

Board


Wed 25 May 2022, 10:00 - 13:00

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

Attached Chair

 Board_Agenda_25May22 Final.pdf (2 pages)

1.1. Welcome and Apologies for Absence

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes of Previous Meeting, 30 March 2022 & Extraordinary Board, 28 April 2022(for approval)

Attached Chair

 Board_Item_1.3a_PTHB Board Minutes Unconfirmed 30-03-2022.pdf (15 pages)

 Board_Item_1.3b_Extraordinary Board Unconfirmed Minutes 28-04-2022.pdf (3 pages)

1.4. Matters Arising from the Minute of the Previous Meeting

Oral Chair


1.5. Board Action Log

Attached Chair

 Board_Item_1.5_PTHB_Action_Log_May22.pdf (1 pages)

1.6. Patient Experience Story

Presentation Director of Therapies and Health Sciences

 Board_Item_1.6_Patient Story_Being diagnosed with Diabetes after Covid.pdf (2 pages)

1.7. Update from the Chair and Chief Executive

Oral/Attached Chair and Chief Executive

 Board_Item_1.7a_Chairs Report May 2022 (A).pdf (3 pages)

 Board_Item_1.7b_Chief Executive Report_May 2022.pdf (6 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1. Population Needs (PSB) and Wellbeing Assessments (RPB)

Attached Chief Executive

 Board_Item_2.1_Population & Well-being Assessments.pdf (9 pages)

 Board_Item_2.1b_Well-being Assessment 2022.pdf (192 pages)

 Board_Item_2.1a_Draft Population Needs Assessment 2022.pdf (115 pages)

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2.2. Board Governance: Board Priorities and Work Programme, Report of Sealed Documents, Scheme of Delegation and Reservation of Powers

Attached *Interim Board Secretary*

- Board_Item_2.2a_Board and Committee Priorities 2022-23.pdf (3 pages)
- Board_Item_2.2ai_Appendix1_Delivery Plan.pdf (52 pages)
- Board_Item_2.2aii-Appendix2_Board Work Programme 2022-23.pdf (13 pages)
- Board_Item_2.2b_Governance Matters Common Seal May 2022.pdf (3 pages)
- Board_Item_2.2c_Amendments to SoD_May2022.pdf (5 pages)

10:00 - 10:00 3. ITEMS FOR DISCUSSION 0 min

3.1. Integrated Performance Report

Attached *Director of Planning and Performance*

- Board_Item_3.1_Integrated Performance Report _Cover Paper.pdf (3 pages)
- Board_Item_3.1a_IntegratedPerformanceReport.pdf (67 pages)

3.2. Renewal Priority - Breathe Well

Oral *Director of Therapies and Health Sciences*

- Board_Item_3.2_Breathe Well Update May 2022.pdf (9 pages)

3.3. Financial Performance

Attached *Director of Finance and ICT*

- Board_Item_3.3_Financial_Performance Report_Month_12.pdf (17 pages)

3.4. Corporate Risk Register, May 2022

Attached *Interim Board Secretary*

- Board_Item_3.4_Corporate Risk Report_May22.pdf (4 pages)
- Board_Item_3.4a_Appendix_A_CRR_May_22.pdf (47 pages)

3.5. Report of the Chief Officer of the Community Health Council

Attached *Chief Officer of Community Health Council*

- Board_Item_3.5_Chief Officer of the Community Health Council Report.pdf (7 pages)

3.6. Assurance Reports of the Board's Committees: PTHB Committees and Joint Committees.

Attached *Committee Chairs and Chief Executive*

- Board_Item_3.6a_Committee Chair Reports_May_2022.pdf (3 pages)
- Board_Item_3.6ai_Appendix_A_Executive Committee Chair's Assurance Report_May22_pw.pdf (17 pages)
- Board_Item_3.6aii_Appendix_B_ARA_Committee Chair's Assurance Report_22Mar_26Apr22.pdf (12 pages)
- Board_Item_3.6aiii_Appendix_C_D&P_Committee Chairs Assurance Report 3 May 2022.pdf (6 pages)
- Board_Item_3.6aiv_Appendix_D_PEQS_Committee Chairs Assurance Report 24 March 2022.pdf (5 pages)
- Board_Item_3.6av_Appendix_E_PPPH_Committee Chairs Assurance Report 7 April 2022.pdf (6 pages)
- Board_Item_3.6avi_Appendix_F_W&C_Committee Chairs Assurance Report 15 March 2022.pdf (4 pages)
- Board_Item_3.6b_Joint Committee Reports_May_2022.pdf (3 pages)
- Board_Item_3.6bi_Appendix_A_WHSSC Joint Committee Briefing 10 May 2022.pdf (5 pages)
- Board_Item_3.6bii_Appendix_B_EASC_Assurance_Report_15 March 2022.pdf (8 pages)

3.7 Assurance Reports of the Board's Partnership Arrangements

Attached *Chief Executive*

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- Board_Item_3.7_Summary of Partnership Board Activity.pdf (3 pages)
- Board_Item_3.7a_Appendix_A_SSPC_Assurance Report 24 March 2022.pdf (5 pages)

3.8. Report of the Board's Local Partnership Forum

Attached Joint Chairs of Local Partnership Forum

- Board_Item_3.8a_App 1_Advisory Groups_LPF Report Sept 2021.pdf (3 pages)
- Board_Item_3.8_LPF_Advisory Group_March2022.pdf (2 pages)

10:00 - 10:00 0 min **4. OTHER MATTERS**

4.1. Any Other Urgent Business

Oral Chair

4.2. Meeting Closed

Oral Chair

4.3. Date of the Next Meeting: 14 June 2022 Via Microsoft Teams

Oral Chair

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**POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 25 MAY 2022
10:00 – 13:00
TO BE HELD VIA MICROSOFT
TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Oral	Presenter
1: PRELIMINARY MATTERS				
10.00	1.1	Welcome and Apologies for Absence	Oral	Chair
	1.2	Declarations of Interest	Oral	All
10:05	1.3	Minutes of Previous Meeting: 30 March 2022 (for approval). Extraordinary Board 28 April 2022 for approval)	Attached	Chair
	1.4	Matters Arising from the Minutes of the Previous Meeting	Oral	Chair
	1.5	Board Action Log	Attached	Chair
	1.6	Patient Experience Story	Presentation	Director of Therapies and Health Sciences
	1.7	Update from the: a) Chair b) Chief Executive	Attached Attached	Chair Chief Executive
2: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10:30	2.1	Population Needs (PSB) and Wellbeing Assessments (RPB)	Attached	Chief Executive
10:50	2.2	Board Governance <ul style="list-style-type: none"> Board Priorities and Work Programme Report of Sealed Documents Scheme of Delegation and Reservation of Powers 	Attached	Interim Board Secretary
3: ITEMS FOR DISCUSSION				
11:10	3.1	Integrated Performance Report	Attached	Director of Planning and Performance
11:40	COMFORT BREAK			
11:50	3.2	Renewal Priority - Breathe Well	Presentation (to follow)	Director of Therapies and Health Science
12:10	3.3	Financial Performance	Attached	Director of Finance, Information and IT

12:20	3.4	Corporate Risk Register, May 2022	Attached	Interim Board Secretary
12:30	3.5	Report of the Chief Officer of the Community Health Council	Attached	Chief Officer of CHC
12:40	3.6	Assurance Reports of the Board's Committees a) PTHB Committees b) Joint Committees	Attached	Committee Chairs Chief Executive
12:50	3.7	Assurance Report of the Board's Partnership Arrangements	Attached	Chief Executive
12:55	3.8	Report of the Board's Local Partnership Forum	Attached	Joint Chairs of LPF
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair
13:00	4.2	Close		
	4.3	Date of the Next Meeting: ▪ 14 June 2022 Via Microsoft Teams		

Key:

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

MESSAGE TO THE PUBLIC:

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe. However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings by electronic / telephony means as opposed to in a physical location, for the foreseeable future. This will mean that members of the public will not be able attend meetings in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members. The meeting will be available to view by the public both in real time by a live-stream and after the meeting when it has been uploaded to the website.

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD

HELD ON WEDNESDAY 30 MARCH 2022

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Trish Buchan	Independent Member (Third Sector Voluntary)
Matthew Dorrance	Independent Member (Local Authority)
Ian Phillips	Independent Member (ICT)
Frances Gerrard	Independent Member (University)
Mark Taylor	Independent Member (Capital & Estates)
Tony Thomas	Independent Member (Finance)
Rhobert Lewis	Independent Member (General)
Ronnie Alexander	Independent Member (General)
Cathie Poynton	Independent Member (Trade Union)
Hayley Thomas	Deputy Chief Executive and Director of Planning & Performance
Kate Wright	Medical Director
Claire Roche	Director of Nursing & Midwifery
Pete Hopgood	Director of Finance and IT
Claire Madsen	Director of Therapies & Health Sciences

In Attendance

James Quance	Interim Board Secretary
Mark McIntyre	Deputy Director of Workforce and OD
Carly Skill	Assistant Programme Director North Powys Wellbeing Programme
Katie Blackburn	CHC – Chief Officer
Liz Patterson	Interim Head of Corporate Governance
Stella Parry	Interim Corporate Governance Manager

Apologies for absence

Julie Rowles	Director of Workforce and OD
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PRELIMINARY MATTERS	
<p>RESOLVED THAT due to the unprecedented health emergency of COVID-19, and the clear Public Health instruction to practise social distancing, meetings will run by electronic means as opposed to in a physical location. This decision had been taken in the best interests of protecting the public, staff and Board Members.</p> <p>The meeting was live-streamed and uploaded to the website after the meeting for viewing on demand.</p>	
PTHB/21/121	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.</p>
PTHB/21/122	<p>DECLARATIONS OF INTEREST</p> <p>The Independent Member (Finance) declared an intention to stand for County Councillor for Bronllys and Felin-Fach ward in the forthcoming local election, due to be held in May 2022.</p>
PTHB/21/123	<p>MINUTES OF MEETINGS HELD ON:</p> <p>a) Board meeting, 25 January 2022</p> <p>The minutes of the meeting held on 25 January 2022 were received and AGREED as being a true and accurate record.</p> <p>b) Chairs Action, 9 March 2022</p> <p>The minutes of the meeting held on 9 March 2022 were received and AGREED as being a true and accurate record, subject to the following amendment:</p> <ul style="list-style-type: none"> CA/21/06: Assurance was sought in relation to the £460,000 purchase price due to the local valuation agent's estimated open market value of £300,000. Assurance was sought in relation to the £460,000 purchase price due to the independent valuation agent's estimated open market value of £300,000. <p>The Board RATIFIED the Chairs Action held 9 March 2022.</p>
PTHB/21/124	<p>MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING</p> <p>There were no matters arising.</p>

PTHB/21/125	BOARD ACTION LOG The Board RECEIVED and NOTED the Board Action Log.
PTHB/21/126	PATIENT EXPERIENCE STORY The Director of Therapies and Health Sciences presented "Arthur's Story" which provided an overview of the patient's experience of utilizing virtual consultations to access physiotherapy services. The presentation highlighted the positive outcomes and engagement as a result of the virtual consultation approach. The Board welcomed the presentation and expressed their thanks to Arthur for sharing his experience.
PTHB/21/127	UPDATE FROM THE: <ul style="list-style-type: none"> CHAIR The Chair presented the report and provided an overview of the following matters: <ul style="list-style-type: none"> The Chair wished to highlight that Trish Buchan, Independent Member for the Third Sector would come to the end of her term at the Health Board on 31 March 2022. The Chair recognised her contribution to the Health Board, in particular the Patient, Experience Quality and Safety Committee and extended sincere thanks on behalf of all Board Members; There had been a Ministerial Visit to Llandrindod Wells Hospital on 10 March 2022. During the visit, the Minister for Health and Social Services had acknowledged and praised the hard work of our staff, not only by progressing plans for the hospital, but also in the efforts they had made during the pandemic and vaccination programme; As Chair of the Charity Committee for Powys Teaching Health Board, the Chair had cut the ribbon to mark the opening of the Bronllys Hospital Staff and Visitor dining room on Wednesday 16th March. Although the opening had been postponed due storm damage to the external walkway in February, it had been possible at the start of Spring, to see the much-improved dining room to which the Charity had contributed funds; and;

	<ul style="list-style-type: none"> • The Chair was due to come to the end of her own term at the Health Board in September 2022, following her term of 8 years as Chair. The post had been advertised and ample time had been allowed for a transition period. <p>• CHIEF EXECUTIVE OFFICER</p> <p>The Chief Executive presented the report and highlighted the following matters for the Board’s attention:</p> <ul style="list-style-type: none"> • The Chief Executive recognised that it had been two years since the first national COVID-19 lockdown was implemented on 26 March 2020 and suggested that Board take the opportunity to reflect upon the events of the previous 2 years; • The Spring Booster vaccination programme had commenced; • The Terms of Reference for the forthcoming Public Enquiry had been published for consultation; • The Health Board has maintained its number of beds and reduced its length of stay despite pressures from COVID-19 and staffing; • The Health Boards monitoring arrangements had been confirmed as ‘Routine Arrangements’; • Welsh Government had supported the purchase of Llanwrtyd Wells Pharmacy and the Llandrindod Wells Programme Business Case; • Welsh Government Ministers had completed scrutiny of the North Powys Wellbeing Programme and supported the next stage of development; • In the hour prior to the meeting the Donna Ockenden report into Maternity Services in Shrewsbury and Telford NHS Trust (SaTH) had been published. The Health Board would continue to work closely with SaTH, the Care Quality Commission and women and families affected in Powys; and; • Work was underway in partnership with Powys County Council to support those from Ukraine seeking refuge in Powys.
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	The updates from the Chair and Chief Executive were RECEIVED.
ITEMS FOR APPROVAL, DECISION OR RATIFICATION	
PTHB/21/128	<p>NORTH POWYS WELLBEING PROGRAMME STRATEGIC OUTLINE CASE</p> <p>The Director of Planning and Performance presented the Strategic Outline Case and reported that the Programme Business Case (PBC) had been submitted to Welsh Government in November 2020 and received approval from their Strategic Investment Board in November 2021. On 15 March 2022, the First Minister announced that the PBC had received ministerial endorsement to proceed to the next phase.</p> <p>Service design work had been undertaken collaboratively with partners to understand how different aspects of the multi-agency wellbeing campus would respond to delivery of the integrated model of care and wellbeing and RPB Outcomes Framework. Service specifications had been developed to articulate the models of care and services that will be located on the multi-agency wellbeing campus:</p> <ul style="list-style-type: none"> • Rural Regional Diagnostics and Treatment Centre; • Integrated Health and Care Centre; • Learning, Innovation and Community Hub; and • Supported Living Accommodation. <p>Strategic demand, capacity and financial modelling had been undertaken to support with the Strategic Outline Case. Phase 1 had focused initially on the key elements of the built environment. Due to the pressures of timescales, the modelling had been split into two phases and the first phase focused on the highest cost areas or areas with the greatest opportunities for transformation. Further work is required to refine and validate the assumptions underpinning the modelling for the SOC, this will be based on development of more detailed models of care, pathways/flows and workforce planning.</p> <p>It was NOTED that the main purpose of the SOC was to:</p> <ul style="list-style-type: none"> • Demonstrate the scheme is aligned to national and local policy;

	<ul style="list-style-type: none"> • Define the benefits of a multi-agency wellbeing campus in Newtown; • Provide an overview of the work Powys County Council and PTHB have undertaken to further define and assess options for the multi-agency wellbeing campus, including detailed service design work; • Demonstrate the desired service scope will fit on the preferred site; • Define the economic and financial elements of the scheme and commercial intentions; and; • Outline the management arrangements and indicative timescales for delivery. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had assurance been received that the Health Board had the resources, particularly clinical workforce, to deliver the obligations within the case?</i></p> <p>The Chief Executive reported that the plans for the site were designed to be flexible and centred around community and digital health care. There were ongoing developments in Powys to provide opportunities for aspiring clinicals in Powys, such as the Health and Care Academy as well as an ambition to attract professional and specialist roles. The Committee was reassured that Workforce Futures remained an integral part of the Integrated Medium Term Plan 2022-25 and that work to develop the sustainability of the clinical workforce in Powys were underway.</p> <p>The Board APPROVED the draft Strategic Outline Case and supporting appendices for onward submission to Welsh Government.</p>
PTHB/21/129	INTEGRATED MEDIUM-TERM PLAN (DRAFT)

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	<p>The Chief Executive introduced the item and noted that at an early stage of planning there had been agreement to return to the shared long-term health and care strategy, A Healthy Caring Powys. The planning framework developed within Powys had ensured that the plan had a comprehensive and holistic approach, focused on population health and wellbeing, albeit with the need to understand this through the lens of the impact of the pandemic. The concept of '3 Rs' of resilience, recovery and renewal therefore, were also used to provide a degree of flexibility and agility within the plan; indicating how resources will be adapted to meet changes in the stages of the pandemic, in line with Together for a safer future: Wales Long-term Covid-19 transition from pandemic to endemic published by Welsh Government in March 2022. This enabled a set of initial strategic priorities to be agreed relatively early in the process in November 2021 and refined in the next stages, to the final set of 25 Strategic Priorities which were presented in the Final Draft.</p> <p>The financial and performance position and trajectories had also been reported in parallel with the plan production updates to Committee and Board and considered in depth at Executive Team and Board Development sessions. The Director of Finance and IT noted that achieving a balanced financial position over three years will be a significant challenge given the complexity and degree of uncertainty faced by the NHS in this period. The financial plan within the IMTP sets out the mitigations, discipline, controls and systems that will be required.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Had consideration been given to the use of mobile devices and the provision of advice and support in using technology to manage isolation and mental health in rural communities?</i></p> <p>The Chief Executive welcomed the increased use of technology to support Powys patients and highlighted mobile devices are already in use in a number of settings across the Health Board. It was also noted that developing digital infrastructure in Powys to support the increased use</p>
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	<p>of technology was a key priority for the Health Board in the forthcoming few years.</p> <p>The Board APPROVED the Integrated Medium Term Plan for onward submission to Welsh Government by 31 March 2022</p>
PTHB/21/130	<p>BOARD COMMITTEE ARRANGEMENTS FOR 2022/23. INCLUDING MEMBERSHIP</p> <p>The Board Secretary presented the item which sought the Board's agreement to committees of the Board being constituted for 2022/23, and the associated Membership.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Were the Stakeholder Reference Group and Healthcare Professionals Forum due to be established in 2022-23?</i></p> <p>The Chief Executive confirmed that the implementation of the of the Stakeholder Reference Group and Healthcare Professionals Forum was a key priority for 2022-23, with the Chair of the Health Board actively engaged in the development of the meetings. The Board was assured that despite the formal groups not having met in 2021-22, substantial assurance had been provided in relation to stakeholder engagement.</p> <p>The Board:</p> <ul style="list-style-type: none"> • AGREED the following board committees being constituted for the financial year 2022/23: <ul style="list-style-type: none"> a) Audit, Risk and Assurance Committee; b) Patient Experience, Quality & Safety Committee <ul style="list-style-type: none"> o Mental Health Act Power of Discharge Group c) Workforce & Culture Committee d) Delivery & Performance Committee e) Planning, Partnership and Public Health Committee f) Charitable Funds Committee; g) Remuneration and Terms of Service Committee; and h) Executive Committee. • APPROVED the Membership for those Committees proposed above; • AGREED that Terms of Reference & Operating Arrangements approved by the Board in September 2021 will continue to operate and be refined during

	<p>2022-23, subject to regular monitoring, review and feedback;</p> <ul style="list-style-type: none"> • NOTED the Schedule of Board and Committee meetings attached at Appendix A; • NOTED that Annual Work Programmes for each committee were under development and will be aligned to priority areas for 2022-23 identified in the IMTP, the Board Assurance Framework (when populated) and Corporate Risk Register; • NOTED arrangements established in addition to formal Board and Committee meetings to support the Board in fulfilling its responsibilities; and; • NOTED the allocation of Board champion roles
PTHB/21/131	<p>DISCRETIONARY CAPITAL PROGRAMME 2022/23 – 2023/24</p> <p>The Director of Environment presented the Discretionary Capital Programme 2022-24 and provided a update on the general Capital funding status including risks and opportunities. It was noted that the development of the proposed capital pipeline 2022-24 had been updated following the positive announcement from Welsh Government (WG) that the Programme Business Case (PBC) for phase 2 of the redevelopment of Llandrindod Wells Hospital (LWH) had been endorsed.</p> <p>Pipeline development had taken into account the notification received from WG in January that discretionary capital funding will be reduced during 2022/23 from £1.431M to £1.089M. In addition, Estates Funding Advisory Board (EFAB) funding will also be paused during 2022/23 – this contributed £2.2M of additional capital in the current financial year. The proposed capital pipeline was summarised as below:</p> <ul style="list-style-type: none"> • Discretionary Capital: A proposed capital programme pipeline for 2022/23-2023/24 has been developed by Capital Control Group to respond to the reduced funding availability and identifies schemes to be developed in order to maximise opportunities as

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	<p>further funding/slippage potentially becomes available.</p> <ul style="list-style-type: none"> • All Wales Capital Funding (AWCF): The NHS Capital allocation of funding has been significantly reduced (£100M) in 2022/23, however, PTHB funding is secured for Machynlleth and Brecon car park projects. Work is continuing on the development of the North Powys Health and Wellbeing Campus with the Strategic Outline Case (SOC) due to be submitted to WG in April 2022. <p>Independent Members sought assurance by asking the following questions: <i>The Programme indicated no capital funding for investment in digital infrastructure and investment, what was the reasoning behind this?</i></p> <p>The Director of Finance and IT noted that £2M of digital investment funding had been secured in Q4 of 2021-22 and would provide significant developments in digital capabilities. The Board was assured that despite a lack of inclusion within the Capital Programme, the Health Board would be able to place bids against the Digital Priority Investment Fund in 2022-23.</p> <p>The Board DISCUSSED and APPROVED the Discretionary Capital Programme, 2022/2023–2023/24.</p>
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ITEMS FOR DISCUSSION

PTHB/21/132	<p>INTEGRATED PERFORMANCE OVERVIEW, MONTH 9 2021/22</p> <p>The Director of Planning and Performance presented the item which provided a performance update against the 2021/22 NHS Delivery Framework and limited local measures. This continued to be an interim process as a result of the COVID pandemic in the absence of the regular Integrated Performance Report.</p> <p>An overview of the following areas was provided by Executive Leads:</p> <ul style="list-style-type: none"> • Test, Trace, Protect; • Mass Vaccination; • Unscheduled Care; • Workforce; • Planned Care; • Primary Care; and; • Cancer Pathways
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	<p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to the prescription of Sodium Valporate what was the meaning of the figure 0.104 against the national benchmark?</i></p> <p>The Director of Planning and Performance confirmed that there was an error in the report and that the figure should read 01.04.</p> <p>The Board DISCUSSED and NOTED the Integrated Performance Overview for Month 9 2021/22.</p>
PTHB/21/133	<p>FINANCIAL PERFORMANCE, MONTH 11, 2021/22</p> <p>The Director of Finance and IT presented the item which provided an update on the (Month 11) Financial Position including Financial Recovery Plan (FRP) delivery and Covid. The following matters were discussed and noted by the Board:</p> <ul style="list-style-type: none"> • the Month 11 2021/22 financial position; • the actions required in 2021/22 to deliver a balanced position at the 31st March 2022, including savings delivery; • the Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1; • additional risks on delivery of balanced position at 31st March 2022; and; • the underlying financial position and actions to deliver recurrent breakeven for 2022/23. <p>The Board DISCUSSED and NOTED the Month 11 Financial Position.</p>
PTHB/21/134	<p>CORPORATE RISK REGISTER MARCH 2022</p> <p>The Interim Board Secretary presented the item and noted that one change had been requested since the last meeting of the Board in January 2022. The Executive Committee had considered the updated Corporate Risk Register (CRR) and has supported a reduction of CRR0014's likelihood from 'Likely' (L4) to 'Possible' (L3), decreasing the Risk Score from 16 to 12.</p>

	<p>The Board REVIEWED the March 2022 version of the Corporate Risk Register and DISCUSSED the appetite threshold and tolerance levels for each risk. The Chair suggested that the CRR presented an accurate reflection of the Health Board's risk profile.</p> <p>The Board NOTED that the Health Board was undertaking enhanced monitoring of potential cyber security risks in the light of the developments in Ukraine. Any risks identified as a result of this monitoring would be managed and escalated as appropriate via Directorates, the Risk and Assurance Group and the Executive Committee.</p>
PTHB/21/135	<p>REPORT OF THE CHIEF OFFICER OF THE COMMUNITY HEALTH COUNCIL</p> <p>The Chief Officer of the Community Health Council presented the report which provided an overview of Engagement, Surveys and Reports. It was noted that the CHC would maintain a focus on Maternity Services in the forthcoming year, particularly considering events in Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB). The Chief Officer also recognised it would be the last meeting of the Board the Independent Member for Third Sector. The Chief Officer extended her thanks for Independent Members strong voice and commitment to both patients and the third sector in Powys.</p> <p>The Board RECEIVED an NOTED the Chief Officer's Report.</p>
PTHB/21/136	<p>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</p> <p>A) PTHB COMMITTEES</p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Executive Committee on 27th January, 9th February, 16th February and 9th March 2022.</p> <p>The Committee Chair wished to highlight the following matters to the Board:</p>

- The progress made to date by the Renewal Portfolio Programme Board (23rd February 2023, Item 3),
- Welsh Government had confirmed that the Health Board's escalation status remained unchanged at 'routine monitoring' (9th March, Item 1).

The Board NOTED the report

Audit, Risk and Assurance Committee

The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 20 January 2022.

The Committee Chair wished to highlight to the Board the potential impact on the Health Board of a late submission of the Charitable Funds Accounts for 2020/21 to the Charity Commissioner.

The Board NOTED the report

Delivery and Performance Committee

The Committee Chair presented the item which provided an overview of matters considered by the Delivery and Performance Committee on 28 February 2022.

The Board NOTED the report

Patient Experience, Quality and Safety Committee

The Committee Chair presented the item which provided an overview of matters considered by the Patient Experience, Quality and Safety Committee on 3 February 2022.

The Committee Vice-Chair wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.

The Board NOTED the Report.

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	<p><u>Planning, Partnerships and Population Health Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Planning, Partnerships and Population Health Committee on 18 January 2022.</p> <p>The Committee Chair wished to highlight to the Board the consideration given to the North Powys Well-being Programme and confirm the Committees support for the Memorandum of Understanding subject to a review of the notice period for withdrawal.</p> <p>The Board NOTED the report</p> <p><u>Workforce and Culture Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Workforce and Culture Committee on 28 January 2022.</p> <p>The Board NOTED the Report.</p> <p>B) JOINT COMMITTEES</p> <p>The Chief Executive presented the item which provided an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"> ▪ Welsh Health Specialised Services Committee (WHSSC); ▪ Emergency Ambulance Service Committee (EASC); and ▪ an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC). <p>The Board NOTED the updates contained within the report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
<p>PTHB/21/137</p>	<p>ASSURANCE REPORT OF THE BOARD'S PARTNERSHIP ARRANGEMENTS</p>

	<p>The Chief Executive provided an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:</p> <ul style="list-style-type: none"> • NHS Wales Shared Services Partnership Committee (NWSSPC); • Powys Public Services Board (PSB); • Regional Partnership Board (RPB); and • Joint Partnership Board (JPB). <p>The Board DISCUSSED and NOTED the updates contained in the report in respect of the matters discussed and agreed at recent partnership board meetings.</p>
PTHB/21/138	<p>REPORT OF THE BOARD'S LOCAL PARTNERSHIP FORUM</p> <p>The Director of Workforce and OD presented the item which provided an update on the work of the Board's Local Partnership Forum since the last meeting of the Board.</p> <p>The Board DISCUSSED and NOTED the Report of the Board's Local Partnership Forum.</p>
OTHER MATTERS	
PTHB/21/139	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business</p>
PTHB/21/140	<p>DATE OF THE NEXT MEETING:</p> <p>25 May 2022, 09:00 via Teams</p>

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POWYS TEACHING HEALTH BOARD

UNCONFIRMED

MINUTES OF THE EXTRAORDINARY BOARD MEETING:

HELD ON THURSDAY 28 APRIL 2022

VIA TEAMS

Present

Vivienne Harpwood	Independent Member (Chair)
Carol Shillabeer	Chief Executive
Kirsty Williams	Independent Member (Vice-Chair)
Matthew Dorrance	Independent Member (Local Authority)
Ian Phillips	Independent Member (ICT)
Mark Taylor	Independent Member (Capital & Estates)
Rhobert Lewis	Independent Member (General)
Cathie Poynton	Independent Member (Trade Union)
Hayley Thomas	Deputy Chief Executive and Director of Primary, Community Care and Mental Health
Julie Rowles	Director of Workforce and OD
Kate Wright	Medical Director
Pete Hopgood	Director of Finance and IT
Claire Roche	Director of Nursing and Midwifery
Stephen Powell	Director of Planning and Performance

In Attendance

James Quance	Interim Board Secretary
Paula Walters	Associate Director of Corporate Business
Liz Patterson	Interim Head of Corporate Governance

Apologies for absence

Tony Thomas	Independent Member (Finance)
Ronnie Alexander	Independent Member (General)
Claire Madson	Director of Therapies and Health Sciences

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PRELIMINARY MATTERS	
PTHB/22/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed all participants to the meeting noting that a number of observers were present as outlined in the attendance record. Apologies for absence were noted as recorded above.</p>
PTHB/22/02	<p>DECLARATIONS OF INTEREST</p> <p>No new declarations of interest were made.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/22/03	<p>CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2020-2021</p> <p>The Director of Finance presented the Charitable Funds Annual Report and Accounts 2020-21 for approval appending to the report the 2020-21 ISA 260 report, the draft letter of representation and the Audit Wales Audit Plan. The Annual Report will be sent to Audit Wales and then to the Charities Commission.</p> <p>There had been some delay in respect of issues raised regarding assets and the timing of income and expenditure. This had been dealt with by the Finance Team and Auditor colleagues.</p> <p><i>Does the Charities Commission allow for late submission of accounts?</i></p> <p>The Director of Finance advised that the team had spoken to the Charities Commission and were advised that when they are submitted this will be recorded with a note confirming the accounts had been submitted late.</p>

	<p><i>Will there be a change to the audit regime now that a financial limit has been passed?</i></p> <p>The Director of Finance and IT confirmed that Internal Audit had been asked to undertake an impartial view of the Charitable Funds processes.</p> <p>The Board APPROVED the Charitable Funds Annual Report and Accounts for the period to 31 March 2021 as Corporate Trustee.</p>
OTHER MATTERS	
PTHB/22/04	<p>ANY OTHER URGENT BUSINESS:</p> <p>There was no other urgent business.</p>
PTHB/22/05	<p>DATE OF THE NEXT MEETING:</p> <p>25 May 2022, via Microsoft Teams</p>

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Key:

Action Complete
Not yet due
Due
Overdue
Transferred

BOARD ACTION LOG (Updated May 2022)

Board Minute	Board Date	Action	Responsible	Progress at 16/05/2022	Status
PTHB/21/93	24 November 2021	An in-depth review of committee based risks to be undertaken in quarter 4	Board Secretary	Corporate risks allocated to committees by the Board for oversight are routinely being reported to each committee meeting for discussion regarding how they can be developed further. This compliments wider development of the Corporate Risk Register by the Executive Committee.	

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What I thought were the after effects of Covid turned out to be something else entirely – Daniel 's story

It all started when I caught Covid on January the 26th. I carried on working as my covid symptoms weren't severe. The following week I started to feel tired, I would come in the house and sleep in the afternoons and in the third week, I started having a craving for chocolate and fizzy drinks where I found myself driving to the garage to buy coke or lemonade, which I never usually drink. Running a chicken farm with 32,000 chickens as well as getting ready for lambing, there was no time to stop and think about whether all these symptoms meant anything serious. Me and my wife assumed that they were an after effect of Covid.

One of my wife's friends came round one Saturday and said that my symptoms were a sign of diabetes and so I ordered a glucose tester on the Internet. The test result was high so I phoned Llanfair Caereinion Medical Practice and spoke to Dr Jones Evans who told me to come down as those tests aren't 100%. The next day I got up to tend to the chickens in the shed and I got a call about 9.30am from Shrewsbury Hospital asking me to go to the Emergency Day Care Centre immediately.

They tested me again at the hospital and I was told that there was something odd going on as my glucose was so high and my keto levels were better than normal. I was later told by the diabetic nurse that this was due to covid attacking my immune system. They did an ECG, and some more blood tests and about an hour or so later someone came and injected me with insulin, which I was told was to counteract the high glucose in my blood. It was then that I was told that I may have type 1 diabetes.

The staff nurse who specialises in diabetes, Erika, said to me 'Daniel, I think you better sit down or you're going to die' and she explained to me then that my glucose levels were 38 which was off the scale. She went through everything with me and said that if I hadn't gone to hospital or hadn't taken the glucose test at home that I could have had a heart attack or a stroke within two days. My blood was like syrup and I could have had a clot at any time.

Within a week, I was put in contact with the local area diabetes nurse for Powys, Sally, who came to see me at my home and has offered fantastic support and advice. She was with me for 3 hours in that initial home visit and she bought a Liebermann sensor device for me which revolutioned everything. I can now monitor my glucose levels myself, it allows me to spot trends and I've now got used to how much to inject with what I'm eating. She talked me through everything as it was so much to take in at once and she has helped me to understand what my different diabetes

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figures mean. Sally is only a couple of clicks away via e-mail or phone if I need anything and it's good to know that support is available.

The whole experience has been a steep learning curve for us all as a family as we all initially assumed that I had longer term effects of Covid, I'm very lucky to be here today and I owe my life to my wife's friend who urged me to get tested for diabetes . I'm very grateful to her, Dr Jones Evans at Llanfair Caereinion Surgery, Erika at Shrewsbury, and Sally from Powys. I'm now back down to the glucose levels that I should be, with the help of the insulin which I inject myself with 4 times a day.



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AGENDA ITEM: 1.7a

BOARD MEETING		Date of Meeting: 25 May 2022
Subject :	CHAIR'S REPORT	
Approved and Presented by:	Vivienne Harpwood, PTHB Chair	
Prepared by:	Vivienne Harpwood, PTHB Chair	
Other Committees and meetings considered at:	None	

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in March 2022.

RECOMMENDATION(S):

It is recommended that the Board NOTES this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

CHAIR'S REPORT:

Board Membership

I am very pleased we have been able to announce that Mererid (Mezz) Bowley will be joining the health board as Director of Public Health. Mezz joins the health board on 12-month secondment from Public Health Wales, and she will be in post by July. Most recently she was Deputy Director of Public Health for Aneurin Bevan University Health Board, and acting Director of Public Health for the same health board from April 2020 to January 2021.

The process for seeking a new Independent Member (Third Sector) is progressing and plans are in place for the appointment of a new Independent Member (University).

This will be the last Board meeting for Frances Gerrard as she reaches the end of her appointment to the health board on 30 June. She has given excellent support to the health board throughout her time with us, and her knowledge of medical education, combined with her experience as a GP in our area, have proved invaluable to us. We are grateful to Frances that among her other contributions, she arranged 'taster sessions' in Powys for medical students to give them experience of working in rural healthcare. I am confident that members of the board will join me in wishing Frances well for the future.

You will also be aware that the process has begun to seek my successor from September 2022.

I will be continuing to meet virtually with Independent Members on an individual basis and as a group during the currency of the emergency measures following the Chair's action, in order to ensure that they feel supported, and to understand any issues they might be experiencing as the Board continues to operate in a virtual manner.

On 12th April 2022 I was delighted to attend the Certificate of Appreciation and Long Service Awards for our staff. Further detail is provided in the Chief Executive's update report.

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Chair's Report

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Board Meeting
25 May 2022
Agenda Item: 1.7a



Agenda item: 1.7b

BOARD MEETING

DATE OF MEETING:
25 May 2022

Subject:	CHIEF EXECUTIVE REPORT
Approved and Presented by:	Carol Shillabeer, Chief Executive
Prepared by:	Carol Shillabeer, Chief Executive
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

This report is intended to keep the Board up to date with key developments at a national and local level.

It sets out for the Board areas of work being progressed and achievements that are being made, which may not be subject to consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

RECOMMENDATION(S):

The Board is asked to DISCUSS any key issues relating to the report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Chief Executive Report

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report briefly outlines some of the key matters to draw to the attention of the Board, including:

- Health and Care Bill England;
- Engagement activity (CNO Conference, Dementia Standards for Hospitals Launch, Certificate of Appreciation and Long Service Awards;
- Joint work with PCC on Ukrainian refugees; and
- Welsh Government: Planned Care Recovery Plan.

DETAILED BACKGROUND AND ASSESSMENT:

Health and Care Act (England)

Given the role that the health board has in working cross border into England, the development of the Health and Care Bill is an important matter for consideration. The Bill has now received Royal Assent and therefore the Act will come into force in July 2022.

The Act is a suite of legislative proposals which build on those published by NHS England and NHS Improvement after the publication of the Long-Term

Plan. The suite has expanded in light of Covid-19 with the proposals falling broadly into four themes:

- Working together collaboratively and supporting integration - how different parts of the system can best work together, furthering integration and building on the experience of system working during Covid-19, where barriers to cooperation were removed overnight;
- Reducing bureaucracy - turning effective innovations and bureaucracy-busting into meaningful solutions for everyone, learning from innovations during Covid-19;
- Enhancing public confidence and accountability - by ensuring that patients and staff know how their concerns will be addressed and exploring how the accountability of health and care organisations affects this; and
- Additional supportive measures – relating to social care, public health and safety.

Taken together, Department of Health and Social Care (UKG) is of the view the proposals will help build on the changes already made to the health and care system in England and which will better enable the system to tackle the challenges of the future.

Policy Proposals Summary (not inclusive of all changes)

- Integrated Care Systems - putting ICSs on a statutory footing;
- Duty to collaborate - the Duty of Collaboration and related guidance making power would be placed on relevant NHS bodies and Local Authorities to ensure further collaborative working with respect to their functions;
- Triple Aim - to create a new duty on NHS organisations (Clinical Commissioning Groups, Trusts, Foundation Trusts and NHS England in their commissioning functions) to have regard to the Triple Aim of better health and wellbeing, better care for all patients and sustainable use of NHS resources;
- Joint committees - allows the creation of joint committees of commissioners and providers and joint committees of providers to make joint decisions;
- Collaborative commissioning - a series of changes to enable easier collaborative commissioning of services between CCGs and NHS England, including the delegation of services and appropriate safeguards;
- Joint Appointments – this creates a requirement for NHS England to issue guidance on joint appointments between different types of NHS organisations and different types of NHS organisations and local authorities, to ensure these are appropriate; and
- Data sharing – to address where legislation is a barrier to data sharing.

- Competition – to change the Competition and Market Authority and NHS Improvement’s roles in respect of the NHS internal market and competition;
- Procurement - gives commissioners greater flexibility in how and when they use competitive tendering to arrange services and introducing a new NHS procurement regime supported by secondary legislation and statutory guidance;
- National Tariff - increases the flexibility within the system to allow different payment structures in different circumstances in order to support new models of care and collaboration across the system.
- New Trusts - allows the Secretary of State for Health to create New NHS Trusts; and
- Removing Local Education Training Boards (LETBs) - removes Local Education Training Boards from statute, these are statutory sub-committees of Higher Education England.

Members of the senior management team have been working closely with Welsh Government and the Cross Border Group to fully understand the implications of the Act on the Welsh NHs and specifically Powys Teaching Health Board. A further briefing will be given to Board members as this work progresses.

Engagement activity

Chief Nursing Officers Conference and Awards: The Chief Nursing Officer (CNO) for Wales held her first conference since joining Welsh Government some 9 months ago. It was a hybrid event that gave an opportunity for the CNO to share her priorities and to also recognise some of the excellent work from the professions in Wales. It was a pleasure for Powys’ Palliative Care Team to be awarded the first of the CNO Awards for their work on end-of-life care approaches. The Award was presented to the Palliative Care Team on Internal Nurses Day on 11th May in the Basil Webb Hall: Health and Care Academy Hub.

Care for people with memory problems and more broadly Dementia has been recognised as a key priority in Wales and here in Powys, with this forming one of the priorities in the Integrated Medium-Term Plan. To this end, the Dementia Friendly Hospital Charter for Wales were launched on 6th April. A Panel of CEO or their representatives committed to driving forward the Charter into practice and each health board was able to showcase the work underway to improve the outcome and experience of people with dementia and their families when they are in hospital. This will be a key development to monitor moving forward.

Certificate of Appreciation and Long Service Awards: The now regular event of recognition and appreciating the efforts and achievement of colleagues

took place on 12th April. It was an opportunity for the Chair and members of the Executive Team to take time to thank colleagues for their work. Again, the nominations for this appreciation event were high in number and varied across the organisation, demonstrating again the commitment of staff across Powys. Increasingly the achievements of colleagues in learning, training and development are being recognised and this is an area for further expansion as the Health and Care Academy grows. Long service awards were also given, demonstrating the commitment of colleagues to the NHS many of whom have spent most of their career in Powys.

Joint working with Powys County Council in support of Ukrainian Refugees

A brief outline was given in the last Chief Executive Report relating to the preparation for the receiving refugees into the county from Ukraine. Further positive work has continued in partnership with Powys County Council and Ukrainian refugees are now being welcomed into the county. Particular mention should be made regarding the excellent team working between the organisation and with Public Health Wales colleagues' support.

Welsh Government Planned Care Recovery Plan

The Government, on 26th April 2022, published its plan for Transforming and modernising planned care and reducing waiting lists. The Plan can be accessed via the link below.

The key areas of the Plan include:

- Transformation of outpatients
- The prioritisation of diagnostic services
- Focus on early diagnosis and treatment of suspected cancer patients
Implementing a fair and equitable approach to patient prioritisation to minimise health inequalities
- Eliminating long waiters at all stages of the pathway
- Build sustainable planned care capacity
- The provision of appropriate information and support to people

The Plan reads across to the IMTP priority relating to Diagnostics, Ambulatory and Planned Care, as part of the Renewal Portfolio.

[Transforming and modernising planned care and reducing waiting lists | GOV.WALES](https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists)

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Agenda item: 2.1

Board		Date of Meeting: 25 May 2022
Subject :	Briefing Paper: Powys Population and Well-being Assessments 2022	
Approved and Presented by:	Director of Public Health	
Prepared by:	Consultant in Public Health Medicine	
Other Committees and meetings considered at:	Wellbeing Assessment considered at Powys Public Services Board. Population Assessment considered at Powys Regional Partnership Board	

PURPOSE:

This paper provides a briefing to Board on the summary findings from the Population Needs Assessment and the Well-being Assessment for Powys. The Board is asked to discuss and note the findings.

RECOMMENDATION(S):

Board is asked to RATIFY the Well-being Assessment as approved at the Public Service Board on 17 March 2022 and NOTE the Population Needs Assessment.

Approval/Ratification/Decision¹	Discussion	Information
X	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper presents the Well-being Assessment (WBA) and the Population Needs Assessment (PNA) for Powys. The two assessments have differing legislative requirements, aims and content, but are presented together here, because of the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a more narrow focus on the provision of health and care services.

The two assessments were collaboratively developed as part of a combined process. This paper summarises the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID).

Board is asked to RATIFY the Well-being Assessment as approved at the Public Service Board on 2022 and NOTE the Population Needs Assessment.

DETAILED BACKGROUND AND ASSESSMENT:

This paper deals with two assessments: the Powys Well-being Assessment (WBA) and the Powys Population Needs Assessment (PNA). Because the relationships between the legislation, public bodies and plans that relate to the assessments are potentially confusing, background information clarifying these relations is set out briefly below as a reminder. The main aim of this paper – covered in section 2 below – is to update the committee on the progress made to date with this work, with an overview of current content

and of key changes since previous iterations of the assessments (from 2017). Further plans for this work are also set out below – under 'Next steps'.

Background to the assessments

- The Well-being Assessment

The Public Service Board (PSB) is a statutory strategic partnership established under the Well-being of Future Generations (Wales) Act 2015. The act requires key local organisation in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county. As part of its work, the PSB is required to prepare an assessment on a 4-yearly basis² – the WBA – as a precursor to the publication of a local well-being plan (this plan is usually published a year after the assessment).

The purpose of the WBA is to provide an accurate analysis of the state of economic, social, environmental and cultural well-being in each community within Powys and for Powys as a whole, with a view to informing the choice of objectives to be included in the Local Well-being Plan that will follow it.³ It is expected that the PSB use an extensive range of sources in the preparation of the WBA, including routine data sources, academic research and qualitative evidence.

The preparation of the draft Powys WBA has been a joint effort between the statutory organisations that comprise the PSB (statutory partners are Mid and West Wales Fire and Rescue Service, Natural Resources Wales, Powys County Council and Powys Teaching Health Board) and others. The first Powys WBA was published in 2017. The assessment discussed here is the second Powys WBA, the assessment being revisited now in line with the requirements of the legislation. The current assessment updates and builds on the earlier one from 2017. This latest iteration of the assessment went out for a six-week period of consultation in December 2021.

- The Population Needs Assessment

The PNA is a component of a parallel but distinct planning cycle that falls under the provisions of a separate piece of legislation: the Social Services and Well-being (Wales) Act. This act established a Powys Regional Partnership Board (RPB) in April 2016, the key role of which is to identify key areas of improvement for care-and-support services in Powys and opportunities for integration between social care and health services. The

² The actual timing of assessments has been affected by the COVID-19 pandemic, meaning the next assessment will not be four years after the initial one.

³ SPSF 3: Collective role. (Public Service Boards). Shared Purpose: Shared Future Statutory guidance on the Well-being of Future Generations (Wales) Act 2015. Welsh Government.

focus of the RPB's role is limited to health and social care (rather than the wider well-being scope addressed by the PSB).

The act requires local authorities and health boards to carry out a PNA, in order to underpin effective planning of care and support services. The first Powys PNA was published in 2017. That assessment informed the development of a Powys local area plan in 2018. The PNA discussed here is the second iteration of the Powys PNA. The specific aim of the PNA-process is to assess the needs of people (including carers) in Powys for care and support, the extent to which those needs are being met and the services required to meet identified gaps in provision. The assessment should also identify preventative services required in Powys and consider how services will be delivered through the medium of Welsh. There is a requirement that the PNA be taken into account as part of broader integrated planning frameworks, for example, within Integrated Medium-Term Plans and within the Local Well-being Plan (discussed above). There is no formal obligation for a formal consultation on the PNA: the version of the PNA discussed here has not been put out for consultation.

Summary of key content and changes since previous assessments

The two assessments themselves are detailed, so here, rather than reviewing all content, discussion is limited to key observations, to brief summaries of the content and to the principal changes since previous iterations of the assessments.

- Key points common to the two assessments

Several key points relate to the preparation of both assessments:

- A locality approach has been employed as a basis for much of the analysis and discussion. This is consistent with the expectation (in the WBA) that the assessment looks at communities within Powys as well as the Powys population as a whole. This is also a practical approach, because much of the locally available data can be split down to this locality level – thirteen areas of Powys (where localities are defined using Middle Super Output Areas, a statistical geography developed by the Office for National Statistics)
- Because the preparation of the assessments is a joint undertaking between partner organisations, their content reflects a collaborative effort by many individuals, with different organisations having contributed more to particular areas of the assessments (particularly the WBA) that relate to their areas of responsibility. PTHB's input has, understandably, been most focused around the preparation of the health chapter of the PNA and the health sections of the WBA.

- Both assessments highlight issues with gaps in data and unknowns that exist in some areas. Similar points were made in the first, published iterations of the assessments and imperfections in the data and analysis available may, to some extent, be inevitable.
- The COVID-19 pandemic has impacts on both assessments. First, it has interfered with the assessments by reducing the resource available for their preparation. Second, it has radically complicated the picture of services and population well-being that the assessments aim to elucidate. The assessments have become a more difficult task since the arrival of COVID-19. Third, it has made it difficult to engage and obtain feedback on the assessments in the way we might have liked.
- Since the publication of the previous iterations of the assessments, further complexity has been introduced in the background picture by the Brexit process and the increasingly pressing issue of climate change.

Despite the fact that the two assessments are structured differently, reflecting their different functions, the actual content of the two assessments overlaps in a number of areas. For example, both assessments contain information on the demography of Powys, highlighting the following demographic points relating to the county:

- The Powys population is older than both the population of Wales and the population of the UK overall;
- The Powys population is predicted to continue to increase its average age and to increase in size in the coming years;
- Powys is a large, rural county with a comparatively low population density;
- The rural nature of Powys as a county, its low population density and its age structure all have important implications for how we deliver services in the county;
- While relative socio-economic deprivation in Powys is less pronounced than in some other parts of Wales, some areas of Powys do have high levels of deprivation.

Both assessments also cover similar content relating to the health of the population of Powys (though it is distributed differently within the two assessments). Several key points emerge from consideration of the health of the Powys population:

- In general Powys compares favourably with Wales overall in terms of key population health indicators such as life expectancy and healthy life expectancy. However, there is no room for complacency: international comparison shows that Wales and Powys fall short of the healthiest countries on these indicators; the last decade has seen a concerning stalling in the improvements in life expectancy that previous decades had seen; the most deprived parts of Powys are notably less healthy than the least deprived – inequality in outcomes remains a significant challenge.

- Likewise, many of the population levels of key risk factors in Powys look good compared to Wales overall but addressing inequality in Powys and moving life expectancy in Powys towards that of the healthiest nations will inevitably require sustained focus on improving population risk factors – partly through the way we provide services, but also through our wider partnership efforts.
- Achieving the effects that we want to see has become more difficult in the face of the global pandemic: our understanding of its many effects on population health is still developing, but it is already clear that COVID-19 has brought with it widespread and interacting effects on many factors that influence population health.

Other content that overlaps between the two assessments, including analysis of the education of children in Powys; housing (including care homes, extra care units and sheltered housing) and homelessness; loneliness and isolation and information on carers.

- Changes since previous assessments

Much of the material in the current draft assessments was covered in the earlier Powys assessments (WBA and PNA). In part, this reflects an explicit aim within the assessments to provide continuity between the different iterations of the assessments, so that we are not starting from scratch each time. In particular, the structure of the assessments is similar to previously.

Since the initial preparation of the WBA, a number of datasets have become available that are now gathered and compiled in an automated way such that they can be viewed using an on-line tool (the Well-being information Bank)ⁱ. This new capability is a departure from the initial WBA and allows readers to interact with content in a way not previously available.

- Content specific to the WBA

The purpose of the WBA means that it has a much broader remit than the PNA and this is reflected in the draft Powys WBA, which examines (in line with the requirements of the legislation) the general needs of the population under four key themes:

- Social
- Economy
- Environment
- Culture

The economy, environment and culture themes are specific to the WBA and contain material not included in the PNA. The WBA consciously examines these themes through the lens of the Well-being of Future Generations Act (Wales), which stipulates focus on seven well-being goals (a prosperous

Wales, a resilient Wales, a healthier Wales, a more equal Wales, a Wales of cohesive communities, a Wales of vibrant culture and thriving Welsh language, a globally responsible Wales) and the use of five ways of working (long-term, prevention, integration, collaboration and involvement). The content of parts of the WBA has not been discussed in detail in this paper.

Content specific to the PNA

This PNA aims to provide a focused view of current and future health and social care needs in Powys from three key perspectives:

1. identifying existing and future care and support needs (including the needs of carers)
2. looking at the services and assets available to meet those needs
3. identifying actions required to address any gaps in services or unmet needs

This PNA looks at need in this way across eight core themes:

1. Children and young people
2. Older people
3. Health
4. Physical disabilities and sensory impairment
5. Learning disability and autism
6. Mental health
7. Carers who need support
8. Violence against women, domestic abuse, and sexual violence

While arguably the focus of the PNA is a subset of the focus of the WBA (in that the services provided for the population have direct effects on population well-being), the structure of the PNA means that some areas of service are covered in greater detail than is practicable in the WBA (with its broader scope). For practical reasons, these areas of the PNA are not reviewed in details here. Copies of the PNA and WBA are included as appendices to this paper.

NEXT STEPS:

Following publication of the WBA, its findings will be used to set well-being objectives, and these will in turn provide the framework for our next well-being plan – to be published in May 2023.

Similarly, the publication of the PNA will underpin the development of the Powys area plan, which needs to contain integrated priorities for the next five years. That plan will be published in March 2023.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
					<u>Equitable provision:</u> No impact identified
					<u>Digital delivery supports rural living:</u> No impact identified
Age	✓				<u>All-age / all-needs service:</u> No impact identified <u>Children & Family Interventions:</u> No impact identified
Disability	✓				
Gender reassignment	✓				
Pregnancy and maternity	✓				
Race	✓				
Religion/ Belief	✓				
Sex	✓				
Sexual Orientation	✓				
Marriage and civil partnership	✓				
Welsh Language	✓				
Risk Assessment:					
	Level of risk identified				Statement Operational: No impact identified. Reputational: .
	None	Low	Moderate	High	
Clinical	✓				
Financial	✓				
Corporate		✓			
Operational	✓				
Reputational			✓		

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DRAFT WELL-BEING ASSESSMENT

Powys Public Service Board

11/0202/2022

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Get in touch

If you would like any further information or have any questions about this well-being assessment there are many ways to get in touch with us:

Email: Business_intelligence@powys.gov.uk

Post: Powys Public Service Board secretary, Powys County Council, County Hall, Llandrindod Wells, Powys. LD1 5LG.

Phone: 01597 826 000

The Public Service Board (PSB) is a statutory strategic partnership established under the **Well-being of Future Generations (Wales) Act 2015**. The Act requires key local organisation in Powys to work together and take a more co-ordinated and long-term approach to the issues that really matter to the people of the county.

The statutory partners that make up the board are:

- Mid and West Wales Fire and Rescue Service - www.mawwfire.gov.uk
- Natural Resources Wales - <https://naturalresources.wales>
- Powys County Council - www.powys.gov.uk
- Powys Teaching Health Board - www.powysthb.wales.nhs.uk

Other invited organisations who play a key role in the PSB include:

- Brecon Beacons National Park Authority - www.beacons-npa.gov.uk
- Powys Association of Voluntary Organisations - www.pavo.org.uk
- Dyfed Powys Police - www.dyfed-powys.police.uk
- Dyfed Powys Police and Crime Commissioner - www.dyfedpowys-pcc.org.uk
- Department for Work and Pensions
- Welsh Government
- Probation Service
- One Voice Wales

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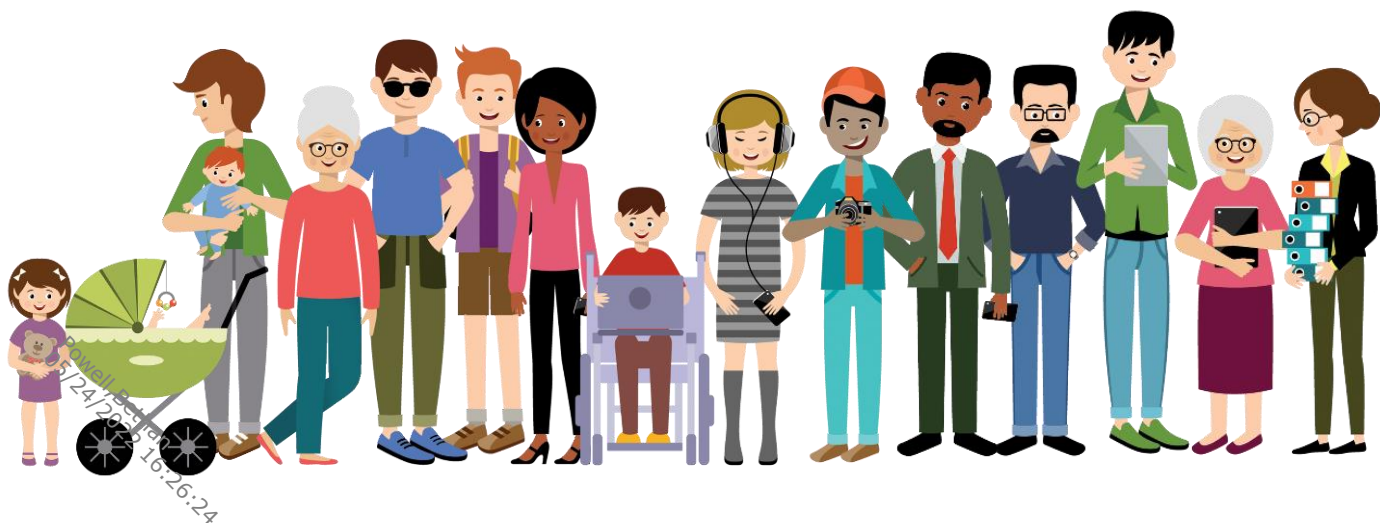
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Introduction

Welcome to our Well-being Assessment 2022. The unprecedented challenges facing public organisations currently cannot be underestimated and the impact the coronavirus pandemic has had on all our lives has been extraordinary, and we are still seeing and feeling the effects of lockdown and social distancing today.

The PSB is a partnership of the county's public sector organisations who have worked together and builds upon the success of the last assessment and our plan to produce a positive outlook for our future generations.

We are required by the Well-being of Future Generations (Wales) Act 2015 to prepare a local Well-being Plan setting out how we will improve the well-being of its communities, against seven national goals. Before we can set out a plan, we must understand the pressures that our communities are facing. To understand this, we have assessed well-being across communities in Powys. This assessment includes a range of data, evidence, and research, providing a comprehensive picture of the well-being of local people and communities now and how well-being could be influenced in the future.

It looks at economic, social, environmental, and cultural factors that impact on people's daily lives, issues such as health, access to employment, condition of housing and access to services. We have engaged with residents, both young and old, businesses and stakeholders through a variety of methods, over the past year to get as much insight as possible.

Background

The Well-being of Future Generations (Wales) Act came into force in 2015, it requires public bodies in Wales to think about the long-term impact of their decisions and to conduct a well-being assessment during each electoral cycle. This provides insight into the well-being of our residents and helps to understand what we need to do to improve well-being for all our residents and service users. The Well-being Assessment focuses on the general needs of the population under four key themes:

- Social
- Economy
- Environment
- Culture

As well as the Well-being Assessment, we must also publish a Population Needs Assessment, focused on care and support needs in our area (requirement of the Social Services and Well-being (Wales) Act 2014).

This Well-being Assessment follows what has been an extraordinary time, the coronavirus pandemic has had a global impact and made us live and work very differently. However, the successful vaccination programme has helped to reduce the risk of serious disease and death and helped to ease transmission. This Well-being Assessment does not focus wholly on COVID-19, instead it evidences areas that we as public organisations need to focus our energies, it provides an overview of what is happening at an overall Powys level, whilst also identifying differences across the county wherever possible.

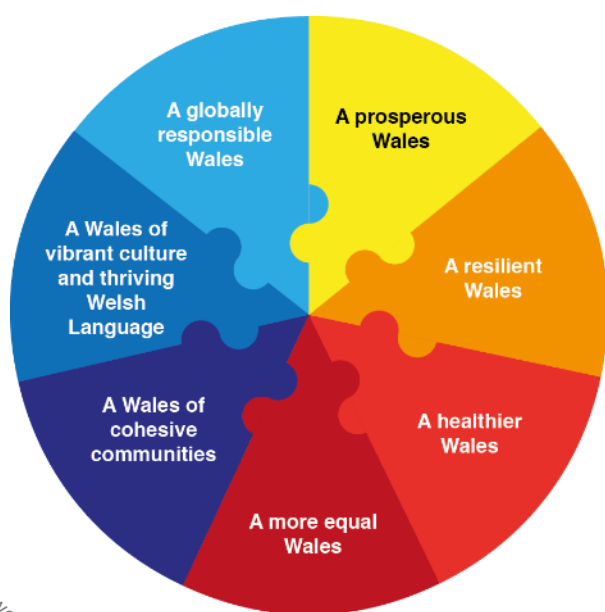
The assessment provides an honest account of what we know and what we don't know. We are aware that there are some data gaps that we need to plug, and this will be a focus over the coming years.

Next Steps

This assessment will inform our plans going forward. Our findings will be used to set well-being objectives, and these will provide the framework for our next well-being plan. **The plan will be published in May 2023.**

It is important to note that the data insight and intelligence we have access to is used daily to help shape service delivery and continuous improvement.

The Seven Well-being goals



The Welsh Government is interested in the well-being of Wales as a whole and has defined this through seven Well-being Goals. This local assessment focusses on the well-being of Powys and its people, but we also note how local well-being aligns with these national goals.

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The Well-being of Future Generations (Wales) Act 2015: Seven Well-being goals:

1. **A prosperous Wales:** An innovative, productive, and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
2. **A resilient Wales:** A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic, and ecological resilience and the capacity to adapt to change (for example climate change).
3. **A healthier Wales:** A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
4. **A more equal Wales:** A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio-economic background and circumstances).
5. **A Wales of cohesive communities:** Attractive, viable, safe, and well-connected communities.
6. **A Wales of vibrant culture and thriving Welsh language:** A society that promotes and protects culture, heritage, and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
7. **A globally responsible Wales:** A nation which, when doing anything to improve the economic, social, environmental, and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

The following table maps the local areas of focus identified in the assessment, to the seven National Well-being Goals for Wales. This provides a starting point for understanding which areas contribute and impact on the wider well-being of Wales. As we begin to develop our next well-being plan, we will look to understand whether the areas of focus are having a negative or positive impact on the goals, and this will help to prioritise areas for action.

