

Final Version

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Health Board

Integrated Medium Term Plan 2022-2025

A Healthy, Caring Powys

Resilience

Recovery

Renewal

MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

This 3-year Integrated Medium Term Plan (2022-25) marks an important point in the progression of the pandemic and a look to the future. The last two years have been dominated by the COVID-19 pandemic and its direct and indirect impact. Priorities for the next 3 years are presented that consider and respond to those impacts.

Returning to a medium- and longer-term focus provides an opportunity to reflect on and to recommit to the collective ambition for 'A Healthy, Caring Powys'. Being mid-way through this shared Health and Care Strategy, it has a new importance. It is the anchor strategy for health and care in Powys as a region, and as such sets out the transformation ahead. This includes the support and care for the whole of the Powys population, enabling people to start well, live well and age well.

The Strategy and therefore this Plan centres on 8 wellbeing objectives and is based on key guiding principles developed with the people of Powys, including 'Do What Matters,' 'Do What Works', 'Focus on the Greatest Need', 'Be Prudent', 'Offer Fair Access' and 'Work with the strengths of people and communities.' As a health board, we are clear in our ambition to positively influence the social, economic, environmental, and cultural life of the county and therefore this plan covers key actions that contribute to wider well-being, including decarbonisation, the foundational economy and social partnership. This Plan therefore also connects to the Powys Service Boards' 'Toward 2040' Wellbeing Plan

There is a strong connection between 'A Healthy, Caring Powys', the health and care strategy in Powys, and the ambition for 'A Healthier Wales' set out by Welsh Government. This alignment is ever more necessary as a result of the pandemic, as the NHS in Wales, with partners, looks forward to a period of recovery and transformation. The health board is both a provider and a commissioner of healthcare for the Powys population who access services in both Wales and England, and the health board has demonstrated a strong track record in taking a 'whole system approach' to planning care, with partners. Catching up on care that has been delayed because of the pandemic is a top priority; whilst redesigning approaches to care that enable more care closer to home through high quality, sustainable services. Strong partnership and collaborative working will be essential for success in both recovery and the renewal agenda moving forward.

The strength of the health and care workforce, and of the Powys community, response to the pandemic has been remarkable and humbling. All have made enormous collective effort and sacrifice to keep Powys safe, working hand in hand from the initial stages where the focus was on containment measures to the more recent vaccination programme which is the first line of defence against coronavirus. There are likely to be challenges ahead, and whilst the ambition is high, realistically recovery may not be straightforward, and setbacks may need to be navigated. The collective spirit and action that saw Powys through the pandemic however will be key to success in reaching the goals of improved health and wellbeing of the people of Powys.

We look forward to working with you all moving forward in the delivery of this Plan.



Professor Vivienne
Harpwood (Chair)

A handwritten signature of Professor Vivienne Harpwood.



Carol Shillabeer
(Chief Executive)

A handwritten signature of Carol Shillabeer.

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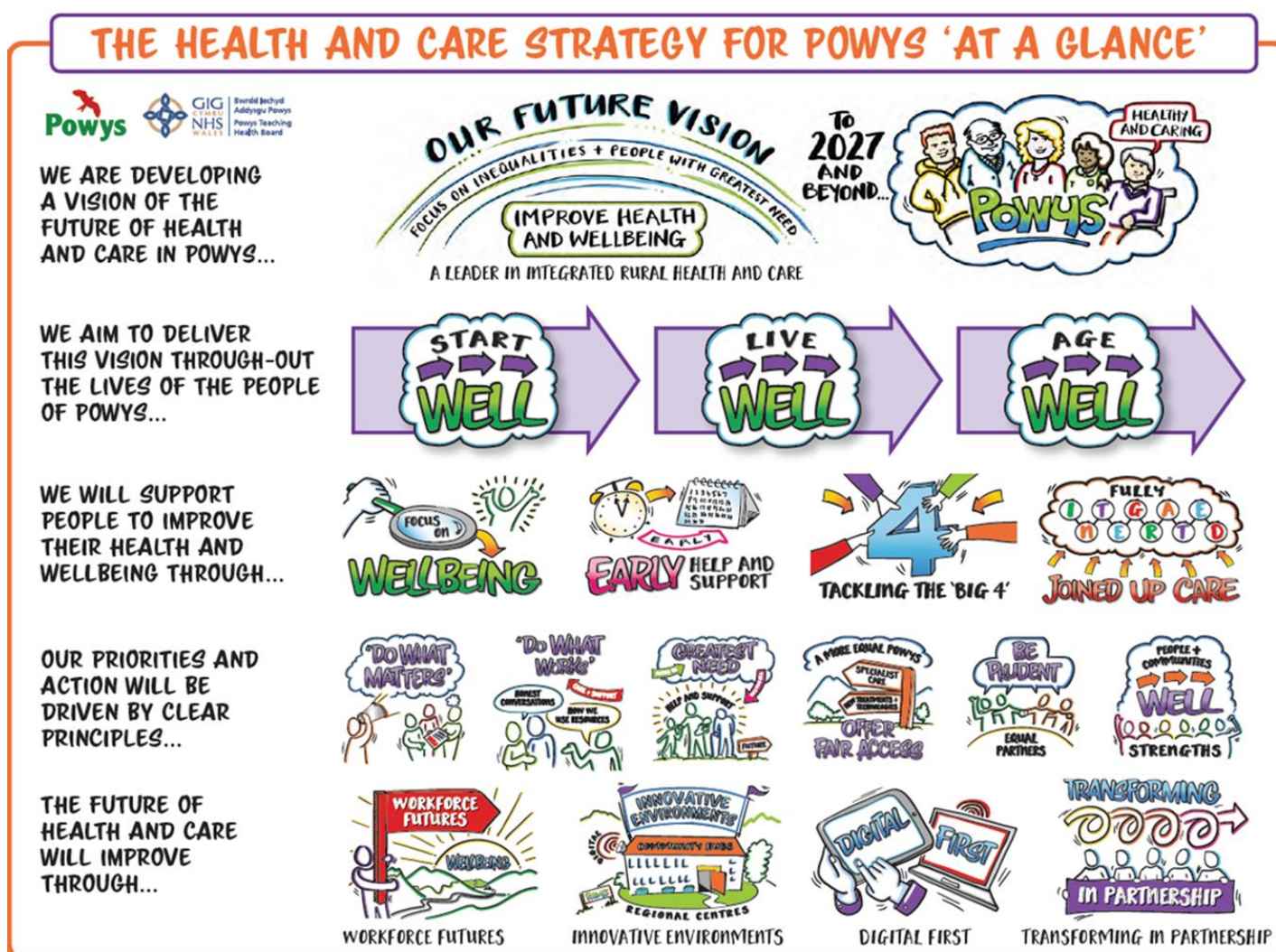
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Introduction and Strategic Context

It has been two years since the last medium term plan, as health boards and other partners responded to the public health emergency of the Covid-19 pandemic and its impacts. The strength of the community response to the pandemic has been enormous, from the initial stages where the focus was on containment measures to the more recent vaccination programme.

Returning to a medium and longer term focus is challenging as the organisation is responding to further uncertainty relating to the ongoing public health situation. However, it does provide some time for reflection and learning, and a recommitment to the collective ambition for 'A Healthy, Caring Powys'.

It is mid-way through the shared long term Health and Care Strategy, which covers the period up to 2027, and looks beyond that at longer term sustainability. This has a new importance as an anchor strategy to recover, build resilience and focus on renewal.



This in turn is working 'Towards 2040', the shared Powys Wellbeing Plan which focuses not only on now but the future generations of Powys who will inherit the legacy of these efforts. The Health Board has an important role as an employer and an anchor in the community as well as a healthcare provider and this plan covers the key actions being taken to contribute to wider well-being, including decarbonisation, the foundational economy and social partnership.

There is a strong connection between the vision and the ambition for 'A Healthier Wales' set out by Welsh Government, which in turn provides a foundation for the National Clinical Framework and the approach to the recovery of healthcare.

The health board is both a provider and a commissioner of healthcare for the Powys population, who access services in both Wales and England. The organisation has a strong track record in taking a 'whole system approach'.

There are natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys. The health board also has a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

Guiding Principles

A set of guiding principles have been developed with stakeholders including communities in Powys. These underpin efforts to do what matters and what works to improve well-being, as a fundamental part of the social, economic, environmental and cultural life of the county.



THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPEs, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.



Powys Outcomes

A set of co-produced outcomes are part of the shared long term Health and Care Strategy and provide an anchor for each of the priorities set out in the following sections:

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

Latest Evidence

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.

The [Well-being Assessment](#) and the [Population Needs Assessment](#) are being updated and provide further insight into the demographic and socio economic factors that are often called the 'wider determinants of health'. This three year plan draws on the key emerging insights for Powys. Further information is available at <https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank>



Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales. More than half of the county's residents live in villages and small hamlets.

This geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

Inequity of Service:

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are at most risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children

who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.

- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of north Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
- Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.
- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
- Population changes mean there will be more older people and fewer younger people living in Powys in the future.

And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly. To meet future demand we must change the way we deliver services so they are both affordable and sustainable.

- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, is changing its services and moving more to Telford. Every year around 65,000 people travel out of county for day-case and outpatient procedures. With the right workforce, facilities and diagnostics, we could provide many of these services locally.
- We depend on volunteers to deliver care and are fortunate enough to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones. Covid-19 has presented and opportunity for care to be delivered differently, utilising volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

Source: North Powys Wellbeing Programme 2022

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities. The World Health Organisation describes increasingly critical areas of risk including serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people and vulnerable groups. The NHS

Wales Planning Framework refers to **five harms** which encompass the impact of covid itself and the impacts of changes in healthcare and wider society.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) set out the wider socio-economic impact in Wales. The report emphasises the profound interdependence between population and community well-being. It noted the window of opportunity that exists to adopt and accelerate solutions to achieve healthier and more resilient people, societies and economies.

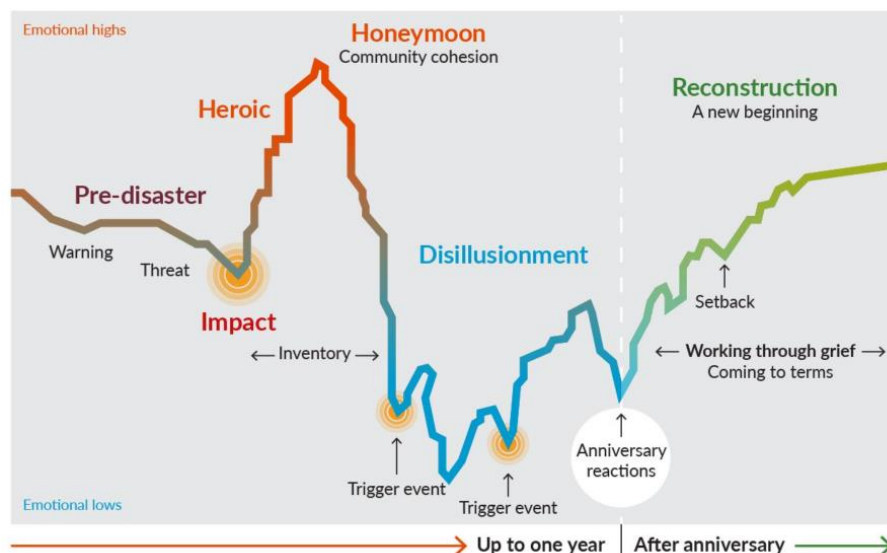
The health board commissioned a report to understand the syndemic impact of the pandemic for the Powys population, high level projections are noted below. The baseline was taken from 2019/20 and the impact is profiled to 2022/23:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, (Dr Catherine Woodward, 2021)

The King's Fund has identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster and be in a better position to withstand the next one.

The Kings Fund note four priority areas: Mental Health, community need, not leaving anyone behind, and collaboration. The disaster recovery model shows the process will be a 'long haul' over 10–15 years and progress will not be linear.



Modelling Assumptions

In Powys, the national modelling in relation to the progress of the pandemic is used as a guide in planning, with surge planning as a component of that approach, and has been updated as part of the development of the IMTP and Minimum Data Set.

A key source of modelling is from the Wales Technical Advisory Group (TAG), a group of experts that provides technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies), Welsh modelling forecasts and situation reports.

The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders. The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level.

Oversight and surveillance of Covid-19 locally is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set trajectories

Powys has a complex set of healthcare pathways spanning England and Wales and therefore modelling of demand is carried out for directly provided services and commissioned services. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

The Minimum Data Set provides an assessment of demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services and Bed Model, Planned Care, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

To date surge capacity within Powys has been planned and delivered through the existing health board infrastructure. This has proved to be sufficient, during non peak and peak times which has included two periods of surge seasonal pressures / pandemic waves.

Plans have also been drawn up for additional capacity which remain available if at any point it becomes necessary to revisit these, particularly in the context of emerging variants which present a continuing level of uncertainty in relation to capacity required.

Policy Requirements

The NHS Wales Planning Framework published on 9 November 2021 set out the context of the impact of Covid and the balance of risk of different harms, in a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities are noted and are wide ranging spanning health and social care response to the pandemic, NHS recovery and population health. Ministerial measures (Phase 1) have subsequently been received and are taken into account in this plan and the associated technical templates).

The Framework states that “as a country we must continue to respond to the immediate challenges of Covid, whilst turning our attention to longer-term sustainability and improvement of population health”.

The key national policy drivers and expectations also outline key requirements:

8 Ministerial Priorities Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries
- NHS Outcomes Framework and Delivery Framework

- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus - waiting lists, cancer, equity, Mental health and wellbeing, children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control
- Working in partnership

The health board has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' received from Welsh Government in March 2022: following the pandemic to changes in Board membership (Executive and Independent Members) and the quality of services commissioned by the health board.

Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which covered plan delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter. Whilst this relates to the current year, it is helpful in indicating key requirements.

Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

Performance and Quality

The health board's Strategic Priorities are informed by the current position of the organisation in relation to key performance measures and delivery against the agreed plan. The detailed position is reported regularly to PTHB Board, this is available at <https://pthb.nhs.wales/about-us/the-board/>.

The health board set trajectories for Welsh Government via the Minimum Data Set (MDS).

This template contains a mixture of NHS National Delivery Framework Measures (NOF) and the new Ministerial Outcomes Framework. The table below shows the performance ambition for 2022/23 and includes the measure, current performance (RAG) and forecasted performance at Mar-22, and Mar-23 with RAG risk to achievement.

NOF/ Ministerial The health board is required to provide trajectories for Welsh Government via the Minimum Data Set (MDS). This template contains a mixture of NHS National Delivery Framework Measures (NOF) and the new Ministerial Outcomes Framework. <u>The table below shows the measure, current performance (RAG) and then forecasted performance at Mar-22, and Mar-23 with RAG risk to achievement.</u> Measures		Current performance RAG against NOF	RAG compliance projection Mar-22		RAG compliance projection Mar-23		Mar – 23 comments on compliance or risks
			PTHB Trajectory	WG Target	PTHB Trajectory	WG Target	
Monthly	Number of patients waiting more than 104 weeks for treatment	2 (M10)	0	Ministerial aims - Improvement trajectory towards a national target of zero by 2024	0	Ministerial aims - Improvement trajectory towards a national target of zero by 2024	Provider aims to have treatment pathways completed within 52 weeks by Mar-23
	Number of patients waiting more than 36 weeks for treatment	212 (M10)	192	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by 2026	0	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by 2026	Trajectory risk is linked to capacity fragility, and risk of further COVID-19 complications.
	Percentage of patients waiting less than 26 weeks for treatment	80.1% (M10)	87%	NOF target 95% Ministerial aims - Improvement trajectory towards a national target of 95% by 2026	95%	NOF target 95% Ministerial aims - Improvement trajectory towards a national target of 95% by 2026	Trajectory risk is linked to capacity fragility, and risk of further COVID-19 complications.
	Number of patients waiting over 104 weeks for a new outpatient appointment	0	0	Ministerial aims - Improvement trajectory towards eliminating over 104 week waits by July 2022	0	Ministerial aims - Improvement trajectory towards eliminating over 104 week waits by July 2022	Risk low, health board is currently achieving this aim
	Number of patients waiting over 52 weeks for a new outpatient appointment	1 (M10)	0	Ministerial aims - Improvement trajectory towards eliminating over 52 week waits by October 2022	0	Ministerial aims - Improvement trajectory towards eliminating over 52 week waits by October 2022	Risk low
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	105 (M10)	53	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by March 2026	0	NOF target zero Ministerial aims - Improvement trajectory towards a national target of zero by March 2026	PTHB has set an ambitious trajectory to reach and maintain zero breaches at the end of March 2023, various challenges in relation to capacity and unknown demand potential post COVID.

Of particular note is the scale of the impact of the pandemic for the population and for the provision of healthcare, in Powys as it is across Wales and the UK.

There is a significant challenge in relation to people waiting for diagnostics, treatment and care as a result of the pandemic and the changes in healthcare required to respond to the public health emergency.

The past two years has seen extra-ordinary changes in demand. There was a significant decrease in demand in some areas of healthcare such as hospital provision, in line with the first phase of the pandemic and the UK wide lockdown measures in Spring and Summer 2020. This returned to normal levels very quickly over the Autumn / Winter of 2020 and there followed a wave of backlog demand across the whole system during 2021.

This is a challenge which will not be met by existing approaches or existing resources; it will require radical solutions founded in a value based healthcare approach, nationally, regionally and locally. It will need to be grounded in an understanding of the experience and outcomes for those waiting and those at greatest risk.

The health board has commenced an important Portfolio of work on **Renewal** including a specific Programme to take forward as a core approach, **Value Based Health Care**. Key priorities are informed by the evolving learning and evidence base on the harms and impact of the pandemic, as well as the underpinning Burden of Disease work that identified key clinical programmes priorities in the health and care strategy.

This Portfolio has focused in the initial phase on the immediate actions to address access to services and waiting times, however it is longer term in its ambition to achieve strong **outcomes**, and patient/citizen/staff **experience** and reasonable **costs** through transforming pathways of care. Changing models of care will be focused on achieving all 3 key objectives building sustainable services for the future. Much of this work relates to partnership working with health and care service providers around the border of Powys.

The Health Board has developed a **Clinical Quality Framework** to continue to build the capacity and capability of the organisation to enable high quality services are secured and provided for the people of Powys. Elements include safety, effectiveness, experience, organisational culture, clinical leadership, improvement, and intelligence. Key areas of focus include Putting Things Right (learning and responding to complaints, concerns and incidents), quality assurance of both commissioning and provider services, maternity and neonatal services and partnership work on safeguarding and vulnerable groups.

The implementation of this will take into account Welsh Government's Quality and Safety Framework and Audit Wales' Review of Quality Governance. This ensures preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act which comes into force from April 2023 and includes duties of quality and candour.

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and this will help inform the update to the PTHB Improving Performance Framework and Commissioning Assurance Framework for 2022 – 2025.

An **Evaluation of Ways of Working** was commissioned by the health board to understand in detail the changes in services and the views of clinicians, teams and service users.

A number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
- New ways of working can support greater self-care, promoting independence and ownership for patients and carers
- Staff have developed skills which can be shared further
- There are opportunities for further adoption and scale

"Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."

- The shift to remote communication has been well received
- In many cases it was reported as leading to easier contact and collaboration
- Access and equipment issues can however cause frustration
- There is a critical role for IT support, infrastructure & systems
- A high value is placed on staff engagement and perception of value at work
- Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
- Most people reported a positive experience at work, pride and feeling that they matter
- Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
- There is a drive for quality improvement and innovation and streamlined decision making and governance
- Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

"The level of care that I have witnessed from all staff has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"

The [NHS Staff Survey 2020](#) again demonstrated the high staff engagement levels within the health board, a trend of improvement from 2016. Whilst this was again very positive the Survey also highlighted the need for improvement and a focus on culture, communication, management practice and team working.

There is a clear message to build on the streamlined ways of working using the [Compassionate Leadership Approach](#), [Healthy Working Relationships model](#) and [Organisational Development Framework](#).

The Annual Report 2020/21 published earlier this year included a number of examples of where teams have used alternative ways to provide care <https://pthb.nhs.wales/about-us/key-documents/annual-reports-annual-accounts-and-annual-quality-statements/powys-teaching-health-board-annual-report-2020-21/>.

Improving the effectiveness of the organisation, together with all colleague's active participation across the health board is key. Investing in developing the organisations health and specifically its capacity and capability over the last 5 years has been crucial in being able to lead and manage in times of extreme challenge, such as the pandemic.

It is essential that further organisational development efforts are made in order to continue to evolve the capability required for the challenges ahead. Toward the end of this Plan, the Organisational Development Framework outlines the improvement areas and goals.

Challenges and Achievements

There have been significant challenges over the past two years however there have also been substantial achievements. Services have been disrupted through the pandemic and access has been more difficult, however wholesale adaptations have been made to minimise the impact of this. The health board has maintained essential healthcare for the Powys population and put in place a programme of work to recover access and renew key areas of healthcare.

Individuals and teams are going above and beyond, using new and different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open.

- A **Clinical Response Model** was delivered to respond to the public health emergency presented by the pandemic, working in partnership with staff and trade unions to adapt ways of working, supported by training, role development and deployment.
- Comprehensive **communications and engagement** campaigns were delivered to support the national messages to keep individuals and communities safe.
- New **staff support** mechanisms were set up including staff-led and focused social media content which supported immediate dissemination of key messages but also provided a collective, peer to peer support and discussion forum.
- Significant work was implemented on **quality, safety and infection control** measures – throughout clinical and professional practice and in relation to estates and guidance.
- Systems were established to support the effective provision, training and use of **personal protective equipment** (PPE) with support from colleagues in the military services.
- **Estates and equipment** have been redesigned; improvements include the installation of enhanced oxygen supply and ventilation systems in community hospitals delivered.
- **Primary Care** contractors rapidly adapted to ensure life-essential and life-critical care was provided maintained throughout.
- **Community Care** teams pioneered new approaches to ensure essential care continued to be provided, including setting up online clinics and postal deliveries of key supplies.
- **Therapies and pain management services** rolled out online resources and groups to ensure support for complex and vulnerable patients and those recovering from covid.
- The health board played a key role in managing **patient flow** across a complex network of healthcare systems in both England and Wales with a home first ethos, utilising discharge to recover and assess and virtual wards in addition to the bed base.



- Support plans were implemented for [care homes](#) including testing, primary care and therapy input particularly for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework.
- Changes to services as a provider and a commissioner were tracked to ensure that any [service or pathway changes](#) for Powys residents are understood and communicated.
- Communications were enhanced with key [stakeholders](#) including briefings with the Community Health Council and local politicians, cabinet members and partners.
- Entirely [new forms of health service](#) have been established at pace and at scale through collaboration between public services, partners, volunteers and communities.
- This includes the set-up of [Test, Trace and Protect](#) (in partnership with Powys County Council), and the [Covid-19 Vaccination](#) programme. Both of these have been crucial in reducing the risk of serious disease and death from the virus.

There has continued to be progress against the ambition in 'A Healthy Caring Powys':

- The health board has taken important steps in 2021 on [climate change](#), with Board approval of the Biodiversity Delivery Plan and Decarbonisation Delivery Plan.
- [Transformation programmes](#) are progressing with significant large scale changes on the [Powys Model of Care](#) – breaking traditional boundaries to design a social and integrated model centred around the community and the person.
- The [North Powys Well-being Programme](#) is driving forward a social model across education, housing, health and care which is founded in the sustainable development principle and five ways of working.
- Clinical leadership has been key to the development of a significant [Renewal Portfolio](#), which is taking forward both immediate recovery work focused on waiting times and longer term [Programmes](#) to develop resilient, value based models and services.
- The health board has continued to implement the [Clinical Quality Framework](#) to target quality improvement work and strengthen feedback on patient experience.
- [Intelligence capability](#) has been strengthened linked to [system resilience](#) planning and giving greater lines of sight across both unscheduled and planned care pathways.
- The [Regional Partnership Board](#) (RPB) and [Public Services Board](#) (PSB) renewed the commitment to the Health and Care Strategy and the Well-being Plan and have been working jointly to update the Population Needs Assessment and the Well-being Assessment in 2021, contributing to the understanding of the Powys population and the wider socio-economic impacts and determinants of health.
- The [North, Mid and South Powys Clusters](#) have reviewed their plans in parallel with the IMTP this year, resetting their aims in line with the ambition for Accelerated Cluster Development.

