policies and targets have been agreed.

Welsh Government has taken up this challenge by developing ambitious objectives and obligating the public sector to deliver targets set under the Environment (Wales) Act 2016, such as zero waste to landfill by 2050 and decarbonisation by 2030.

In addition, WG has laid out a set of standards and 'ways of working' to limit our impacts on generations to come under the Well-being of Future Generations (Wales) Act 2015.

Furthermore the WG has declared a Climate Change Emergency putting further pressure on the public sector to deliver meaningful results even sooner.

In 2018-19 the health board successfully developed and implemented an effective Environmental Management System (EMS) to ISO 14001 (2015) standards. The EMS established our environmental impacts and medium term delivery plans. One of the key initiatives currently being undertaken is the development of departmental decarbonisation plan (DDP) which will set out clear targets for each department within the organisation.

PTHB is working as part of the Public Services Board on a Carbon Positive Strategy with a focus on green energy with links to the work of the Growing Mid Wales Partnership. Developing a Carbon Positive Strategy is identified as one of 12 Steps in the Powys Well-being Plan. Powys is well placed to be best in class in Wales and beyond in driving forward sustainable development and decarbonisation. The strategy is being developed with engagement with Powys residents and stakeholders to identify all areas of impact, covering energy generation, food production, domestic heating and travel. Further information can be found at <https://en.powys.gov.uk/article/7509/Well-being-12-steps-progress> and a short video update at <https://www.youtube.com/watch?v=qbl6ydWI5iE&feature=youtu.be>

INNOVATIVE ENVIRONMENTS

PROPERTY & ASSET INVESTMENT

Business Case Programme - Timetable for case submissions to Welsh Government

Scheme	BJC	PBC	SOC	OBC	FBC
Machynlleth Reconfiguration				Approved	Qtr 1 20/21
Llandrindod - Phase 2 - Back of Hospital		Qtr 4 19/20			
Rural Regional Centre Newtown		Qtr 1 20/21	Q2 20/21		
Ystradgynlais Reconfiguration				Q4 20/21	
Enhanced Access Brecon Car Park	Qtr 1 20/21				

Property & Asset Investment			
Estimate of the capital expenditure required by PTHB to meet its obligations over the next 3 years in respect of:			
Maintenance and compliance (not otherwise covered in revenue budgets);	Equipment and new technologies;		
Development Schemes;	Primary Care		
IT Strategy;			
	2020-21 £M	2021-22 £M	2022-23 £M
Gross Capital Expenditure	19.774	22.076	18.195
less: Receipts	-0.68	-0.13	-0.13
Net Capital Expenditure	19.094	21.946	18.065
Welsh Government Funding			
Discretionary (Group 1 - CRL)	1.431	1.431	1.431
Approved Schemes (Group 2 - CRL)	0.29	0	0
WG Funding Required (Approved)	1.721	1.431	1.431
Funding for identified schemes not approved by Welsh Government	17.373	20.515	16.634

PTHB IMTP CAPITAL PROGRAMME 2018-21

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

Schemes	2020/21 £M	2021/22 £M	2022/23 £M
Discretionary Capital	1.431	1.431	1.431
Machynlleth Reconfiguration	6.000	5.575	0.000
Llandrindod - Back of Hospital	2.000	5.000	5.000
Rural Regional Centre Newtown	0.600	1.500	5.600
Ystradgynlais Reconfiguration	0.050	1.750	2.500
Pharmacy Equipment	0.040	0.000	0.000
Purchase Property North Powys	1.500	0.000	0.000
Enhanced Access Brecon Car Park	0.450	0.000	0.000
Boiler Replacement Programme	1.000	1.000	0.500
Anti-Ligature/Dementia Upgrade	0.400	0.200	0.200
Ynys Y Plant	0.150	0.000	0.000
CCTV Upgrade	0.500	0.200	0.000
External Upgrade Waterloo Road	0.150	0.000	0.000
Catering Upgrade	0.100	0.750	0.650
Electrification of vehicles and Charge Points	0.100	0.100	0.100
Rural Learning Academy	0.500	0.500	0.500
Enhanced Access Bronllys Car Parking	0.350	0.200	0.000
Programme of Roof Upgrades and Repairs	0.400	0.400	0.400
Pan Powys Nurse Call Upgrade	0.125	0.125	0.000
Bronllys Sewer	0.000	0.000	0.000
Records Management	0.250	0.200	0.000
IM&T Hardware Refresh	0.452	1.413	0.629
Modern Mobile Workforce	0.450	1.205	0.295
Skype Upgrade	0.144	0.144	0.144
Telephony Upgrade	0.720	0.288	0.000
IM&T Infrastructure Upgrade	1.232	0.165	0.000
Totals	19.094	22.146	17.949

3. Facilities

Facilities & Support Services provide a range of support functions including the provision of clean clinical, office and estate environments, catering services, porter services, hospital laundry & linen, recycling & waste management, security planning & advice, district transport services and non-emergency patient transport. The quality of our services directly impacts on patient experience and outcomes, and on the wellbeing of PTHB staff. Our departmental plan focuses on improved quality, compliance and efficiency in 2020/21:

- High standards of cleanliness using an accredited audit tool, working with Infection Control, Environmental Hygiene and Powys CHC to independently review and ensure the quality of hygiene and cleanliness across PTHB sites.
- We have provided an assurance to Welsh Government that all of our kitchens will achieve and maintain a Grade 5 environmental hygiene standard.
- We will roll out a new staff menu, piloted in 2019/20 at Bronllys Hospital, across all PTHB sites. This menu improves quality, ensures full cost recovery and promotes healthy menu choices for staff and visitors in our dining rooms.
- Lead projects for the refurbishment of all staff dining rooms commencing in 2020/21.
- We have reviewed our staffing establishments and adopted e-rostering in 2019/20 to enable and evidence efficient allocation of our human resources. 2020/21 onwards will have the full year benefit of this work.
- Contribute to the sustainability plan of PTHB through ensuring compliance and improving management of waste and recycling, including compliance with Information Governance legislation in the management of confidential waste.
- Improve recruitment and retention in Facilities & Support Services through developing an apprentice scheme, creating a more attractive career structure through our management team review and supporting opportunities for staff development.
- PTHB executives have agreed to the transfer of our District Transport Services to NHS Wales Shared Services Partnership, ensuring that the health board has an efficient and resilient service that meets all current and future standards and legal requirements. PTHB's Fleet Services (pool cars) will also transfer to NHS Wales Shared Services Partnership. Both of these services will transfer before March 31st 2020. In 2020/21 Facilities & Support Services will monitor and quality assure the service for PTHB through a contract and commissioning framework.
- Continue to work with Welsh Ambulance Service Trust to enable transfer of our non-emergency patient transport services within Wales to WAST management. We will work with Clinical Commissioning Groups in Shropshire and in Herefordshire to ensure the reliability and quality of non-emergency patient transport services for patient flows from Powys into secondary care NHS services in England.
- Work with third sector services, e.g. Blood Bikes, to support district transport provision.
- Ensure that laundry and linen services are managed effectively through a commissioning framework, and ensure that standards are met to minimise cross infection risks.
- We will work with PTHB's estates department to improve grounds maintenance and ensure safe systems of work for our staff.
- Facilities and Support Services will have a new management structure that reflects and supports the corporate realignment of PTHB. Managers will be performance managed through application of objective metrics for cleaning, catering, compliance, workforce management and finance.
- We will work with colleagues to ensure Facilities provision is fully considered and incorporated in major capital development plans.

SUMMARY PLAN: INNOVATIVE ENVIRONMENTS

PRIORITY	KEY MILESTONES	MEASURES
1. Capital Programme and Estates		
<ul style="list-style-type: none"> Deliver agreed Long Term Estates Strategy 	<ul style="list-style-type: none"> As per agreed Estates Strategy (to be produced and agreed at PTHB Board March 2020) 	<ul style="list-style-type: none"> Condition of Estate Survey EFPMS data Project 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); North Powys Regional Rural Centre. 	<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. 		
2. Facilities		
<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 	<ul style="list-style-type: none"> To be worked up in detail in Q1
3. Research, Development and Innovation		
<ul style="list-style-type: none"> Fully establish the Innovation Research & Improvement Hub & implement 20/21 programme. 	<ul style="list-style-type: none"> Implementation Q1 	<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 support all of our staff in delivering improved health services and to 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 2020/2021 – 2022/2023

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

- ┌ 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

WBFGA WELL-BEING GOALS:



A Resilient Wales



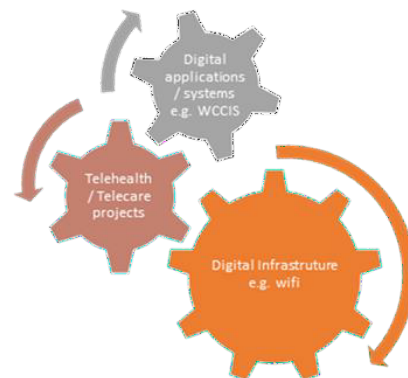
A Healthier Wales



A More Equal Wales

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', the health board has three interconnected priorities. As a demonstration of this balance; it would almost be impossible to develop or roll out 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.



In order to accelerate and enhance our 'Digital' journey, a **Digital Strategic framework** is being developed.

This framework will be a key enabler to help teams deliver the outcomes within the strategy and improve health and wellbeing for people living in Powys. A key focus is on supporting our Health Care professionals to deliver quality health services and better outcomes for the population of Powys. Five key themes have been identified within the framework, our focus now is to develop and deliver plans under each theme.

1. Digital Care: Telehealth and Telecare

Digital care is focussed on the development of telehealth and telecare to support patient self-management, improve efficiency of services and enhance professionals' tools to do their jobs. It also encompasses 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 In reach, 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. 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 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.

The 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. Roll out will be continued to support joint assessment and care co-ordination and ensure that service users do not have to repeat their histories.

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 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). Also included in the scope is the Shropshire Skin Clinic (referrals only).

Exploration is also underway of the feasibility of providing cross border access to WCP allowing clinicians in England to access key information when treating Welsh patients.

Implementation of electronic referral, discharge and diagnostic information across Powys GP Practices is also being progressed. Where possible it will be ensured that this work is cross border (England) to provide a digital approach to care regardless of where it is provided.

During 2020/2021 further work will be progressed to link patient systems to the national eMPI architecture to allow for single patient demographics. This will allow for more accurate records to be kept within the PAS being used within Powys, the link required would allow for updates from the PAS and to the PAS to enable a consistent patient record.

3. Digital Infrastructure and Intelligence

Digital First is about information as much as technology and building business intelligence (BI) capability, with an ambition to strengthen our demand and capacity modelling working with national programmes.

Power BI will be implemented, working closely with WHSSC on a commissioning reporting system, develop the use of the Comparative Health Knowledge System (CHKS) for use in commissioning, planning, quality and safety and operational functions and to implement the National Data Repository in line with the national work streams.