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Well-being Theme	Local Well-being: Areas of focus	A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture and thriving Welsh language	A globally responsible Wales
Social	Homelife	Yes	Yes	Yes	Yes	Yes	No	Yes
	Living Independently	Yes	No	Yes	Yes	Yes	No	No
	Health and Lifestyle	No	No	Yes	Yes	No	Yes	No
	Educating our children	Yes	No	No	Yes	No	No	No
Economy	Jobs and wages	Yes	No	Yes	Yes	No	No	No
	Businesses	Yes	Yes	Yes	Yes	Yes	No	No
	Tourism	Yes	No	No	No	Yes	Yes	No
	Staying connected	Yes	No	No	Yes	Yes	No	No
	Poverty and deprivation	Yes	No	Yes	Yes	No	No	No
Culture and Community	Welsh Language	No	No	No	Yes	Yes	Yes	No
	Communities coming together	No	No	Yes	Yes	Yes	No	No
	Participation in cultural life	Yes	No	No	No	Yes	Yes	No
	Anti-social	No	Yes	Yes	No	Yes	No	Yes

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Well-being Theme	Local Well-being: Areas of focus	A prosperous Wales	A resilient Wales	A healthier Wales	A more equal Wales	A Wales of cohesive communities	A Wales of vibrant culture and thriving Welsh language	A globally responsible Wales
Environment	Improving Biodiversity	Yes	Yes	No	No	No	No	Yes
	Sustainable Land, Water and Air	Yes	Yes	Yes	No	No	Yes	Yes
	Reconnecting People and places	Yes	Yes	Yes	Yes	Yes	Yes	No
	Forestry Resources	Yes	Yes	Yes	No	No	No	Yes
	Climate Change	Yes	Yes	Yes	Yes	No	No	Yes

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The Five Ways of Working

Throughout this assessment we have followed the five ways of working, we will take these forward as we move to the next stages of responding to the findings and developing our area plans.



Figure 1 Icons for the five ways of working

- **Long-term** – Balancing short-term needs with the need to safeguard the ability to also meet long-term needs
- **Prevention** – Putting resources into preventing problems occurring or getting worse
- **Integration** – Considering how our priorities may impact upon one another, on the well-being goals and on the priorities of other public bodies
- **Collaboration** – Working together with other partners to deliver our priorities
- **Involvement** - Involving those with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area

What do we know about well-being in Powys?

Our assessment has told us a great deal about the social, economic, environmental, and cultural well-being of people in our localities in Powys:

Social

- **12% (16,154) of the population are unpaid carers.** This is projected to have increased. We have more unpaid carers in south Powys, particularly the Ystradgynlais locality. (ONS, 2011)
- There has been a **16% increase in homelessness** between 2019 and 2020 (from 527 to 621). Mostly single homeless presentations. We anticipate more families with dependent children to present due to the end of the furlough scheme. (Powys Well-being Infobank, 2021)
- **20% of people contacting** Powys Association of Voluntary Organisations **state loneliness and isolation as a reason for contact.** 62% of these were female, increase in demand is seen during the winter months. (PAVO, 2021)
- There are **8,871 housing association properties in Powys.** (Housing PCC, 2021)
- **3,500 people are on the housing demand register,** many require smaller accommodation (often 1 or 2 bedrooms), whilst others need larger homes. 22% of

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homes are in the Newtown locality. 48% have a poor energy EPC rating. (Housing PCC, 2021)

- **4,088 families live in absolute poverty**, 31% (1,248) of these were lone parent households (Department for Work and Pension, 2019-20).
- **The coronavirus pandemic has increased existing health inequalities.** Deprived groups have been more vulnerable during lockdowns and declining income.
- There has been a **48% increase in children** (1,601 to 2,371 children) **eligible for Free School Meals** over the past two years (compared with the rest of Wales). (Welsh Gov, 2021)

Economy

- **79.2% of people are economically active and 17.8% are self-employed.** (ONS, Dec 2021)
- **5% of working-age people are unemployed (16-64 age group, Dec 2020).** Llanidloes was the hardest hit locality, however all localities saw unemployment grow. (ONS, Dec 2021)
- Median weekly **full-time earnings in Powys are £519** (Wales: £542, UK £586). (ONS, 2021). Powys has the lowest gross value added per hour worked in the UK (since 2008). (ONS, 2021) Powys has the lowest gross value added per hour worked in the UK (since 2008). (ONS, 2021)
- The **average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). 55% of households in Powys earn *below* the Powys average (£33,458). (CACI, 2021)
- **93% (8,030) of businesses are micro-businesses (employing between 0-9 employees).** 6% (550) small, 1% (65) medium-sized and 10 large businesses. (ONS, 2021)
- **12% of properties are unable to receive 10mb/s broadband.** Highest amongst all Welsh local authorities (2020 Ofcom report). (OFCOM, 2020)

Environment

- **Water Quality:** many rivers in Powys are **not achieving good ecological status**. The river Wye in particular, is suffering from an increase in nutrient pollution. There are two water pollution incidents per week.
- **Air quality:** urgent measures are required to address **ammonia pollution** from intensive agricultural units.
- All of Powys is within a 300m buffer area of **greenspace**, however not all sites have full legal access. Half of our population lives within 10km of an accessible greenspace site in Powys.
- **Impact of Climate change on the natural environment** (e.g., more frequent flooding and high temperatures and winds).
- **Energy efficiency:** Powys has **old and inefficient housing**, reliance on solid fuels and **often households run two cars** due to rural nature and limited public transport.

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Culture and Community

- **19% of residents can speak the Welsh language**, ranging from 54% in Machynlleth locality to 8.6% in Knighton and Presteigne. Most Welsh speakers are aged 5-15 years old. (ONS, 2011)
- Between April 2020 and March 2021, the number of 3-day emergency food aid parcels given to families with children in Powys increased by 197% (971 parcels) (Wales: 7%) when compared to 2019/20 (Child Poverty Action Group, 2021). In total, 6,754 parcels were given in 2020/21 (84% increase since the previous year). (Child Poverty Action Group, 2021)
- Most of Powys is poor for access to services (just under **half of Powys areas¹ are in the worst 20% in Wales in terms of access to services**. (Welsh Gov, 2019)
- **6 areas¹ in Powys are in the worst 20% in Wales for community safety** (Llandrindod East/West, Newtown East, Newtown South, St Mary 1 (Brecon), Welshpool Castle and Welshpool Gungrog 1). (Welsh Gov, 2019)
- **Newtown East ranks 31st most deprived area¹ in Wales (of 1,909 areas¹ in Wales)** (Welsh Gov, 2019)

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¹ area = Lower Super Output Area (LSOA), a classified output area boundary as defined by Office National Statistics.

Our 13-locality approach



Figure 2 Powys 13 Localities (PCC, 2022)

Powys covers one quarter of Wales's landmass, so to gain a better understanding of our residents' needs we use geo-spatial analysis.

Geo-spatial analysis is the gathering of data and use of maps to visualise the data.

We have split the county into 13 localities, centred around Powys' largest towns and their surrounding areas using boundaries set by the [Office for National Statistics \(ONS\)](#).

This enables us to understand and compare areas of the county with each other and target support. Where possible, we will look at data using this 13-locality approach. It is important to note that some data is not available at a level below that of the whole of Powys.

Our 13 localities are

- Brecon Locality
- Builth and Llanwrtyd Locality
- Crickhowell Locality
- Hay and Talgarth Locality
- Knighton and Presteigne Locality
- Llandrindod and Rhayader Locality
- Llanfair Caereinion Locality
- Llanfyllin Locality
- Llanidloes Locality
- Machynlleth Locality
- Newtown Locality
- Welshpool and Montgomery Locality
- Ystradgynlais Locality

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Powys Demographics

Who are the people of Powys?

Powys is made up of 133,030 people (ONS, 2020).

The highest population concentrations within Powys are in the Welshpool and Montgomery locality (14% of Powys residents live in this area) followed by Newtown (13%) and Brecon (11%) localities.

Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd and Crickhowell localities all have small populations (each one accounts for 5% of the total population).

Follow this link [to explore Powys' population via our interactive report.](#)



Powys covers a quarter of Wales landmass and with a small population and large geographical cover, the average population density is only 26 people per square kilometre (Welsh average 153 KM²). To put this in perspective, Cardiff's population density is 2,620 people per KM², and London has a population density of 5,727 people per KM². Powys is the most sparsely populated local authority in all Wales and England.

The population density differs across our 13 localities, with the highest density in the Newtown locality with 78 people per KM², Welshpool and Montgomery locality are second highest with a density of 64 and Ystradgynlais are 3rd highest with 61 people per KM².

Builth and Llanwrtyd are the most sparsely populated of our 13 localities with 11 people per KM². Second lowest is Machynlleth with a population density of 12 and 3rd lowest is Llanfyllin with 17 people per KM². (ONS, 2020)

Follow the link for more [information about the Powys population density via our interactive report.](#)

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Age groups in Powys

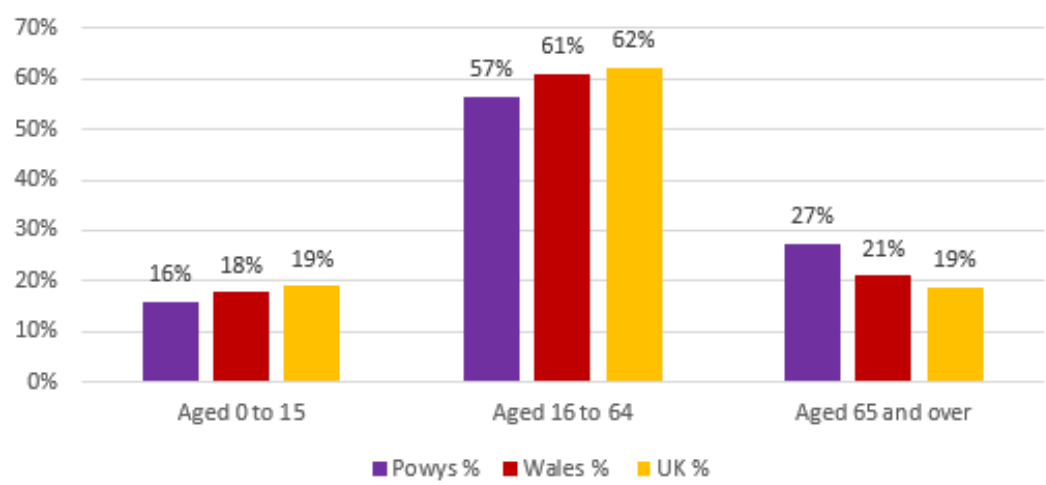


Figure 3 Percentage breakdown of Mid-Year Estimates (ONS, 2020) by age bands

Compared to the Wales and UK averages, Powys has a lower percentage of residents in the age groups 0 to 15 and 16 to 64 and has a higher percentage of residents who are aged 65 and over. The **average age of the Powys population is higher than Wales and UK averages.**

16% of Powys residents are aged 0-15, the Welsh average is 18% and the UK average is 19%.

The distribution of those aged 0-15 fluctuates across the Powys 13 localities with Newtown locality having the highest number of 0–15-year-old residents and Machynlleth having the lowest number.

57% of Powys residents are aged 16-64, meaning that, as with 0–15-year-olds, this segment of the population makes up a smaller percentage of the Powys population than we would see if we looked at the Welsh average of 61% or the UK average of 62%.

The Welshpool and Montgomery locality has the most residents aged 16-64 and Llanfair Caereinion has the fewest.

27% of Powys residents are aged 65 and over and represent a significantly higher percentage of the population in Powys than that of the Welsh average of 21% or the UK average of 19%.

Welshpool and Montgomery have the highest number of residents aged 65 and over and Machynlleth has the lowest. (ONS, 2020).

[Follow this link for more demography insights and to see how our 13 localities compare to each other, via our interactive report](#)

Ethnicity and place of birth

According to the Census (ONS, 2011), **94% of Powys residents were born in the UK.**

Of those not born in the UK:

- 0.3% (418) were born in Ireland
- 3.4% (4,638) were born in EU countries
- 2.1% (2,855) in other (non-EU) countries.

Ethnicity in Powys shows that:

- 98% (130,827) are White
- 0.86% (1,142) are Asian/Asian British
- 0.57% (760) are Mixed/ multiple ethnic groups
- 0.1% (132) are Black/African/Caribbean/Black British
- 0.09% (115) other ethnic groups

There is little known about the change in the ethnicity and place of birth information of our residents over the last 10 years. As this data is captured in the 2011 census, we will be able to understand how this has changed and update the information when the new 2022 census data is released during 2022/23.

Follow this link to view [more information about Powys population Ethnicity and Place of birth and to understand the differences by locality in our interactive report.](#)

Powys' population past and future

Past population (all ages)

In the last 20 years the number of people who live in Powys has increased by 5%, from 126,134 people in 2000 to 133,030 in 2020. This is lower than the 9% population increase experienced across Wales as a whole.

This increase largely took place in the first 10 years of the period, with the last 10 years showing an increase of just 0.1% (the Welsh average over this same period was 4%). (ONS, 2020).

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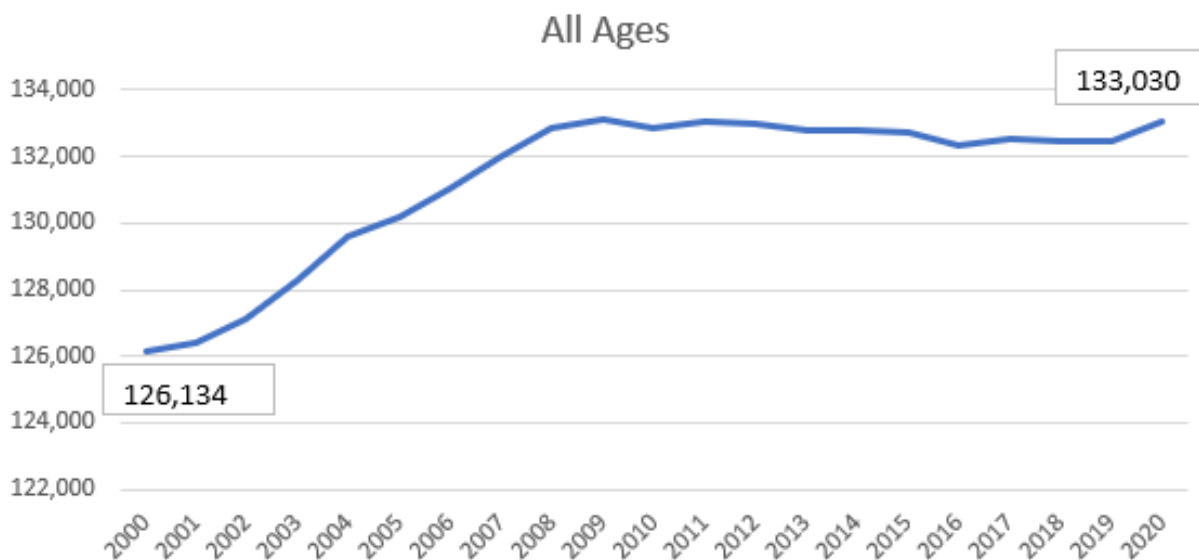


Figure 4 population trend over 20 years (ONS, Mid-Year Estimates 2020)

Changes in population growth have not been equally spread across all age groups.

Age 15 and under

The age 15 and under group saw a -7% decrease (Wales -6%) in population between 2000-2010, and in the last 10 years has seen an additional -8% decrease (Wales 1% increase).

The 15 and under group has seen a reduction in Powys over the last 20 years of -14% in total, from 24,528 in 2000 to 21,069 in 2020 (Wales -5% reduction).

Age 16 to 64 group

The 16-64 age group has seen both an increase and decrease in Powys across the last 20 years, with an increase of 4% from 2000-2010 (Wales 7%), but between 2010-2020 has seen a -6% decrease overall (Wales 0%).

The 16-64 age group has seen a reduction in Powys over the last 20 years of -2%, from 76,607 in 2000 to 75,160 in 2020. Wales in the same period has experienced a 7% increase.

Age 65 and over

The 65 and over age group has seen dramatic increase across Powys, during 2000-2010 there was an increase of 20% (Wales 11%) in this population age band, from 2010-2020 saw an increase of 23% (Wales 20%).

The 65 and over age group has seen a large increase in Powys over the last 20 years of 47%, from 24,999 in 2000 to 36,801 in 2021. (Wales 33% increase).

Age 80 and over

The age 80 and over population group has the largest increase of all age groups, between 2000-2010 there was a 29% increase in this age group (Wales 20%) and in the last 10 years the increase has been a further 19% (Wales 15%).

The aged 80 and over age group has seen the largest increase in Powys over the last 20 years with a 53% increase, from 6,361 in 2000 to 9,737 in 2020 (Wales 39% increase).

(ONS, 2020)

Follow this link to view more [information about Powys historical population and to understand the differences by locality and single year of age in our interactive report.](#)

Population projections

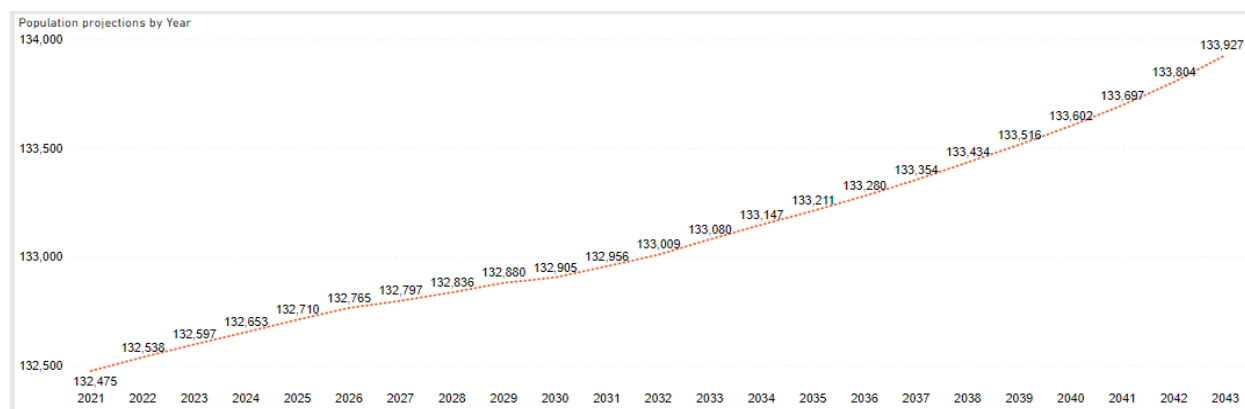


Figure 5 Population projections by year (Welsh Gov, 2018 based household projections for Wales)

Between 2021 and 2043 is it projected that Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.

Population projections are not equally spread across all age groups.

Age 15 and under group

The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a **further reduction of -6.5% (-1,382 persons) projected by 2043 (Wales -3.8%).**

The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly **increasing to 20,473 by 2043.**

Age 16 to 64 group

The 16-64 age group is projected to have a steady decline in Powys between 2021 and 2043. **This equates to a reduction of -8.8% (-6,512) persons of working age (Wales -0.5%)**

Age 65 and over

The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons), during the same period Wales 65+ age group will see a similar increase of 26.5%.

Age 80 and over

The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons), during the same period Wales 85+ age group will see a similar increase of 61%.

The increase in the number of elderly people in Powys will occur as the number of people of working age decreases.

By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), whilst at the same time the working age population is projected to fall -8.8% (-6,152).

The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it.

(Welsh Gov, 2018)

Follow this link to view more [information about Powys population projections by fixed age bands in our interactive report.](#)

Follow this link to view more [information about Powys population projections by single year of age \(or create your own age bands\) in our interactive report.](#)

Demography summary

Understanding the demography of the Powys residents is a key cross cutting theme that effects all aspects of well-being in Powys. We know that due to Powys' large, rural countryside the well-being of the population will differ from one locality to the next.

Powys currently has a **population of 133,030** people, there are variances in the distribution of the residents across our 13 localities with our highest population numbers seen in the Welshpool and Montgomery locality (ONS, 2020).

Due to the large geographical coverage of Powys and small population, we have a low population density of 26 people per km², this makes Powys one of the **most sparsely populated places in the UK**. The population density does range across our 13 localities with Newtown (78 people per km²) being the most densely populated locality and Builth and Llanwrtyd locality, the most sparsely populated (11 people per km²) (ONS, 2020).

The average age of Powys residents is higher than the Wales and UK averages. Powys has a lower percentage of residents aged 0 to 15, as well as a lower percentage of residents aged 16 to 64, however it has a higher percentage of residents who are aged 65 and over. The Newtown locality has on average a lower age population than the rest of Powys with the most residents aged 0 to 15, whilst Welshpool and Montgomery locality has on average a higher age population with the most residents aged 65 and over (ONS, 2020).

Powys is not very ethnically diverse, **94% of residents who live here are born in the UK and 98% are white.** However, this data is from the 2011 census and will be reviewed when the 2022 census data is released. Once this is available, we will be able to understand how ethnicity numbers may have changed during the last 10 years in Powys (ONS, 2011).

The **Powys population has maintained a steady level over the last 10 years** with an increase of 0.1%, which is lower than the Welsh average (4%). However, this steady level of population numbers is not equally distributed across age bands. **Powys has seen decreasing numbers of children (-14%) and working aged persons (-6%)** over the last 10 years and increasing levels of older people (23%) over 10 years (ONS, 2011).

This trend is set to continue as we look at population projections. **In the next 20 years** Powys is projected a population growth of 1%, however, during the same period its projected that Powys will see a **reduction in children of -6.5%, a reduction in working age population of -8.8% whilst the older population will increase by 25.2%** (Welsh Gov, 2018).

Over the next 20 years the demography of Powys will be very different, there will be a gap between those who will need help and support in their later years and a lack of working aged people to provide it. The reduced labour force will also see gaps in other sectors, as the number of working aged persons available to fill them will reduce. Population changes and workforce need to be a key focus, **if we do nothing the Powys economy will worsen and there will be a care crisis.**

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Homelife

Housing

Houses are more than physical structures providing shelter. They are homes – where we bring up our families, socialise with friends, provide space where we can unwind and take refuge from the rest of the world. They are where we spend most of our time and have an influence on our health.

According to the report ‘How does housing influence our health?’, **“A healthy home needs to be affordable, provide for all household needs, somewhere we feel safe and connected to our community.”** (The Health Foundation, 2017)

Total Number of Households by Locality

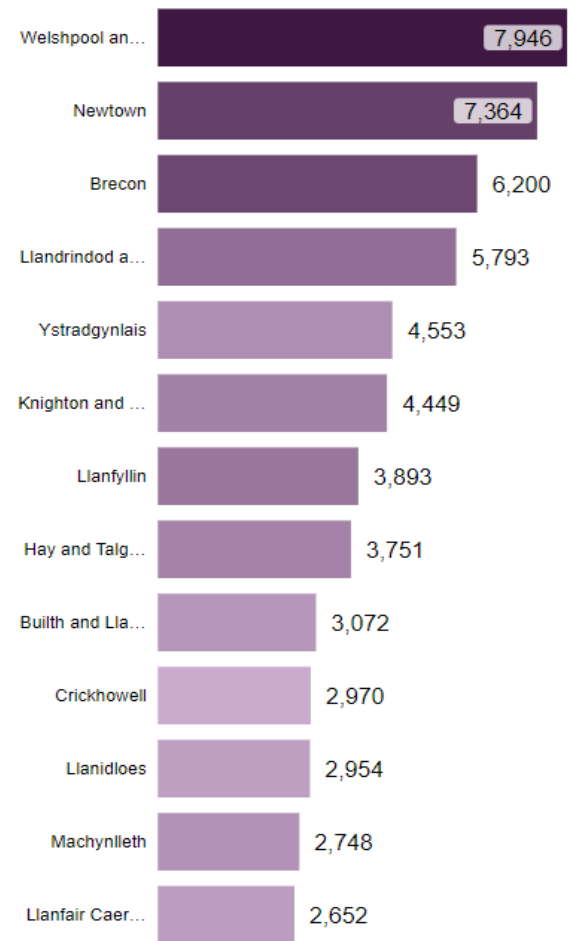


Figure 6 Number of Households by locality (ONS, 2011)

In Powys, there are **58,345 households**, these are distributed across the county (ONS, 2011)

There are differences in the number of households across our 13 localities:

Welshpool and Montgomery (7,946), Newtown (7,364) and Brecon (6,200) localities rank 1st, 2nd and 3rd for the most households per locality in the county.

The locality household data here is from the 2011 census and as such is out of date, we will be able to provide an update on these figures and understand how households in Powys localities have changed in the last 10 years when the 2022 census data is released.

Nationally, the number of households in the UK has continued to rise, whilst the average household size (2.4 people) has remained stable over the past two decades, whereas the proportion of people living alone has increased.

In Powys the **average household size is 2.2 people per household**. (Welsh Gov, 2018)

Follow this link to [view more information about the number of households and household size by our 13 localities from the 2011 census.](#)

In 2021, 36% of households in Powys are 2 person households (no children) (21,584) and **34% are single-person** (1 person) households (UK: 28% of households are single-person). (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future.

Housing projections show that there are 20,085 single-person households in Powys in 2021, **in the next 10 years single-person households in Powys will increase by 4.2%** to 20,940. (Welsh Gov, 2018)

Powys already has a higher than national average level of single person households, with this trend set to increase, and if we do not build more homes, this may put **more pressure on already limited single housing stock in Powys for future generations.**

Follow this link to [view more information about future trend on projected household and household type and historical household numbers in Powys.](#)

The make-up of housing by tenure in Powys is:

- **70%** of homes are owner-occupied
- **17%** are privately rented
- **8%** are rented from the local authority (social housing)
- **5%** are rented via registered social landlords

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council's housing demand register.** A quarter of those are already social housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

For the first time, we have gathered registered social landlord data² and provided a snapshot of social housing across the county.

Social housing in Powys

There are nearly **9,000 registered social landlord homes** and Powys County Council owns 61% of these. Along with the council there are nine housing associations offering social housing in Powys. The number of homes in each locality varies, 22% of all social housing provided are within the Newtown locality, whilst other localities have lower numbers. (Housing PCC, 2021)

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² The snapshot includes information from eight of the nine providers in Powys, September 2021.

Most houses offer two and three bedrooms, we have **1,890 one-bedroom properties**, our housing demand list shows that we have 2,065 people waiting for a one-bedroom property.

The future trends report (Welsh Gov, 2021), additional housing units will be needed in the future to meet increasing demand for future generations. This can be seen in housing projections where there is a predicted rise in households in Powys to 60,034 households in 2026. (Welsh Gov, 2018)

48% of social landlord properties have a low energy EPC (Energy Performance Certificate) rating (D-G), this is something we need to focus on to tackle climate change.

The average rent differs depending on the size of the property. There are slight differences in the weekly rent price across our 13 localities, however they are not statistically significant.

We have insight into where those on the housing demand register would like to live, and the data shows there is an unmet demand for affordable housing in the communities where people come from. Research shows that people in need of social housing could rise rapidly because of COVID-19, with low-income earners twice as likely to lose their jobs (National Housing Federation, 2020).

Follow this link to [view more information about social housing in Powys.](#)

There is a recognition that **those who are homeless or in unstable housing are a particularly vulnerable group** who have complex needs. This combined with homelessness being an extreme form of social exclusion will have an impact on well-being.

What have people said?

In the Living in Powys survey, when asked “**what priorities respondents would include on their well-being plan**”, answers included:

- “Affordable Housing in a rural area.”
- “Quality, affordable, carbon neutral housing.”
- “Support for making aging housing stock more sustainable.”
- “Security of tenure and quality of housing.”

When asked **if they had ever experienced any discrimination based on their background or identity (e.g., gender, age, ethnicity, sexual orientation) while looking for housing or accommodation**

- **91%** of respondents answered ‘no’
- **5%** of respondents answered ‘yes’
- **4%** of respondents answered ‘I don’t know’

When asked if they are satisfied with their local area as a place to live

- **84%** of respondents stated they are very satisfied or fairly satisfied
- **8%** answered neither satisfied nor dissatisfied
- **8%** answered they were dissatisfied or very dissatisfied

“Good quality housing and sense of belonging is fundamental to good health and well-being. Having a home is a basic need and a stabilising factor that brings benefits to health from access to employment and education and reduces health inequalities – a key public health priority. Inadequate housing, including homelessness, is known to directly and indirectly affect physical, social and mental health” (Public Health Wales, 2019).

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Cost of living

Inflation in the UK has risen, and increasing fuel, food and transport costs are worrying for many across the country. Powys is no exception, the cost of living in such a rural area has always been more expensive. Most households run at least one car, and fuel bills are higher due to limited public transport; and there is often older, inefficient housing and a reliance on fossil fuels to heat homes. Recently, there have been energy hikes with more planned for Spring 2022, increasing living costs coupled with static wages will put pressure on many families across Powys.

- 20% of working aged people (aged 16-64 years) in Powys are economically inactive (December 2020), Wales 24%. (ONS, Dec 2021)
- Powys has the third lowest rate of economically inactive residents across Wales. (ONS, Dec 2021)
- 4% (3,020) of people aged 16-64 are claiming unemployment benefits living in Powys. This is the second lowest rate across Wales. (ONS, 2021)
- **4,088 families with children are living in absolute poverty in Powys** (income is below 60 per cent of median income) and 31% (1,248) of those are lone parent households. (Department for Work and Pension, 2019-20).
- Median gross **weekly earnings were £537** in 2021. This was lower than the Welsh average of £571 (ONS, 2021)
- **Average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). **55%** (33,149) of **households** in Powys earn **below** the Welsh average and 37% (22,162) of households earn above the average. (CACI, 2021)
- **Powys is the 12th most expensive county in England and Wales and 3rd in Wales** in terms of median estimated energy costs. The annual median energy cost for existing homes was estimated at £1,106, and this will have increased over the past few years with the rise in energy costs (ONS, 2019).
- Whilst we do not have figures for Powys, **fuel poverty estimates for Wales indicate that 12% of households are in fuel poverty** (155,000 households). Households were more likely to be in fuel poverty if they lived in older inefficient homes, privately rented, lived alone without children (Welsh Gov, 2018)

Follow this link to [view more information about household income in Powys and how this differs across our 13 localities.](#)

The cost essential outgoings (as defined by CACI) show that in Powys, residents spend their income on the following things (taken from mean PayCheck income): -

- 35% income tax and National Insurance
- 29% food and clothing
- 16% council tax, utilities, and insurance
- 8% mortgage and rent
- 8% childcare and student loans

(CACI, 2021)

What have people said?

In the Living in Powys survey, when asked **“How well would you say you yourself are managing financially these days?”**

- 25% of respondents said they were living comfortably
- 46% were doing alright
- 22% just about getting by
- 6% finding it quite difficult
- 1% very difficult

Respondents were also asked **“In the last twelve months which of the following have you done for family members (not living with you) or friends?”**, the answers were as follows:

- 27% have given or lent money
- 17% have given or lent food
- 28% have given or lent other things
- 11% have taken them out for an evening
- 17% had either babysat in the evening or looked after children in the daytime

And **“In the last twelve months which of the following have members of their family (not living with them) or friends done for them”**, the responses were as follows:

- 21% had given or lent you money
- 16% had given or lent you food
- 28% had given or lent you other things
- 15% had taken you out for an evening
- 20% had either babysat in the evening or looked after your children in the daytime

A child poverty survey conducted in August 2021, on behalf of Powys County Council's Economy, Residents and Communities Scrutiny Committee, asked residents and organisations **“What changes do you think the Council should make to tackle child poverty in Powys?”**, responses included:

- “It should look to provide opportunities and encourage adequately paid jobs.”
- “Additional funding needed for youth services and youth groups. Additional funding needed for schools, particularly for children with learning difficulties.”
- “The council should and could do more to tackle food poverty. Many low-income households do not have affordable access to nutritional food. The councillors should be telling the British government not to cut universal credit in September. The council needs to think about how it can use digital solutions to tackle poverty. The council should invest in youth services and youth centres.”

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- “Many parents are doing multiple jobs just to exist and pay their bills. These people get little support. Parents on universal credit seem to get far more support. It saddens me that responsible hard-working parents are neglected.”
- “More skills given to older children in financial responsibility, cooking using fresh ingredients and life skills.”
- “The link between good affordable housing and child poverty is undeniable, however we are a low wage area, with childcare options both inaccessible and expensive- and whilst help is available for fees there is no allowances made for excessive travel. In a rural community with lacking public transport, running a car to access childcare is essential. This marginalises a lot of parents who are unable to access well paid jobs due to childcare issues.”

Respondents were given the opportunity to comment on **how poverty affects children and young people in Powys**, responses included:

- “Poverty has a huge mental impact on children. Not being able to afford to go on school trips, have decent clothes and being hungry has a terrible effect on the whole community let alone the children. The UK is one of the richest nations in the world and we should not still be having children going to school hungry and, in the winter, without a decent warm coat and shoes.”
- “Children and young adults can't help but make comparisons between those that have and those that don't. This obviously has a big impact on a child's confidence and affects their ability to succeed as they can feel inferior to children from financially secure households. A well-maintained home and a real living wage should be the council's priority for every family even if it means that wealthier households face much higher council tax bills.”
- “Remember that parents and children are genuinely afraid to ask for help because they think kids will be taken away and put in care. When you are so stressed and humiliated that's how your thinking goes. Assurance that this isn't going to happen needs to be upfront and clear if you want children and /or parents/ relatives/neighbours to admit there is a problem and accept or seek help. Children need volunteer opportunities to get them out of the house and into safe, warm situations where they feel they have something to offer. Free, multigenerational evening classes were a godsend to me when I was a child in poverty. I met kind, helpful adults who treated me with respect. It was fun, very educational, and non-judgemental.”

Homelessness

Between 2019-2020, Powys experienced a 16% increase in homelessness presentations.

(Powys Well-being Infobank, 2021)

Recorded homelessness presentations rose from 527 in 2019 to 621 in 2020. The most common reason given for homelessness in 2019 was the non-violent breakdown of a relationship (94 cases), by 2020 this had been overtaken by cases where parents were no longer willing or able to accommodate the individual (accounting for 108 cases). In 2020, **46% of overall cases were single young males.**

The situation surrounding COVID-19 and the subsequent lockdowns intensified the homelessness presentations and at the height of the first lockdown (March 2020), the Powys County Council Homelessness team reported that they were handling 260 homeless instances. Homeless enquiries and applications increased by 300% than at the same point in the previous year. The sharp **increase** was driven by **several factors**, primarily:

- a reduction in opportunities for individuals who were previously staying temporarily with friends or family members
- an increased rate of relationship breakdowns; and
- the early release of prisoners into the community at the beginning of the pandemic

Many applications and enquiries for help came from households who had received notice to leave their rented accommodation.

We know that many young adults leaving care have an increased likelihood of becoming homeless, **13% of all care leavers experienced homelessness during 2020/21.**

During the period covering 2020/21, there has been a **63% prevention rate of homelessness in Powys.**

In 2021, up to October, there were 341 recorded cases of homelessness in Powys. 24% (83) of these cases were in the Newtown and Llanidloes Local Housing Market Area (LMHA), the lowest number of cases was in Crickhowell and Llangattock LMHA with four cases (1%).

Follow this link to [view more information about homelessness presentations and reasons over time in Powys.](#)

The mean age at death for someone who is homeless in England and Wales is **44 years for men and 42 for women** compared to average life expectancy for the general population of England and Wales which is **76 and 81 respectively (2017)**

- An average reduction of life in men of 32 years and,
- An average reduction of life in women of 39 years. (Centrepont, 2014)

Even those people who sleep rough for only a few months are likely to die younger than they would have done if they had never slept rough (The Lancet (Science Direct), 2018)

According to 'Toxic Mix: The health needs of homeless young people', (Centrepont, 2014) homeless young people are amongst the most socially disadvantaged in society. Previous

research has shown that many have complex problems including substance misuse, mental and physical health problems, and have suffered abuse or experienced traumatic events.

- 42% of homeless young people have a diagnosed mental health problem or report symptoms of poor mental health
- 18% have attempted suicide
- 31% have a physical health problem (such as problems with their breathing, joints and muscles, or frequent headaches)
- 21% have a history of self-harm
- 52% report problems with their sleep
- 55% smoke and 50% use illegal substances

(Centrepont, 2014)

Mortgage and landlord possession rates have reduced significantly, largely impacted by the passing of the COVID-19 Act in March 2020, which made it illegal for those renting or with a mortgage to be evicted. Levels of possession rates remain well below pre-COVID-19 levels (April – June 2021). However, government statisticians expect an increase in volume across possession and enforcement as courts continue to manage the backlog of cases, while also dealing with new cases.

The furlough scheme ended at the end of September 2021, this was a lifeline to many who found themselves unable to work during the coronavirus pandemic, it is predicted that we will see a rise in homeless presentations from two person households and those with dependent children, unable to keep up with private rent or mortgage payments.

What have people said?

“It's recognised by the Housing Network³ that the end of furlough arrangements, a deterioration in mental health during lockdown, increased money worries and rises in repossession orders will result in an increase in homelessness” (Powys County Council Staff Member).

Loneliness and isolation

Over half of the Powys population live in villages, hamlets, or dispersed settlements (Powys: 58.7%, Wales: 17.1%) (ONS, 2011) and must travel a long way to access services or meet up with others. More than a quarter (**28%**) of households in Powys are **unable to receive high speed broadband (30 Mbit/s)**, and nearly one in five (17%) are unable to receive 10 Mbit/s.

³ The Housing Network consists of local authorities across Wales who meet quarterly to discuss topics related to housing and homelessness.

17% of people in Powys report feeling lonely in the most recently available data. Applied to the current population, there could be potentially 22,600 residents across Powys who are feeling lonely.

This is higher than the Welsh average of **15.5%** (though this difference is not statistically significant).

People feeling lonely, age-standardised percentage, persons aged 16+, local authorities, 2019-20
Produced by Public Health Wales Observatory, using NSW (WG)

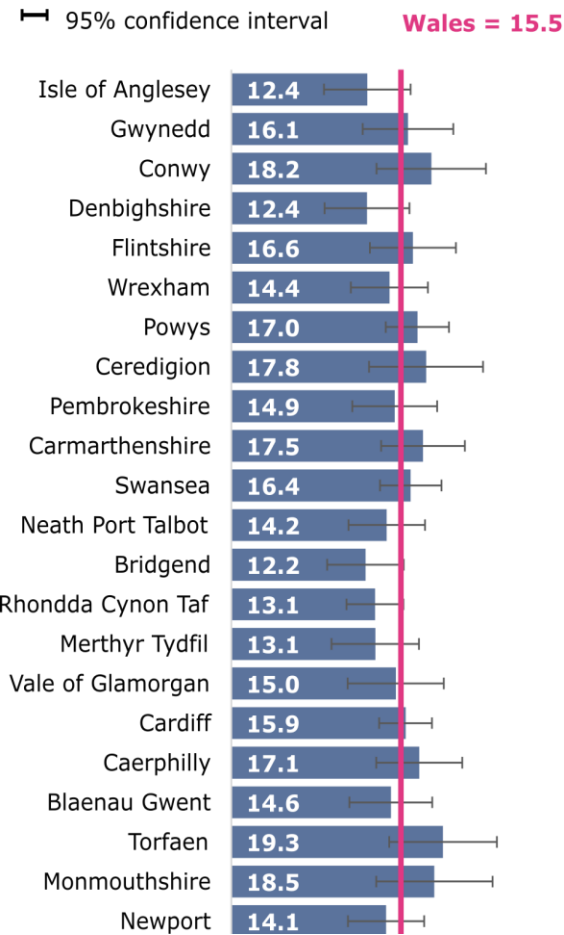


Figure 7 People feeling lonely by Local Authority 2019-20 (Public Health Wales, 2021)

Using data provided by Powys Association of Voluntary Organisations, between 2018 and 2021 PAVO Community Connectors received 12,525 referrals, of which 15% (1,953) were for isolation and loneliness. (PAVO, 2021)

There was a 60% increase in referrals for social isolation during 2018 and 2021, 61% of all referrals are female. There is no correlation on which month is more popular for the referrals, although, the winter months are predominantly higher.

However, during 2020-21 we believe that the true figures of this may be masked due to how the referral types changed during the coronavirus pandemic in 2020 and that the number of those feeling lonely are a lot higher.

Builth Wells and Llanwrtyd locality rank as one of the top three localities each year since 2018 and have a higher rate of loneliness than the average for Powys with 60 persons per 10,000 for the year 2020. Llanidloes is the lowest locality every year since 2018 with 26 persons per 10,000 for 2020.

Research shows that loneliness is associated with poorer physical and mental health and lower well-being amongst older people. Loneliness amongst older people is associated with experiencing depression, and older people with a high degree of loneliness are twice as likely to develop Alzheimer's disease as those with a low degree of loneliness (Age UK, 2021)

We know that loneliness and isolation can have an adverse effect on health, including:

- Increased blood pressure, abnormal stress response, heart disease, and poor sleep with its associated health problems.
- A strong association with depression.
- In older people who are lonely or isolated, a substantially increased chances of developing dementia and, specifically, Alzheimer's disease, when compared to individuals with better social connection.
- A significantly greater risk of mortality in older people who have unsatisfactory or limited social relationships, than for those with stronger social networks.

Social isolation has been linked to an increased risk of death from any cause (Welsh Gov, 2017)

Recent research on loneliness has identified three main findings:

- People who felt most lonely prior to COVID-19 in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020.
- Adults most at risk of being lonely, and increasingly so over this period, have one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition.
- The impact on well-being from people at risk of loneliness is likely to be compounded by other economic and social impacts experienced by the same people, such as those experiencing job losses and health anxieties.

Research also found that risk factors for loneliness were near identical before and during the pandemic. Young adults, women, people with lower education or income, the economically inactive, people living alone, and urban residents had a higher risk of being lonely. Some people who were already at risk for being lonely (e.g., young adults aged 18-30, people with low household income, and adults living alone) experienced a heightened risk during the COVID-19 pandemic compared to before COVID-19. Further, being a student emerged as a higher risk factor during lockdown than usual.

Further Reading:

The Local Government Association (LGA) and Association of Directors of Public Health (ADPH) have jointly produced a paper on practical advice for Directors of Public Health and others leading the local response to the loneliness and social isolation issues arising from the COVID-19 outbreak. (LGA, 2021)

What have people said?

In the 'Living in Powys' well-being survey, **8% stated they often feel lonely** and 62% feel lonely some of the time. When asked **if this has changed due to covid**, 41% answered 'yes-increased'.

When asked **"how often do you feel you have no one to talk to?"**

- 6% answered 'often'
- 50% 'some of the time'

Again, **when asked if this had changed due to covid**,

- 28% answered 'yes- increased'
- with 44% saying it had 'stayed the same' (based on responses from 461 respondents)

In the same survey, when asked **"what would be your top priorities to put into a well-being plan?"** responses included:

- "I feel that there needs to be initiatives to support the isolation due to the very rural area we live in - to promote community and ensure we have the services towns and villages have. Isolation is very real here and therefore loneliness."
- "I do think Covid has thrown up how isolated we are and that not enough is done to facilitate interest groups, where people can make friends in their local halls - not everything being in Llandrindod or Builth - we need well-being being brought to us locally. There is a lot of isolation in the farming community here, and now, having lived as they do, by working from home, it becomes concerning the effects of fearfulness about going into Builth or Llandrindod affects you. That surprised me."
- "I am privileged to live in a beautiful house and location - however this means I am frightened as I age due to the ruralness and lack of contact with people."
- **"Army veterans** are one group of the Powys population, and they are at a disadvantage in terms of accessing levels of support within the military charities, compared with other parts of the country. Isolation has worsened during COVID-19 and is more of a problem in Powys compared to more populated areas" (Armed Forces Liaison Officer, Powys County Council)

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Living Independently

We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), it will create increased demand on the services that we provide. Some elderly residents currently live-in social housing and many of these may wish to stay in their own home for as long as possible.

Older people in Powys are entitled to be supported in several accommodation settings, ranging between sheltered housing, extra care, or care homes.

As the elderly population increases (including the number of people with dementia), there will be more demand on the services that we provide to support older people.

By 2030, the number of **elderly persons is projected to rise by 15%, whilst at the same time the working age population is projected to fall 3,200 (4%)**. The population change in the next 10 years will create a gap between those who will need help and support in their later years, and those of working age people who will be providing it. (Welsh Gov, 2018)

The National Population Survey (Welsh Gov) estimates for each year will vary, but around **7,000 persons are employed in the care sector in Powys**. A 4% fall in the working age population implies a fall of 280 employees from the Care Sector in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 persons that may need Adult Social Care support. **A total gap of 1,330 persons by 2030.**

This section assesses the older population in Powys, with particular reference to people aged 65 and over.

By 2043, the aged 65 and over [population](#) (currently 37,093) is [projected](#) to **increase by 25.2%** to 46,439 (+9,346). Over the same period, the aged 80 and over population is expected to **increase by 63.7%** (+6,318). (Welsh Gov, 2018)

According to the Future trends report (Welsh Gov, 2021), **these projections indicate a substantial rise in demand in the health and social care sector.**

Future trends report also says, the old age dependency ratio will increase over time as the number of pensioners grows faster than the number of working-age people. The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people this dependency ratio will cause increasing pressure on future generations in Powys.

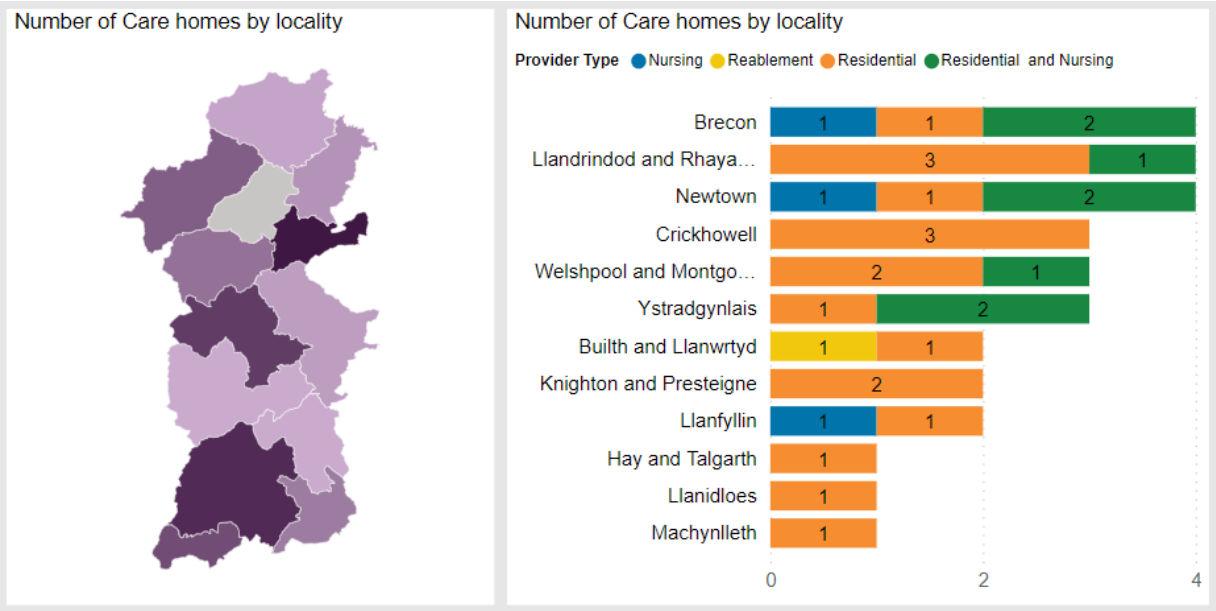
Due to the rurality of Powys, it is sometimes very difficult to place people in a care home within or near their community. There are challenges for independent living, especially isolation and loneliness which can increase as people get older.

Care Homes

In Powys, we currently have three main supported accommodation types: sheltered housing, care homes (residential or nursing) and Extra Care Units.

There are **29 care homes** in Powys registered with **Care Inspectorate Wales (CIW)**, 12 of which are council owned homes run by Shaw Homes, 17 privately run homes, and 1 reablement unit run by Shaw Homes.

- Three homes provide nursing care only
- 18 homes provide residential care only
- Eight homes provide both residential and nursing care
- One reablement provider



Brecon, Llandrindod and Rhayader and Newtown localities have four care homes each. The care homes in these three localities are a mix of Nursing Care homes, Residential Care homes and Dual Care homes (both Nursing and Residential).

Note – the Reablement unit in Builth Wells is not a Care home, this is a specific unit connected to Brynhyfryd Care home and provides 12 reablement beds (six funded by Powys County Council and six funded by Powys Teaching Health Board).

Hay and Talgarth, Llanidloes and Machynlleth localities each have one care home and all three of these are Residential Care home providers.

Llanfair Caereinion is the only locality without a care home.

In Powys there are:

- 571 Residential care beds registered with Care Inspectorate Wales
- 12 Reablement beds

- 118 are Residential dementia care beds
- 280 Nursing care beds and
- 139 Dementia nursing care beds.

Newtown locality has the highest number of registered beds with 202, 2nd highest is Ystradgynlais with 183 beds and Welshpool and Montgomery locality is 3rd highest with 164 beds.

As stated above, 12 of these care homes are owned by Powys County Council, however, Powys commissions some beds within private care homes too.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching health board funds 7% (80) with CHC funding (CHC stands for **NHS continuing healthcare**, with continuing meaning long-term life care) and the rest are either out of county placements (residents from outside the county placed within a Powys Care home) or are privately funded care home residents. (November 2021).

Additionally, both Powys County Council and Powys Teaching Health Board also fund several placements for Powys residents in out of county care homes.

Extra Care Units

There are **58 extra care units**, currently one 10-unit Extra Care Housing facility attached to a Sheltered Housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality) and a 48-unit Extra Care Housing scheme at Llys Glan yr Afon in Newtown (Newtown locality). These schemes are currently only available to rent.

There are two more extra care units due to open in mid-2023. Neuadd Maldwyn, in Welshpool (Welshpool and Montgomery locality), which will consist of 66 extra care units and Pont Aur, Ystradgynlais (Ystradgynlais locality) which will have 41 units, 10 of which are new extra care apartments.

Sheltered housing

Sheltered Housing is accommodation for elderly or disabled people consisting of private independent units with some shared facilities and a warden. A great option for people who want to live independently but need a bit more support, or just need to live in a smaller and easier-to-manage home.

In Powys there are 2,170 sheltered housing homes.

To show it equally across the county we have converted this into a rate per 1,000 population of 75+ Powys residents.

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Powys has a rate of 94 sheltered housing per 1,000 of 75+ population. 1st and 2nd highest localities are Knighton and Presteigne locality (213) and Llanfair Caereinion locality (209) which have more than double the Powys average.

Newtown Locality has the lowest rate with only 30 sheltered housing per 1,000 of 75+ population.

There are 6 localities above the Powys Average (94 sheltered housing) which are:

1. Knighton and Presteigne Locality (213)
2. Llanfair Caereinion Locality (209)
3. Builth and Llanwrtyd Locality (177)
4. Llanidloes Locality (156)
5. Llanfyllin Locality (123)
6. Crickhowell Locality (114)

Support at home

In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as Technologically Enabled Care (TEC) and Occupational Therapy aids and adaptations.

Alongside these, there are a range of services available to support, including:

- Domiciliary care
- Reablement
- Direct Payments
- Technology enabled care (TEC)

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes.

We support people to live at home through services that include domiciliary care and assistive technology.

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the person and other associated domestic services necessary to maintain an acceptable level of health, hygiene, dignity, safety, and ease in their home.

There are **713 recipients receiving 10,200 hours of Domiciliary care in Powys** (1st October 2021).

The highest recipients of Domiciliary care are residents in Welshpool and Montgomery locality with 105 clients, followed by Newtown locality with 102 clients.

Llanidloes locality has the lowest clients of Domiciliary care with 25 clients, followed by Llanfair Caereinion with 27 Domiciliary care clients.

Between October 2019 and October 2021 there has been a **5% increase** (34) in clients but a **6.5% (669 hours) decrease** in hours.

[Follow this link to view more information about Domiciliary Care in Powys.](#)

Reablement is the official title given to **short-term care at home**, to aid recovery after discharge from hospital. While post-operative care and post-discharge care are more general terms, referring to care offered for however long it takes for the individual to get back on their feet, reablement is more specific. The benefits of reablement are: -

- leads to improved health and well-being
- uses a strengths-based, person-centred approach
- supports timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
- is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress
- focus should be on achieving outcomes rather than completing care tasks

Between April 2019 and September 2021, **there have been over 600 periods of reablement completed**, with **82% of these individuals aged 65**.

The locality with the highest number of reablement discharges is Welshpool and Montgomery locality with 93 discharges, Llandrindod and Rhayader locality is the 2nd highest with 90 discharges.

The lowest locality is Machynlleth locality with 24 reablement discharges followed closely by Llanidloes locality with 28.

Out of the 656 total reablement discharges since April 2019,

- 290 clients had all of their identified goals achieved
- 226 partially achieved their goals
- 115 did not achieve their goal
- 33 were unknown

There were 115 clients whose identified goals were not achieved through reablement alone.

Over half of the reablement clients between April 2019 and September 2021 were female (67%) and 33% of the reablement clients were male.

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their

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needs. In November 2021 there were **481 recipients of Direct Payments** in Powys receiving **over 11,000 hours weekly**.

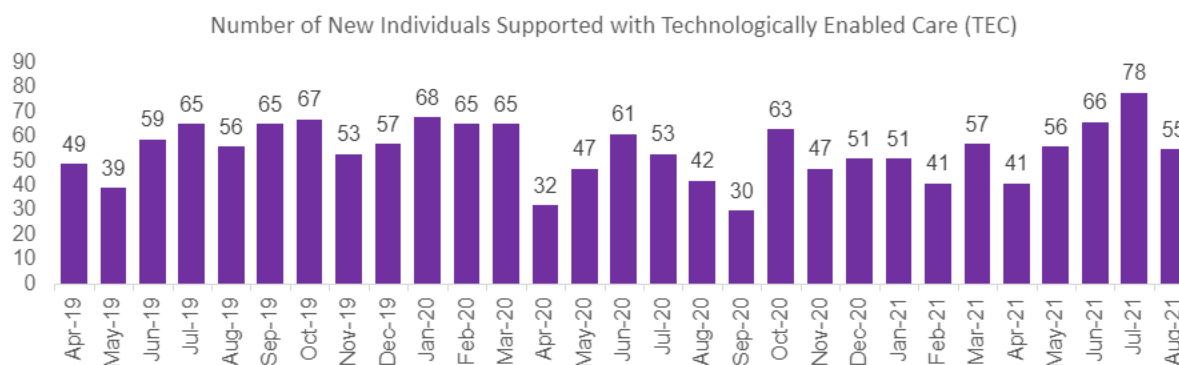
Between November 2019 and November 2021 there has been a **25% increase (124 clients) in clients** and a **15% increase in hours (1720hrs)**. There has been a minimal decrease in the last year (November 2020 to November 2021) of 17 clients and 229 hours.

Welshpool and Montgomery locality has the highest uptake of direct payments (96 clients), followed by Llandrindod and Rhayader locality (68 clients). Brecon locality and Newtown locality are both third highest (65 clients).

The locality with the lowest number of Direct Payments is Machynlleth locality (27 clients), followed closely by Ystradgynlais locality (28 clients).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own communities to support individuals in meeting their needs. Since November 2020 to September 2021 there has been a **55% increase in domiciliary care micro-enterprises** from 16 to 29 (November 2020 to September 2021).

Technology Enabled Care (TEC) is a newer way of talking about care which incorporates services such as telecare, telehealth, telemonitoring, digital health and devices like alarms, monitors, apps or wearables – any technology-based solution that improves care in our homes and communities.



There has been constant uptake of technology enabled care each month since April 2019.

For the period April 2019 to March 2020 there were a total of 708 new individuals, however for the same period the following year (Apr 20 to March 21) there was a decrease of 133 with 575 new individuals. This is to be expected, once individuals have received the new equipment it is unlikely that they will need more.

Technology is changing the way we interact with and meet demand for health and social care services, Future trends report, Welsh Government.

Accessing Services and Getting around

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services. Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services.

There are large differences in distances to a District General Hospital throughout Powys for example, Beguildy LSOA (in the Knighton and Presteigne locality) has the furthest to travel to a District General Hospital, it would take approximately 86 minutes to arrive at their nearest District General Hospital (note: Beguildy LSOA is ranked second highest in Wales in terms of limited access to services (Welsh Gov, 2019)).

Whereas residents living in Crickhowell LSOA (in the Crickhowell locality) only have a travel time of nine minutes to the nearest District General Hospital.

Follow the link to view more [information about Transport and travel times for residents in Powys to District General Hospitals.](#)

In Powys, 68% (65,000) of working-age people travel to work using their own vehicle, whilst 16% (15,000 persons) walk or bike and 2% (2,000 persons) travel by public transport (ONS, 2011)

WIMD (Welsh Index of Multiple Deprivation) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by WIMD category **Access to Services** and show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived

Notably we have 9 LSOAs who rank in the top 30 LSOAs in Wales for most deprived for **access to services**, these include:

- Beguildy ranks the 2nd most deprived area in the whole of Wales
- Llanbrynmair and Banwy ranks 8th
- Dissert and Trecoed ranks 9th
- Llansilin ranks 12th
- Llangunllo ranks 17th
- Yscir ranks 19th

- Nantmel ranks 21st
- Llanellwedd ranks 22nd
- Llanrhaeadr-ym-Mochnant ranks 24th

Powys does not contain any LSOAs in the top 10% of least deprived areas in Wales in terms of access to services, however we do have five LSOAs in the top 20%, including Llanidloes 1, Llanidloes 2 and St Marys 1. There are a further two LSOAs in the top 30% least deprived, these are Hay and Ynyscedwyn. (Welsh Gov, 2019)

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

In Powys, according to [Stats Wales](#) data, the percentage of people satisfied with their ability to get to and access facilities and services they need is **85% (2020-21)**, a **17% increase from 2017-18**. This is only slightly behind Wales overall (87%, 2020-21).

Carers

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Carers can be involved in a whole range of tasks; from cooking, housework; lifting, washing, and dressing the person cared for, helping with toileting needs, administering medication, and providing emotional support.

Based on the 2011 Census there were 16,154 people living in Powys providing unpaid care, 12.1% of the Powys population (ONS, 2011)

Carers in Powys provide many hours of care:

- **63%** provided unpaid care for **one to 19 hours** per week
- **13%** provided unpaid care for **20 to 49 hours** per week, and
- **24%** provided unpaid care for **50 or more hours** per week

Most adult carers are retired (39%), 23% are caring full-time and do not have paid employment, and 12% do have part-time paid employment. The demographics of our carers is: -

- 57% are women and 43% are men.
- Age bands
 - 27% (4,304) aged 65 and over
 - 38% (6,096) aged 50 to 64

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- 23% (3,736) aged 35 to 49
- 6% (942) aged 25 to 34
- 4% (698) aged 16 to 24
- 2% (378) aged 0 to 15

(ONS 2011)

Number of unpaid carers

There are large differences in the number and rate of unpaid carers across our 13 localities.

Welshpool and Montgomery (2,080), Newtown (1,885) and Brecon (1,745) localities rank first, second and third for the highest number of unpaid carers in the county.

Rate of unpaid carers

Ystradgynlais (150 per 1,000), Crickhowell (134 per 1,000) and Knighton and Presteigne (128 per 1,000), Hay and Talgarth (123 per 1,000) localities have the 1st, 2nd, 3rd and 4th highest rates of carers per 1,000 population.

The rate of unpaid carers for Powys is 122 persons per 1,000. Four of our 13 localities are higher than the Powys average.

It is important to note that some LSOAs (Lower Super Output Areas) within our localities have significantly higher rates of carers than the overall locality. For instance, Ystradgynlais 2 LSOA (in Ystradgynlais locality) has 53 more carers per 1,000 than the Powys average and has the highest rate of carers than all 79 Powys LSOAs with 175 carers per 1,000.

The 2nd highest LSOA is Aber-craf (Ystradgynlais locality) with 171 carers per 1,000 and the 3rd highest LSOA is Yscir (Brecon Locality) with 164 carers per 1,000.

Follow this link to [view more information about unpaid carers in Powys, via our interactive report.](#)

However, it is important to note that these figures are significantly outdated, in the last 10 years the ageing population in Powys has seen a large increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. During the last assessment it was predicted that the number of carers was set to rise by up to 40%, due to the ageing population in Powys. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.**

In Wales 19% of the adult population said they were already providing care before the COVID-19 outbreak (487,000 people) and a further 8% said they have started caring since the COVID-19 outbreak (196,000 people). This suggests there are currently as many as 683,000 unpaid carers in Wales. (Carers UK, 2020)

Carers UK research shows that there has been a 7% increase in unpaid carers in the last 10 years, from 12% to 19%. Combined with the additional 8% who began caring since the COVID-19, nearly one third (27%) of Wales population are currently providing unpaid care.