Opportunities and Challenges

For the first time the health board developed its own Planning Framework as part of the early stages of preparation for the return of the 3 year medium term planning requirement. A systematic approach to understanding and articulating the external and internal context has been completed to help inform the Plan.

The External Context – Key Factors

PESTLE Analysis			
High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
Political	<i>Complex socio-political context</i> <ul style="list-style-type: none">- Pandemic response and impact- EU Exit impacts- New Government Programme / Priorities in Wales- Changes in political programme for health and care in England- Local Authority Elections 2022	Technological	<i>Scale and pace of innovation</i> <ul style="list-style-type: none">- Significant digital innovation- Issues with infrastructure, equipment and inequality of connectivity / skills- New ways of working, complex task to safely identify and maintain these- New health technology
Economic	<i>Uncertain fiscal outlook due to pandemic</i> <ul style="list-style-type: none">- The changing nature of work and employment landscape- Increasing rates of inflation- Aggregated impact on household income / disposable income- Pressure on public expenditure but also additional funding made available- EU Supply chain issues-	Legal	<i>Significant legislative developments:</i> <ul style="list-style-type: none">- Existing legislative requirements are significant in relation to health and care- New legislative instruments / bills this year / next year in Wales- Significant new Health and Care Bill planned in England
Sociological	<i>Increasing inequalities is a key issue</i> <ul style="list-style-type: none">- Pandemic recovery historically linked with social change / civil movements- Loss of social connectivity and educational disruption- Emerging evidence of syndemic impact- NHS emerging as an 'Anchor institution'	Environmental	<i>Growing urgency on climate change</i> <ul style="list-style-type: none">- Key area of focus in Wales and UK Wide / Internally with significant legislative changes- Challenging set of targets including decarbonisation by 2030- Wider sustainability and co-production approach

The Internal Context – Key Factors

SWOT Analysis			
High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
Strengths	<ul style="list-style-type: none">- Shared long term Health and Care strategy- Learning, ways of working, innovation- Workforce & volunteers- Routine monitoring status- Current financially balanced plan- Maintained essential healthcare throughout pandemic, directly provided services	Weaknesses	<ul style="list-style-type: none">- Workforce challenges- Continued pressure of pandemic response- Reduced capacity for forward planning- Restrictions on physical space due to covid- Complexity of planning landscape- Varied ownership and engagement in planning
	<ul style="list-style-type: none">- Acceleration in agile ways of working- Partnership and system opportunities- Growing workforce from community and volunteers- North Powys flagship transformation programme- Rural health and care academy- Renewal Programme- Alignment to Primary Care Clusters / Cluster Planning		<ul style="list-style-type: none">- Complex sovereign / partnership governance- Additional challenge of working across multiple footprints and cross border- System and capacity pressures- Service fragility- Staff well-being- Fiscal outlook and public spending implications- Infrastructural challenges for digital innovation and integrated clinical access / records

Renewal

Major requirements for renewal emerged from an appraisal of the impact of the pandemic. However, this is also a time of unprecedented opportunity for Powys, highlighting the importance of delivering more services closer to home, focusing on the things that matter most to the wellbeing of the population and those things which will make the most impact.

A Renewal Strategic Portfolio Board has been established to drive forward transformation with the focus, pace and scale needed. The Programmes are whole system, working across boundaries, recognising that true transformation is a longer-term process which will involve staff, partners and communities.

The Renewal Portfolio was established when the Referral to Treatment Time waiting list for elective treatment in and out of county was over 17,000 (equating to about 1:8 of the Powys population) with over 3,500 waits already longer than a year.

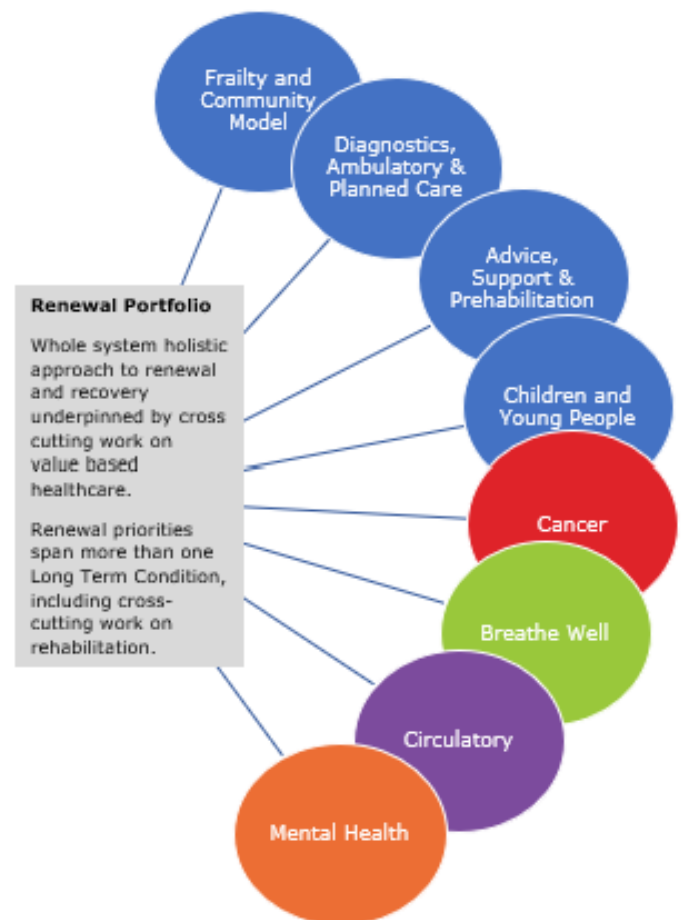
In relation to services provided by the health board itself, recovery is progressing consistently month on month and it is intended that waiting lists will be recovered within the year. An important initiative has already commenced with additional surgical, endoscopy and outpatient capacity procured through insourcing into Powys and the evaluation of this will also help to scope and progress further opportunities. Other work is underway to strengthen local and virtual multidisciplinary teams; provide virtual pulmonary rehabilitation; modernise follow-up; and improve access to diagnostics including clinics for sleep and spirometry; point of care testing; and FIT testing (fecal immunochemical test).

It is more complex for those waiting for care from other providers and the health board is working with neighbouring organisations to make a reciprocal offer in targeted areas to increase capacity locally. There is an agreed strategic intent to fully utilise theatre capacity as part of regional solutions to support the recovery of out of county waiting lists. This includes those areas identified through national and local work on value based healthcare, such as the Getting It Right First Time programme and clinical areas such as cataracts.

Alongside and fundamental to this work, there is a need to focus work on harm minimisation for those with the longest wait, focused on the impact for the person waiting for care, regardless of the service, provider or geography.

There is an evolving position with regards to infection prevention and control which impact on available physical space and capacity and this will continue to be included in detailed considerations of opportunities and challenges to delivery throughout the year.

The priority areas are included throughout this plan with detailed milestones in the Delivery Plan. Further major opportunities lie ahead and will be continuously reviewed in year.



Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. Key strategic risks that will be managed over the period of this plan include:

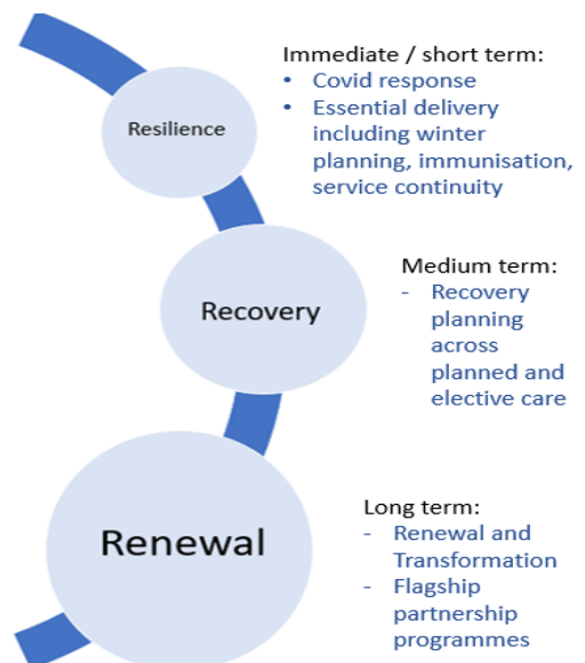
- Complexity and uncertainty in the external environment, impacting on the ability to fully respond to population health need
- Continued uncertainty requiring an agile response which limits the ability to consistently prioritise and impacts on the alignment of limited resources
- Introduction of significant changes in relation to the covid response with new services required to be delivered by the health board particularly in relation to vaccination and testing
- Complex and changing requirements for infection prevention and control in line with changing national requirements at UK and NHS Wales level
- Workforce challenges in relation to supply and sustainability, coupled with the impact of the pandemic on staff wellbeing and the increased workforce planning requirements in relation to new ways of working
- The increased scale and pace required for recovery and the capacity to deliver, lead and manage change effectively
- Variability and inequity of access to treatment for patients
- Complex commissioning arrangements with variances in the quality of care and a number of providers progressing improvement plans in response to regulatory measures
- Equally complex partnership arrangements with the need to balance sovereign governance and accountability with integrated, whole system approaches

A responsive, phased and cyclical approach will continue to be necessary in this context. Further detail is provided in the plan and in the PTHB Board Assurance Framework.

Resilience, Recovery and Renewal

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years. The three Rs of 'Resilience, Recovery and Renewal' will be used to review and reset priorities in line with contingency and local options planning:

- Resilience: continued response to Covid and specific service and wider organisational resilience
- Recovery: recovery planning and action in the short and medium term, that supports rather than undermines longer term renewal
- Renewal: working to drive tangible service change that delivers improved outcomes, experience and cost with longer term sustainable transformation



Strategic Priorities 2022/23 – 2024/25

Focus on Wellbeing	
1.	Take action to reduce health inequalities and improve population health
2.	Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
3.	Develop and implement a 'business as usual' model for COVID-19 Prevention and Response and integrated, comprehensive vaccination
Early Help and Support	
4.	Improve access to high quality primary care
5.	Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
6.	Improve access to high quality prevention and early intervention services for children, young people and their families
Tackling the Big Four	
7.	Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer
8.	Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)
9.	Implement the next stage of the Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young people's Respiratory care
10.	Undertake a Strategic Review of Mental Health , to improve outcomes from high quality, sustainable services, including specialist mental health services
Joined Up Care	
11.	Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for urgent and emergency care
12.	Support improved access to and outcomes from Specialised Services (including specialist mental health services and paediatrics, major trauma, neonates, PET, and recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Workforce Futures	
13.	Design and implement a comprehensive approach to workforce planning , focusing on attracting/securing workforce for targeted services (including internationally)
14.	Redesign and implement leadership and team development , enhancing clinical leadership and whole organisation focus on value.
15.	Deliver improvements to staff wellbeing and engagement , working closely with Trade Unions in Social Partnership on key joint priorities.
16.	Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.
17.	Enhance the health boards role in partnership and citizenship , including volunteering, and widening access to healthcare careers.
Digital First	
18.	Implement clinical digital systems that directly enable improved care, including cross border clinical records, service priorities (nursing, eye care, prescribing), and telecare.
19.	Implement key improvements to digital infrastructure and intelligence , undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving deployment of healthcare systems
Innovative Environments	
20.	Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing .
21.	Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff
Transforming in Partnership	
22.	Implement key actions to improve quality (safety, effectiveness and experience) across the whole system
23.	Enhance integrated/partnership system working , in Wales & England, improving regional approaches to planning and delivery of key services
24.	Implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources
25.	Implement key governance and organisational improvement priorities including embedding risk management, effective policy framework; assurance; Board effectiveness and systems of accountability and organisational development

At a Glance Summary – 'Plan on a Page'



1. Reduce Health Inequalities and Improve Population Health
2. Health Improvement
3. Covid Prevention and Response



4. High Quality Sustainable Primary Care
5. Diagnostics, Ambulatory and Planned Care
6. Children, Young People and their families



7. Cancer
8. Circulatory Disease
9. Breathe Well (Respiratory)
10. Mental Health



11. Frailty and Community Model including Urgent and Emergency Care
12. Specialised Services



13. Workforce Planning
14. Leadership and Team Development
15. Staff Wellbeing and Engagement
16. Education and Training
17. Partnership and Citizenship



18. Clinical Digital Systems
19. Digital Infrastructure & Intelligence



20. Carbon reduction, biodiversity & environmental wellbeing
21. Capital, Estates and Facilities Improvements



22. Quality across the whole system
23. Integrated Partnership Working
24. Value Based healthcare
25. Governance & Organisational Improvement



Focus on Wellbeing

'Focus on Wellbeing' sets out the work to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'.



Powys Outcomes

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities whoever I am and wherever I live in Powys
- 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

Strategic Priorities

1. Take action to reduce health inequalities and improve population health
2. Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing
3. Develop and implement a business as usual model for COVID-19 Prevention and Response and integrated, comprehensive vaccination

Key Interdependencies

- Population Health is a ministerial priority and this approach supports delivery against the socio-economic duty and the Strategy for a Foundational Economy
- This builds upon the work to deliver against the Future Generations (Wales) Act and the Social Services and Wellbeing (Wales) Act including the principle of sustainable development, prevention and the Five Ways of Working
- The NHS Wales Coronavirus Control Plan / NHS Wales Planning Framework and other Welsh Government directions are key to balancing the immediate and longer term priorities for population health in the context of a public health emergency
- The national modelling and assumptions provided by the Welsh Government Technical Advisory Group are used to inform local modelling and planning
- International / national / regional and local research and evidence has been used to inform the Covid Prevention and Response planning and the longer term renewal and transformation plans
- Local delivery is set in the context of delivery against key national programmes and policy including Building A Healthier Wales, Healthy Weight, Healthy Wales
- Partnership and regional working is key to delivery in this area and is shaped by the shared Health and Care Strategy (which forms the Area Plan of the Powys Regional Partnership Board) and Powys Wellbeing Plan, Towards 2020 (the inter-generational strategy of the Powys Well-being Board)

Why this important and the high impact actions that will be taken


Promoting well-being and reducing inequalities is fundamental to population health and in the current context, this includes responding to the Covid-19 pandemic. This plan must also look further, to set out how we will take steps to recover, renew and transform services.

Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.

The NHS Operating Framework 2020/21 (Quarter 1) identified four harms of Covid and the need to address all of them in a balanced way, with the fifth cross-cutting harm explicitly recognising the important impact of inequality on the harm experienced by people in Wales.

This was subsequently updated to five harms (Technical Advisory Group Five Harms Arising from COVID-19, 9 July 2021, Welsh Government):

- Harm directly arising from Covid
- Indirect harm due to pressures on the health and care system and changes in healthcare activity such as cancellation or postponement of care and treatment
- Harms arising from population based measures such as lockdown and shielding, including educational harm, psychological harm and isolation
- Economic harms such as unemployment and reduced business income
- Exacerbated or new inequalities in our society.




Evidence tells us that:

- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them to live more healthy lives in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease

prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases: mental health, cancer, respiratory and circulatory disease.

We expect the new integrated model will:

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and develop the friendships and social networks that are essential to maintain resilient communities.
- Use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.



- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce health inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working in Powys, enjoy job satisfaction, increased wellbeing and contribute to the growth of the local economy.
- Help people manage their behaviour and clinical risk in new ways such as delivering programmes from community venues and through digital technology.
- Make sure we have a skilled and supported workforce who are equipped to provide children, young people and their families with high-quality services, in line with new legislation and best practice.

This plan is an important bridge on the journey back to the ambition in the longer term strategy. It has to tackle conflicting demands of the immediate and urgent health challenges however it also has to act as a vehicle to address the longer term harms.

A start has already been made in facing the challenges ahead. The long term partnership strategy 'A Healthy Caring Powys' has been reviewed in the context of the pandemic and all partners agree that it is even more important and relevant, to set a shared ambition and address the impact of the pandemic in relation to wider harms and worsening inequalities.



Resilience

Flexibility will be required to balance the 'five harms' and respond in an agile way to the virus and developments in technology such as **vaccines and treatments**.

The priority will be actions that are life critical and life essential; there are national frameworks in place that will be used to guide **local options** in the immediate term.

Key components of the **covid response** including **surveillance** and **vaccination** will be increasingly embedded into the population health approach alongside action on **health inequalities, improvement, immunisation, screening and**

Recovery

The Powys **Well-being Assessment** and **Population Assessment** are being updated and emerging findings have been used to inform this plan. Further work is underway to engage with stakeholders, partners and the public to ensure that it has captured what matters to the people of Powys.

All partners have agreed to carry out a 'mid-term review' of the **Health and Care Strategy** to evaluate progress against the outcomes set out for the Powys population, refining objectives and resetting action across partnership plans as necessary.

Renewal

Intensive work will be progressed on the **Renewal Portfolio** and this includes a workstream for Advice, Support and Prehabilitation which is centred around **prevention**.

A **social model of health and wellbeing** is being progressed through the North Powys Wellbeing Programme for adoption by the Powys Regional Partnership Board. This connects to regional planning across the Mid Wales health system and wider in NHS Wales and England (summary overleaf).

1. Take action to reduce health inequalities and improve population health

A long term inter-generational plan, 'Towards 2040', has been agreed across all partners in Powys and reviewed in the context of the pandemic. It is overseen by the Public Services Board, established as a statutory partnership as part of the implementation of the Well-being of Future Generations (Wales) Act 2015 to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services.



The health board has a key role in the Public Services Board which includes providing expert advice, leadership and action on public and population health and inequalities (including the five harms). There is an agreement to revise the Well-being Plan more fully in 2022, to take into account emerging evidence and learning from the pandemic response.

The shared ambition for improving population health and reducing health inequalities is a golden thread throughout this plan and central to the shared Health and Care Strategy for Powys, which has a ten year horizon. This runs in parallel to the Powys Well-being Plan and shares key action areas, notably in Steps 11 and 12 in relation to multi-agency responses and emotional health and wellbeing.

The North Powys Well-being Programme is a flagship initiative which is taking forward the ambition for a social model of health, whilst the multi-agency Mental Health Partnership (Live Well Mental Health within the Regional Partnership Board) is taking action that supports emotional health and wellbeing. These efforts drive forward goals 11 and 12 of the Wellbeing Plan overseen by the Public Services Board and are key developments of the Regional Partnership Board, as summarised overleaf (further detail in the Transforming in Partnership section of this plan).

Social Model for Health and Wellbeing

Current Model

- The scale of wellbeing needs in the population is currently unknown, new ways to support wellbeing and wellness need to be developed
- The current model is not fully comprehensive, could be more joined up in its approach and there is a need to strengthen the social model
- There is limited evaluation of what works well in terms of methods of delivery and mechanisms for measuring impact of wellbeing services offered
- There are pockets of good practice in communities, strong volunteering and wellbeing provision in some areas however a framework for bringing it together would help learning and improvement

Future Model: Citizen Led Placed Based Community Approach to preventing diseases and illnesses, improving wellbeing and reducing social isolation

Population Groups: general population, all ages

Access to Advice, Guidance & Wellbeing Activities	Framework for Change	Co-production (& relationships)	The context in which people live, work and play
<ul style="list-style-type: none"> • Directory of wellbeing services and sign posting to non-statutory / third sector services • Social model; Commissioning Framework enabling access to green and blue spaces, opportunities for social interaction • Promote independence and self-care; advice, wellness services, community support 	<ul style="list-style-type: none"> • Leadership and cultural change to embed new ways of working and new relationships • Comprehensive evaluation toolkit to measure impact • Pathways with evidence based referrals to social & green prescribing • Smarter ways to provide services, best use of resources in their communities, deliver outcomes that matter to people 	<ul style="list-style-type: none"> • Build relationships; engage with communities, establish community partnerships • Establish shared vision and goals, principles, ways of working to empower community to build on their own • Identify good practice and share learning • Community cohesion, empower communities to manage local needs, work with providers to support and meet needs as an alternative to statutory intervention 	<ul style="list-style-type: none"> • Health and care academy providing education, training and development, inc. volunteers and carers • Enhanced services locally providing new career and job opportunities • Universal and targeted services to those with the greatest needs, ensuring equity, bringing together wellbeing activities, housing, debt management, health, and care, holistic and personal support for those most vulnerable

The social model is part of the work being taken forward as part of the North Powys Wellbeing Programme, with applicability across the whole of Powys and the wider region.

It is recognised by all partners that a shift is required, to forge new relationships between public services and communities.

A holistic understanding of residents' needs will support the outcomes that are wanted in Powys and ensure the greatest value is achieved from public services.

Shared decision making and co-production will be key to face the challenges ahead and identify sustainable, innovative, shared solutions that work for the communities of Powys.



2. Deliver health improvement priorities including weight management, smoking cessation, early years and family health and wellbeing

Improving population health and reducing inequalities in health outcomes are core strategic priorities in the IMTP 2022-25; these are long standing priorities which form the foundation, or golden thread, for population health and wellbeing.

Key actions are based on a strong evidence base and are in line with the national approach set out in 'A Healthier Wales'. Health improvement priorities include:

- development and implementation of weight management pathways for adults and for children, young people and families as part of the local implementation of the national obesity strategy (Healthy Weight: Healthy Wales)
- developing a systems approach to obesity prevention in Powys
- reducing smoking prevalence through local smoking cessation services and with a focus on specific risk groups
- actions to improve health outcomes and to reduce health inequalities in the early years through family health and wellbeing services for example through provision of lifestyle advice and support to pregnant women
- actions to identify and address inequalities in Covid and childhood vaccine uptake

Since the greatest gains for population health are to be achieved by supporting health in the early years there will be an increasing focus on family health, building a wellbeing offer that is wrapped around the individual and their home, in an increasingly integrated way.

This will recognise the impact of the pandemic on the health and wellbeing of children and families and on the social gradient in health. It will focus on improving access to high quality prevention and early intervention services for children, young people and their families.

Using both universal and targeted approaches as appropriate, services will identify and support those with the greatest need and those facing the highest risk of experiencing inequitable access in order to improve population health outcomes and reduce inequalities.

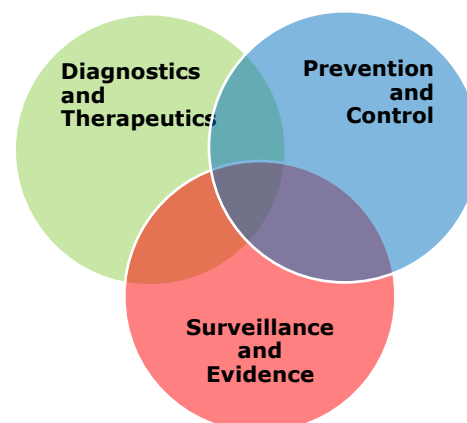
The Powys Healthy Preschools/Bach a Iach (Small and Healthy) and Healthy Schools Schemes will work with preschool and school settings to promote improvements in health outcomes for children and young people through educational settings, with an emphasis in 2022/23 on healthy weights, emotional and mental health and wellbeing, and RSE (relationships and sex education).

This will include work to embed the Foundation Phase Bach a Iach approach into the future delivery of the Healthy Schools Scheme. Foundation Phase Bach a Iach is a local development of the Healthy Schools Scheme that was funded by the North Powys Wellbeing Programme in 2020/21 and 2021/22 and which involved using the Bach a Iach approach (originally developed to accelerate the Powys Healthy Preschools Scheme) to promote physical literacy, physical activity and healthy eating in primary schools. It will also include further work to embed the Whole School Approach to Mental and Emotional Wellbeing in schools in Powys following initial work with 15 local schools in 2021/22.

Recognising the ongoing need to respond to the COVID-19 pandemic including any future variants, a 'business as usual' model will be implemented for COVID-19 prevention and response including integrated, comprehensive vaccination services. Actions will include work to reduce variation in the uptake of the COVID vaccine.