Data integrity will be improved, to support the driver to become a data driven organisation and to improve our data integrity, enabling our clinicians and other professionals to access high quality data which in turn will support improved decision making and efficiency.

The strengthening of business intelligence will be approached alongside the work to build 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 a critical component within each of the above priorities, to improve connectivity to patients and staff with improving Wi-Fi and public access. It supports the improvement of our digital security and ability to respond to cyber threats.

The introduction of Office 365 will enhance our digital transformation journey. Through the deployment of various products from the Office 365 suite, this will create operational benefits to give front line staff more time with their patients and also enhance collaboration across organisations to support integrated care.

Office 365 will be used to support digital transformation of patient/citizen services and will not only enable us to drive down the cost of service but will revolutionise the patients/citizens experience and improve outcomes. We are at the start of our journey and we will embrace the opportunity of new and innovative ways of working that Office 365 gives us.

The risk of using current on-site data centres will be reduced, with opportunities to migrate digital services to the Cloud, providing improved services while meeting security, data and compliance requirements.

The provision of a suitable modern Internet Protocol (IP) platform for the future will be key to 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. Technical work is not seen in isolation but continues to have a high profile in our collaborative long term strategy.

SUMMARY PLAN: DIGITAL FIRST

PRIORITY	KEY MILESTONES	MEASURES
1. Digital Care		
Support self-management of citizens who have long term conditions to remain active.	Delivery of agreed Telehealth and Telecare work programme – this work is detailed in multiple Directorate plans and leads and timescales will be confirmed in the Directorate Planning February – March 2020	Access/ availability / Utilisation and take up
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- MTed rollout completed	The completion of these milestones will result in increased electronic access to Patient information via WCP and less reliance on paper Case Notes. WCP utilisation figures
	Q2 - Implement WGPR- To provide Cross Border Access to WGPR for RHAJ, SaTH, WVT	
	Implement WRRS To have implementation completed (including Cross Border Test Results feeding in to the WRRS)	
	Q3 - Implement WCRS- To have "Nursing eDocs" and "WPAS Clinic Letters" projects complete.	
	Q3 - Implement WPRS- To implement Welsh Admin Portal (all Providers) and Electronic Grading of Referrals (Welsh Providers only). Implement WIAS- National Image Archive will be available in Powys providing easy access to PACS images	
The Cross Border WCP Project	Q2 - To provide cross border access to WCP for staff at RJA, SaTH and WVT	WCP utilisation figures
The Cross Border WCCG Project	Further progress is dependent upon the success of the Cross Border Business Case Plan and milestones tbc	The number of Discharge Summaries and Clinic Letters sent electronically
Eye Digitisation Programme	Yr 3 2022-23 - PTHB working with National Programme Lead & BCUHB as Regional partner to develop implementation programme. There has been an implementation delay nationally 6 months+ links to national eye care measure	
<p>Activity- Primary Care: - Implement electronic referral, discharge and diagnostic information across Powys GP practices.</p> <p>Project 1 WCCG: Encourage GP Practices to use WCCG for clinical communications between Primary and Secondary Care, i.e. referrals, discharge summaries, clinic letters.</p> <p>Project 2 GPTR: Where feasible, implement the national GPTR in Powys (GP Test Requesting and Reporting)</p>	<p>Project 1 WCCG:</p> <ul style="list-style-type: none"> All Powys Practices using WCCG for sending referrals – complete. All Powys Practices using WCCG for receiving Clinic Letters and Discharge Summaries – complete 2020/21 milestones: Reduce the number of referrals sent on paper to as close to zero as feasible. Increase the number of Discharge Summaries and Clinic letters received electronically to as close to 100% as feasible. <p>Project 2 GPTR: Further progress with GPTR is dependent upon the success of the Cross Border business case to fund NWIS technical resource. Plan/Milestones tbc</p>	<p>Project 1: WCCG Utilisation Figures</p> <p>Project 2: GPTR Utilisation Figures</p>

PRIORITY	KEY MILESTONES	MEASURES
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>Q4 and ongoing into 21/22/23 (dependant on O365 with Power BI) - 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. Data centre – A programme of work to review the risk associated with our current data centres and assess each risk and the options of mitigation.</p>	<p>Q2 - Produce a Concept and Business case for each risk to understand viable options. Q3 - On approval Commence design phase - Scoping and specification of requirements. Q4 - Tender, evaluation and Award Implementation</p>	<p>Business Case Approval Specification sign off Tender Award 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. PTHB Voice – Provide a suitable and modern telephony platform with integrated unified communication tools.</p>	<p>Q1 - Produce Business Case to confirm scope and understand potential options Q2 - Approval of Business Case Q3 - Agree Project Plan Q4 - Develop specification of requirements Tender, evaluation, contract awarded Implementation</p>	<p>Concept Approval Business Case and Plan approval Contract Award New telephony system adopted by users. Reduced telephony bills.</p>
<p>Office 365 (O365) – Roll out key features of the O365 Suite and provide access to an array of digital tools to enable improved ways of working</p>	<p>Q1 - Agree Programme at National Level Q1 - Agree Programme at Local Level Q2 - Identify Projects and Prioritise into a High-Level Plan Q4 - Create concept and Business case for each Project Yr 2 2021-22 - Implementation of each Project</p>	<p>National Programme Approved Local Programme Approved High-level Plan Created Business Cases Approved O365 Applications being utilised by PTHB Staff</p>
<p>Windows 10 – Modernisation of fundamental ICT Infrastructure to provide a platform for Digital modernisation and transformation</p>	<p>Q1 - Approve Project Plan Q2 - Implementation</p>	<p>Approve Plan Complete estate of Windows 10 devices</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 2020/2021 – 2022/2023

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

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 North Powys Well-being Programme

Workforce implications

- The Powys Primary Care Model 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

- ┌ 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

WBFGA WELL-BEING GOALS:



1. Good Governance

Wales Audit Office's Structured Assessment report for 2019 outlined that "the Health Board's arrangements provide strong foundations for delivering its vision. The Board has a clear understanding of which arrangements require further development and has focused action to deliver improvements". The Annual Governance Programme is updated annually to reflect the priorities for delivery and is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan. These three documents together will enable the organisation to embed good governance, led by a high performing unitary board.