- 57% are women and 43% are men.
- Half of unpaid carers are in paid employment (50%)
- 31% are in full-time work
- 19% are in part-time work
- Age bands
 - 17% are aged over 65
 - 28% are 55-64
 - 19% are 44-54
 - 25% are 35- 44
 - 5% are 25-34
 - 6% are 18-24

If we apply the Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys this would mean a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of the coronavirus pandemic.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

It's important to note here that the research carried out by Carers UK only includes carers aged 18 or over, and carers under 18 are not included in these estimates.

When we have looked at the carers that are “known” to us (through Powys County Council social services or through [CREDU Cymru](#)) we estimate that potentially only 10% of carers are getting support, **leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.**

What have people said?

In the ‘Living in Powys’ well-being survey, out of 470 responses, 45% identified themselves as being (or had been) a carer for a friend, neighbour or family member.

Of these respondents, **59% had never had contact about their caring responsibilities** with either the Council, the Department of Work and Pensions, carers organisations or their GP practice.

#1

The Welsh public said the top challenge affecting unpaid carers in Wales was:

not being able to take time away from caring



Challenges faced by unpaid carers in Wales (Carers UK, 2020)

When asked what challenges unpaid carers are faced with, respondents stated the following as the main challenges:

- not being able to take time away from caring **(78%)**
- managing the stress and responsibility **(77%)**
- the financial impact of the additional care costs **(72%)**
- the impact it has on other personal relationships (e.g., with family, friends, partners etc.) **(70%)**.

Whereas unpaid carers responded with the following challenges:

- not being able to take time away from caring **(74%)**
- managing the stress and responsibility **(73%)**
- the negative impacts on their physical and mental health **(73%)**
- the impact it has on other personal relationships (e.g., with family, friends, partners etc.) **(65%)**
- the financial impact of the additional care costs **(53%)**
- the negative impact it has on their ability to do paid work **(50%)**
- not having anyone to talk to about the challenges of caring **(46%)**.

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Health and lifestyle

Health and health inequalities

Life expectancy

Life expectancy is an estimate of the average number of years that new-born babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

The most recently available data (2017-2019) shows that life expectancy in Powys is **83.7 years for women and 80.0 years for men**. For both women and men this is higher than the overall life expectancy for Wales (Wales 82.3 for women; 78.5 for men).

Life expectancy for women and men for different local authorities in Wales is shown in the chart below.

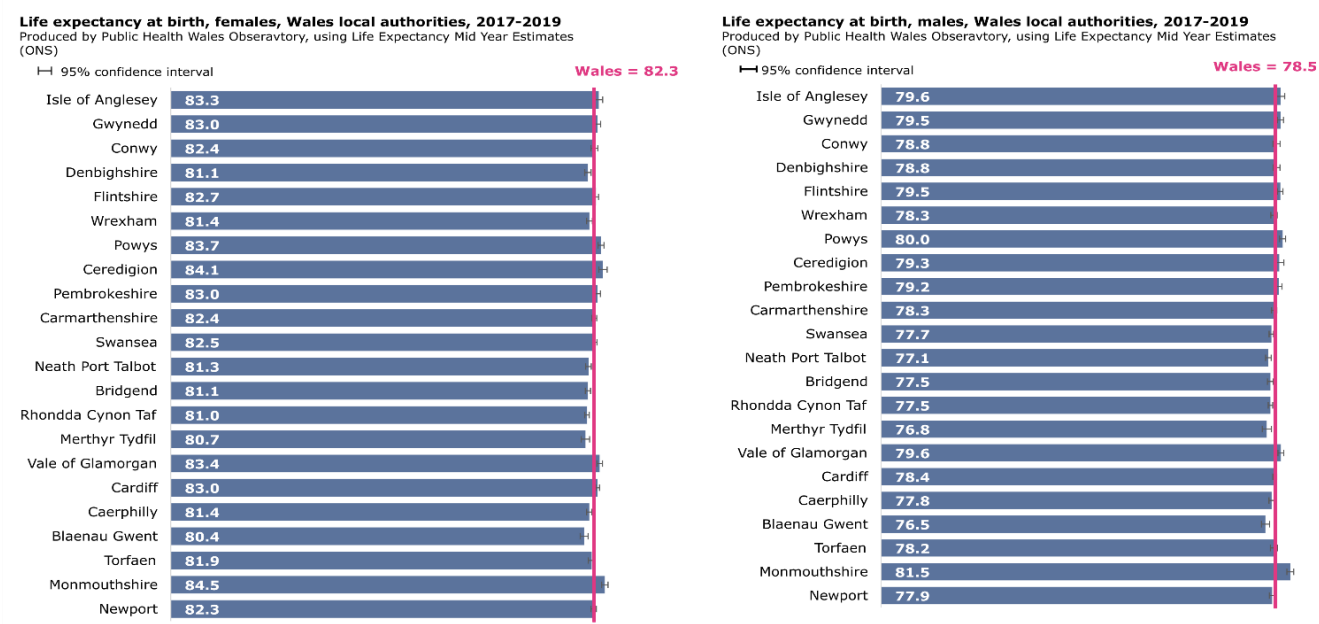


Figure 8 Life expectancy Male and Female 2017-2019 (ONS, 2017-19)

A Public Health Wales report from 2020 indicates that there may be a plateauing in life expectancy improvements in Wales. We also know that it is also occurring in many other developed nations. (Public Health Wales NHS Trust, 2020)

Evidence from 2018 (Public Health Wales NHS Trust, 2018) suggests that a plateau in life expectancy in Wales (which had been improving for many decades) is evident from around 2011 – a phenomenon that has been seen across much of Western Europe – but which occurred earlier in Wales. (Public Health Wales NHS Trust, 2018)

This faltering in improvements in mortality has been mainly driven by deaths in the 85 and over age groups; however, it is also true that mortality in 55 to 84-year-olds is no longer

declining (Public Health Wales NHS Trust, 2018). The same pattern appears to be occurring at a Powys level, where improvements in life expectancy at birth seem to have stalled in recent years, both for men and women.

Life expectancy figures in Powys is greater than for Wales overall, but this needs to be seen as part of a bigger picture: life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females (ONS, 2018-20) – in line with the figures for Powys – but international comparison indicates that the UK overall lags, particularly for women, behind a number of developed countries on this measure. For example, in 2019 life expectancy at birth in Japan was 81.5 for men and 86.9 for women; for Switzerland it was 81.75 for men and 85.08 for women. (WHO, n.d.)

Healthy life expectancy

Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

For the period 2017 to 2019, **healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men.** These figures are also illustrated in the chart below.

People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women; 61.2 for men.

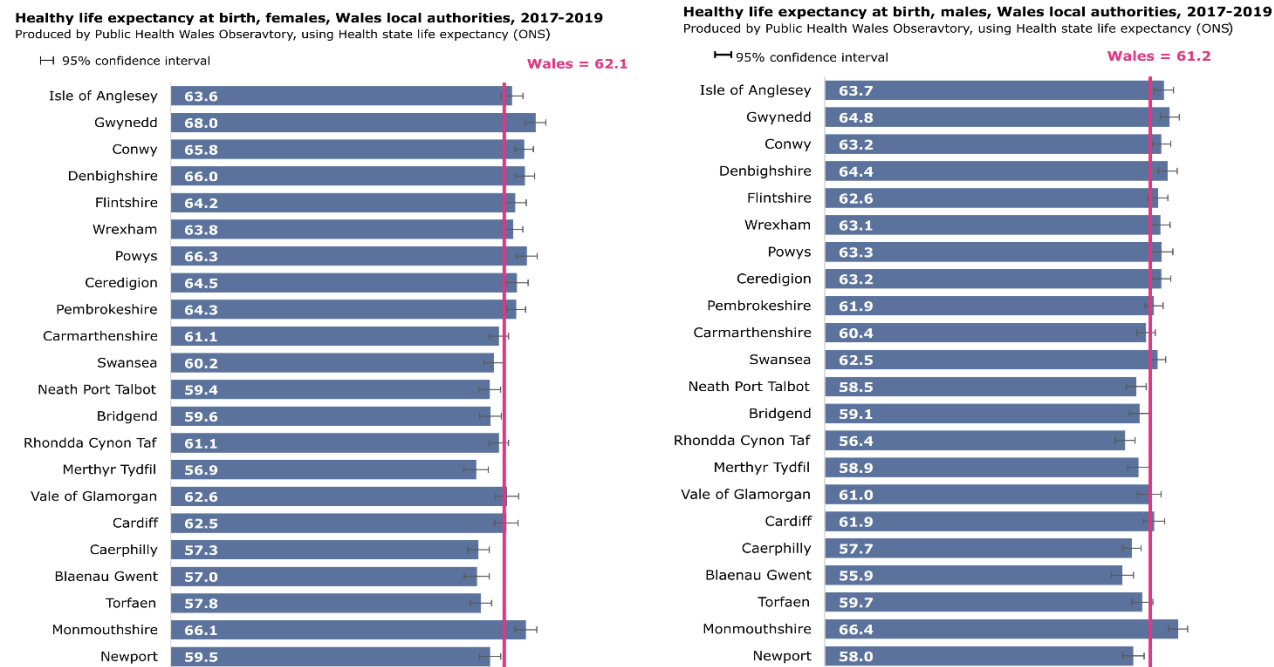


Figure 9 Healthy life expectancy at birth, Male and Female (ONS, 2017-2019)

Healthy life expectancy in Wales is favourable compared to the UK as a whole: for the equivalent period healthy life expectancy at birth for the UK overall was 62.9 for men and 63.3 for women. (ONS, 2018-20)

These overall figures however do not capture inequalities in life expectancy between groups, which are discussed below.

The life expectancy gap

The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (WIMD). Measurement across eight domains of deprivation (including for example income, employment and housing) allows comparison of relative deprivation at small area-level in Wales. WIMD ranks 1,909 small areas in Wales, named Lower Super Output Areas (LSOAs), from 1 (the most deprived) to 1,909 (the least deprived). These ranks can be used to understand relative deprivation of small areas in Powys.

Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including

- Ystradgynlais 1 (in the top 10% most deprived in Wales)
- Llandrindod East/West, Newtown East, Newtown South, and Welshpool Castle all ranked in the most deprived 20% in Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1 ranked in the most deprived 30%

Powys does not contain any LSOAs in the top 10% of least deprived areas in Wales, there are 10 LSOAs in the top 20% least deprived areas in Wales, in the top 30% of least deprived areas in Wales, Powys has a further 16 LSOAs (Welsh Gov, 2019).

To understand more about WIMD in Powys and how we rank against Wales, [click here to explore our interactive report](#).

Having local measures of deprivation like the WIMD is important when thinking about the health of populations, because it allows us to look at relationships between health and deprivation (deprivation is known to have multiple important effects on health). Specifically, we can examine the life-expectancy gap (the difference between life expectancy estimates for different groups) (Public Health Wales NHS Trust, 2020), to allow us to make comparisons between areas with differing levels of deprivation.

Analysis of this kind shows that, while the life expectancy in Powys compares favourably with that in Wales overall, **inequalities persist within Powys itself between the most and least affluent areas:**

- a girl born in the least affluent parts of Powys **can expect to live 5.6 years less** than if born in the most affluent areas;
- a boy brought up in the least affluent areas **can expect to live 6.5 years less in good health.**

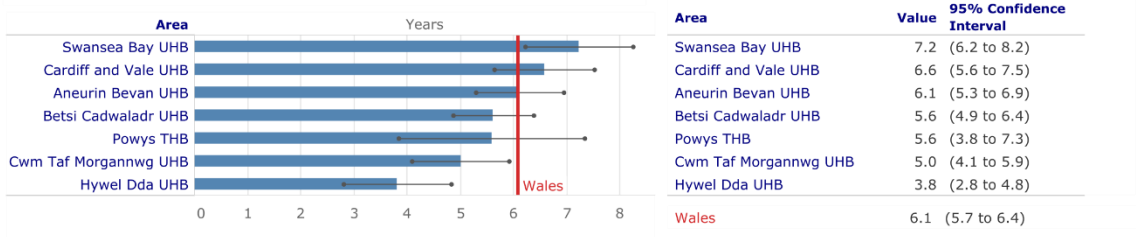
The life-expectancy gap for each of the health board areas in Wales is illustrated in the chart below.

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Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, females, health boards

--- 95% confidence interval

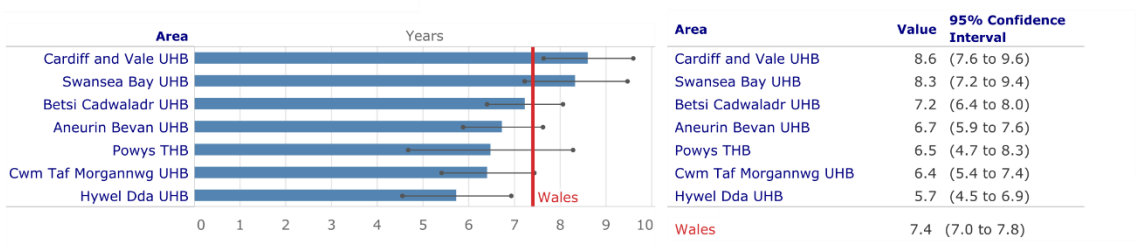


Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM and MYE (ONS).

Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, males, health boards

---95% confidence interval



Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM and MYE (ONS).

Figure 10 Gap in life expectancy at birth between the most and least deprived, Male and Female, (PHW 2015-17)

Mental health

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organisation stated that there is no health without mental health, which means that public mental health is integral to all public health work. Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence, and life expectancy (Powys Teaching Health Board, 2021).

The coronavirus pandemic has had a significant impact on mental and emotional health and well-being. As of January 2022, mental and emotional health services, including primary, secondary and Third Sector care and support are experiencing unprecedented requests for help across Wales, for mild to moderate depression, anxiety, bereavement and lingering effects of grief, social isolation and loneliness. People accessing crisis services are also increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse and risks of homelessness and debt) all becoming more prevalent.

Depression is the most common mental health problem for older people and prevalence rises with age (Powys Teaching Health Board, 2021).

Women are more often diagnosed with depression than men. **At any one time, around 10-15% of the over 65 aged population nationally will have depression and 25% will show symptoms of depression.** The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. **More severe depression is less common, affecting 3-5% of older people.**

Office of National Statistics data taken during 2020 evidences an increase in mental and emotional health issues. **19% of adults were likely to be experiencing some form of depression during the coronavirus pandemic in June 2020;** this had almost doubled from around 1 in 10 before the pandemic (July 2019 to March 2020) (ONS, 2020). 13% of adults developed moderate to severe depressive symptoms during the coronavirus pandemic.

People with mental health needs can seek advice and support from their GP. Access to GP surgeries declined during the pandemic, with many people choosing not to contact their GP, due in part to national lockdown(s) and other pressures relating to NHS services. As of January 2022, numbers of people accessing GP services are consistent (and rising) with pre-pandemic requests for help (Powys Teaching Health Board, 2020-2022).

However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. **This means of those with depression only 15% or one in seven, are diagnosed and receiving any kind of treatment.** Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

It has been estimated that **between 10-15% of women suffer from post-natal depression.** In Powys there are approximately 1,000 births per year, which would indicate that around 100 women will suffer post-natal depression.

The most common mental health disorders for working age population are anxiety and depression (Social Care Wales, 2017).

According to the pharmaceutical needs assessment (Powys Teaching Health Board, 2021), in the UK;

- 25% of older adults have depression requiring an intervention
- over 40% of those in their 80s are affected by depression
- depression is the leading cause of suicides in England and Wales each year
- Suicide is more common in men
- Substance misuse is more common in men

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In Powys there were **250 admissions to a mental health facilities in 2019-20**. The data shows admissions to mental health facilities in Powys have **decreased by 23%** since 2014-15, which correlates with the decrease for the Welsh Average (23.5%).

The figure for Powys is consistently below the Welsh average. Although the numbers seem to be decreasing it is not known if this is because of early prevention or if there are other factors affecting this. (Welsh Gov, 2021)

There were **285 suicides in Wales** in the year 2020. (Office for National Statistics, 2021)

Powys is the **6th highest** Local Authority with **1.05 suicide death rate per 10,000 population in 2020**, which accounts for 4.9% of all suicide deaths in Wales for 2020.

Over the last 10 years the number of suicides in Powys has ranged between 19 and 21 suicide deaths recorded annually. Between 2015 and 2019, 5.6% of all suicides in Powys were persons aged 25 and under.

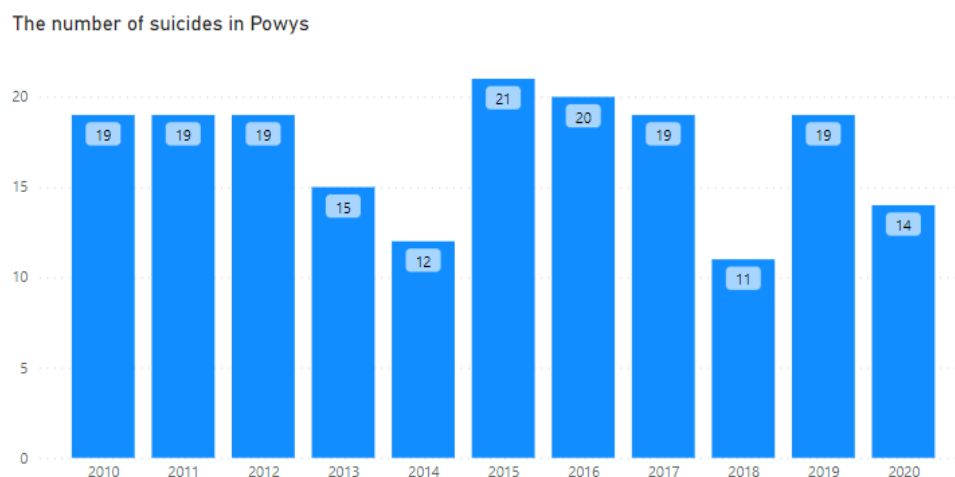


Figure 11 Number of suicides in Powys 2010-2020 (ONS 2021)

Dementia is a major public health issue in Wales.

Approximately **42,000 people in Wales** have dementia, however only 22,686 people have a dementia diagnosis. It is most common among older people - dementia affects one in twenty over the age of 65 and **one in five over the age of 80**.



Source: Wales: General medical services contract: Quality and outcomes framework Sept 2020

As life expectancy increases, there will be more older people and so more people with dementia (NHS Wales, n.d.) (Health Challenge Wales, n.d.)

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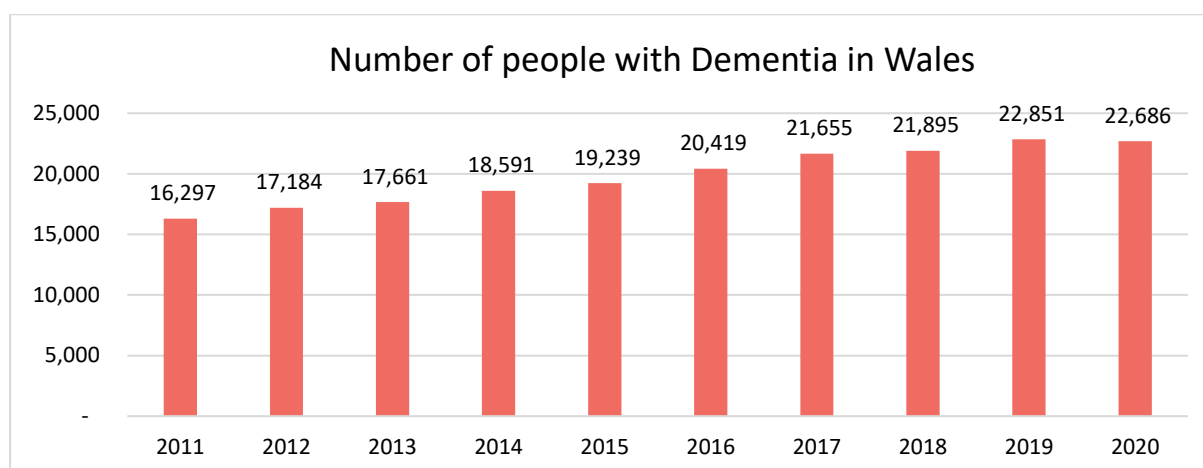


Figure 12 Number of people with Dementia in Wales (Alzheimer's Research UK, 2021)

In **Wales**, between 2015 and 2020, the number of people on the dementia register **increased by 18%**, from 19,239 to 22,686 (Alzheimer's Research UK, 2021).

Between 2010 and 2018, Powys Teaching Health Board had the highest prevalence rate for dementia out of the seven health boards in Wales, this diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys (PTHB) dropped to 2nd behind Betsi Cadwaladr Health Board with 76%, continuing its decline in 2020 where Powys (PTHB) dropped to being the 4th highest with a rate for dementia of 72%.

The diagnostic rates have been impacted by Covid-19 over the past 18 months due to no diagnostic clinics being held. Powys have a current diagnostic rate of 34% but it is predicted to increase when people on the waiting list attend their appointment and receive a potential diagnosis.

The Dementia Care Pathway of Standards were launched in March 2021 following consultation with over 1800 people. There are twenty standards narrowed down from over one hundred potential standards which drill down to the details of what people believe will make a positive difference to dementia care in Wales. Powys has led the way in arranging a workshop to present the Standards to health care staff, local authority and third sector partners.

Following the workshop four workstreams have been developed to progress the Standards in Powys and Memory assessment services feature in ten of the twenty standards, including improving the diagnostic rates. The Dementia Friendly Hospital Charter has a standard to put principles in to practice which reflect the aspirations in the Dementia Action Plan for Wales, covering a number of person centred, and rights based approaches, which will improve dementia care during a hospital admission.

Establishing the Dementia Care Pathway of Standards in Powys will mean there is a clear focus for the development of robust dementia care provision.

What do we know about young people's mental health? (Social Care Wales, 2017)

- suicide is a major cause of death for people age 15-44
- one in five deaths of men aged 15-24 is a result of suicide
- Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT community and other note the risk factors, such as substance misuse and those more socio-economically deprived

What we do to support it?

In March 2020, all Powys mental health charities stopped their face-to-face services, including drop-in groups and 1:1 counselling session. Some restarted some face-to-face sessions once the first lockdown was relaxed, and they had been able to put procedures and equipment in place to allow social distancing.

Across the county, most community centres for mental health and wellbeing have adhered to Welsh Government guidelines and are open for face-to-face support, by pre-appointment rather than "drop-in". Where possible, group work is taking place, either outdoors or where facilities enable adherence to social distancing and ventilation guidelines. The Third Sector has also embraced providing remote access to support, by phone, video or through Facebook and/or other social media methods. Restrictions have not prevented organisations from supporting their communities in whatever way possible, and numbers of people seeking support from mental health charities continues to increase. (PAVO, 2021)



"1 in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder" (Social Care Wales, 2017).

As the pandemic progresses a mixed picture is emerging of the effects that lockdown, media coverage and disruption to normal routines are having on the well-being of children and young people.

At a local level it has become more evident that recent events have had a negative impact on the mental health and well-being of some children and young people in Powys resulting in a significant increase in demand for counselling services across the County.

Alongside this, mental health has impacted on demand for children's social care, with parental mental ill health being a factor for 39% of children receiving care and support,

(national average: 36%). It is important to note that this has risen by over 9% since 2017, a trend which is seen nationally.

17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, which is higher than the national average of 14%. This is similar to the 2017 figure of 18% (Welsh Government , 2021) (Welsh Government, 2021).

It is also anticipated that there will be an impact on the mental health of young people, with a likely increase in the number of referrals to Child and Adolescent Mental Health Services (CAMHS) to support them in managing their situation. May 2020 saw the lowest number of referrals (24) in the previous 18 months, and this is almost a 50% reduction from May 2019 (46). This does raise concerns that young people may not be accessing the required support at the right time, which may impact their well-being and suggests that there may be an increased demand for the service post COVID-19.

Current provision includes:

- developing a single point of access for CAMHS
- school counselling services
- raising awareness of mental health in schools and to promote youth mental health first aid
- self-harm pathway between health and education and PSE lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services

The “staying at home and social distancing rules” had both positive and negative impacts on the Welsh population. There is evidence that the first lockdown negatively impacted the mental well-being of the “...whole population.” However, the impact may have been particularly marked for children and young people, older people, key workers, people on low incomes and at risk of unemployment, people with existing poor mental health and those who were shielding (Powys Teaching Health Board, 2021) .

We know that of those who deliberately self-harm (DSH) and access Child and Adolescent Mental Health Services (CAMHS) (Powys Teaching Health Board, 2021):

- Only 50% who self-harm seek help – mainly girls
- 36% of 16–25-year-olds have self-harmed at some point
- Average age of young person using the service is 15 years (UK: 13 years)
- Waiting times – 85% of those referred and accepted are seen within 7 days (7 follow up), the other 15% are seen within 10 working days

(Referrals from January 2020 – August 28th, 2021 – 247)

As a result of successive lockdown periods, there has been a significant increase in recorded instances of children and young people within the county experiencing anxiety and a range of other mental health issues. An increase in demand for counselling led to a 64% increase in new referrals (September 2021 compared with September 2021).

Xenzone, our commissioned counselling service currently have 245 active cases. Working in close collaboration with key partners, Schools Service is making effective use of additional funds received from Welsh Government to reduce the number of children and young on the counselling waiting list and increase the numbers sessions available. (Schools Service (PCC), 2020)

What have people said?

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

In the same survey, respondents were asked how satisfied with their life they are nowadays:

- 61% were very happy or happy
- 26% neutral
- 13% unhappy or very unhappy

And *how happy they felt yesterday*,

- 61% were very happy or happy
- 25% neutral
- 14% unhappy or very unhappy

When asked what priorities they would put into a well-being plan, answers included:

- "Improve mental health for residents through a range of people led interventions."
- "Make health care more accessible-easier access to GP and shorter wait times for assessments for Mental Health/Autism."
- "Better mental health care and provision - currently very poor."
- "Access to quicker assessments for mental health (waiting time over 14 months)."
- "To be able to afford a nice home with a garden (not a shoebox overlooked by lots of others, people living like this will struggle to have good mental health. The current

new builds like Newydd Housing are a prime example of housing that will be bad for mental and emotional health).”

Staying healthy

How can we explain the differences in life expectancy and healthy life expectancy, both between Powys and other areas and within Powys? The chart below is from a Public Health Wales report from 2020. (Public Health Wales NHS Trust, 2019) It illustrates the extent to which risk factors contribute most to the burden of disease in the population of Wales.

Most of these risk factors relate to lifestyle (smoking, diet, alcohol, and drug use) or are themselves directly influenced by lifestyle (obesity and overweight, high fasting plasma glucose, high systolic blood pressure, high LDL cholesterol). A key message here is the important effect that risk factors to do with lifestyle play in influencing health.

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count, Wales, 2017

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

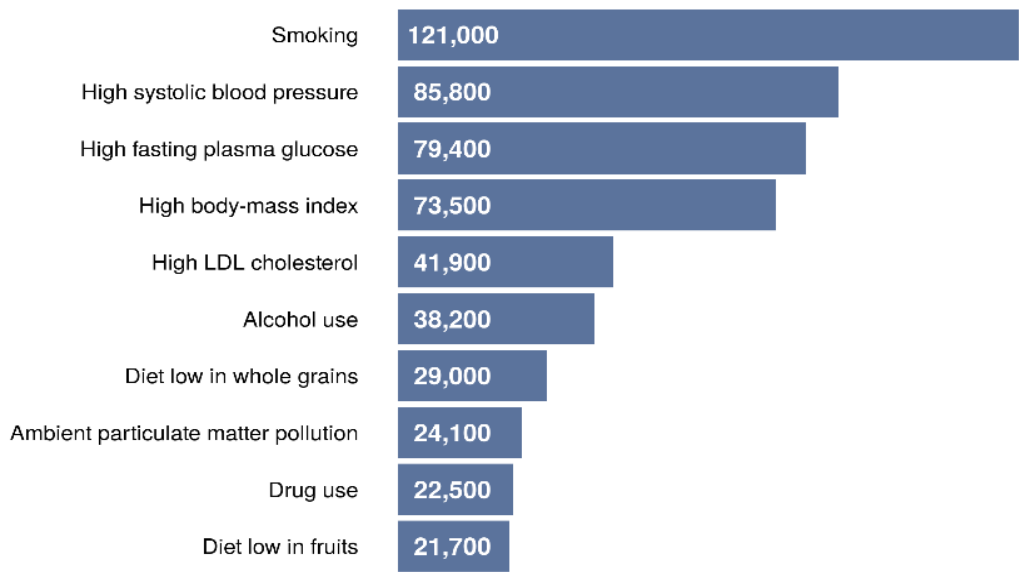


Figure 13 Top 10 Global burden of disease identified risk factors for disability (PHW 2017)

Lifestyles and the environment around us are key drivers of the health of our population. They have a much large role in determining population health than do other influences such as provision of health and social care services. Understanding how the Powys population is doing on these risk factors is important if we want to systematically improve the health of our population.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours (though this is not true for all risk factors). Using National Survey for Wales data (2020) we can understand how Powys compares to the other 22 Local Authorities and against the Welsh average for a number of these risk factors. (Welsh Gov, 2017)

Smoking

Smoking is a key determinant of population health, being the **single greatest cause of preventable death**. Smoking causes a range of cancers, cardiovascular diseases and a range of respiratory conditions (for example COPD and emphysema).

- **14.5% of adults in Powys currently smoke** (Wales 17.4%). Powys ranks the 4th lowest amongst the 22 local authorities in Wales for smokers (Welsh Gov, 2017)
- **27.3% of Powys adults are ex-smokers** (Wales 29.3%), ranking Powys as the 6th lowest amongst 22 Local Authorities in Wales (Welsh Gov, 2017)

Alcohol consumption

The proportion of adults over 16 whose **weekly average alcohol consumption** is over guidelines is higher than the percentage for Wales overall.

- **19.7% of adults in Powys weekly average alcohol consumption is over guidelines (above 14 units)**. This is above the Welsh average of 18.6%. Powys ranks 8th highest amongst the 22 local authorities in Wales.
- **17.4% of adults in Powys weekly average alcohol consumption hazardous (between 14 and 50 units)**. This is above the Welsh average of 16.1%. Powys ranks 9th highest amongst the 22 local authorities in Wales.
- **2.3% of adults in Powys weekly average alcohol consumption harmful (over 50 units)**. This is below the Welsh average of 2.5%. Powys ranks 10th highest amongst the 22 local authorities in Wales. (Welsh Gov, 2017)

Diet and physical activity

As well as being important risk factors in themselves, diet and physical activity in the population are key drivers of obesity. In this assessment, we have looked at consumption of fruit and vegetables as a useful indicator of the quality of a person's diet. The percentage of adults **who ate at least 5 portions of fruit of veg** (the previous day) is higher than the Welsh average, and the percentage who ate less than or no fruit or veg (the previous day) is lower than the Welsh average.

- **27.3% of adults in Powys ate at least 5 portions of fruit of veg (the previous day)**. This is above the Welsh average of 24.3%. Powys ranks 6th highest amongst the 22 local authorities in Wales.

- **65.9% of adults in Powys** ate some, but less than 5 portions of fruit or veg (the previous day). This is below the Welsh average of 67.8%. Powys ranks the 5th lowest amongst the 22 local authorities in Wales.
- **6.7% of adults in Powys** at no fruit or veg (the previous day). This is below the Welsh average of 7.9%. Powys ranks the 8th lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

The level of **physical activity** in Powys is also better in Powys than in Wales overall.

- **60.8% of adults in Powys** were active at least 150 minutes (in previous week), meeting the minimum required guidelines for activity. This is above the Welsh average of 53.2%. Powys ranks 4th highest amongst the 22 local authorities in Wales.
- **12.7% of adults in Powys** were active between 30 to 149 minutes (in previous week), below the guideline. This is below the Welsh average of 13.9%. Powys ranks the 10th lowest amongst the 22 local authorities in Wales.
- **26.4% of adults in Powys** were active less than 30 minutes (in the previous week), below guidelines. This is below the Welsh average of 33%. Powys ranks the 2nd lowest amongst the 22 local authorities in Wales (Welsh Gov, 2017)
- An important environmental risk factor for ill health is the quality of the air that we breathe, because poor air quality has effects on respiratory and cardiac disease and can lead to lung cancer and stroke. (Environment pollution, 2008) [10] Nitrogen dioxide (NO₂) is a gaseous pollutant and exposure to outdoor NO₂ is mainly related to road traffic emissions. Average nitrogen dioxide levels are a useful proxy indicator of overall air quality.
- For this indicator Powys ranks 2nd lowest of local authorities in Wales. Average NO₂ is 4.4 in Powys, compared to the Welsh average of 9.2. Predominantly this can be explained by rural nature of the county. The NO₂ pollutant has decreased in Powys over the years, since 2007 this has almost halved from 7.92 to 4.38 in 2019.
- Additional information on air pollution is contained in the 'Environment' section of this assessment.

To look at more lifestyle factors and how Powys ranks against Wales, [click here to explore our interactive report.](#)

Substance Misuse

Use of alcohol or drugs at some stage in life is common; it is estimated that approximately 45% of adult men and 34% of adult women in Wales report drinking above the recommended guidelines, (Public Health Wales, 2022) consume alcohol at levels associated with some risk to their health, and that nearly one in three of the adult population have tried illegal drugs. For a proportion of these individuals their alcohol and drug use may reflect dependency or excessive consumption and may be associated with substantial harmful consequences such as health problems or encounters with the criminal justice system.

Alcohol is one of the leading modifiable life-style related drivers of non-communicable diseases alongside smoking and obesity, and it is estimated to be the behavioural risk factor with the second highest impact on the NHS budget after poor diet (Scarborough P, 2011). Use of alcohol and drugs has also been highlighted as one of the six key drivers of crime due to associations with behavioural disorders and violence: it is estimated that 1 in 100 people each year will be a victim of an alcohol-related violent crime (Institute of Alcohol Studies, n.d.). The impact of alcohol and drug use on wider communities can be far-reaching, and include:

- direct economic costs on health and social care services, the criminal justice system, and the social welfare system.
- indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity; and
- intangible costs to the affected individual or their family members from anxiety, pain, financial worries, and reduced quality of life.

Alcohol and drug treatment services have an important and evidence-based role in mitigating the personal and financial costs of problematic substance use and have the potential to provide cost-efficiency savings for a range of public services including health and social care, housing and welfare, and the criminal justice system.

Alcohol and drug use is also common in people with mental health problems and 70% of those in drug services and 86% of those in alcohol services report having experienced mental health problems (Weaver et al, 2003) (Delgadillo et al, 2013). The level of harmful and problematic drug and alcohol use amongst patients of community mental health services is estimated at around 44% (Public Health England, 2016). The relationship between mental illness and substance use is complex, and individuals with co-occurring mental health and substance use problems experience poor health outcomes (Hayes et al, 2011), increased use of health and other statutory services, and an increased chance of being homeless or known to the criminal justice system (Strathdee G et al, 2002). Suicide rates are also significantly higher in this population, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems (University of Manchester, 2016). Co-occurring conditions are more prevalent among psychiatric inpatients and people in secure services (Strathdee G et al, 2002) and are also common among the prison population (up to 75% of prisoners) (Prison Reform Trust, 2011).

There are several challenges to supporting recovery in this population group; and, despite the high prevalence of co-occurring conditions, detection of the problems remains low; and historically, individuals with such complex needs have experienced difficulties in accessing services which meet all their needs. This often leads to disengagement and poorer patient outcomes.

Mental health and substance use services are commissioned separately which can present organisational and clinical barriers to effective treatment, for example this may lead to disjointed care protocols resulting in services that are unwilling to manage the risk presented by people with co-existing mental health problems and substance misuse.

Research also shows that, despite the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are often excluded from services (Care Quality Commission, 2015) (The Recovery Partnership, 2015).

The current Substance Misuse provision in Powys caters for the maintenance of approximately 500 individuals within treatment presenting with several complex issues.

The caseload is split almost 50/50 between alcohol clients and Class A substance misuse issues.

The incumbent service provider demonstrates within their service model how consideration of the following issues are addressed:

- Recognition of the impact of Adverse Childhood Experiences, how to identify and address this amongst the treatment cohort
- Awareness of the various routes of exploitation such as county lines and other risk factors for those vulnerable within communities
- Consideration of the family around the individual, ensuring provision of wider support and identification and management of safeguarding issues/risks
- Promoting positive community benefits and ensuring wellbeing of communities aligned to the Well-being of Future Generations (Wales Act 2015)
- Service users with co-occurring substance misuse and mental health issues

From a commissioning perspective, Powys is keen to consider innovative and transformative approaches to addressing these challenges, with a focus on a flexible model of delivery, responsive to the changing patterns and demands of drug and alcohol use and an increase in the use of outreach and digital technologies to engage service users before, during and after treatment. This includes maximising opportunities to deliver services from a range of settings and organisations to minimise stigma and increase service access and engagement from harder to reach groups.

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Obesity

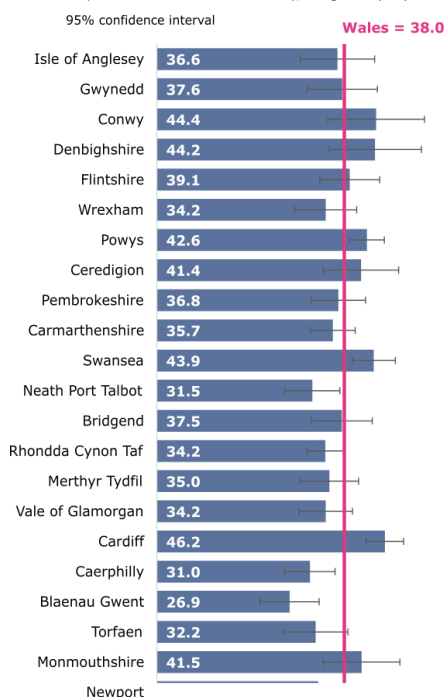
In Powys, nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise.

Obesity and overweight are associated with several serious conditions, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and cancer. (John B Dixon, 2013) Overweight and obesity are important over the life course of an individual, with childhood patterns of weight often carried over into adulthood. The chart below shows the percentages of people in Powys who were of healthy weight (using most recently available data) for two different groups: working age adults and older adults. Both groups in Powys have a higher proportion of people of a healthy weight than the Wales population overall.

- **42.6% of working age adults (aged 16-64) in Powys are of a healthy weight.** This is higher than the Welsh average of 38%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

42.2% of older adults (aged 65+) in Powys are of a healthy weight. This is higher than the Welsh average of 38.1%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

Working age adults of a healthy weight, percentage, persons aged 16 to 64, Wales local authorities, 2017/18 - 2019/20
Produced by Public Health Wales Observatory, using NSW (WG)



Older adults of a healthy weight, percentage, persons aged 65+, Wales local authorities, 2017/18-2019/20
Produced by Public Health Wales Observatory, using NSW (WG)

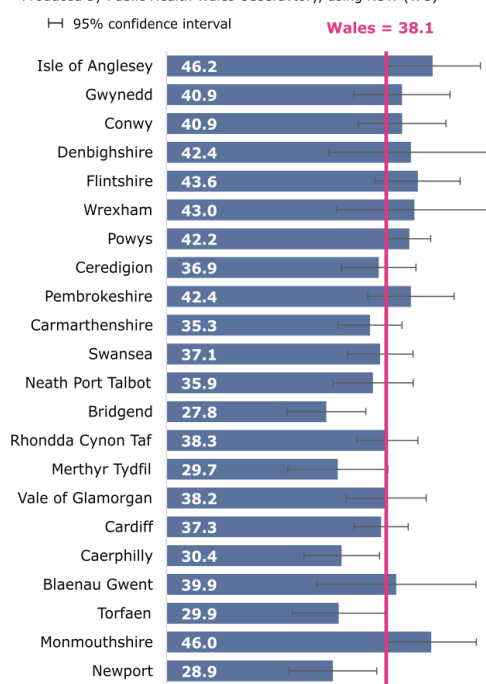


Figure 14 Working age adults of a health weight (PHW 2017-20)

Figures for childhood obesity for different health boards in Wales are shown in the chart below. In Powys in the year 2017/18. (Public Health Wales, 2017/18)

- **75.5% of children age 5 were healthy or underweight.** This is higher than the Welsh average of 73.6%

- **24.5%⁴** were overweight or obese, which is lower than the Welsh average of 24.5%⁵

Children age 5 of healthy weight or underweight, 2017/18

Percentage, health boards

--- 95% confidence interval

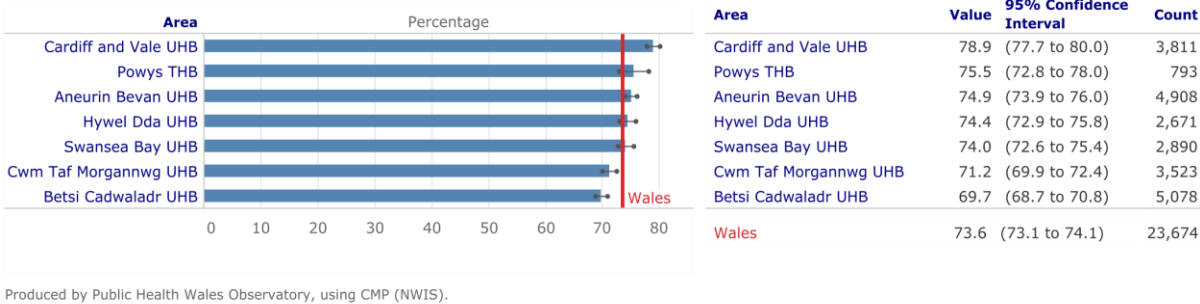


Figure 15 Children age 5 of healthy weight or underweight (PHW, 2017-18)

What have people said?

In the Living in Powys well-being survey, respondents were asked **“how many days per week they do at least 30 minutes physical activity?”** The responses were evenly spread across the options:

- 22% responded everyday
- 23% almost everyday
- 27% 2-3 times a week
- 15% once a week
- 13% rarely or never

In the same survey, when asked **“What would be your top priorities to put into a well-being plan?”** answers included:

- “Provide the infrastructure for people to get out of their homes and exercise without needing to drive, and to incorporate exercise into daily life.”
- “Safe cycling routes so people can move and travel actively and safely.”

And when asked to list **“things that you think positively impact on the health and well-being of you, your family, your business, or employment”** top themes identified included, exercise and eating healthier:

- “Create more outdoor spaces for all to access and enjoy, including pedestrianisation and cycle routes”
- “Support for enhancing walking opportunities in the county. Although on paper responsibility for maintaining public rights of way is the responsibility of Powys and

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⁴ percentage implied from the difference in those who were of a healthy weight

landowners, this responsibility is not enforced and too many paths are blocked or unusable. Being able to get out into the countryside for a relaxing, hassle-free walk is fundamental to promoting both physical and mental health. Walking is accessible to all, even the poorest in the community, as it doesn't require an expensive outlay of equipment or membership.”

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Educating Our Children

Our schools

At the time of writing there are **17,148 children in Powys schools**,

- 9,709 are attending a primary school
- 7,158 are attending a secondary school
- 281 are attending Special Schools.



In Powys, there are 77 primary schools, broken down into 13 catchment areas.

The Powys school catchment areas are:

- Llanfyllin
- Welshpool
- Llanfair Caereinion
- Machynlleth
- Llanidloes
- Newtown
- Llandrindod Wells
- Presteigne
- Builth Wells
- Brecon
- Hay and Talgarth
- Crickhowell
- Ystradgynlais

For 2021-22, the average budget share per pupil for Powys primary schools is £4,857, which is higher than the Welsh average of is £4,613. In Powys, 46 of our primary schools are below the Welsh average.

We have 11 secondary schools over 13 buildings and catchment areas. For 2021/22, the average budget share per pupil for Powys secondary schools is £5,471, which is lower than the Welsh average of is £5,488. 9 of our 11 secondary schools are below the Welsh average.

(Welsh Gov, 2021-22)

Powys has three special schools, two of the schools (Brynllwarch Hall and Ysgol Cedewain) are in the Newtown locality and one (Ysgol Penmaes) is in Brecon locality.

(Schools Service (PCC), 2020)

As of the 31st of August 2021, there were 214 active pupils on the Elective Home Education (EHE) register meaning that we have seen a **54% increase in pupils being registered for EHE during 20/21**. There is a link to COVID-19 and the increase in the number of students that are EHE. Welshpool and Montgomery locality has the highest EHE uptake with 33 pupils registered while Crickhowell has the lowest with only four EHE pupils in the locality.

Destination bilingual: the benefits of choosing a Welsh-medium education has been created to provide parents with the latest information about Welsh-medium education and the benefits of bilingualism.

The average **percentage of students educated through the medium of Welsh in Powys primary schools is 21%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **84%**. Three of four schools in the catchment offer full Welsh medium provision. The five catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth and Crickhowell) neighboring the English border have no Welsh medium provision available.

The average **percentage of students educated through the medium of Welsh in Powys Secondary schools is 12%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **68%**. Six catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, Crickhowell and Ystradgynlais) have no Welsh medium provision available.

Follow the link to view more [information about Schools Benchmarking in Powys and how we compare to Wales via our interactive report.](#)

Support to pupils during the COVID pandemic

As a result of the COVID-19 pandemic, Welsh Government legislation on the 3 July 2020 temporarily removed the duties on governing bodies and local authorities to provide data on teacher assessment outcomes. In addition, the Welsh Government introduced a revised assessment system for formal qualifications, which included non-examination assessments, internal assessments, and externally set and marked assessments. This was then extended into the 2020-21 academic year. This means that there is no data available for the pupil attainment levels during 2019-20 and 2020-21.

The local authority acted swiftly and put in place appropriate community-based support for children and young people within the County. Three key multi-agency working groups, focused on emergency childcare provision, continuity of learning, and learner and staff well-being worked together to adapt existing services and develop new processes where required.

In response to the directive from Welsh Government, Powys staff and schools staff repurposed schools and provided free childcare for the children of key workers and the most vulnerable children and young people. In Powys, emergency childcare was provided between 8am and 6pm for seven days of the week and this extended into school, public and bank holidays. Emergency childcare commenced in Powys on 27 March 2020 and provided 16 Emergency Childcare Hubs (ECH) and two dedicated Emergency Childcare Specialist Hubs (ECSH), sited within the special schools to support our most vulnerable learners. The total weekly numbers of children accessing the hubs ranged between 148 – 245 over the period of provision.

Emergency childcare provision was also made available for pre-school children between 23 March and 29 June 2020. 28 settings were open to support the children of key workers and vulnerable children. During this period 271 pre-school children per week accessed emergency childcare provision.

(Schools Service (PCC), 2020)

Educational attainment

Nearly all schools have tracked and monitored learner progress over the course of the academic year. As COVID-19 operational guidance has been implemented in schools, this has resulted in schools not being able to resume their normal assessment procedures. In many Powys primary schools, most pupils have maintained expected progress in literacy and numeracy over the remote learning period and when they returned to face-to-face learning.

Nearly all schools report that where pupils were supported during remote learning, progress was at least maintained. In many Powys secondary schools, many pupils have maintained or exceeded their expected levels of progress. There were subjects that schools were able to deliver successfully remotely and there were other, mainly more practical subjects, which have been more limited during remote learning.

(Schools Service (PCC), 2020)

What have people said?

We conducted a survey of pupils and parents to capture experiences of remote learning during the pandemic (carried out during January 2021). A total of 3,422 responses were received from pupils and parents at primary, secondary and special schools across Powys.

Parents and pupil feedback showed that:

- Most (90%) agreed that they / their child had received the right amount of support, learning activities and lessons from their school.
- Many (86%) reported that they / their child had received live lessons.
- Most (93%) agreed that the school had successfully engaged with their pupils.

- The majority (64%) agreed that they had opportunities to work with other pupils whilst working online.
- Many (85%) agreed that the school had provided regular feedback on their work.
- Most (90%) agreed that they felt well supported by their school through regular contact.
- Nearly all (97%) agreed that they could contact the school if there was a problem, with 49% strongly agreeing, and
- Many (82%) agreed that they / their child had enjoyed most of the learning / activities available online.

Free school meals and educational attainment

Free School Meal eligibility is a key proxy measure of household income. At all key stages, **learners eligible for free school meals tend to perform significantly less well than those not eligible.**

Over the past two years from 2018-19 to 2020-21, Powys has seen the second largest increase (46% increase) among all Welsh Local Authorities in the number of children eligible for Free School Meals (Monmouthshire also experienced a 46% increase). The number of children eligible increased from 1,820 to 2,651 children. (Welsh Gov, 2021)

In Powys **Primary** Schools, **15% of all pupils are receiving Free School Meals**, the highest being Maesyrrhandir C.P. School in Newtown catchment area with 46% of pupils receiving Free School Meals. The Newtown catchment has the highest Free School Meals take up (23%). (Welsh Gov, 2021)

The following three primary schools have no pupils receiving Free School Meals;

- Ysgol Pontrobert
- Ysgol Gynradd Carno
- Llanfihangel Rhydithon C.P. School

The catchment with the lowest number of pupils receiving Free School Meals is Crickhowell, with only 7% of pupils receiving Free School Meals.

In Powys **Secondary** Schools, **14% of all pupils are receiving Free School Meals**, the highest up take is Ysgol Maesydderwen in Ystradgynlais catchment area with 23% of pupils receiving Free School Meals. This is followed by Newtown High School with 19% of pupils receiving Free School Meals.

Crickhowell High School has the lowest number of pupils receiving Free School Meals with only 7% of pupils receiving Free School Meals.

Poor educational attainment is likely to harm children and young people's future life chances and perpetuate the cycle of poverty.

- **15% of pupils in Powys are eligible for Free School Meals**, which is lower than the national Average of 22%.
- **33% of children and young people in Powys who are eligible for Free School Meals are currently not receiving them** (Wales 35%).

(Welsh Gov, 2021)

Follow the link to view more [information about Schools Benchmarking \(including free school meals and take up\) in Powys and how we compare to Wales via our interactive report.](#)

Educational attainment for pupils in Mid Wales at Key Stage 4 shows that **those eligible for free school meals have lower outcomes than the rest of the population.**

The gap between those receiving Free School Meals and those who are not achieving Level 1⁵ is **8%**. At Level 2⁶ it was **33%** and those achieving 5 A*-A grades **was 17%**.

(Welsh Gov, 2018/19)

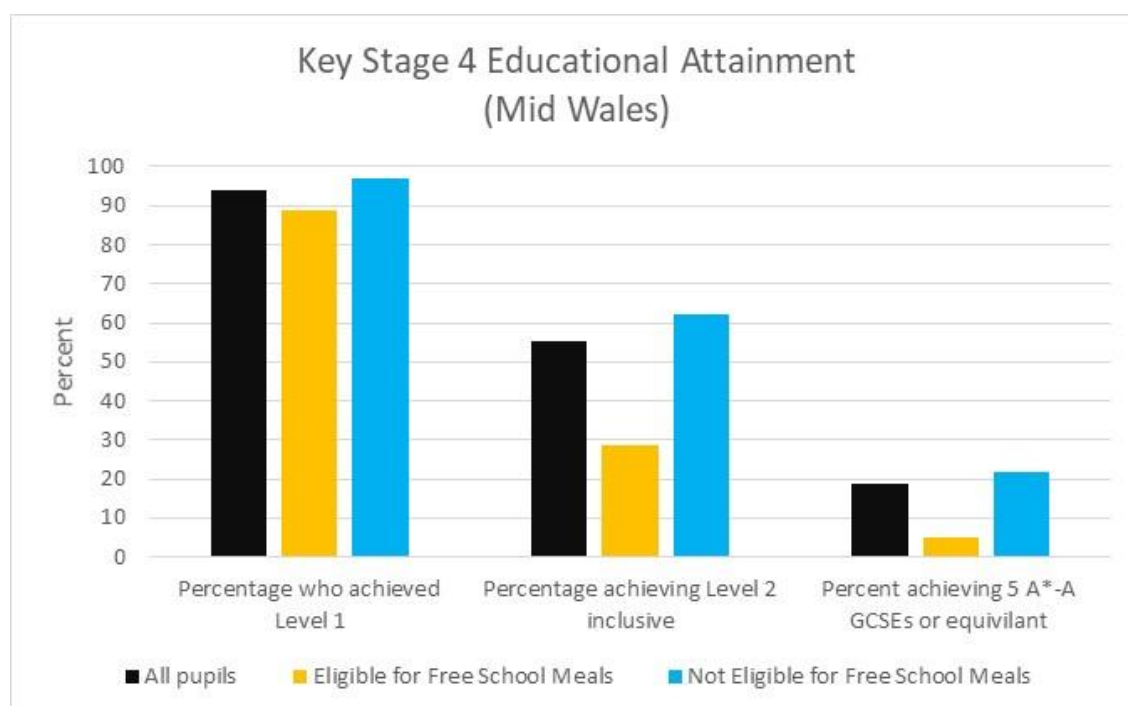


Figure 16 Key stage 4 Educational Attainment for level 1, level 2 and GCSE (Welsh Gov, 2018/19)

The educational attainment above is for academic year 2018-19. On the 18 March 2020 Welsh Government (along with the other devolved nations of the UK) took the decision to

⁵ Level 1 – 5 GCSE's A*-G

⁶ Level 2 – 5 GCSE's A*-C

cancel examinations for summer 2020. As a result, all schools provided pupils with centre assessed grades and legislation had disapplied the obligations on a school to supply the data.

This meant there was no verification process of examination grades or comparative data available to local authorities. In addition, Welsh Government legislation dated 3rd July 2020 removed the duties on governing bodies and local authorities to provide data to local authorities and Welsh Government, respectively, on teacher assessment outcomes.

Due to the coronavirus pandemic and impact on learning over the 2020-21 academic year, Welsh Government removed examinations for GCSE and A Levels. Each school used Centre Determined Grades to award overall grades to pupils for their GCSEs and A levels. However, Centre Determined Grades are not verified or published by Welsh Government.

What have people said?

School leaders including governors are required to carefully monitor the progress of vulnerable pupils and are required to publish plans detailing how the Pupil Development Grant (PDG) will be used. All schools are required to evaluate the impact of the grant, and nearly all schools state that they make good use of this grant.

Exclusions

There has been a consistent rate of permanent exclusions in schools, however there is variation between schools and exclusions are a complex issue.

Since 2018-19 the number of exclusions has reduced by 150 exclusions (from 492 to 342), 99% of these were fixed term and 1% were permanent exclusions.

68% of all exclusions were for those aged year seven and above, and 32% were for those year one through to year six.

Reasons for exclusions were: -

- 25% of all exclusions were for disruptive behaviour
- 19% for assault and/or violence against another learner
- 19% for verbal abuse/threatening behaviour against an adult
- 14.5% for assault and/or violence against staff
- Other reasons included substance misuse and damage to property

(Schools Service (PCC), 2020)

Childcare Sufficiency

Childcare is provided to 61% of 0-4 years olds within Powys, there are a total of **190 registered childcare settings**, offering 3,568 places. This is above the Wales provision of 48%.

DRAFT well-being assessment Powys Public Service Board

Powys is sixth highest out of all 22 Welsh Local Authorities in terms of the childcare places offered, Merthyr Tydfil has the lowest provision with only 24% and Denbighshire has the highest with 73%.

These registered childcare settings are made up of a mixture of privately operated, volunteer based, and school run organisations.

(Welsh Gov, 2021)

% childcare places against 0-4 year olds population



Figure 17 Map showing % childcare places against 0-4 year olds population (Welsh Gov, 2021)

Child Play Sufficiency

"The right to play is a child's first claim on the community. Play is nature's training for life. No community can infringe that right without doing deep and enduring harm to the minds and bodies of its citizens". David Lloyd George (1925)

"Play encompasses children's behaviour which is freely chosen, personally directed and intrinsically motivated. It is performed for no external goal or reward and is a fundamental and integral part of healthy development - not only for individual children, but also for the society in which they live". Welsh Government "Creating a Play Friendly Wales" 2012

Play Wales states that playing is one of the easiest and most natural ways that children of any age can engage in necessary levels of physical activity. The Welsh Government's Healthy Weight: Healthy Wales consultation, lists play as a main influencer on children's healthy weight behaviours.

The 'Physical Activity of Children and Young People' paper was written by the National Assembly for Wales in 2019, it sees the new curriculum as a chance to increase physical activity within schools, along with other benefits.

The paper recommends that all schools should provide wider access to their facilities to local communities, which will encourage more physical activity and an accessible space outside of the school day. (Powys County Councils Play Sufficiency Assessment (2019))

According to the National Survey for Wales (2018/19), in Wales:

- 58% of respondents were satisfied with play areas (30% dissatisfied)
- 55% were satisfied (26% dissatisfied) with clubs and organised activities
- 42% were satisfied (43% dissatisfied) with places for children to get together with friends.

During the 2017-18 national survey for Wales, it was noted that parents had concerns about the safety of the local area as a reason for dissatisfaction with play areas (this increased between 2014-15 and 2017-18):

- 36% stated there was too much crime and antisocial behaviour (compared with 21% in 2014-15)
- 32% stated they had concerns about strangers (compared with 16% in 2014-15)
- 31% had concerns about traffic (compared with 16% in 2014-15)

Play opportunities in Powys reduced dramatically during the Covid-19 pandemic; thankfully this was addressed by Welsh Government and additional funding was awarded in June 2021 to deliver a 'Summer of Fun' to children and young people 0-15 years across Powys. **Over 11,000 play sessions were delivered over July and August**, children and young people had access to sporting sessions, craft activities, outdoor pursuits, creative writing and dance classes and STEM activities, all free of charge.

As the Summer of Fun initiative was a huge success, additional funding has been awarded to support a Winter of Wellbeing and Play Capital funding has been allocated to develop some of our play parks in Powys. Further opportunities will be offered over the next 12 months to ensure children and young people have sufficient play opportunities.

What have people said?

Powys County Councils [Play Sufficiency Assessment](#) (2019) shows that during 'Have Your Say Days' and other engagement events children were asked **"how good are your opportunities for playing and hanging out?"**

- 57% said it's great and couldn't be much better
- 23% said it's great but could be made even better
- 9% said it's not good and needs to be made better
- 8% said it's rubbish and need to be made much better

Children were asked **"do you have enough time for playing or hanging out with friends?"**

- 36% said Yes, I have loads
- 35% said yes, I have enough
- 21% said no, I would like a bit more
- 8% said no, I need a lot more

When asked, "what is good about play in Powys?" responses included walking routes, feeling safe, green spaces, fresh air, trees, safe to ride bikes, animals, parks, surrounding community and space for football.

When asked, "what is not good about play in Powys?" responses included old play equipment, lack of space for 'older' young people, cars, limited pavements, lack of sites for bikes and skateboards, litter, public transport, cost of transport, dog fouling, rurality.

Sufficiency of Nursery Education

As part of the Welsh Government's Childcare Offer for Wales, the local authority receives funding to ensure that all children have access to ten hours of early years education from the beginning of the term following the child's third birthday. The education is provided in approved, funded preschool education settings, which include playgroups, Cylch Meithrin, day nurseries and school-based settings.

Following the establishment of a framework of providers in 2017 the LA currently contracts with 74 settings to deliver Early Years Education, 18 of which are Welsh-medium settings.

The Local Authority administers admissions for the Early Years Education places. As the number of children eligible for Early Years Education increases termly throughout the

academic year, the Local Authority contracts additional places to meet demand and try and ensure parental preferences are met; in cases of oversubscription, admissions criteria is applied and a suitable alternative offered.

TABLE 1 NUMBER OF CHILDREN ACCESSING EARLY YEARS EDUCATION IN 2020-21

Term	Number of children
Autumn 2020	1,056
Spring 2021	357
Summer 2021	275
Total	1,688

28.9% (422) of children in 2020/21 who accessed Early Years Education **attended an early year’s provision through the medium of Welsh.**

The Local Authority is currently undertaking a review of Early Years Education to inform the future tender of provision across the County (current contracts run until Aug 2024). (PCC, 2022). The findings from this review will be considered when available.

Social summary

Social well-being covers a vast array of topics, and each contribute to the well-being of Powys residents.

We know that housing plays an extremely important part for the well-being of Powys residents. We currently have **58,345 households in Powys** (ONS, 2011) (this figure is from the 2011 census we will be able to understand the housing make up from the 2021 census when the new data is released), and this figure is projected to rise. Powys **average household size is 2.2 persons.** (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future. **It is predicted that Powys single person households will increase by 4.2% over the next 10 years.** Powys already has a higher than national average level of single person households, with this trend set to increase this may put **more pressure on already limited single housing stock in Powys for future generations.**

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council’s housing demand register.** A quarter of those are already social

housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

There has been a **16% increase in homelessness** between 2019 and 2020 (from 527 to 621). (Housing PCC, 2021) Mostly single homeless presentations. We anticipate more families with dependent children to present due to the end of the furlough scheme.

Respondents to our survey have shown that affordable housing, carbon neutral housing, and sustainable housing stock are key priorities for them in the well-being plan.