3. Develop and implement a business as usual model for COVID-19 Prevention and Response and integrated, comprehensive vaccination

The COVID-19 pandemic has dominated the work of the health board over the last 2 years. Whilst case rates continue to fluctuate, particularly as differing variants emerge and take hold, the underlying position is one of slow progress through the pandemic to life living with COVID as a feature. Wales, at the start of 2022/23 is at COVID 'Stable' in terms of level of escalation, with most of the legal restrictions being lifted and a shift toward guidance and advice for the population. Whilst the pandemic is not over, it is important to look ahead at the provision of prevention and response services. The Welsh Governments published transition plan, "Together For A Safer Future" (4 March 2022), sets out the approach to managing the pandemic moving forward. At a local level, the COVID-19 prevention and response goals for 2022/23 will fully align to this.



The approach will recognise the vital interdependencies between:

Diagnostics & Therapeutics

- transition from universal testing to a focus on testing to diagnose, protecting the most vulnerable and ensuring business continuity.
- maintaining readiness for rapid deployment of surge testing if required.
- offering anti-viral treatments and other therapeutic options based on the latest available evidence.

Surveillance & Evidence

- proportionate approach to monitoring through an increasingly integrated approach to respiratory surveillance including influenza and respiratory syncytial virus (RSV).

Prevention & Control

- building on local experience of COVID-19 to work with Public Health Wales on Health Protection Response arrangements that are integrated and fit for the future.
- working with Powys County Council on contact tracing arrangements for endemic and surge scenarios in outbreak situations.
- utilising behavioural insights and risk communication in partnership with trusted voices to Keep Powys Safe; whilst a universal response will be maintained, a target on vulnerable and underserved communities will be core to the approach.
- delivering a programme of COVID-19 vaccination and working towards a future comprehensive immunisation model in line with national strategy as that develops. The aims for 2022/23 are:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:	Aim 6
To continue to offer vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver a safe, prudent and timely spring booster programme in line with national guidance when published.	To continue to deliver vaccination for children and young people aged 5-17 in line with national guidance.	To deliver a safe, prudent and timely autumn booster programme in line with national guidance when published.	To ensure a surge plan is in place to deliver c. 2.5k doses per day for 3 weeks if needed	To continue to review COVID-19 vaccination delivery in order to transition to a "business as usual" model in line with the National Immunisation Framework

Focus on Well-being Summary of Strategic Priorities and Key Actions

1. Take action to reduce health inequalities and improve population health

Key Actions:

- | | |
|--|------|
| - Provide expert advice, leadership and action on public and population health and inequalities (including the five harms) | DPH |
| - Explore and respond to impact of COVID on population health outcomes | |
| - Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised | |
| - Deliver improvement through Equalities and Welsh Language Work Plan | DoTH |

2. Deliver Health Improvement Priorities including weight management, smoking cessation, early years and family health and wellbeing

Key Actions:

- | | |
|--|-----|
| - Implement local actions in <i>Healthy Weight: Healthy Wales 2020-2022 Delivery Plan</i> , implement a comprehensive weight management pathway for adults and children, young people and families | DPH |
| - Better integrate the specialist stop smoking service, and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care | |
| - Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance | |
| - Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sex education) | |
| - Manage the transfer of Powys Local Public Health Team into PTHB, | |

3. Develop and implement a 'business as usual' model for **COVID-19 Prevention and Response and integrated, comprehensive vaccination**

Key Actions:

- | | |
|--|-------------|
| - Implement the COVID-19 Prevention and Response transition plan | DPH
DoPP |
| - Offer anti-viral treatments and other therapeutic options based on the latest available evidence | DPH
DoPP |
| - Deliver the COVID-19 Vaccination Strategy for 2022 | DPH
DoPP |
| - Implement the National Immunisation Framework for Wales | DPH
DoPP |

Early Help and Support



This section sets out how we will offer early help and support to enable children and young people to 'start well', for people to 'live well' and for older people to 'age well'.

Outcomes

- 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

Strategic Priorities

4. Improve access to high quality sustainable primary care
5. Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home
6. Improve access to high quality, equitable prevention and early intervention services for children, young people and their families

Key interdependencies

- Primary Care Contractors and the North, Mid and South Powys Clusters are pivotal to the delivery of Early Help and Support as noted in more detail to follow
- The National Programmes for Primary Care and Accelerated Cluster Development are key drivers, alongside the work on primary care contract reform
- There are complex and multi layered local, regional and national interdependencies in relation to delivery against the NHS Wales Recovery Plan and National Clinical Framework as well as cross border considerations and recovery planning
- These include a range of programmes in the areas of diagnostics, ambulatory and planned care which span multiple clinical pathways and health conditions (such as the work of the NHS Collaborative overseen by the collective NHS Chief Executives)
- The recovery and renewal of healthcare is interdependent with national programmes including those specifically focusing on children, young people and families such as Healthy Child Wales
- There have been important developments in ways of working across clinical and professional disciplines such as nursing and therapies and our local work will be set against the work of national bodies including the Royal Colleges and peer networks

Why this important and the high impact actions that will be taken

Early Help and Support was identified as an objective at the start of the Health and Care Strategy in 2017. It is repeated and renewed in the messages heard from continuous engagement with our population and partners.

In the context of the responding to the Covid-19 pandemic, it has specific relevance. There has been a disruption in healthcare over the past two years, with changes in the way people have accessed support and longer waits to access care. There is a greater need to build and transform the ways in which people can get early help and support.

There are challenges faced across primary care contractors in relation to service fragility; with cluster level planning and development a key opportunity to build high value approaches to services. This will be taken forward over the next three years, working with the national programme for Accelerated Cluster Development, to deliver tangibly improved, sustainable and innovative models of care. A variety of resilience measures have been put in place across **Clusters** which will be built upon, such as buddy up systems, cluster contingency plans, active signposting services and remote working solutions. Technology solutions have been upscaled into fully embedded solutions to enable patients to access efficient and effective resilient health care services.

Wider, whole system approaches in Clusters will focus on innovative care pathways, building on Virtual Wards and Care Co-ordination. Out of Hours provision will be developed as an integrated 24hour/ 7 day service (urgent primary care). Links with frailty work and enhanced primary care mental health support will target risk reduction and condition management and stability.

Links with the Strategic Programme for Primary Care and key national programmes ensure that Powys is aligned to developments in models of care such as the All Wales diabetes prevention.



Evidence tells us that:

- Inequalities experienced in childhood affect people's outcomes in later life. For example, children who experience disadvantage are more likely to adopt harmful behaviours which can lead to mental illness, cancer, heart disease and diabetes. When agencies work together they are more likely to identify at-risk children early and provide families with the right support at the right time.
- People with long-term conditions account for around 50% of all GP appointments and 70% of inpatient bed days. When they take part in health promotion and disease prevention activities, these people can benefit from a long-term reduction in their disease burden. Where people with long-term conditions need ongoing support, multi-agency intervention can help them stay at home for longer and only go into hospital when there is a clear need.
- Early screening and diagnostic testing and quickly establishing care pathways can

reduce the long-term burden of disease. When people have help to adopt a healthy lifestyle and access mental health support they can change their behaviour and further reduce the long-term burden of their disease.

We expect the new model of care and wellbeing will:

HELP CHILDREN START WELL

- Recognise the importance of the first 1000 days of a child's life and provide activities that help children develop resilience as they move into adulthood.
- Ensure provision of good quality childcare and improve early years parenting and transition to school programmes so that every child starts school ready to learn.
- Make sure every child has the support they need to reach their full potential at school.
- Provide early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home.

HELP COMMUNITIES BECOME SELF-SUSTAINING & MORE RESILIENT

- Help people draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Make better use of public buildings so we have more facilities from which communities and providers can bring children, young people and adults together

to share skills and experience through a wide range of intergenerational activities.

SUPPORT PEOPLE WITH LONG-TERM CONDITIONS TO LIVE WELL

- Monitor people's lifestyles so we can target resources to meet need and reduce the impact of clinical and social risk factors.
- Identify people who are at risk of developing a disease and provide prompt local diagnosis, one-stop services (including counselling and psychology) and support at home.
- Provide more, and increase access to expert patient programmes and advance care planning so people can support themselves and manage any urgent interventions to reduce hospital admissions.
- Give people the support, care and equipment they need to live as independently as possible.
- Help clinicians and professionals with specialist interests work together to improve local services through a more integrated approach across agencies.





The first point of contact for many people in Powys is primary and community care, and the maintenance of essential services across General Practice, Dentistry, Optometry, Pharmacy, Therapies, Community Teams and Nursing remains the immediate priority. Flexibility and adaptability will continue to be needed as the pandemic evolves.

A continuous assessment and targeted action for system resilience to stabilise delivery will be used in line with National programmes for Recovery, Primary Care, Accelerated Cluster Development, Planned Care and Unscheduled Care.

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans alongside the IMTP which set out the path for the year ahead and beyond. Innovations will be increasingly embedded to support recovery, including multi-disciplinary team working, risk stratification and case management, and digital care.

A systematic approach is in place to track and ensure targeted action to address fragility in primary care contracted services and wider community provision including the third sector.

Clusters are uniquely placed to understand the needs of communities and over three years, the Clusters will increasingly work to improve outcomes of local communities in their geographies.

The Pharmaceutical Needs Assessment completed in 2021 also provides an important platform for sustainable delivery in the medium and longer term as does the national work on primary care contract reform.

National and regional programmes of work are centrally important for a whole system approach to renewal. These include the NHS Wales Collaborative and recovery work/ National Clinical Framework. Key areas are eye care, diagnostics, endoscopy and

4. Improve access to high quality sustainable primary care

Primary Care is both the first and main point of care for people contacting the NHS in Wales. This front-line care occupies a unique position in the Powys model and early help and support intervention maximises opportunity to make an impact.

The health board tracks the status of **general practice** and provides targeted support in the short term and assist with initiatives which will address the ongoing sustainability of delivery, including expanded multidisciplinary working such as First Contact Physiotherapy Practitioners, Mental Health Practitioners and Physician Associate Development programme.

Cluster initiatives include expanding the remit of the minor ailment community pharmacy scheme and independent prescribers; expanding the community optometry eye care service offer to support falls screening and prevention; optometrists offering basic health care checks and hosting of medical students with links to Glyndwr University in the North Powys Cluster.

Accelerated Cluster Development

There are three Clusters in Powys, which are shaped by the natural geographies and community footprints in the county – North Powys, Mid Powys and South Powys. The pan Powys Cluster approach gives significant commitment to:

- 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

This will improve the health and wellbeing outcomes for the population, by designing services that specifically meet the needs of that population, improving access by providing more services, delivered locally, to prevent avoidable acute care demand

Clusters have had to adapt to health provision in ways never seen before, to respond to the pandemic and have established a closer and more collaborative approach to working across all partner organisations. This includes Active Signposting, increased liaison with the third sector to support access in planned and acute care and support for Mental Health and wellbeing. Advances in technology have allowed patients greater access to online interactive services including a cluster standardised website.

Clusters have responded to increased demands placed on all services including supporting those with covid and the wider impacts of the pandemic, and the Vaccination programme. Increasing demands across the wider health care system and the recovery and adaptation of services has influenced the cluster priorities for the year ahead. These are summarised below:

Strategic Programme for Primary Care key programme priorities	Ministerial priorities	Cluster	Priority
Urgent Primary Care	NHS Recovery	Mid & North	Covid Recovery, health and wellbeing services including phlebotomy, chronic disease
Community Infrastructure	Supporting the health and care workforce	North & Mid	Health & Wellbeing Officer to promote third sector, apps and <u>self care</u> information
Community Infrastructure	Population Health	Mid	My Surgery App to support access, repeat prescriptions, health information
Mental Well-Being	Mental health and emotional well-being	South	Mental Health – dedicated 111 service to support chronic disease management
Accelerated cluster Development	A Healthier Wales	North	Provision of Pharmacy services to North Cluster Practices
Accelerated Cluster Development	Population health	North	Digitisation, Apps, and IT innovation to support improved access and patient care
Accelerated Cluster Development	A Healthier Wales	Mid	Cluster wide First Contact Practitioners – physiotherapy triage service
Accelerated Cluster Development	A Healthier Wales	South	Expanded provision of Cluster Pharmacy Team
Accelerated Cluster Development	Supporting the health and care workforce	South	Primary Care Transformation Training to support new and existing roles

Similarly in **Dental services** the focus is recovery from the impact of the pandemic:

- Contract reform will support development in general dental services.
- Services including Design 2 Smile and Gwên am Byth programme will be restored, utilising the Mobile Dental Unit to provide services to residential and care homes.
- A new dental contract will be provided in Llandrindod Wells, responding to the population needs in the mid Powys cluster.
- A Special Care Dentistry Service and paediatric support is being scoped for expansion.
- The health board deploys community dental resources to support access and additional sessions will be offered to dental practitioners to support recovery.
- Increased training through foundation places has had a positive impact and will be continued.
- The Powys Training Academy will expand the dental training offer, with investment to train additional Dental Nurses in extended duties.
- Undergraduate dental therapy student placements will be taken forward within the Community Dental Service.
- Local enhanced skills (DESSs) will be developed to support and build contingency into the Powys primary care dental service across the community dental service and the upskilling of general dental practitioners to offer a more local service to the population.

Eye care is being developed in line with optometry contract reform plans:

- Role development and higher professional qualifications for Powys Optometrists.
- The provision of an eye care domiciliary service.
- Renewal funding has provided new clinical pathway opportunities which will be expanded as part of the new optometric contract.
- Independent prescribing optometrists will be able to use their skill and qualification to manage a broader range of urgent eye conditions.
- Patients awaiting hospital glaucoma follow up will be seen in primary care for review.
- Improved pathways will support the recovery of services for children linked to the school vision screening service and onward referral to primary care optometry.
- The Powys 'Eyes Open' campaign will raise awareness around the signs of sight loss and the need for eyecare.
- A multi-disciplinary Specialist Optometrist will be appointed to work with the North Powys Wellbeing Programme and secondary care outpatient colleagues, delivering outpatient clinics, domiciliary service provision, and backfill for primary care practices who allow practitioners time away from their practice for training in our hospitals.
- Cluster initiatives will expand the community optometry eye care service offer to support falls screening and prevention as part of the wider frailty model and enable optometrists to offer basic health care checks, for example Blood pressure checks.

Community Pharmacy is being developed in line with the recently published Contractual Framework (2022 – 2025) in line with Pharmacy: Delivering A Healthier Wales, the profession's response to the NHS Wales future strategy. There is a greater focus on clinical services, workforce and integration with cluster models. Key actions include:

- Further integration of new roles of Primary Care Cluster Community Pharmacy Leads.

- Multi-sector training with time in community pharmacy, hospital and primary care – PTHB is supporting two trainees which will be increased to six in 2022/ 2023 intake.
- Further increases in multi sector training placements are planned for following years.
- Working closely with HEIW and pharmacy / general medical services colleagues to form a flexible workforce and develop skills and competencies.
- Ensuring equitable access to training and grants for Powys pharmacists to improve sustainability and access of community provision.
- Extending provision of Independent Prescribers across Powys with three additional sites planned in 2022.
- A new national service in 2022/23 will focus on extended common ailments service.
- Regular contraception provision will also be provided in the new national service.

Technology is providing new ways of working through artificial intelligence and apps. This provides more timely diagnosis and onward referral, such as the Dermatology project that will be taken forward in 2022.

The use of social media platforms is also an opportunity to enhance health and wellbeing advice, supported by Health Promotion Facilitators to build on the connectivity with the third sector support available in Powys. The Practice in Powys recruitment website is being relaunched and will expand to include Optometry, Dental and Pharmacy job opportunities.

5. Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering more care closer to home

The long term ambition for Planned Care is to enable early help and support which delivers against the 'Powys Outcomes' set out in the shared Health and Care Strategy. As well as the immediate work to reduce waiting times that are unprecedented opportunities for the health board to improve outcomes for patients by redesigning existing pathways across the system. A renewed approach with an ambitious **Diagnostics Plan** over three years will radically transform pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and rare diseases, as well as increasing access closer to home. It will provide early help and support and prevent harm from delayed or inappropriate intervention. This includes expansion of diagnostics provision outside district general hospitals including imaging such as scanning and x-ray, tests and monitoring for cardiac and respiratory functions, pathology, phlebotomy and endoscopy.

As well as improved clinical patient and clinical outcomes, efficiency gains should be delivered for example avoidance of duplication of imaging through IT networking, networking of pathology tests and reductions in acute admissions and length of stay.

The health board has been reducing waiting times for planned care, which rose during the pandemic through a range of initiatives including patients contacted on waiting lists and provided information about wellbeing and sources of support; the backlog for spirometry has been cleared using innovative drive in clinics; multi-disciplinary teams have been strengthened to review respiratory patients delayed to follow up; pulmonary rehabilitation has been used to clear backlogs; providing GPs with sources of secondary clinical advice; and temporarily extending the capacity for outpatients, endoscopy and day case surgical procedures within Powys hospitals.

The North Powys Programme is the flagship partnership programme which is taking forward key change areas as pathfinders in North Powys. This will support the Powys Model of Care - more information can be found in the Transforming in Partnership section.

More immediately, there is a focus on the recovery and sustainability of planned care. The **Renewal Portfolio** includes a programme to establish increased diagnostic capability at home, within primary care practices and diagnostic hubs; ambulatory care centres supporting care such as medical day cases; prioritise repatriation and expansion in directly provided services, scoping opportunities for in-reach and joint workforce.

Key actions in each quarter include:

- Diagnostic Plan; Model of Care; Creative Workforce Model Q1
- Powys provider Referral to Treatment Access restoration by May 2022
- Identify repatriation / expansion opportunities Q2, Implement Q3 – Q4
- Increase diagnostic capability at home, primary care and hubs Q2 – Q4
- Modernisation of Outpatient Services Q1-4
- Ambulatory Care Plan and Model Q2; Implementation Q3 – Q4
- Develop Planned Care workforce model to build resilience and harness opportunities including the appointment of a Planned Care Clinical Lead Q1-4

Alongside this work will be structured advice and support to improve health and wellbeing including a Patient Liaison Service, targeted “pre-habilitation” and redesign of the orthopaedic pathway to implement the Getting it Right First Time (GIRFT Review). Key actions include:

- Embed Advice, Support & Pre-habilitation offer within orthopaedics Q1
- Implement orthopaedic redesign, incorporating GIRFT review Q1 - 4
- Review Patient Liaison, Advice, Support & Pre-habilitation pilot Q2
- Learning from future GIRFT reviews for elective general surgery, gynaecology and stroke services Q2 – Q4

There are pivotal developments which will be mobilised over the next three years to drive forward both the long term ambition for Planned Care and the immediate priority to recover backlogs arising from the disruption in healthcare caused by the pandemic:

- Enhanced local and regional service offers to target key areas of waiting times with delivery of expanded endoscopy capacity as an immediate priority in Year 1.
- Maximise diagnostic capability locally to support renewal and transformation work, including non-obstetric ultrasound as an immediate priority in Year 1.
- Develop a sustainable endoscopy model to support increased capability and repatriation aligned to National Endoscopy Programme.
- Increase capability for Cervical and Bowel Screening with Public Health Wales.
- Deliver local and regional solutions to increase Theatres and Treatment capability in Gynaecology, Eyecare, General Surgery, Ear Nose and Throat, Urology, Orthopaedics.
- Modernisation of outpatients progressing regional / national priorities of ophthalmology and respiratory care, See on Symptom, Patient Initiated Follow Up, digital healthcare, prudent follow up and advice and guidance.
- Delivery of Medicines Management workplan including value based initiatives to embed improvements in practice.

- 'Ways of working' – developing the workforce model to build resilience and harness opportunities in medical/ nursing and professional roles, including actively building on the multi-agency pandemic response.

The nursing and therapies teams have adapted services throughout the pandemic and will play a key role in the ambition for planned care, working together to ensure that services are delivering the greatest benefit to meet need:

- Reviewing and refreshing the delivery of nursing care across ward and community environments and therapies provision, learning from the new ways of working and responding to the needs of the population in the context of the impact of the pandemic
- Delivering a holistic approach for those with complex care needs, providing support as close to home as possible, with a home first ethos that supports independence and avoids unnecessary admissions to secondary or community care settings
- Providing an integrated response for those with Additional Learning Needs (ALN) in line with the national and local partnership approach
- Infection Prevention and Control to ensure that people receiving care and people providing care are free of avoidable infection, including the assessment and management of risk in relation to Covid-19 and respiratory care
- Safeguarding to keep the people of Powys safe from harm and abuse and is at the heart of all aspects of health care in Powys
- Lead the co-ordination of efforts across the organisation to champion, promote and ensure appropriate assessment and action on Equalities and Welsh Language

6. Improve access to high quality, equitable prevention and early intervention services for children, young people and their families

The foundations for life are laid in the early years of life, starting in the womb. What happens in the early years influences physical and mental health across the life-course. Adverse Childhood Events (ACEs) are a particular concern because of their impact on health and wellbeing. Furthermore, evidence of a significant impact on health and wellbeing is emerging as a result of the pandemic, especially for the most vulnerable children and young people.

The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities. A focus on children, young people and families is crucial in improving population health across the life-course and a focus on those with the greatest need is required in order to reduce health inequalities.

Improving access to high quality prevention and early intervention services for children, young people and their families, and ensuring that these services address inequalities by targeting those with the greatest need is therefore one of the strategic priorities of this plan.

The Women and Children's teams in the health board have a key role in the partnership work noted overleaf and in supporting organisational developments such as universal access to childhood screening, immunisation and vaccination.

The team will support partnership work to deliver a refreshed approach to support children with complex care needs and disabilities including support to manage chronic disease, delivery of the paediatric therapies model and remodelling the Neurodevelopment Service. Plans are also in place to improve case management and testing for sexual health and scoping and developing a sustainable Gender Identity service.

The Start Well Partnership continues to drive forward and governance its priorities around 5 key workstreams: Emotional Health and Wellbeing, Children with Complex Needs/Disabilities, Building resilient communities and Integrated Access, Keeping children in Powys, Voice of the Child (via Junior Start Well Boards)

Goals for Focus on Wellbeing:

- Community Wellbeing Hubs and local accessible services, bringing together public services, third sector and communities
- A holistic use of green space to support play, work, mental and physical activity
- A range of accommodation options and access for young people

Goals for Early Help and Support:

- Emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood
- First 1000 days focusing on preventing adverse childhood experiences
- Targeting resources towards disadvantaged families
- Supporting and assisting young carers
- Ensuring transition into adulthood is well managed and minimises anxiety

Goals for tackling the Big Four:

- Creating the foundation of good health including healthy weight, positive diet and activity, personal resilience and relationships to reduce risk of ill health

Goals for Joined Up Care:

- Fully integrated experience of health and care
- Public services working closely to support young people and healthy behaviours
- Ensuring young people are safeguarded and resilient

Priority Activity 2022 (Revenue and Capital Considerations)

- Targeted prevention, continuation of Bach A Iach
- Powys Together Project to increase opportunities and reduce disadvantage for children and young people and families through community development work. Based on a Children's First approach (Machynlleth/ Welshpool / Newtown / Llanidloes)
- Links to North Powys Wellbeing Programme and further roll out of Children's First initiatives
- Implementation of the NYTH / NEST Framework and continuation of the C-19 Project to address Emotional Health and Wellbeing issues of children and young people
- Integrated Access to Services (links with Transition Project)
- 'Missing Middle' and development of Therapeutic Intervention Model
- Edge of Care Service for Children at risk of being Looked After
- Continuation of Repatriation for Children Looked After
- Establish Safe Accommodation for children with complex needs therapeutic model
- Post Adoption Psychological Support Service
- Participation with Young People – Junior Start Well Board

Early Help and Support Summary of Strategic Priorities and Key Actions

4. Improve Access to High Quality Sustainable Primary Care

Key Actions:

- | | |
|--|--------|
| - General Practice: <i>General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours</i> | DPCCMH |
| - Accelerate Cluster Development including Delivery of Cluster Plans 2022 – 2023 | |
| - Dental Services: <i>Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service</i> | |
| - Optometry: <i>Implementation of contract reform, development of clinical roles, delivery against national eye care recovery plan</i> | |
| - Pharmacy: <i>Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments</i> | |

5. Develop a whole system Diagnostic, Ambulatory and Planned Care Model

Key Actions:

- | | |
|---|---------------------------|
| - Delivery of the Diagnostics, Ambulatory and Planned Care programme & Advice, Support and Prehabilitation Workstream (<i>Renewal Portfolio</i>) | DoPP |
| - Mobilisation of Planned Care improvements <i>Enhanced local and regional services including endoscopy, diagnostics, cervical and bowel screening, theatre & treatments, outpatients, medicines management</i> | DPCCMH

DoN
DoTH |
| - Implement sustainable medical and workforce model <i>Embedding learning from system resilience and multi-agency pandemic response; integrated approach for complex care needs</i> | |

6. Improve access to high quality prevention and early intervention services for **children, young people and their families**

Key Actions:

- | | |
|--|----------------|
| - Delivery of Regional Partnership Board 'Start Well' Priorities <i>Healthy growth and development; children with complex needs and disabilities; access for children who are looked after</i> | DPH
DoN |
| - Implementation of Maternity and Neonatal pathways <i>Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England</i> | DPCCMH
DoN |
| - Remodel delivery of key services for women and children <i>Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies.</i> | DPCCMH
DoTH |

Tackling the Big Four

This section sets out how the health board will develop effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys.