The health board's governance and assurance arrangements are aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen Centred Governance Principles. Care has been taken to ensure these also reflect HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

The Board has approved Standing Orders for the regulation of proceedings and business. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the health board and define "its ways of working". The diagram overleaf demonstrates the Governance Framework.

The Board has in place the pillars of its governance arrangements: the Risk Management Framework; the Assurance Framework and the Corporate Risk Register. These arrangements provide a 'golden thread' so that high level risks are visible and are escalated, as necessary, to the Board.

Robust risk management is integral to good management and the aim is to ensure it is integral to the health board's culture. It is an increasingly important element of the health board's planning, budget setting and performance processes.

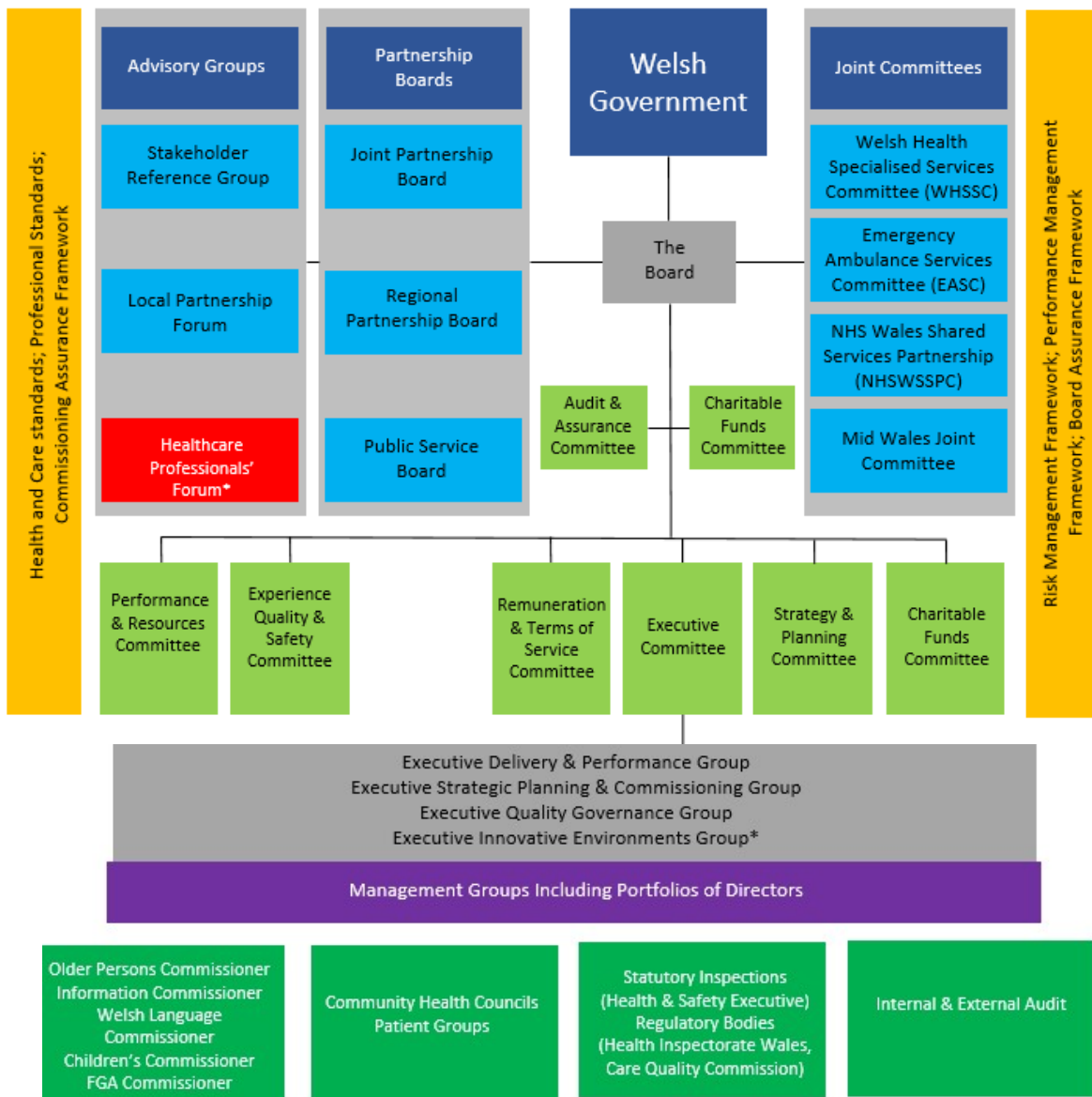
The Board's Risk Management Framework sets out the processes and mechanisms for the identification, assessment and escalation of risks. The Corporate Risk Register identifies the key risks to the delivery of our aims and strategic objectives. These include sustainability and safety of services and service models and the potential impacts of change programmes of neighbouring or in-reaching providers; specific risks including ICT infrastructure and systems; recruitment and retention and the condition of our ageing estate.

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.

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

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.