All of the above indicated that there is a real need for the availability of smaller homes that are affordable and sustainable, we have an unmet demand across the county and if we do nothing the projected increase in those requiring smaller homes will lead to a housing crisis for future generations. **If we do not act, we will see an increase of overcrowding, homelessness, a generation that cannot afford to buy their own homes or afford to rent a home in their local areas forcing those to find homes outside of Powys.** This will have a knock-on effect on older generations who will not have family locally able to provide them with help and support.

Inflation in the UK has risen, with increasing fuel, food and transport costs are worrying for many across the country. Powys is no exception, the cost of living in such a rural area has always been more expensive than the rest of the country. As the cost of living rises this will cause even more pressure on people and families in Powys struggling with poverty. **In Powys 4,088 families live in absolute poverty**, 31% (1,248) of these were lone parent households (Department for Work and Pension, 2019-20). There has been a **48% increase in those eligible for Free School Meals** over the past two years, rising faster than the Welsh average. **33%** of children and young people in Powys who are eligible for Free School Meals are currently not taking them up (receiving them). (Welsh Gov, 2021)

We need to do more to understand poverty within our communities. As the cost of living increases and energy price rise, many families experiencing poverty will see the effects on their physical health (heat or eat) and mental health and ability to remain in their own homes.

17% of people in Powys report feeling lonely, if applied to the current population, there could be potentially 22,600 residents across Powys who are feeling lonely. We know that as you get older you are at a higher risk of becoming lonely and as people live longer there will be an increased need for help and support at home and in the community. By 2043 the population aged 65 and over is projected to **increase by 25.2%**. (Welsh Gov, 2018) Future trends report says, the old age dependency ratio will increase over time as the number of pensioners grows faster than the number of working aged people. The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people **this dependency ratio will cause increasing pressure on future generations in Powys.**

Another impact of an aging population could be a continuing rise in unpaid carers. During the 2011 census, 12% (16,154) of the Powys population were unpaid carers, with more unpaid carers in south Powys, particularly the Ystradgynlais locality. In the last 10 years the ageing population in Powys has seen a large increase in the number of carers, and with added pressures due to COVID-19, the number of carers will have increased even more. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.** (Carers UK, 2020). If we apply the Carers UK Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys meaning a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of the coronavirus pandemic.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

45% of respondents to our survey identified themselves as a carer, of these 59% had never had contact about their caring responsibilities. When we have looked at the carers that are “known” to us (through Powys County Council social services or through [CREDU Cymru](#)) we estimate that potentially only 10% of carers are getting support, **leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.**

With an ageing population and projected increase in carers, we will need to ensure that we offer the right level of support to those with caring responsibilities to help support them and give them time away from their caring responsibilities to focus upon their own well-being. **If we do nothing, many of those who are currently being cared for by informal carers such as friends and family may not have the available support to live independently and remain within their community. This will likely increase the need to be provided services by social care, which will increase demand on health and care services.**

The coronavirus pandemic has increased existing health inequalities. Deprived groups have been more vulnerable during lockdowns and declining income. Mental health issues are increasing due to the coronavirus pandemic. For working aged people, the most common mental health disorders are anxiety and depression, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression (Powys Teaching Health Board, 2021). 23% of respondents to our survey highlighted they had mental health issues. **More work needs to be done in Powys to understand the levels of mental health in Powys and in our 13 localities.**

Maintaining a healthy lifestyle is critical to our overall health and well-being. Preventative measures, like eating healthily and taking part in regular exercise will help ease increasing pressures on health services. Overall Powys’ health is better than the Welsh average, however it is still indicated that 14.5% of adults smoke, 19.7% of adults’ alcohol consumption is above guidelines and 65.9% of adults ate less than five fruit or veg (the

previous day). (Welsh Gov, 2020). **The current Substance Misuse provision in Powys caters for the maintenance of approximately 500 individuals.**

The level of physical activity is better than in Wales overall, 60.8% of adults in Powys were active at least 150 minutes (in previous week). However, in Powys, **nearly 60% of adults are overweight or obese and this is predicted to continue to rise, and 24.5% of children were overweight or obese by the age of 5.**

Childcare is provided to 61% of 0-4 years olds within Powys, there are a total of 190 registered childcare settings, offering 3,568 places. This is above the Wales provision of 48%. Child Play opportunities in Powys reduced dramatically during the coronavirus pandemic; to address this Powys delivered a 'Summer of Fun' to children and young people 0-15 years across Powys. **Over 11,000 play sessions were delivered over July and August 2021.** Nursery education in Powys saw **1,688 children access early years education across Powys.**

Cross cutting themes

Social well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Economy, Culture and Community and Environment.

		How does Social interact with the other Well-being themes?
Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	<p>Social and economic outcomes are interlinked, an individual's economic circumstance is linked to their social well-being. For example, an individual's employment and wages will have an impact upon their ability to live independently and maintain a happy home life.</p> <p>Housing affordability (average salary vs average house price) is getting difficult for many residents, as the gap between salaries and house prices widens, there is an increased need for smaller, affordable social housing across Powys. Additionally, those with limited access to economic resources will likely have reduced access to tourism and business opportunities in their local communities. Limited access to economic resource often leads to longer term impacts to mental and physical health and impacts on young people's educational outcomes.</p>

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Culture and Community	<ul style="list-style-type: none"> • Welsh Language • Communities coming together • Participation in cultural life • Anti-social 	<p>Culture and community are intertwined within the various components of social well-being. An engaged community will improve an individual's home-life and ability to live independently. Active participation in cultural life leads to improved well-being and a sense of connectedness, helping to create friendships and support networks.</p> <p>Providing opportunities to use the Welsh language across all areas of social well-being is essential, by having good quality education and enabling residents to access services and groups through their language of choice (active offer) ensures that residents can fully immerse themselves in the Welsh culture.</p>
Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	<p>The environment in which people live has a large impact upon an individual's social well-being. For example, extreme weather situations such as flooding can have a detrimental impact to an individual's social well-being, it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts. However, the natural world can improve social well-being through creating spaces and places with increased biodiversity. A community with many natural resources, (such as green spaces, clean air, rights of way) enables an individual to thrive in their local area.</p> <p>We need to ensure that we think sustainably (meeting our needs without compromising the need of future generations) when developing housing and businesses, producing renewable energy, and growing nutritious food that is affordable and accessible to all.</p>
High Level Impacts	Ageing population	<p>It is important to consider the impacts of an aging population when considering social well-being as older people will face pressures trying to maintain an independent home life within their community. As we get older, we are likely to encounter health and lifestyle issues associated with old age, needing support from those around us. It is vital that we have communities that look out for one another and services that enable our older population to live a happy life. Life expectancy in Powys like the rest of Wales has plateaued.</p> <p>For future generations there are going to be less working-age people living here to support those needing help and care, this is going to be a key focus for the short to medium-term.</p>
	Rurality	<p>There are challenges to social well-being due to Powys's rural make up. Over half of the Powys population live in villages, hamlets, or dispersed settlements and must travel a long way to access services (such as schools, hospitals, shops, public transport, or meet up with others). Obtaining affordable housing in the community you want to live can</p>

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		<p>be difficult, and accessing services such as domiciliary care can be limited due to geographical constraints.</p> <p>Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services.</p>
	Britain's exit from the European Union	<p>Whilst the full extent of the impact of Britain's exit from the European Union still remains largely unknown at a local level, it is important to note that this will impact social well-being over time, with scenarios such as the possible reduction in staff in the Health and Care sector (due to the reliance of European workers) having a longer-term impact to the populations access to health and care services.</p>
	COVID-19	<p>COVID-19 has increased loneliness and isolation across all age groups (especially children and the older population). Whilst education and health and care continued the services had to adapt and so have the residents of Powys, highlighting the importance of social well-being for all service users.</p> <p>Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has highlighted new short-term issues affecting social well-being and has had a worse impact on deprived households, increasing inequalities and widening the socioeconomic gap.</p>

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Economy

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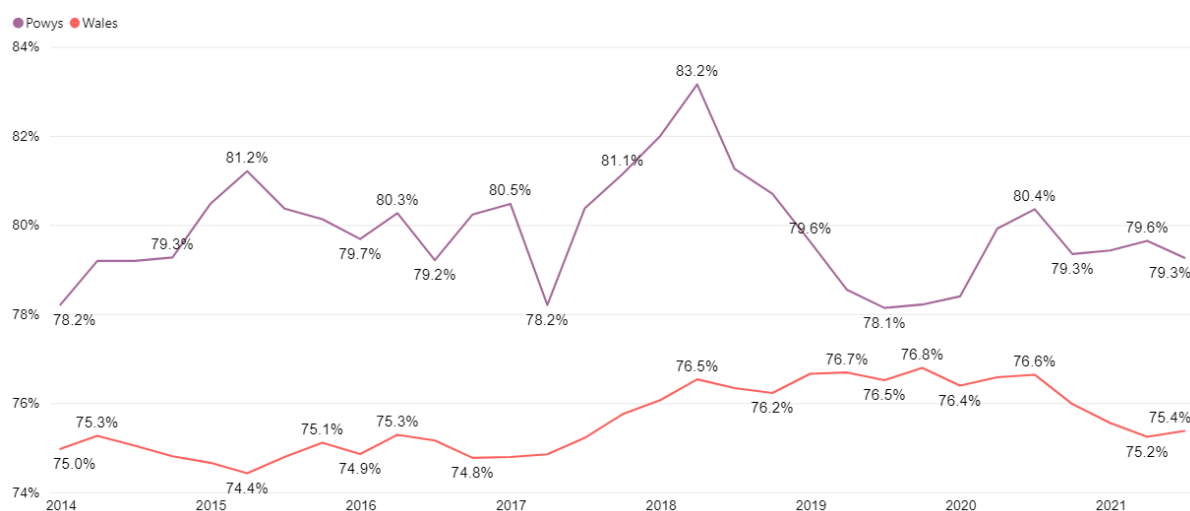
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Jobs and wages

Employment rates and unemployment

According to the Annual Population Survey (ONS, Dec 2021) Powys has maintained a higher rate of economically active residents (aged 16-64) than the rest of Wales, data going back to 2005 shows that Powys' rate has continually been higher than the Welsh average.

In the last 10 years the economic activity rate has remained stable, with the rates for Powys varying between 76% and 83%.



For year ending June 2021, **79.2% Powys residents aged 16-64 were economically active**, this is above both the Welsh average 75.4% and UK average 78.2%.

Powys ranked 3rd highest out of all Welsh authorities for the most economically active residents, Monmouthshire were highest with 80.3% followed by Vale of Glamorgan with 78.1%.

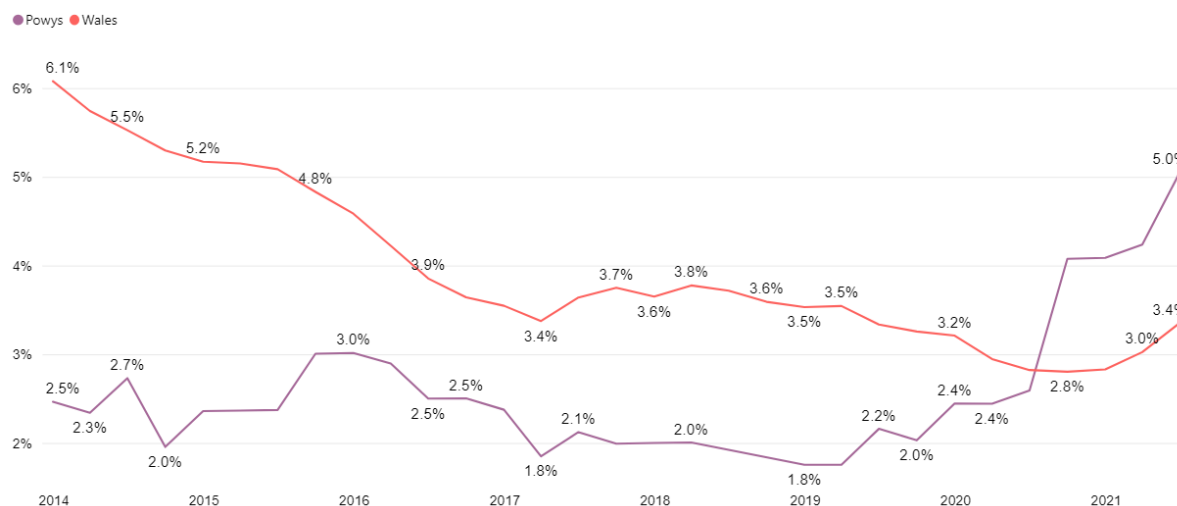
The Future Trends report (Welsh Gov, 2021) says “Over the period since the mid-1990s, the historic gap in employment rates between Wales and the rest of the UK has narrowed, and over the recent past the labour market in Wales has performed as well or better than a number of other UK countries and regions” in Powys we have seen the same stable performance, and we anticipate this will remain stable for future generations. However, there is a need for focus on the quality of jobs in Powys.

For year ending June 2021, **17.8% of residents in Powys were registered as self-employed**, this is higher than both the Welsh and UK averages at 8.9% and 9.4% respectively. With this rate, Powys had the highest rate of self-employment amongst all local authorities in Wales, Ceredigion ranked 2nd (14.9%) and Denbighshire 3rd (13.3%) (ONS, Dec 2021).

Unemployment rates from the Annual Population Survey (ONS, Dec 2021) also show that for many years Powys has consistently lower rates of unemployment compared to the rest of Wales.

Between March 2005 and March 2020 Powys had below Welsh average rates of unemployment.

From March 2014 to March 2019 there have only been small variances in the rate of unemployment in Powys (fluctuated between 2% and 3%).



However, Since June 2019, as a result of COVID-19, **unemployment has risen sharply in Powys.**

The Annual Population Survey (ONS, Dec 2021) results show that between December 2019 and June 2021 unemployment in Powys has **doubled**. The unemployment rate **increased from 3.1% to 6.3% (+3.2%) in Powys**, Welsh average from 4.2 to 4.4% (+0.2%).

The percentage change in unemployment rate from December 2019 to June 2020 shows that Powys has seen the **largest increase in unemployment of all 22 local authorities in Wales**, since the beginning of the coronavirus pandemic.

As a result of this increase Powys went from ranking 12th out of 22 for the lowest rate of unemployment in Wales, to 6th lowest, **and (as seen above) for the first time Powys' unemployment rate exceeded the Welsh average.**

Follow the link to view more [information about employment workforce economic activity rates in Powys and Wales via our interactive report.](#)

To understand what impact the increase in unemployment has had across our 13 localities we must look instead at Claimant Count data (ONS, 2021). The Claimant Count data shows the number of people who are claiming Jobseeker's Allowance and those claiming Universal Credit who are required to seek work as an indicator of unemployment and this information may be viewed at a locality level for Powys.

There has been a small increase in the number of claimants in Powys since late 2018 because of the roll out of Universal Credit, however the considerably more rapid increase

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that occurred between March and September 2020 is in response to the coronavirus pandemic.

From March 2020 to September 2020, claimant figures show an **increase of 151% in Powys** (Wales 92%). In September 2020 the records show an **additional 2,155 claimants in Powys**.

Powys had the **highest increase in claimants from March to September 2020 among all Welsh Local Authorities with 151%**, Monmouthshire was 2nd with an increase of 137% and Ceredigion was 3rd with an increase of 132%.

All age groups in Powys and Wales have seen a similar increase.

In Powys there has been a 35% (Wales 26%) reduction to the claimant count from September 2020 to September 2021, however when compared to March 2020, **the number of claimants in Powys and Wales are still higher than pre COVID-19 times**.

In September 2021, Powys has an increase of 64% of claimants (Wales 43%) when compared to pre-COVID-19 (March 2020), this equates to an additional 910 claimants. This is the 3rd highest increase in claimants amongst the 22 Welsh Local Authorities, Monmouthshire is 1st (75% increase) and Ceredigion is 2nd (66% Increase).

This general trend of claimant increase during March and September 2020 is present across all 13 Powys localities, but some areas saw a higher percentage of new claimants than others.

Between March 2020 and Sept 2020:

- Hay and Talgarth locality saw the largest percentage increase in the claimant count with an increase of 338% (from 40 to 175 claimants, 135 new).
- Llanfair Caereinion locality was 2nd highest with an increase of 300% (increased from 40 to 160 claimants, 85 new), and
- Llanidloes locality is 3rd with 289% increase (increased from 45 to 175 claimants, 100 new)

Newtown locality saw the highest overall increase in the **number of claimants with 405 new claimants during the same period**, equating to an increase of 140%. Next Welshpool and Montgomery saw 300 new claimants (140% increase) and Brecon with 210 (168% increase).

- 11 of 13 localities in Powys saw unemployment grow by over 130%
- Llandrindod and Rhayader saw 91% increase
- Ystradgynlais which had the lowest change, still experienced an increase of 87%

In September 2021, five of our 13 localities still have over 100% increase in claimants when compared to pre-COVID-19 (March 2020).

- 1st Hay and Talgarth 200% (+80 claimants)

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- 2nd Knighton and Presteigne 143% (+100 claimants)
- 3rd Llanidloes 122% (+55 claimants)
- 4th Llanfair Caereinion 113% (+45 claimants)
- 5th Llanfyllin 107% (+80 claimants)

As of September 2021, Powys has 2,340 claimants. The Newtown locality has the highest number and the highest percentage of claimants out of all our 13 localities.

The Newtown locality accounts for 16.5% of all Powys' claimants (385), 2nd is Llandrindod and Rhayader locality with 14.1% (330) and Welshpool and Montgomery locality is 3rd highest with 13.2% (310) claimants.

Follow the link to view more [information about claimant count in Powys, understand this at a locality level, and see how this has changed over time, via our interactive report.](#)

The Future Trends report (Welsh Gov, 2021) says "Unemployment levels have been falling across Wales since 2013, although this is not occurring at an equal rate across the country – southeast Wales has seen steep decreases in unemployment, whereas mid Wales has experienced very little change". Due to the coronavirus pandemic little is known about the true impact of unemployment long term in Powys. Looking at the past trends and the information in the future trends report it is hopeful that we should return to a level like pre pandemic times. We will need to closely monitor this to understand how these levels change and what we expect the impact on future generations to be.

The Coronavirus Job Retention Scheme (CJRS) (HMRC, 2021) was announced on 20 March 2020 and has supported employers in paying their employees during the coronavirus pandemic.

In July 2020, Powys had its highest number of furloughed employments (8,900).

This equated to a 17% take up rate for Powys employments (Wales 17%). Powys ranked 7th highest amongst all Welsh local authorities.

The latest data release shows that for August 2021, **Powys furloughed employment reduced to 1,900, with a take up rate of 4% (Wales 4%)**. Powys has mostly mirrored the Welsh average for take up rates, Powys was slightly above this average between January 2021 and May 2021.

It might reasonably be expected that there was an increase in unemployment figures at stages when the furlough scheme changed, as employers were forced to address the longer-term viability of their business and consider the possibility of making staff redundant.

The Coronavirus Job Retention Scheme ended on 30th September 2021, as such there may be a further increase in redundancies across vulnerable sectors. As staff will be entitled to

due notice, the effects on the unemployment figures may not become apparent for some times.

Follow the link to see more [information about the number and rate of furlough in Powys and Wales via our interactive report.](#)

Powys has an above average level of qualifications among working age people, however, as of December 2020, an estimated **4.3% of the 18-64 age population had no qualifications** meaning that Powys ranked **20th** amongst Welsh Local Authorities (**Wales 7.3%**) (ONS, Dec 2021).

What have people said?

In the 'Living in Powys' well-being survey respondents were asked if they worked or studied in Powys, of the 464 responses, 79% answered 'yes'.

When asked "How did the coronavirus pandemic affect your working life?"

- 33% reported no changes
- 54% of respondents said that they 'changed to working from home'
- 5% were redeployed to another role
- 3% were furloughed
- 5% lost their jobs

Gross Value Added

Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry, or sector. Simplistically it is the value of the amount of goods and services that have been produced, less the cost of all inputs and raw materials that are spent on production.

Productivity measures are often used to indicate how well a country can use its human and physical resources to generate economic growth. Strong economic growth will generally mean an improvement in living standards. However, productivity alone does not tell us everything about the economic well-being of different areas. The potential of any given place depends on the mix of industries, infrastructure, and the size of settlements there. Based on these circumstances, even an area with low productivity might be performing as well as it can (GOV.UK, 2021).

Powys' Gross Value Added (GVA) per hour worked is 58% of the UK average (2019), well below the Welsh figure of 73%, and the worst of all local authorities in the UK. There were five local authorities in Wales with lower figures compared to the UK. Richmondshire (North Yorkshire, England) is the 2nd worst in the UK at 62% and is 4% below Powys.

In 2008, Powys fell to 63.5% of the UK average and became the worst local authority in the UK for GVA. Since 2008 Powys' GVA has continued to fall relative to the UK average and is still the worst local authority in the UK (ONS, 2021).

The reason for this is Powys residents work on average much longer hours than other areas (mainly due to our strong agricultural sector), **full time workers worked on average 40.9 hours per week in Powys** with only Herefordshire having a higher figure at 41.1 hours per week (ONS, 2021).

We also have higher rates of economic activity than most areas, so the overall GVA is masking the poor level of pay for work (ONS, 2021).

The Future Trends report (Welsh Gov, 2021) says "GDP is projected to grow following a drop during the pandemic, however projections for recovery vary" and "As with other parts of the UK, productivity growth in Wales has been weak since around the time of the financial crisis. The UK compares poorly with other countries in terms of its level of labour productivity, and, in turn, Welsh performance is weaker than most other parts of the UK. The gap in productivity between Wales and the UK as whole widened over the years leading up to the financial crisis but has been broadly unchanged since".

Employment by industry

According to the latest Annual Population Survey (ONS, Dec 2021) results, it is estimated that 60,600 people in Powys are in employment within the following industries:

Wholesale, retail, transport, hotels, and food	16,400
Public administration, defence, education, and health	12,900
Agriculture, forestry, and fishing	8,600
Production	7,100
Professional, scientific, and technical activities	7,000
Other service activities	3,200
Construction	3,100
Information and communication	1,000
Real estate activities	800
Finance and insurance activities	500

In terms of job numbers, Powys' highest industry is Wholesale, retail, transport, hotels, and food with 16,400 jobs, this equates to 27% of Powys' overall employment (Wales 26%).

Powys ranks 8th highest for this category amongst the other local authorities in Wales.

14% (8,600) of Powys' employment is in Agriculture, forestry, and fishing, well above the Welsh average of 3%. Powys ranks the highest local authority in Wales for this industry.

Ceredigion is a close second with 13% then Pembrokeshire with 10%.

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Follow the link to view more [information about Powys and Wales's employment by industry via our interactive report.](#)

The Future Trends report (Welsh Gov, 2021) says “Globally, businesses are increasingly adapting to digitalisation and adopting new technologies. The overarching trend is one of accelerating digitalisation of work processes. Evidence indicates that there is a trend in the UK towards increasing provision of remote working opportunities.” It is too early though to understand the impact of opportunities for businesses in Powys (though the public sector in Powys has shown the potential) but it is possible we might see growth of employment in non-traditional Powys industries.

There is uncertainty surrounding Brexit, we know that the Sustainable Farming Scheme will be launched in 2025 and have impacts on our agriculture sector. With a focus on nature and the environment, there could potentially be a rise in future food prices if farmers are incentivised to offset land currently used for grazing livestock for rewilding.

Brexit will also have wider implications for our workforce, the domiciliary care sector has utilised European workers, and leaving the European Union will present difficulties in terms of future staff recruitment and retention.

Number of businesses by industry

Powys has 8,665 businesses. 38% of Powys businesses are in agriculture, forestry and fishing, the highest-ranking business industry in Powys. Second is construction with 9.9% businesses and 3rd is Professional, scientific, and technical accounting for 6.8% of Powys businesses. (ONS, 2021)

The impact of COVID-19 across key sectors can vary widely but many businesses and industries have found the past years extremely difficult. Businesses, particularly those in retail, hospitality and tourism have relied on the business grants provided by government.

Our agriculture sector has continued, however social activities where farming families meet such as livestock sales and the Royal Welsh Show have not happened, and many events have been virtual, which has excluded those who cannot access the digital World.

Farming businesses who are dependent on seasonal labour and workers from the European Union have faced additional challenges to find workers in recent years. While farms that have diversified and sell services directly to the public (Agri-tourism, visitor attractions, farm shops) and those reliant on non-farm household income sources have been and continue to be affected by COVID-19. The ability of the government to bring in new post-Brexit policy during a period of social and economic shock may be especially compromised (Centre for Rural Economy, 2020).

Powys has 3,340 registered businesses in the agriculture, forestry, and fishing industry.

Llanfyllin locality are the highest ranked locality for the number of businesses in agriculture, forestry, and fishing with 11.5% (385) of the total businesses in Powys.

The agriculture, forestry, and fishing (mining and quarrying) industry provided 3,650 (4.4%) jobs in Powys in 2018 and contributed £127 million (5.6%) to Powys' Gross Value Added (GVA) (Welsh Gov, 2021) .

Between March and September 2020 Llanfyllin locality had a rise in their claimant count of 187% (140 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 107% in September 2021 when compared to March 2020 (+80 claimants).

Powys has 855 registered businesses in the construction industry. Welshpool and Montgomery locality are the highest ranked locality for the number of businesses in construction with 14.6% (125) of the total businesses.

Construction provided 2,250 (4.4%) jobs in Powys in 2018 and contributed £109 million (5%) to Powys' 2019 GVA (Welsh Gov, 2021). In March and April 2020, this industry saw an estimated reduction in GDP of -40%.

During March and April 2020, the industry had 1,348 jobs, a reduction of 902 jobs compared to 2018.

Between March and September 2020 Welshpool and Montgomery locality had a rise in their claimant count of 140% (300 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 44% in September 2021 when compared to March 2020 (+95 claimants).

Accommodation and food services are the industries that have been hit hardest by the coronavirus pandemic.

Powys has 565 registered businesses in the Accommodation and food services industry.

Brecon locality is the highest ranked locality for the number of businesses in accommodation and food services with 13.2% (75) of the total businesses in Powys (ONS, 2021).

Accommodation and food services provided 4,200 (8.3%) jobs in Powys in 2018 and contributed £95 million (4%) to Powys' 2019 GVA (Welsh Gov, 2021). In March and April 2020, this industry saw an estimated reduction in GDP of -92%.

During March and April 2020, the industry had only 369 jobs, a reduction of 4,131 compared to 2018.

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Between March and September 2020 Brecon locality had a rise in their claimant count of 168% (210 new claimants), this locality still retains a high level of unemployment compared to pre-COVID-19 times, with an increase of 64% in September 2021 when compared to March 2020 (+80 claimants).

Follow the link to view more [information about Powys' businesses by industry and understand the distribution of businesses across our 13 localities via our interactive report.](#)

Jobs

Powys saw an increase in full time employment, from 68% to 75% between March 2013 and December 2019 among those aged 16 to 64. In 2020 this figure fell to 66% and it is unclear if this will continue. Over the same period, the UK and Wales have seen a long-term increase like that in Powys but have not experienced the sudden downturn in 2020 (ONS, Dec 2021).

70% of Powys' employees worked full time (as at June 2021), and part time employment has generally maintained the same rate in Powys over recent years. Since the start of the coronavirus pandemic, there has been a large range in full-time employment, with lows of 24% in December 2019 and highs of 34% in December 2020 (ONS, Dec 2021).

As at June 2021, **30% of 16-64 years olds were in part time employment** (ONS, Dec 2021).

In June 2021, **24% of residents in Powys were registered as self-employed**, this is much higher than both the Welsh and UK averages at 12% and 13% respectively (ONS, Dec 2021).

Powys has the highest rate of self-employment amongst all local authorities in Wales, Ceredigion was second highest (20%) and Denbighshire third (19%) (ONS, Dec 2021).

Powys has maintained a higher-than-average rate of self-employed persons aged 16-64. With lows of 20% in June 2011 and highs of 27% in December 2015 (ONS, Dec 2021).

What have people said?

In the recent Living in Powys Well-being Survey, when asked “**what is your current employment status?**” out of the 472 responses,

- 45% are working full time
- 24% working part time
- 8% self employed
- 1% are unemployed
- 14% are retired
- 2% volunteering

- 1% did not say
- 4% other

‘Other’ responses included:

- Working and studying
- Unpaid carer
- Living on savings
- Homemaker/Stay at home parent
- Unable to work due to poor health

Of those respondents who stated that they were employed, 79% stated that their job is within Powys.

Salaries

Median full-time earnings for Powys were £537 a week in 2021, compared with £571 in Wales and £613 in the UK. Powys was ranked 18th among Welsh local authorities in 2021 (ONS, 2021).

Powys has below average earnings compared to the rest of Wales and the UK, and this is further masked by the long hours that people work in Powys.

	Powys	Wales	Great Britain
Gross Weekly Pay			
Full-time workers	£537	£571	£613
Male	£584	£600	£656
Female	£463	£528	£558
Hourly pay (excluding overtime)			
Full-time workers	£12.87	£14.40	£15.65
Male	£13.15	£14.79	£16.26
Female	£11.84	£14.02	£14.86

(ONS, 2020)

Future Trends Wales states that the “average (median) pay in Wales has in broad terms kept pace with the UK since around the time of devolution”, therefore we expect Powys to retain its relative position compared to the rest of the UK in the future.

Income – household and disposable

Income is defined by PayCheck as gross household income from all sources including earnings, benefits, and investments. It provides income by band from £5,000 up to £200,000 plus. PayCheck provides financial health intelligence about the Powys population at detailed postcode level, delivering detailed insight and data enhancement not available via other sources. This information helps us to understand and benchmark affordability, assess the effects of welfare reform change, and allocate resources effectively (CACI, 2021)

According to household income data 2021 (CACI, 2021), **Powys' average household income is £33,700**, this is below both the Welsh average of £34,700 and UK average of £40,257.

The distribution of household income is skewed towards lower income households. The mean income for an area (total income divided by total number of households) will be many thousands of pounds higher than the median income (the income of the middle household in an area), and so low income in an area may be hidden by a few households with high earnings.

Against the Welsh average of £34,700 household income:

- **Four** of our 13 localities household income are **above the Welsh average** (Crickhowell, Hay and Talgarth, Llanfair Caereinion and Welshpool and Montgomery).
- **55% (33,149) households earn below** the Welsh average
- **35% (21,284) earn half or less** than the Welsh average (income bands 0-20k)
- **8.5% (5,075) earn double or more** than the Welsh average (income bands of £70,000 and higher)

Against the UK average of £40,257 household income:

- **One** of our 13 localities household income are **above the UK average** (Crickhowell)
- **70% (42,107) households earn below** the UK average
- **35% (21,284) earn half or less** than the UK average (income bands 0-20k)
- **5.7% (3,437) earn double or more** than the Welsh average (income bands 80k+)

Crickhowell locality has the highest average household income of our 13 localities with £42,116. Second highest is Hay and Talgarth locality with £36,333 and third highest is Llanfair Caereinion locality with £35,448.

Llandrindod and Rhayader locality have the lowest average household income of 13 localities with £30,140. Second lowest is Ystradgynlais locality with £30,367 and third lowest is Knighton and Presteigne locality with £31,678.

Follow the link to view more [information about household income in Powys and how this differs across our 13 localities compared to the Wales and UK average.](#)

The Powys average gross disposable household income (income available after taxes and benefits are taken out) was £18,287 (in 2019). This represented 85% of the UK average (£21,433) but was higher than the Welsh average of 81% (£17,263) (ONS, 2021).

The Future Trend report states that “wealth across the UK, like in many economically developed countries, is unequally divided. The richest households own a disproportionate and increasing proportion of the country’s total wealth, a trend that looks set to continue in the future. With less wealth and fewer higher earners, Wales has lower levels of income and wealth inequality than many other parts of the UK”. Given that the average Powys household income is slightly lower than the Welsh average, Powys’ household income position is not going to improve in the short to medium-term (Welsh Gov, 2021).

Powys previously had a figure closer to the UK average (peaking at 92% in 2011) but has fallen from that level according to the most recent data. As earnings have been falling in Powys relative to elsewhere in recent years, there is no expectation that Powys’ ranking will improve.

PayCheck Disposable household income 2021 (CACI, 2021), provides an estimate of the average available household income after tax, National Insurance, and other essential outgoings are deducted.

The data shows that in Powys annually, average household income is spent: -

- 35% Income tax and National Insurance
- 29% food and clothing
- 16% council tax, utilities, and insurance
- 8% mortgage and rent
- 8% childcare and student loans

(CACI, 2021)

What have people said?

In the Living in Powys survey, when asked **“How well would you say you yourself are managing financially these days?”**

- 25% of respondents said they were living comfortably
- 46% were doing alright
- 22% just about getting by
- 6% finding it quite difficult
- 1% very difficult

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Housing prices

In August 2021, **the average house price (for all properties) in Powys was £216,998**, higher than the Welsh average of £194,575. (Land Registry, 2021)

The most expensive area to purchase a property in Wales was Monmouthshire (average cost: £295,000). In contrast, the cheapest area to purchase a property was Blaenau Gwent (average cost: £112,000). **Powys ranks as 6th highest amongst the other local authorities in Wales.**

For different property types the average prices in Powys are:

- £288,603 Detached houses (Wales £295,890)
- £193,160 Semi-Detached (Wales £189,195)
- £151,232 Terraced houses (Wales £151,730)
- £92,229 Flats and maisonettes (Wales £126,094)

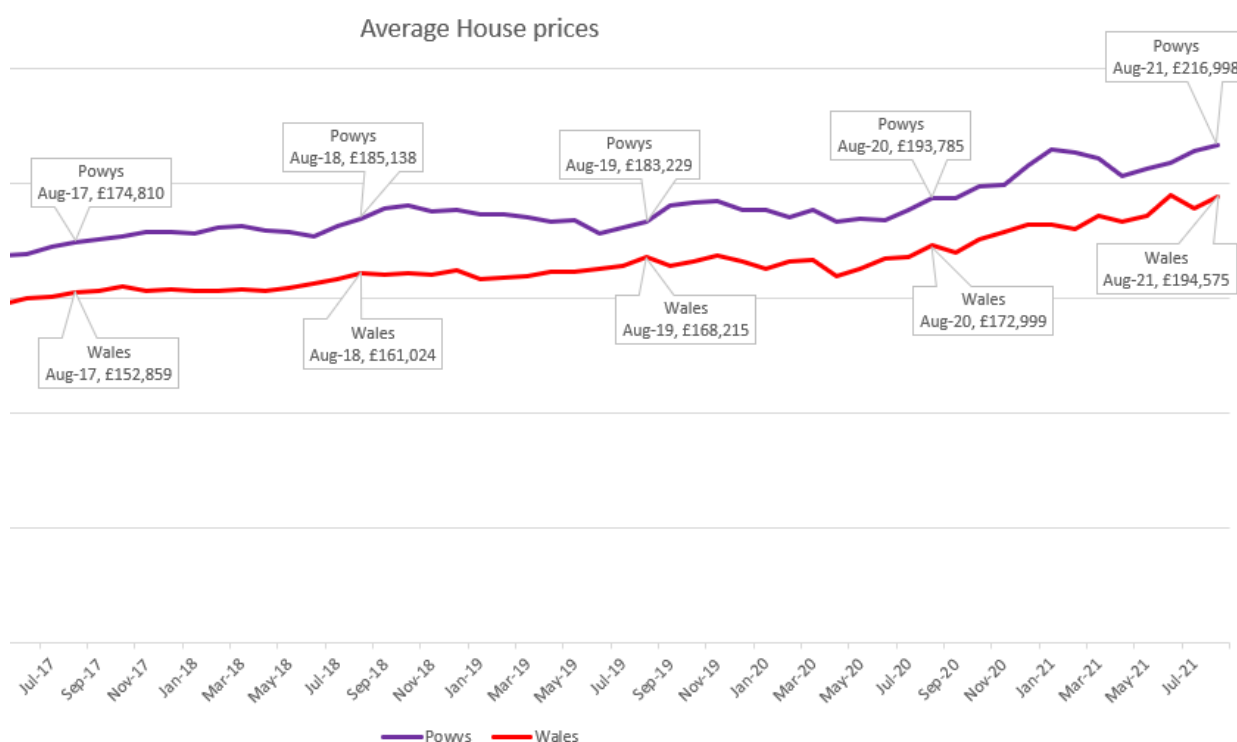


Figure 18 Average house prices in Wales and Powys over 3 years (Land Registry, 2021)

In Powys, house prices increased by 12% during the year up until August 2021, this is just under the average for Wales (12.5%) but growing faster than the UK annual rate of 10.6% in the year to August 2021. Notably, from May 2020 to May 2021, house prices in Powys increased by 17% (Wales 13%), **this was the fastest annual rise in average housing prices in Powys since 2005.**

In Wales, all local authority areas showed an increase in average house prices in August 2021 when compared with August 2020. Pembrokeshire showed the strongest growth, rising by 24% to £222,000 in the year to August 2021. In contrast, Monmouthshire showed the lowest annual change, with an increase of 1.2% in the year to August 2021, with the average house price at £295,000.

Powys ranked 14th out of the 22 local authorities in Wales for the percentage increase in house prices for August 2021.

Of all property types in Wales, detached houses showed the biggest annual growth, rising by 13.2% in the year to August 2021 to £296,000. The lowest annual change of all property types in Wales was for flats and maisonettes, with an increase of 7.6% in the year to August 2021 to £126,000.

There is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales. Much of this movement is due to flexible working and people being able to work from home and keep their current role. This will have an impact on the availability and affordability of homes for existing residents in Powys.

To understand housing affordability, we can compare the average house price against disposable income. **In Powys average housing prices are 11.8 times higher than the average disposable income** (Land Registry, 2021) (ONS, 2021).

Powys ranks **5th highest amongst the 22 Local Authorities in Wales** for having the most expensive houses compared to gross disposable income.

Powys reached a peak of 12.4 times higher than the average disposable income in 2007, just before the 2008 recession.

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Businesses

Business size, births, and deaths

There were **8,700 business in Powys** in 2021 (ONS, 2021).

The change in the number of businesses was flat, with 405 new business start-ups (births) and 430 businesses closed (deaths) (ONS, 2021).

Powys consistently has a very low turnover of businesses with new or closing businesses representing the lowest percentage. This is probably due to the largely static agricultural sector which makes up a large percentage of businesses in the area, and unless recent shocks to the economy have an impact on these numbers, we would not expect much variation.

Table 2 Number of businesses in Powys by size band

	Total	Micro (0 to 9)	%	Small (10 to 49)	%	Medium-sized (50 to 249)	%	Large (250+)	%
Powys	8,660	8,035	93%	545	6%	70	1%	10	0.1%
Wales	107,085	95,995	90%	9,305	9%	1,470	1%	315	0.3%
UK	2,765,150	2,480,140	90%	232,815	8%	41,655	2%	10,540	0.4%

Powys has the highest percentage of small businesses amongst Welsh local authorities and higher than the Welsh and UK average.

(ONS, 2021)

Powys Business survey

In response to the coronavirus pandemic a Powys Business Survey was conducted by Powys County Council. The survey took place online from Thursday 11 June to Sunday 12 July 2020. **There were 1,016 responses in total.**

To help the council understand the full effects of COVID-19 on the county's business community, businesses were asked for their views in a short survey.

Their views have been analysed and the results form part of ongoing discussions with Welsh Government, Business Wales, and other partner organisations as we work together to rebuild the Powys economy.

A wide range of businesses from all over the county completed the survey - big and small, old, and new.

- 39% of business respondents were from accommodation and food service industries, 13% from wholesale and retail and 8% from arts, entertainment, and recreation. **63% of respondent businesses consider their business to be tourism related.**
- 31% of respondents were sole traders, 41% had between 1-4 employees and 15% had between 5-9 employees.
- 34% of respondent businesses have been operating for 20+ years, 25% were trading between 1-5 years and 5% had been trading for less than 1 year.

Key statistics: impact of COVID-19

- 99% said their business has been affected by the pandemic
- **81%** rated the impact on their business **as severe**
- **344** said they had **laid off staff temporarily** (83 was the highest number of staff laid off by one company)
- **96** responded saying they had laid off staff **permanently** (38 was the highest number of staff permanently laid off by one company)
- **16% are very worried and likely to go out of business** and 50% are worried about the impacts of COVID-19 and staying in business.
- 99% of businesses reported a monthly decrease in revenue, 50% reported a 100% monthly decrease in revenue because of COVID-19.

More financial support is needed

Many businesses acknowledged the big difference that grants, and other financial support has made, but more of this is needed for businesses to recover. Uncertainty around finance was a strong theme throughout the survey.

66% are worried about the future of their business and 86% said their main cause of concern was their 'lack of income'.

Lifting restrictions is key to recovery

Since the survey closed, many businesses have been allowed to resume trading therefore not all comments made in relation to restrictions remain current. Lockdown measures have had a significant impact on the economy and businesses are keen to reopen safely and get back to work. **As one respondent commented: "Everything hangs on when we can welcome our clients back."**



63%

consider their business to be tourism related



99%

said their business has been affected by the pandemic



81%

rated the impact on their business as severe



344

responded saying they had laid off staff temporarily



96

responded saying they had laid off staff permanently



99%

of businesses reported a monthly decrease in revenue as a result of Covid-19

Small businesses and sole traders feel overlooked

Over 70% of respondents were either sole traders or had four or less employees. From this survey, many commented that they have failed to qualify for most support schemes and do not have the reserves that many bigger companies can fall back on.

Clear guidelines and timeframes are needed

It was noted by several respondents that they wished updates from Government were clearer, quicker, and more consistent. Plans need to be communicated quickly and effectively to ensure businesses are prepared and reassured.

Wider marketing of Powys as a top destination

Several businesses touched on the need for wider tourism promotion to support the hospitality sector and the seasonal businesses which have suffered extreme losses. Businesses are keen to see Powys promoted on a larger scale outside of the county.



Follow the link to [view the full findings to the Powys Business Survey.](#)

What have people said?

Businesses were asked what could be done to make the Powys and Welsh economy more resilient in the face of future crises. Here are some of the common themes that emerged:

“A dedicated disaster recovery fund which will also help businesses affected by natural disasters like flooding.”

“Speed up the Mid Wales Growth Deal”

“Learn from this pandemic - plan better and act faster”

“Home working is possible, and people should be allowed more flexibility going forward.”

"Clearer messages from Government. We need clarity at a time like this."

"Continue to promote the tourism industry and everything we have to offer."

"Online development and marketing of Powys-based businesses."

"The support we've had has been excellent. Businesses need to recover but not aware of any additional support needed."

"Increase the profile of Powys (especially North Powys) given its accessible location."

"Speak to people who have tried to set up businesses in the area and listen to them."

COVID-19 business grants

To help businesses during the coronavirus pandemic, Welsh Government has a varied range of support available to businesses to get through this difficult period. These packages of support are designed to cover as much of the Welsh Economy as possible and are mainly focused around providing financial support for businesses.

Powys County Council (along with the other local authorities in Wales) have been distributing business grant payments since 30th March 2020 until 3rd August 2021. There have been nine different grant types available to businesses.

During this period just over £85.6 million of support have been paid to Powys businesses.
(Powys County Council, 2021)

We can see the distribution of these payments by our 13 localities. Brecon locality has received the highest value of funding totalling £10.32m, Welshpool and Montgomery locality are 2nd highest with £9.33m and Newtown locality is 3rd with £8.77m. (Please note: Grant payment values depend on several factors, including type of grant, business size etc.)

5,084 businesses have been supported with grants during this period.

We can see the distribution of businesses in receipt of payments by our 13 localities. 602 businesses in Brecon locality have received grant payments, 568 in Welshpool and Montgomery, the 2nd highest number of businesses and Newtown locality is 3rd with 528 businesses.

A total of 14,663 payment transactions have been completed during this time.

As more grants and funding became available businesses were able to apply for more funding, according to the number of transactions each business has averaged 2.8 grant payments.

Follow the link to view more [information about Powys businesses grant funding value and the number of businesses paid over time and how this differs across our 13 localities via our interactive report.](#)

What have people said?

The council has received a lot of positive feedback from local businesses. Many of these comments refer to the swift processing of business grants, which were received by 56% of respondents (Powys business survey 2020).

“Powys County Council has in my opinion been extremely supportive. The grant arrived swiftly, and staff were well-informed and helpful.”

“The grant was efficient and has helped pay essential bills and wages.”

“I was very impressed by the speed in which the grants were paid out by the council. It made a big difference.”

“I think Powys CC adapted well to forced changes and have been good to us regarding advice and accessing grants.”

“I applaud the speed at which various measures were implemented by Welsh Government and PCC.”

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Tourism

Day visitors, Room nights and Average spend

Due to the impact of COVID-19, there is no recent data on tourism.

As of 2019:

- there were 3-million-day visitors, a small decline from the previous year.
- 960,000 paying visitor nights (up 0.2% from the previous year) (Powys County Council, 2021).

12.1 million visitors spent £1.012 billion in Powys in 2019, an average of £84 per person. This was up £4 from the previous year. (STEAM, 2020)

Post COVID-19, it is unclear how things will have changed. The number of day visits and average spend will be lower than in previous years due to the numerous lockdowns, however, may also rebound well due to the reduction in foreign travel, and events such as the Royal Welsh Show being back in the calendar. However, it is important to recognise that the rising cost of living will impact a household's ability to spend money on non-essentials, instead opting for free outdoor activities in their local green space.

Staying connected

Digitally excluded

"The term 'digitally excluded' describes a form of social deprivation where a person or household has no home internet access, through either desktop or mobile devices.

This might be due to a lack of money for hardware and connectivity, a lack of digital skills to navigate the Web, or a lack of desire to engage with the online world." Broadband deals Copyright © Bonus Media Ltd 2021

According to [Digital Communities Wales](#) (Welsh Gov, 2021) **10% of people in Wales today are not online**. As more and more vital public services are being delivered online, these people are at danger of being left behind. Organisations which work with the public, particularly in the health and care sector, need to think about how to increase digital inclusion so that everyone in Wales can benefit.

The level of digital exclusion in Wales is higher than in the UK, with as many as 10% of the population, or 255,000 people, not using the internet. Digitally excluded people are some of the heaviest users of health and social care services, so risk being left behind in the digital health revolution.

Applied to the current Powys population as many as 13,300 residents in Powys could be digitally excluded.

Future Trends Wales says “Internet usage is increasing across Wales and the UK. The number of proportion of adults in Wales who do not use the internet has dropped to around 10 per cent. However, the proportion of people aged 75 and over in the UK who do not use the internet is increasing. This age group also uses the internet ‘on the go’ far less than other adults – a trend which decreases with age” but as schemes to improve accessibility to the internet roll out across Powys, together with the population aging on and those who have become used to using the internet become older, the gaps would be expected to narrow (Welsh Gov, 2021).

Digitally excluded people are likely to be:

Older adults: There is a higher proportion of digitally excluded people in older age groups. **Only 36% of people over 75 have basic digital skills** (in Powys 36% of 75+ is 6,147 people), compared with 84% of 16–49-year-olds. Older adults are not, however, a homogenous group. Internet use is increasing among older adults. 53% of people aged 65-74 have all five basic digital skills.

People with disabilities or long-term health conditions: 82% of people with a disability or long-term health condition use the internet, compared with 90% of those without. People with disabilities may require help in identifying appropriate assistive technologies.

Those with lower educational attainment: 81% of those with qualifications at degree level or above demonstrated all five digital skills, compared with 49% of those with no qualifications. Many may benefit from more assistance in initial adoption of digital services or in broadening the range of services and activities which they use and participate in online.

Lower income individuals and families: Those who are economically inactive are less likely to visit a website (71%) than those in employment (82%). Lower income families and individuals may be affected by access to and affordability of devices and connectivity. As they may not have access to devices and networks, they may also not have developed digital knowledge, motivation, or skills.

People in rural areas: People living in rural areas who are not online are usually excluded due to problems in broadband provision, both for fixed line and mobile broadband services. There are still many areas of Wales affected by not-spots, although the prevalence of these is diminishing.

Welsh speaking people and others who do not use English as their first language: Digital systems and their associated support processes need to be designed to accommodate the needs of Welsh speakers and speakers of common minority languages. This does require consideration in how services are implemented and supported.

Socially isolated and lonely people: Digital exclusion can be a facet of other social issues faced by individuals, for example, those facing social isolation and loneliness may also be excluded from digital interaction.

Homeless people: It may be assumed that homeless people are excluded as a by-product of their situation. Homeless people, however, include groups that, while they may not have access to permanent housing, may be ‘sofa surfing’ or may be in temporary accommodation such as hostels. Many people in these situations do have access to mobile devices and may face issues of affordable connectivity rather than complete exclusion from digital services.

There are clear public policy and equality reasons for improving digital inclusion, as well as a strong business case.

What have people said?

In the ‘Future-proofing Powys’ survey at the end of 2020, we asked residents “What support would help you, or someone you know, to access more services online?”. We received the following responses:

Option	Total	Percent
Bookable sessions in your local library	47	17%
Support in your local community from a volunteer	46	17%
Videos on Powys Council’s website	39	14%
Printable ‘how to’ guides	43	16%
I don't need any help accessing services online	96	36%

Other responses included:

“If I'm hard of hearing or blind or have a disability, if I'm living on my own and can't access a computer, if I'm just fed up with dealing with everything online, I want to see someone face to face sometimes. I want a choice!!”

“Options that do not involve using online services, some people do not have computers, internet, the desire or the capabilities due to learning disabilities for example to use online services. Everything should be possible via post and telephone too. Bookable sessions at Citizens Advice and Job centre for ALL government services should also be available”

“The Councils website, has compliance problems, for Voice activated software, it does reasonably well with screen readers, however the information is very circular and not detailed enough in many respects, also the capacity to download forms is sparse and the customer visitor journey on the website is appalling.”

Connectivity

In response to lockdown more of us are working from home and many businesses have been forced to adapt and boost online sales to recoup some loss of earnings. Broadband connectivity is poor in Powys when compared with other parts of Wales and this may have a negative impact on the ability of both businesses and individuals to adapt effectively to the new working practices.

According to OFCOM (OFCOM, 2020) **12.2% of properties in Powys have an internet connectivity speed of under 10mbps** (megabits per second) and this situation is likely to continue for the foreseeable future.

Powys has the highest rate of those unable to receive 10mbps amongst all local authorities in Wales. Second highest is Ceredigion with 11.5% and third is Carmarthen with 6.9%.

21% of premises in Powys are unable to access 30 mbps internet connectivity speed.

Powys has the highest rate of those unable to receive 30mbps amongst all local authorities in Wales. Second highest is Ceredigion with 19% and 3rd is Monmouthshire with 15%.

A closer examination of the situation regarding access to Broadband within Powys indicates that of the 79 LSOAs that make up the County, **29 LSOAs are falling below the standard of 30 mbps**

- 65% of households in the Llansilin LSOA,
- 58% in Beguildy and
- 55% in Llanafanfawr are unable to obtain this speed of connection.

Follow the link to view the [Powys LSOA broadband report](#).

According to findings from the Centre for Rural Economy, working from home is more challenging for many of those living in rural areas because of inferior access to high quality broadband. This weakness in communications infrastructure will also have a negative impact on households who are home educating their children during school closures and the situation may be worsened by the level of competing demand for a limited supply of available bandwidth (data transfer capacity) among multiple household members (2020).

In common with other rural locales, Powys faces a real challenge, with significant obstacles that need to be removed if businesses are to compete on an online level playing field and these issues are leaving many struggling with poor quality connectivity. The challenging situation is further exacerbated in many cases by a lack of the technical knowledge required to optimise the opportunities offered by online marketing for isolated rural businesses.

Mobile network coverage in Powys has its difficulties, due to the rural nature of Powys there are mobile blackspots throughout. According to OFCOM (OFCOM, 2020) 5.8% of Powys premises have no 3G indoors, this is the second highest percentage amongst all Welsh local authorities, first is Ceredigion with 6.3%, and third is Pembrokeshire with 3.5%.

7.3% of Powys properties cannot receive 4G mobile signal indoors, again this is the second highest amongst all local authorities, first is Ceredigion with 7.9% and third is Carmarthenshire with 3.9%. (OFCOM, 2020)

Follow the link to view more [information about Powys and Wales broadband and mobile coverage via our interactive report.](#)

What have people said?

When asked “Can you list five things that you think positively impact on the health and well-being of you, your family, your business or employment?” in the Living in Powys survey, some respondents highlighted the need for better broadband and mobile phone signal.

When asked to consider what they could do personally or collectively to improve the likelihood of them happening, responses included:

“Community bid for community broadband”

“As a community we are looking into the Government Rural Gigabit Broadband voucher scheme to get better connectivity”

Poverty and Deprivation

Least and most affluent areas

WIMD (Welsh Index of Multiple Deprivation) (Welsh Gov, 2019) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by overall WIMD and show overall that 11% (9) of Powys' LSOAs are in the top 30% most deprived areas of Wales. These include:

- Ystradgynlais 1, ranked in top 10% most deprived in all Wales
- Llandrindod East/West, Newtown East, Newtown South, Welshpool castle, ranked in top 20% most deprived in all Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1, ranked in top 30% most deprived in all Wales

Powys does not contain any LSOAs in the top 10% least deprived in Wales, however we do have 10 LSOAs in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least deprived we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaiarn North.

DRAFT well-being assessment Powys Public Service Board

Income

These small areas have been **ranked by WIMD category Income** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 1.2% (1) of Powys' LSOAs are in the **top 10% most deprived (Ystradgynlais 1)**
- **3.7% (3) LSOAs are in the top 20% most deprived** (Newtown Central, Newtown South, Welshpool Castle)
- **6% (5) LSOAs are in the top 30 % most deprived** (Llandrindod East/West, Llandrindod North, Newtown Central 2, Newtown East, St John 2)

Follow the link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

What have people said?

When we distributed the 'Living in Powys' well-being survey regarding poverty we asked residents if they felt that they were affected personally by fuel poverty and/or poor-quality housing.

- 18% responded yes
- 75% said no
- 7% said don't know

Respondents were also asked "In the last twelve months which of the following have you done for family members (not living with you) or friends?", the answers were as follows:

- 27% have given or lent money
- 17% have given or lent food
- 28% have given or lent other things
- 11% have taken them out for an evening
- 17% had either babysat in the evening or looked after children in the daytime

And in the last twelve months which of the following have members of their family (not living with them) or friends done for them, the responses were as follows:

- 21% had given or lent you money
- 16% had given or lent you food
- 28% had given or lent you other things
- 15% had taken you out for an evening
- 20% had either babysat in the evening or looked after your children in the daytime

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Economy summary

The economy plays a huge part to the well-being of the residents in Powys.

Powys has consistently lower rates of unemployment compared to the rest of Wales. However, Since June 2019, because of COVID-19, **unemployment has risen sharply in Powys.**

The Annual Population Survey (ONS, Dec 2021) results show that between December 2019 and June 2021 unemployment in Powys has **doubled**. The percentage change in unemployment rate from December 2019 to June 2020 shows that Powys has seen the **largest increase in unemployment of all 22 local authorities in Wales**, since the beginning of the coronavirus pandemic.

As a result of this increase Powys went from ranking 12th out of 22 for the lowest rate of unemployment in Wales, to 6th lowest, **and for the first time Powys' unemployment rate exceeded the Welsh average**. Looking at the past trends and the information in the future trends report it is hopeful that we should return to a level like pre pandemic times. **We will need to closely monitor this to understand how these levels change and what we expect the impact on future generations to be.**

During the coronavirus pandemic, in July 2020 Powys had its highest number of furloughed employments (8,900). This equated to a 17% take up rate for Powys employments (Wales 17%). As at August 2021, **Powys furloughed employment reduced to 1,900, with a take up rate of 4% (Wales 4%)**. The furlough scheme ended in September 2021 (HMRC, 2021).

79.2% of people are economically active and 17.8% are self-employed (ONS, Dec 2021). Powys had the highest rate of self-employment amongst all local authorities in Wales and is nearly double the Wales and UK average of 8.9% and 9.4% respectively (ONS, Dec 2021).

70% of Powys' employees work full time and 30% of 16-64 years olds are in part time employment (ONS, Dec 2021). The median weekly **full-time earnings in Powys is £519** (Wales: £542, UK £586) (ONS, 2021).

The **average household income in Powys is £33,458** (Wales: £34,700, UK: £40,257). 55% of households in Powys earn *below* the Powys average (£33,458) (CACI, 2021).

27% of all jobs in Powys are in the Wholesale, retail, transport, hotels and food sector (Wales 26%), 14% are in Agriculture, forestry, and fishing, well above the Welsh average of 3% (ONS, Dec 2021).

Powys had 8,665 businesses. 38% of Powys businesses are in agriculture, forestry and fishing, the highest-ranking business industry in Powys. Second is construction with 9.9% businesses and 3rd is professional, scientific, and technical with 6.8% businesses (ONS, 2021).

Powys has the lowest gross value added per hour worked in the UK (since 2008) (ONS, 2021). The reason for this is Powys residents work on average much longer hours than other areas (mainly due to our strong agricultural sector), **full time workers worked on average 40.9 hours per week in Powys** with only Herefordshire having a higher figure at 41.1 hours per week (ONS, 2021).

Powys has maintained a higher rate of economically active residents (aged 16-64) than the rest of Wales. In the last 10 years the economic activity rate has remained stable, and we anticipate this will remain stable for future generations. **However, there is a need for focus on the quality of jobs in Powys.** High levels of employment in industries such as agriculture and tourism (and not in high-quality industries), this tempered with high rates of self-employment, long working weeks, and very low levels of Gross Value Added per job/hour worked means that residents in Powys are working hard for low pay. **Coupled with the rising cost of living this will push more individuals and families into hardship or poverty.**

The **average house price** (for all properties) **in Powys was £216,998**, higher than the Welsh average of £194,575, and **Powys ranks as 6th highest amongst the other local authorities in Wales.** From May 2020 to May 2021, house prices in Powys increased by 17% (Wales 13%), **this was the fastest annual rise in average housing prices in Powys since 2005** (Land Registry, 2021).

To understand housing affordability, we can compare the average house price against disposable income. **In Powys average housing prices are 11.8 times higher than the average disposable income** (Land Registry, 2021) (ONS, 2021). Powys ranks **5th highest amongst the 22 Local Authorities in Wales** for having the most expensive houses compared to gross disposable income.

Research has shown that during the lockdown **30% of predominantly privately rented households with children experienced problems in the homes such as damp, mould, electrical hazards, and leaking roofs or windows**, with fewer than a third of those managing to resolve such problems (PCC, 2021).

There were **8,700 business in Powys** in 2021. 93% of those are Micro businesses, 6% small and 1% Medium sized or large. **Powys has the highest percentage of small businesses amongst Welsh local authorities and higher than the Welsh and UK average** (ONS, 2021).

According to the Powys Business survey, conducted in response to the coronavirus pandemic, 99% said their business has been affected by the pandemic, 81% rated the impact on their business as severe, 16% are very worried and likely to go out of business and 50% are worried about the impacts of COVID-19 and staying in business. The impact of COVID-19 across key sectors can vary widely but many businesses and industries have found and will find the coming months and years extremely difficult. More needs to be done to monitor the impact of the coronavirus pandemic across these sectors in the coming years.

Evidence indicates that there is a trend in the UK towards increasing provision of remote working opportunities. It is too early to understand the remote working opportunities for businesses in Powys (though the public sector in Powys has shown the potential) but it is possible we might see growth of employment in non-traditional Powys industries in the future. If we do not adapt to this new digital workplace Powys will be left behind.

We need to ensure that those residents who do not or cannot adapt to these new technologies are still supported, digital exclusion is still an issue in 2022.

According to [Digital Communities Wales](#) (Welsh Gov, 2021) **10% of people in Wales today are not online.** As more and more vital public services are being delivered online, these people are at danger of being left behind. Digitally excluded people are likely to be older adults, people with disabilities or long-term health conditions, people with lower educational attainment, lower income families, people in rural areas, Welsh speakers or those who do not use English as their first language, socially isolated or lonely people and homeless people.

12.2% of properties in Powys have an internet connectivity speed of under 10mbps (megabits per second) and **21% of premises in Powys are unable to access 30mbps internet connectivity speed.** This situation is likely to continue for the foreseeable future (OFCOM, 2020). This is the highest rate amongst all local authorities in Wales for both speeds. 7.3% of Powys properties cannot receive 4G mobile signal indoors, again this is the second highest amongst all local authorities, first is Ceredigion with 7.9%.

Continued development of digital working skills and the roll out of internet connectivity is critical to helping support businesses and residents to get online. If we do nothing Powys residents may miss out on new job opportunities/ training or learning which would help them improve their economic well-being.

The rural nature of Powys, in particular the poor road network and sparse population, makes it a challenge to attract large scale investment and businesses. The rise in digital business may be beneficial to Powys.