Powys Outcomes

- 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

Strategic Priorities

7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**
8. Implement improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes)
9. Develop and implement the next stage of the **Breathe Well** Programme, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care
10. Undertake a **Strategic Review of Mental Health**, leading to an agreed Strategic Plan to improve outcomes from high quality, sustainable services, including specialist mental health services

Key interdependencies

- As well as being major priorities individually, there are important inter-relationships across the "Big Four". A major issue of inequality is the physical health outcomes of people with mental health conditions. The mental health needs of people with long term conditions is also important and requires a holistic approach.
- The health board is working closely with All Wales clinical networks, aligned with the NHS Wales Collaborative programmes and the National Clinical Framework. This is particularly important for Powys, to access the clinical and medical expertise employed in our neighbouring District General Hospitals.
- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care. Work is needed locally, regionally and nationally. Powys is itself a statutory region, working with five other health economies across England and Wales. Strategic reconfiguration in other health boards and regions is a key interdependency.
- It is especially important for Powys that comparative information is available nationally focused on the populations of health boards, to help to understand outcomes, inequalities and whether improvements can be tracked over time, in addition to comparative information about the provision of services.
- The Regional Partnership Board is a key mechanism for collaboration and takes a life course approach with groups established for Start Well, Live Well and Age Well, including work with the third sector. Each of the areas has important implications for the North Powys Wellbeing Programme.

Why this important and the high impact actions that will be taken

'The big four' was identified during the work carried out at the start of the Health and Care Strategy and refers to the causes of ill health and disease for the population of Powys. Recent evidence shows that these areas remain key for the Powys population and have an even greater importance. This includes the findings from the current stages of work on the population assessments being undertaken by both the Powys Regional Partnership Board and the Powys Public Services Board, as well as the emerging evidence of the pandemic impact.

It is known that there is a 'syndemic' impact, which means that existing long term conditions and health difficulties are exacerbated as a result of the impact of the covid pandemic, both as a direct impact on health and the wider impact on population and individual wellbeing.

The disruption in healthcare and in people's lives and communities has led to changes in the way support has been accessed and this has particularly significant implications in key conditions including cancer, circulatory conditions and respiratory health. There are similarly complex challenges in relation to mental health and emotional wellbeing and this is clear in the intelligence available nationally and locally on activity and demand.

Resilience

The major priority areas of Cancer, Circulatory, Respiratory (Breathe Well) and Mental Health & Emotional Wellbeing are whole system, Powys wide and affect people of all ages.

Actions across the whole plan will contribute to the resilience, recovery and renewal of these priority areas, in order to improve outcomes for patients, spanning well-being, early help and support, joined up care (including specialised services), transforming in partnership, workforce futures, innovative environments and Digital First.

Recovery

A value based health care approach will underpin 'the Big Four', so that the health board allocates its resources to the right places to deliver the best outcomes that matter. The Principles of 'doing what matters' and 'doing what works', and our values are key to improving outcomes working with our patients. The health board will embed this approach in its operating model to ensure it has the right people, culture, skills, processes and structures in place for this.

Renewal

Whole system renewal programmes will drive forward major transformational work for each of the Big Four conditions over the next three years, as well as shared approaches.

The renewal programmes focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead. Whilst the scale of the challenge is unprecedented, so is the scale of opportunity to improve outcomes through redesigning services to harness new models and new ways of working, aligning to the National Clinical Framework and a Healthier Wales.

7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer

Cancers are one of the most common causes of death in Wales and this is likely to remain so in the decades ahead due to the ageing nature of the population. The COVID-19 pandemic has had a significant impact on people with cancer. Resources redirected during COVID peaks and control of infection measures affected the provision of cancer services causing the suspension of screening programmes, delays to diagnosis and backlogs to treatment. Patients have been less likely to attend GP practices with worrying symptoms. Some risks associated with cancer have also increased during the pandemic such as the use of alcohol. Whilst there are major challenges there are also major opportunities for improvement and transformation.

Actions in each section of the plan will contribute to improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer, as below:

- **Focus on Wellbeing:** health improvement such as weight management, smoking cessation, alcohol reduction and family health and wellbeing will prevent or reduce the burden of cancer, as will uptake of immunisation, vaccination and screening.
- **Early Help & Support:** the health board will maximise diagnostic capability locally, increase capability for Cervical and Bowel Screening, develop a sustainable endoscopy model aligned to National Endoscopy Programme and modernise outpatients to reduce waiting lists and to ensure the timely treatment of patients.
- **Joined Up Care:** There will be improved access to and outcomes from specialised cancer services such as Positron Emission Tomography (PET), Chimeric Antigen Receptor (CAR) T-cell therapy and paediatric cancer services.
- **Workforce Futures:** this is an important area for new approaches to diagnosis including the implementation of transnasal endoscopy and Cytosponge.
- **Digital First:** improvements to digital infrastructure and intelligence will support the tracking of patients on the Suspected Cancer Pathway and harm review processes.
- **Innovative Environments:** will help to ensure patients can receive more care locally including through the flagship North Powys Wellbeing Programme.
- **Transforming in Partnership:** to agree next steps for 'Improving the Cancer Journey' with partners and collaborate on the satellite radiotherapy centre at Nevill Hall Hospital and the Velindre Cancer Centre plan for Transforming Cancer Services.

The focus of the Renewal Transformation Programme for Cancer will be:

- Strategic pathway redesign to use existing expenditure better (providing equity of access to services earlier and closer to home to improve outcomes) using the national optimised pathways
- Earlier diagnosis including through:
 - Embedding Faecal Immunochemical Testing (FIT) into practice
 - Establishing equity of access to vague symptom Rapid Diagnostic Clinics
 - Scoping potential for a novel Rapid Diagnostic Centre service within Powys, including CT (computerized tomography) and MRI (magnetic resonance imaging)
 - Research and implementation of new diagnostic techniques including Cytosponge, Transnasal Endoscopy and Lung Health Checks

- Improved person-centred care and wellbeing (including prehabilitation, rehabilitation; emotional & mental health support for patients living with cancer)
- Improving outcomes and equity through a population approach geographically and for children and vulnerable people; and strengthening information about PROMS and PREMS
- Collaboration with Wales Cancer Network to embed the Single Cancer Pathway, including further developing tracking and harm review processes
- Education, including for paid and unpaid carers through the Health and Care Academy and to build capability in primary care and community teams

The development of enhanced diagnostics will be implemented through the **North Powys Wellbeing Programme**, including endoscopy and CT, that are key to transforming pathways for patients with cancer. The programme will also help to ensure processes and space for multiagency assessment and for patient and carer education.

8. Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)

People with heart and circulatory diseases are at increased risk of complications and death when infected with COVID-19. However, heart and circulatory diseases do not stop for a pandemic, and even in the context of COVID-19 the leading causes of death persist unabated, being dementia (including vascular dementia) and heart disease.

There has been an impact on all parts of the clinical pathway during the pandemic response – access to urgent and emergency care, deferral of diagnostics procedures and therapeutic interventions, reduced access to specialist care in the community and identification and management of risk factors for heart and circulatory disease.

Actions across the whole plan will contribute to improvements in outcomes, experience and value in **circulatory disease** (Stroke, Heart Disease, Diabetes).

- **Focus on Wellbeing:** health improvement priorities such as weight management and smoking cessation will reduce the burden of circulatory diseases in the population.
- **Early Help & Support:** strengthened diagnostic capacity and capability locally and the modernisation of outpatients will reduce waiting lists and to ensure timely treatment.
- **Joined Up Care:** there will be improved access to and outcomes from specialised circulatory services, such as vascular surgery, cardiac surgery and neurosurgery. There will be work to ensure equity of access to thrombectomy.
- **Workforce Futures:** development of a sustainable cardiac workforce, equitably distributed to meet demand with a focus on cardiac physiology and specialist nursing.
- **Transforming in Partnership:** The assessment and management of changes proposed to cross-border and neighbouring stroke services will be key areas.

The focus of the Renewal Transformation Programme for Circulatory will be:

- System level circulatory pathways redesign to improve outcomes through a value based health care approach
- Collaboration through clinical networks to support equity of access, standards of care and address variation including for those with protected characteristics and in relation to the Welsh language
- Developing use of metrics, clinical audit, PROMs and peer review for patient outcomes

- A Cardiac service model with improved diagnostics, high risk management, interventions and rehabilitation
- Rehabilitation, early intervention, high risk management and long term physical, communication, cognitive and psychological support for stroke survivors and carers including peer and group support
- Person-centred care with assessment and management of needs, including Making Every Contact Count
- Following work with local clinicians and the Cardiac Network a business case has been approved in principle and the next stage will be to secure a funding and implementation solution. Priorities for the next year are:
 - Completion of the circulatory programme gap analysis and phased plan
 - Community cardiology service funding solution and implementation plan including working with the national clinical lead
 - Development of the Cardiac workforce plan
 - Improving timely access to diagnostics in alignment with national diagnostic programmes and the Diagnostic strategic plan
 - Promotion of primary and secondary stroke prevention through the intervention of treatment and advice in line with current and evolving evidence base
 - Ensuring equitable access to comprehensive multi-disciplinary cardiac rehabilitation appropriately tailored, for all heart condition pathways (Agree generic and specialist approach through the cross-cutting renewal rehabilitation group)
 - Embedding a value based health care approach to help shape and ensure that existing resources are being used to achieve the best outcomes for circulatory patients. This will include using the national dashboard for diabetes and the earlier diagnosis of arrhythmias including Supraventricular tachycardia (STV).

The **North Powys Wellbeing Programme** will be a location for the delivery of enhanced diagnostics within Powys including for the new community cardiology model. It will also be key to the delivery of improved rehabilitation services for stroke patients closer to home.

9. Develop and implement the next stage of the Breathe Well Programme, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care

Nationally, one person in twelve has a respiratory illness and the COVID-19 pandemic has put respiratory services under greater pressure than ever before. Although we remain in the midst of a respiratory pandemic, the health board has been able to continue the transformation of respiratory services as part of the renewal and recovery of these services.

Specific actions across the whole plan will contribute to the strategic priority of implementing the next stage of the **Breathe Well Programme**, specifically aimed at repatriating care closer to home and on children and young people's respiratory care

- **Focus on Wellbeing:** health improvement priorities such as weight management, smoking cessation, immunisation against COVID-19 and influenza will prevent or reduce the burden of respiratory disease and co-morbidities within the population.
- **Early Help & Support:** The Diagnostics Strategy and modernisation of outpatients will deliver a collaborative solution to phased expansion. More patients will be able to access

an increased range of high quality diagnostics services in Powys, such as fractional exhaled nitric oxide and full lung function testing.

- **Joined Up Care:** the health board will work with Powys respiratory patients who access specialised services for cystic fibrosis and interstitial lung disease treatment to develop the appropriate support available to them locally.
- **Workforce Futures:** An initial analysis indicates that over 90% of respiratory outpatient activity could be delivered in Powys. The option appraisal in relation to the medical dimension of the Breathe Well Model of Care will enable the completion of the clinically appropriate, safe repatriation of respiratory patients from neighbouring health boards and English trusts.
- **Innovative Environments** will be an important enabler for the further repatriation of outpatient activity to Powys.
- **Digital First:** digital development will build on innovative virtual pulmonary rehabilitation programmes and maximise access including NHS Wales respiratory apps.
- **Transforming in Partnership:** working with local, regional and national partners to deliver the National Respiratory Quality Statement when it is published.

The 'Breathe Well' programme is transforming the wellbeing, primary and community services model for respiratory, with a whole system approach to improve clinical outcomes, symptom management and experience for adults and children of Powys.

The strengthening of the respiratory multi-disciplinary team has supported the clinical review of patients waiting for consultant follow-up to ensure access to the most clinically appropriate service. Analysis indicates that over 90% of respiratory outpatient activity could be delivered in Powys; an option appraisal will enable the clinically appropriate, safe repatriation and modernisation of outpatient services from neighbouring health boards and English trusts.

Summary of the actions for the next phase:

- Undertake the next stage of the outpatient activity redesign and repatriation through an option appraisal of the medical model with implementation
- Phased approach to the expansion of respiratory diagnostics closer to home by embedding the long term spirometry model and sleep clinics; and scoping the development of fractional exhaled nitric oxide and full lung function testing
- Focus on the advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans
- Embed a value based health care approach
- Develop & implement plan to meet the Respiratory Quality Statement

The **North Powys Programme** will help to provide enhanced diagnostics including for sleep clinics and the location for repatriated outpatient activity. It will also help to implement enhanced compliance with asthma plans for children and young people.

10. Undertake a Strategic Review of Mental Health, leading to an agreed Strategic Plan to improve outcomes from high quality, sustainable services, including specialist mental health services

'Together for Mental Health' is the strategic plan 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 strategic plan through a detailed delivery plan. People who use Mental Health Services are central to identifying and delivering on shared priorities for mental health.

A Strategic Review will be taken forward during 2022 to identify the issues, challenges and opportunities related to emotional and mental health support, leading to the further development of local, sustainable and person-centred mental health services, including:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018-2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction ('Talk to me 2' strategy) and co-produced pathway for those effected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' Children's and young people emotional health and resilience service with Children's Social Service and third sector
- Reconstruct Community Drug and Alcohol services

The Learning Disabilities service is aligned to the Joint Commissioning Strategy and joint service model with Powys County Council, key priorities including Positive Behavioural Support, access and support in general hospitals and care bundles, out of county placements, minimising anti-psychotic prescribing, the Health Equalities Framework, up take of Annual Health Checks and pathways for dementia and epilepsy.

For the Integrated Autism Service, there will be a focus on improving waiting times. Diagnosis time was reduced from 18 months to 12 months but there is more to do, to meet the 26 week target, introduce screening process and access to other services at an early stage, work with Neurodevelopment service to improve transition.

The Powys Perinatal and Infant Mental Health Steering Group will implement the Strategic and operational plan in line with the Royal College of Psychiatrists Standards for Community Perinatal Mental Health Services and the All Wales Perinatal Mental Health Programme. This reflects the importance of the first 1000 days initiative.

Improvement will be driven forward in key services for older people to ensure that patients have access to timely and effective access to support. This includes Memory Assessment diagnostic and post-diagnostic support, community based support including Third Sector for users and carers, final phase of dementia plan including specialist teams and GP training, Cognitive Stimulation Therapy service approach and engagement with patients, families and stakeholders to improve outcomes.

Tackling the Big Four

Summary of Three Year Strategic Priorities and Key Actions

7. Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having **cancer**

Key Actions:

- Improve access to FIT testing
- Enhanced access to rapid diagnostic centres for vague symptoms
- Work with the Wales Cancer Network on Optimal pathways and quality statement
- Suspected cancer pathway tracking & harm review approach
- Scope the potential for a Powys provided Rapid Diagnostic Centre
- Scope community diagnostics, including hospital CT
- Cytosponge implementation with BCUHB; Transnasal endoscopy

MD

8. Implement improvements in outcomes, experience and value in circulatory disease (**Stroke, Heart Disease, Diabetes**)

Key Actions:

- Gap analysis and Phased Plan
- Cardiac workforce development
- Community Cardiac Service development
- Improve access to diagnostics in line with national programmes
- Impact assessment / management of strategic proposals for Stroke
- Evidence based primary and secondary stroke prevention
- Equitable access to cardiac rehabilitation for all pathways

DPH

9. Develop and implement the next stage of the **Breathe Well Programme**, specifically aimed at repatriating care closer to home and focusing on Children and Young people's Respiratory care

Key Actions:

- Develop & implement plan to meet Quality Standard
- Options appraisal and implementation of medical model
- Children and Young People with Respiratory Conditions Plan
- Phased approach to respiratory diagnostics closer to home

DOTH

10. Undertake a Strategic Review of **Mental Health**, to improve outcomes from high quality, sustainable services, including specialist mental health

Key Actions:

- Strategic Review of services
- Sanctuary House Tender / Award Q1 Provision & Monitoring
- Single Point of Access 111 – Tender Q1, Provision & Monitoring
- Deliver Dementia Action Plan and Memory Assessment Redesign
- Deliver Powys Talk 2 Me 2 Strategy
- Roll out Children and young people's emotional health and resilience service

DPCCMH

Joined Up Care

This section sets out how the health board intends to deliver a fully integrated experience of health and care.



Powys Outcomes

- 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

Strategic Priorities

11. Design, develop and deliver a Frailty and Community Model enhancing outcomes, experience and value and the six goals for Urgent and Emergency Care
12. Support improved access to and outcomes from Specialised Services (including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care.
- The work locally and regionally is aligned with the National Clinical Framework, Programmes for Renewal, Planned Care and Unscheduled Care, Outpatient Strategy and the NHS Wales Collaborative/ Regional Fora (inc. Endoscopy, Eye Care, Orthopaedics, Diagnostics, ophthalmology, theatre capacity and utilisation)
- The IMTP is developed in alignment with the Integrated Commissioning Plan (ICP) for the Welsh Health Services Specialist Committee (WHSSC)
- The IMTP is developed in alignment with the plans for Emergency Ambulance Services Committee (EASC) and Welsh Ambulance Services Trust (WAST)
- Commissioning intentions and the agreement of Long Term Agreements / Service Level Agreements are developed alongside the planning process
- The PTHB Clinical Quality Framework has been updated in the context of the impact of the pandemic and the Health and Social Care (Quality and Engagement) Act 2020 particularly in relation to the Duty of Quality and Duty of Candour
- The National Clinical Framework: A Learning Health and Care System; Quality and Safety Framework: Learning and Improving and national Patient Safety Incident Framework set out the national ambition for improving the quality of care and local plans are aligned to delivery against these
- Research & Development planning and investment opportunities are developed in partnership with Health and Care Research Wales and Welsh Government

Why this important and the high impact actions that will be taken

The ambition for Joined Up Care emerged clearly through the engagement with our communities as part of the Health and Care strategy and it remains a cornerstone of our longer term vision for A Healthy Caring Powys. In the context of the pandemic, this is more important than ever, as the challenges that are faced by communities and healthcare providers will not be met by traditional approaches.

There is variation in the way care and support is provided and the outcomes and experience being achieved, between services and across geographies and population groups. And these inequalities are being exacerbated by the impact of the pandemic. This section promotes a 'whole system' Model of care including Urgent and Emergency and Specialist care.



Resilience

Delivery of life critical and essential healthcare remains the priority and the national choices framework will be used as necessary to set local options to the public health emergency.

A robust approach to bed and service base modelling will be carried out continuously in line with the national direction (Core / Planned Care activity in the Minimum Data Set will be updated quarterly and used as a management tool to monitor activity and recovery trajectories).

Patient level tracking is in place to track and reduce delayed transfers of care in the immediate term, with learning on system blocks to inform further work across the RPB.

Recovery

Patient flow is critically important and the RPB System Resilience Plan will be extended to medium and longer term considerations to maximise and sustain system flow and support across multiple systems in both Wales and England.

Alignment with regional plans is key and will be prioritised based on risk, impact and benefits. Participation in both WHSCC and EASC mechanisms will be focused on the development of sustainable models to deliver equity including those living in our rural communities.

Renewal

There are longer term actions to be taken forward over the next year and beyond to renew as a whole system:

- Ensuring the community model is geared to support frailty, system flow and urgent and emergency care
- Enhancing enhance urgent care provision in line with the Six Goals Handbook published by Welsh Government
- Optimising the key urgent care services in Powys including virtual ward, end of life support, discharge to recover and assess models and embedding home first

11. Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for Urgent and Emergency Care

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. Effective frailty models of care are based upon early recognition and prevention – proactive rather than reactive care. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation, institutionalisation

- Approximately 10% of people aged over 65, 30% of those over 85 and 60% of those aged over 90 are living with frailty.
- In the UK, Wales has the highest proportion of centenarians.
- The evidence base identifies that the wellbeing of frail older people has been adversely affected by the impact of the pandemic further compounded by the reduction in non-COVID NHS provision.
- Lengths of stay need to be reduced to prevent harm to those suffering frailty through deconditioning.
- A Complex Geriatric Assessment should be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011) to reduce death or functional decline at 6 months and to help more people to live in their own home for longer.

Whilst the health board has many areas of good practice there is complexity, variable practice and fragility of services.

A renewal programme has been established to design, develop and deliver a transformed frailty and community model, which is whole system and Powys wide. The programme will learn from the modified approaches implemented during the pandemic to successfully maintain more people within their own homes; to develop a revised frailty and community model to improve outcomes for people through more intensive community and home based care; to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it will work to ensure equity of access across Powys and will work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

Achieving the renewed model will be a phased transformation over a number of years. There will be actions in the short and medium term to ensure resilience and recovery from the impact of the pandemic.

A place-based care approach will be developed across Powys and will include work in East Radnorshire specifically, building on the expertise and resources in Knighton and District.

Partnership within Powys and with cross-border systems is crucial and implementation of the revised model will be key to the North Powys Wellbeing Programme. Progress was made in 2021/22 on system resilience and recovery in this priority area through improving system intelligence; implementing improved patient Treatment Escalation Plans; streamlining assessment processes and reducing length of stays to prevent deconditioning.

System Resilience - Urgent and Emergency Care

The challenges faced during the pandemic and over the recent winter period have highlighted the critical priority of building system resilience nationally, regionally and locally – and this is recognised in the recently published [6 goals for urgent and emergency care: policy handbook for 2021 to 2026](#).

Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems.

A System Resilience Plan was agreed in the Autumn of 2021 across partners in the Regional Partnership Board in liaison with Welsh Government. This was mobilised and tracked at a granular level through Delivery Co-ordination arrangements set up by Strategic Gold Command.

There remains a need to continue to build resilience in urgent and emergency care, in line with the national collaborative / commissioning work. Key priorities are now set out against the Six Goals Framework:

Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)

- Build on cluster led risk stratification and virtual wards to reduce use of UEC

Goal 2 Signposting, information and assistance

- Deliver 24/7 Urgent Care Model and work with partners to review utilisation of NHS 111 Wales and the Enhanced Directory of Services.
- Test potential for Urgent Primary Care Centres (UPCCs)

Goal 3 Clinically safe alternatives to admission

- Review Same day emergency care pathways
- Review Intermediate care (step up) pathways
- Assess Specialty advice and guidance lines

Goal 4 Rapid response in crisis

- Work with WAST to deliver optimal 999 pathways
- Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments

Goal 5 Optimal hospital care and discharge practice from the point of admission

- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days
- Implement SAFER patient flow guidance

Goal 6 Home first approach and reduce the risk of readmission

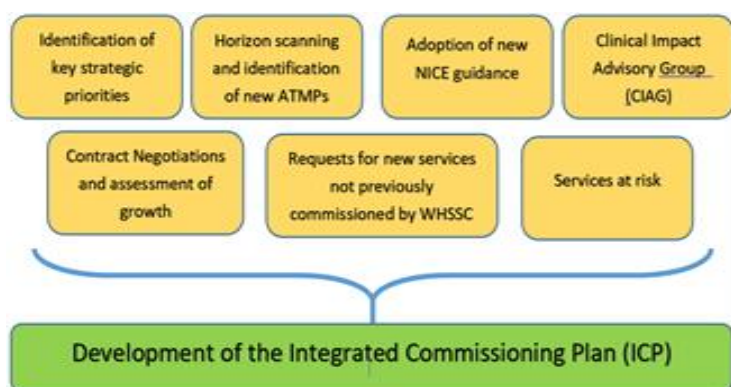
- Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements
- Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes
- Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP
- Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board.