The Head of Internal Audit statement on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control 2018-19 is that:



"In my opinion the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved."

Of the 26 reviews included in the 2018/19 Internal Audit Plan, 14 were rated as providing 'reasonable' assurance and one 'substantial'. Seven reviews were rated as 'limited' assurance with a further one providing 'no' assurance. Ratings were not applicable to three reviews. During 2019-20, work is underway to ensure improvement in areas where Internal Audit has identified weaknesses in our control environment.

During 2020-21, a further programme of internal audit work will be commissioned from Internal Audit Services. The scope of this work will be agreed by the Audit, Risk 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.

PTHB provides leadership and support to three **hosted functions** on behalf of NHS Wales:

- **Community Health Councils** - The health board hosts the eight Community Health Councils (CHC) in Wales, and the national team representing CHCs, mainly in relation to financial and human resource processes.
- **Health and Care Research Wales (HCRW)** - The health board hosts HCRW which facilitates collaboration between NHS organisations, higher education institutions and the industry sector across Wales.
- **Continuing Healthcare retrospective project** - The health board hosts the Continuing Healthcare Retrospective Project and its staff.

Delivery Priorities

Develop and deliver an Annual Governance Programme, including:

- Finalise and embed a Partnership Governance Framework
- Implement a Decision Rights Framework, aligned to the Board's Scheme of Delegation and Reservation of Powers
- Implement an Information Governance Improvement Plan
- Embed an improved Framework for the development and approval of Policies and Written Control Documents
- Implement a Legislative Compliance Framework
- Deliver a programme of development to create an effective unitary board

Welsh language 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.

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). 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.

Engagement is also underway on **Strategic Equality objectives** which will be finalised in March 2020.

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 all underpinned through the delivery of whole system transformation for values.

EXCELLENT COMMISSIONING

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

The health board has a 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 through implementation of best practice supported by business intelligence and the values agenda. Strengthening arrangements and relationships with providers is fundamental to transformation. The health board works closely with national programme 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

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.

VALUES

- Improving patient outcomes and financial sustainability
- Focus on prevention and wellbeing
- Link excellent commissioning, primary and community services and joined up care


To deliver the financial sustainability required over the next 3 years the health board will move from focusing on delivering savings through traditional approaches of technical and operational efficiency to one focused on addressing clinical variation and improving outcomes for population health. The approach to switch from technical and operational to clinical variation and outcomes will be adopted over the 3 years of the IMTP, with a greater focus on the traditional approaches in year one of the IMTP moving to place greater emphasis and delivery on the opportunities linked to values in the latter 2 years of the IMTP.

The health board has had a succession of approved IMTPs with balanced three year financial plans,. Each has included an underlying deficit whilst delivering its financial duty in 2016/17, 2017/18 and 2018/19. In part this has been mitigated each year by utilising non-recurrent opportunities, and whilst these change year on year the health board has recurrently identified these each year. Recognising that approximately £1M to £2M of opportunities are identified year on year in the 2020/21-2022/23 IMTP the underlying deficit has been removed. The removal of underlying deficit is undertaken on the basis that each year opportunities will continue to arise in pay underspends on provided services, slippage on funding received and other income above anticipated budgets.

Therefore any movement from the current baseline for utilising these opportunities will present a significant risk to the Health Board's financial plan and monitoring delivery and targets will be critical in understanding the financial position in 2020/21.

To support the monitoring of this from Month 1 of financial year 2020/21 the health board will identify key areas that have previously supported the delivery of the underlying deficit and will report movements from this to the Executive Team and the Board every month, as part of the standard reporting on the overall financial position.

There are continuing economic pressures that challenge public finances in general and the NHS in particular. Ensuring that the health board remains in a balanced financial position will be a very significant challenge over the next three years:

- 
 - 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 investment requirements with lower priority curtailment or reduction
- 
 - 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
- 
 - 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
- 
 - 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
- 
 - 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

The Board also has approved an ambitious Charitable Funds strategy with the aspiration to expand the profile, activities, and benefits delivered with support from these Funds.

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 1% for inflation and 1% for growth Welsh LTAs
- Direct increased cost of new Pay Awards to be funded in full including all Employer Pension Contribution changes over the 3 years of the plan
- Indirect cost of the new pay awards (Commissioned Services) to be funded
- English Provider HRG4+ and CQuin Costs to be funded in full
- No material impact from IFRS 16
- No impact from any potential equalisation of the Welsh Government Resource Allocation model in either of the 3 years of the plan

The three year plan is summarised below and overleaf, taking into account estimated increased cost pressures from demographic changes, growth and inflation and the expectation that service costs and It is balanced over the three year period showing a small underspend. This contains the expectation that in-year savings will be achieved and thereby are already incorporated in the financial position shown. Furthermore the recurrent non-recurrent opportunities that have been used to support the in year financial position continue each year over the 3 years of the plan. 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.