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked **by overall WIMD** (Welsh Index of Multiple Deprivation) **and show overall that 11% (9) of Powys' LSOAs are in the top 30% most deprived areas of Wales.** These include:

- Ystradgynlais 1, ranked in top 10% most deprived in all Wales
- Llandrindod East/West, Newtown East, Newtown South, Welshpool castle, ranked in top 20% most deprived in all Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1, ranked in top 30% most deprived in all Wales

These small areas have been **ranked by WIMD category Income** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 1.2% (1) of Powys' LSOAs are in the **top 10% most deprived (Ystradgynlais 1)**
- **3.7% (3) LSOAs are in the top 20% most deprived** (Newtown Central, Newtown South, Welshpool Castle)
- **6% (5) LSOAs are in the top 30 % most deprived** (Llandrindod East/West, Llandrindod North, Newtown Central 2, Newtown East, St John 2). (Welsh Gov, 2019)

It is important to explore the reasons for deprivation in our small areas and consider how we can tackle deprivation to improve well-being for future generations.

Cross cutting themes

Economy and well-being are also affected by many other cross cutting themes seen in the other Well-being topics, Social, Culture and Community and Environment.

		How does Economy interact with the other Well-being themes?
Social	<ul style="list-style-type: none"> • Homelife • Living Independently • Health and Lifestyle • Education our Children 	Social and economic outcomes are highly interlinked, as individuals' economic circumstances is often a driver for their social well-being. For example, an individuals' employment and wages will have an impact upon their ability to live independently and maintain a happy home life. Additionally, those with limited access to economic resources will likely have reduced access to tourism and business opportunities in their local communities. Digital exclusion can impact our most vulnerable residents as more services move online. Alongside this, limited access to economic resource often leads to longer term impacts to health and young people's outcomes in education.
Culture and Community	<ul style="list-style-type: none"> • Welsh Language • Communities coming together • Participation in cultural life • Anti-social 	Culture and community are intertwined with the various components of economic well-being, as individuals with access to economic resources are increasingly likely to be engaged with their wider culture and community. Additional drivers of community wellbeing include areas such as community cohesion and anti-social behaviour, which are often linked to individuals experiencing reduced economic well-being. Additionally, it is important to ensure all citizens have equitable access to opportunities within their community, such as cultural assets.

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Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	<p>The environment provides many natural resources which are essential in manufacturing and production.</p> <p>The natural world can improve economic well-being by providing greenspace and places that people can use free of charge, enabling them to freely access opportunities to be outdoors and active.</p> <p>It is also important to note there is a longer-term sustainability of certain industries and sectors, based on their reliance upon natural resources, which can be combatted with the creation of a greener economy.</p> <p>Environmental incidents such as flooding have a detrimental impact to an individuals' economic well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts.</p>
High Level Impacts	Ageing population	It is important to consider the impacts of an increasingly aging population when considering economic well-being as an older demographic will face additional pressures in trying to maintain economic well-being within their community. An aging population could lead to a shortage of workers and potentially cause wage inflation, impacting the wider economy. Alternatively, with an increased life expectancy and potential to work longer, this could also become a barrier to young people's entering their local job market, which could impact the wider economy and lead to young people leaving the area for further education and employment.
	Rurality	There are also challenges to economic well-being due to Powys's rural make up. Due to its vast geography with more dispersed communities, it is largely reliant upon traditional areas of work, such as the Public Sector and agriculture, limiting the potential number of opportunities for individuals to improve their economic well-being. Rural communities are also likely to have limited access to resources such as public transport, hospitals, and schools, which impacts upon areas such as tourism. However, it is also important to note that rurality does have a positive impact to an individual's well-being as the affluence of green spaces and natural scenery lend itself to becoming a tourist economy.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact economic well-being over time, with scenarios such as increased product costs and reduced staffing having a longer-term impact to the population's economic outcomes.

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	COVID-19	<p>While this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has already highlighted new short-term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to demographics.</p> <p>This has impacted an individuals’ economic well-being as many people have faced increased challenges in their personal lives, jobs and business. Wider society has also re-considered the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.</p>
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A community is more than just a geographically bounded group of people who interact with one another, it includes sub-groups that have shared interests. Many of these communities are now combining digital catchups along with physical interaction, this change in the way we meet has been largely due to the impact of COVID-19.

Culture incorporates many things, the Welsh language, traditional activities as well as other social activities in the community. Access to cultural assets and participation in culture, heritage and sports is linked to an increased sense of place and togetherness.

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Welsh language

Powys is committed to ensuring that the Welsh language is promoted and treated no less favourably than the English language, and that people can live their lives through the medium of Welsh if they choose to do so.

The Welsh language forms an important part of cultural well-being in Wales, the proportion of Welsh speakers in Powys is very similar to that of the rest of Wales, with 19% of Powys residents able to speak Welsh (ONS, 2011).

In Powys the 2011 Census showed that:

- **72%** of residents in Powys had 'No Welsh Skills'
- **14%** could 'Speak, Read and Write Welsh'
- **14 %** had other combinations of Welsh language skills, including 'Speaking and Reading Welsh' and 'Speaking and Understanding Spoken Welsh'

There is a difference in the percentage of Welsh speakers within our localities in Powys.

The top three localities with the highest percentage of Welsh speakers⁷ are

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

However, it is important to recognise that there are Welsh speakers within every locality in Powys and that the language is used in each of our communities.

New Welsh Language Standards have been introduced, under the Welsh Language (Wales) Measure 2011, and issued by the Welsh Language Commissioner, which list ways in which the Council is expected to provide services through the medium of Welsh and provide opportunities to use the language, to assess the impact of policies and decisions on the Welsh language, and state how it will promote the Welsh language in order to increase the number of Welsh speakers and its use within the county (National Survey for Wales) (Welsh Gov, 2020).

The percentage of people aged three and over able to speak Welsh has decreased over the last century, from 44% in 1911 to 19% in 2011. The percentage able to speak Welsh varies by age and is highest for those aged five to fifteen years old. Since 2011 estimates from the National Survey for Wales of those who speak more than a few words of Welsh have

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⁷ Welsh speakers are calculated by totalling the number of people in the following categories: 'Can speak, read and write Welsh' and 'Can speak but cannot read and write Welsh' categories.

remained stable at 19%, but there has been an increase in those who say they speak a little Welsh (Welsh Gov, 2017).

Follow the link to view more [information about Welsh language in Powys, how this differs across our 13 localities and LSOAs via our interactive report.](#)

According to the Future Trends Report (Welsh Gov, 2021) over time, the number of Welsh speakers in Wales is predicted to increase significantly. Projections based on 2011 census data, calculated in 2017 by the Welsh Government, estimated that there would be approximately 666,000 people 2050. This is equivalent to 21 per cent of the population and represents an increase of 100,000 Welsh speakers over the 40-year period. For Powys this means that we could have as many as 28,000 Welsh speakers, however the future trends report also highlights that they expect these figures to be surpassed by 2030, the overall increase is assumed to be driven by younger age groups and maintained through future generations.

What have people said?

In the recent Living in Powys survey, out of 469 responses, 17% answered 'yes' when asked "Do you have any concerns or evidence to suggest that the Welsh language is treated/used less favourably than English in Powys?"

Comments included:

"My children were not able to access Welsh-medium education in our area."

"During school our Welsh teacher left... we had no other teacher. Now when working in Powys you must understand Welsh, and the courses are available but not affordable. I don't have free money to pay for a course."

"Lack of bilingual resources. Local shops only displaying signage in English. Local green spaces have signs that are in English only. Lack of Welsh-speaking staff. Children not having the opportunity to speak Welsh outside of school. General negativity in the community regarding the Welsh language - described as "dead language", "waste of money" etc."

"You don't hear it spoken often and English is the dominant language in the area."

"Not enough opportunity to learn and put Welsh language into use. Need more groups to talk and discuss/learn"

When asked "What changes could be made so as to have a more positive effect on the Welsh language?" comments included:

Service providers should aim to offer a service in Welsh or English, if requested. Schools and colleges in Wales should enable all pupils to choose to learn in Welsh or English and participate in regular basic language activities in the second language."

“Ensure that we have good Welsh medium education so that ‘we grow our own’ Welsh medium speakers’ who will stay in our communities.

“Free Welsh lessons. Providing Welsh tuition for non-Welsh speakers who take up professional posts.”

“There needs to be a balance to keep the language alive, but also to realise that skills are important to. Welsh language needs to be taught to young people in education, people need to accept that older people may not have the capacity to learn a language.”

“Protecting Welsh language communities (housing, employment, keeping communities together). Concerted efforts to promote the Welsh language and make it more visible. More Welsh language events (currently these tend to be organised within the Welsh language or learner’s communities, so they are not visible from the outside. This creates two different worlds, so English-only speakers do not recognise Welsh as thriving and in use about them - that diminishes its status and undermines efforts to encourage people moving in to learn the language.”

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Communities coming together

Volunteering in Powys

In 2016-17, Powys had the highest percentage of people who volunteer with **38%** of the population volunteering, compared to the other Welsh Local Authorities (Wales 28%) (ONS, 2011).

By 2019-20 Powys had fallen two places with **32.1% of people volunteering (-4.9%)** and were the third highest behind Gwynedd with 32.8% and Monmouthshire with 32.3% (Wales 26%). (Welsh Gov, 2020)

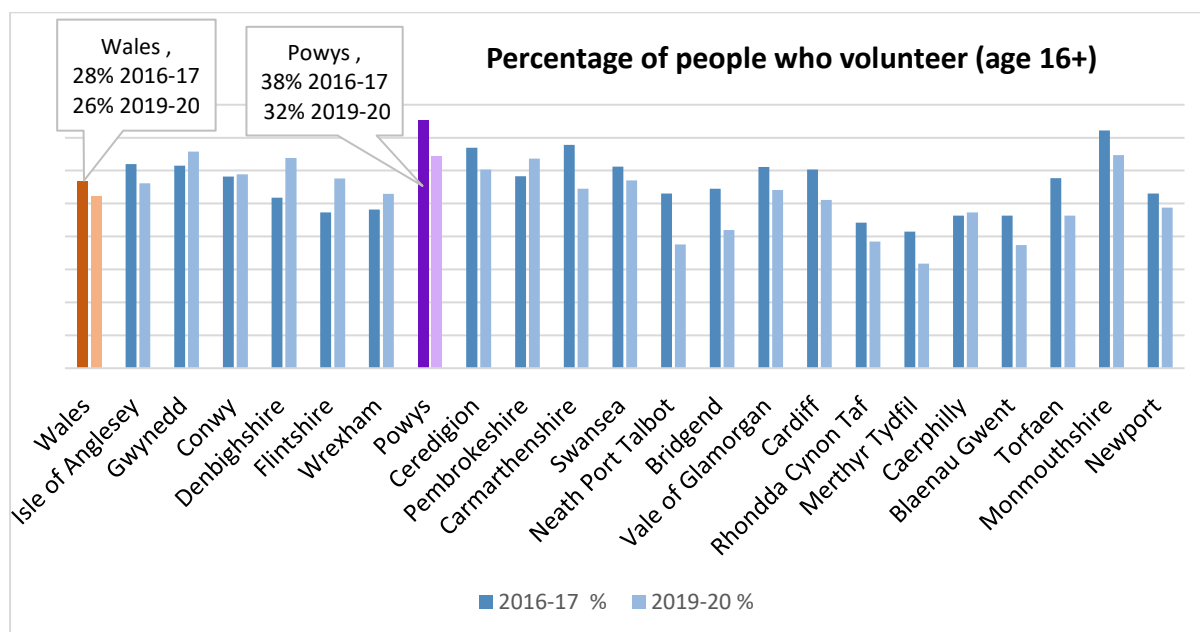


Figure 19 Percentage of volunteers by local authority over 2 years (Welsh Gov, 2020)

Calculated against the 2020 population, for Powys this would mean approximately 42,700 people volunteered during 2019-20.

According to the National Survey for Wales (Welsh Gov, 2020), people who volunteer are more likely to have one or a combination of the following characteristics:

- have higher educational qualifications
- use the internet
- be in good general health
- speak Welsh daily
- have a religious faith
- own their home
- participate in sport regularly
- feel that the things they do in life are worthwhile

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Volunteering can aid social cohesion and connection as well as improve the subjective well-being of volunteers by through factors such as a sense of purpose, confidence in one's own abilities, and new social connections.

One example of volunteering in Powys is Community Transport, which offers accessible door to door transport for people with mobility problems, it reduces social isolation by providing access to towns for those who otherwise would not be able to participate in education and training, employment or other everyday things we take for granted. In Powys there are several successful schemes in operation, and most have been developed to meet the needs of disabled and older people.

PAVO Volunteers

Data provided by PAVO shows that the number of PAVO registered volunteers has varied in the last three years, both in the number of volunteers registered and the hours that they are volunteering.

Over three years (2018 to 2020), there have been 8,478 registered volunteers who gave their time and volunteered 33,620 hours.

In 2018 there were 1,274 registered volunteers providing 6,596 hours. This is an average of **5.2 hours of volunteering per person.**

In 2019 there was a **18.6%** increase of volunteers compared to 2018, this is a total of 1,511 persons (+237 new registrations). There was a significant increase in the number of hours provided with a **160% increase** compared to 2018, with a total of 17,195 hours in the year (+10,599 hours). This is an average of **11.4 hours per person.**

In 2020 there was an increase in registered volunteers again, with 5,693 (+4,182 new registrations), this is an increase of **276.7% increase** compared to 2019. However, the number of hours decreased by **42%**, with 9,829 hours in total for the year (-7,366 hours). This is an average of **1.7 hours per person.**

The category COVID-19 had the highest number of volunteer hours during the coronavirus pandemic, COVID-19 volunteering accounted for **54%** of all volunteering during 2020.

It is encouraging to see so many volunteering, and a young age group providing volunteer time, however we will closely monitor to understand the volunteering landscape post-pandemic.

Volunteering improves social cohesion and connection, and boosts the well-being of volunteers (**Boelman, 2021**).

PAVO volunteer demographics (2019-2020):

- **67%** female and **33%** Male

- Age bands
 - **17%** aged 65 and over
 - **49%** aged 45-64
 - **20%** aged 26-44
 - **14%** aged 0-25

In Wales, the experience of community groups during the coronavirus pandemic suggests that place-based and interest-based groups can help to alleviate loneliness and provide a sense of purpose (**Havers et al., 2021**).

Between April 2018 and March 2021 PAVO's **Community Connectors** have had referrals totalling **7,454 individual clients**, this is a rate of 563 per 10,000 population. (PAVO 2021)

Llandrindod and Rhayader locality had the highest rate of client referrals with 870 per 10,000 population. 2nd highest was Builth and Llanwrtyd locality with a rate of 641 referrals and 3rd was Ystradgynlais locality with a rate of 613 referrals per 10,000 population.

Llanfair Caereinion locality has the lowest rate of referrals per 10,000 population with 329, 2nd lowest was Crickhowell locality with 335 and Welshpool and Montgomery locality was 3rd lowest with 414 referrals per 10,000 population.

(PAVO, 2021)

What have people said?

In the Living in Powys survey, we asked respondents if they volunteered. Out of the 465 respondents that answered the question, 41% said yes. Of those, 12% said they signed up due to the Covid-19 pandemic

Food banks



There are many food banks in Powys, some are run by the Trussell Trust, while others are community led. These food banks help to provide emergency food and compassionate support to people who are in a time of need.

In 2020 the total number of parcels distributed in Wales was 70,393.

Between April 2020 and March 2021, the number of 3-day emergency food aid parcels **given to families with children in Powys increased by 197%** (Wales 7%) when compared to 2019/20 (Child Poverty Action Group, 2021).

The child poverty action group showed that:

- 2,065 parcels were given to adults in 2019/20 and **3,871 parcels in 2020/21. This is an 87% increase** (+1,806 parcels) in 2020/21.
- 971 parcels were given to children in 2019/20 and **2,883 parcels in 2020/21. This is an 197% increase** (+1,912 parcels) in 2020/21.
- 3,306 parcels were given in total in 2019/20 and **6,754 parcels in 2020/21. This is an 84% increase** (+3,718 parcels) in 2020/21.

The number of food parcels may continue to rise in the short to medium term as the cost of living and inflation rise, and many families struggle to keep up with rising energy and fuel costs.

What have people said?

When asked in the recent Child Poverty in Powys survey “Can you think of any examples where something good has been done to tackle child poverty in your area?” responses included:

“The Ystradgynlais Food Bank has helped no end and the fuel poverty fund is amazing.”

“The nearby food Bank has a great, affordable charity store and they get to know people, run volunteer groups, get people active and step in gently and thoughtfully when help is needed but people might be afraid to ask for help because they dread that their children will be taken away.”

“The development of the food bank and other support at St Johns.”

Respondents were given the opportunity to comment on how poverty affects children and young people in Powys, responses included:

“People are depending on food banks due to the increased cost of living and insufficient wages.”

“The strong teaching tool of modelling is affecting children and young people in Powys such as: Increase in food bank use. Mental health issues of parents impacting on children. Cycle of non-working households being generational. Increase of drug activity in the area.”

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Participation in cultural life

Use of libraries/ leisure centres

There are many opportunities within Powys to access arts and culture, with several theatres and art centres and numerous attractions. Arts and cultural services in Powys are primarily independently delivered largely through charitable organisations, some receiving regular support from Powys County Council and from the Arts Council of Wales, some organisations receive little or no support and are reliant on volunteers to operate.

The arts and cultural sector (made up of voluntary, third party and private groups) including the creative industries makes a significant contribution to the local economy as well as ensuring places and communities are active, vibrant, and cohesive.

Regular participation in arts, culture and heritage activities tends to be highest among people aged 16 to 44 years old (Welsh Gov, 2020).

Participation in arts activities and events is relatively high in Powys (70.83%), ranking 7th out of the 22 Welsh Local Authorities and above the Welsh average (69.56%) despite the drop in percentage between 2017 (76.02%) and 2019 (70.83%). (Welsh Gov, 2017) It is still unknown how this is likely to be affected by the pandemic and the restrictions imposed during this time.

Libraries and leisure centres and the activities that they provide, contribute to the well-being of their customers. In Powys there are **18 Libraries** offering a wide range of services.

Libraries in Powys were one of the first non-business critical council services to reopen following the first COVID-19 lockdown, facilitated by the implementation of a contact-free Order and Collect book service. The doorstep book collection and delivery service provided via Order and Collect allows the library service to connect customers with reading materials at a time when book browsing in branches is not a viable option for those isolating and unable to visit library facilities. A network of volunteers from libraries and partner organisations has ensured that reading for well-being has continued, despite intermittent restrictions on visits to libraries.

Digital engagement in libraries, museums and archives has accelerated following the coronavirus pandemic, and Welsh Government funding has been invested in the development of a digital strategy for the council's cultural services. Investment has been made in the creation of a cultural services website and accompanying digital tours, acquisition of a range of digital resources and in staff training to develop digital communication skills. Improvements to digital service provision has resulted in the creation of virtual events and activities, including author talks, money advice, adult craft workshops, children's activities, quizzes and more.

A Circular Economy funded iPad loan scheme has recently been launched, enabling the library service to connect those digitally and socially isolated with digital resources. Registered library members can borrow these devices, and accompanying mobile data, for a set period at no charge.

With regards to [Leisure Centres](#), Freedom Leisure currently run **16 leisure centres** in Powys offering a wide range of facilities and classes to the public which provide leisure activities and support residents in maintaining a healthy lifestyle.

In 2019, **29.2 % of people in Powys participated in sporting activities three or more times a week** which was below the Welsh average (32.2%). This had fallen since 2017 when in Powys 32.1%, had participated in sporting activities three or more times a week, which was the highest percentage in Wales and was 12.1% higher than 2016, which had the lowest percentage of people participating in sporting activities three or more times a week at 28.6% (Welsh Gov, 2020).

In 2016-2017 there was a rising trend (28.6% - 32.1%) of people in Powys who participated in sporting activities three or more time a week which fell in 2018 (28.9%) and slowly increased in 2019 (29.8%).

We do not know how Powys residents' health activities have changed throughout lockdown, however many residents did find enjoyment in the outdoors and participating in outdoor activities such as walking, running and cycling during the lockdown period.

48% of children and young people participated in sporting activities three or more times a week during 2019-20 (Welsh Gov, 2017)

In adults, a lower proportion of women participate in three or more sporting activities a week than men.

49% of 16–24-year-olds have the highest percentage of any age group of adults who participated in three or more sporting activities, 2nd highest is 25–44-year-olds with 38% (all age average 32%).

Regular participation in sports is associated with improved physical and mental health, with the greatest increases seen in those who take up sports from a low baseline and when participants are involved at least weekly. Participating in outdoor recreational activities is associated with better well-being. Nature-based recreational activities increase well-being suggesting that time in nature is beneficial by itself (Wales Centre for Public Policy, 2021).

What have people said?

During the 'Future-proofing Powys' survey at the end of 2020, we asked, "many services have been impacted by COVID 19 restrictions. What services have you missed during lockdown?". Out of 186 respondents, 92 selected 'libraries' and 102 selected 'gyms and/or swimming pools'.

In the same survey, when asked “Are there any other services that you think should be prioritised when decisions are being made for and in the future?” comments included:

“Keep gyms and swimming pools open for people well-being and mental health”

“Services which improve the health and well-being, and confidence of the rural community, promoting much learning, enjoying leisure, fulfilling and healthy lifestyle, which is all in harmony with the environment.”

In the ‘Digital Services for Archives, Museums and Libraries survey’ conducted in March 2021, when asked “What can the staff and buildings across Powys Library, Museums and Archives offer you that is not available online from other organisations elsewhere?” comments included:

“General advice with and access to any local or council services.”

“Access to material not available online, e.g., old maps, art gallery, archives.”

“A friendly face, genuine interest in a particular request or question.”

“Real' books, 'real' heritage items - a sad world if everything is digital and excludes many - there is such a thing as digital poverty”

“Digital services are welcome, but they are not a substitute for face-to-face services.”

Town centres and local events

In Powys there are 23 regeneration projects and 51 sub-projects with a funding of approximately £28.29M. Most recently the Council was also awarded £6.9m for three projects – two in Brecon, including refurbishing Theatre Brycheiniog and establishing a multi-agency hub, and one in Llandrindod Wells, where a brown-field site will be redeveloped for housing.

Brecon, Llandrindod and Rhayader and *Welshpool and Montgomery* are the localities with the highest number of projects. The highest number of sub-projects are based in *Llandrindod and Rhayader, Brecon* and *Ystradgynlais*. The largest percentage of funding for these sub-projects has come from Powys County Council, UK Government and Welsh Government.

A temporary event notice is notification of licensable activities (sale of alcohol / regulated entertainment) for a brief period usually a day, but up to 1 week this is usually served for parties, weddings, village shows, small festivals etc. The number of Temporary Event Notices (TEN) issued has fallen, resulting in an 81% decrease between 2016 (1,114) and 2020 (213). The main reason for the downward trend is due to COVID-19, where events have not been permitted but are now starting to pick up again as restrictions are removed. Prior to the

pandemic the number of TEN's had steadily been increasing (In 2019, prior to the pandemic there were 1,207 licences issued).

The coronavirus pandemic led to a 64% drop in tourism in Powys (compared to the previous year), for instance total visitor days dropped by 66% and total visitor numbers dropped by 70%. The virus had a significant impact here in Powys, as it did all over the World (STEAM, 2020).

The **number of jobs based in the tourism sector declined by 40% due to COVID-19 and numerous government lockdowns**. This was complicated by the introduction of the furlough scheme, meaning that many jobs were part-supported by the government and part by tourism spend.

In most areas this means that the employment figures for 2020 declined less than would be expected (due to the furlough scheme supporting businesses to retain staff). There were still significant falls, due to business closures and a lack of seasonal and casual staff being taken on.

Due to the coronavirus pandemic many events in Powys have been cancelled. This will have had a profound impact on the events, the economy, and the communities that they are held.

What have people said?

Following feedback from a recent engagement exercise on the future of Powys town centres, temporary changes to the town centres that were introduced last year to encourage the public back into our town centres and to help businesses open safely and in compliance with Covid-19 restrictions will stay in place for now (in Brecon, Newtown, Hay-on-wye, and Crickhowell).

These measures were designed to facilitate social distancing and provide additional outdoor space for both pedestrians and businesses to utilise. Feedback from the survey included:

Crickhowell:

"Initially adding cones at the outset of the pandemic helped queuing outside shops. Since then, the seating areas are taking up already limited parking. If there is nowhere to park, then shoppers will go elsewhere."

"Any ongoing measures need to take account of pre-existing problems e.g. parking and difficult disabled access."

"Pedestrianise the high street during the day, allow deliveries only and allow cafes to put tables out to create a more open European feel- or alternatively, create one way system and increase footpath widths to allow above."

Brecon:

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"Just close the town centre off completely. Do away with the temporary signs and do something that it easily identifiable. Take a look at what they have done in Hereford, it works! perhaps something similar would work in Brecon?"

"The measures in place have only benefited a few businesses and with the increased traffic it has made my life as a resident more difficult."

"Make the town a more desirable place to visit. Do up the park at the prom, not with another bandstand, but with some actual play equipment that can be used by all!!! And not just in that little space it's in now, spread it out. Families will visit for the park, then they will move into town. Put on more events in the town centre, like markets and music. Close off the town centre and spread it out. Advertise the events more so people know they are happening."

Newtown:

"The streets of Newtown were already wide enough to allow social distancing. The removal of parking for planters was unnecessary and the repositioning of parking spaces on Broad Street did not achieve anything other than reducing free parking spaces in town."

"I think it was an opportunity to consider closing Broad St altogether to traffic making it a pedestrian/ cyclist/market stalls only facility. The vast majority, if not all, the commercial and private buildings can be easily accessed from the back and side streets as indeed many do now."

"The planters take up valuable parking places for customers who want to pop into the town."

Hay on Wye:

"Money was spent on so called distancing measures, placing huge planters in the road which just clogs up the town even more and restricts deliveries to local shops and the chemist, not forgetting the centre of hay have residents living above many of the shops who need access to their properties especially if they have mobility problems. All it achieved is that a lot of locals now go to the supermarket to shop or out of town where parking is not an issue."

"There is one morning each week when it is really necessary to restrict traffic going through the centre of town, Thursday, market day. Many visitors and local people come into the town for the market, and it is really dangerous and difficult to social distance and dodge the cars and vans coming down Castle St."

"Most visitors are older generation and need vehicular access."

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Anti-social

Fly tipping

Litter and fly-tipping are a blight on our communities. They pose a threat to humans and wildlife, can damage our environment, and spoil our enjoyment of our towns and countryside.

Poor local environmental quality can also have a negative impact on people's mental health and well-being, with such anti-social behaviour often resulting in an area appearing run-down and neglected. This can result in further anti-social behaviour or crimes that are even more serious. These types of offences often disproportionately affect deprived communities (Welsh Gov, 2021).

Waste Data Flow data allows us to see fly tipping incidents in Wales and at a local authority level. During 2019-2020, **Powys had 494 recorded fly tipping incidents with a clean-up cost of over £29,000. That's an average of £60 clean-up cost per incident, this is above the Welsh average £53** (Welsh Gov, 2021)..

With 494 incidents Powys ranks 4th lowest amongst the other Welsh local authorities for the number of incidents. Ceredigion had the lowest number of fly tipping incidents with 159, Wrexham were 2nd lowest with 168 and Vale of Glamorgan were 3rd lowest with 371 fly tipping incidents.

During the same year there were 709 enforcement actions taken in Powys, ranking Powys 9th highest for issuing enforcement actions amongst all local authorities in Wales. Cardiff was highest with 5,443 enforcement actions; 2nd highest was Rhondda Cynon Taf with 2,979 and 3rd highest was Carmarthenshire with 2,472.

The number of fixed penalty notices served by Powys during 2019-20 was 57, this ranks Powys as the 3rd highest local authority in Wales, 2nd highest was Carmarthenshire with 67 and highest was Cardiff with 473 fixed penalty notices.

In Powys the number of fly tipping incidents dipped to a low of 551 incidents in 2011-12, from then the number of incidents has been rising year on year until a peak in 2017-18 of 1,436 fly tipping incidents, and during 2018-19 and 2019-20 has seen two years of lower recorded levels, 1,225 and 494 respectively.

From 2011-12 to 2015-16 enforcement actions in Powys remained at low levels annually, from 2016-17 there was a sharp rise in enforcement actions. From none in 2015-16 to 702 in 2016-17, and again an increase of 205% for the year 2017-18 (2,416 actions), when compared to 2016-17.

Since 2017-18 there has been a reduction year on year of both fly tipping incidents and enforcement actions in Powys.

The number of fixed penalty notices have increased since 2017-18, and in the last 3 years they have a steady decline in notices with 70 in 2017-18, 67 in 2018-19 and 57 for 2019-20.

The waste awareness team in Powys County Council deal with fly tipping issues. Although an Environmental Protection Officer will investigate complaints regarding fly tipping on private land and if an offence has been committed then fixed penalty notices may be issued or prosecutions taken. It is not envisaged that this situation will change given the resources available.

Despite the drop in numbers, according to *Mid and West Wales Fire and Rescue Service*, 2020 saw an increase in fly tipping with rural locations leading to accumulation and ignition which can cause wildfire incidents. The need to educate the public is needed to help get the numbers down and ease any pressures on our Fire and Rescue Service.

Follow the link to view more [information on fly tipping by Welsh Local Authority via our interactive report.](#)

Crime rates and public protection

The Police and Crime Commissioner's plan (Dyfed-Powys Police, 2021-2025) in relation to its *Crime and Disorder Reductions Plans* is to continue to develop a close working relationship with all communities.

The plan will focus on preventing harm to individuals and communities caused through crime, anti-social behaviour, and vulnerability. Working in a way that seeks to solve problems within our communities will ensure an efficient and effective use of resources. It is essential that these resources are visible, accessible and demonstrate enthusiasm in making a real difference to the public in Mid and West Wales.

As part of the priorities to ensure victim are supported, Dyfed-Powys Police has identified that a significant amount of resourcing continues to be needed to address safeguarding demand (Domestic Abuse). It is anticipated that the Dyfed-Powys area will see a 20-28% growth in older people, with those aged over 65 living with dementia in Wales increasing by 64% by 2035. Demand in relation to sexual offences is predicted to continue to increase. Dyfed-Powys Police has one of the highest rates of victims who withdraw from the criminal justice process at 37.3%, this is 14.7% above the national outcome ratio. Dyfed-Powys Police anticipates a rise in child exploitation, online protection issues and violence against children (in relation to the Removal of the Defence of Reasonable Punishment).

Community safety

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[WIMD](#) (Welsh Index of Multiple Deprivation) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been **ranked by WIMD category Community Safety** and show overall that 11% (9) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- **5% (4) of Powys' LSOAs are in the top 10% most deprived** (Llandrindod East/West, Newtown East, St Mary 1 and Welshpool Castle)
- **3% (2) LSOAs are in the top 20% most deprived** (Newtown South, Welshpool Gungrog 1)
- **6% (5) LSOAs are in the top 30 % most deprived** (Newtown Central 1, Newtown Central 2 and Ystradgynlais 1)

Notably, Newtown East ranks 31st of all 1,909 LSOAs in Wales for most deprived for community safety.

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

Crimes and crime rates

In 2020, Wales total recorded crime was 237,089 with Powys having recorded 6,906 as part of that total. A decrease in number from the year before **(ONS , 2021).**

In terms of rates that puts Powys at the bottom compared to other Local Authorities with just 375 total recorded crime per 10,000 population.

The highest type of crime recorded were **Violence against the person** (113 per 10,000 population) and the least being **Weapons of weapons offences** (3 per 10,000 population) and (0 per 10,000 population) **Robbery** at the bottom of the type of crime committed.

Follow this link to view more [information about crime rates in Wales and Powys please via our interactive report.](#)

Data provided by Dyfed Powys Police for the time-period January 2018 to July 2021 shows that:

The three localities with the highest rate of crime are: -

- Newtown locality: 3,180 crimes per 10,000 population

- Llandrindod and Rhayader locality: 2,742 crimes per 10,000 population
- Brecon locality: 2,388 crimes per 10,000 population

The three localities with the lowest rate of crime are: -

- Llanfair Caereinion locality: 854 crimes per 10,000 population
- Llanfyllin locality with 967 crimes per 10,000 population
- Llanidloes locality with 1,235 recorded crimes per 10,000 population

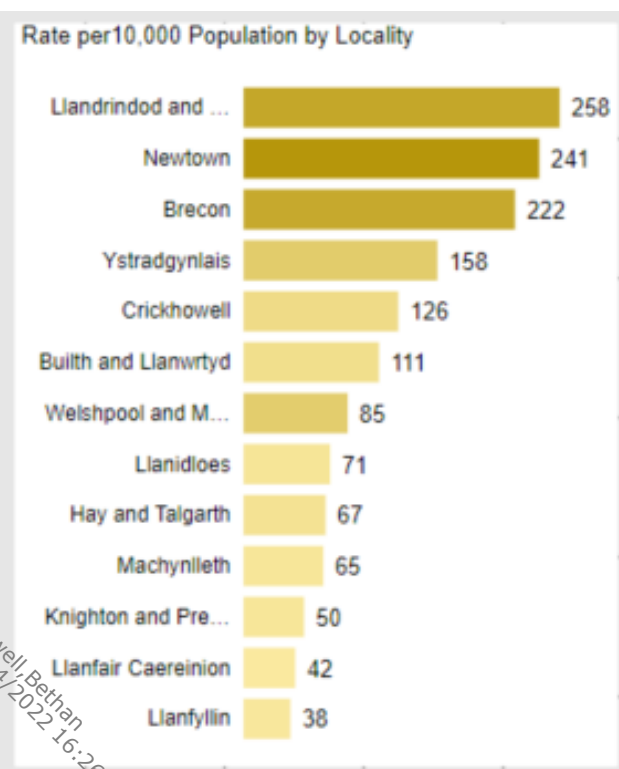
14.1% of crimes during this time were flagged as relating to Domestic Abuse and 10.5% related to cyber-crime.

The number of crimes increased by 81% between January 2018 and July 2021. There was a jump from 496 to 862 during its steepest incline between February 2021 and July 2021.

The highest number of recorded crimes in Powys is noted to have been in June 2021 with 996 number of offences and the lowest in January 2018 (476).

During this period:

- **67% of crimes were committed by men** (of those whose gender was known).
- Most offenders were aged **19–39-year-olds**
- **46% of victims were female** (where the gender was known)
- Most victims were aged **19–39-year-olds**



Drug related offences rate by locality (Jan 2018-July 2021)

- Llandrindod and Rhayader locality have the highest rate with 258 per 10,000
- Newtown locality 2nd highest with 241 per 10,000
- Brecon locality 3rd highest with 222 per 10,000

Between Jan 2018 and July 2021 there has been 1,847 recorded number of offences.

- 69% of drug related offences were committed by men
- 19–39-year-olds is the highest age band for offenders

16% of offences in Llanfyllin, Llandrindod and Rhayader, Newtown and Ystradgynlais localities were flagged for domestic abuse. The Powys average is 14%.

15% of offences in Knighton and Presteigne were flagged as cyber related, this is the highest locality in Powys. 2nd highest is Llanfair Caereinion with 13%. The Powys average is 10.5%. (All recorded crime figures, January 2018 - July 2021, Dyfed Powys Police)

According to Dyfed Powys Police: "As restrictions began to lift nationally via the various "tiers" throughout England and Wales, an increase in demand was experienced specifically in relation to reporting of crime as well as ASB (Anti-social Behaviour). These crime categories included public order and behavioural crimes. For example, verbal abuse aimed at staff working within the retail industry and at large gatherings which brought demand for the police and partner agencies to manage.

Parallel with the increase in reported crimes, work to improve our data integrity has been a key focus over recent months with many crimes within crimes being identified, thus resulting in an overall increase in volumes recorded.

Throughout the period reported, it could be suggested that the combination of many people working from home or being furloughed resulted in more reports of breaches of restrictions, resulting in a significant increase in reported ASB incidents. Furthermore, and indeed more recently, given the significant restrictions on travel, "staycations" have increased the population exponentially in Dyfed-Powys over the summer period. This has led to unprecedented volumes of demand both in terms of calls for service as well as crimes and incidents recorded."

Dyfed Powys Police recognise there has been more anti-social behaviour within the community, with many instances linked to lockdown breaches. Anti-social behaviour reports have now returned to pre-COVID-19 levels. There are ongoing issues with regards to community tensions and protests/demonstrations against the vaccinations and COVID-19 Passes. Security staff are at the mass vaccination sites and the tensions are monitored weekly by the police and Local Resilience Forum.

What have people said?

In the Living in Powys well-being survey, when asked about priorities to put in a well-being plan, the following responses were given connected to crime:

"Get the police to do something about teenage hooligans harassing elderly people and to actually respond to 999 calls from elderly people in distress."

"More police presence in the town on foot, rather driving around in their vehicles, and stop drivers on the bypass who may be exceeding the speed limit."

“Tackling local bullying and discriminatory behaviour”

Re-offending

Proven reoffending statistics for England and Wales (Welsh Government , 2021) show that the reoffending rate was 1 in 4 (25.2%) in Wales for the October to December 2019, Powys’ rate was 19.1% for the same period.

There is a downward trend in the reoffending rate amongst offenders affected by the impact of the pandemic; it represents the largest year-on-year decrease since the same quarter in 2008 and the lowest rate in the timeseries.

Further information - [Proven reoffending statistics: October to December 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-to-december-2019)

Powys re-offending statistics for the period January 2019 – December 2019⁸

Adult Reoffending – Powys

• Proportion of offenders who reoffend (%)	19.1%
• Average number of reoffences per reoffender	2.28
• Number of reoffences	340
• Number of reoffenders	149
• Number of offenders in cohort	781
• Average number of previous offences per offender	12.87

Youth Reoffending – Powys

• Proportion of offenders who reoffend (%)	-
• Average number of reoffences per reoffender	-
• Number of reoffences	21
• Number of reoffenders	10
• Number of offenders in cohort	26
• Average number of previous offences per offender	-

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⁸ Number of offenders are suppressed if based on five or fewer offenders. This is to prevent the disclosure of individual information.

Road Traffic Collisions

The law defines reportable road traffic collisions as a collision involving a mechanically propelled vehicle on a road or other public area which causes damage or injury.

In 2020 there were 2,864 recorded traffic collisions in Wales. **With Powys' recording 9% (216) of all collisions.**

There was a steady downward trend in the number of collisions between 2016 and 2018, a small increase of 4.5% occurred in 2019 but **dropped by 62.5% in 2020. This is most likely due to the pandemic and the government restrictions imposed on travelling.**

During 2020, **34% Powys collision severity was classified as KSI** (Killed or seriously injured), (of the 216 recorded collisions) **ranking Powys highest amongst all local authorities in Wales** (Welsh Gov, 2021)

In Powys the highest road collision casualty encountered are *car, taxi, and minibus users* (66.10%), followed by motor cyclists (12.7%) and other road users (11.3%). 'Other road users' does not include pedestrians, pedal cyclists, motor cyclists, car taxi and minibus users (Infobase Cymru, n.d.).

Follow the link to see more [information about traffic collisions in Powys and Wales via our interactive report.](#)

Fire

Data provided by Mid and West Wales Fire and Rescue Service (**WAWWFR, 2021**) for the time frame 4th April 2018 to 18th July 2021 identifies:

- 358 fires, of which 48% were grass fires and 82% of fires were arson.

The three localities in Powys with the highest number of grass fire and arson incidents are: -

- Ystradgynlais locality: accounts for 35% (127) of incidents
- 2nd was Newtown locality: accounts for 14% (51) of incidents
- 3rd was Builth and Llanwrtyd locality: accounts for 10% (38) of incidents.

The three localities in Powys with the lowest number of grass fire and arson incidents are: -

- Llanidloes locality: accounts for 1% (3) of incidents
- Llanfair Caereinion: accounts for 2% (6) of incidents
- Llanfyllin: accounts for 3% (9) of incidents

The total number of incidents decreased by 78% between April 2018 and July 2021. The highest number of incidents was 41 in April 2020.

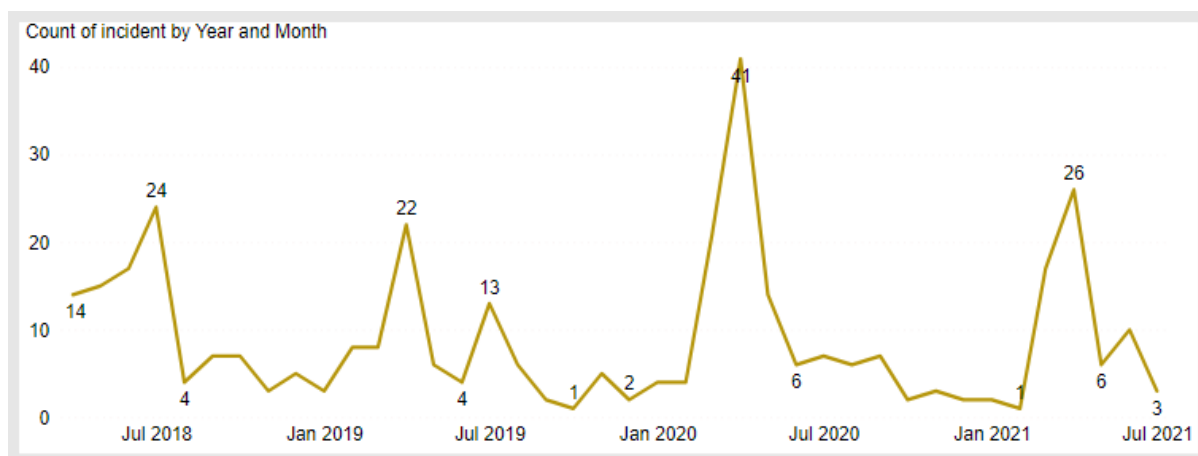


Figure 20 Fire incidents by month and year (MAWWFR, 2021)

Ystradgynlais has the highest rate per 10,000 population recorded during this period with 126 recorded incidents. Second highest was Builth and Llanwrtyd with a rate of 54 per 10,000, 3rd was Newtown locality with a rate of 30 per 10,000 population.

Although the number of incidents seem to be quite sporadic throughout the years, April 2021 has the highest number of incidents (41) followed by July 2021 (26 incidents).

According to Mid and West Wales Fire and Rescue Service (MWWFRS), between 2015-2020 there were 15,576 grassfires across **Wales**. **4,947** of these **grassfires** were under the region of **Mid and West Wales Fire and Rescue Service**.

In that same time period, the Fire and Rescue Service attended to:

- 1,694 Flooding incidents
- 2,951 House fires
- 4,919 Road Traffic Collisions

Satellite data estimates **6,580 hectares of grassland burnt** across Wales in 2020 (that's 12,296 football pitches burnt).

MWWFRS work with Local Authorities, Brecon Beacons National Park, and other key partners (including NRW) to prevent and reduce the impact of wildfires across the service area and have actions in place that limit these instances and has proven to be effective in safeguarding the environment as well as Public Health, as such, reducing the demand on fire and rescue resources utilised to control and extinguish the fire as well as provide valuable benefits to the immediate community.

The Arson Reduction Team and Farm Liaison Officers identify areas prioritised for protection including biodiversity, sensitive areas such as Sites of Special Scientific Interest, Special Areas of Conservation and Welsh Heritage sites. This work will involve partnership site assessments, analysis of incident data and pre-planning for annual prevention and

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protection work. The Farm Liaison Officers work with farmers and land managers to best protect their property and livestock from the threat of fire.

Ill-considered or illegal burning can damage or destroy:

- Valuable grazing
- Plants and wildlife
- Habitats and historic features
- Alter the physical structure, composition, and hydrology of the soil
- Affect water quality

The incidents above are costly and attendance at grassfires means may delay response in attending other life-threatening emergencies. To deploy a single appliance cost approximately £400/hr. Larger fires can take hours, even days to extinguish with obvious impact of availability.

- Rhos, Carmarthenshire – 4 days – 10 appliances
- Esgair Dafydd – Llanwrtyd Wells – 2 days – 10 appliances
- Taf Fechan, Brecon Beacons – 4 days – 9 appliances
- Near Furnace, Ceredigion – 2 day – 6 appliances
- Ambleston Common – April 2020 – 4 appliances
- Feindre Farchog, Crymych – April 2020 – 4 appliances

The coronavirus pandemic has also impacted the Fire and Rescue service as well as its partners, especially in areas such as community engagement and multi-agency collaboration. Community initiatives and interaction have been significantly reduced as working parameters were restricted to essential work and core functions. Longer term, the lack of effective engagement had the potential to dilute the previously strong presence and awareness within communities.

Education and Youth Intervention has also been affected. Applied non-engagement policies, social distancing and PPE restrictions during the firebreak period meant that we had to adapt along with partners during community work and events including Operation wildfire patrols.

Long term planning includes tackling the complex effect of climate change and working on changing the public perception of wildfires and the causes of wildfires.

(WAWWFR, 2021)

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Culture and Community Summary

A community is more than just a geographically bounded group of people who interact with one another, it includes sub-groups that have shared interests. Culture incorporates so many things, the Welsh language, traditional activities as well as other social activities in the community, and all these combined promote cultural well-being.

The Welsh language is an important part of cultural well-being, and the **proportion of Welsh speakers in Powys (19%) is like the rest of Wales**. However, there is variation across the county, from 54% of Welsh speakers in Machynlleth locality to 8.6% in Knighton and Presteigne. **Most Welsh speakers are aged 5-15 years old** (ONS, 2011), and estimates from the National Survey for Wales show that there has been an increase in those who say they speak a little Welsh. According to the Future Trends Report (Welsh Gov, 2021), the number of Welsh speakers in Wales is predicted to increase significantly, for Powys this means **we could have as many as 28,000 Welsh speakers**, and the increase is driven by younger age groups and maintained through future generations.

32.1% of people volunteer in Powys and those who volunteers are likely to feel the things they do in life are worthwhile and be in good general health. (Welsh Gov, 2020)

Volunteering has many benefits and promotes connection and social cohesion, giving volunteers a sense of purpose and confidence, as well as helping to connect with others.

There are many **food banks** in Powys, some are run by the Trussell Trust, while others are community led. Food banks provide emergency food and support to people who are in a time of need. **Between April 2020 and March 2021, there number of 3-day emergency food aid parcels given to families with children in Powys increased by 197%** (971 parcels) (Wales: 7%) when compared to 2019/20 (Child Poverty Action Group, 2021). In total, **6,754 parcels were given in 2020/21 (84% increase since the previous year)**. It is expected that these numbers will continue to rise in the short to medium term as the cost of living and inflation rise, and many families struggle to keep up with rising energy and fuel costs.

More needs to be done to understand the levels of food bank use in Powys. If the food banks have too much demand many families, children and individuals would go hungry. There is a risk of serious health conditions due to malnutrition, and in extreme cases this could lead to death.

There are **16 leisure centres in Powys offering a range of facilities** and classes to the public to help maintain a healthy lifestyle. **29.2% of adults participated in sporting activities three or more times a week** (below the Welsh average, 32.2%). **48% of children** and young people participated in sporting activities three or more times a week during 2019-20. Women tend to participate in sport less than men. Regular participation in sport is linked to improved mental and physical health.

There were 6,906 crimes in Powys during 2020, this equates to 375 crimes per 10,000 population. The highest type of crime recorded were **Violence against the person** (113 per 10,000 population) and the least being **Weapons of weapons offences** (3 per 10,000 population) and (0 per 10,000 population) **Robbery** at the bottom of the type of crime committed.

The **Welsh Index of Multiple Deprivation** (or WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies where there are high concentrations of several types of deprivation and ranks small areas in Wales from 1 (most deprived) to 1,909 (least deprived). Powys has 79 Lower Super Output Areas (LSOAs) and **6 of these are amongst the worst 20% in Wales for community safety** (Llandrindod East/West, Newtown East, Newtown South, St Mary 1 (Brecon), Welshpool Castle and Welshpool Gungrog 1). (Welsh Gov, 2019)

Most of Powys is poor for access to services (just under **half of Powys areas² are in the worst 20% in Wales in terms of access to services**). (Welsh Gov, 2019)

Newtown East ranks 31st most deprived area in Wales (of 1,909 areas² in Wales (Welsh Gov, 2019). It is important to explore the reasons for this and consider how we can tackle deprivation to improve well-being for future generations.

There were **358 fires in Powys** (between April 2018 and July 2021), **48% of these were grass fires** and **82% were arson**. The three localities in Powys with the highest number of grass fire and arson incidents were Ystradgynlais locality (accounts for 35% (127) of incidents), second was Newtown locality (accounts for 14% (51) of incidents), and third was Builth and Llanwrtyd locality (accounts for 10% (38) of incidents). Grass fire incidents are costly and attendance at grassfires may delay response in attending other life-threatening emergencies. To deploy a single appliance cost approximately £400 per hour. Many larger fires can take hours, even days to extinguish and the damage can have a devastating impact on habitats and wildlife.

Newtown East ranks 31st most deprived area² in Wales (of 1,909 areas² in Wales). (Welsh Gov, 2019) This is something to consider for future generations.

Cross cutting themes

Culture and community and well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Social, Economy and Environment.

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		How does Culture and Community interact with the other Well-being themes?
Social	<ul style="list-style-type: none"> • Homelife • Living Independently • Health and Lifestyle • Education our Children 	Culture and community is intertwined intertwined within the various components of social well-being; as an established and engaged community will improve an individuals' individuals' home-life and ability to live independently if required, if they feel they live in a positive, cohesive local community. Additionally, participation in culture life often leads to improved outcomes in education and supports positive lifestyle behaviours.
Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	Culture and community are highly interlinked with the various components of economic well-being, as individuals with access to economic resources are increasingly likely to be engaged with their wider culture and community. Additional drivers of community wellbeing include areas such as community cohesion and anti-social behaviour, which are often linked to individuals experiencing reduced economic well-being. Additionally, it is important to ensure all citizens have equitable access to opportunities within their community, such as cultural assets.
Environment	<ul style="list-style-type: none"> • Improving Biodiversity • Sustainable Land, Water and Air • Reconnecting People and Places • Forestry Resources • Climate Change 	The environment in which people live is a critical component of an individual's cultural and community wellbeing, as the environment is the natural world in which communities are living. It is important for communities to be established in spaces that are sustainable and well-connected, with sustainable resources to live accordingly. The potential implications posed by climate change and a changing environment can potentially de-stabilise local communities, as a community's response to increasingly extreme environmental events could lead to individuals leaving their communities, which could impact wider cultural areas such as the Welsh language if there is increased migration.
High Level Impacts	Ageing population	It is important to consider the impacts of an increasingly aging population when considering cultural and community well-being as an older demographic will face additional pressures in trying to maintain an independent home life within their community with high levels of community engagement and participation. An aging population is also likely to encounter additional health and lifestyle issues associated with older ages, which

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		could limit their ability to interact with their local communities and culture.
	Rurality	There are also challenges to community and cultural well-being due to Powys's rural make up. Due to its vast geography with more dispersed communities, it can have an impact on the ability to secure housing in the area of your choice, potentially leading to moving away from their community. Rural communities are also likely to have limited access to culture resources with a limited public transport network potentially limiting peoples access to cultural assets, which could impact upon longer term well-being.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact cultural and community well-being over time, with scenarios such as migration disconnecting communities that had previously existed. Alongside this, cultural opportunities that previously existed due to European Union funding or easier travel are likely to have to look at alternative delivery mechanisms to adapt to the change, which could potentially have an impact to an individuals' cultural well-being.
	COVID-19	Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer term impact is still to be determined. However, the pandemic has already highlighted new short term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to particular demographics. This has impacted an individuals' economic well-being as many people have faced increased challenges in their job and/or business, whilst also exacerbating and increasing the number of people becoming impoverished. This has also forced the wider society to re-consider the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.

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[The second State of Natural Resources Report \(SoNaRR2020\)](#) (NRW, 2020) is an assessment of the extent to which Wales is achieving the sustainable management of natural resources (SMNR). The report concludes that Wales, and all Local Authorities including Powys, are not yet meeting the four long-term aims of SMNR below:

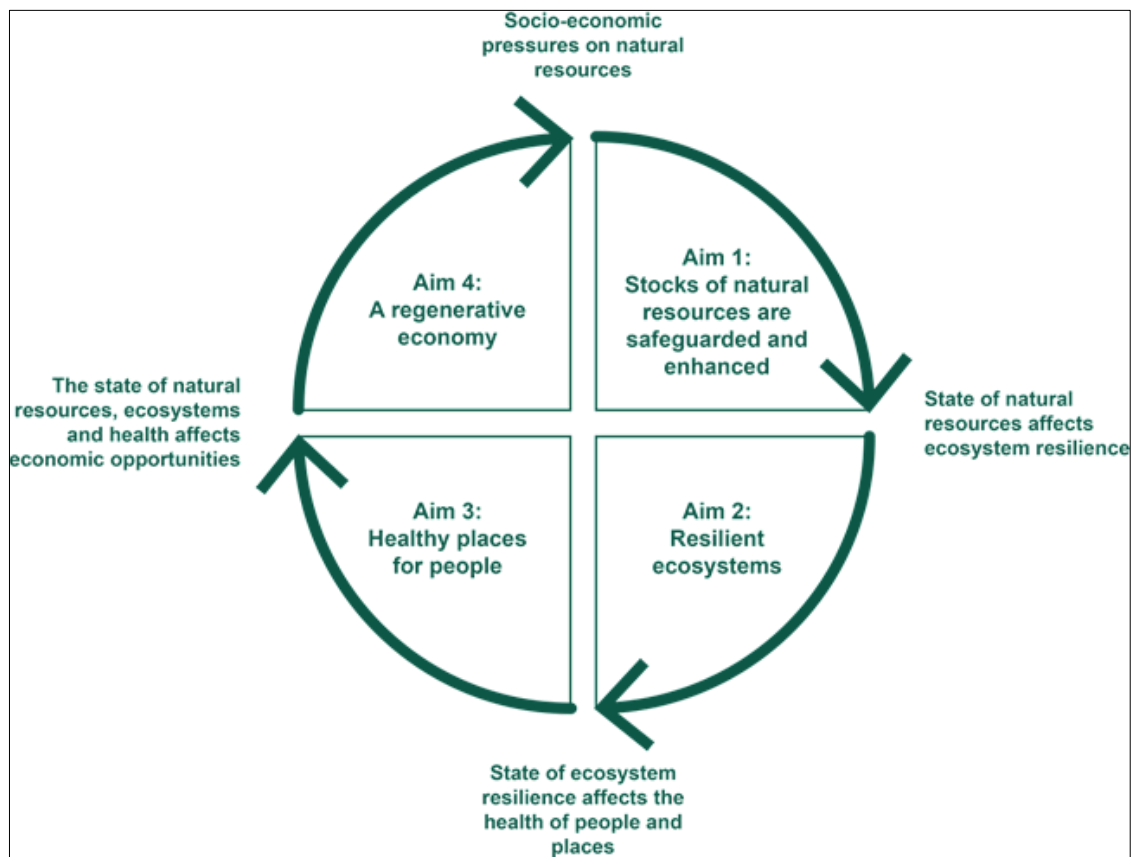


Figure 21: The four aims and the linkages of sustainable management of natural resources (NRW, 2020)

Powys is not maintaining stocks of natural resources (aim 1). Iconic species like curlews are predicted to become extinct within a couple of decades.

The deteriorating state of natural resources in Powys has a negative impact on the resilience of our ecosystems. Resilient ecosystems (aim 2) are declining in line with global trends. The UN predict that globally, one million of the estimated eight million species on the planet will be extinct within 20 years.

Without stable levels of natural resources and resilient ecosystems, we will not have health places for people to live (aim 3) and a regenerative economy (aim 4) cannot be achieved if economic activity takes place at the expense of the environment.

Sustainable development will not be achieved overnight, but Wales has laws and policy processes in place to achieve its well-being goals for a sustainable future. The Public Service Board's Well-Being Assessment is one piece within this puzzle and allows us to highlight issues on a local level and to track progress over time.

The Well-being Assessment takes place every five years and is in line with [the Mid Wales Area Statement](#). (NRW, 2020)

The Mid Wales Area Statement was published in April 2020 and has been informed by a wide range of partner organisations. The Area Statement identifies the key risks, opportunities, and priorities that we all need to address to build the resilience of our ecosystems, support sustainable management of the natural resources and enhance and guarantee the well-being of future generations. It sets out actions that we can take forward to address the issues identified.

Improving Biodiversity

Biodiversity is essential to all ecosystems, with its complex interactions generating the services and benefits that human health, well-being and resilience depend on. This connection is so fundamental, an assessment of biodiversity is crucial to any wider assessment of the success of the sustainable management of natural resources (SMNR). The assessment picture is complex with both winners and losers for different aspects of biodiversity. However, the overall trend is one of serious decline, reflecting the global situation and internationally recognised nature emergency.

Biodiversity recovery is fundamental to sustaining the vital services that are provided by natural resources. Wales has more regulatory and policy frameworks in place to help protect and support these resources and with the recent increasing focus and investment on action, all parts of society need to act faster and more cohesively to help deliver improvements at a better and larger scale. There is a need to work more collectively on the dual plight presented by the climate and nature emergencies to win further support for the transformational and behaviour changes required.

Follow the link [for more information download the SoNaRR Biodiversity Chapter](#).

Following the first SoNaRR, this second report raises further concerns regarding habitat and species decline and reduced habitat connectivity and ecosystem resilience. The Powys Nature Recovery Action Plan (NRAP) is a helpful source of material alongside the published [Nature Recovery Action Plan \(NRAP\)](#) (Brecon Beacons National Park, 2019). The latter refers

- to the scarce or declining habitats and species of the Brecon Beacons National Park
- includes a useful summary of Welsh legislation and policies, plans and strategies
- sets out the five key objectives
- includes strong focus on developing resilient ecological networks, to understand what we are going to do to aid nature recovery

(Brecon Beacons National Park, 2019)

Welsh Government has also published the “[Nature Recovery Action Plan for Wales: Our Strategy for Nature](#)” with several objectives to support recovery

Urgent short-term action includes:

- Working with developers to enact Planning Policy and demonstrate progress
- Building delivery capacity and skills across all sectors
- Ramping up landscape scale nature projects

The need for urgent but longer-term actions was also identified to include:

- Environmental education to connect people and nature in a lifelong way,
- Continuing to tackle Invasive non-native Species,
- Exploring and developing new biodiversity valuation techniques e.g., valuation through the Green Book for Wales

(Welsh Gov, 2020-21)

Protected Sites

Protected sites represent some of our most important and cherished areas for biodiversity, habitats and species. Natural Resources Wales (NRW) undertook a [Protected Sites Baseline Assessment in 2020](#), which assessed the quality of the protected sites evidence base to help understand (where possible) the relative ‘health’ of key species and habitats across earth science, freshwater and terrestrial features on protected sites in Wales. The condition of species and habitat at our best sites can provide some indication as to the health of biodiversity across the region, given that they provide some of the best condition examples of biodiversity. (NRW, 2020)

NRW currently has sufficient evidence to determine the condition of around 51% of the features on these sites in Mid Wales (Powys and Ceredigion combined). Of those features, an estimated 41% are ‘favourable’, around 57% are ‘unfavourable’ and almost 2% are destroyed. This information suggests that our habitats and species are under increasing pressure across the region.

There are **264 Sites of Special Scientific Interest** (commonly known as SSSI’s) that lie wholly or partially in Powys as well as important national nature reserves such as Cors y Llyn, Stanner Rocks, Rhosgoch Bog, the Berwyn Mountains, Craig Cerrig Gleisiad, Craig y Ciliau and Ogof Ffynnon-du.

There are also 17 Special Areas of Conservation (SACs) and 3 Special Protection Areas (SPAS) wholly or partially within Powys.

(NRW, 2020)

There is only **one Local Nature Reserve (LNR) in Powys at the Lake Park in Llandrindod**, but a wide range of local wildlife sites, Wildlife Trust reserves and there are references to road verge nature reserves in the Powys [Local Development Plan “Biodiversity and Geodiversity” Supplementary Planning Guidance \(2018\)](#).

Like other SSSIs in Wales, many of our sites are small and fragmented and are therefore vulnerable to management changes and the influence of surrounding land use. (PCC, 2018)

What have people said?

According to SoNaRR2020 there are a variety of pressures and demands affecting biodiversity. Agricultural intensification has been identified as having the single biggest impact on biodiversity in the UK. Other key drivers include land and sea use change, direct exploitation of species, climate change, pollution, and invasive non-native species.

The Mid Wales Area Statement seeks to:

- identify the main causes of the nature emergency including what needs to be done, by whom and where
- improve the Favourable Conservation Status of designated sites
- identify opportunities for connectivity between those sites and other areas
- make nature a priority through planning, policy, and practical measures

Invasive non-native species

Invasive non-native species are defined as any non-native animals or plants that can spread outside their native range causing damage to the environment, the economy, our health, and the way we live. Invasive non-native species have been estimated to cost the Welsh economy £128 million annually.

Widely spread invasive non-native species in Mid Wales include Japanese knotweed (*Fallopia japonica*) and Himalayan balsam (*Impatiens glandulifera*) particularly along larger river catchments, such as the Wye and Usk. More detailed information about the distribution and impact of invasive non-native species can be found in the following story map [“Invasive Non-Native Species \(INNS\) \(arcgis.com\)”](#) on the Wales Environmental Information Portal.

(NRW, n.d.)