12. Support improved access to and outcomes from Specialised Services (including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery)

Powys residents access specialist care from providers in both England and Wales. The health board has a key role in ensuring that cross border considerations are taken into account as part of the national commissioning arrangements to ensure equity for the resident population in this context.

This includes participating in the leadership and management arrangements for the Welsh Health Specialist Services Committee (WHSSC), which works on behalf of all 7 Health Boards in Wales to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales.

The WHSSC Integrated Commissioning Plan (ICP) is developed in response to NHS planning guidance and takes account National and ministerial priorities and makes commitments as to how it will ensure contribution to each of these.



The Integrated Commissioning Plan was developed during Winter 2021 and approved by Joint Committee on the 11th January 2022.

The plan outlines the commissioning priorities for the period 2022-2025.

The plan includes strategic priorities and a recovery profile for each of the main specialist services.

Strategic Priorities 2022 - 2025

- Developing a Specialist Services Strategy for NHS Wales
- Development of a Specialist Mental Health Strategy
- Development of a Specialist Paediatrics Strategy
- Enhancing Major Trauma Provision
- Intestinal Failure Review
- Neonatal cot review
- Commissioning Specialist Services for the North Wales Population
- Ensuring equity for the Powys population
- All Wales PET programme
- Continuation of existing priority areas in relation to cancer and blood; cardiac; mental health and vulnerable groups; neurosciences; women and children, Welsh Clinical Renal Network.

Areas that are noted as challenging in relation to the recovery planning are Bariatric surgery; Cardiac surgery; Plastic surgery; Neurosurgery and Paediatric surgery.

WHSSC is committed to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms and to seek to secure alternate pathways for Welsh residents where possible.

The Health Board will work with WHSSC to ensure equitable access for the Powys population and to monitor provision and impact of Covid19 on Specialist services with both Welsh and English providers.

Joined Up Care
Summary of Three Year Strategic Priorities and Key Actions

11. Design and deliver a **frailty and community model** enhancing outcomes, experience and value and the **six goals for Urgent and Emergency Care**

Key Actions:

Develop and deliver a Frailty and Community Model *Including intensive community and home-based care; a frailty pathway including falls and home first ethos.*

- Complete work on overarching model following Gap Analysis (community hospitals and community services)
- Frailty Scoring Project
- Culture and change – joint work with Improvement Cymru
- Development of workforce model
- Treatment Escalation Plan – confirmation of approach
- Complex Geriatric Assessment Development and Implementation
- Revise Falls pathway to ensure integrated
- Confirm cross-cutting approach for end of life within model
- Feedback loop from improved intelligence

MD

Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically

DPCCMH

Deliver an Urgent and Emergency Care 'Six Goals' model

Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)

- Build on cluster led risk stratification and virtual wards

Goal 2 Signposting, information and assistance

- Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services
- Test potential for Urgent Primary Care Centres (UPCCs)

Goal 3 Clinically safe alternatives to admission

- Review Same day emergency care pathways
- Review Intermediate care (step up) pathways
- Assess Specialty advice and guidance lines

Goal 4 Rapid response in crisis

- Work with WAST to deliver optimal 999 pathways
- Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments

Goal 5 Optimal hospital care and discharge practice from the point of admission

- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for response and reduce average length of stay to 28 days
- Implement SAFER patient flow guidance

DPCCMH

<p>Goal 6 Home first approach and reduce the risk of readmission</p> <ul style="list-style-type: none"> ➤ Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements ➤ Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes ➤ Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board. 	
<p>12. Support improved access to and outcomes from Specialised Services <i>including specialist mental health services, specialist paediatrics, major trauma, neonates, PET, as well as recovery planning for bariatric surgery, cardiac surgery, plastic surgery, neurosurgery, paediatric surgery</i></p>	
<p>Key Actions:</p>	
<ul style="list-style-type: none"> - Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan <i>Ensure equitable access and outcomes for the Powys population and work in partnership to address variation</i> 	<p>DoPP</p>

Workforce Futures

This section sets out how workforce planning and organisational development will support and enable the delivery of strategic priorities in this plan



Powys Outcomes

- 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

Strategic Priorities

13. Design, develop and implement a comprehensive approach to **workforce planning**, focusing on attracting/securing workforce for targeted services (including international recruitment)
14. Review, redesign and implement **leadership and team development**, enhancing clinical leadership and whole organisation focus on value
15. Deliver improvements to **staff wellbeing and engagement**, working closely with Trade Unions in Social Partnership on key joint priorities
16. Enhance access to high quality **education and training** across all disciplines, specifically focusing on 'grow our own'/apprenticeships
17. Implement key actions that enhance the health boards role in **partnership and citizenship**, including maximising the opportunities for volunteering, and widening access to healthcare careers

Key Interdependencies

- Workforce planning is by its nature interdependent with each of the other well-being objectives and enablers in this plan and each of the teams in the organisation
- Workforce and Organisational Development are interlinked in the structure of the Organisation which brings together planning and development of the workforce
- There has been a significant growth in the organisation's workforce over the past two years and collaboration and 'social partnership' with the staff side of the organisation has been key to innovation and wellbeing support
- Partnerships with Powys County Council and others in the Powys Regional Partnership Board have been key to the flagship 'Health and Care Academy'
- Working with PAVO (Powys Association of Voluntary Organisations) and the third sector has created a vibrant volunteering programme with communities in Powys becoming part of key areas of delivery such as the Covid Vaccination Programme
- Workforce plans and policy also reflect innovations and progress in the national arena including the Health and Social Care Workforce Strategy launched by HEIW (Health Education and Improvement Wales) and SCW (Social Care Wales).

Why this important and the high impact actions that will be taken

Workforce planning has been central to the response to the pandemic and will remain a significant enabler, to build organisational resilience, support recovery and drive forward efforts for health and care renewal. The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work such as the Health and Care Academy and the volunteering programme. Engagement with the staff side of the organisation has also been key to navigating the complex challenges of the past two years.



A robust **workforce plan** will provide a firm foundation for organisational resilience, drawing on the learning gained from the response to the pandemic and taking forward delivery against the 'Workforce Futures Strategic Framework'.

Workforce assumptions around staffing ratios, roles and deployment have been developed at pace during the pandemic and these will be tested and refined to ensure a **modular, multi professional workforce** approach that reflects **best practice** across clinical and professional disciplines.

The next phase of the **organisational design** process will reflect the significant learning and innovation of the past two years – whilst also responding to the challenges that have been faced and are likely to continue as a result of the pandemic.

This will provide a platform to build and test **workforce models and roles** in line with national developments and local strategy.

Leadership development will enable existing and next generation leaders to harness new ways of working for recovery.

Staff have been asked to make extra-ordinary efforts throughout the past two years and the focus on **well-being** support to help recover and restore will remain important.

A new workforce plan will enable a clear line of sight for the renewal of **employment pathways** in the longer term, supporting more **effective recruitment and retention** as part of a long term 'grow our own' model.

The **Health and Care Academy** will be central to this future facing, collaborative approach to workforce renewal.

There remain significant challenges ahead and there are risks to delivery not only in Powys but across NHS Wales and the wider UK in relation to health and care workforce fragility. However, there are new opportunities, to harness the developments in ways of working across partners, which create greater agility and flexibility in response. The Health and Care Academy will provide a hub for this modern workforce approach.

Health and Care Academy

- This flagship development has been pioneered by the Powys Regional Partnership Board to increase local access to education, training and development across the health and social care sector
- It is a hub and spoke model that offers state of the art academic and training
- It is set up to provide flexible, practical, academic and digital learning
- The first Academy hub designed to stimulate learning opened in the Autumn
- The long term plan will see the Academy become a centre of excellence for research and an exemplar of rural professional and clinical education
- The Welsh Language active offer will be embedded into the curriculum
- Leadership and talent development across health and care will harness the best practice and thinking engaging with professionals, volunteers and carers to create a health and care 'sector of choice'



Academi Iechyd a Gofal Powys
Powys Health and Care Academy

The Health and Care Academy Model



Ysgol Addysg a Hyfforddiant Proffesiynol a Chlinigol
School of Professional and Clinical Education and Training

School of Professional & Clinical Education & Training – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.



Ysgol Ymchwil, Datblygu ac Arloesi
School of Research, Development and Innovation

School of Research, Development & Innovation - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.



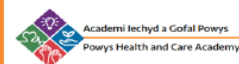
Ysgol Arweinyddiaeth
School of Leadership

School of Leadership - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership



Ysgol Gwirfoddolwyr a Gofalwyr
School of Volunteers and Carers

School of Volunteers & Carers - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer



13. Design, develop and implement a comprehensive approach to workforce planning, focusing on attracting/securing workforce for targeted services (including international recruitment)

There is both an immediate pressure to ensure that existing workforce numbers are sufficient to meet current demand and a longer-term consideration of whether the current composition of the workforce can achieve the ambitions to support recovery and drive forward efforts for health and care renewal. This is accentuated by the unique challenges of rural demography, which impact on the availability of workforce.

Powys has a considerably lower unemployment rate 3.4 % compared to the national picture 4.8%, which adds additional pressures on us as a county to access the workforce we require.

Employment and unemployment (Oct 2020-Sep 2021)

	Powys (Numbers)	Powys (%)	Wales (%)	Great Britain (%)
All People				
Economically Active†	63,500	78.7	76.0	78.5
In Employment†	60,800	75.0	72.8	74.6
Employees†	44,500	57.4	63.5	65.0
Self Employed†	15,400	17.1	8.8	9.5
Unemployed (Model-Based)§	2,200	3.4	4.2	4.8

NOMIS – Official Labour Market Statistics (Mar '22)

Powys also has a different working age population in comparison to the average across England and Wales (56.5% aged between 16 – 64 compared to national average of 62.2%). In addition to this, there is a higher percentage of those working over 65 compared to the rest of England and Wales in Powys (27.7% compared to 18.6%) and a lower percentage under the age of 15 (15.8% compared to 19.1%)

Given the clinical and financial importance of developing a workforce that is fit for purpose, it is vital that we really understand the nature of workforce pressures and the demographics in Powys, and what can be done to address these in both the short and the long term.

A review and refresh of the workforce model will be undertaken to ensure a system wide understanding of the complex interdependencies and challenges. This will form the framework for robust workforce planning focused on competency and skill development to build organisational resilience, support recovery and drive forward renewal.

The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work for workforce development. The vision for the Health and Care Academy has provided a platform for the growth and development of an intergenerational workforce. It has enabled Powys to bring university education into the county, recognising the workforce of Powys needs access to cutting edge education, training and development to meet the demands of our population.



The collaborative approach to the development of volunteering in the health and care sector in Powys has been activated through the successful strategic approach to workforce futures with our partners in the health and care sector in county. This is reflected in the pioneering triumvirate approach to volunteering with PAVO, the local authority and the health board.

Key actions include:

- Support the development of a systematic renewal programme with a strong focus on value-based service models and a competency-based workforce planning approach.
- Systematic review and development of a sustainable workforce model across the Covid response, staffing and medical model, transformation and renewal, based on population needs assessment and evidence base, for seamless care across professional boundaries
- Full implementation of the All-Wales Workforce Planning Toolkit across all staff groups, building a modular workforce plan to support both granularity and system wide planning of this complex workforce, recognising the contribution of the total workforce in the delivery of healthcare to the population
- Facilitating public value conversations, which enhance and enable stakeholders across the population and workforce to participate in the creative development of health and care service delivery in Powys
- Developing service level plans, in support of the strategic priorities of this plan, supporting resilience, recovery and renewal with sufficient flexibility to mitigate the uncertainty still present in the external environment and ongoing need to be prepared to respond to different phases of the public health emergency.
- Widening recruitment and careers opportunities building on the apprenticeship offer, international recruitment and specific promotional campaigns designed for the unique experience of working in a rural environment.
- Accelerate learning routes including part-time degrees for all health and care staff, and enhanced Student Streamlining offer, which recognises the uniqueness of Powys in demographic and health and care needs

14. Redesign and implement leadership and team development, enhancing clinical leadership and whole organisation focus on value

To support staff and improve care, leadership at all levels needs to be collective, compassionate and inclusive. The health board has embraced the compassionate leadership model launched by HEIW, through a joint approach to the Executive team and Assistant Directors development (supported by Michael West). Here the principles have been adopted, with a strong commitment to further embed more broadly across the health board and wider system.

The pandemic has led to significant learning and innovation but also great pressures for the workforce both professionally and in their own lives. Recognition of compassionate leadership will help support managers and staff to build on the learning experienced through the pandemic but also acknowledge the importance of recovery and restore.

Strong and effective leadership and team development will be critical to respond to the impacts of the pandemic on the community and the staff. Restoring development programmes suspended during the pandemic in order to focus on resource required for the public health emergency will ensure the provision for reflection, regeneration and recovery forms part of the way we operate going forward.

Key actions include:

- Roll out Management and Leadership Development programmes to enable existing and next generation leaders to progress with compassionate leadership principles at the heart of what we do
- Launch of the Intensive Learning Academy as part of the Health and Care Academy to ensure leaders are equipped for digital transformation
- Define, develop and deliver the PTHB approach to Clinical Leadership Development
- Deliver Compassionate Leadership through the team based working programme

15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities

There is an inextricable link between the people who provide care and the patients that they care for. For the health board to provide safe, sustainable, patient-centred care, it is critically dependent on a healthy and engaged workforce with good mental and physical wellbeing.

The staff of the health board have shown incredible compassion, determination and courage in the face of the pandemic. Extensive engagement with the workforce and staff side has enabled a flexible and dynamic response to the public health emergency and meaningful dialogue and a focus on wellbeing will remain important to our renewal activity. We recognise that although wellbeing survey results have held up well, some staff will need time, space and support to recover.

The Health Board will focus its delivery of wellbeing and engagement around 6 pillars which identify the key characteristics that any individual needs to experience to have an engaging working environment.

Clarity of Purpose	My work has purpose – I have a sense of purpose and feel that my work makes a difference to other people's lives. I have pride in what I do and a sense of achievement. The role of my team within the organisation is clear.
Feeling of Influence	I have enough influence and control – I feel I have enough influence and sense of control over my work and my working life. I have autonomy & ownership and feel empowered and trusted
Cared for by others	I feel cared for and care for others – I have a sense of wellbeing and experience compassionate and thoughtful leadership. I can be myself at work. My manager and my organisation help me feel safe.
Sense of Belonging	I have a sense of belonging – I feel I belong here because I have a meaningful bond with my team and PTHB. I have clarity about my role, a strong team identity and feel connected. Joy and fun are part of my experience at work.
Sense of Value	My work is valued – What I do is distinctive and valued. I am part of a learning culture where I am supported & challenged. I understand what success looks like in my role, am rewarded, recognised and appreciated for the part I play.
Treated Fairly	I am treated fairly – I work in a system which is fair. There is openness, transparency and honesty. I am treated with dignity and respect and feel safe and secure.

The 6 pillars enable each member of staff to reflect on what might be causing a reduced sense of wellbeing and engagement, and managers to consider what they might need to do within their teams to help create the right environment. Key actions to support wellbeing and engagement will include:

- Ensuring the Occupational Health Service is optimised to respond to the changing wellbeing needs of staff.
- Developing and sustaining mechanisms to understand, support and track the wellbeing of the workforce including Mental Health First Aid and financial wellbeing.

16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships

The Health and Care Academy hub and spoke model offers opportunities to develop 'schools' of learning tailored to meet the demands of a rural health and care system, including the response to the different phases of the COVID-19 pandemic as that becomes endemic in the population.

The long term plan is to develop a centre of excellence for rural professional and clinical education, which supports and enhances the 'grow our own' approach. Key actions include:

- Explore with HEIW (Health Education and Improvement Wales) opportunities to expand an aspiring registrant programme as a cornerstone to growing our own future workforce.
- Implement a new governance and development framework across Nursing, Therapies and Healthcare Science aligned to the national workstream for Advanced Practice.
- Develop and launch a new and enhanced Continuous Professional Development (CPD) offer to clinical staff through the use of scenario based Clinical simulation.

17. Enhance the health boards role in partnership and citizenship, including maximising the opportunities for volunteering, and widening access to healthcare careers

As a corporate socially responsible employer, the health board is committed to support citizens within our communities to contribute to improvements across the health and care sector in the county and enhance their quality of life.

Also aware of our demographics, we will ensure we are supporting the Alumni of health and care staff who retire by keeping them connected and empowered to contribute through a retirement fellowship programme. This will enable those who are no longer full-time members of the workforce to be able to continue to contribute skills, knowledge, and expertise.

Working in partnership with social care and the third sector, the health board sets out its intentions through the shared 'Workforce Futures Strategic Framework', a regional collaboration across the Powys Regional Partnership Board. As part of this work there is a commitment to increase access to employment and educational opportunities for citizens of all generations through the Health & Care Academy.

The range of initiatives support the role of volunteers and unpaid carers and widen the employment access for those who may not be in a paid role. We will look to widen this further by systemically understanding and engaging services, volunteers, and peer mentors alike of a transformed concept.

Key actions include:

- Implement a joint Health and Care Induction Framework for social care and health care support staff.
- Develop the School of Volunteers and Carers including a skills matrix, needs analysis and wellbeing support that starts to create a clear career pathway across the sector.
- Working closely with our partners, systematically, look at how volunteers/peer mentors can be engaged across services
- Scope and develop a retirement fellowship – supporting the alumni of those who retire from the health and care system including the NHS to keep engaged.

Workforce Futures Summary of Three Year Strategic Priorities and Key Actions		
13. Design, develop and implement a comprehensive approach to workforce planning focusing on attracting/securing workforce for targeted services (including international recruitment)		
Key Actions:		
<ul style="list-style-type: none"> • Support the development of a systematic renewal programme and value based service models with competency based workforce planning • Systematic review and development of a sustainable workforce model (Covid Response, staffing/ medical model, transformation and renewal) • Fully implement All Wales Workforce Planning Toolkit • Facilitate public value conversations in health and care development • Widen recruitment and careers opportunities building on apprenticeship offer, international recruitment, specific promotional campaigns • Accelerate learning routes including part-time degrees for all health and care staff, and enhanced Student Streamlining offer 		DWOD
14. Review, redesign and implement leadership and team development, enhancing clinical leadership and whole organisation focus on value		
Key Actions:		
<ul style="list-style-type: none"> • Roll out a suite of Management and Leadership Development programmes including Clinical Leadership Development • Launch Intensive Learning Academy , strengthening the 'Digital Transformational Leadership' skill and ability within county • Deliver Compassionate Leadership & team based working programme 		DWOD

15. Deliver improvements to staff wellbeing and engagement , working closely with Trade Unions in Social Partnership on key joint priorities		
Key Actions:		
<ul style="list-style-type: none">Redesign the Occupational Health ServiceImplement mechanisms to understand, support and track the wellbeing of the workforce including Mental Health First Aid and wellbeing support	DWOD	
16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships		
Key Actions:		
<ul style="list-style-type: none">Develop the Grow Our Own Model working with HEIWImplement Nursing, Therapies and Healthcare Science FrameworkEnhance Continuous Professional Development for clinicians	DWOD	
17. Implement key actions that enhance the health boards role in partnership and citizenship , including maximising the opportunities for volunteering, and widening access to healthcare careers		
Key Actions:		
<ul style="list-style-type: none">Working closely with our partners, systematically, look at how volunteers/peer mentors can be engaged across servicesScope and develop a retirement fellowship – supporting the alumni of those who retire from the NHS to keep engaged with the system.Implement Health and Care Induction FrameworkDevelop School of Volunteers and Carers	DWOD	

Digital First

This section sets out how putting Digital First will support the strategic priorities in this plan.



Powys Outcomes

- 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

Strategic Priorities

18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare
19. Implement key improvements to **digital infrastructure and intelligence**, undertaking a Digital Service Review for the medium/longer term, aligning to the Renewal Programmes and improving the deployment of healthcare systems

Key Interdependencies

- A huge acceleration in access and ways of working has demonstrated the pivotal nature of digital as an enabler across the organisation and its partnerships
- There are a number of complex dependencies for innovating and improving digital pathways:
 - Integration with commissioned secondary care services cross border and externally hosted systems
 - Delivery priorities for the Digital Health and Care Wales (DHCW) nationally hosted All Wales Clinical Applications.
 - The Clinical outcomes framework aligning Value Based Care
 - Joined up Health and Social Care practice and 3rd party organisations
 - Digitalising the paper record
 - Modernising ways of working for to enable remote service delivery
 - Automating processes to speed up ways of working, and introduce efficiencies and cost savings
 - Engagement with the public to co-design digital ways of receiving services to meet the needs of the population to better care and improve health

Why this important and the high impact actions that will be taken

There are opportunities to deliver better care for the population by maximising the use of digital technology. Digital is critical to achieving multiple goals including the ambition to deliver more care in the community. This offers significant potential to change the nature of provision and create a flexible, community-based model of service provision.

With a mobile workforce growing confident with operating remotely there is potential for prioritising innovation including remote monitoring, virtualisation of service, the use of artificial intelligence and integration of self-management tools and resources.

Digital delivery will remain a significant focus to support the covid response and continue to provide flexible and responsive access to care and support for the population as part of the efforts for recovery and renewal.

Resilience

The immediate priority remains support for the delivery of healthcare ensuring life critical and life essential care is accessible throughout the changing phases of the pandemic.

The need to respond to the impact of the pandemic has accelerated some means of digital delivery, with community services adapting rapidly to new ways of working and embracing a digital-first approach where appropriate.

There is a significant programme underway to rationalise, stabilise, cyber secure and modernise the Digital platform.

Recovery

The digital portfolio programme of work will transform the legacy platform and the way in which information is held and stored to a secure, resilient, easy to access fast solution which attracts greater scope for information sharing, business intelligence and agile working.

This will be underpinned by the Cross Border programme, interfacing multiple systems to be available to ensure the patient journey for Powys residents is fully encompassed within national, regional, and local requirements.

Renewal

With a mobile workforce and a community based delivery model our services are well placed to make rapid progress on digital development. This will benefit the population of Powys as well as the delivery of more integrated and better value based care.

Services are enthusiastic about digital transformation and committed to maintaining and progressing digital improvements. Developing an inclusive and confident digital culture will achieve true digital transformation for the benefit of positive patient outcomes and experience.

The Public Service Board is supporting digital connectivity in rural Powys, taking an intergenerational view to drive forward ambitions for the County.

18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

The Health and Care Strategy included an enabling objective of 'Digital First', as it is critical to achieving the shared ambition of A Healthy Caring Powys. Whilst the pandemic has created some challenges, it also fast tracked some digital innovations. The scale of adoption of new digital ways of working across health and care in the past two years has been extraordinary, with care being able to be brought much closer and, in many cases, right into people's homes. However, there have been challenges and there is still a need to implement and improve systems to enable further developments in care.

More than 7000 online appointments have taken place in Powys over the last 12 months supported by innovations including Attend Anywhere, Consultant Connect, developments in online delivery and apps:

"Turning out for any appointment in Powys where you have to drive everywhere – was agony during my treatment so it was such a relief to have physiotherapy in the comfort of my own home! It was so convenient. I did not anticipate it being this successful and I'm extremely grateful for the time and help I have been given."

"The use of virtual technology, because of Covid, has probably fast-tracked our work as we have been able to provide bespoke online training. We have had a huge increase in referrals which is fantastic because there is more awareness of the support that is available and we can deliver it to more people who need it."