Table 1: Financial Plan – Incremental Movement

Financial Plan Summary	2020/21 £M	2021/22 £M	2022/23 £M
b/f Financial Deficit / (Surplus)	0.000	-0.021	-0.047
Revenue Resource Limit	-8.133	-4.853	-4.944
New Year Cost Pressures	13.749	8.537	9.006
Savings Plans	-5.638	-3.710	-4.062
Net Residual Risk	-0.021	-0.047	-0.048

Table 2: Financial Plan Summary

Financial Plan Summary – by Category of Spend	2020/21 £M	2021/22 £M	2022/23 £M
Revenue Resource Limit	-321.881	-325.460	-330.404
Other Income	-5.760	-5.783	-5.807
Total Income	-327.641	-331.243	-336.211
Primary Care – (excluding drugs)	43.920	43.920	44.183
Primary Care – drugs & appliances	27.333	28.252	29.156
Provided Services – pay	74.808	74.531	74.522
Provided Services – non pay	16.510	15.505	15.450
Secondary Care – drugs	0.981	0.973	0.964
Healthcare Services – other NHS bodies	135.940	139.310	142.613
Continuing Care and FNC	14.159	14.643	15.120
Other Private & Voluntary Sector	2.630	2.692	2.753
Joint Financing & Other	6.707	6.737	6.768
Depreciation etc.	3.507	3.507	3.507
Non Allocated Contingency	1.126	1.126	1.126
General Reserves	0.000	0.000	0.000
Total Costs	327.620	331.196	336.164
Net Residual Risk	-0.021	-0.047	-0.048

The major assumptions and notes regarding income for 2020/21 are as follows:

- No uplift for Primary Care (pending finalisation of current national negotiations) as assumed any changes to the contracts will be funded in full
- 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
- No funding assumed for RTT or Winter Plans unless pressures arise in year.

In addition to the baseline allocation, a number of assumptions have been included in the level of Revenue Resource Limit to be received in 2020/21, a summary is below:

Table 3: RRL Summary 2020/21

	£000s
2020-21 Baseline – as per WG letter	315,089
Pay Award (indirect) - English Commissioners	606
Other anticipated allocations	6,185
Total RRL 2020-21 (current assumption)	321,881

Taking into account income from Welsh Government with anticipated allocations and other income, the opening funding established in the plan is set at £321.881M.

New year cost pressures are those that are anticipated as additional expenditure in the 2020/21 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:

- 2.15% pay increase from provider perspective
- 2% increase (1% inflation and 1% growth) Welsh providers commissioned services
- All costs relating to tariff changes and pay awards are funded in full above inflation uplift for English providers
- 2% uplift on Service Level Agreements held with Welsh health boards
- 0.5% Continuing Health Care (CHC) inflation price increases
- 3.7% Funded Nursing Care (FNC) inflation price increases per national agreement
- 0.5% increase on cost of prescriber drugs
- Non pay increases on budgets for statutory and unavoidable costs
- WHSCC inflation, growth and adjustment for Risk Sharing arrangement
- EASC inflation and growth for ESMCP and Band 6 Paramedics
- Welsh Risk Pool as per forecast.

Apart from pay, incremental drift, FNC and commissioned services which follow a national approach, PTHB will consider all other investment via the Investment Benefits Group process on a case by case basis.

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 has estimated that £13.4M cost reductions could be realised over the coming three year period with a 1.75% requirement in Year 1. The average over the 3 years of the plan is approximately 1.5%.

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, for which the values agenda will be key. However it has set the following internal targets for identification of schemes:

- By End February 75% of savings to be identified
- By End March 100% of savings to be identified

Table 4: Savings Requirements

Details of Savings Plans	2020/21 £M	2021/22 £M	2022/ 23 £M
Commissioned Services	-3.063	-2.028	-2.233
Primary & Community Care	-2.575	-1.682	-1.829
Total Savings Plans	-5.638	-3.710	-4.062

The Health Board will need to ensure it has plans to deliver in full the target by the start of the new financial year. At the time of submission the Health Board had identified £3.2M of schemes representing 57% of the target for 2020/21. Although recognising that these are savings opportunities and work is required to ensure these are developed with robust plans, timeframes and service leads.

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

- Value Based Health Care focus
- Whole system approaches
- Robust contract management with both English and Welsh NHS providers
- Decommissioning of recognised procedures of limited clinical effectiveness
- Robust contract management with the Independent and Third Sector
- Improve compliance with prescribing guidelines
- Reviewing clinical variation and ensuring a focus on outcomes for population health

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, supported by the Big 4 Programme Boards and the Efficiency Framework. This work will help in identifying opportunities for improvement:

- Implementation of the Big 4 programmes, including value based health care, pathway redesign and repatriation (link to opportunities provided in line with the Capital Programme for Llandrindod Wells and Machynlleth rural developments)
- 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

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:

- 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
- 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.

Digital In the process of identifying and working through plans to deliver savings and efficiencies linked to digital opportunities both national and local.

Securing efficiency will remain a key aspect of the approach to service and financial delivery, in the first year through the traditional route of targeted programmes including prescribing, procurement of goods and services and improvements in operational efficiencies. The Big Four Programmes and the Efficiency Framework, supplemented by work undertaken locally, will be a key source of information to target opportunities by which to drive the values agenda to reduce clinical variation and improve outcomes for population health, overseen by the establishment of a Coordinating Group.

The Health Board will also focus on a cycle of continuous improvement with regard to savings, to shift from annual savings ideas to a continuous process of review, testing and implementation. These may commence as 'pipeline' proposals from benchmarking data, best practice or opportunities identified as part of the All Wales Efficiency programme. These will then be assessed in relation to quality, safety or financial improvement and the outcomes of this reported to Executive Team/Board.

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

Table 5: Risk Assessment

Risks	2020/21		Worst Case	
	Worst Case £M	Best Case £M	2021 / 22 £M	2022 / 23 £M
Commissioning Services (Growth)	4.000	0.000	4.000	4.000
Non Delivery of Savings	1.750	0.000	1.000	1.000
Pay Award costs higher than funding allocated	0.950	0.000	0.250	0.250
Potential implications of English Tariff increas not funded in full	0.600	0.000	0.600	0.600
Potential Primary Care Underperformance	0.000	-0.750	0.000	0.000
Potential Fnding and Income Opportunitites	0.000	-0.750	0.000	0.000
Operational Underspend	0.000	-0.750	0.000	0.000
Potential Financial Challenge	7.300	-2.250	5.850	5.850

The financial strategy and resulting financial plan has been developed alongside the Health and Care Strategy. 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.