Sustainable Land, Water and Air

Land, water, and air are essential for people’s lives and well-being, well managed land plays an important role in meeting human needs while ensuring the long-term health of

ecosystems and the economy. Managing land areas in regenerative ways can deliver a range of environmental and well-being benefits for future generations including food, flood risk reduction, recreation opportunities and clean air.

Our rivers, lakes, groundwater, and estuaries provide us with important natural benefits, many of which contribute to the well-being of local communities and the wider population. These natural benefits include access to drinking water, clean rivers for recreation and relaxation, income generation from business and industry, tourism, green energy production and angling. By working together to improve and maintain the quality of these watery assets we can deliver benefits for the environment, the local economy, health, and quality of life.

Clean air is a critical natural resource and is essential to protect human health and Wales's natural environment. Air pollution is recognised by the World Health Organisation (WHO) as being the biggest environmental contributor to the burden of disease in Western Europe. Public Health Wales estimates that around 1,600 deaths are attributable to fine particulate matter (PM2.5) exposure and around 1,100 deaths to nitrogen dioxide (NO2) exposure each year in Wales.

Land

The total productive land area in Wales has remained stable for many years but there are pressures from other land uses that need to be considered more holistically. Agriculture accounts for approximately 80% of the land use in Wales. Farmed land comprises of four ecosystems – enclosed farmland, semi-natural grassland, coastal margins and mountain, moor, and heath. A smaller proportion of land is used for forestry and woodlands (15%, some of which is within enclosed farmland) (NRW, Forest Research, 2019) and urban (approximately 11%) with some integration of use. A small fraction of land can be considered 'unmanaged' or 'abandoned'.

Urban expansion has often been at the expense of the most productive land, although the predicted annual loss of best and most versatile (BMV) agricultural land to urbanisation over the next five decades is expected to be minimal when compared to historical losses (enclosed farmland natural resources register).

An ongoing commitment to tree planting will take land out of agricultural production. According to Forest Research, in 2017 there were estimated to be 92,700ha of tree cover (urban and rural) outside National Forest Inventory (NFI) defined woodlands (Forest Research, 2017). This is comprised of small woods less than 0.5 hectares in size (49,200ha), groups of trees (33,400ha) and lone trees (10,100ha). The total woodland as a percentage of land cover in Wales is 15%. If you include trees outside woodland, this brings the total land cover of woodlands and trees in Wales to 19.4%.

Land utilised for renewable energy development has continued to increase to help meet the target of 70% of Wales’s electricity consumption from renewable energy sources by 2030 (Woodland natural resources register). These include wind, solar, hydropower, ground heat source, energy from waste and bioenergy projects plus the required electricity supply infrastructure.

Follow the link to view more [information about Powys’ and Wales low carbon energy projects via our interactive report.](#)

The way in which land is used is in continual flux. Historically, conversion of arable land to permanent pasture, removal of hedgerows, and land drainage have reduced diversity across the landscape. Up until now, there has not been a mechanism to consider this productive resource. It is important to consider what current and future generations need from Wales’s land resource, and how Wales is best placed to deliver that in a global marketplace.

Water Quality

In Powys, most rivers are not achieving good ecological status under the Water Framework Directive 2018 interim classification. A range of pressures are compromising the health of our freshwater ecosystems, including climate change, diffuse and point source pollution, physical modification, abstraction, and invasive non-native species. Local water courses, particularly in the River Wye catchment area, are suffering from an increase in nutrient pollution arising from agriculture and development. Invasive non-native plants are also threatening habitats through Powys.

The tables below provide an overview about the ecological status of all 271 surface water bodies in Mid Wales for the years 2015 and 2018.

Table 3 The ecological status of all rivers in Mid Wales (2015)

Local Authority Area	High	Good	Moderate	Poor	Bad	Total
Powys	0	85	101	15	0	201
Ceredigion	0	13	37	9	0	59
Span both	0	0	9	2	0	11
Whole of Mid Wales	0	98	147	26	0	271

Table 4 2018)

Local Authority Area	High	Good	Moderate	Poor	Bad	Total
Powys	0	92	89	19	1	201
Ceredigion	0	15	34	10	0	59
Span both	0	1	7	3	0	11
Whole of Mid Wales	0	108	130	32	1	271

[Wales's Environmental Pollution Incidents report](#) has recorded **335 water-related pollution incidents in Powys** (between March 2016 to December 2020). In 2020 alone there were 85 water-related pollution incidents recorded in Powys – or in other words almost two water pollution incidence per week (NRW, 2016-20).

There is a need to tackle water quality issues by focusing on the following areas:

- support farm businesses to minimise their impact on the environment
- take measures to reduce pollution incidents through better management of potential sources of pollution (such as slurry and manure stores)
- work with businesses, communities, and policy makers to review current agricultural policies and schemes and explore new options for payment for Ecosystem Services
- manage our water resources to improve the quality and quantity of available water, without causing detriment to the natural environment

(NRW, 2016-20)

Flood risk

Flooding continues to threaten our communities, businesses, and environment, as witnessed in the winter of 2020. NRW produced an extensive [review of the February 2020 floods](#) (NRW, 2020) including a multimedia [story map](#) which shows the devastating impacts that this event has had in Powys and elsewhere. As incidents of flooding are set to become more frequent in the future because of climate change, the communities of Mid Wales need to become more adaptive and resilient, enabling them to respond more quickly to events through better planning and management.

In Powys, there are 9,613 properties with a flood risk (all ratings):

- 5,700 properties are low flood risk
- 1,429 properties are medium flood risk
- **2,404 properties are high flood risk**

Follow the link to view more [information about flood risk in Powys and Wales via our interactive report.](#)

The 2018 preliminary flood risk assessment outlines the significant flood risk areas (second cycle Flood Risk Regulations). Significant flood risk areas are the key areas in Wales and shows the top 32 communities in Wales. Individual ranking for communities at risk within Wales can be obtained from Lle or my map; Welsh Government Funding is directed to the at most communities at risk/communities affected by flooding.

(NRW, 2018)

Table 5: Top ten communities at risk from flooding in Powys.

Local Authority	Fluvial	Tidal	Pluvial	Combined	Significant Flood Risk Area 2018
Powys	Llanfyllin Carno Plas Llysn Brecon Knighton Cilcewydd Llanfrynach Presteigne Llandiloes Llangattock	Not applicable	Ystradgynlais Newtown Llandridod Wells Brecon Welshpool Llanidloes Machynlleth Penrhos Llanllwchaiarn Llanfair Caereinion	Ystradgynlais Newtown Brecon Llanfyllin Llandridod Wells Carno Llandiloes Welshpool Plas Llysyn Knighton Llanfair Caereinion	None

741 properties in the county receive flood warnings.

The consequences of flooding are not just financial. Even **modest flooding events can significantly impact on the physical and mental well-being of the individuals** affected for many years after the actual flooding event. **Often, the worst affected are the more vulnerable in society.** Several recent studies point to the need for commissioners and providers of primary care, community services and mental health services and emergency planners to be alert to the potential for poor mental health amongst people whose homes have been flooded, as well as those whose lives have been disrupted by flooding and to plan for an increased need for services in areas affected, or likely to be affected, by flooding (see e.g. [PHE 2017](#)).

The Mid Wales Area Statement recognises the significant consequences that flooding can have on rural communities like Powys, particularly disrupting access to essential services, transport, education, work, and businesses.

The Mid Wales Area Statement identified **Natural Flood Risk Management (NFRM)** as one way to help address flood risk. NFRM can provide environmentally sensitive approaches to reducing flood risk in areas where further hard flood defences are not feasible or cost-effective.

These can include **tree planting, in-stream obstructions (such as porous dams), soil and land management, dune and beach management and creation of new wetlands**. The principal aim of adopting NFRM measures is to help slow water flows ('slow the flow') through a catchment, thus reducing and delaying peak flows. It is often most effective in larger catchment scale projects.

Air quality

Poor air quality is one of the largest environmental risks to ecosystems and human health in Wales. Air pollution adversely affects biodiversity and has led to widespread changes to species distribution and to the quality of habitats in Wales. Poor air quality threatens the conservation status of many habitats and reduces the ability of ecosystems to deliver their services such as clean drinking water and timber.

Air pollution is a local, regional, and international problem caused by the emission of pollutants, which either directly or through chemical reactions in the atmosphere lead to negative impacts on human health and ecosystems. **It is important to stress that air pollution affects both urban and rural areas**, and that there are interlinkages across space (see [Bosanquet 2021](#)).

Most air pollutants have declined in Wales in recent decades. **However, concentrations of ammonia are rising and having an impact on sensitive ecosystems.** Ammonia emissions from the UK and Europe continue to be above damage thresholds, resulting in widespread exceedance of critical loads (deposition) and critical levels (atmospheric concentrations) for both acidity and ammonia. This pollution also contributes to ozone production, which damages not only vegetation but human health (Public Health Wales, 2016) and many human-made materials such as plastic, rubber and metal.

Ammonia and nitrogen pollution from agriculture is affecting 59% of the land area of Wales. In 2018 88% of sensitive habitats exceeded their critical load for atmospheric nitrogen (down from 98% in 2009). It is currently having an adverse effect on 29% of the most sensitive habitats for plants and wildlife (Guthrie et al., 2018).

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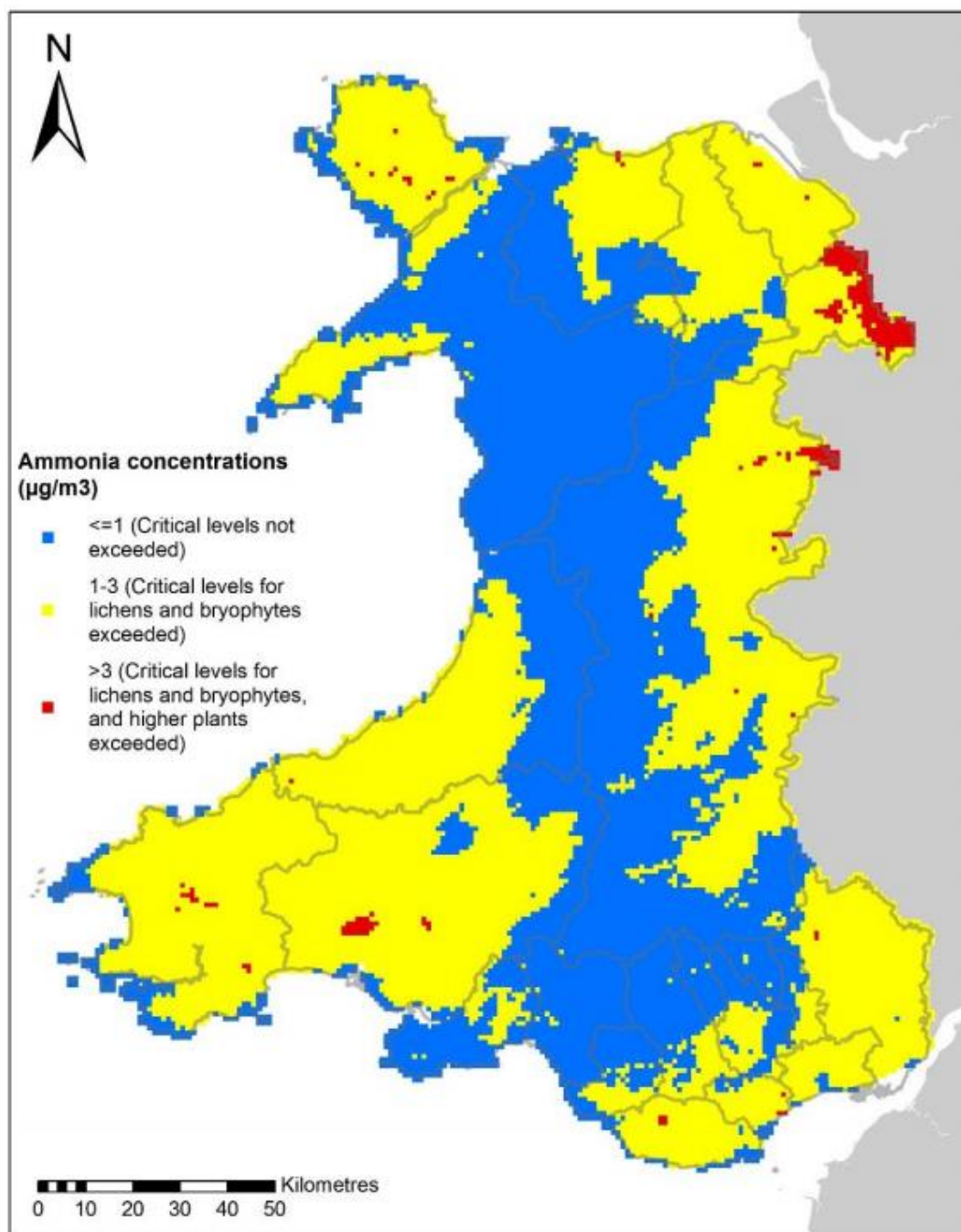


Figure 22: Ammonia concentrations in Wales (Source Rowe et al. 2020)

A key concern identified in SoNaRR 2020 and one which is particularly relevant to Powys are

“The localised impacts of new ammonia sources associated with the rapid expansion of intensive poultry developments” (Aazem and Bareham, 2015 cited in SoNaRR 2020).

The [infographic of the European Environmental Bureau](#) illustrates how agricultural emissions also affect peoples’ health. In this context it is critical to understand that agricultural emissions can transform in the atmosphere and contribute to increased levels of particulate matter and ozone. Particulate matter is of concern to both ecosystems and people, with smaller particle sizes having a greater effect on people as they are easily

inhaled. Overall concentrations of PM_{2.5} (particulate matter 2.5 microns or less in diameter) in most of Wales are low, although hotspots in industrial and densely populated urban areas exist. For Wales this means that agriculturally-dominated and sparsely populated counties like Powys have an important role to play – and arguably a responsibility for – mitigating any negative impacts of agricultural emission on the well-being of people in other parts of the country.

PM particles are formed because of burning fuel and chemical reactions that take place in the atmosphere. Natural processes such as forest fires also contribute to PM_{2.5} in the air. PM₁₀ is a particulate matter 10 micrometres or less in diameter.

For this indicator Powys ranks 5th lowest of local authorities in Wales. Powys is lower than the Welsh average at 10.25, Welsh average 11.62.

The PM₁₀ pollutant has decreased in Powys over the years, in 2007 the concentrations were 13.33 and in 2019 this has fallen to 10.25.

PM_{2.5} is a particulate matter 2.5 micrometres or less in diameter. PM_{2.5} is generally described as fine particles. For this indicator Powys ranks 5th lowest of local authorities in Wales. Powys is lower than the Welsh average at 6.53, Welsh average 7.48.

The PM_{2.5} pollutant has decreased in Powys over the years, in 2007 the concentrations were 7.43 and in 2019 this has fallen to 6.53. (Welsh Gov, 2021)

Follow the link to [understand more about air pollutants in Powys and how we rank against Wales via our interactive report.](#)

What have people said?

SoNaRR 2020 has highlighted the adverse effects of air pollution on peoples' well-being. It states:

"A growing body of evidence indicates that the impact of air pollution goes beyond physical health and can impact on human well-being due to people's personal connections to the richness of their natural environment. The health impacts from air pollution, for example exposure to particulate matter reducing lung function, reduces people's ability to access nature and benefit from other ecosystems services; it therefore affects their quality of life. Measures to combat air pollution, for example green infrastructure, can help transform urban and rural spaces by improving enjoyment and promoting positive behavioural changes. In addition, the cultural services imparted by ecosystems often depend on nitrogen-sensitive biodiversity, for example, in flower-rich meadows or lichen-draped woodlands.

(Theme: Air Quality, p. 22) (SoNaRR NRW, 2020)

For more information please [download the SoNaRR2020: Air quality chapter \(PDF\).](#)

The Mid Wales Area statement acknowledges that urgent measures are required to address ammonia pollution in Powys. Ammonia pollution from the increasing number of intensive agricultural units is now a very significant threat to the survival of the rich variety of rare pollution-sensitive lichens scattered throughout Mid Wales.

Waste

Living in a 'disposable' society where waste is continually generated increases pressure on the use of our natural resources. For example, once waste is generated it requires treatment at facilities that require land, consume energy, and water and produce emissions to the environment. If waste is not handled and treated properly it can be harmful to ecosystems, biodiversity, and the well-being of the population.

Wales is transitioning to a high recycling nation which is a necessary component of a circular and regenerative economy. However, more needs to be done to prevent waste from being generated if we are to achieve zero waste and one planet living. The pace of becoming a high recycling nation must be matched with the provision of suitable waste facilities and end markets for materials, particularly for material streams that are currently difficult to recycle. [For more information download the SoNaRR2020: Waste Chapter.](#) (NRW, 2020)

During 2019-20, **Powys reused, recycled, and composted (RRC) 63%** (34,732 tonnes) of **waste**. There was a large increase in the percentage of waste that was RRC, increasing from 51% to 65% (between 2012-13 and 2016-17). This dropped in 2017-18 to 60% and since has slowly been increasing. (Welsh Gov, 2021)

Follow the link to view more [information on Waste Management by Welsh Local Authority via our interactive report.](#)

Waste crime poses risks to the condition and resilience of ecosystems and the benefits they provide through mismanagement of waste.

During 2019-2020, **Powys had 494 recorded fly tipping incidents with a clean-up cost of over £29,000. That's an average of £60 clean-up cost per incident, this is above the Welsh average (£53).** (Welsh Gov, 2021)

Follow the link to view more [information on fly tipping by Welsh Local Authority via our interactive report.](#)

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Reconnecting People and Places

Reconnecting people with the environment emerged as a key theme for Powys due to Natural Resources Wales Area Statement engagement. Recreation and tourism are major contributors to the local economy of Powys. Activity tourism is rapidly growing in the area, and with parts of the Brecon Beacons, the Cambrian mountains, many watercourses, and two National Trails (Offa's Dyke & The Glyndwr Way) within its boundary this is not surprising. There are many **leisure related businesses currently supporting 10% of the Welsh tourism economy**. In Powys, a rural and sparsely populated part of Wales, this income is vital to many local communities.

The natural environment of Powys offers us many outdoor activities, however the value of these is often not fully appreciated by society, and sometimes those who live closest to it are least aware of its advantages. It is time to highlight these resources and reconnect both visitors and local people alike with places here in Powys. This section looks at access and recreation, green/social prescribing, sustainable tourism, and active travel.

Access and recreation

Over 300,000ha of land in Wales is accessible under the Countryside and Rights of Way [CRoW] Act 2000 by virtue of it either being Open Country or Registered Common Land. This right of access allows people to access the land "for the purposes of open-air recreation" on foot (without precluding a pushchair, wheelchair, or "invalid carriage").

Public rights of way and Access Land are the main means by which people can access the countryside of Mid Wales. The network is significant to the economy and tourism and play an important role in improving the health and well-being of people of Mid Wales. Public rights of way represent a major public asset that is protected by law. The local highway authority has a duty to ensure that they are kept open, available, and properly maintained.

Local highway authorities are required by the Countryside and Rights of Way Act 2000 to produce a [Rights of Way Improvement Plan](#) for their area. Many of the new plans long-term vision will be to support a network of paths, easy to use and useful, connecting the countryside with the towns and villages ensuring that the network is well used by people of all ages and abilities, walking or riding for leisure or for work.

NRW manages a vast and varied estate. Almost 100,000ha of NRW managed Welsh Government-owned woodland has already been dedicated as access land. Natural Resources Wales also coordinates the delivery of two National Trails in Powys. The **Offa's Dyke Path traverses the length of Powys** as it follows all the way down the England/Wales border. **Glyndwr's Way is entirely situated within the county**. These two routes provide great linear walks with a high standard of way-marking.

A new opportunity is that a series of short circular walks is now being developed that use sections of the trails plus nearby Public Rights of Way. These circular routes will satisfy the needs of residents who want a good but shorter walk in their area, with all the associated health benefits and a better feeling of a sense of place.

Access to and onto Water

Powys has many streams, rivers, reservoirs, and some lakes. It almost goes without saying that access to these water bodies is highly sought after for a variety of reasons.

Simply walking by a watercourse can provide mental health benefits. Other obvious uses and pastimes include fishing, canoeing, wild swimming and even paddling in rockpools.

There are difficulties in some areas where heavy use of a river for canoeing is considered by some other users to be a problem. These issues may take time to resolve, and there may not be a perfect solution. But rather than just focusing on honeypot sites it makes sense to seek out alternative and additional locations where the stress on the environment and other users may be lower and more manageable. An example of this is the River Wye at Glasbury where it is heavily used for canoe launching, however in **Newtown there is a new option for canoeing the River Severn in an area where there is no conflict.**

The quality of the water environment is critical to all the above, so putting great effort into ensuring high water quality is essential.

Another indicator that still appears useful to understand peoples' access to the benefits of greenspaces was mentioned in the Greenspace Toolkit (2011). This tool recommends that **no person should live more than 300m from their nearest natural greenspace.** This is roughly the equivalent of a six-minute walk. Provision should be made for at least 0.25ha of accessible natural greenspace per 1000 population following a system of tiers into which sites of different sizes fit, as follows:

- Tier 1: no person should live more than 300m from their nearest natural greenspace
- Tier 2: there should be at least one accessible site of >20ha within 2km of home;
- Tier 3: there should be one accessible 100ha site within 5km;
- Tier 4: there should be one accessible 500ha site within 10km.

According to this classification practically all of Powys is covered with greenspace infrastructure, in fact all of Powys is within a 300m buffer area of a greenspace infrastructure of at least 0.25ha. However not all these sites have full legal access, and no distinction was made between different types of green infrastructure (due to lack of time resource). This number is decreasing to around 75% of the population with access to sites of >20ha within 2km from home and about half of the population lives within 10km of one accessible 500ha site in Powys.

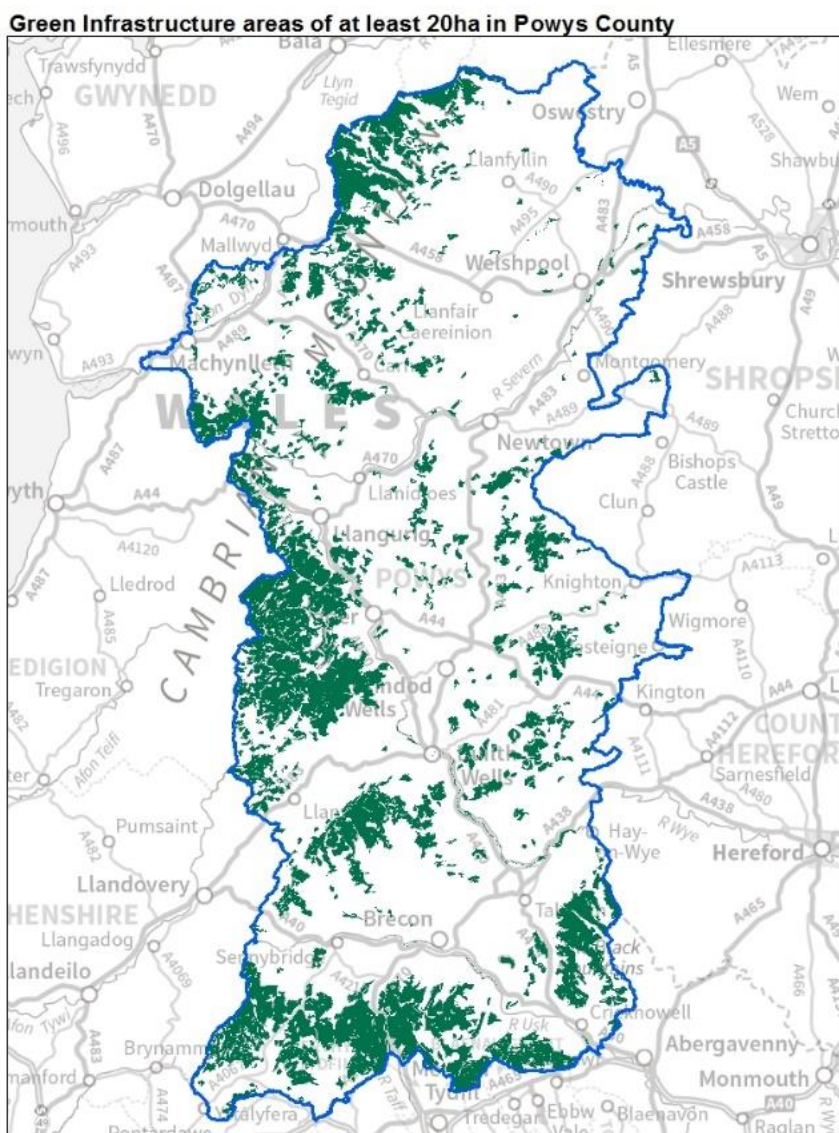


Figure 23 Map showing green infrastructure areas of at least 20ha in Powys

Green/social prescribing

There is increasing evidence that being in the natural environment can benefit people's mental well-being. Our urban and rural green spaces, parks, woodlands, fields, mountains, and water help us feel better both mentally and physically. Access to the natural environment can provide a range of opportunities in addition to physical activity, including companionship, meaningful activity, reflection, adventure, and learning.

Outdoor recreation can make a significant positive contribution to our physical health. Increasing levels of physical activity is known to help reduce the incidence of chronic diseases. Outdoor recreational activities are often free and provide opportunities for everyone, regardless of age or ability.

Sustainable tourism

More sustainable management of 'honeypot' visitor attractions, and increased public awareness and empathy for the natural environment they visit

Community led engagement to better connect local people to nature & the environment

Channel visitors to less popular (non-honeypot) areas: With two aims

- 1. to reduce pressure on heavily visited areas,**
- 2. Encourage spending at these less popular areas and contributing to the local economy.**

Active travel

Active Travel means walking or cycling for everyday short-distance journeys. It covers trips to school, shops, work, services, and transport hubs. Also, it can include the use of electric wheelchairs or mobility scooters. Yet it does not include journeys purely for recreation, or social reasons. Local authorities must encourage walking and cycling, they achieve this by improving cycle routes in all road developments.

Existing Route Maps' (ERMs) detail the current Active Travel routes approved by the Welsh Government. They do not show every walking or cycle route in an area, but only the existing routes deemed suitable for Active Travel by Local Authorities. [For further information on ERMs visit the local authority active travel pages.](#)

New routes and improvements to existing routes should avoid creating conflicts of use. For instance, cyclists heading to work tend to cycle quickly, whereas any dog-walkers on the same route will probably have dogs on long leads and inadvertent conflict may result. Multi-user routes work in some places but should not be seen as the universal answer.

There are also many other places people can visit including Local Nature Reserves, country parks and most National Nature Reserves. Horse riding is allowed in some NRW managed woodland. There are cycle routes across Wales allowing active travel and more technical mountain bike routes in some woodland. Enjoyment of the outdoors is also an important part of appreciating the cultural and landscape heritage of Wales. Outdoor recreation can make a significant contribution to the physical health and mental well-being of the population; increasing levels of physical activity has beneficial consequences in terms of increasing healthy life expectancy and reducing the incidence of chronic disease, including cardiovascular disease, some cancers, type 2 diabetes, and osteoporosis. Many outdoor recreational activities are free to all, enabling participation across and between communities.

What have people said?

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Reconnecting people with their natural environment emerged as a key priority from the Area Statement engagement sessions, stakeholders told us that:

- Using the environment to tackle health and well-being was an essential part of our society
- social isolation can be a major contributor to poor mental health
- Widespread green/social prescribing through local community initiatives and GP surgeries is desirable
- they would like to see improved mental, physical health, and well-being across Mid Wales
- they would like an increase in sustainable recreation and better access to green space
- they value nature and want to be better connected to their local environment
- we need to increase sustainability in managing tourism and developing the local economy

The main areas of focus under this Area Statement theme are to:

- promote sustainable tourism opportunities to help boost the local economy
- promote, encourage, and support sustainable recreation, reconnect local people and visitors with access to the natural environment
- look for new ways in which people can connect with their local environment to help improve their health and well-being
- work with different organisations to develop opportunities for using the natural environment on our doorstep as a tool in preventative medicine
- develop the evidence base to further support the theories around health and well-being and links to the natural environment

In the recent Living in Powys survey (July 2021), when asked “***What would make it easier for you to access nature?***” residents responded with a variety of comments including:

- “Promoting local areas, listing areas that are accessible, how to get there, where to park, child friendly info etc”
- "I would like to know more about wild swimming spots in the area. More publicised walks and group walks to introduce me to new areas whilst meeting new people"
- “Being able to access somewhere to grow things”
- “Improve cycling opportunities to access green space or to ride into town. Cycling on the main road in Llandrindod is difficult, especially with a child”
- “More disabled access places and public toilets”
- “Nothing really, where I live nature is easily accessible”
- “Park and ride from Brecon to the beacons”

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- “Public transport links, not necessarily everyday but more opportunities to go to places like Lake Vrnwy, Bala, beaches etc.”
- “Secure areas and walkways away from livestock”
“Improved rights of way network - signposts and signs etc”

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Forestry Resources

Woodlands deliver a range of ecosystem services which are important for well-being. These include providing timber, supporting biodiversity, storing carbon, improving air and water quality, reducing the risk of flooding and drought, improving our physical and mental health, and providing opportunities for education and learning.

Woodland types in Wales vary from ancient to recent, semi-natural to plantations (conifer, broadleaf and mixed). Wales's woodlands include significantly important semi-natural woodland habitat types and species.

The character of woodland in Wales has been influenced by both historic land use and previous government policy. Woodlands now cover approximately 15% of the land area of Wales. In the early 1900s, coverage was as low as 5% but this increased significantly in the mid-1900s as state owned forests were established. However, Wales remains one of the least wooded countries in Europe and there is a strong push to increase the rate of new woodland creation. [SoNaRR2020: Woodlands chapter](#); see also [Forest Research: Forestry Statistics 2020](#).

Powys has 15.75% (or 81820 ha) woodland cover which is slightly higher than the average across Wales (Scottish Government, 2020).

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Woodland Cover in Powys (National Forest Inventory 2018)

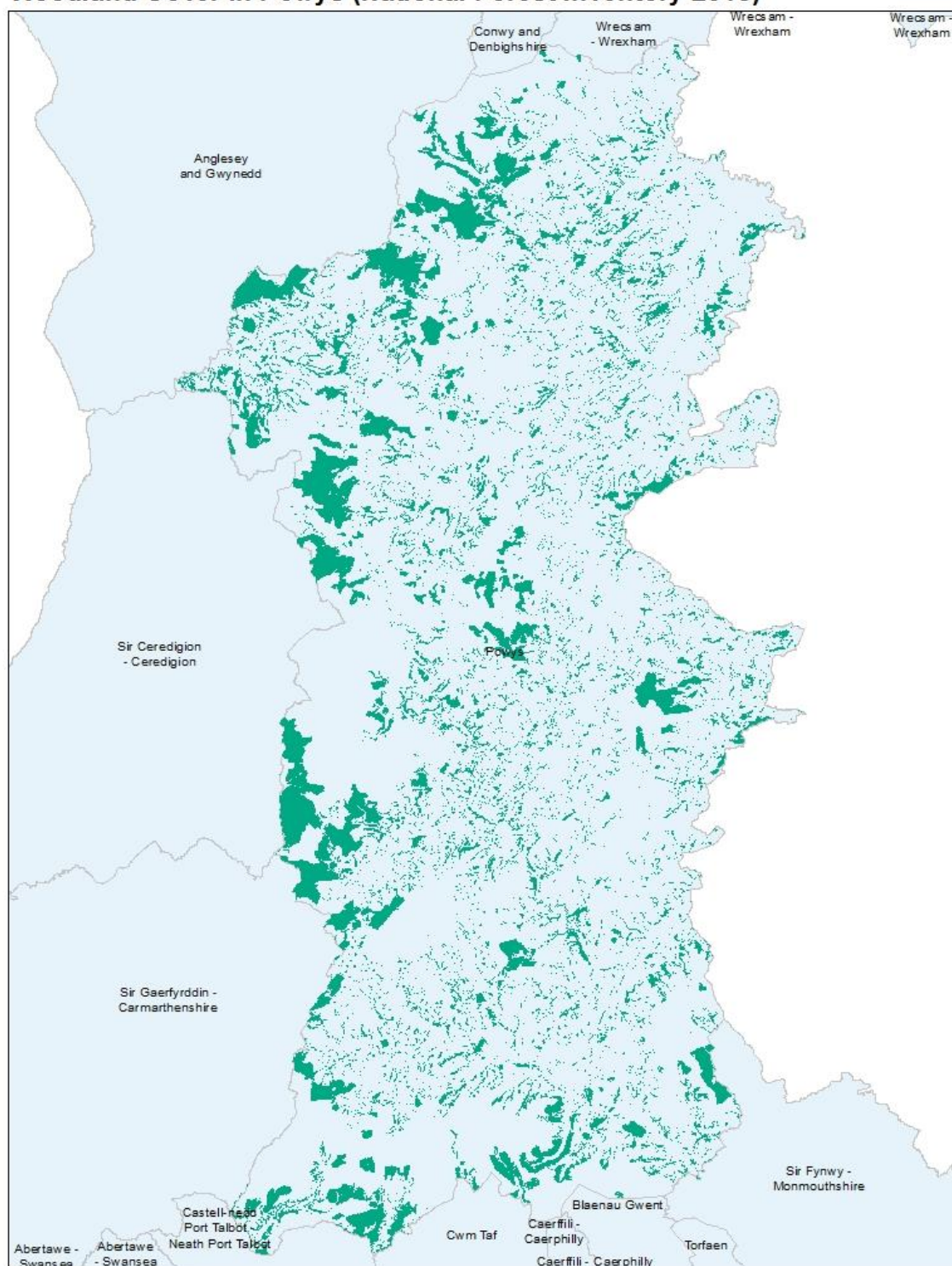


Figure 24 Map of Woodland cover in Powys

Urban tree cover: In Wales, we have over 16% canopy cover in our urban areas (over 14,000 ha in total) which is mid-range in world rankings. The mean urban tree cover in Wales was estimated to be 16.3% for 2013, down from 17.0% in 2009.

Powys' urban cover was estimated to be 14.5% in 2013, down from 15.3% in 2009." (NRW, 2016).

"Urban woodlands represent 35% of Wales's urban canopy cover, with Powys on 30%. The rest is made up of so-called 'amenity' non-woodland trees, those individual and groups of trees growing along streets, gardens, car parks and other urban public and private open spaces" (NRW, 2016). Tree cover in deprived areas tends to be lower and relatively less rich in amenity trees.

Economic value: Timber, as a sustainable and natural resource, makes a valuable contribution to the Welsh economy and there is potential for it to contribute more (SMNR Aim 4). Forestry based industries are worth over £400 million per annum to the Welsh economy, however, we still import 63% of softwood and 94% of our hardwood timber. National harvest of timber is approximately 1.65million metres cubed per annum and around 11,000 people are employed in forestry or forestry-related business (Confor).

This is likely to be higher in Powys, as Powys has a higher proportion of forest, and as forestry production jobs tend to be more focussed in rural areas. Softwood removals in Wales (combined public and private) over the last 10 years have fluctuated from a low of 1,038,000 green tonnes in 2009 to a peak of 1,541,000 green tonnes in 2017 with an average of 1,308,600 green tonnes over the ten-year period (Forest Research, 2019d).

Key trends:

- **Tree health is declining**, due to pests and diseases and variations in the seasonal amount and pattern of rainfall and temperature. The situation is likely to be further exacerbated by future climatic changes as well as global trade.
- **Climate change will affect Welsh woodlands in future** with current predictions suggesting a drier/warmer climate in the east of the country which may cause drought stress with species such as Sitka spruce but also bring opportunity to plant high yielding species such as Douglas Fir in the uplands; a warmer / wetter climate in the North & West which may increase timber yields but could also cause more wind instability and damage to forest infrastructure. Recent research (Environment Systems, 2020) suggests changes in the availability of land suitable for planting of sessile oak and Sitka spruce. Environment Systems (2020) states that planting schemes should take a longer-term view to consider the large geographic shift in land suitability (from lowland to upland areas) which is predicted to occur between 2050 and 2080, as these trends could affect the viability of woodlands planted between now and 2050.
- **Increasing tree cover across Wales:** A total of 1,300 ha of new woodland was created in Wales between 2016-2019 (Forest Research, 2019a). Welsh Government's ambition is to achieve 2,000 ha of new woodland creation per annum, rising to 4,000 ha per annum as rapidly as possible (Welsh Government, 2019a). [Opportunity mapping](#) for woodland creation.

- **Decreased timber availability** current forecasts of timber availability (Forestry Commission, 2014a; Forestry Commission, 2014b) predict a drop in softwood timber availability over the next 30 years which is a potential concern for the sector and more widely for Wales as it risks the continued flow of ecosystem services and well-being benefits from woodlands. Future predicted changes in the availability of softwood and hardwood timber may affect the forestry sector and its potential contribution to the Welsh economy, including the reliance on imports to meet domestic needs.

The Mid Wales Area Statement has identified the following priorities under the Forestry Resources theme:

- Managing forest resources sustainably, while also supporting the timber industry
- Increasing woodland cover with conifer, broadleaved and mixed woodland, following the 'right tree, right place' principle (which ensures that important areas that are already storing significant carbon, support priority habitats and species, or are protected sites are not planted with trees where there are negative effects on the interest of the site)
- Supporting training and local employment opportunities in forest management and skills
- Valuing woodlands for their commercial, recreational and biodiversity value
- Adapting to the impacts of tree disease and climate change
- Working with policy makers to balance the need for re-stocking upland forests whilst avoiding damage to natural peatland habitats
- Seeking opportunities for carbon capture and storage through well managed woodlands

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Climate Change

The Mid Wales Area statement highlights how climate change is one of the defining issues of our time for communities across Powys. From shifting weather patterns threatening food production to rising sea levels and the prospect of catastrophic flooding, the impact of climate change is global in scope, unprecedented in scale, and of widespread concern to our local communities. Immediate, effective action needs to be taken to reduce our carbon footprint, while also establishing policies and taking action to improve our resilience for the future. It is important to note that simply leaving adaptation for the future will make it more difficult and costly and leaves us open to the risk that we act too late.

The influence of humans on the climate system is clear. Emissions of greenhouse gases stemming from human activity (sometimes referred to as anthropogenic emissions) are the highest in history. Recent reports have confirmed that the UK climate is already changing rapidly. The [‘State of the UK Climate’ report \(Royal Meteorological Society, 2020\)](#), finds that disruptive climate change is impacting on our daily lives, with the UK becoming 6% wetter and 0.9C warmer in the last 30 years. These changes will have impacts for the frequency and magnitude of extreme weather events such as heatwaves and floods.

The IPCC have recently published the findings of [Working Group 6](#), presenting the physical science basis underpinning our understanding of how climates may change in the future (IPCC, 2021). The [Summary for Policy Makers](#) finds that extreme weather events such as heatwaves and intense rainfall have become more frequent and intense across most of the Earth’s landmasses since the 1950s, due to human influence on the climate system (IPCC, 2021). The chart below shows projected annual emissions of CO₂ across five illustrative scenarios (SSPs) used by the IPCC:

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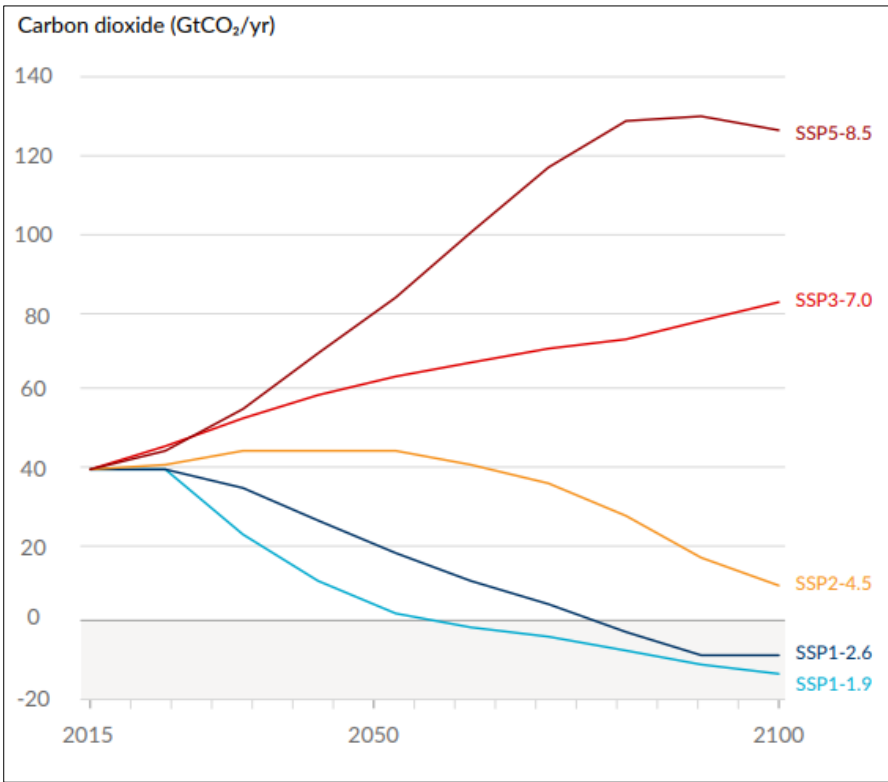


Figure 25: Different scenarios of projected annual emissions of CO₂, IPCC 2020

In 2021, the UK [Climate Change Committee](#) released the [third independent assessment of UK Climate Risk](#) (CCRA3) (Climate Change Committee, 2021).

Key findings from the report show that adaptation has not kept pace with evidence that the climate risk is likely to be more severe than previously thought.

Eight risks have been marked as the highest priority UK wide which require urgent adaptation action in the next two years:

1. Risks to the viability and diversity of terrestrial and freshwater habitats and species from multiple hazards
2. Risks to soil health from increased flooding and drought
3. Risks to natural carbon stores and sequestration from multiple hazards leading to increased emissions
4. Risks to crops, livestock and commercial trees from multiple hazards
5. Risks to supply of food, groceries, and vital services due to climate-related collapse of supply chains and distribution networks
6. Risks to people and the economy from climate-related failure of power system
7. Risks to human health, well-being, and productivity from increased exposure to heat in homes and from other buildings
8. Multiple risks to the UK from climate change impacts overseas

The CCC have also produced a [Summary for Wales](#) (Climate Change Committee, 2021), which shows that 26 risks from climate change have increased since the second risk assessment carried out 5 years ago.

Table 6: Climate change risks for Wales that have increased in the last 5 years (CCC 2021)

Risk and opportunity	Urgency score CCRA2	Urgency score CCRA3
N2. Risks to terrestrial species and habitats from pests and pathogens and invasive species	Sustain current action	More action needed
N6. Agricultural and forestry productivity	Research priority	More action needed
N7. Risks to agricultural and forestry from pests and pathogens and invasive species	Sustain current action	More action needed
N14. Risks to marine species, habitats, and fisheries from changing climactic conditions	Research priority	More action needed
N16. Risks to marine species and habitats from pests, pathogens and invasive species	Sustain current action	More action needed
N.18 Risks and opportunities from climate change to natural heritage and landscape character	Watching brief	Further investigation

CCRA 3 also lists new risks that did not appear in CCRA 2. The Summary for Wales identifies the following risks as high magnitude, requiring action now:

1. The impact of climate change on the natural environment (terrestrial, freshwater, coastal and marine, forests and agriculture)
2. Increases in the range, quantities and negative consequences of pests, pathogens, and invasive non-native species
3. More frequent flooding and coastal erosion, leading to: (a) damage to coastal businesses; (b) increased severity and frequency of flooding to homes and communities; and (c) damage to infrastructure services (energy, transport, water supplies and ICT)
4. The impact of high temperatures, high winds, and lightning on the transport network
5. The impact of high temperatures on people’s health and well-being
6. Extreme weather events causing disruption of health and social care services
7. Changes in temperature, precipitation, groundwater, and other landscape changes causing damage to cultural heritage assets
8. International impacts of climate change (e.g., food availability, safety and security, risks to international law/governance) that could affect the UK through disruption of trade routes, supply chains and public health

(Climate Change Committee, 2021)

NRW’s [State of Natural Resources Report 2020](#) (SoNaRR NRW, 2020) draws on the [Welsh Donut Report](#) (OXFAM, 2020), which evaluates how well we are living within sustainable

levels in respect of a suite of both environmental and societal parameters. Currently, Wales is not meeting goals related to society and well-being, nor are we within sustainable limits for our use of environmental resources (SoNaRR NRW, 2020).

As outlined above, CCRA 3 Summary for Wales specifies eight high magnitude risks that require action to enhance adaptation and resilience to future climatic shifts. CCRA 3 also highlights those UK-wide risks that require urgent action in the next two years. The next Powys well-being plan will need to consider how to advance cross-cutting policies, procedures, and strategies to address these risks, incorporating technology, economics, and society.

The [Welsh Donut Report](#) (OXFAM, 2020), SoNaRR 2020 and CCRA 3 all make it clear that in order to address the challenges faced by climate change, a transformative approach is needed. Technological, societal, and economic systems need fundamental reorganisation, coupled with equally important input from individuals to reduce production and consumption while maintaining levels of well-being. Reducing our environmental footprint cannot come at the expense of the well-being of our societies and communities.

In a report produced by the [National Atmospheric Emissions Inventory in 2021](#), it shows that 68% of all emissions in Wales are produced by energy supply, businesses, and transport (National Atmospheric Emissions Inventory, 2021). It is therefore recommended that policies and strategies are aimed at these areas in the first instance, while seeking to tackle the highest priority risks identified in CCRA 3.

The Welsh Government [Well-being of Wales Report 2019](#) makes it clear that if everyone used resources at the same rate as we do in Wales, it would require 2.5 planets. This is clearly not sustainable for the future (Welsh Gov, 2018/19).

SoNaRR 2020 uses the example of '[One Planet Cardiff](#)' as a case study of the kind of transformative, integrated approach required to ensure that we fulfil the principles of SMNR, while meeting the seven well-being goals set out in the Well-being of Future Generations Act.

Ideas that could be adapted for Powys and explored in future well-being plans include:

- Reducing our reliance on fossil fuels and energy consumption
- Prioritising green infrastructure across the county, increasing, and connecting green spaces in both rural and more urban areas
- Encouraging an increase in the use of active travel and public transport, with a focus on 'clean' vehicles
- Increase recycling rates and minimise waste – ensure Powys participates fully in making Wales a Zero Waste nation by 2050
- Reduce the impact of food choices on the environment, e.g., community farms and gardens

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- Undertaking appropriate actions to increase the resilience of our communities to flooding and other extreme weather events

With regards to a regenerative economy, SoNaRR 2020 recommends using the '[DISRUPT](#)' approach (NRW, 2020):

- Design for the future
- Incorporate digital technology
- Sustain and preserve what is already there
- Rethink the business model
- Use waste as a resource
- Prioritise regenerative resources
- Team up to create joint value

The DISRUPT model makes it clear that achieving the degree of necessary transformation in the economy, technology, transport, and society cannot be done by any one organisation alone. NRW has implemented the Area Statements and is a statutory participant in the Powys Public Service Board, with the overarching purpose of achieving the goals of the Well-Being of Future Generations Act, and the principles of SMNR (NRW, 2020).

An advantage of the PSBs is that they foster the creation of a 'civil society', incorporating a wide range of non-profit, non-governmental community organisations and volunteering networks, faith groups and charities (SoNaRR NRW, 2020). This diversity enables delivery of change at a range of scales, both county-wide and within individual communities. We need to consider how to strengthen these communities across Powys in a range of activities designed to appeal to diverse interests. It will be important to incorporate work looking at values, behaviours, and different forms of knowledge, rather than more traditional technological or economic focused approaches (SoNaRR NRW, 2020).

Transport

Transport remains the third highest producer of greenhouse gases in Wales for 2019. Wales has had [consistently high rates of car use for commuting since 1990](#), which is likely to be due to the rural nature of much of the country, and this is particularly true in Powys (NRW, 2020).

In such a challenging context, SoNaRR 2020 recommends considering actions in the social sphere, driving change in how and why people travel or transport things.

- Build on the change of lifestyle we all experienced during the COVID-19 pandemic - more working from home, limited travel, people staying local for holidays and recreation

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- Build on the impact Covid-19 had on how we shop – encourage purchase of local produce to reduce transport costs
- Enact policies to convert to electrically powered vehicles for public transport, where possible (or within Powys' control)
- Increase the number of charging points for electric vehicles – **Powys as a county is approximately 112 miles from top to bottom**, so having opportunities to charge vehicles will be critical to the uptake of electric cars
- Establish community networks for electric car users (this has already commenced in Powys) to share tips and knowledge
- Improve active travel routes, particularly in towns or areas where commuting in this way is possible; try to join up existing schemes that can be piecemeal in nature

Energy

Powys has old and inefficient housing, and therefore there are potentially significant reductions in carbon output to be made in terms of improving energy efficiency. We can explore some of the following:

- Encourage the local generation of energy (e.g., support the installation of technology such as solar panels or battery storage systems; transfer communities to electrical heating from fossil fuels).
- Promote demand management and energy efficiency (e.g., the roll out of smart meters).
- Establish policies to include energy efficient technology into any new housing development.
- Establish policies, networks and community initiatives to encourage 'prosumers' - energy users who produce and/or conserve energy through use of solar panels, heat pumps, energy storage devices (such as batteries) and electric vehicles.

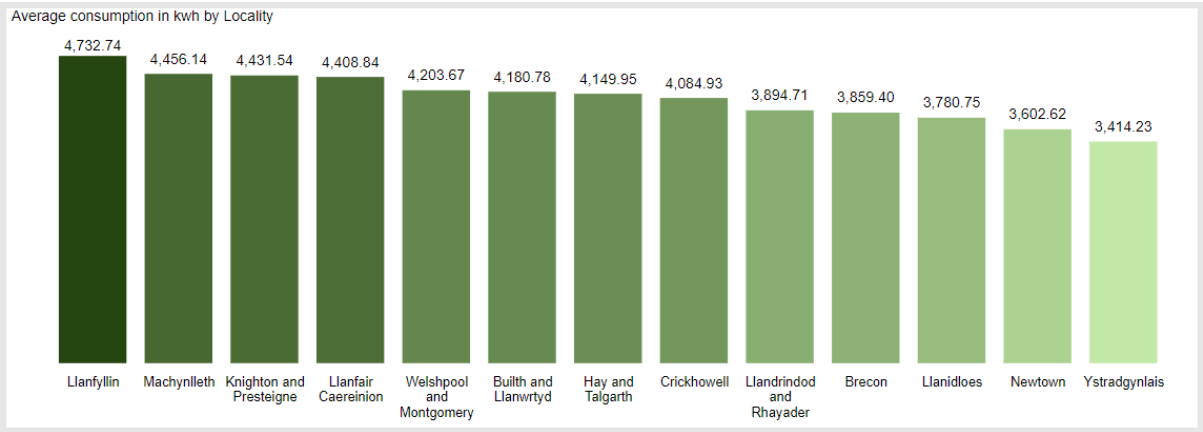
Many homes in Powys are not connected to the gas network due to Powys' rural nature. These homes are likely to rely on other, more carbon intensive and expensive forms of heating, such as oil, liquid petroleum gas, and coal (ONS, 2011).

Powys' average household electricity consumption is significantly higher than the Welsh average, as well as the UK average (Department for Business, Energy & Industrial Strategy, 2021).

The average domestic electricity consumption is 4,037 kWh per annum for Powys, which is higher than the Welsh average 3,578 kWh/annum, but lower than the GB average 4,079 kWh/annum. Between 2015 and 2019, electricity consumption in Powys has fallen by 5%, Wales and GB have fallen by 8%.

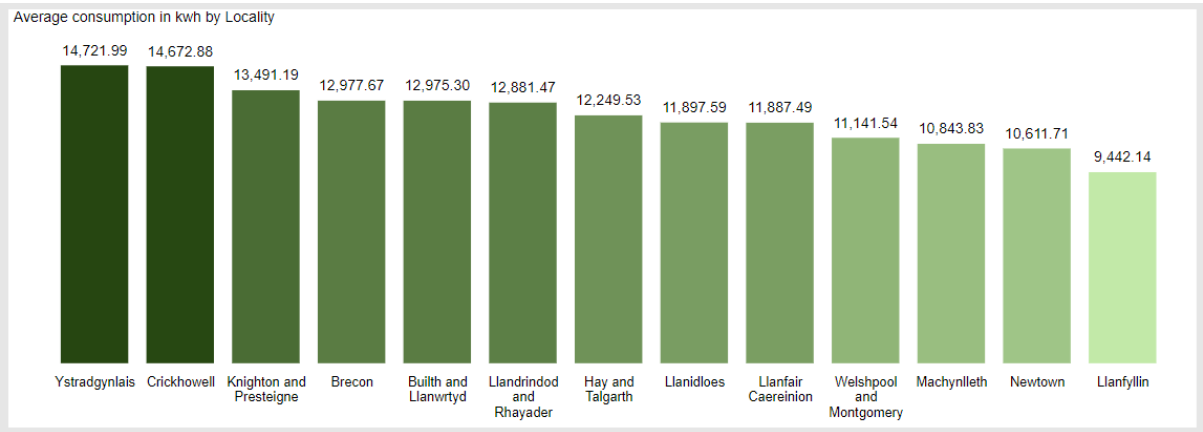
The average domestic gas consumption per meter is lower than both the Welsh and the UK average.

The average electrical consumption differs across Powys, with Llanfyllin locality showing the highest electricity consumption of all 13 localities, the lowest being Ystradgynlais.



The average domestic gas consumption per meter in Powys is 12,442kWh/annum which is lower than both the Welsh average 13,502 kWh/annum, and higher than the GB average 12,368 kWh/ annum. Between 2015 and 2019, mean domestic gas consumption in Powys has risen by 2%, and Wales 2% GB by 1%.

The average gas consumption differs across Powys, with the opposite from electrical consumption Ystradgynlais locality showing the highest gas consumption of all 13 localities, the lowest being Llanfyllin.



Due to the rurality of Powys, more rural localities will not be connected to the gas network.

In Powys, 53% of properties are not connected to the gas network (Wales: 15%, UK: 10%).

Estimates of the number of properties not connected to the gas network vary, with one source **estimating that 43,000 properties in Powys are not connected to the gas network (ONS, 2011).**

Due to rising energy prices, many residents are finding it difficult to heat their homes to a comfortable standard.

The percentage of households in Powys who are in fuel poverty was 17% (Welsh average: 12%). Powys ranks third highest amongst all local authorities in Wales (Gwynedd is highest (23%) and Ceredigion second highest (21%) (Welsh Gov, 2018)).

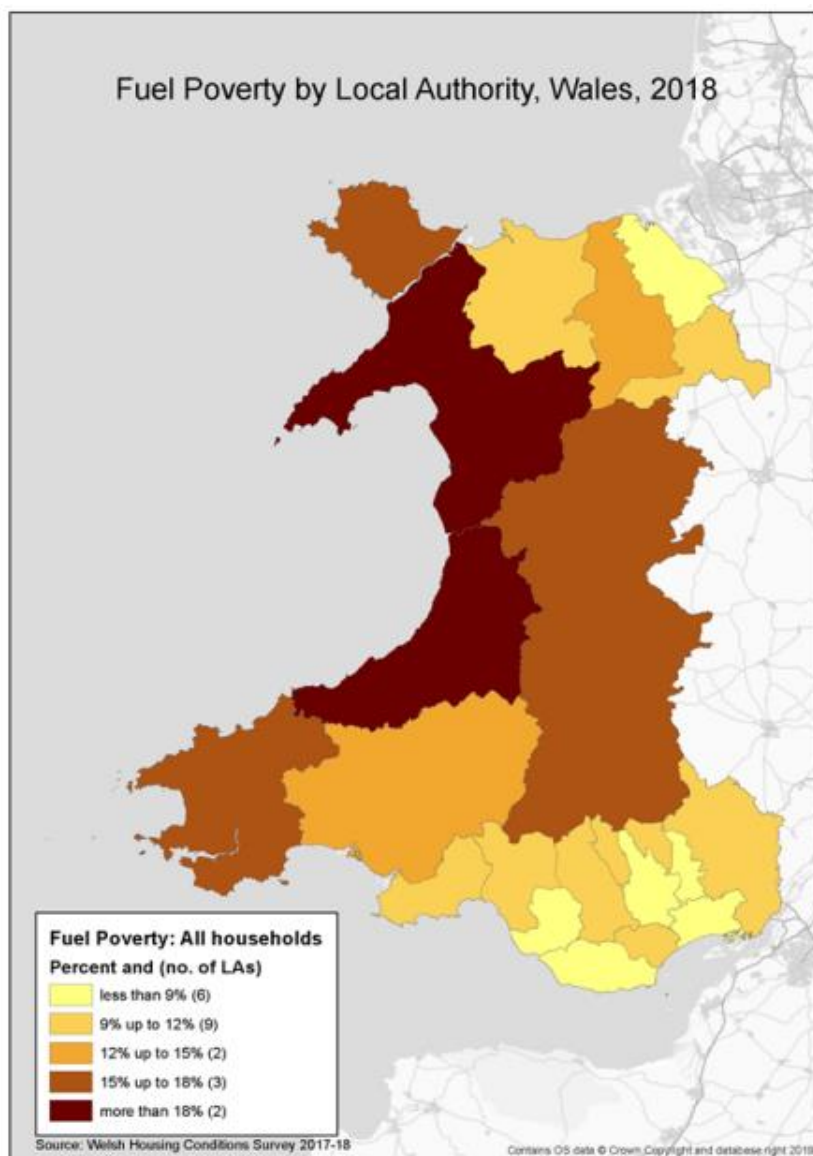


Figure 26 Map: Proportion of households in fuel poverty (10% definition), Wales (Welsh Gov, 2018)

Follow the link to view more about [energy consumption in Powys and our 13 localities via our interactive report.](#)

Food

The food system, in meeting society's nutritional needs, is responsible for many impacts on the environment. Examples include emissions of pollutants, depletion of resources, loss of biodiversity and degradation of ecosystems in Wales and beyond.

Options for making the existing food system more efficient include:

- Low carbon management practices

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- Increased biodiversity-friendly management practices
- New incentives and regulatory mechanisms
- Changing diets
- Reducing food waste
- Increasing food production from a smaller area of land

What have people said?

Living in Powys survey (July 2021)

82% of 468 respondents to the 'Living in Powys' survey agreed or strongly agreed that we are seeing more extreme weather events including flooding. 5% answered that they strongly disagreed, and 13% answered neutral.

When asked "what action they are taking to address climate change", 12% of respondents said that they would source renewable energy.

- 83% of respondents agreed or strongly agreed that action to address climate change is important to them.
- 74% agreed or strongly agreed that they are acting to address climate change and 72% felt informed about climate change.

Respondents were asked what action they take to address **climate change**, highest answers included:

- 17% reduce what I buy new
- 17% repair what I already have
- 16% expand lifetime of products through good maintenance
- 14% buy used, refurbished or re-manufactured
- 14% buy sustainable options e.g. From recycled content or low carbon
- 10% source renewable energy
- 1% said do nothing

For those selecting 'nothing' they were asked what is preventing them from acting, responses included:

- "I feel climate change is an exaggerated problem designed to increase taxation of everyday items, force us into buying very expensive electric cars and undermining our lifestyles."
- "Absolutely no need to do anything."
- "Climate has always changed, CO2 is not a pollutant, wind and solar are expensive yet useless. Wasteful use of resources is wrong but so far fossil fuels are the most effective, efficient, and beneficial provisions of the Creator God for mankind. The Maldives will show us when sea level change happens. I am all for good stewardship

of resources, but not to be done under the false pretences of the current "climate change" agenda. "While the earth remains, seedtime and harvest, cold and heat, winter and summer, and day and night shall not cease". God's promise, Bible (Genesis)."

- "It is over exaggerated. All climate is cyclical."

Some respondents mentioned **electric and hybrid cars** in their response to what their priorities would be in a well-being plan:

- "Powys will need many more charging stations for all the electric and hybrid cars that will be taking over from petrol and diesel vehicles. How will you make sure there is capacity for us all to charge when we are not at home?"
- "Businesses can install more electric vehicle charging infrastructure and create more green spaces around the town."

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Environment Summary

There are connections between the people of Powys and the natural world. Communities in this part of Wales are acutely reliant on and impacted by the benefits and risks that the county's natural resources provide in a way which is more immediate and direct than other urbanised regions of Wales. This direct reliance on natural resources is particularly evident when we look at the economic, social and cultural well-being benefits derived from Powys' special and significant broad ecosystems:

Enclosed farmland in Powys contributes to approximately 24% of the entire Welsh resource, around 249,166ha in extent. **This ecosystem covers around 47% of Powys and comprises the improved and semi-improved agricultural land that is surrounded by field boundaries.** The ecosystem is managed mostly for food production, in particular the production of livestock for meat and milk. Enclosed farmland is an intensively managed ecosystem with small areas of high biodiversity value such as hedgerows, traditional orchards, wood pasture, parkland and extensively managed arable land. Agricultural productivity has remained relatively stable for the last two decades. The provision of food has negative impacts on other ecosystem services. Ammonia emissions and nutrient run-off have the potential to cause pollution to land, water and air. This, along with the planting of crops and species-poor grassland, causes the loss of native biodiversity. Agriculture faces a major challenge in reducing its contribution to climate change. It needs to reduce greenhouse gas emissions and has a role to play in storing carbon. More efficient use of nutrients at field, farm and catchment scales could reduce diffuse pollution and improve soil condition without affecting the amount of food production. However, system changes to current agricultural practices are required to fully address both the nature and climate emergencies.