A new, local service started in Powys, working with children and adults who cannot use speech as their main way of communicating. "Virtual consultations help us to assess and support patients. We have offered virtual coaching and support. Much of what we do is also upskilling others such as teachers, parents and carers."

Exercise classes now take place online "Despite the challenges we have faced, Covid-19 has accelerated our digital progress. We have an online self-referral form; patients are sent questionnaires via email and consultations are available via easy to use videos. We're offering greater choice to patients wherever they live in Powys."

"Pulmonary rehabilitation patients can now join an online exercise group, improving access for anyone living in Powys so more people can benefit from this excellent programme and it is hoped that in time waiting lists will be reduced."

There are a number of complex programmes scheduled for delivery, at various stages across the next three years. These have complex interdependencies including cross border components to be considered, to ensure the systems reflect the Powys residents' use of healthcare in England as well as Wales.

A range of actions will be necessary to progress with the digital developments and detailed milestones are included in the Delivery Plan. In some cases, these are subject to further scoping and investment opportunities.

Key actions include:

- Implementation of programmes in line with national timescales, for the digitisation of healthcare including health records and nursing care records, eye care digitisation, electronic prescribing and medicines administration and bed management.
- Ensuring the cross border inter-dependencies are understood and working with Digital Health and Care Wales and English Trusts to facilitate solutions to improve systems.
- Enhancing key systems to support the delivery of care both digitally and face to face including telehealth and telemedicine.
- Working with partners to develop blended models of support and digital facilitation.

19. Implement key improvements to digital infrastructure and intelligence, undertaking a Digital Service Review

With a mobile workforce growing confident with operating remotely there is potential for longer term developments in digital delivery.

A Digital Service Review will be undertaken to provide a firm foundation for improvement and will include:

- **Engaging with staff** to find out what systems they use, how we can empower and support them, and what a Pan Powys approach will look like.
- **Engaging with Stakeholders** to get their views on digital technology
- **Engaging with Patients** to find out what systems they use and what would help them.
- **Promoting** digital technology on social media platforms.
- Develop **videos** on systems available and how they can support users

Key areas for development include business intelligence capability and systems; artificial intelligence, platforms to enhance access to information and virtual means of delivery, inpatient and ward based interfaces and associated training and cyber security.



Digital First

Summary of Three Year Strategic Priorities and Key Actions

18. Implement **clinical digital systems** that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare

Key Actions:

- Implement key programmes to deliver Digital Care
including digitisation of health records, Welsh Nursing Care Records (WNCR), Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and medicines administration and bed management system
- Implement the cross border programme, supporting liaison between Digital Health and Care Wales and English Trusts
- Enhance key systems to support delivery including system replacement of Canisc, Electronic Test Request and Malinko
- Delivery of Telehealth and Telemedicine programmes

DoF

19. Implement key improvements to **digital infrastructure and intelligence**, undertaking a Digital Service Review for the medium/longer term,

Key Actions:

- Enhance business intelligence capability and systems
- Improvement of key platforms to enhance access including Office 365, virtual clinics, single sign in for clinical applications, inpatient access screens, electronic referrals, ward based stock control
- Support digital developments in the North Powys Programme
- Design and implement training for role based access and administrative components including digital dictation and scribing
- Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours
- Delivery of phased infrastructure development including managed print, telephony replacement, cyber security

DoF

Innovative Environments



This section sets out ambitious plans for carbon reduction, biodiversity, environmental and estates improvements, that directly enhance care, experience and wellbeing for the population and the staff of the health board.

Powys Outcomes

- 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 for my well-being and care
- I am able to have my home adapted to help me live independently and feel safe
- I have care in a fit for purpose environment that enhances my experience

Strategic Priorities

20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**
21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Key interdependencies

- The issue of climate change and environmental sustainability is critical and immediate action is needed at a global, national and local level
- At an international level, commitments on climate change were made recently at the United Nations Climate Change Conference of the Parties 2021 (COP 26), building on existing national contributions within the 'Paris agreement' made by the United Nations in 2015 to mitigate climate change and strengthen resilience
- The health board has made a Board level commitment to supporting the Welsh Government declaration of a Climate Change and Nature Emergency
- The health board has duties under the Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016 and commits to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans; this complements work to maintain ISO14001 certification
- The ability to drive change is supported by targeted Capital funding from Welsh Government and the health board is working with the Welsh Government Energy Service and Refit Cymru to access further investment
- Investment opportunities will also be key to the progression of the ambitious vision for a multi-agency campus as part of the North Powys Well-being Programme

Why this important and the high impact actions that will be taken

'Innovative environments' is an objective that relates to both the physical and the 'thinking' space needed for the delivery of healthcare in the next three years. There has been an accelerated development of physical and digital environments for care over the past two years driven by the response to the pandemic. Sustaining and building on this momentum will be key resilience, recovery and longer term renewal.

Resilience

Estates maintenance remains key and efforts to drive down the backlog are both a local and national area of priority over the three years of this plan. This includes enhancements to infrastructure and maintenance of ISO14001 to support the delivery of essential healthcare.

Robust arrangements for **Health and Safety** are in place and will continue to be closely tracked to ensure effectiveness.

Delivery of the **Discretionary Capital Programme** over the coming three years (IT, equipment and project work) is key to support compliance and the prioritisation of clinical space.

Recovery

An **Innovative Environments Strategic Framework** will guide the key high impact actions over the medium and longer term. This includes Delivery Plans for Decarbonisation and Biodiversity.

This will encompass **agile working** to support future thinking in relation to the integrated model of care. It will also align to national work including the Active Travel Plan, Net Zero building and Modern Methods of Construction.

Renewal

The **Major Capital Programme** is critical in delivering the Regional Rural Centre and Community Wellbeing hub model, which provides the form and function to the long term ambition for a sustainable, rural model of care for Powys.

Within this, the flagship scheme of the North Powys Well-being Programme is a **Multi-Agency Campus Development** (see overleaf for summary including whole system benefits).

The health board recognises its **environmental impact** and is committed to building a sustainable approach which drives forward action against the international commitments made at COP26 and the national declaration of a **climate change and nature emergency**.

This will be driven by the implementation of the PTHB **Decarbonisation** and **Biodiversity** Delivery Plans. This includes joint work with the Welsh Government Energy Service and ReFit Cymru.

20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.

Board Statement (September 2021):

"Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS Wales Decarbonisation and Biodiversity Plans as a minimum and strives to go beyond these wherever possible."

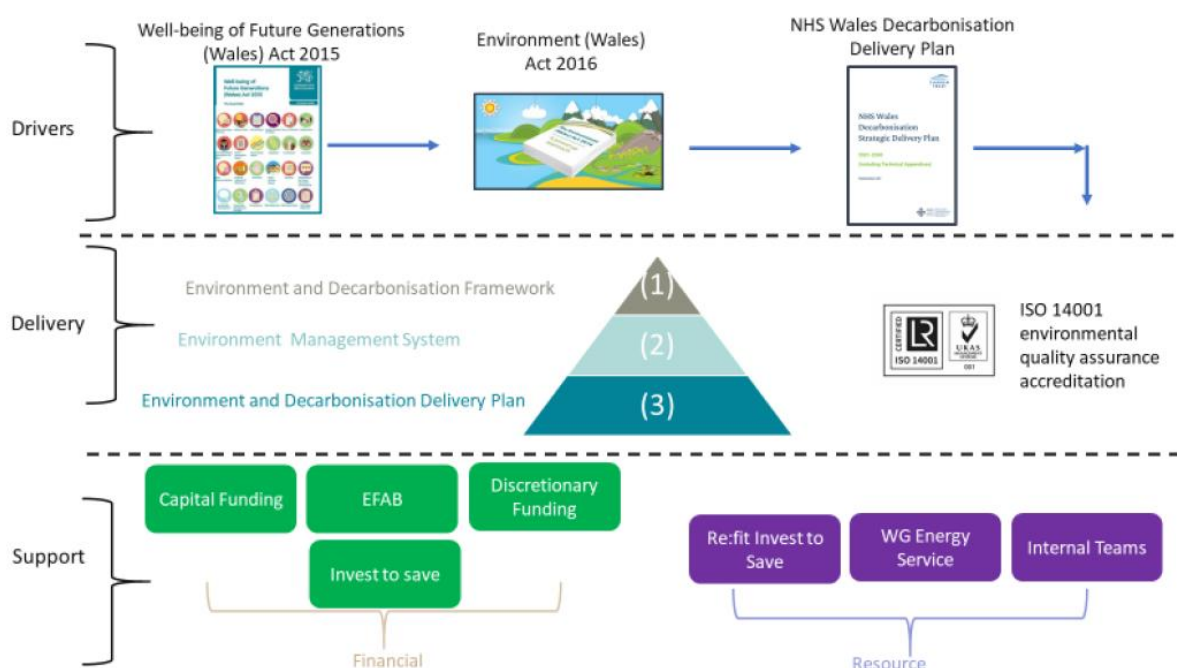
Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.

Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment.

This will be done through five areas of activity:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years. The Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.



21. Implement capital, estate and facilities improvements that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

As part of the Health Boards emerging **Innovative Environments Strategic Framework**, the Capital pipeline is developed to ensure best use of the current built environment and opportunities to deliver modern fit for purpose facilities across the public sector footprint for the citizens of Powys.

Welsh Government have provided notification that discretionary capital funding will be reduced during 2022/23 and Estates Funding Advisory Board (EFAB) funding will be paused during 2022/23, potentially impacting the compliance programmes of activity and associated risk profiles in this year but expected to resume in 2023/24.

The proposed **discretionary capital programme** for 2022/23-2023/24 has been developed to respond to the reduced funding availability and identifies schemes to be developed in order to maximise opportunities as further funding/slippage potentially becomes available. The pipeline sets out emergent key priorities and projects identified through the health board's capital prioritisation processes.

The following **major capital developments** are prioritised for action in 2022/23:

Machynlleth Well-being Project: This £15.2M reconfiguration project is due for completion in 2022/23. The redevelopment will see primary, community and social care incorporated into the hospital site and includes essential works to improve the fabric of this locally significant historic building. The project provides an opportunity to reshape the delivery of care closer to home.

Brecon Car Park: £1.6M funding has been secured to deliver a 70 space car park to enable patient access in support of repatriation of services, whilst also contributing towards decarbonisations and biodiversity (such as providing EV charging). The programme is estimated to be completed by the end of 2022/23.

Llandrindod Wells Phase 2 Redevelopment: The Programme Business Case has been submitted to seek investment of £11M+ for continuing phases. The Business Justification Case is under development to tackle urgent compliance and infrastructure projects.

North Powys Wellbeing Programme: See overleaf for more details of the multi-agency campus development that is part of this important strategic programme.

Llanfair Caereinion Primary Care Centre: This is a £2.3M Third Party Developer project for the construction of new primary care centre, to start in July 2022.

Estates Compliance programmes and investment for infrastructure, fire and decarbonisation will improve safety and, alongside the ambitious capital programme, act to reduce Backlog Maintenance and work towards a flexible and fit for purpose estate. Main priorities include:

- **Fire Compliance:** Pan-Powys programme of works for fire compliant infrastructure
- **Electrical Infrastructure Resilience:** Pan-Powys programme to upgrade electrical capacity and energy resilience to modern clinical and ventilation needs, additionally enabling the roll-out of Electric Vehicle usage
- **Building Management Systems (BMS):** A Pan-Powys programme to improve BMS controls has been identified as an essential scheme, to contribute to decarbonisation, emission reduction and efficiency of between 10-25% on gas usage

Multi Agency Campus Development



This scheme is part of the **North Powys Wellbeing Programme** (see the section on Transforming in Partnership), which is being driven forward by the Regional Partnership Board as part of the shared ambition for 'A Healthy Caring Powys'.

This includes the development of a multi-agency campus, based in Newtown and providing services for the population of North Powys, with opportunities and learning which will apply across the whole of Powys.

It will provide a Rural Regional Diagnostic and Treatment Centre with an integrated health and care centre and learning, innovation and community hub.

Early ideas for the site propose a replacement school for Ysgol Calon y Dderwen, health and social care facilities, a Health and Care Academy, short term supported housing, library and information facilities as well as community space.

The plans will bring enhanced diagnostic services to North Powys for the first time, together with day surgery, reducing travel and improving access for rural Powys.



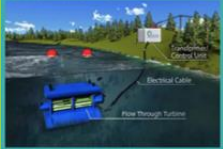
Solar EV Charging Points



Water Source Heat Pump



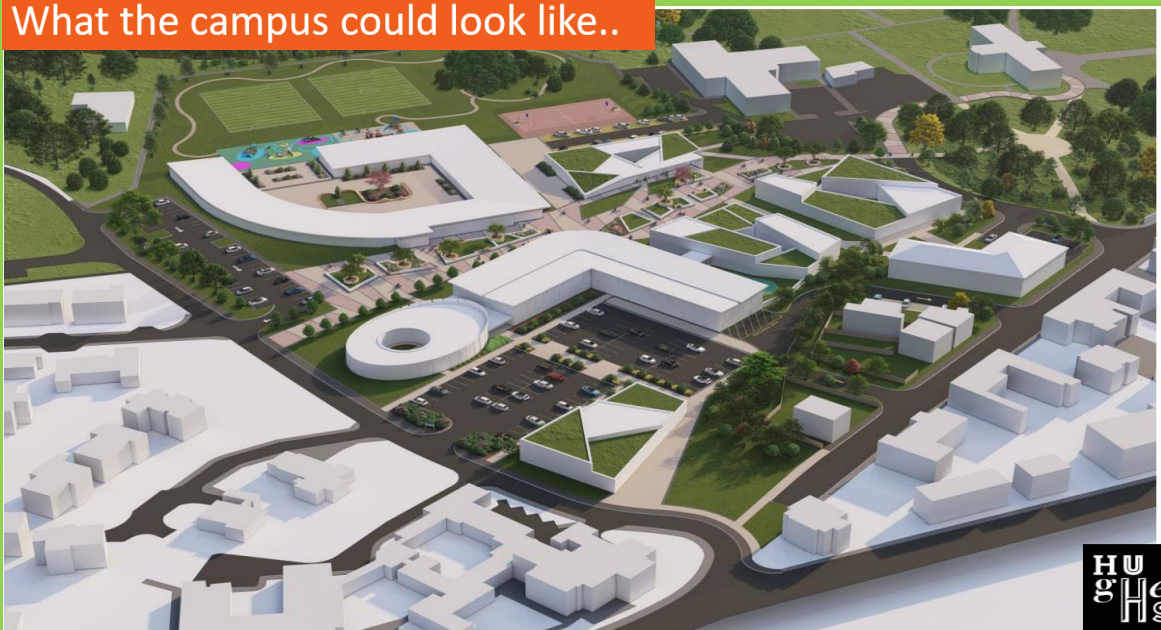
Water Turbine



Wild Flower Meadow



What the campus could look like..



Innovative Environments

Summary of Three Year Strategic Priorities and Key Actions

20. Implement ambitious commitments to **carbon reduction, biodiversity enhancement and environmental wellbeing**

Key Actions:

Implement Decarbonisation and Biodiversity Delivery Plans:

- Use of ISO14001 Environmental Management System including biodiversity and ecosystem impact tracking and improvements
- Assess impact including use of COSHH to consider less environmentally harmful materials wherever practical
- Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted
- Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler specific promotion/disposal and recycling, plastics in healthcare initiatives
- Energy and water management including renewables; retrofit programme for energy efficient upgrade by 2030; low carbon heat generation solutions for all sites larger than 1000m² by 2030; LED lighting by 2025
- Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services)
- Procurement and purchasing including life cycle approach and weighting of sustainable services
- Buildings Management Control System by 2023; BRE AAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction
- Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives

DoE

21. Implement **capital, estate and facilities improvements** that directly enhance the provision of services to patients/public and the wellbeing/experience of staff

Key Actions:

- Deliver Discretionary & Major Capital Programme
Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre)
- Deliver Facilities & Estates Compliance & Improvements
Stores & Distribution, Health & Safety, Catering & Food Hygiene, Support Services, Estates Compliance
- Delivery of Multi Agency Campus
Part of the North Powys Well-being Programme – refer to previous page

DoE

Transforming in Partnership

This section sets out the action we will take in partnership across Powys as a region in its own right, as well as the wider Mid Wales region and nationally, both in Wales and across the border in England.



Powys Outcomes

- 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

Strategic Priorities

22. Implement key actions to **improve quality** (safety, effectiveness and experience) of services across the whole system
23. Develop and implement key actions to **enhance integrated/partnership system working**, both in Wales and England, improving regional approaches to the planning and delivery of key services
24. **Implement value-based healthcare**, to deliver improved outcomes and experience, including the effective deployment and management of resources
25. Implement key **governance and organisational improvement** priorities including embedding risk management, effective policies framework; assurance; Board effectiveness and systems of accountability and organisational development

Key Interdependencies

- The anchor strategy for the region is the shared health and care strategy, A Healthy Caring Powys (Powys Regional Partnership Board), set in the longer term context of the Powys Well-being Plan, Towards 2040
- Both of the above are delivering against the national goals in A Healthier Wales, the Future Generations (Wales) Act and Social Services and Wellbeing (Wales) Act
- Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with strong clinical leadership through the Clinical Advisory Group
- Powys has a unique position in the heartland of Wales, with a shared boundary with England and therefore has a role in multiple healthcare systems. Regional working has a complex meaning in this context as there is a need to understand and respond to diverse strategic programmes and service changes and identify both the opportunity and the risk of impact for the rural population of Powys.
- Collaboration is important to ensure the greatest value can be achieved in the years ahead. This includes working as a team within and across NHS Wales, with the NHS Executive as it develops its role, peer networks and collaboration with teams in Welsh Government such as the Finance Delivery Unit, Delivery Unit and Planning & Policy Teams to develop and measure progress against shared goals.

Why this important and the high impact actions that will be taken

There is a complex partnership landscape for health and care, particularly in Powys, with important interdependencies across NHS Wales and across the border into England.

There is a strong track record of partnership working in Powys and this has enabled significant progress over recent years. The shared Health and Care Strategy agreed in 2017 was the first of its kind in Wales and provides a framework for the eight well-being objectives in this IMTP. This has provided the foundation for significant regional programmes to be taken forward through the Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care.

Resilience

System working across England and Wales is essential to track, assess and respond to fragility and service change. Work will be prioritised according to impact and opportunity.

Financial strategy is a ministerial priority and a systematic value based healthcare approach will be used to maintain a balanced plan over three years.

Similarly, robust but adaptable **governance** together with **integrated planning and performance** will enable the provide accountability and assurance in the ongoing public health emergency and continued uncertainty.

The further development of robust **planning and performance systems** will build on innovations including improving **intelligence** across urgent and elective care, cancer and diagnostics. Processes to enhance **service level reporting** will include regular use of the Minimum Data Set and key indicators to track recovery.

Targeted work across systems on **strategic programmes** to support these to reset, will include the Hospital Transformation Programme in Shropshire and Telford, multiple Stroke programmes, cross border and NHS Wales developments.

Communication and Engagement nationally and locally will be key to build and renew healthcare in partnership with stakeholders, staff, service users and residents.

Recovery

Renewal

The **Powys Regional Partnership Board** and **Mid Wales Joint Committee** have an important role in renewing the longer term shared ambition of 'A Healthy Caring Powys' and a mid-term strategy review will reset and refine shared priorities.

A clear framework for commissioning of the **third sector** will be developed, recognising the significant role of the sector in supporting communities during the pandemic and in the longer term as part of the renewal efforts in Powys.

A **Value Based Health Care** programme has been established as part of the Renewal portfolio, to support analysis, benchmarking, opportunity assessment and transformation with a focus on rural recovery and renewal.

22. Implement key actions to improve quality (safety, effectiveness and experience) of services across the whole system

Quality is core throughout this plan. In addition to the focus on high quality sustainable services in each section there is also a need to implement key actions to improve quality, safety, effectiveness and experience. This applies to the services used by residents across the system.

The health board Clinical Quality Framework has been refreshed against the 15 actions in the national Quality and Safety Framework to reflect the need for the organisation to function at every level as a quality management system. This reflects the six domains of care (safe, effective, patient-centred, timely, efficient and equitable care). An action plan is in place against each of the Goals (as detailed below).

The Patient Experience Framework is being refreshed in the context of the pandemic and the impacts on individuals, patients and carers and wider communities

A whole system assurance approach is in place and continuously developed to enhance arrangements in key areas including maternity and commissioned services

A Learning from Experience Group has been established and provides a clinically led forum to learn from mortality reviews and findings from clinical audits and further links will be made with the Health and Care Academy throughout the year

PTHB Clinical Quality Framework Goals

1a Safety – Putting things Right; Serious incident management; learning; communication and support systems to raise concerns; safety alerts / notices

1b Effectiveness – Clinical audit; Clinical guidelines; Value based healthcare; Health and Care Standards; Peer review

1c Experience – Patient Experience Framework to be refreshed and set out systems for learning; intelligence; decision making and impact assessment

2 Organisational culture –compassionate leadership; organisational development; evaluation of multi-disciplinary risk assessment

3 Clinical leadership – roles and accountability; sustainable approach; design, review and action of performance / intelligence; deep dive approach

4 Improvement methodology – QI skills, project work; training and partnerships

5 Intelligence – Monitoring & assurance; service level dashboards; benchmarking

Research and Development

Healthcare research and development will improve the quality of care for our patients, supporting work on prevention, earlier diagnosis, more effective treatments, better outcomes and faster recovery. High quality research is essential to further improve evidenced based practice. The health board has several actively recruiting research portfolio studies open and two portfolio studies opening on episiotomy and breastfeeding. The R&D plan has been completed and submitted to Health and Care Research Wales and reflects a number of funding opportunities. The SIREN Covid antibody study is also underway at both Bronllys and Welshpool sites.





The Research, Innovation and Improvement Co-ordination Hub (RIIC) in Powys is the coordination and driving vehicle for Research, Innovation and Improvement activity. It will build on its regional presence and networks across the seven health boards to capitalise on opportunities for engagement, learning, funding and collaborations. This will optimise the profile and reach of research and innovation in Powys, to broaden, sharing and contribution to the wider Wales agenda.





23. Develop and implement key actions to enhance integrated/partnership system working, both in Wales and England, improving regional approaches to the planning and delivery of key services




Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board across the health board and the County Council and this provides an important planning forum for health and care. There is a shared Health and Care Strategy in place which has been refreshed in the context of the impact of the pandemic.





The Regional Partnership Board priorities are:

- Delivery of the Area Plan, A Healthy Caring Powys – the shared long term health and care strategy for Powys 2017 – 2027 – which sets the framework for the IMTP
- Thematic priorities: Start Well, Live Well, Age Well, Cross Cutting (key actions for 2022 – 2025 are noted throughout this plan)





START WELL	
START WELL Priorities 2022/23	
	<ul style="list-style-type: none"> Community Well-being Hubs with input from education, communities and Third Sector, ensuring local accessible services. A holistic programme will be developed with communities to support play, work, mental and physical activity utilising outdoor green space of Powys. Supporting a range of accommodation options and access to them for young people.
	<ul style="list-style-type: none"> Investing in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood. Making the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences. Targeting resources towards disadvantaged families. Supporting and assisting young carers. Making sure the transition into adulthood for young people is well managed and minimises anxiety.
	<ul style="list-style-type: none"> Supporting children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet and activity, personal resilience and relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality in their later life.
	<ul style="list-style-type: none"> Young people and families will have a fully integrated experience of health and care. Health and care will work closely with education providers to support young people and develop healthy behaviours. Work with partners to ensure young people are safeguarded and resilient.