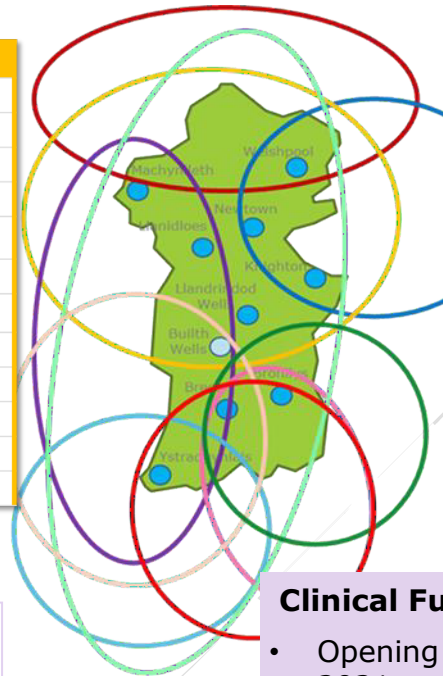
The plan is the framework to support the achievement of not only financial balance but also the other delivery components of this IMTP. The Board will aim to explore opportunities for further investment by Welsh Government to accelerate the pace of transformational change.

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. Partnership, Planning, Performance and Commissioning

Partnership is critical for Powys, to respond to a highly complex set of circumstances with change underway or planned around all of its borders, in both England and Wales. This is encapsulated in 'A Healthy Caring Powys', itself a shared approach to transformation in a complex environment. The map shows the number of overlapping change programmes which have an impact on Powys. (Further detail is regularly provided in Board update papers which are available on the PTHB Website).

External Change Programmes	
	Betsi Cadwaladr UHB Living Healthier, Staying Well
	Hywel Dda UHB Transforming Clinical Services
	Arch Regional Collaboration Programme
	Swansea Bay UHB Service Changes
	Aneurin Bevan UHB Clinical Futures Programme
	Cardiff and Vale UHB Shaping our Future Wellbeing
	Velindre NHS Trust Transforming Cancer Services
	WHSSC Integrated Commissioning Plan
	Shrewsbury and Telford Hospitals NHS Future Fit
	Herefordshire and Worcestershire STP
	Mid Wales Health and Care Joint Committee
	South Wales Regional Planning



NHS Future Fit

- Future fit Programme Board modelling assumptions to align with the NHS (England) Long Term Plan and model of local emergency and urgent care.
- Mitigation of impact through North Powys Wellbeing Programme and Powys Model of Care

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) work streams.

Clinical Futures, Aneurin Bevan

- Opening of The Grange in March 2021 and associated impact for Powys across 46 clinical pathways and provision at the Local General Hospital sites including Nevill Hall.
- Significant programme of pathway review and impact mitigation to deliver maximum range of primary and community care within Powys
- Engagement will be planned in partnership with Aneurin Bevan and the Community Health Council.

NHS England published the NHS Long Term Plan (England) in 2019 and responses are being worked through across all of our neighbouring English providers and Clinical Commissioning Groups, aiming to address sustainability challenges in the long term.

PTHB focuses intensive efforts onto the 'live' change programmes where there is a benefit or impact on Powys residents, to work collaboratively to address these. We are actively working as a regional partner in this context via the Regional Partnership Board and Mid Wales Joint Committee for Health and Care, (formerly the Mid Wales Healthcare Collaborative).

A summary of the **Regional Partnership Board** programmes of work are provided overleaf and updated in the Chief Executive's partnership reports to PTHB Board (available on the PTHB website) and at <https://en.powys.gov.uk/article/1741/Powys-Regional-Partnership-Board>.

Regional Partnership Board Developments



- Children's Zone for Families with Complex needs (Newtown)
- Children on the Edge of Care
- Integrated Disability Service
- Small Grants Scheme – building community preventative capacity
- Young Carers Project
- Training and Awareness for Perinatal Mental Health
- Dads Research
- Solihull Antenatal Programme



- Integrated Autism Service
- Return to Home
- Home Support
- Shared Lives
- Disability Powys – Access Support
- Transition
- Dementia Home Treatment Service



- Befriending
- Right Sizing Care Packages
- Enhanced Brokerage
- Patient Flow Coordination nit
- Virtual Ward Integrated Team
- Community Wellbeing Hubs
- Read and Remember
- Digital Social Care (Ask Sara/Digital Wallet)
- Micro Enterprise Development (Social Care)
- Integrated Commissioning Practice



Cross-cutting - Technology Enabled Care, Carers, Social Value, Workforce, PAVO Engagement, Welsh Language, Models of Care, WCCIS, RPB Operations/Development Programme

Capital – Specialist Equipment, Powys Extra Care, Fan Gorau refurbishment, Llanwrtyd Wells community kitchen, property development for day services.