Mountains, Moorland and Heath in Powys contribute to approximately 35% of the entire Welsh resource, around 129,000ha in extent. **This ecosystem covers around 25% of the land area in Powys and provides key benefits including carbon storage, flood mitigation, food, fibre and some of Wales's most iconic species and landscapes valued by residents and tourists.** The predominant land use is stock rearing, with sheep being the major component, and there is also commercial forestry. The majority of Mountains, Moorland and Heath ecosystems occur in the uplands, the land lying above the upper limit of enclosure. This upland part of the ecosystem accounts for 19.3% of the Welsh land making it the largest continuous block of habitat. It includes large areas of acid grassland much of it resulting from overgrazing of heath and bog. The uplands are crucial in supplying clean drinking water, sequestering carbon and providing renewable energy. Mountains, Moorland and Heath landscapes also have huge cultural and heritage value, are key areas for access and recreation and play important roles in physical, mental and spiritual well-being. In contrast, the lowland peatlands and heathlands are frequently small, highly fragmented and impacted by neighbouring land uses. Decline in traditional grazing and other management practices are often apparent and lead to loss of valued features. Problems are compounded

in both upland and lowland Mountains, Moorlands and Heath by aerial and groundwater pollution with high levels of reactive nitrogen.

Freshwater: Rivers, lakes, ponds and floodplains harbour rich biodiversity including some of the most threatened wildlife in Wales such as the freshwater pearl mussel, salmon and water vole. In Wales, only 44% of rivers are achieving good ecological status under the Water Framework Directive 2018 interim classification. A range of pressures are compromising the health of our freshwater ecosystems, including climate change, pollution, physical modification, abstraction and invasive non-native species. The sustainable management of freshwater ecosystems is intimately linked with the neighbouring land within their catchments. Freshwater ecosystems provide important ecosystem services including water supply, renewable energy production, flood management, waste disposal, fisheries and recreation. Balancing the use of these services with one another and the sustainable management of catchments is a significant challenge.

Powys includes part of some of the most important river systems in Wales including the Wye, Usk, Severn and Dyfi. The rivers Wye and Usk are designated riverine Special Areas of Conservation (SACs). In January 2021, NRW published new evidence on phosphate levels for all river SACs across Wales. The evidence shows that overall, phosphorus breaches are widespread within Powys' SAC rivers. **The river Usk was assessed to have an 88% failure rate and the river Wye a 60% failure rate for phosphorus.** Too much phosphate can cause eutrophication, resulting in decreased levels of oxygen and the subsequent destruction of plant and animal life. This threatens some of Powys' most special wildlife such as the Atlantic salmon and wild trout. Phosphates can enter river systems from land management practices, sewerage and foul water that contain detergents and food waste. Local Planning Authorities are required to ensure that all planning applications within SAC catchment areas meet stringent tests. This has created an impasse on certain developments, which could have damaging impacts on local economies and communities.

Woodlands in Powys contribute to approximately 25% of the entire Welsh resource, around 83,979ha in extent. Woodlands and trees provide a variety of benefits to well-being. They help regulate our climate, provide income and jobs from timber and other activities, store carbon; contribute to reducing flood and low river flow risk; safeguard soils; improve air quality; reduce noise; and regulate pests and diseases. They play a major role in pollination, soil formation, nutrient cycling, water cycling and oxygen production, all of which are crucial in supporting well-being. Upland oakwoods are the characteristic and iconic woodland type of Mid Wales, accounting for around 60% of the native woodland area (national average c. 50%) and widely recognised for its high biodiversity and cultural value.

In common with native woodlands throughout Wales, **the condition of woodlands in Powys shows that many of them are in unfavourable condition.** Some of the main factors influencing their condition are habitat loss and fragmentation, grazing management, structure and management, INNS, pests and diseases and pollution.

Data and evidence shows that we fall short of achieving the sustainable management of natural resources in Powys. We are using stocks of our natural resources at a rate which is unsustainable and that our ecosystems are under increasing pressure and threat from the impacts of climate change, land use change, invasive non-native species (INNS), pollution and over-use. **This jeopardises the ability of our natural environment to provide a number of vital well-being benefits now and in the future.**

Climate risk is an increasing concern which is predicated to have a significant impact on the habitats, people and places of Powys. This assessment has looked at some of the risks to the environment using future climate predictions, but more work will need to be done to make sure we take an integrated approach to climate risk across cultural, economic and social well-being.

The failure of current practices to achieve a model of sustainable natural resource management is putting the well-being of future generations at risk in Powys.

Brexit is a key risk which has the capacity to have a significant future impact on land management in Powys and while future trade deals and policy creation is a national issue, more can be done to reduce the impact of future changes at the local level.

More work needs to be done to address the drivers of unsustainable management which exist outside of the environmental well-being sphere. As a result of this analysis, it is recommended that a closer and more integrated look at key challenges is taken, where transformation and systemic change would have significant well-being benefits to all four well-being themes. **Transformation in the food, energy and transport sectors has the greatest potential to improve well-being in Powys.**

Cross cutting themes

The environment and well-being is also affected by many other cross cutting themes seen in the other Well-being topics, Social, Economy and Culture and Community.

		How does Environment interact with the other Well-being themes?
Social	<ul style="list-style-type: none">• Homelife• Living Independently• Health and Lifestyle• Education our Children	The environment in which people live has a large impact upon an individual's social well-being. For example, extreme weather situations such as flooding can have a detrimental impact to an individuals' social well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts. However, the natural world can improve social well-being through creating spaces and places with increased biodiversity and a community that has an affluence of natural resources which allows for an individual to thrive within the environment of their local community.

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Economy	<ul style="list-style-type: none"> • Jobs and Wages • Businesses • Tourism • Staying Connected • Poverty and Deprivation 	<p>The environment in which people live has a large impact upon an individual's economic well-being. For example, jobs and wages alongside commercial opportunities such as business and the tourism industry will be impacted upon by increasingly extreme weather situations such as flooding. This can have a detrimental impact to an individuals' economic well-being as it de-stabilises their homelife, ability to live independently and potentially has negative longer term health impacts.</p> <p>However, the natural world can improve economic well-being through creating spaces and places with increased biodiversity and a community that has an affluence of natural resources which allows for an individual to thrive within the environment of their local community.</p> <p>It also important to note a clear link between the longer-term sustainability of certain industries and sectors, based on their reliance upon natural resources, which can be combatted with an innovate environmental approach or an extension of a greener economy. We need to make use of locally sourced materials, particularly wood grown in Wales, rather than buying in goods. Sustainability is key, ensuring that we use goods produced or grown locally and replant to ensure a sustainable future for the next generation.</p>
Culture and Community	<ul style="list-style-type: none"> • Welsh Language • Communities coming together • Participation in cultural life • Anti-social 	<p>The environment in which people live is a critical component of an individual's cultural and community wellbeing, as the environment is the natural world in which communities are living. It is important for communities to be established in spaces that are sustainable and well-connected, with sustainable resources to live accordingly. The potential implications posed by climate change and a changing environment can potentially de-stabilise local communities, as a community's response to increasingly extreme environmental events could lead to individuals leaving their communities, which could impact wider cultural areas such as the Welsh language if there is increased migration.</p>
High Level Impacts	Ageing population	<p>It is important to consider the impacts of an increasingly aging population when environmental well-being, as an older demographic. An aging population is likely to encounter additional health and lifestyle issues associated with older ages, alongside additional affects from the current which could limit their ability to interact with their local communities and culture.</p>

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	Rurality	Due to Powys's rural make up and vast geography, the role of the environment to well-being is essential. For example, people living within these communities are likely to have living amongst increased biodiversity and feel more connected to their natural environment, with easier access to green spaces. Rural communities are also likely to be impacted by the impacts of climate change as there is an increased dependence on natural resources compared to urban areas, with agriculture also affected due to land becoming less fertile.
	Brexit	Whilst the full extent of the impact of Britain's exit from the European Union remains largely unseen at a local level, it is still important to note that this will impact environmental well-being over time as UK/Welsh policy and legislation changes to move away from those that were previously worked to as part of the EU.
	COVID-19	Whilst this assessment has been produced during the coronavirus pandemic, which is still ongoing, the longer-term impact is still to be determined. However, the pandemic has already highlighted new short-term issues affecting economic well-being and exacerbated the existing challenges, such as its disproportionate impact to particular demographics. This has impacted an individuals' economic well-being as many people have faced increased challenges in their job and/or business, whilst also exacerbating and increasing the number of people becoming impoverished. This has also forced the wider society to re-consider the importance of economic well-being, as delivery models for jobs, businesses and tourism have had to adapt to cope with the ever-changing situation.

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Methodology

Our assessment combines quantitative data and insight, alongside qualitative user feedback. We have used publicly available data, our own engagement information from all partners, as well as national research, reports, and evidence to help understand the situation and experience of residents and those using services.

Partners engaged with people throughout the county and encouraged everyone to share thoughts and ideas. All engagement activity was structured around the four core themes and the data and intelligence gathered was a mixture of new engagement as well as utilising existing user feedback and previous consultation and engagement information.

The assessment was delivered in three phases:

Phase 1 – Data Gathering (June – September 2021)

We identified what data was readily available and the data gaps we had from our previous assessment. All relevant quantitative and qualitative evidence from any recent consultations that partners have been involved in was considered. The group developed a list of stakeholders to engage with, as well as the best mechanisms to do so, e.g., utilising existing groups to better engage. The team realised that COVID-19 would be a feature of the Well-being Assessment, however it would not be the sole focus.

Phase 2 – Engagement and Testing data (September – November 2021)

Partners worked together to conduct consult and engage on the emerging data gaps, using a range of channels and techniques to capture further insights. This included a mix of digital and 'piggy-backing' opportunities. We engaged with hard-to-reach groups and the public on our insight and tested these.

Phase 3 – Analysis (November 2021 – January 2022)

Detailed analysis of the results collected were carried out and included a mix of qualitative data and insights (e.g., resident attitudes and feelings) which complimented the more traditional quantitative information that we captured (e.g., numbers of residents satisfied with a service). By effectively cross-referencing the two types of data we ensured that had a robust assessment.

The written Well-being Assessment evolved during this process and was refined during each step as we had access to richer insights from our residents and service users.

We engaged with a vast number of stakeholders across a huge area and a common set of groups, we undertook a detailed stakeholder mapping exercise to ensure our assessment reflects people's needs as accurately as possible.

Living in Powys survey

We conducted a Living in Powys Well-being survey over a period of 8 weeks in June/July 2021. The survey (which was available in English and Welsh) was themed closely to the national well-being goals with the aim of understanding the differences across the county.

Due to the Covid-19 pandemic, and Welsh Government regulations, face-to-face focus groups, on-street surveys, and public events, have been unable to take place and our well-being engagement exercises were primarily online, with printed copies only distributed if/when required.

This engagement campaign targeted the population of Powys, and whilst it was not possible to collect information from the whole population, we used a sample of those whose key characteristics were representative of the target group. To ensure we had results representative of the Powys population, 384 responses were required to have a confidence level of 95% (with a margin of error of +/-5%). Our initial 'Living in Powys' survey received 475 responses and our follow-up 'Well-being Assessment' survey received 614 responses.

The survey was promoted through: Powys County Council and PSB partner social media accounts; the local press; direct emails to PSB Partners, their staff and stakeholders, the Powys People's Panel 1,000+ members, County Councillors, Town and Community Councils; internal communications to Council staff; and on bus stops throughout Powys.

As we move into the well-being plan, Welsh Government Covid-19 regulations allowing, it would be good to have face-to-face engagement with residents and local groups to gain more qualitative data and even case studies to include in the plan. Using more qualitative data will help highlight sentiment across the county and re-occurring themes and in which geographical areas they are most prevalent.

Stakeholders

We engaged with many groups. Please note this is not an exhaustive list:

- Partnership Engagement Forums
- Town and community councils
- The workforce
- Service user and carer groups
- Citizens panels
- Carers Fora
- PSB partners
- Disability / access groups
- Environmental groups
- Dementia action groups
- Tenant associations
- PCC housing tenants

- Other equality groups
- Youth groups
- Women's Institute
- 50+ groups
- Pensioner groups
- Eat Carrots Be Safe from Elephants
- Powys Youth Forum
- Corporate Parenting Group Members
- Schools
- Sports associations
- Governing bodies
- Voluntary groups and charities (via PAVO)
- Businesses

To ensure engagement activities were successful, we employed the following tactics:

- Be clear about what we are asking and why
- Focus on 'what matters' to people
- Make sure any events or engagement materials are meaningful, accessible, and easy to understand
- Use existing networks as much as possible to avoid duplication (piggybacking)
- Use a wide range of techniques and a multi-channel approach
- Ensure seamless communication between partners throughout

We used the following channels to ensure we captured people's views:

- Surveys
- Focus groups
- Press releases
- Social media
- Intranets
- Video
- Virtual forums
- 'Piggy-backing' events and meetings
- Email

Wherever possible, we have provided a locality level picture. As Powys is such a large county, with a landmass covering a quarter of Wales, the 13-locality approach helps understand differences across place.

Data Gaps

Well-being Theme	Local Well-being: Areas of focus	Data Gaps
Demographics		<ul style="list-style-type: none"> <u>Ethnicity and Place of Birth</u> - The latest data available is from the census, 2011. This is now over 10 years old
Social	Homelife	<ul style="list-style-type: none"> <u>Number of households</u> – The latest data available is from the census, 2011. This is now over 10 years old <u>Loneliness and Isolation</u> – The latest data available is from the census, 2011. This is now over 10 years old <u>Poverty</u> - The data made available to us is only down to Powys level.
	Living Independently	<ul style="list-style-type: none"> <u>Carers</u> - The latest data available is from the census, 2011. This is now over 10 years old.
	Health and Lifestyle	<ul style="list-style-type: none"> <u>Mental Health</u> – Data we had made available to us is at national level (Wales). <u>Staying Healthy</u> – The data made available to us is only down to Powys level. <u>Obesity</u> – The data made available to us is only to Powys level
	Educating our children	<ul style="list-style-type: none"> <u>Educational attainment</u> – latest data is from 2018/19 as examinations were cancelled due to COVID-19 in 2020. <u>Childcare sufficiency</u> – The data available is only to Powys level. <u>Child Play sufficiency</u> - The data available is only to Powys level. <u>Sufficiency of Nursery Education</u> - The data currently available is only to Powys level.
Economy	Jobs and wages	<ul style="list-style-type: none"> <u>Annual Population Survey</u> - The data made available to us is only down to Powys level. <u>Gross Value Added (GVA)</u> - The data made available to us is only down to Powys level. <u>Annual Survey of Hours and Earnings (ASHE)</u> -- The data made available to us is only down to

Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		Powys level. Only with age and gender, no other protected characteristics available
	Businesses	<ul style="list-style-type: none"> <u>Business Register and Employment Survey BRES</u> - The data made available to us is only down to Powys level. <u>UK Business Count</u> - The data made available to us is only down to Powys level.
	Tourism	<ul style="list-style-type: none"> <u>STEAM model</u> - The data made available to us is mostly a Powys level (some Shire information available but not used). No data about protected characteristics of visitors.
	Staying connected	<ul style="list-style-type: none"> <u>OFCOM</u> - The data made available to us is only down to Powys level.
	Poverty and deprivation	<ul style="list-style-type: none"> <u>Annual Survey of Hours and Earnings (ASHE)</u> -- The data made available to us is only down to Powys level. Only with age and gender, no other protected characteristics available <u>Welsh Index of Multiple Deprivation (WIMD)</u> - small area (LSOA data) available but only gives relative levels of deprivation, not actual numbers.
Culture and Community	Welsh Language	<ul style="list-style-type: none"> <u>Welsh Language Skills</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Projected Welsh Language Speakers</u> - We only data we had made available to us is at national level (Wales). <u>Welsh Language</u> – Further explore the longer-term future of the Welsh language in Powys, in conjunction with national level predictions and relevance to your area.
	Communities coming together	<ul style="list-style-type: none"> <u>People who volunteer (age 16+)</u> - Data we had made available to us is at national level (Wales). <u>Foodbanks</u> - We only data we had made available to us is at national level (Wales). Levels of foodbanks within local communities unknown.

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
	Participation in cultural life	<ul style="list-style-type: none"> • <u>Use of Libraries</u> – Data we had made available to us is at Powys level. • <u>Use of Leisure Centres</u> – No data available/provided • <u>Powys Cultural Assets and National Heritage</u> • <u>Town centres and local events</u> - Data we had made available to us is at national level (Wales).
	Anti-social	<ul style="list-style-type: none"> • <u>Fly tipping</u> - The data made available to us is only down to Powys level. No data about locality level fly tipping • <u>Road Traffic Collisions</u> - The data made available to us is only down to Powys level.
Environment	Improving Biodiversity	<ul style="list-style-type: none"> • <u>Protected Sites</u> – there is insufficient evidence to determine the condition of around half of the features on protected sites in Powys. • <u>INNS</u> - Information about actions to tackle INNS in Powys (size, effectiveness, drivers and cost of the actions).
	Sustainable Land, Water and Air	<ul style="list-style-type: none"> • <u>Land</u> - The state and trends of soils in Powys • Impact of <u>nutrient enrichment</u> due to diffuse pollution on ecosystems in Powys. • <u>Water quality</u> - Sources and impacts of water pollution on freshwater ecosystems in Powys • Interaction of chemical pollutants and their combined impact on ecology and human health alone and in combination with other pressures. • <u>Air quality</u> - Ammonia - more comprehensive field data is needed improve our understanding of the actual impacts and ensure our evidence-based decision making remains robust. • Impact of atmospheric pollution on broad ecosystem habitats in Powys • <u>Waste</u> - Current waste data sources are limited.
	Reconnecting People and places	<ul style="list-style-type: none"> • <u>Access & Recreation</u> – Lack of data about the quality of accessible green spaces to meet peoples' needs for health and well-being.

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		<ul style="list-style-type: none"> • <u>Access to and onto water</u> - The trends in numbers of people accessing freshwater ecosystems in Powys for outdoor recreation • <u>Green/social prescribing</u> – There's a need to systematically capture data and information about green/social prescribing in Powys
	Forestry Resources	<ul style="list-style-type: none"> • The barriers in Powys preventing more woodland, particularly native woodland, being brought into planned management to improve resilience and the flow of ecosystem services, including well-being benefits, from them. • Understanding the interventions needed to increase the use of Welsh grown timber in construction in Powys, to support decarbonisation and a regenerative economy. • <u>The Gross Value Added (GVA) contribution</u> from the woodland sector that includes woodland-based recreation and other woodland-dependent businesses.
	Climate Change	<ul style="list-style-type: none"> • Climate change predictions indicate significant changes to water flows, levels and temperatures. However the magnitude of those changes, and the potential impacts and consequences on our ecosystems, natural resources and people's well-being remains poorly understood. • Impact of emerging technologies for renewable energy on human well-being. • Likely impacts on human health of heatwaves in urban areas in Powys.
COVID-19 and BREXIT		<ul style="list-style-type: none"> •
Protected Characteristics		<ul style="list-style-type: none"> • While Powys is not very ethnically diverse, it would be worthwhile acknowledging how inequality affects people in Powys. For example, ethnicity and gender-based oppression can result in significant health inequalities. Some characteristics data not

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Well-being Theme	Local Well-being: Areas of focus	Data Gaps
		<p>generally captured (unlike age and gender which is more common amongst datasets).</p> <ul style="list-style-type: none"> • <u>LGBT+ experiences</u> - Currently no reference within the assessment. Data generally not captured • <u>Disability</u> - Greater analysis (going beyond rates of disability) could be useful to understand levels of accessibility and experience accessing services in Powys. • <u>Awareness</u> - Welsh Government's Race Equality Action Plan, LGBTQ+ Action Plan, Disability Rights Taskforce and how these potentially affect Powys and organisations on the PSB.

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DRAFT POPULATION NEEDS ASSESSMENT

Regional Partnership Board

Health and Social Care

22/02/2022

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Get in touch

If you would like any further information or have any questions about this Population Needs Assessment, there are many ways to get in touch with us:

Email: Business_intelligence@powys.gov.uk

Post: F.A.O. Powys RPB, Commissioning Unit, Powys County Council, County Hall, Llandrindod Wells, Powys. LD1 5LG.

Phone: 01597 826 000

The Powys Regional Partnership Board (RPB) is a statutory legal body, established in April 2016 by the Social Services and Well-being (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Powys. The Powys RPB has also been legally tasked with identifying opportunities for integration between social care and health services.

The Powys RPB is multi-agency and brings together:

- Powys County Council - www.powys.gov.uk
- Powys Teaching Health Board - www.powysthb.wales.nhs.uk
- Powys Association of Voluntary Organisations - www.pavo.org.uk
- Public Health Wales – www.phw.nhs.wales
- Action For Children - www.actionforchildren.org.uk
- Care Forum Wales - www.careforumwales.co.uk
- Social Registered Landlord representation
- Citizen and carer representatives



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Introduction

The purpose of the Population Needs Assessment (PNA)

Since April 2017, regions across Wales have published an assessment of the care and support needs in their area. These population needs assessments are a requirement of the Social Services and Well-being (Wales) Act 2014.

This assessment is the second published for Powys, and is a joint exercise undertaken by Powys Teaching Health Board and Powys County Council, in partnership with the third and independent sectors. It is overseen by Powys Regional Partnership Board (RPB) whose purpose is to drive the delivery of integrated health and social care services.

This PNA aims to provide a focused view of current and future health and social care needs in Powys from three key perspectives:

1. identifying existing and future care and support needs (including the needs of carers)
2. looking at the services and assets available to meet those needs
3. identifying actions required to address any gaps in services or unmet needs

This **PNA looks at need in this way across eight core themes:**

1. Children and young people
2. Older people
3. Health
4. Physical disabilities and sensory Impairment
5. Learning disability and autism
6. Mental health
7. Carers who need support
8. Violence against women, domestic abuse, and sexual violence

The purpose of the PNA is to enable Powys RPB to understand the views of Powys residents, this will enable the RPB to focus on the right services in the short to medium term. We need to build on the evidence we gathered during our first PNA, and to provide an honest account of what we know. However, there are also things that we do not know, or may only know at a Powys level, rather than down to a lower level, and these are clearly listed as data gaps.

We know that there are clear data gaps that we need to fill, and addressing these gaps needs to be a focus over the coming years. The COVID-19 pandemic has required us to work and live differently; it has had effects on the services we provide; it has increased uncertainty around how we identify needs, plan services and deliver care – all of which has affected the preparation of this assessment. While the COVID-19 pandemic is not the sole focus of this PNA, it has inevitably impacted on what has been included, both because content related to COVID-19 has had to be incorporated, but also because the pandemic has

had effects on areas not related to COVID-19. A priority for all services will be recovering from the coronavirus pandemic and supporting the needs of our residents.

The population needs assessment (PNA) links to, but is distinct from, the Well-being Assessment – a separate assessment that is a duty of Public Service Boards (PSBs) under the Well-being of Future Generations (Wales) Act 2015. The Well-being Assessment has a broader scope than the PNA, looking beyond health social care services at the general needs of the population of Powys in terms of social, culture, economy and environment.

Next Steps

Following the publication of our PNA, we will produce an area plan which outlines our integrated priorities for the next five years. **The plan will be published in March 2023.**

The PNA will be used to inform the upcoming regional **Market Stability Report which is due for publication in June 2022.** The Market Stability Report will assess the stability and sufficiency of the social care market considering the findings and needs identified within this assessment.

It is important to note that the data-insight and intelligence we have access to is used regularly to help shape service delivery and continuous improvement.

Our 13-locality approach



Figure 1 Map of Powys localities

Powys covers one quarter of Wales's landmass, so to gain a better understanding of our residents' needs we use geo-spatial analysis.

Geo-spatial analysis is the gathering of data and use of maps to visualise the data.

We have split the county into 13 localities, centred around Powys' largest towns and their surrounding areas using boundaries set by the Office of National Statistics. (ONS, 2020)

This enables us to understand and compare areas of the county with each other and target support.

Where possible, we will look at data using this 13-locality approach.

Our 13 localities are

- Brecon Locality
- Builth and Llanwrtyd Locality
- Crickhowell Locality
- Hay and Talgarth Locality
- Knighton and Presteigne Locality
- Llandrindod and Rhayader Locality
- Llanfair Caereinion Locality
- Llanfyllin Locality
- Llanidloes Locality
- Machynlleth Locality
- Newtown Locality
- Welshpool and Montgomery Locality
- Ystradgynlais Locality



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About the people of Powys

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Understanding the features of the population that lives in Powys is essential to assessing needs. There are several key points about the people of Powys:

- Most recent population estimates indicate that there are 133,030 people living in Powys (ONS, 2020)
- The average age of the Powys population is higher than both the population of Wales and the population of the UK overall (ONS, 2020)
- The Powys population is predicted to continue to increase its average age and to increase in size in the coming years (Welsh Gov, 2018)
- The rural nature of Powys as a county, its low population density both and its age structure all have important implications for how we deliver services (ONS, 2020)
- Powys has 58,345 households (ONS, 2011), with an average household size of 2.2 persons (Welsh Gov, 2018)
- WIMD category Access to Services show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales (Welsh Gov, 2019)
- Population changes and workforce need to be a key focus, if we do nothing there will be a care crisis in the short to medium term



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Powys Population

Powys is made up of 133,030 people.

(ONS, 2020)

The highest population numbers within Powys are in the Welshpool and Montgomery locality (14% of Powys residents live in this area) followed by Newtown (13%) and Brecon (11%) localities.

Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd and Crickhowell localities all have small populations (each one accounts for 5% of the total population).

Follow this link [to explore Powys' population via our interactive report.](#)



Age groups in Powys

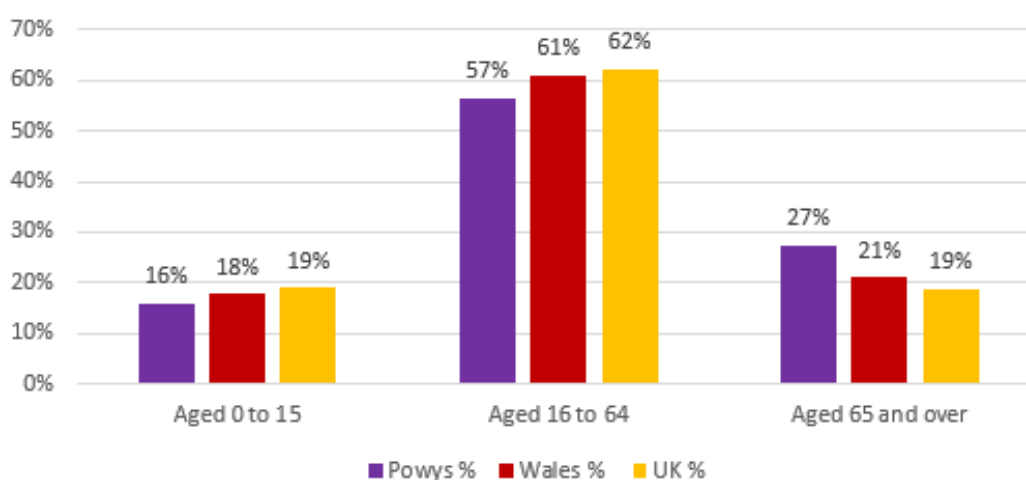


Figure 2 Percentage breakdown of Mid-Year Estimates (ONS, 2020) by age bands

Powys has an older age population than both the Welsh and UK average. Powys residents aged 65 and over make up 27% of our population, the Welsh average is 21% and UK 19%.

Due to this older aged population, Powys has a lower working age population than the Welsh and UK average, with 16 to 64 year olds making up 57% of Powys overall population (Wales 61%, UK 62%). The 0-15 age group makes up 16% of Powys residents, again lower than the Welsh and UK averages of 18% and 19% respectively.

The distribution of those aged 0-15 fluctuates across the Powys 13 localities with Newtown locality having the highest number of 0–15-year-old residents and Machynlleth having the lowest number.

57% of Powys residents are aged 16-64, meaning that, as with 0–15-year-olds, this segment of the population makes up a smaller percentage of the Powys population than we would see if we looked at the Welsh average (61%) or UK average (62%).

The Welshpool and Montgomery locality has the most residents aged 16-64 and Llanfair Caereinion has the fewest.

27% of Powys residents are aged 65 and over and represent a significantly higher percentage of the population in Powys compared to the national average. The Welsh average is 21% and UK average is 19%.

Welshpool and Montgomery have the highest number of residents aged 65 and over and Machynlleth has the lowest (ONS, 2020).

Follow this link for more [demography insights and to see how our 13 localities compare to each other, via our interactive report](#)

Ethnicity and place of birth

According to the 2011 census (ONS, 2020), **94% of Powys residents were born in the UK.**

Of those not born in the UK:

- 0.3% (418) were born in Ireland
- 3.4% (4,638) were born in EU countries
- 2.1% (2,855) in other (non-EU) countries.

Ethnicity in Powys shows that:

- 98% (130,827) are White
- 0.86% (1,142) are Asian/Asian British
- 0.57% (760) are Mixed/ multiple ethnic groups
- 0.1% (132) are Black/African/Caribbean/Black British
- 0.09% (115) other ethnic groups

There is little known about changes in ethnicity and place of birth information over the last 10 years, as this data was captured in the 2011 census. We will be able to understand how this has changed and update the information when the new 2022 census data is released during 2022/23.

Follow this link to view [more information about Powys population Ethnicity and Place of birth and to understand the differences by locality in our interactive report.](#)

Welsh language

Powys is committed to ensuring that the Welsh language is promoted and treated no less favourably than the English language, and that people can live their lives through the medium of Welsh if they choose to do so.

When providing our services, we have a duty to ensure our residents can access services in their preferred language. The “active offer” is a part of the Welsh Government framework for Welsh language services “more than just words”, meaning that residents should be offered services in Welsh without having to ask.

Accessing services in Welsh is fundamental to those residents in Powys who wish to communicate in their preferred language.

The Welsh language forms an important part of cultural well-being in Wales, the proportion of Welsh speakers in Powys is very similar to that of the rest of Wales, with 19% of Powys residents able to speak Welsh (ONS, 2011).

In Powys the 2011 Census showed that:

- **72%** of residents in Powys had ‘No Welsh Skills’
- **14%** could ‘Speak, Read and Write Welsh’
- **14 %** had other combinations of Welsh language skills, including ‘Speaking and Reading Welsh’ and ‘Speaking and Understanding Spoken Welsh’

There is a difference in the percentage of Welsh speakers within our localities in Powys.

The top three localities with the highest percentage of Welsh speakers¹ are

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

However, it is important to recognise that there are Welsh speakers within every locality in Powys and that the language is used in each of our communities.

¹ Welsh speakers are calculated by totalling the number of people in the following categories: ‘Can speak, read and write Welsh’ and ‘Can speak but cannot read and write Welsh’ categories.

Follow the link to view more [information about Welsh language in Powys, how this differs across our 13 localities and LSOAs via our interactive report.](#)

According to the Future Trends Report, over time the number of Welsh speakers in Wales is predicted to increase significantly. (Welsh Gov, 2021) Projections based on 2011 census data, calculated in 2017 by the Welsh Government, estimates that there will be approximately 666,000 people speaking Welsh by 2050. This equates to 21% of the population and represents an increase of 100,000 Welsh speakers in Wales over the 40-year period. For Powys this means that we could have as many as 28,000 Welsh speakers, however the future trends report also highlights that they expect these figures to be surpassed by 2030, the overall increase is assumed to be driven by younger age groups and maintained through future generations.

Powys' population past and future

Past population (all ages)

In the last 20 years the number of people who live in Powys has increased by 5%, from 126,134 people in 2000 to 133,030 in 2020. This is lower than the 9% population increase experienced across Wales as a whole.

This increase largely took place in the first 10 years of the period, with the last 10 years showing an increase of just 0.1% (the Welsh average over this same period was 4%).

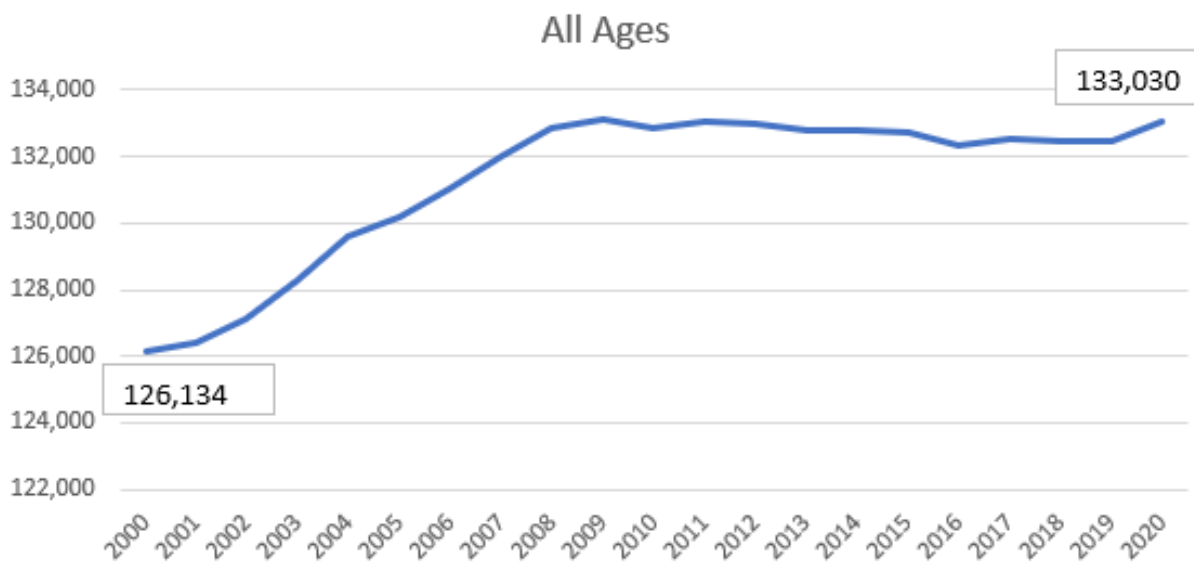


Figure 3 population trend over 20 years (ONS, Mid Year Estimates 2020)

Changes in population growth have not been equally spread across all age groups.

Age 15 and under

The age 15 and under group saw a -7% decrease (Wales -6%) in population between 2000-2010, and in the last 10 years has seen an additional -8% decrease (Wales 1% increase).

The 15 and under group has seen a reduction in Powys over the last 20 years of -14% in total, from 24,528 in 2000 to 21,069 in 2020 (Wales -5% reduction).

Age 16 to 64 group

The 16-64 age group has seen both an increase and decrease in Powys across the last 20 years, with an increase of 4% from 2000-2010 (Wales 7%), but between 2010-2020 has seen a -6% decrease overall (Wales 0%).

The 16-64 age group has seen a reduction in Powys over the last 20 years of -2%, from 76,607 in 2000 to 75,160 in 2020. Wales in the same period has experienced a 7% increase.

Age 65 and over

The 65 and over age group has seen dramatic increase across Powys, during 2000-2010 there was an increase of 20% (Wales 11%) in this population age band, from 2010-2020 saw an increase of 23% (Wales 20%).

The 65 and over age group has seen a large increase in Powys over the last 20 years of 47%, from 24,999 in 2000 to 36,801 in 2021. (Wales 33% increase).

Age 80 and over

The age 80 and over population group has the largest increase of all age groups, between 2000-2010 there was a 29% increase in this age group (Wales 20%) and in the last 10 years the increase has been a further 19% (Wales 15%).

The aged 80 and over age group has seen the largest increase in Powys over the last 20 years with a 53% increase, from 6,361 in 2000 to 9,737 in 2020 (Wales 39% increase).

(ONS, 2020)

Follow this link to view more [information about Powys historical population and to understand the differences by locality and single year of age in our interactive report.](#)

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Population projections

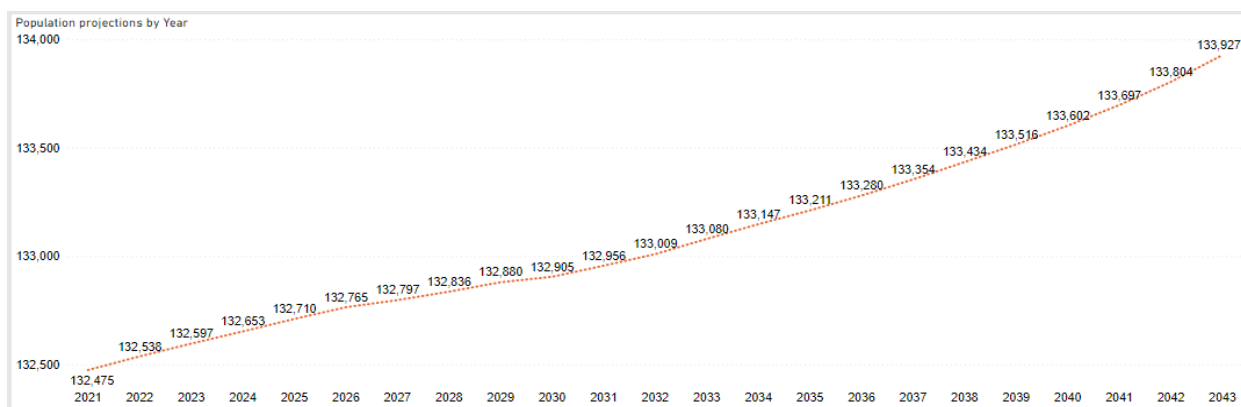


Figure 4 Population projections by year (Welsh Gov, 2018)

Between 2021 and 2043 is it projected that Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.

Population projections are not equally spread across all age groups.

Age 15 and under group

The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a **further reduction of -6.5% (-1,382 persons) projected by 2043 (Wales -3.8%).**

The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly increasing to 20,473 by 2043.

Age 16 to 64 group

The 16-64 age group is projected to have a steady decline in Powys between 2021 and 2043. **This equates to a reduction of -8.8% (-6,512) persons of working age (Wales -0.5%)**

Age 65 and over

The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons), during the same period Wales 65+ age group will see a similar increase of 26.5%.

Age 80 and over

The 80+ age group is projected a large increase in Powys of 63.7% (+6,318 persons), during the same period Wales 85+ age group will see a similar increase of 61%.

The increase in the number of elderly people in Powys will occur as the number of people of working age decreases.

By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), whilst at the same time the working age population is projected to fall -8.8% (-6,152).

The population change will create a gap between those who will need help and support in their later years, and those working aged people who will be providing it.

(Welsh Gov, 2018)

Follow this link to view more [information about Powys population projections by fixed age bands in our interactive report.](#)

Follow this link to view more [information about Powys population projections by single year of age \(or create your own age bands\) in our interactive report.](#)

Where the people of Powys live

Powys is the most sparsely populated local authority in all Wales and England.

Over half of the Powys population live in villages, hamlets, or dispersed settlements (Powys: 58.7%, Wales: 17.1%) (ONS, 2011)

Powys covers a quarter of Wales landmass. Powys has a small population and large geographical cover meaning that Powys' average population density is only 26 people per square kilometre (Welsh average 153 persons per KM²). To put this in perspective, Cardiff's population density is 2,620 people per KM², and London has a population density of 5,727 people per KM².

The population density differs across our 13 localities, with the highest density in the Newtown locality with 78 people per KM², Welshpool and Montgomery locality are second highest with a density of 64 and Ystradgynlais are 3rd highest with 61 people per KM².

Builth and Llanwrtyd are the most sparsely populated of our 13 localities with 11 people per KM². Second lowest is Machynlleth with a population density of 12 and 3rd lowest is Llanfyllin with 17 people per KM².

(ONS, 2020)

Follow the link for more [information about the Powys population density via our interactive report.](#)

Housing and household size

Houses are more than physical structures providing shelter. They are homes – where we bring up our families, socialise with friends, provide space where we can unwind and take refuge from the rest of the world. They are where we spend most of our time and have an influence on our health.

According to a report by The Health Foundation, “A healthy home needs to be affordable, provide for all household needs, somewhere we feel safe and connected to our community” (The Health Foundation, 2017)

Total Number of Households by Locality

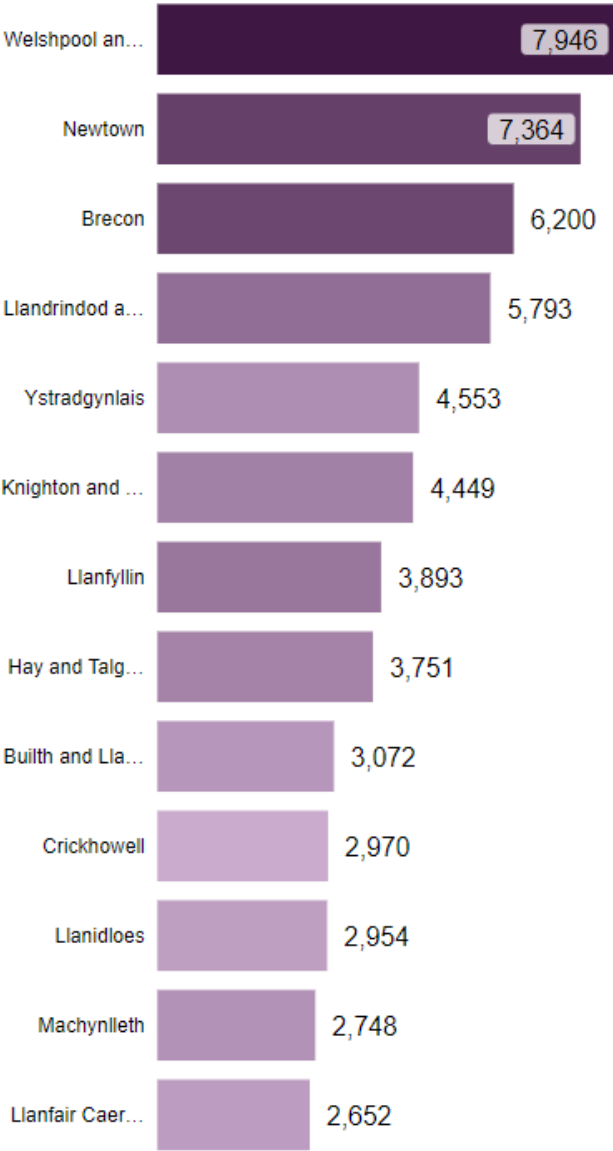


Figure 5 Number of Households by locality (ONS, 2011)

In Powys, there are **58,345 households**, distributed across the county. (ONS, 2011)

There are differences in the number of households across our 13 localities:

Welshpool and Montgomery (7,946), Newtown (7,364) and Brecon (6,200) localities rank 1st, 2nd and 3rd for the most households per locality in the county.

The locality household data here is from the 2011 census and as such is out of date, we will be able to provide an update on these figures and understand how households in Powys localities have changed in the last 10 years when the 2022 census data is released.

Nationally, the number of households in the UK has continued to rise, whilst the average household size (2.4 people) has remained stable over the past two decades, the proportion of people living alone has increased.

In Powys the **average household size is 2.2 people per household**. (Welsh Gov, 2018)

Follow this link to [view more information about the number of households and household size by our 13 localities from the 2011 census.](#)

In Powys, 2021, 36% of households are 2 person households (no children) (21,584) and **34% are single-person** (1 person) households (UK: 28% of households are single-person). (Welsh Gov, 2018)

According to future trends report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future.

Housing projections show that there are 20,085 single-person households in Powys in 2021, **in the next 10 years single-person households in Powys will increase by 4.2%** to 20,940. (Welsh Gov, 2018)

- Powys already has a higher than national average level of single person households, with this trend set to increase this may put **more pressure on already limited single housing stock in Powys for future generations.**

There is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales. Much of this movement is due to flexible working and people being able to work from home and keep their current role. This will have an impact on the availability and affordability of homes for existing residents in Powys.

Follow this link to [view more information about projected household and household type and historical household numbers in Powys.](#)

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the Council's housing demand register.** A quarter of those are already social housing tenants. Many require smaller accommodation, often one or two bedrooms, whilst others need larger homes to cater for their growing families. (Housing PCC, 2021)

For the first time, we have gathered registered social landlord data² and provided a snapshot of social housing across the county.

Social housing in Powys

There are nearly **9,000 registered social landlord homes** and Powys County Council owns 61% of these. Along with the council there are nine housing associations offering social housing in Powys. The number of homes in each locality varies, 22% of all social housing provided are within the Newtown locality, whilst other localities have lower numbers. (Housing PCC, 2021)

Most houses offer two and three bedrooms, we have **1,890 one-bedroom properties**, our housing demand list shows that we have 2,065 people waiting for a one-bedroom property.

The future trends report (Welsh Gov, 2021), additional housing units will be needed in the future to meet increasing demand for future generations. This can be seen in housing

² The snapshot includes information from eight of the nine providers in Powys, September 2021.

projections where there is a predicted rise in households in Powys to 60,034 households in 2026. (Welsh Gov, 2018)

48% of properties have a low energy EPC (Energy Performance Certificate) rating (rating D-G), this is something we need to focus on to tackle climate change.

The average rent differs depending on the size of the property. There are slight differences in the weekly rent price across our 13 localities, however they are not statistically significant.

We have insight into where those on the housing demand register would like to live, and the data shows there is an unmet demand for affordable housing in the communities where people come from. **Research shows that people in need of social housing could rise rapidly as a result of the coronavirus pandemic, with low-income earners twice as likely to lose their jobs** (National Housing Federation, 2020).

Follow this link to [view more information about social housing in Powys.](#)

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Accessing Services and Getting around

Powys is a rural county offering plenty of green space, however one disadvantage is that many residents often live a long way from services. Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services.

There are large differences in distances to a District General Hospital throughout Powys for example, Beguildy LSOA (in the Knighton and Presteigne locality) has the furthest to travel, it would take approximately 86 minutes to arrive at their nearest District General Hospital (note: Beguildy is ranked second highest in Wales in terms of limited access to services).

Whereas residents living in Crickhowell LSOA (in the Crickhowell locality) only have a travel time of nine minutes to the nearest District General Hospital.

Follow the link to view more [information about Transport and travel times for residents in Powys to District General Hospitals](#).

68% (65,000) of working-age people travel to work using their own vehicle, whilst 16% (15,000 persons) walk or bike and 2% (2,000 persons) travel by public transport (ONS, 2011).

Welsh Index of Multiple Deprivation (Welsh Gov, 2019) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 Lower Super Output Areas (LSOAs). These small areas have been ranked by WIMD category **Access to Services** and show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales, with:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived

Notably we have 9 LSOAs who rank in the top 30 LSOAs in Wales for most deprived for **access to services**, these include:

- Beguildy ranks the 2nd most deprived area in the whole of Wales
- Llanbrynmair and Banwy ranks 8th
- Disserth and Trecoed ranks 9th
- Llansilin ranks 12th
- Llangunllo ranks 17th
- Yscir ranks 19th
- Nantmel ranks 21st

- Llanelwedd ranks 22nd
- Llanrhaeadr-ym-Mochnant ranks 24th

Powys does not contain any LSOAs in the top 10% least deprived for access to services in Wales, however we do have five LSOAs in the least deprived 20% including Llanidloes 1, Llanidloes 2 and St Marys 1. And in the top 30% least deprived we have a further two LSOAs including Hay and Ynyscedwyn. (Welsh Gov, 2019)

Follow this link [understand more about WIMD in Powys and how we rank against Wales using our interactive report.](#)

In Powys, the percentage of people satisfied with their ability to get to and access facilities and services they need **for 2020-21 is 85% which is a 17% increase from 2017-18**. This is only slightly behind Wales overall with 87% for 2020-21. (Welsh Gov, 2021)

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This section considers matters that relate to the younger residents of Powys.

24% (32,376) of the Powys population are **aged between 0 and 24 years**. (ONS, 2020)

By 2043, the number of 0 to 24 year olds in Powys is **projected to fall by 6%** (to 29,634).
(Welsh Gov, 2018)

In our last Population Assessment, we reported that there was expected to be an 18% drop in 0 to 24-year-olds by the year 2039, however, the most recent Welsh Government population projection has revised this forecast to provide a far less dramatic view. We do know that **as the percentage of younger residents decreases, it still has the potential to affect many of the services we provide**.

This decrease in younger residents is the result of an on-going trend for young people to leave the county in favour of more urban areas.

Fewer young adults and families living in Powys results in a lower number of births in the county and the effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have started preparations to mitigate the impact of this changing demographic, there is a high likelihood of other services needing to adapt to a reduced child population.

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Education

At the time of writing there are **17,148 children in Powys schools**,

- 9,709 are attending a primary school
- 7,158 are attending a secondary school
- 281 are attending Special Schools.



In Powys, there are 77 primary schools, broken down into 13 catchment areas.

The Powys school catchment areas are:

- Llanfyllin
- Welshpool
- Llanfair Caereinion
- Machynlleth
- Llanidloes
- Newtown
- Llandrindod Wells
- Presteigne
- Builth Wells
- Brecon
- Hay and Talgarth
- Crickhowell
- Ystradgynlais

For 2021-22, the average budget share per pupil for Powys primary schools is £4,857, which is higher than the Welsh average of £4,613. In Powys, 46 of our primary schools are below the Welsh average.

We have 11 secondary schools over 13 buildings and catchment areas. For 2021/22, the average budget share per pupil for Powys secondary schools is £5,471, which is lower than the Welsh average of £5,488. 9 of our 11 secondary schools are below the Welsh average. (Welsh Gov, 2021-22)

Powys has three special schools, two of the schools (Brynllwarch Hall and Ysgol Cedewain) are in the Newtown locality and one (Ysgol Penmaes) is in Brecon locality. (PCC, 2020)

As of the 31st of August 2021, there were 214 active pupils on the Elective Home Education (EHE) register meaning that we have seen a **54% increase in pupils being registered for EHE during 20/21**. There is a link to COVID-19 and the increase in the number of students that

are EHE. Welshpool and Montgomery locality has the highest EHE uptake with 33 pupils registered while Crickhowell has the lowest with only four EHE pupils in the locality.

Destination bilingual: materials outlining the benefits of choosing a Welsh-medium education has been created to provide parents with the latest information about Welsh-medium education and the benefits of bilingualism.

The average **percentage of students educated through the medium of Welsh in Powys primary schools is 21%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **84%**. Three of four schools in the catchment offer full Welsh medium provision. The five catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth and Crickhowell) neighboring the English border have no Welsh medium provision available.

The average **percentage of students educated through the medium of Welsh in Powys Secondary schools is 12%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **68%**. Six catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, Crickhowell and Ystradgynlais) have no Welsh medium provision available.

Follow the link to view more [information about Schools Benchmarking in Powys and how we compare to Wales via our interactive report.](#)

Free school meals and educational attainment

Free School Meal eligibility is a key proxy measure of household income. At all key stages, **learners eligible for free school meals tend to perform significantly less well than those not eligible.** (Welsh Gov, 2021).

Over the past two years from 2018-19 to 2020-21, Powys has seen the second largest increase (46% increase) among all Welsh Local Authorities in the number of children eligible for Free School Meals. The number of children eligible increased from 1,820 to 2,651 children.

In Powys **Primary Schools, 15% of all pupils are receiving Free School Meals**, the highest being Maesyrhandir C.P. School in Newtown catchment area with 46% of pupils receiving Free School Meals. The Newtown catchment has the highest Free School Meals take up (23%).

The following three primary schools have no pupils receiving Free School Meals;

- Ysgol Pontrobert
- Ysgol Gynradd Carno
- Llanfihangel Rhydithon C.P. School

The catchment with the lowest number of pupils receiving Free School Meals is Crickhowell, with only 7% of pupils receiving Free School Meals.

In Powys **Secondary** Schools, **14% of all pupils are receiving Free School Meals**, the highest up take is Ysgol Maesydderwen in Ystradgynlais catchment area with 23% of pupils receiving Free School Meals. This is followed by Newtown High School with 19% of pupils receiving Free School Meals.

Crickhowell High School has the lowest number of pupils receiving Free School Meals with only 7% of pupils receiving Free School Meals.

Poor educational attainment is likely to have an impact on children and young people's future life chances and perpetuates the cycle of poverty.

- **15% of pupils in Powys are eligible for Free School Meals**, which is lower than the national Average of 22%.
- **33%** of children and young people in Powys who are eligible for Free School Meals are currently not receiving them (Wales 35%).

(Welsh Gov, 2021)

Follow the link to view more [information about Schools Benchmarking \(including free school meals and take up\) in Powys and how we compare to Wales via our interactive report.](#)

Educational attainment for pupils in Mid Wales at Key Stage 4 shows that **those eligible for free school meals have lower outcomes than the rest of the population.**

The gap between those receiving Free School Meals and those who are not achieving Level 1³ is **8%**. At Level 2⁴ it was **33%** and those achieving 5 A*-A grades **was 17%**.

(Welsh Gov, 2018-19) (Welsh Gov, 2021)

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³ Level 1 – 5 GCSE's A*-G

⁴ Level 2 – 5 GCSE's A*-C

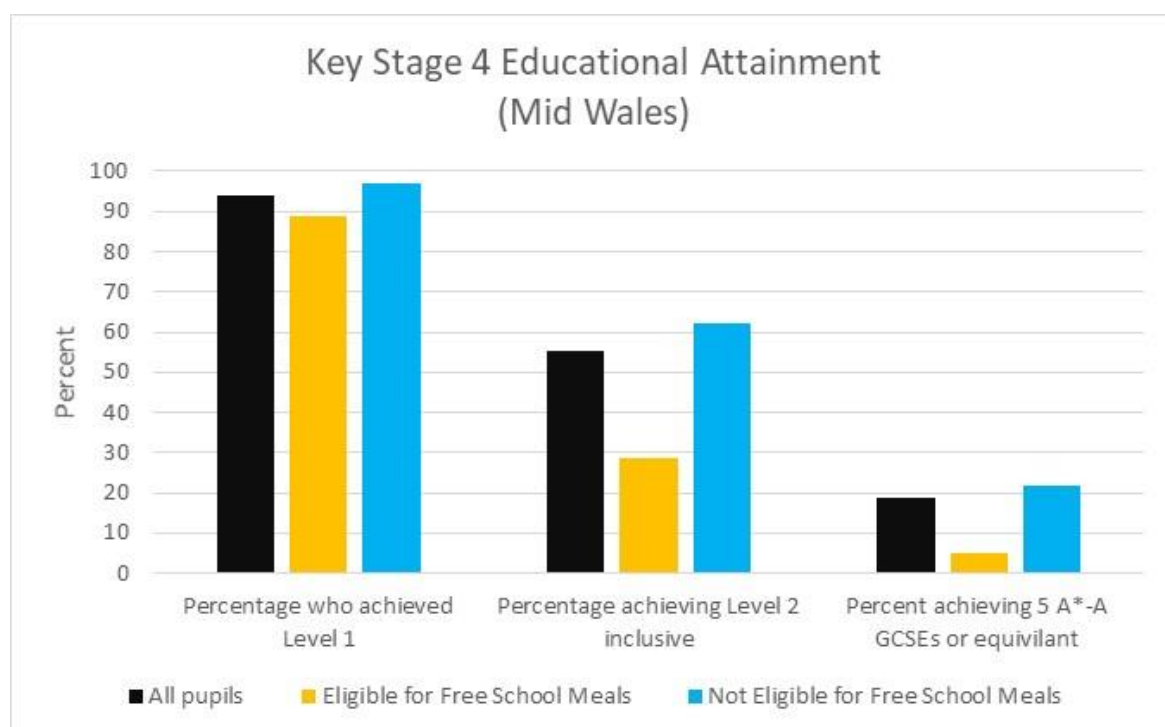


Figure 6 Key stage 4 Educational Attainment for level 1, level 2 and GCSE (Welsh Gov, 2018/19)

The educational attainment above is for academic year 2018-19. On the 18 March 2020 Welsh Government (along with the other devolved nations of the UK) took the decision to cancel examinations for summer 2020. As a result, all schools provided pupils with centre assessed grades and legislation had removed the obligations on a school to supply the data.

This meant there was no verification process of examination grades or comparative data available to local authorities. In addition, Welsh Government legislation dated 3rd July 2020 removed the duties on governing bodies and local authorities to provide data to local authorities and Welsh Government, respectively, on teacher assessment outcomes.

Due to the COVID-19 pandemic and impact on learning over the 2020-21 academic year, Welsh Government removed examinations for GCSE and A Levels. Each school used Centre Determined Grades to award overall grades to pupils for their GCSEs and A levels. However, Centre Determined Grades are not verified or published by Welsh Government.

Child poverty

Childhood poverty is a very important driver of population health for two reasons: first, adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health throughout the life course; second, poverty itself is associated with a whole host of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors' meaning that it can bring with it many negative effects on health.

The chart below indicates the percentages of children living in poverty for the different local authority areas in Wales for the year 2019.

24% of children in Wales overall were living in poverty that year, with the figure for Powys at 15%, lower than Wales overall, but still a startling **1 in 6 children in the county**.

Powys ranked lowest (alongside Monmouthshire) against the other 22 Local Authorities in Wales. (Welsh Gov, 2019)

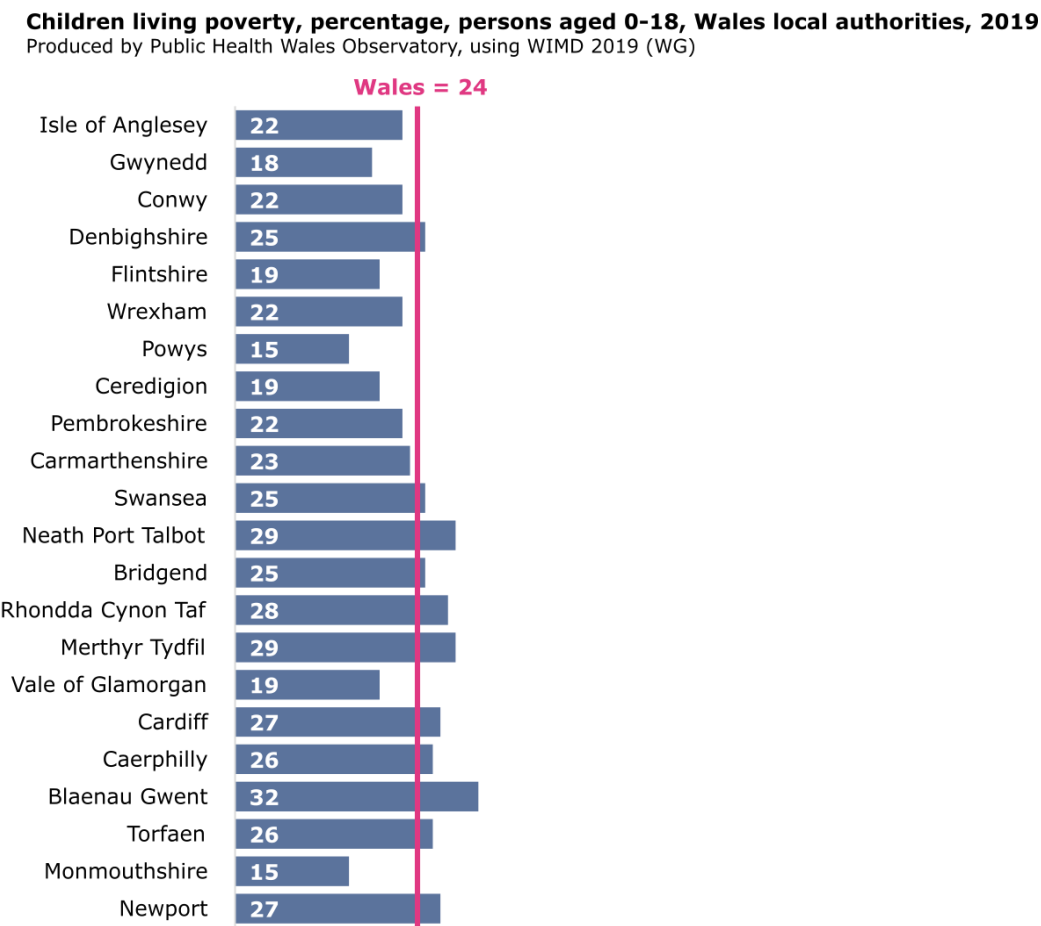


Figure 7 Bar chart showing % children living in poverty by Local authority (Welsh Gov, 2019)

Since the release of the WIMD 2019 data, the COVID-19 pandemic has impacted every aspect of society and exacerbated child poverty in Powys. We know that there were:

- **4,088 families with children in absolute poverty** (income is below 60% of median income) in 2019/20 in Powys, and **of these 1,248 (31%) were lone parent households**.
- **20% (4,324) children (aged under 16) living in Relative low-income families in 2020.** Powys ranks 14th out of 22 among Welsh Local Authorities.
- **15% (3,207) children (aged under 16) living in Absolute low-income families in 2020.** Powys ranks 7th highest among the 22 Welsh Local Authorities.