LIVE WELL	
LIVE WELL (Removing Disabling Barriers) Priorities - 2022/23	
	<ul style="list-style-type: none"> Empowering people to make informed choices based on tailored information that enables management of their own health and well-being, and focus on creating an environment that makes the healthier choice an easier choice. Making the best use of community strengths and the physical environment to support people to maintain their health and well-being. People are able to access on-line therapeutic support when needed Supporting a range of accommodation options and access to them for adults and are supported to live in their own homes independently, whilst have specialist support if needed.
	<ul style="list-style-type: none"> Focusing on early intervention to support the independence and participation of people with sensory loss, physical disabilities, learning difficulties and other conditions. Supporting people to be independent and active in their communities. Identifying people earlier who are at risk of developing a disease, and helping them to reduce the risk and impact. For carers, continuing to develop services to meet the holistic needs of the family and provide adequate respite care. Focusing on activities which reduce the need for operations and improve post-operative outcomes.
	<ul style="list-style-type: none"> Developing effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys. Developing support to reduce the incidence and impact of the diseases in later life
	<ul style="list-style-type: none"> Offer a more co-ordinated approach to managing long term conditions that gives everyone an opportunity to build on their strengths. Develop services that fit around peoples' busy lives – providing choice, accessible and equitable services more locally. Work with partners to safeguard residents.

LIVE WELL	
Priorities (Live Well: Mental Health) 2022-23	
	<ul style="list-style-type: none"> People are able to make informed choices based on tailored information that enables management of their own health, mental health and well-being. People are able to access on-line therapeutic support when needed (Silvercloud) Support people to live in their own homes independently, whilst having access to specialist support if when needed. Improving information and advice assistance, revising website and/or other information, developing social media, on-line and how we communicate what support is available to friends and families
	<ul style="list-style-type: none"> Help children start well – Supporting the Whole Schools approach through linking (Specialist) Children's and Adolescent Mental Health (SCAMHS) priorities with supporting the Emotional Health and Wellbeing Workstream within Start Well. Supporting multi-agency services for families who are most in need, supporting with professional advice (CAMHS) Providing support for children/young people who experience Psychosis through Early Intervention and targeted support Providing support to families and people in relation to Eating Disorders; Supporting resilience in managing self-harm and self-injury; Supporting schools with therapeutic interventions when needed Supporting Carers with access to respite opportunities when needed aligned with Carer's Strategy Providing specialist support to families bereaved through Suicide Rolling out services to prevent escalation into Crisis, through Sanctuary/Twilight out of hours services with Third Sector and NHS 111 Mental Health options for support through a single point of access.
	<ul style="list-style-type: none"> Continue to provide support to people experiencing mental distress, ensuring access to services, in the right way, at the right time, when needed Transforming adult mental health services in line with national review of community mental health Continuing to focus on best health outcomes for people living with mental distress, Increased support for people living with complex needs, substance misuse, Dual Diagnosis Continuing to develop perinatal support for families, with specialist support Building on Dementia Home Treatment services, providing equitable access in North/South Powys, developing memory assessment and related support services Developing pathways for support with new NHS 111/Crisis intervention out of hours services Access to psychology support, specialist support for people experiencing trauma

AGE WELL	
AGE WELL Priorities - 2022/23	
	<ul style="list-style-type: none"> Supporting older people to be as active as possible, through volunteering, physical and mental exercise. Encouraging people to plan for their future, and to take action that reduces the incidence and progression of life-limiting conditions such as dementia. Supporting a range of accommodation and access to them for people in older life.
	<ul style="list-style-type: none"> Utilising technology so older people can self-care and remain independent, and to encourage greater social inclusion. For carers, continuing to develop services to meet the holistic needs of the family and provide adequate respite care. Helping people to overcome loneliness and social isolation and be an active member of their community.
	<ul style="list-style-type: none"> Developing effective services to treat and support people suffering from the four main causes of ill health and premature mortality in Powys. Developing support to reduce the incidence and impact of the diseases in later life.
	<ul style="list-style-type: none"> Support health and care teams to work seamlessly with older people to get things right first time and prevent needs from escalating. Review existing health and care services and invest in health and care environments that meet future needs, providing choice, accessibility & co-ordinated services.

The Cross Cutting Resources and Oversight Group (CCROG) as part of the Powys Regional Partnership Board provides a mechanism for oversight, review, and planning with regards to the investment plan (Regional Investment Fund) and the areas of cross cutting work.

CROSS CUTTING Priorities - 2022/23				
Wellbeing objective	Health and Care Strategy Goal	Priority Activity 2022	Current Funding	Other / Broader Cross Cutting Considerations
	<ul style="list-style-type: none"> Workforce Futures - support the achievement of some of the Health and Care Strategy outcome measures developed with the People of Powys, by setting and achieving goals relating to the transformation of our workforce model to support the longer term vision 	Workforce Futures <ul style="list-style-type: none"> Capacity to support implementation of Workforce Futures Strategic Framework and Health and Care Academy Blueprint and realise benefits 	£1mil	<ul style="list-style-type: none"> Renew focus on Integrated planning / commissioning arrangements as a key additional enabler for programme moving forward. Renew efforts to focus on wider H&C Resource available to help deliver priorities / outcomes across RPB partnership. Renew focus to weave enabling and cross cutting elements into Start, Live, Age Well Partnerships (identify specific enabling / cross cutting priorities for respective partnerships) Renewed focus on alignment of key RPB Programmes Workforce Futures and NPWB Programme and how can support delivery of outcomes, and vice versa Continued Partnership Development through Development sessions (White Paper developments with influence this)
	<ul style="list-style-type: none"> Development of innovative environments to support delivery of Health and Care Strategy outcomes across the life course. 	Innovative Environment Developments: <ul style="list-style-type: none"> Extra Care Developments Safe Accommodation Residential setting for C&YP with complex needs Development Health and Care Academy Developments Rural Regional Centre (Newtown) Developments 		
	<ul style="list-style-type: none"> Increase the use of technology to support individuals and their families, enable people to take greater control, and live independently for longer by preventing hospital admissions and premature moves to residential care. 	Digital Solutions <ul style="list-style-type: none"> Continued role out of Assistive Tech and digital solutions to support peoples independence and health and wellbeing 		
	<ul style="list-style-type: none"> Powys RPB co-ordination; Partnership development; SSWB Act Part 9 Implementation New Models of Health and Wellbeing / North Powys Wellbeing Programme (see separate slide) Social Value - Achieve what matters to individuals through a variety of services and activities provided through social enterprise, voluntary sector and community initiatives Welsh Language - Individuals are supported to achieve what matters to them through having access to services which are actively offered in Welsh Carers (All age) - Ensuring that Powys public and Third Sector services meet the needs of carers through enabling effective carer representation in the planning, development and delivery of local services in Powys 	Transforming in Partnership <ul style="list-style-type: none"> Appropriate capacity to support RPB Co-ordination and Programme Delivery / Support across the RPB partnership; supporting alignment and integrated commissioning & planning arrangements to achieve Health and Care Strategy outcomes. Capacity to support RPB and key partnership programmes / projects (NPWB / WF, etc.) Communications and Engagement work; a strengthening of co-production and continuous engagement approaches across partners through RPB arrangements, including Citizen / Carer Voice to inform strategic planning and decision making The Community Sector Response Group (CSRSG) will continue to support communities, volunteers and organisations, with a remit that will include requirements relating to the Social Value Forum. Support (including financial resource) will be offered to foster community resilience, develop SV initiatives and prevent / reduce demand on stat sector. Continued embedding Welsh Language Active Offer requirements across third sector through advice and support Continued testing of numerous innovative projects to support Carers of all ages, including continue to raise awareness and bespoke respite offers, to demonstrate benefits to services users and removing longer term service demands (Carers Steering Group) 		

Powys is also sub region within the wider Mid Wales footprint, with significant regional planning being carried out on the Powys footprint, as well as collaboration between health care organisations through the Mid Wales Joint Committee for Health and Care (formerly the Mid Wales Collaborative). This is recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

Regional Planning priorities are agreed as part of the published Strategic Intent and Aims to ensure a joined up approach to the planning and delivery of health and care services across Mid Wales. The Work Programme includes:

- ☐ Social and green solutions for health
- ☐ Ophthalmology
- ☐ Community Dental
- ☐ Oncology
- ☐ Colorectal surgical pathway
- ☐ Respiratory
- ☐ Welsh Community Care Information System (WCCIS)
- ☐ Telemedicine
- ☐ Integrated Care Hubs
- ☐ Mid Wales Workforce Plan
- ☐ Clinical Strategy for hospital based care and treatment
- ☐ Clinical networks
- ☐ Engagement and involvement

North Powys Well-being Programme

This programme is a once in a generation opportunity to enhance and transform the way health, care, community, wellbeing, library and education services are delivered in north Powys. It is a flagship scheme of the Regional Partnership Board.

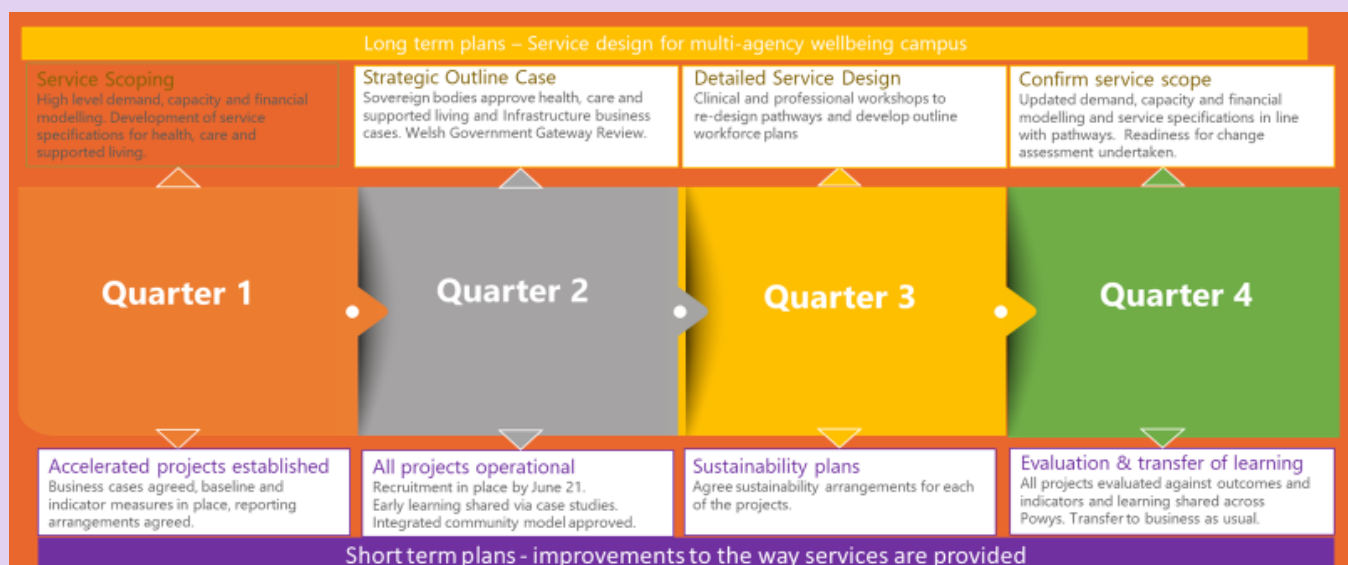
The rationale for the North Powys footprint was developed following extensive analysis including demographic and service appraisal. Geographically north Powys is strategically important in strengthening health and care services for the mid Wales region, reducing the impact of reconfiguration proposals around its borders. This presents opportunities to work differently with Acute Providers and develop Strategic Partnership which supports clinical networks, upskilling the primary and community workforce to deliver services more locally. The Investment Objectives underlying the case for change for this project are:

- Integrated Local Services
- Sustainable workforce
- Innovative Environment (Fit for Purpose Estate)
- Innovative Environment (Effective Accommodation)
- Decarbonisation (Infrastructure & Estate)
- Decarbonisation (Greener Travel)
- Regeneration

The Regional Partnership Board is fully committed to the delivery of a new integrated model of care for north Powys which includes a new Rural Regional Treatment and Diagnostic Centre and Integrated Health and Care Centre to enhance the local service offer. There are five Transformation Areas within the programme (linked with broader health board and partnership priorities):

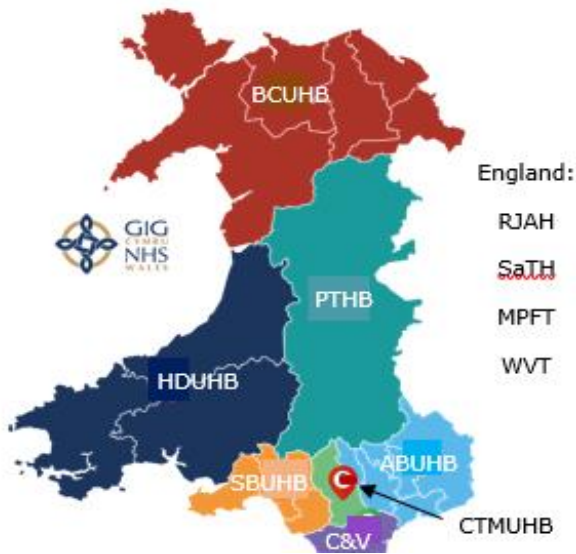
- **Children and Young People** *Pathfinding and accelerating change*
- **Mental Health, Learning Disabilities and Wellbeing** *Building sustainable models centred on wellbeing*
- **Social Model of Health** *A holistic model for Population Health*
- **Integrated Community Model and Frailty** *Building an integrated approach in partnership*
- **Diagnostics, Urgent Ambulatory & Planned Care** *Driving forward early adoption and innovation*

In addition, there is a Multi-Agency Wellbeing Campus project which will deliver the purpose build integrated Health and Care Centre. (see Innovative Environments section in this plan).



Wider Regional Planning and Commissioning

Residents in Powys access acute care from providers across England and Wales.



The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals, Hereford Hospital) and Bronglais Hospital in Aberystwyth.

Residents in Mid Powys largely access Hereford Hospital for district general hospital care.

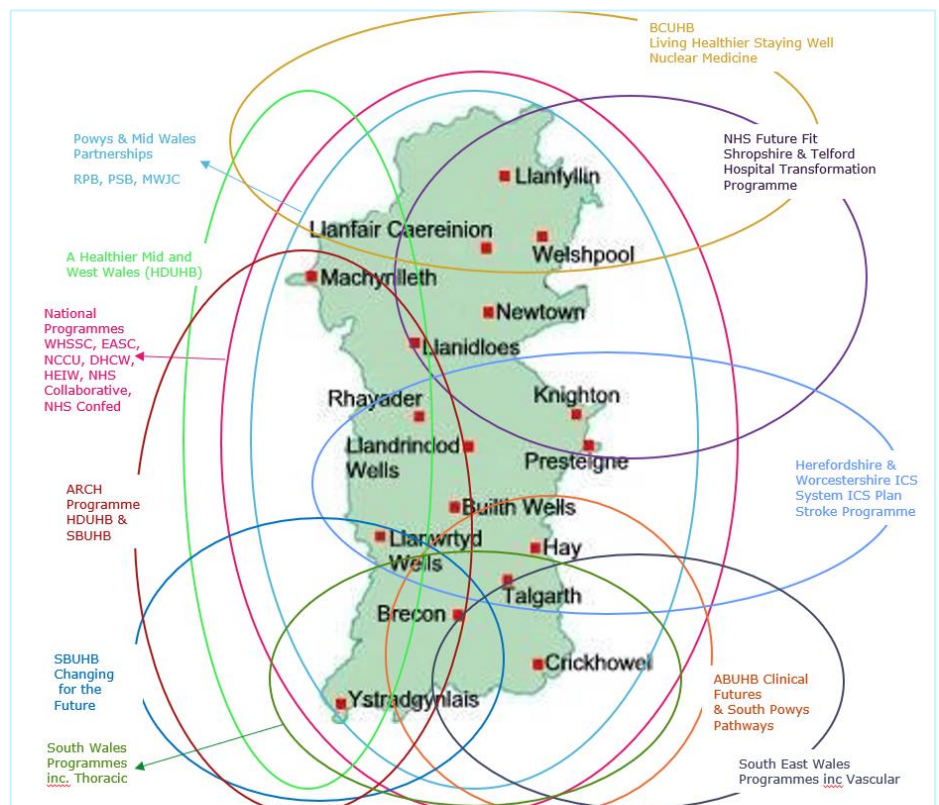
Residents in the South of Powys access acute care from a number of providers including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. There are also residents in South East Powys who access Nevill Hall Hospital and other acute care provided by Aneurin Bevan University Health Board.

A co-ordinated whole system approach is required to manage the complexity of these services especially in the context of increased waiting times across Wales and England. The health board has a role to ensure that the needs of the Powys population is incorporated into recovery and system plans, taking a value based approach to support shared decision making, patient outcomes and prevention.

There are a number of strategic programmes at regional and national levels that relate to health and care provision and pathways for residents of Powys, countywide or in particular geographies, depending on the programme and relevant provider's catchment areas.

In some cases, these were in train prior to the onset of the pandemic and have been gradually restored during 2021/22, in the context of the wider recovery efforts in Wales and England.

These include the Regional Planning Fora in NHS Wales and the Integrated Care Systems in place in England.



Communications and Engagement

Effective communications and engagement with residents, patients, staff and stakeholders helps the Health Board both make and share decisions, service updates and to consult effectively on the things that matter to our local population.

By continuing to adapt and develop our range of digital channels, maintaining use of 'traditional' media, and collaborating with our partner organisations on issues of common interest, the team can reach resident populations more effectively and efficiently than ever. This work will help improve service delivery and realise the overall objectives of the IMTP and long term strategy.

Communications and Engagement is an enabling function, operating to deliver against defined business and communications objectives for specific audiences. Pre-planned campaigns and engagement activity in support of key IMTP objectives and the long term strategy will be evaluated using robust best practice tools.

It is a process of continual learning and refinement to maximise return on investment, matching messages, audiences and channels in order to deliver efficiently and with minimum waste.

Furthermore, the Communications and Engagement function will continue to manage media engagement and external affairs, develop the brand, and support effective stakeholder and employee relations on behalf of Powys Teaching Health Board. This will ensure the Health Board's perspective and unique contribution to the health and wellbeing of the population of Powys is clearly explained and understood. This activity is essential to building and maintaining public trust in what we do.

Planned communications and engagement activity is driven by the rhythm of local service delivery and national priorities throughout the reporting years. Campaigns activity will be delivered against key strategic Powys and NHS Wales programmes, including COVID-19 vaccinations, winter flu, smoking cessation, overweight and obesity, in addition to emerging activity to support recovery and renewal, and also supporting critical Welsh Government campaigns including Help Us Help You and Keep Wales Safe.

Key actions:

- Communicate key priorities as identified in the three year plan, through effective relationships with the media and other key stakeholders and core public audiences
- Drive meaningful engagement on service change and initiatives that will affect Powys residents, to enable fully informed consideration of impacts and benefits and involve people in the service developments that matter to them
- Champion evidence-based decisions that serve a rural population facing recovery and renewal in the context of COVID-19, Brexit and climate change
- Build a robust partnership communications model with the Regional Partnership Board, Public Services Board, Powys County Council, the Powys Association of Voluntary Organisations (PAVO) and Powys Community Health Council and its successor Powys Citizen Voice organisation
- Maximise the value of owned channels, enhance the effectiveness of mutually supported public-facing communications and drive increased public understanding of service offerings in the health and social care space

- Enable continued effective communications and engagement activities in support of the Covid response and system resilience, both public facing and associated employee-facing communications, responding with pace to emerging situations
- Enable improved situational awareness and associated longer-term organisational communications planning through the delivery of a comprehensive Forward Look
- Development of effective internal workforce communications including intranet and other digital opportunities, staff briefings, show case events and celebrations of success and innovation, team based and management cascade mechanisms, supporting recruitment and retention and the Social Partnership approach

Communication and Engagement – 2022/23

We will continue to support our communities to be fully engaged with the health board

Partner, public and stakeholder engagement

- Maintaining robust engagement with key partners and stakeholders including the Community Health Council, Powys County Council, Powys Association for Voluntary Organisations (PAVO), local politicians, press and media activity in support of Powys Teaching Health Board's strategic priorities and areas of joint interest and work.
- Continue to build audiences and reach for PTHB's social and digital channels to support PTHB's strategic and operational priorities, including engagement activities and events.
- Ensuring that Powys' resident's voice is heard and reflected in PTHB's consultations on service changes, providing opportunities for stakeholder engagement and informed responses. We will work to identify and engage with Powys's seldom-heard groups, using appropriate channels.
- Continually reviewing and refining community engagement channels, aligned with establishment of the new Citizen Voice body to replace the CHC.

Key programmes

- The Communications and Engagement team's support for the COVID-19, recovery and renewal and system resilience strategic response remains the key public engagement and communication priorities on a Powys, regional and national level.
- Further work to support PTHB's strategic Enabling and Wellbeing objectives is in train, including specific activities to support Joined Up Care through the Winter Resilience Plan, Workforce Futures through the ongoing nurse and health care support worker recruitment, exploring support for Primary Care triage model, and Digital First through the continued development of user-focused content for the Mura website development and SharePoint migration and redevelopment of the intranet.
- Key campaigns supported will include the COVID-19 booster, winter flu, Help Us Help You and Keep Wales Safe.
- Ongoing engagement and communications support for temporary and ongoing service change – both for the health board as a direct provider and commissioned services from neighbouring health boards – including continuing to implement the learning from COVID-19 in future service delivery.
- Continuing to maximise opportunities to use digital media – including the website, social channels and Microsoft Teams – to support a citizen focused digital first approach.
- Complete a rapid review of the team structure and skills base. This workstream will help support the Communications and Engagement function to deliver the identified key programmes against PTHB's strategic objectives, and support the continued professional development of team.

Staff engagement

- Completing the intranet migration programme to SharePoint in support of the Microsoft O365 implementation, to strengthen staff communications, engagement and transformation opportunities. This will include a new intranet taxonomy and content that is developed and curated by the Communications and Engagement team, with content actively managed by content owners within the business.
- Continuing and consolidating programmes of digital engagements, to include staff briefings, video content, showcase events in combination with face-to-face events as COVID-19 restrictions and guidance allows.

24. Implement value based healthcare, to deliver improved outcomes and experience, including the effective deployment and management of resources

Understanding the outcomes and experience of the Powys population, the evidence base and comparative costs will enable PTHB to increase value. The health board is working to allocate resources to the right place to deliver the best outcomes that matter for the population of Powys at the least cost.

The health board is embedding a value based healthcare approach within its way of working, spanning its whole operating model, with the aim of improving outcomes, reducing clinical variation and improving efficiency through the system. Key to this will be the development and implementation of a Value Based Healthcare strategy and approach defined around the following themes:

- Strategy
- People & skills
- Culture
- Process
- Structures

The 2022/23-2024/25 Financial Plan is designed to effectively deploy resources to deliver improved outcomes and meet the needs of the resident population. It is a significant driver of the value-based healthcare approach which is being embedded throughout the organisation and supported by a core and expert team focused on renewal and transformation.

Value based healthcare will support ongoing access to good quality health services with a focus on recovery and renewal from the pandemic whilst meeting the statutory duty to breakeven over the three year period.

Ensuring that the health board remains in a balanced financial position will be a very significant challenge for the Board and Management teams and will require:

- Integrated Financial and Service Planning
- Strong Discipline – a culture of grip and control
- Excellent Financial Interaction
- Ownership and Buy in Across the Organisation
- Leadership
- Clear focus on Transformation and Value Based Health Care to support medium and longer term sustainability improving patient outcomes for our population.

The financial plan has been developed based on the Welsh Government confirmed funding allocations, risk assessed cost pressures and a realistic, but challenging view of the cost saving potential across the organisation.

The health board has ambitious goals and the Financial Plan sets out our financial strategy in three parts:

- Core Financial Plan: Delivering financial balance over the 3-year IMTP cycle
- Exceptional national cost pressures sitting outside of the core plan
- COVID response costs sitting outside of the core plan

Core Financial Plan: Delivering financial balance over the 3-year period

The health board aims to deliver financial balance over the 3-year period. This will provide the health board with a significant financial challenge that is based on a Health & Social Care budget 2.8% core allocation uplift in funding in 2022/23, 1.5% in 2023/24 and 0.75% in 2024/25.

There has been a capped approach to cost pressures based on expenditure trends and this will be continually reviewed.

The health board has been responding to the public health emergency of the COVID-19 pandemic over a two year period and as a result, savings plans which were contingent on changes to commissioning, operational delivery and pathway redesign that were no longer able to be progressed have been impacted. This has contributed to an underlying deficit of £5.62m, brought forward into the 2022/23 financial year.