The **Mid Wales Joint Committee for Health and Care** programme has been refreshed in the light of partner's strategic plans and the Mid Wales Planning and Delivery Executive Group oversee the delivery of the detailed work programme. 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	• Green Health Strategy
Aim 2: Care Closer to Home	• Ophthalmology
Aim 3: Rural Health and Care Workforce	• Community Dental
Aim 4: Hospital Based Care and Treatment	• Oncology
Aim 5: Communications, Involvement and Engagement	• WCCIS
	• Respiratory
	• Dementia
	• Telemedicine
	• Bro Dyfi Health & Care Centre
	• Workforce
	• Hospital Care and Treatment
	• Public, Staff and Patient engagement and involvement

PTHB is also one of the founders of the **Rural Health and Care Wales** which is a collaborative organisation bringing together universities, colleges, health boards and local authorities. The vision of Rural Health and Care Wales (RHCW) is *"to become a world-leading organisation in rural health and social care research, training, recruitment and best practice"*. It's prime aims focus on high quality research, training, recruitment and retention of workforce and the profile of rural health and well-being on the international stage. Key activities for 2020/2021 include the development of the research and innovation network, key research projects and best practice models, promoting the application of research findings and work with training and education providers on rural health and well-being.

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; Ear Nose and Throat; Paediatrics; Obstetrics; Neonatal 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.

A key priority for the health board will be to further strengthen our approach to **continuous engagement and communication** in line with the ambitions set out in A Healthier Wales, the Future Generations Act and our own partnership work and IMTP. The North Powys Well-being Programme has dedicated resource for engagement which is providing a wealth of learning that will inform the co-production of the Powys model of care. Similarly the Clinical Change Programmes to tackle the big four will build engagement into their plans, to ensure that the user experience is central to pathway development.

We have an **integrated Performance Framework** which enables us to track delivery against our ambitions. This has been developed as a multi-factored reporting system, linking to the Board Assurance Framework and national outcomes framework, as well as providing a comprehensive quarterly stocktake of progress against the well-being objectives set out in the IMTP, which in turn are aligned with the delivery of the Health and Care Strategy. 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.

There is an approved **Strategic Commissioning Framework** which delivers improved governance and assurance of secondary care provision; strengthened commissioning policies for Individual Patient Funding Requests, Prior Approval and Interventions not Normally Undertaken; intelligence using the Clinical Health Knowledge System; additional public health, medicines management and quality and safety involvement in commissioning; improved waiting times in English providers; a section 33 agreement for residential care and intermediate care; improved financial planning and control; identification of fragile services. The Commissioning Assurance Framework approach has been extended to general dental services, general medical services and maternity services and enabled us to work with our highest risk secondary providers to ensure plans are in place.



An important part of the Strategic Commissioning Framework has been the implementation of a **Commissioning Assurance Framework** across PTHBs 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 Committee. In 2020/21 we will extend the framework, with the local authority jointly commissioned services and further thematic views, especially Obstetrics and maternity services.

Commissioning intelligence: Given the complexity and range of the clinical services PTHB commissions it needs to develop an automated “surveillance” process using hard and soft sources, which integrates analytics and judgement. This commissioning intelligence system needs to feed the wider commissioning cycle, as well as assurance.

Clinical expertise and whole system commissioning for value: PTHB needs to strengthen clinically led commissioning, including primary and secondary care clinicians. A key part of the role will be strengthen whole system commissioning for outcomes. This means improving understanding the relationship between outcomes, variation and value. This will involve further developing the people, skills, culture, processes and structure including techniques such as needs assessment, evidence appraisal and prioritisation.

Cross border arrangements will continue in 2020/21 to ensure the implementation of the Values and Principles Statement developed with Welsh Government and the Department of Health and address the consequences of the transfer of public health services to local authorities in England (including health visiting and sexual health). This will focus on clarification of responsibilities including safeguarding.

In line with the requirements of the Social Services and Well-being (Wales) Act 2014, the health board and the Council will implement a further strengthened **Section 33 Agreement** for residential care within a whole system approach.

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

SUMMARY PLAN: TRANSFORMING IN PARTNERSHIP

PRIORITY	KEY MILESTONES	MEASURES
1. Good Governance		
<p>Develop and deliver an Annual Governance Programme:</p> <ul style="list-style-type: none"> • Finalise and embed a Partnership Governance Framework • Implement a Decision Rights Framework, aligned to the Board's Scheme of Delegation and Reservation of Powers • Implement an Information Governance Improvement Plan • Embed an improved Framework for the development and approval of Policies and Written Control Documents • Implement a Legislative Compliance Framework • Deliver programme of development for an effective unitary board <p>Conduct Welsh Language self-assessment and implement plan</p>	<ul style="list-style-type: none"> - Delivery of Annual Governance Framework (see IMTP appendix for hyperlink to full plan with detail of milestones and timescales) 	<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 20/21 – 22/23 • 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. Partnership, Planning, Performance and Commissioning		
<ul style="list-style-type: none"> • Delivery of key Partnership Plans including RPB Area Plan and Health and Care Strategy; MWJC Strategic Intent • Management of strategic change including <ul style="list-style-type: none"> • NHS Future fit (Shrewsbury and Telford Hospitals) • Clinical Futures (Aneurin Bevan UHB) • Deliver continuous cycle of planning, performance and Commissioning • Review and strengthen whole system continuous engagement • Approval of Trajectories & Integrated Performance Framework • 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"> - Strategic Planning and Commissioning sessions (Q1-4) - Strategic Planning Stocktake and Communications/ Engagement Report produced quarterly - Communications and Engagement Plans for live programmes IMTP Production and Approval Q1 - IPR Produced quarterly; JET - Cycle of Commissioning Assurance Framework and CQPRMs - Agreement of commissioning intentions and sign off LTAs - Quarterly CAF; Service Fragility Log 	<ul style="list-style-type: none"> • Approval of IMTP • IPR reports • Signed LTAs • Delivery of key products • Quarterly Stocktake produced • Detailed Comms & Engagement Plans for Live Programmes • Delivery of CHC actions