A critical element for the medium term is embedding value-based healthcare as a mechanism for enabling sustainable, high value services. This is our key strategy for effective use of resources for the benefit of the population. The 2022/23 plan will require the delivery of a 1.3% £4.6m efficiency and value target. Given the continuing impact of COVID-19 coupled with

recovery expectations this will challenge the organisation. The savings plan will focus on procurement, medicines management, Estates rationalisation, value based commissioning alongside maximising the benefits of developments implemented through COVID-19.

There are areas where benchmarking is highlighting unwarranted variation in the spend compared to the outcomes for the population, including growth in continuing healthcare packages. The focus here will be on achieving the outcomes for the patients whilst reducing variation in the costs being incurred, by exploring ways of delivering the care closer to home. Another area is the use of temporary staffing, which has been critical to enable the organisation to maintain resilience during the pandemic but is a key focus for cost reduction as the pandemic moves into different phases and ultimately into an endemic response. In addition to the 1.3% efficiency and value target cost avoidance strategies are required to reduce the financial risks in these areas of a further 0.4%.

There will need to be a focus on all Long Term Agreements, in Wales and cross border, and any potential impact on the financial plan as we transition from current block arrangements.

Internal investments will be limited to those unavoidable items to address sustainability and safety issues. We will continue to ensure delivery of our "Values Agenda" and ensure benefits from any internal investments support the wider financial position.

Summary of the financial plan for 2022/23 – 2024/25 is provided below:

Core Plan	£m		
	Year 1	Year 2	Year 3
B/fwd underlying deficit	5.62	0.00	0.00
Recurrent Impact 21/22 Pressures	3.50	0.00	0.00
Delivery Unmet Savings & Assumed Recurrent Benefits	(3.69)	(1.94)	(3.00)
NHS Commissioned Services Growth	3.09	1.65	0.83
Locally Determine Growth & Pressures	5.98	4.00	4.00
Standard National Pressures / Growth	0.70	0.06	0.06
WG Allocation:			
Core Uplift 2.8% / 1.5% / 0.75%	(7.06)	(3.78)	(1.89)
Planned and unscheduled care sustainability	(7.52)		
Value based recovery	(0.62)		
Financial Core Plan	0.00	0.00	0.00

Exceptional national cost pressures sitting outside of the core plan

There is recognition of the system wide impact of extreme cost pressures which may be non-recurrent in nature, and impact of further national pay conditions which need a system solution and sit outside of the core financial plan. These pressures are currently assessed at a total annual cost of £2.353m and are described below:

- **Direct Energy and Fuel** There has been extreme price volatility over the past 3 months with prices expected to remain elevated until late 2023. There is an assessed increased annual cost of £0.982m based on the mid-point from the latest information.
- **Employers NI increase** 1.25% Health and Social Care Levi with an assessed annual cost of £0.560m.
- **Real Living Wage** The uplift to the real living wage of £9.90/hr will apply to registered workers in care homes and domiciliary care. There is an assessed annual cost of £0.811m. Work is ongoing to firm up this assessment.

COVID response costs sitting outside of the core plan

There is a need to remain dynamic and responsive to changes in COVID-19 demand in line with national guidance and the expected shift to an endemic response. The health board continues to incur significant levels of local COVID-19 response costs as detailed below:

Ongoing COVID Response	£m	
Ongoing Impact Block	2.86	Cost of LTAs above pre-covid levels. Ongoing discussions with English providers to determine full year impact.
Cleaning Standards	0.56	Based on current staff in post and revised standards - position being assessed.
Prescribing	1.71	Changes in prescribing during the pandemic. Work ongoing to determine business as usual impact and patient benefits.
Loss Dental Income	0.85	Position anticipated to improve as dental activity returns to normalised levels.
Workforce	1.50	Position anticipated to improve as sickness rates return to normalised levels and reduced IP&C measures.
Total	7.48	

There is an expectation that the level of COVID-19 response costs will reduce throughout the year, in line with local and national prevention and response modelling.

Summary

The financial plan is based on current planning assumptions and known allocations. We will continue to need to work closely with Welsh Government and the Finance Delivery Unit in ongoing assurances on delivery.

Financial Risks and Assumptions

The health board is facing a number of financial risks at this stage of the financial planning process. The key risks and assumptions are set out below:

- **Delivery of the Core Plan** – Continued dynamic environment with considerable uncertainty that is hindering planning commitments at this time.
- **Achievement of the efficiency plan target** – Concerted attention will be required in order to ensure delivery. Savings plans delivering 1.3% and further cost avoidance actions need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- **Exceptional and National Cost Pressures** – Assessed costs totalling £2.353m are sitting outside of the core plan and identified as risk areas to be managed / supported on a national and local level.
- **COVID-19 local response** – Local response costs are sitting outside of the core plan and identified as risk areas to be managed / supported at a national and local level. The response will remain dynamic and responsive to changes in COVID demand. Key to this will be the organisation's ability to step down non recurrent COVID costs at pace.
- **COVID National Programmes** – TTP, Mass Vaccination and PPE are assumed to be cost neutral with additional funding to support on an actual basis.
- **Pay award 2022/23** – excluded from the core plan as assuming additional funding on an actual basis.

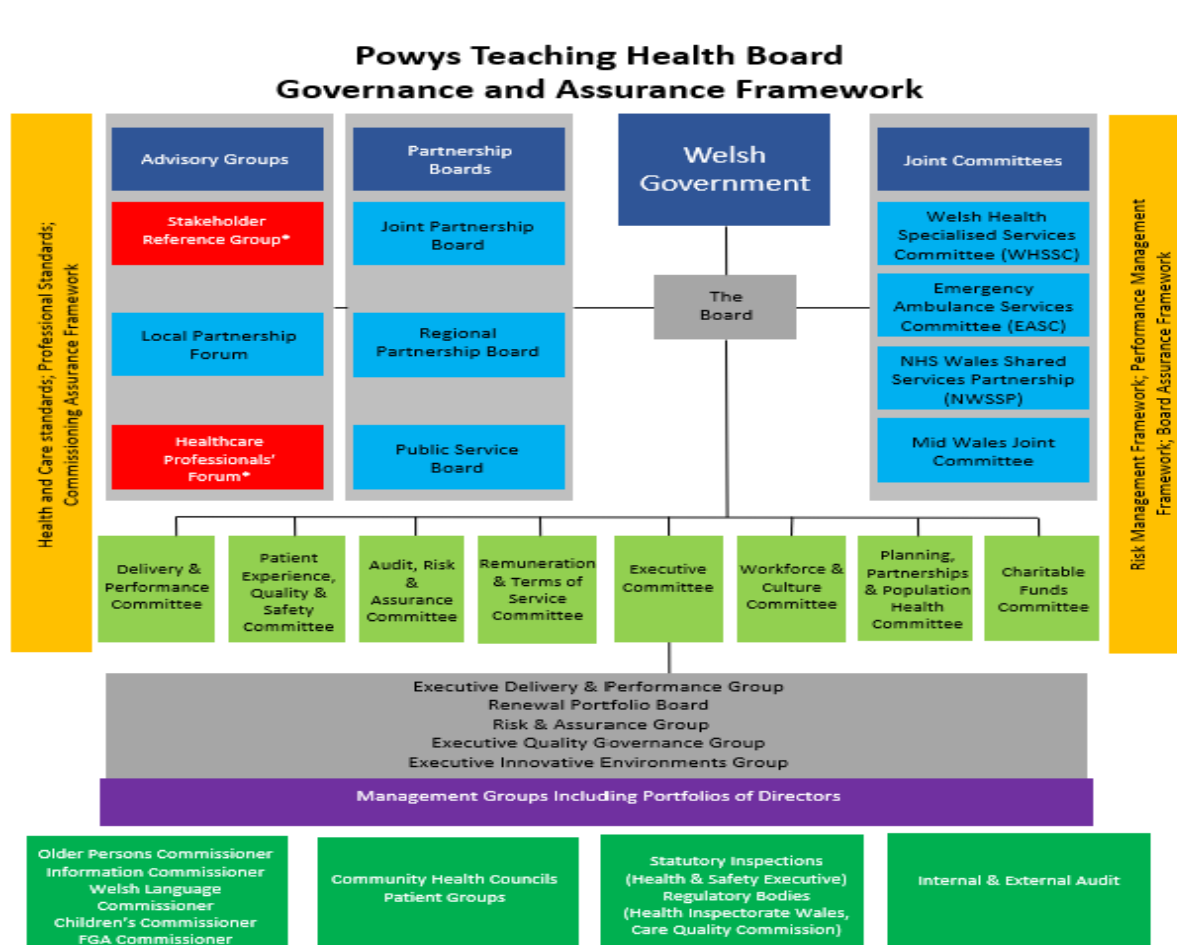
The health board recognises the risks in the plan and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

25. Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability and organisational development

Effective governance is essential to the delivery of the objectives within this plan and the ongoing delivery of safe and quality services to the population of Powys. Governance is the means by which organisations identify and act on the need for change in what they do and how they deliver it. Therefore, the health board must ensure that its governance arrangements are fit for purpose to deliver the change required as it works through differing stages of the pandemic including the response to the endemic phase.

As a baseline, 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 below demonstrates the Governance Framework.



The Board has three supporting 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.

The most recent summary of the Corporate Risk Register is provided below in the form of a 'heat map', showing the link to the strategic priorities in this plan:

CORPORATE RISK HEAT MAP: March 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4		<ul style="list-style-type: none">▪ The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22	<ul style="list-style-type: none">▪ The need to improve health equity is not adequately reflected in the priorities and resource allocation of the health board▪ Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	<ul style="list-style-type: none">▪ The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose▪ The Health Board is unable to sustain an adequate workforce▪ Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic▪ There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract.	<ul style="list-style-type: none">▪ Once accessed, residents in Powys may receive poor quality of care▪ There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks
	Moderate	3			<ul style="list-style-type: none">▪ There is ineffective partnership working and partnership governance	<ul style="list-style-type: none">▪ The Health Board has insufficient capacity to lead and manage change effectively▪ The Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice	
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
			Likelihood				

Wales Audit Office's Structured Assessment issued in December 2021 outlined that "the Health Board has generally effective Board and committee arrangements" and the Head of Internal Audit concluded in his 2020/21 Annual Opinion that "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."

From this baseline, the development of governance arrangements will support the reset and renewal activities within the Health Board, focussing on accountability and decision-making to deliver change.

Arrangements will also be implemented to prepare for the independent public inquiry to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future.

The Board is going through a transition in terms of its membership due to changes in Executive Directors and the end of tenure of Independent Members. The revised Committee arrangements put in place in July 2021 are being refined and improved as they become established. This represents both a challenge and an opportunity to establish and embed consistent ways of working at Board, Committee and Directorate level.

An Annual Governance Programme is updated each year to reflect the priorities for delivery and improvement and is informed by the findings of independent assurance reports and ongoing review of governance arrangements to identify areas for improvement. The Programme is linked to the three roles through which effective Boards demonstrate leadership within their organisations:

- Formulate Strategy
- Ensure Accountability
- Shape Culture

In particular, governance and reporting arrangements will be reviewed and adapted in order to support and provide assurance. Key areas include the operation of the Improving Performance Framework to ensure accountability and the Organisational Development Plan which has a key role in shaping culture.

The Governance Programme 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 continue to embed good governance, reflecting regularly in order to ensure that the Health Board is led by a high performing board.

Progress in the implementation of the Annual Governance Programme is reported quarterly and monitored by the Audit, Risk and Assurance Committee. The delivery priorities for the first year of the IMTP are:

- map organisational governance arrangements at a Directorate/Team level to inform deployment and accountability arrangements
- Fully establish the Board's Advisory Structure, i.e., the Healthcare Professionals' Forum (HPF) and the Stakeholder Reference Group (SRG)
- Further improve the quality of information to the Board and its Committees
- Implement an annual development programme for board members, focussing on awareness sessions as well as training and learning to support the development of individual roles and the board as a cohesive team
- Review and implement arrangements for the development, review, approval and publication of policies delegated by the Board
- Embed the Board's Assurance Framework, aligned to the Corporate Risk Register and Organisational Risk, where appropriate
- Introduce a system of Organisational Assurance Mapping at a directorate and functional level to inform internal control arrangements

The health board cannot deliver the change required in isolation. Therefore, a further priority is to develop a Partnership Governance Framework to support achievement of the Board's objectives, where the involvement of key partners is critical.

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.

Commissioning Assurance and Performance Framework

The Commissioning Assurance and Improving Performance Frameworks will be refreshed for use in 2022 onwards and improvements made to associated performance, contracting and invoicing processes.

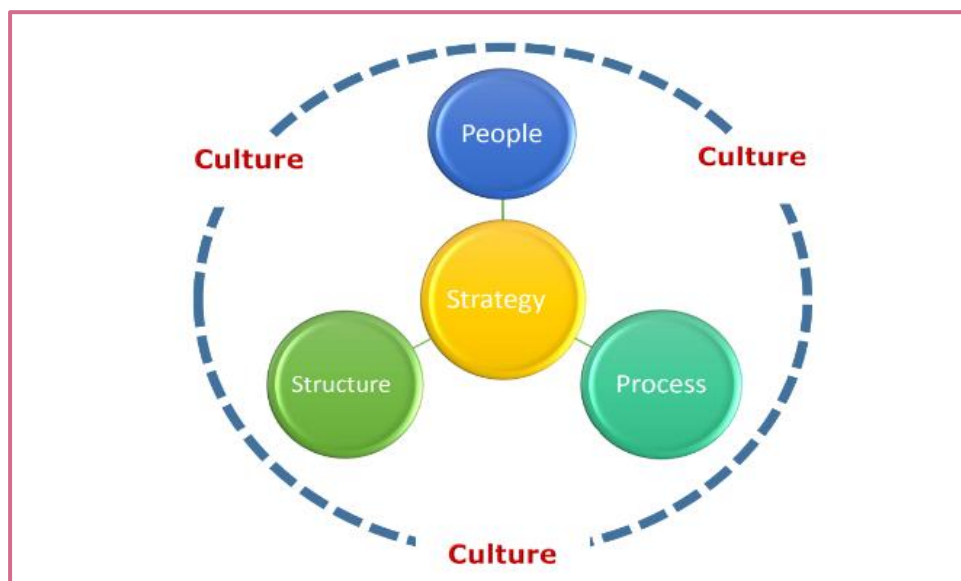
The health board will work with Welsh Government and partners including the Welsh Health Specialised Services Committee, the Welsh Ambulance Service NHS Trust and other health boards to understand and address the cross-border issues arising from the UK Government's Health and Care Bill, which is due to be implemented from July 2022.

Oversight and management of areas in special measures and/or significant changes in provision is an ongoing priority and includes:

- Cross border network and integrated care systems (ICS) – notably:
 - Shropshire & Telford ICS: Implementation of NHS Future Fit / Hospital Transformation Programme (HTP) and interim service changes
 - Herefordshire & Worcestershire ICS: Stroke Programme
- Ockenden recommendations in relation to Shrewsbury and Telford Hospital Maternity provision
- IMSOP Outcomes in relation to Cwm Taf Morgannwg University Health Board Maternity and Neonatal provision
- The next stage of the South Powys Pathways programme in the above context
- Section 33 Development of Joint Commissioning in relation to Care Homes

Organisational Development Framework

The role of this framework is to focus on improving the effectiveness of Powys Teaching Health Board (PTHB) and to support the alignment, delivery and improvement approach across all areas and levels of the Health Board, whilst recognising the significant progress that has already been made with organisational effectiveness, as demonstrated through the Audit Wales Structured Assessment, Staff Survey results and previously approved IMTP status.



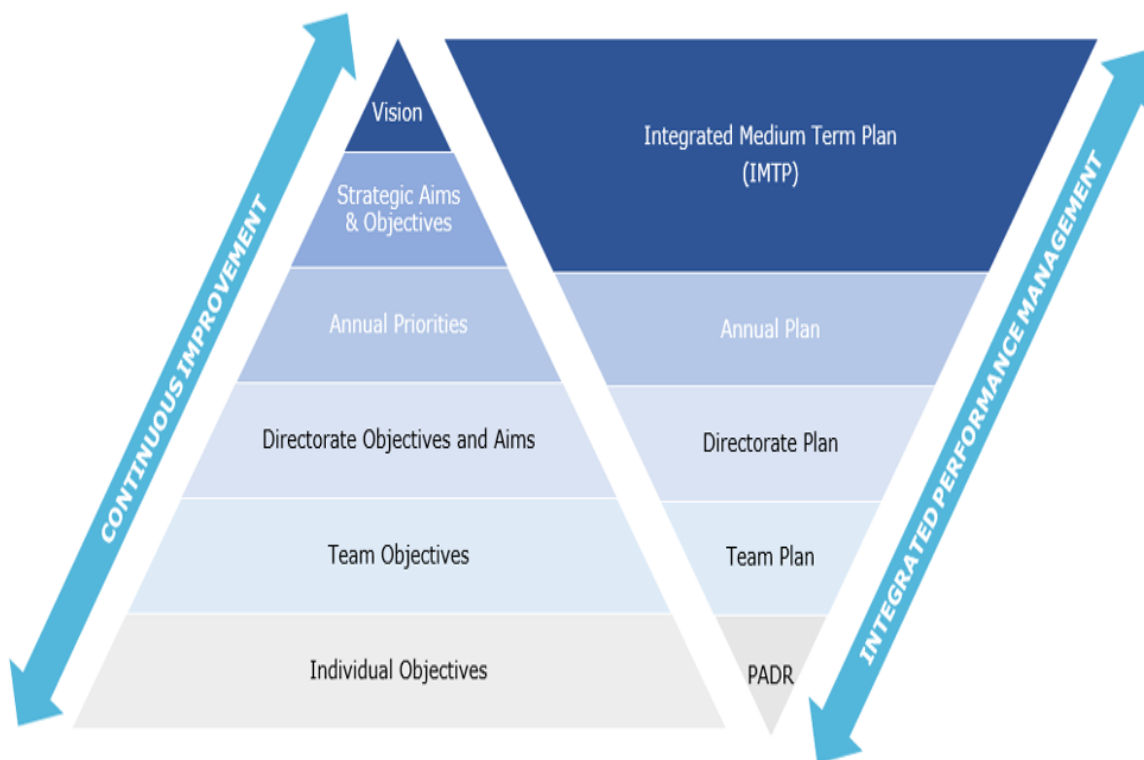
The Organisational Development Framework is underpinned by the organisation's Operating Model. This seeks to balance the key elements that exist within any organisation, knowing that a lack of focus in any area will have an impact on the others. The model is based on Tushman and O'Reilly, Leading Organisational Change and Renewal, with some simplifications.

The focused actions from the Framework centre on:

- Culture - What we want to achieve for patients, service users and their families, needs to be reflected in our organisational culture, which includes our written and unwritten rules, principles and policies that shape and reflect the way the organisation operates.
- People – the right people, with the right skills, behaviour and experience in the organisation to achieve the strategy. The skills that individual people have in order for the organisation as a whole to have the capabilities it needs.
- Process - the processes, systems and procedures to enable staff to achieve their role. The processes that exist to support the service user/patient.
- Structure - people are organised in a manner that enables them to be focussed on and deliver the strategy. Structures are aligned to the strategy. Structures enable clarity of lines of communication and control.

Delivery and Tracking of this Plan

The Improving Performance Framework outlines the way in which delivery of the Plan will be tracked, escalated and published. The health board seeks the highest levels of openness and transparency and therefore regular reporting of progress will be made, including where there are escalations.



THE CHANGES WE EXPECT TO SEE

WHERE WE ARE NOW	WHERE WE WOULD LIKE TO BE BY 2027
Most people receive diagnostics, outpatient and day case treatments outside of Powys.	Most people receive diagnostics, outpatient and day case treatments in Powys.
Most children receive paediatric diagnostics, outpatient and day case treatments outside of Powys.	There is a small increase in the number of children who receive paediatric diagnostics, outpatient and day case treatments in-county. However, due to the specialist skills required for more complex diagnostics and treatments, most children will continue to receive this care outside of Powys.
Most people receive specialist care outside of Powys.	More people receive specialist care in Powys, including via digital applications when it is safe and effective to do so.
People receive rehabilitation services in a mix of acute and community settings.	More people receive rehabilitation services in community settings and their own home.
People travel to Cardiff or Stoke for complex rehabilitation services.	Some people receive complex rehabilitation services in Powys.
People receive most of their cancer diagnostics and treatments outside of Powys.	People who need less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.
People can access different care and support services at home, depending on where they live.	All people can access the same care and support services at home and, when needed, can access 24/7 multi-agency care.
A small number of people can access urgent care at home or in a minor injuries unit.	More people can access urgent care at home, in the community or at the Rural Regional Centre.
Some people have access to technology that helps them self-care and live independently.	Most people who need it have access to technology that helps them self-care and live independently.
A large number of adults and children receive care through statutory services.	Multi-agency early help and support teams identify people in need early so fewer adults and children go into the care system.
Demand for health and care services is rising.	An investment into prevention and early intervention means more people enjoy good health and wellbeing and prevents demand for health and care services rising in the longer term.

Transforming in Partnership Summary of Three Year Strategic Priorities and Key Actions		
22. Improve quality (safety, effectiveness and experience) across the whole system; building organisational effectiveness		
Key Actions:		
- Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance		DoN, DOTH
- Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track system resilience and improvement		DoPP
- Delivery of the Research and Innovation Plan <i>Research innovation hub, innovation and improvement to enable high quality clinical care, Quality Improvement capacity, clinical audit</i>		MD

23. Enhance integrated/partnership system working , both in Wales and England, improving regional approaches to the planning and delivery of key services		
Key Actions:		
- Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy		Various
- Delivery of the North Powys Well-being Programme		Various
- Management of Strategic Change with targeted action for live programmes with an impact on the Powys population		Various
- Revise and update Section 33 arrangements for care homes		DoN
- Delivery of programme of Communications, with continuous and targeted engagement to support priorities in this plan		ADCS
24. Implement value-based healthcare , to deliver improved outcomes and experience, including the effective deployment and management of resources		
Key Actions:		
- Delivery of the value based healthcare programme (<i>Renewal Portfolio</i>)		Various
- Delivery of Financial Strategy and Financial Plan		DoF
25. Implement key governance and organisational improvement priorities including embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability and organisational development		
Key Actions:		
- Delivery of Governance Work Programme		BS
- Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains		DoPP
- Delivery of the Organisational Development Framework		CEO/WOD

Useful Links

Powys Teaching Health Board	https://pthb.nhs.wales/
Powys Regional Partnership Board	https://www.powysrpb.org/
Powys Health & Care Strategy	http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.2_H%26CS_Appendix%2011.pdf
Powys Public Service Board Well-being Plan	https://en.powys.gov.uk/article/5789/Towards-2040---the-Powys-Well-being-Plan
Powys Well-being Assessment	https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis
Powys Wellbeing Bank	https://en.powys.gov.uk/article/5800/Wellbeing-Information-Bank
Powys Community Health Council (CHC)	http://www.wales.nhs.uk/sitesplus/1144/home
Powys County Council	http://www.powys.gov.uk/
Powys Association of Voluntary Organisations (PAVO)	http://www.pavo.org.uk/home.html
Mid Wales Joint Committee	http://www.midwalescollaborative.wales.nhs.uk/
Rural Health and Care Wales	https://ruralhealthandcare.wales
Welsh Ambulance Services NHS Trust	https://www.ambulance.wales.nhs.uk/
Welsh Health Specialised Services Committee	http://www.whssc.wales.nhs.uk/home
Emergency Ambulance Services Committee	http://www.wales.nhs.uk/easc/about-us
Welsh Government	https://gov.wales/
Health Education and Improvement Wales (HEIW)	https://heiw.nhs.wales/
Public Health Wales	https://phw.nhs.wales/
Digital Health and Care Wales	https://dhcw.nhs.wales/
NHS Wales Shared Services Partnership (NWSSP)	http://www.nwssp.wales.nhs.uk/home
NHS England / Improvement	https://www.england.nhs.uk/