(Department for Work and Pension, 2019-2020)

In Powys 55% (33,149) households earn below the Wales average household income of £34,700 (37% earn above). However, **70% (42,107) households earn below the UK average** household income of £40,257 (24% earn above). (CACI, 2021)

Follow this link to [view more information about household income in Powys and how this differs across our 13 localities.](#)

Research has shown that during the lockdown **30% of predominantly privately rented households with children experienced problems in the homes** such as damp, mould, electrical hazards, and leaking roofs or windows, with fewer than a third of those managing to resolve such problems (PCC, 2021). Living in these conditions can lead to many ill health problems and can therefore put these children on a trajectory towards poor health throughout their life.

Flying Start

Flying Start is a Welsh Government funded programme offered to targeted postcode areas in the most disadvantaged areas in Wales. Children and their families are registered from pre- birth and remain part of the service until the child is four years old.

Help includes:

- High quality funded, part-time childcare for 2 to 3 year olds
- Enhanced Health Visiting service
- Support for children to learn to talk and communicate
- Access to parenting programmes

There are currently (January 2022) 836 eligible children on the Flying Start Health Visitor caseload in the five [Flying Start eligible](#) areas in Powys.

Of the 836 eligible children in Powys, the percentages by the five eligible areas are

- 42% are in Newtown
- 16% are in Llandrindod Wells
- 15% are in Brecon
- 12% are in Ystradgynlais
- 15% are in Welshpool

(PCC, 2022)

This provision targets the most disadvantaged postcodes in Powys, however, there are many households in poverty throughout Powys and children who are living in “non disadvantaged” areas will be missing out on this provision. More work needs to be done to understand hidden poverty across Powys and to ensure that all those eligible are accessing the right level of services, despite where they live. More so now as the rise in cost of living will mean more families are facing difficulties.

Vulnerable Children

Further data is available on these vulnerable children at a more local level, but in order that they remain unidentifiable we are publishing this Powys level data.

Early Help

Since the last assessment, there has been a significant increase in the demand for [Early Help](#), a service which considers how services, partner agencies and communities can work with children and families, looking at issues as they happen to ensure they get 'the right help at the right time' before requiring further care and support. A breakdown of the number of new referrals to the service can be seen as below:

Year	Number of Referrals	% Increase versus 2018/19
April 2018 – March 2019	682	
April 2019 – March 2020 ⁵	954	40%
April 2020 – March 2021 ⁴	795	17%

Of these, the age groups impacted most were those aged 0-4, which increased from 4% of total referrals in 2018/19 to 10% of referrals in 2021, and those age 5-9, which increased from 23% of total referrals in 2018/19 to 29% of referrals in 2021.

(PCC, 2021)

Children receiving Care and Support

The number of children receiving care and support in Wales for the year 2020 shows Powys is the 10th highest (out of 22) local authority in Wales with 665 children. Cardiff is the highest with 1,860, followed closely by Rhondda Cynnon Taf with 1,825.

The lowest local authority with children receiving care and support is Pembrokeshire with 295, followed by Isle of Anglesey with 365. (Welsh Gov, 2021)

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⁵ It is important to note that the Early Help service was suspended due to COVID-19 between March – June 2020.

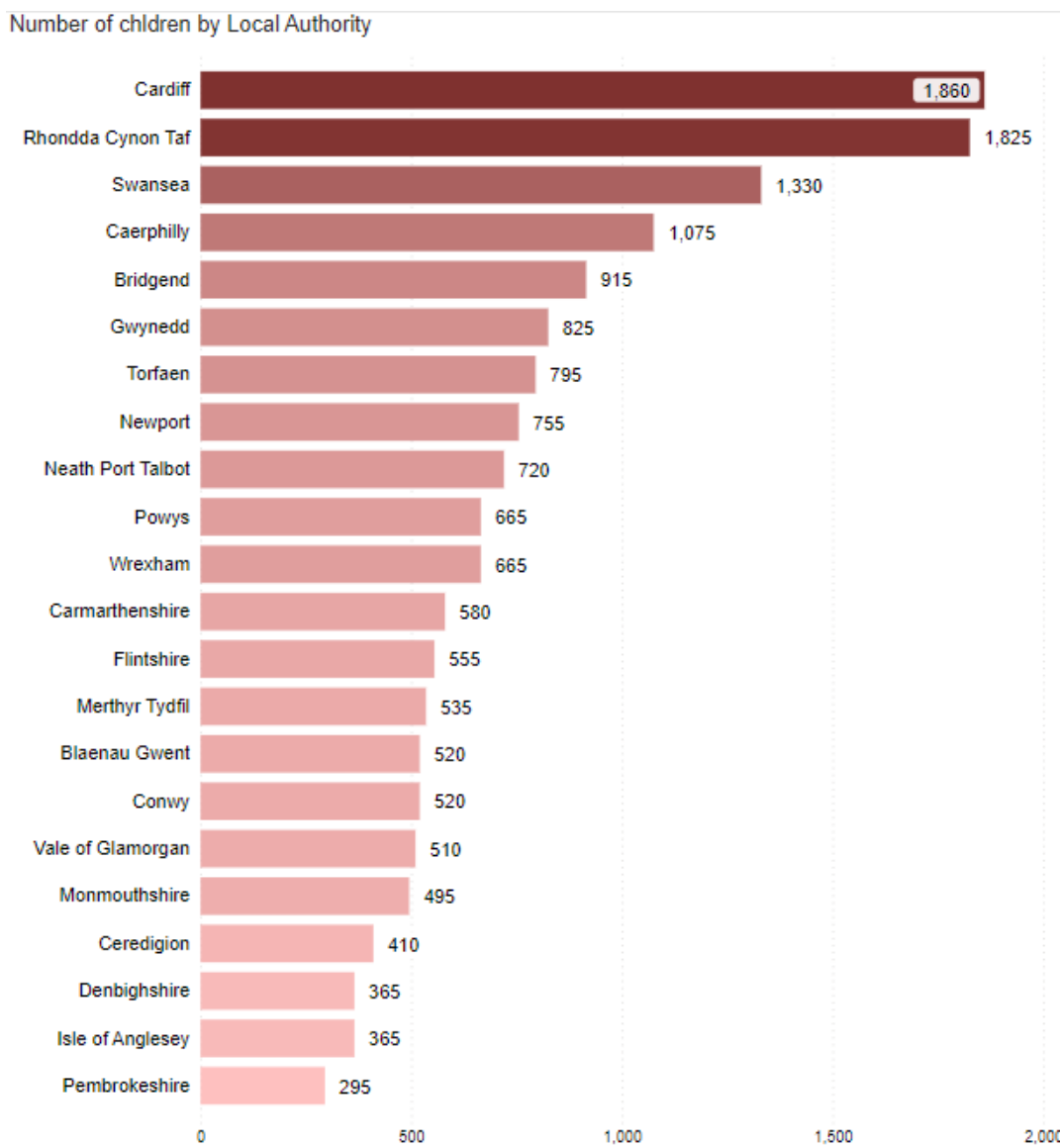


Figure 8 Bar chart showing number of children receiving care and support by Local Authority (Welsh Gov, 2021)

Over the last three years in Wales, the number of children [receiving care and support](#) has increased by 5%. **However, Powys has seen a 20% increase during the same period.** (PCC, 2021)

The age demographics show of the children receiving care and support in Powys in the year 2020

- 3% (30) are aged under 1 year
- 15% (100) are aged 1 to 4 years
- 24% (160) are aged 5 to 9 years
- 41% (265) are aged 10 to 15 years
- 16% (115) are aged 16 years and over
- 56% are male and 44% are female.

Follow the link to [read more about children receiving care and support in Powys and Wales by viewing our interactive report.](#)

Lower-level support is offered through the Early Help service to support young people, with over 1,400 young people referred between April 2019 and March 2021. This includes one to one support for families, parenting support and information services.

There are a number of young people across Powys who have emotional health and well-being support needs. Many do not meet a CAMHS (Child and Adolescent Mental Health Services) criteria however still require additional support with their emotional health and well-being.

207 young people were signposted by CAMHS to other services to receive other support between 30th September 20 and 1st October.

Between December 2020 and December 2021, **11 young people entered Local Authority Care in Powys** following concerns over escalating behaviours parents did not feel they were able to manage, and this increased the risks of these young people being at risk of significant harm.

Provisions were offered to the families and put in place through Edge of Care Services that maintained these young people at home for longer. However, if we could have offered therapeutic-based interventions to the young person through skilling of staff from all areas of their support package (including parents) we could have stabilised issues much sooner to prevent escalation to this level.

Between 2020-2021, **61% of children referred to the Youth Justice Service had committed crimes related to violence, substance misuse and public order.** All areas which with therapeutic interventions in place as a preventative measure could assist young people to better regulate their emotions and prevent escalation of behaviours which can lead them into the criminal justice system.

Children Looked After

A child who has been in the care of their local authority for more than 24 hours is known as a Child Looked After. Children Looked After (CLA) are also often referred to as children in care, a term which many children and young people prefer.

As at the 31st October 2021 there are 224 individual Children Looked After in Powys. 55.6% of Children Looked After in Powys as at 31st October 2021 were Male, 43.6% were female and the other 0.9% recorded gender as other.

The age demographics for Children Looked After shows

- **24%** (55) are aged 0 to 4 years
- **28%** (62) are aged 5 to 9 years
- **40%** (90) are aged 10 to 15 years
- **8%** (17) are aged 16 to 18 years

The number of Children Looked After by Powys broken down by placement location shows

- **55%** (124) are inside the Powys boundary
- **26%** (58) are outside the Powys boundary but still within Wales
- **19%** (42) of Children Looked after are outside Powys and outside Wales

(PCC, 2021)

Young People who have experienced care are supported to ensure a smooth transition as possible into adulthood, either moving to adults' services for further support, or being supported in areas such as housing, education and employment. However, we know that many young adults leaving care have an increased likelihood of becoming homeless, **13% of all care leavers experienced homelessness during 2020/21.**

Working with young people, we continue to support them with our 'Closer to Home Strategy' with the usage of residential placements being the least preferred option if a foster carer placement is available and suitable.

There are currently 81 approved foster parents on Powys' register. However, there is a need to recruit additional Foster Carers, and support them with training and other resources (as at 31st October 2021).

The Powys Children Looked After Strategic Framework sets out Powys' aspirations, intent and vision for improving outcomes for Children Looked After. For those children in our care we, as Corporate Parents, need to provide positive parenting and specialist support. In Powys, demand is greater than supply for quality placements for our Children Looked After.

Placements include:

- In-house Foster Care
- Independent Foster Care
- Residential Care
- Supported Lodgings and Semi-independent Accommodation
- Short-Breaks and Respite Care
- Adoption.

Children's Residential Homes

There are 18 Children's Residential Care Homes in Powys registered with Care Inspectorate Wales (CIW), 1 of which is Council owned and run in-house and 17 independent Homes run by 12 external providers.

- 12 homes provide mainstream residential care (34 beds including 1 solo provision)
- 1 home provides specialist residential care for males only in relation to sexualised behaviours (12 beds)

- 3 homes provide specialist residential care for children and young people with complex needs (34 beds)
- 1 home provides 26-week assessment resource for males who present significant complex and challenging behaviours that impact on their social, emotional and educational development needs (4 beds)
- 1 home provides 12-week assessments resource for children and young people with complex emotional and behavioural needs (3 beds)
- These 18 homes equate to 87 beds across North, Mid and South Powys
- Of these 18 homes, 4 homes also provide on-site education provision.

Short-Breaks

A range of short breaks are available to children and young people across Powys including:

- residential short-breaks up to 28 nights per year with external provider in- county
- residential short-breaks in excess of 28 nights per year with external provider out-of- county.
- Short breaks with in-house foster carers
- Direct payments for children and young people.

Semi-Independent Accommodation

A range of 16+ accommodation and support have been developed with a variety of on-site tailored support levels or floating support with internal and external providers.

- 3 Springboard Shared Houses in Newtown, Llandrindod Wells and Brecon (6 beds)
- 1 Training Flat in Newtown (1 bed)
- 3 Shared Houses with 24/7 on-site support in North, Mid and South Powys (12 beds)
- Solo flats in North, Mid and South Powys (3 beds)

Child Protection Register

The child protection register (CPR) is a **confidential list of all children in the local area who have been identified as being at risk of significant harm**. The register allows authorised individuals in social work, education, health, police, and the voluntary sector to check if a child they are working with is known to be at risk.

As of the 31st of October 2021, there are **107 children on the Powys Child Protection Register (CPR)**.

The age demographics for Children on the Child Protection Register (CPR) shows

- **38% (41)** are aged 0 to 4 years
- **23% (25)** are aged 5 to 9 years
- **33% (35)** are aged 10 to 15 years
- **6% (6)** are aged 16 to 18 years

The highest reason for children being on the Child Protection Register is **Emotional or psychological abuse with 44% (47)**. 2nd highest reason is **Neglect with 24% (26)**, followed by **Sexual Abuse, 11% (14)**.

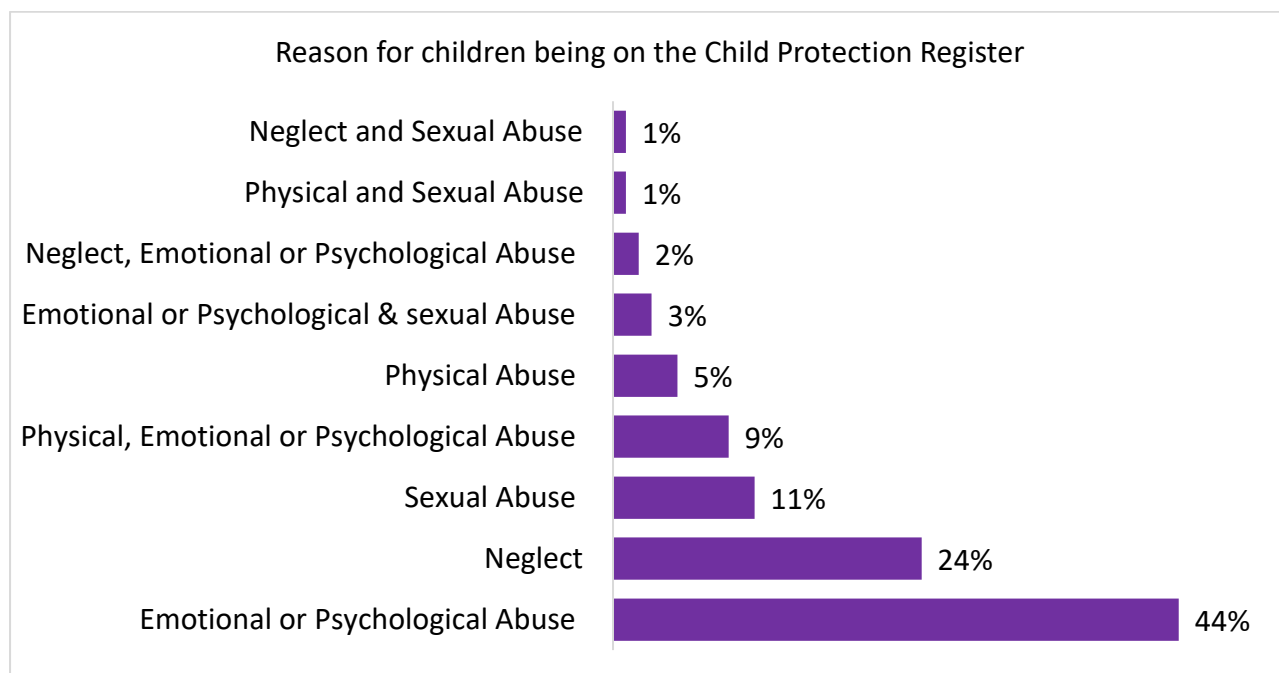


Figure 9 Bar chart showing % children on Child Protection register by reason

Child exploitation is an umbrella term which includes (but is not limited to) sexual, criminal and financial exploitation, forced marriage, domestic servitude and forced labour.

The Powys Child Exploitation Hub was created in July 2020 to support children up to the age of 18 years old who are identified as at heightened risk of child exploitation.

This programme focuses upon Prevention, including community facing events and Protection. Powys County Council currently **support 37 children at heightened risk of exploitation** and offer support to families and social work practitioners.

(PCC, 2021)

What have people said?

Childrens' Services have joined with Coram Voice and the University of Oxford to undertake the Bright Spots programme between November 2021 – June 2022 to gather the views of Children Looked After and Care Experienced Young people up to the age of 25.

The surveys have asked young people to give their views on their care, well-being, the people they know and their rights and opportunities.

Survey results will be published in April 2022 for the Children Looked After (0 to 18 year olds) and in June 2022 for Care Experienced Young people (18 to 25 years old). You can find out more about the survey online at www.coramvoice.org.uk/brightspots

A survey for **young people and their views on emotional health and services** in Powys took place between 9th June 2021 and 5th November 2021. The survey was conducted online and a total of **233 responses** were received.

Most respondents (119) had not used any services in Powys previously (e.g., CAMHS, YIS, Credu, Kooth) whereas 114 had. For those who had accessed services 40% had used the School Nurse, followed by Kooth Online (18%) and CAMHS (16%) (JSWB, 2021).

When responding to what could be improved about the services in Powys, 'knowing what services are available' (41%) and 'better communication around these services' (16%) were identified as the main areas for improvement.

Other areas raised were:

- Lack of opportunity to socialise
- Missing education
- Timely access to information and services
- The need to feel listened to
- Stigma of talking about Mental Health

Need for professionals being upskilled to understand and be able to support young people if they raise issues around mental health.

It is evident school nurses provide a much-valued service in schools for young people. This raises concerns, as at present school nurses are on reduced timetables in schools so it is not apparent who young people are seeing in their absence. It is transparent that Powys young people don't know about services that are available to them and is therefore vital we ensure information is accessible and available. Young people want professionals to listen to them and not just assume they know best and would like support available during waiting times and clearer exit strategies. We also feel it's important for this information to be fed back to GP's (JSWB, 2021).



2. Older people

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We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), it will create increased demand on the services that we provide. Some elderly residents currently live-in social housing and many of these may wish to stay in their own home for as long as possible. When people are moved to live in a care home, they are sometimes placed somewhere that is not close to their home.

The number of people that we support through domiciliary care is increasing. There are challenges for independent living, especially isolation and loneliness which can increase as people get older. Rural areas can face extra challenges in terms of supporting people to live at home for example the number of people that we support through domiciliary care varies across the county.

By 2030, the number of **elderly persons in Powys is projected to rise by 15%, whilst at the same time the working age population is projected to fall 3,200 (4%).** (Welsh Gov, 2018)

The population change in the next 10 years will **create a gap between those who will need help and support in their later years, and those of working age who will be providing it.** The old age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people this **dependency ratio will cause increasing pressure on future generations in Powys.**

The National Population Survey (Welsh Gov, 2020) estimates for each year will vary, but around **7,000 people are employed in the care sector in Powys.** A 4% fall in the working age population implies a fall of 280 employees from the Care Sector in Powys. A 15% rise in the

elderly population implies a need for an additional 1,050 persons that may need Adult Social Care support. **A total gap of 1,330 persons by 2030.**

This section assesses the older population in Powys, with reference to people aged 65 and over.

Support at home

In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as Technologically Enabled Care (TEC) and Occupational Therapy aids and adaptations.

Alongside these, there are a range of services available to provide support, including:

- Domiciliary care
- Reablement
- Direct Payments
- Technology enabled care (TEC)

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes.

We support people to live at home through services that include domiciliary care and assistive technology.

Domiciliary care

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the person and other associated domestic services necessary to maintain an acceptable level of health, hygiene, dignity, safety, and ease in their home.

There are **713 recipients receiving 10,200 hours of Domiciliary care a week in Powys** (1st October 2021). (PCC, 2021)

The highest recipients of Domiciliary care are residents in Welshpool and Montgomery locality with 105 clients, followed by Newtown locality with 102 clients.

Llanidloes locality has the lowest clients of Domiciliary care with 25 clients, followed by Llanfair Caereinion with 27 Domiciliary care clients.

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Figure 10 Bar charts showing number of Domiciliary care clients and hours by locality (PCC, 2021)

Welshpool and Montgomery locality however received the highest number of hours, with 1,549 hours of Domicilliary care provided. Next was Newtown with 1,408 hours of care and 3rd highest was Llandrindod and Rhayader locality with 1,294 hours of care.

Llanidloes locality had the lowest number of Domicilliary hours provided with 320 hours, second lowest was Llanfair Caereinion locality with 365 hours and Machynlleth are their lowest with 384 hours of Domicilliary care provided to residents.

Between October 2019 and October 2021 there has been a **5% increase** (+34) in clients but a **6.5% decrease** in hours (-669 hours).

(PCC, 2021)

[Follow this link to view more information about Domiciliary Care in Powys via our interactive report.](#)

Reablement

Reablement is the official title given to **short-term care at home**, to aid recovery after discharge from hospital. While post-operative care and post-discharge care are more general terms, referring to care offered for however long it takes for the individual to get back on their feet, reablement is more specific. The benefits of reablement are:

- leads to improved health and well-being
- uses a strengths-based, person-centred approach
- supports timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
- is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress
- focus should be on achieving outcomes rather than completing care tasks

Between April 2019 and September 2021, **there have been over 600 periods of reablement completed**, with **82% of these individuals aged 65 and over**. (PCC, 2021)

The locality with the highest number of reablement discharges is Welshpool and Montgomery locality with 93 discharges, Llandrindod and Rhayader locality is the 2nd highest with 90 discharges.

The lowest locality is Machynlleth locality with 24 reablement discharges followed closely by Llanidloes locality with 28.

Out of the 656 total reablement discharges since April 2019,

- 290 clients had all their identified goals achieved
- 226 partially achieved their goals
- 115 did not achieve their goal
- 33 were unknown

There were 115 clients whose identified goals were not achieved through reablement alone.

Over half of the reablement clients between April 2019 and September 2021 were female (67%) and 33% of the reablement clients were male.

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their needs. In November 2021 there were **481 recipients of Direct Payments** in Powys receiving **over 11,000 hours weekly**. (PCC, 2021)

Between November 2019 and November 2021 there has been a **25% increase (124 clients)** and a **15% increase in hours (1720hrs)**. There has been a minimal decrease in the last year (November 2020 to November 2021) of 17 clients and 229 hours. (PCC, 2021)

Welshpool and Montgomery locality has the highest uptake of direct payments (96 clients), followed by Llandrindod and Rhayader locality (68 clients). Brecon locality and Newtown locality are both third highest (65 clients).

The locality with the lowest number of Direct Payments is Machynlleth locality (27 clients), followed closely by Ystradgynlais locality (28 clients).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own communities to support individuals in meeting their needs. Since November 2020 to September 2021 there has been a **55% increase in domiciliary care micro-enterprises** from 16 to 29 (November 2020 to September 2021). (PCC, 2021)

Technology Enabled Care (TEC) is a newer way of talking about care which incorporates services such as telecare, telehealth, telemonitoring, digital health and devices like alarms, monitors, apps or wearables – any technology-based solution that improves care in our homes and communities.

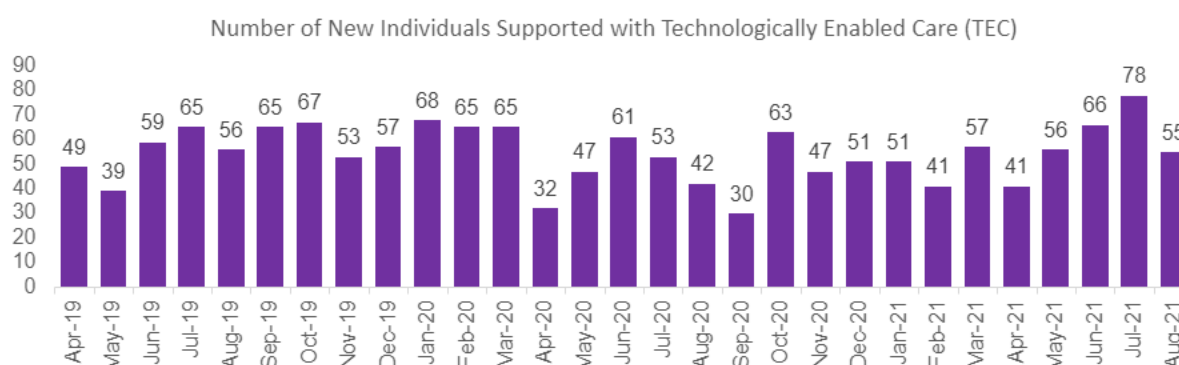


Figure 11 Bar chart showing number of new individuals supported by TEC by month. (PCC, 2021)

There has been a constant uptake of technology enabled care each month since April 2019.

For the period April 2019 to March 2020 there were a total of 708 new individuals, however for the same period the following year (Apr 20 to March 21) there was a decrease of 133 with 575 new individuals. This is to be expected, once individuals have received equipment it is unlikely that they will need more in the future.

Occupational therapy focuses on developing, recovering, or maintaining the daily living and working skills of people with physical, mental, or cognitive impairments. Their aim is to help people improve their ability to function as independently as possible so that they can participate in whatever activities are meaningful and important to them. Occupational

therapists do this mainly by identifying and eliminating environmental barriers to independence and participation in normal daily life. Examples of means of support include things such as toilet seat raisers, grab rails and ramps. Within Powys, there has been an increased demand for Occupational Therapy Services. There has been a **40% increase** in referrals to Occupational therapy between the periods January to August 2020 and 2021. This is aligned to the wider increase in demand for Adult Social Care. (PCC, 2021)

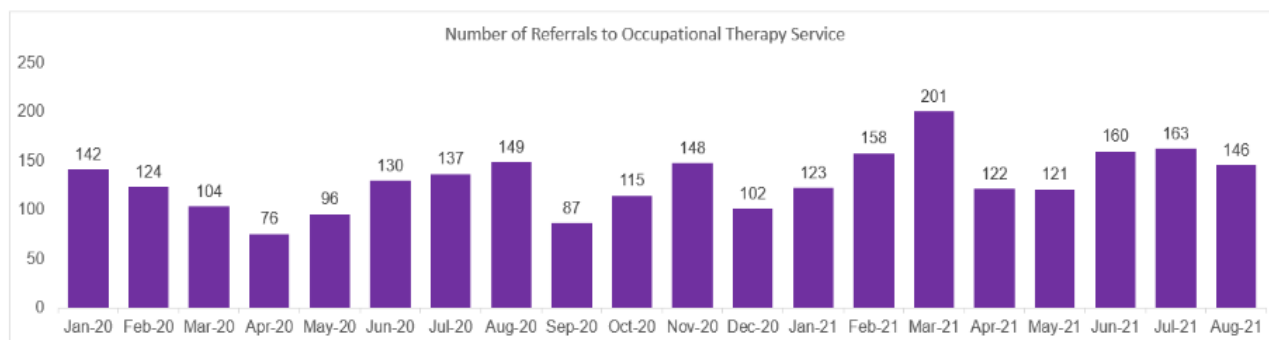


Figure 12 Bar chart displaying the number of new referrals to Occupational Therapy by month (PCC, 2021)

Community connectors (PAVO) helps people in Powys (aged 18+) and their families or carers, to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services. The service can also help support people when they return to home from hospital by helping other Third Sector services, such as Red Cross, identify additional local services that may be needed.

The service has seen a large increase in contacts over the year 2021/21 in comparison with the last 3 years. Community connectors received 2,180 contacts in 2018/19, which rose slightly to 2,945 in 2019/20 but in 2020/21 we saw a huge increase of 7,385 contacts into the service. The year 20/21 makes up 65% of all contacts received. (PAVO, 2021)

The top 3 reasons for contacts were:

- **3,787 Covid-19 shielding call (36%)**
- **1,937 Prescription/collection/injection (16%)**
- **672 Shopping (6%)**

The year 2020/21 shows there was a large influx of contacts in April 2020 and May 2020, we can see the coronavirus pandemic is a large contributor to this.

When looking at which communities in Powys use Community connectors more frequently, we can see that **Llandrindod and Rhayader locality are 1st with 20% (1,439)** of the contacts in the period 2020/21. **2nd highest is Newtown locality with 11% (793)**, followed by **Brecon locality with 10% (746)**.

The **lowest is Llanfair Caereinion locality with only 2% (176)** of all contacts, followed by **Crickhowell locality with just under 3% (206)** then **3rd lowest is Machynlleth locality with just over 3% (250)**. (PAVO, 2021)

Accommodation

Older people in Powys are entitled to be supported in several accommodation settings, ranging between sheltered housing, extra care, or care homes.

Due to the rurality of Powys, it is sometimes very difficult to place people in a care home within or near their community. There are challenges for independent living, especially isolation and loneliness which can increase as people get older.

Care Homes

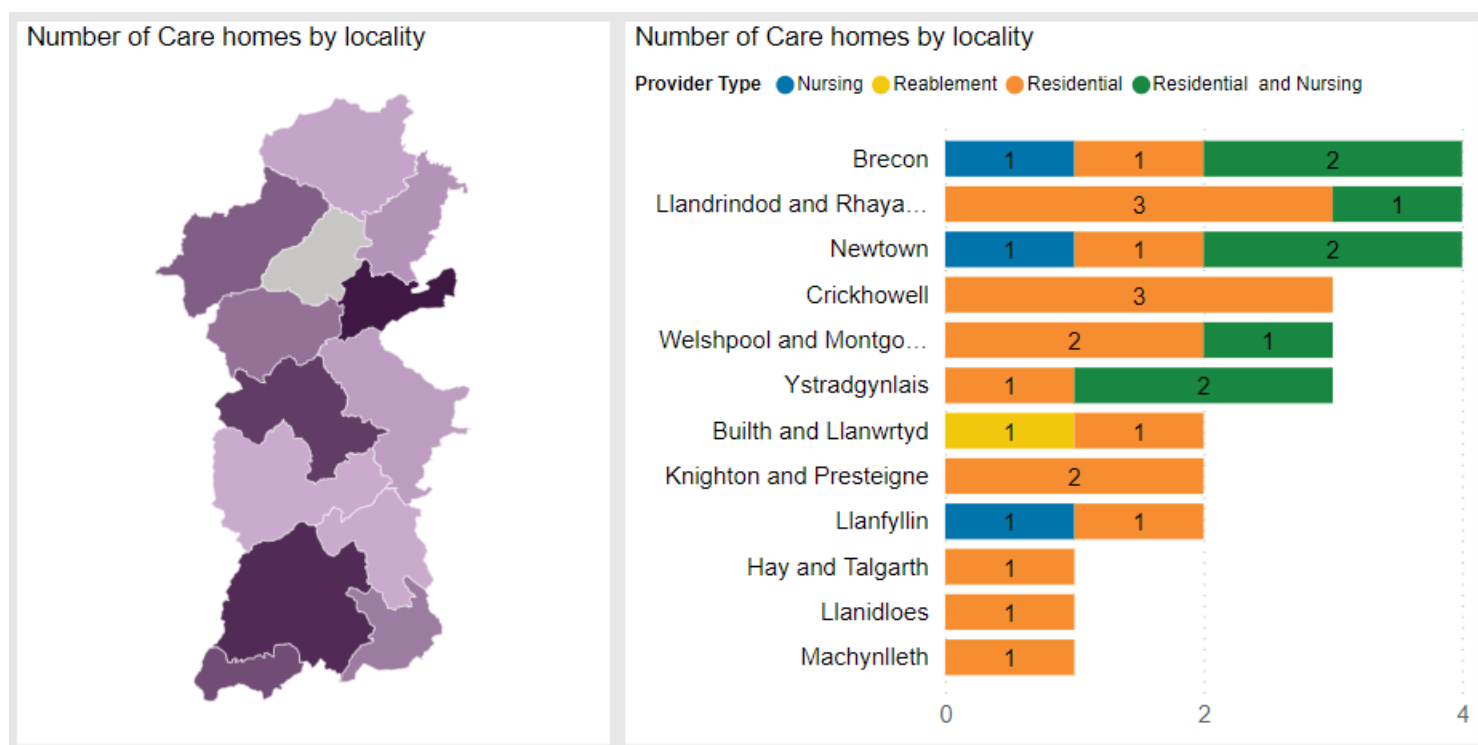
In Powys, we currently have three main supported accommodation types: sheltered housing, care homes (residential or nursing) and Extra Care Units.

There are **29 care homes** in Powys registered with **Care Inspectorate Wales (CIW)**, 12 of which are council owned homes run by Shaw Homes, 17 privately run homes, and 1 reablement unit run by Shaw Homes.

- Three homes provide nursing care only
- 18 homes provide residential care only
- Eight homes provide both residential and nursing care
- One reablement provider

(PCC, 2021)

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Brecon, Llandrindod and Rhayader and Newtown localities have four care homes each. The care homes in these three localities are a mix of Nursing Care homes, Residential Care homes and Dual Care homes (both Nursing and Residential).

Note – the Reablement unit in Builth Wells is not a Care home, this is a specific unit connected to Brynhyfryd Care home and provides 12 reablement beds (six funded by Powys County Council and six funded by Powys Teaching Health Board).

Hay and Talgarth, Llanidloes and Machynlleth localities each have one care home and all three of these are Residential Care home providers.

Llanfair Caereinion is the only locality without a care home.

In Powys there are:

- 571 Residential care beds registered with Care Inspectorate Wales
- 12 reablement beds
- 118 are Residential Dementia care beds
- 280 nursing care beds and
- 139 Dementia Nursing care beds.

Newtown locality has the highest number of registered beds with 202, 2nd highest is Ystradgynlais with 183 beds and Welshpool and Montgomery locality is 3rd highest with 164 beds.

As stated above, 12 of these care homes are owned by Powys County Council, however, Powys commissions some beds within private care homes too.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching Health Board funds 7% (80) with CHC funding (CHC stands for **NHS continuing healthcare**, with continuing meaning long-term life care) and the rest are either out of county placements (residents from outside the county placed within a Powys Care home) or are privately funded care home residents. (November 2021).

In additionally, both Powys County Council and Powys Teaching Health Board also fund placements for Powys residents in out of county care homes.

(PCC, 2021)

Extra Care Units

There are **58 extra care units**, currently one 10-unit Extra Care Housing facility attached to a Sheltered Housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality) and a 48-unit Extra Care Housing scheme at Llys Glan yr Afon in Newtown (Newtown locality). These schemes are currently only available to rent.

There are two more extra care units due to open in mid-2023. Neuadd Maldwyn, in Welshpool (Welshpool and Montgomery locality), which will consist of 66 extra care units and Pont Aur, Ystradgynlais (Ystradgynlais locality) which will have 41 units, 10 of which are new extra care apartments.

(PCC, 2021)

Sheltered housing

Sheltered Housing is accommodation for elderly or disabled people consisting of private independent units with some shared facilities and a warden. A great option for people who want to live independently but need a bit more support, or just need to live in a smaller and easier-to-manage home.

In Powys there are 2,170 sheltered housing homes.

To show it equally across the county we have converted this into a rate per 1,000 population of 75+ Powys residents.

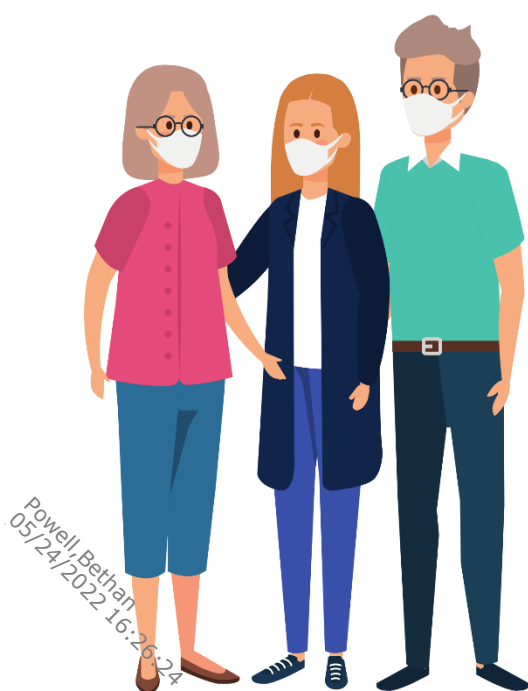
Powys has a rate of 94 sheltered housing per 1,000 of 75+ population. 1st and 2nd highest localities are Knighton and Presteigne locality (213) and Llanfair Caereinion locality (209) which have more than double the Powys average.

Newtown Locality has the lowest rate with only 30 sheltered housing per 1,000 of 75+ population.

There are 6 localities above the Powys Average (94 sheltered housing) which are:

1. Knighton and Presteigne Locality (213)
2. Llanfair Caereinion Locality (209)
3. Builth and Llanwrtyd Locality (177)
4. Llanidloes Locality (156)
5. Llanfyllin Locality (123)
6. Crickhowell Locality (114)

(PCC, 2021)



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A key focus for partnership working in Powys is the health of people in the county. Understanding health at the level of the Powys population is important to us for seeing how we are doing and how health might be improved. In this section, we have focused on three important measures that can help give us a population perspective on overall health in Powys: life expectancy; healthy life expectancy; and the life expectancy gap.

It is also important to consider the influences on the health of populations (not focusing just on the effects of health and social services). Particularly important are the effects of lifestyle risk factors (for example diet or smoking). We have therefore also summarised below important information on these and other risk factors in Powys.

The COVID-19 pandemic that began in 2020 has had major implications for the health of people in the county. In the final part of this section on population health, we have looked at these effects in Powys in further detail.

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Life expectancy

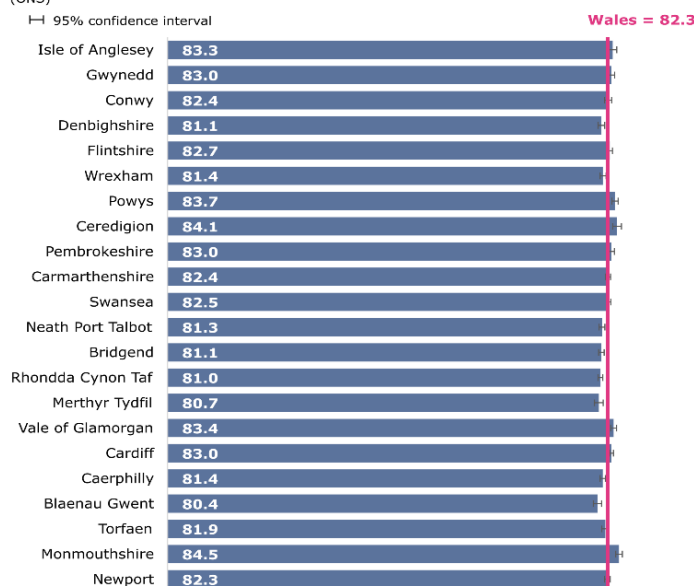
Life expectancy

Life expectancy is an estimate of the average number of years that new-born babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

The most recently available data (2017-2019) shows that life expectancy in Powys is **83.7 years for women and 80.0 for men**. For both women and men this is higher than the overall life expectancy for Wales (Wales 82.3 for women; 78.5 for men).

Life expectancy for women and men for different local authorities in Wales is shown in the chart below.

Life expectancy at birth, females, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Life Expectancy Mid Year Estimates (ONS)



Life expectancy at birth, males, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Life Expectancy Mid Year Estimates (ONS)

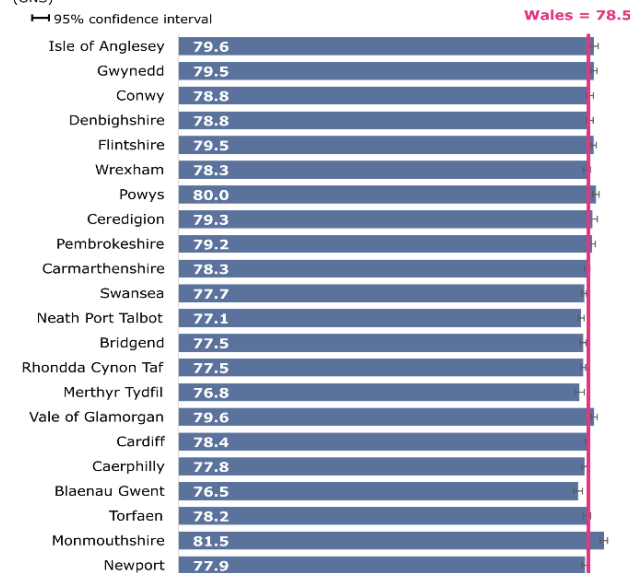


Figure 13 Bar charts showing life expectancy at birth for Males and Females (ONS, 2020)

A Public Health Wales report from 2020 indicates that there may be a plateauing in life expectancy improvements in Wales. We also know that it is also occurring in many other developed nations. (Public Health Wales NHS Trust, 2020)

Evidence from 2018 (Public Health Wales NHS Trust, 2018) suggests that a plateau in life expectancy in Wales (which had been improving for many decades) is evident from around 2011 – a phenomenon that has been seen across much of Western Europe – but which occurred earlier in Wales. (Public Health Wales NHS Trust, 2018)

This faltering in improvements in mortality has been mainly driven by deaths in the 85 and over age groups; however, it is also true that mortality in 55 to 84-year-olds is no longer declining (Public Health Wales NHS Trust, 2018). The same pattern appears to be occurring

at a Powys level, where improvements in life expectancy at birth seem to have stalled in recent years, both for men and women.

Life expectancy in Powys is greater than for Wales overall, but this needs to be seen as part of a bigger picture: life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females (ONS, 2018) – in line with the figures for Powys – but international comparison indicates that the UK overall lags, particularly for women, behind several developed countries on this measure. For example, in 2019 life expectancy at birth in Japan was 81.5 for men and 86.9 for women; for Switzerland it was 81.75 for men and 85.08 for women. (WHO, 2021)

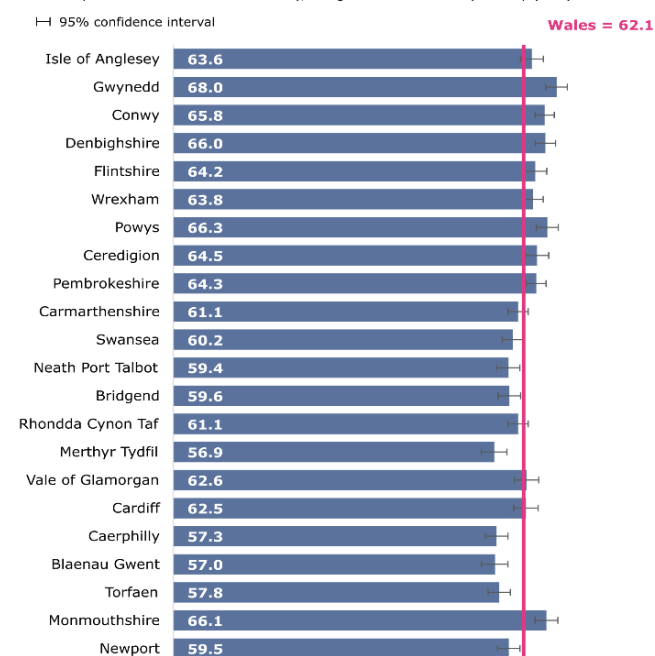
Healthy life expectancy

Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives. (Public Health Wales NHS Trust, 2020)

For the period 2017 to 2019, **healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men.** These figures are also illustrated in the chart below.

People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women; 61.2 for men.

Healthy life expectancy at birth, females, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Health state life expectancy (ONS)



Healthy life expectancy at birth, males, Wales local authorities, 2017-2019
Produced by Public Health Wales Observatory, using Health state life expectancy (ONS)

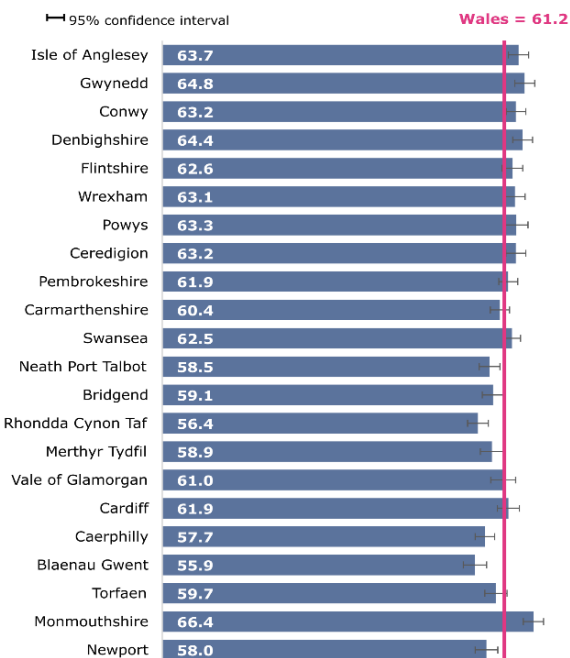


Figure 14 Bar charts showing healthy life expectancy at birth for females and males (ONS, 2017-19)

Healthy life expectancy in Wales also compares favourably with this indicator for the UK as a whole: for the equivalent period healthy life expectancy at birth for the UK overall was 62.9 years for men and 63.3 years for women. (ONS, 2018)

These overall figures however do not capture inequalities in life expectancy between groups, which are discussed below.

The life expectancy gap

The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (Welsh Gov, 2019). Measurement across eight domains of deprivation (including for example income, employment and housing) allows comparison of relative deprivation at small area-level in Wales. WIMD ranks 1,909 small areas in Wales, named Lower Super Output Areas (LSOAs), from 1 (the most deprived) to 1,909 (the least deprived). (Welsh Gov, 2019) These ranks can be used to understand relative deprivation of small areas in Powys.

Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including

- Ystradgynlais 1 (in the top 10% most deprived in Wales)
- Llandrindod East/West, Newtown East, Newtown South and Welshpool Castle all ranked in the most deprived 20% in Wales
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1 ranked in the most deprived 30%

Powys does not contain any LSOAs in the top 10% least deprived in Wales, but 10 LSOAs are in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least deprived we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaearn North. (Welsh Gov, 2019)

Follow the link to understand more about [WIMD in Powys and how we rank against Wales.](#)

Having local measures of deprivation like the WIMD is important when thinking about the health of populations, because it allows us to look at relationships between health and deprivation (deprivation is known to have multiple important effects on health). Specifically, we can examine the life-expectancy gap (the difference between life expectancy estimates for different groups) (Public Health Wales NHS Trust, 2020), to allow us to make comparisons between areas with differing levels of deprivation.

Analysis of this kind shows that, while the life expectancy in Powys compares favourably with that in Wales overall, **inequalities persist within Powys itself between the most and least affluent areas:**

- a girl born in the least affluent parts of Powys **can expect to live 5.6 years less** than if born in the most affluent areas
- a boy brought up in the least affluent areas **can expect to live 6.5 years less in good health**

The life expectancy gap for each of the health board areas in Wales is illustrated in the chart below.

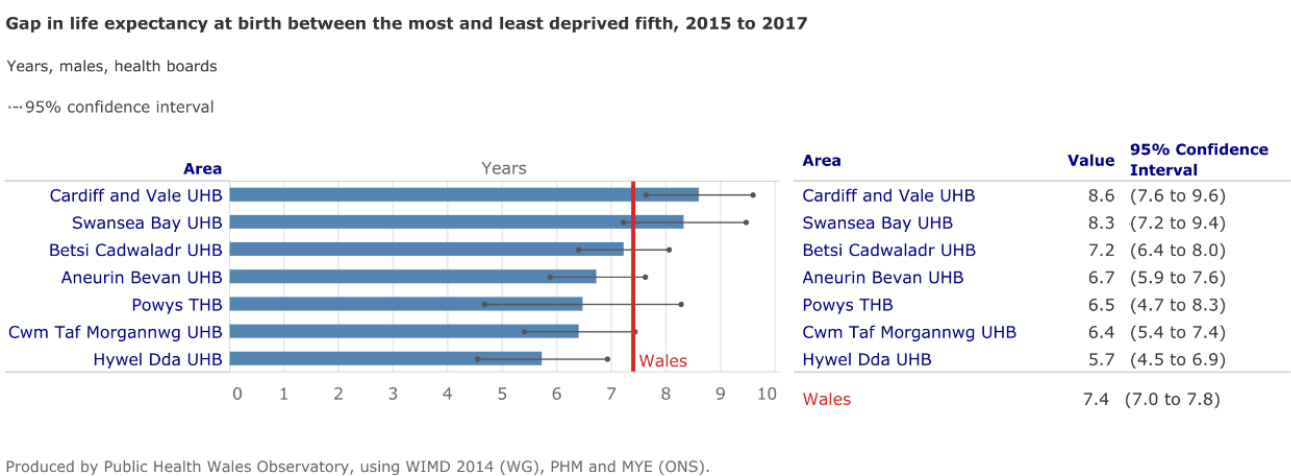
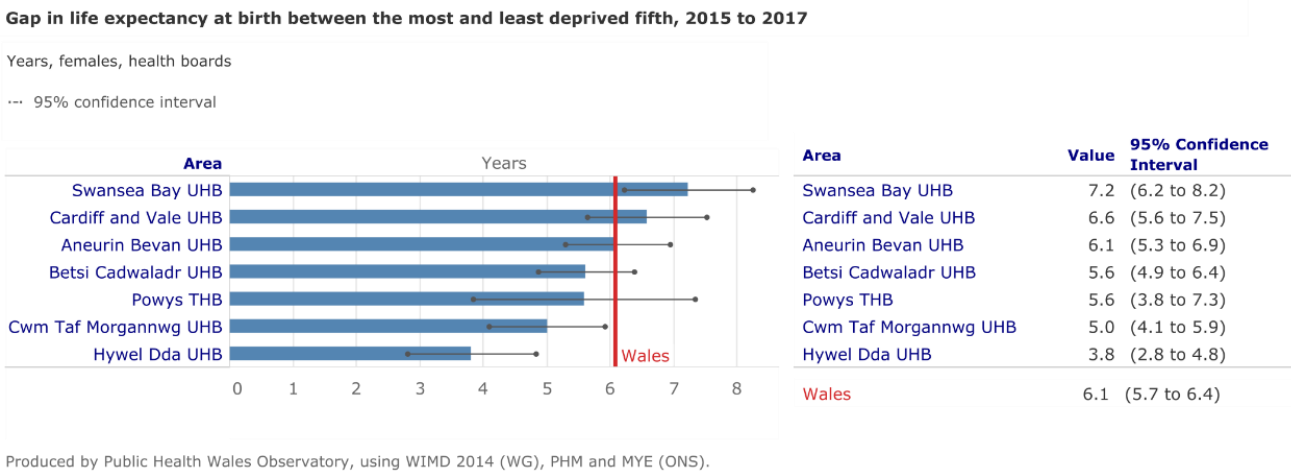


Figure 15 Gap in life expectancy at birth between most and least deprived by local authority (Public Health Wales, 2015-17)

Risk factors for poor health

How can we explain the differences in life expectancy and healthy life expectancy, both between Powys and other areas and within Powys? The chart below is from a Public Health Wales report from 2020. (Public Health Wales NHS Wales Trust, 2019). It illustrates the extent to which different risk factors are important in driving ill-health – indicating which risk factors contribute most to the burden of disease in the population of Wales.

Most of these risk factors relate to lifestyle (smoking, diet, alcohol and drug use) or are themselves directly influenced by lifestyle (obesity and overweight, high fasting plasma glucose, high systolic blood pressure, high LDL cholesterol). A key message here is the important effect that risk factors to do with lifestyle play in influencing health.

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count, Wales, 2017

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

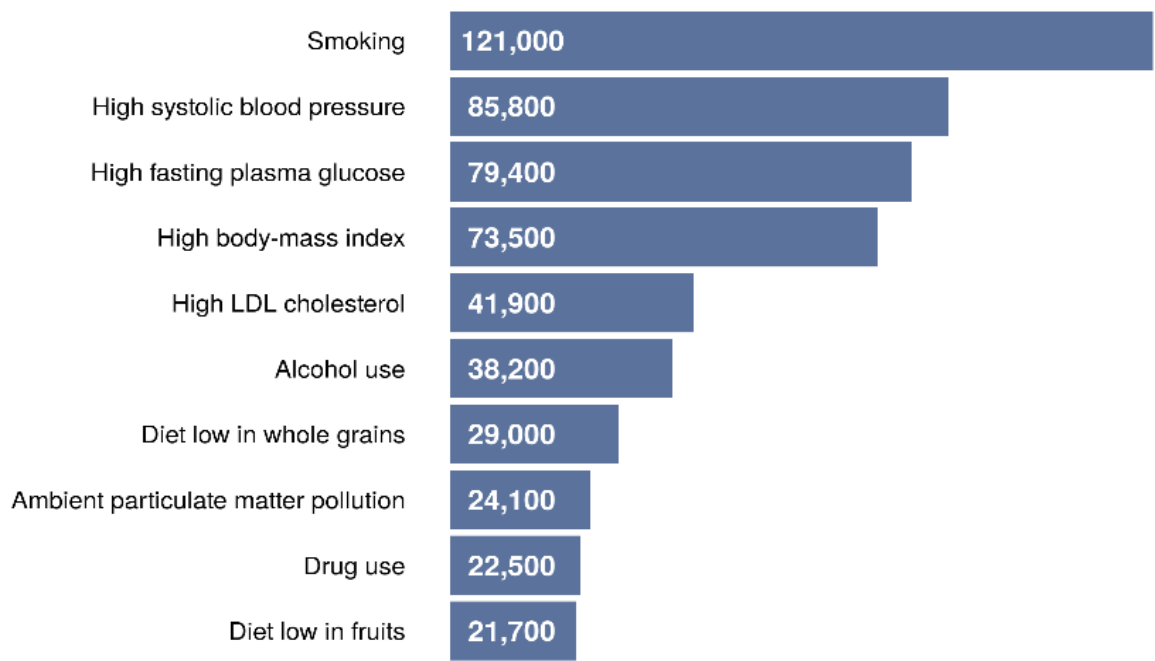


Figure 16 Top 10 global burden of disease identified risk factors for disability adjusted life years (Public Health Wales, 2017)

Lifestyles and the environment around us are key drivers of the health of our population. They have a much larger role in determining population’s health than do other influences such as the provision of health and social care services. Understanding how the Powys population is affected by these risk factors is important if we want to systematically improve the health of our population.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours (though this is not true for all risk factors). Using National Survey for Wales data (2020) we can understand how Powys compares to the other 22 Local Authorities and against the Welsh average for a number of these risk factors.

Smoking is a key determinant of population health, being the **single greatest cause of preventable death**. Smoking causes a range of cancers, cardiovascular diseases and respiratory conditions (for example COPD and emphysema).

- **14.5% of adults in Powys currently smoke** (Wales 17.4%). Powys ranks the 4th lowest amongst the 22 local authorities in Wales for smokers. (Welsh Gov, 2020)
- **27.3% of Powys adults are ex-smokers** (Wales 29.3%), ranking Powys as the 6th lowest amongst 22 Local Authorities in Wales. (Welsh Gov, 2020)

Alcohol consumption

The proportion of adults over 16 whose **weekly average alcohol consumption** is over guidelines is higher than the percentage for Wales overall.

- **19.7% of adults in Powys weekly average alcohol consumption is over guidelines (above 14 units).** This is above the Welsh average of 18.6%. Powys ranks 8th highest amongst the 22 local authorities in Wales.
- **17.4% of adults in Powys weekly average alcohol consumption is hazardous (between 14 and 50 units).** This is above the Welsh average of 16.1%. Powys ranks 9th highest amongst the 22 local authorities in Wales.
- **2.3% of adults in Powys weekly average alcohol consumption is harmful (over 50 units).** This is below the Welsh average of 2.5%. Powys ranks 10th highest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

Diet and physical activity

As well as being important risk factors in themselves, diet and physical activity in the population are key drivers of obesity. In this assessment, we have looked at consumption of fruit and vegetables as a useful indicator of the quality of a person's diet. The percentage of adults **who ate at least 5 portions of fruit of veg** (the previous day) is higher than the Welsh average, and the percentage who ate less than or no fruit or veg (the previous day) is lower than the Welsh average.

- **27.3% of adults in Powys ate at least 5 portions of fruit of veg (the previous day).** This is above the Welsh average of 24.3%. Powys ranks 6th highest amongst the 22 local authorities in Wales.
- **65.9% of adults in Powys ate some, but less than 5 portions of fruit or veg (the previous day).** This is below the Welsh average of 67.8%. Powys ranks the 5th lowest amongst the 22 local authorities in Wales.
- **6.7% of adults in Powys at no fruit or veg (the previous day).** This is below the Welsh average of 7.9%. Powys ranks the 8th lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

The level of **physical activity** in Powys is also better in Powys than in Wales overall.

- **60.8% of adults in Powys** were active at least 150 minutes (in previous week), meeting the minimum required guidelines for activity. This is above the Welsh average of 53.2%. Powys ranks 4th highest amongst the 22 local authorities in Wales.
- **12.7% of adults in Powys** were active between 30 to 149 minutes (in previous week), below the guideline. This is below the Welsh average of 13.9%. Powys ranks the 10th lowest amongst the 22 local authorities in Wales.
- **26.4% of adults in Powys** were active less than 30 minutes (in the previous week), below guidelines. This is below the Welsh average of 33%. Powys ranks the 2nd lowest amongst the 22 local authorities in Wales. (Welsh Gov, 2020)

To look at more lifestyle factors and how Powys ranks against Wales, [click here to explore our interactive report.](#)

Obesity and overweight

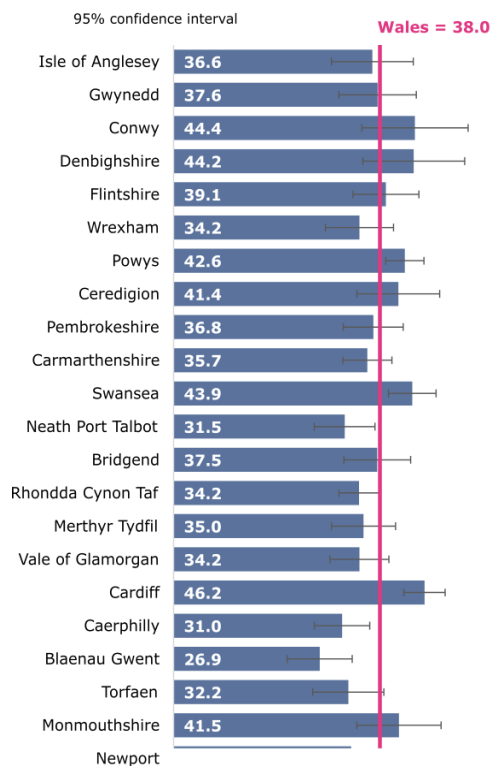
In Powys, **nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise.**

Obesity and overweight are associated with several serious conditions, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and cancer. (Dixon, John B., 2010) Overweight and obesity are important over the life course of an individual, with childhood patterns of weight often carried over into adulthood. (Inge, Thomas H, 2013) (International journal of obesity, 2011) The chart below shows the percentages of people in Powys who were of healthy weight (using most recently available data) for two different groups: working age adults and older adults. Both groups in Powys have a higher proportion of people of a healthy weight than the Wales population overall.

- **42.6% of working age adults (aged 16-64) in Powys are of a healthy weight.** This is higher than the Welsh average of 38%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.
- **42.2% of older adults (aged 65+) in Powys are of a healthy weight.** This is higher than the Welsh average of 38.1%. Powys ranks 7th highest amongst the 22 Local Authorities in Wales.

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Working age adults of a health weight, percentage, persons aged 16 to 64, Wales local authorities, 2017/18 - 2019/20
Produced by Public Health Wales Observatory, using NSW (WG)



Older adults of a healthy weight, percentage, persons aged 65+, Wales local authorities, 2017/18-2019/20
Produced by Public Health Wales Observatory, using NSW (WG)

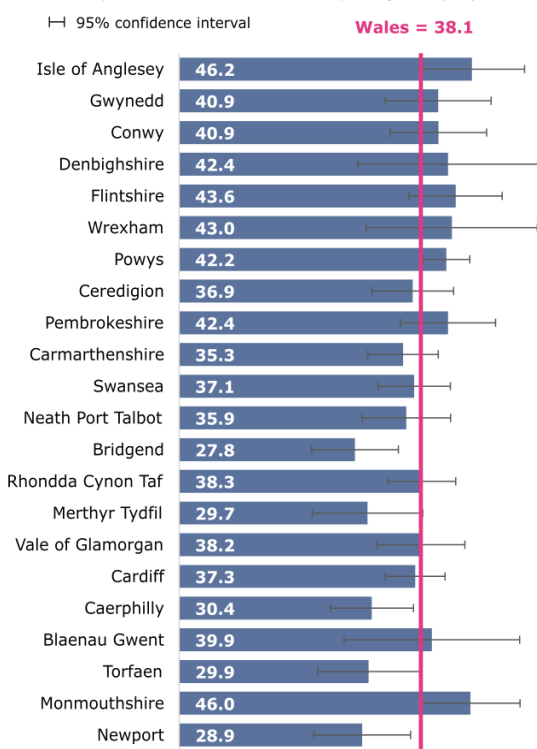


Figure 17 Working age adults of a health weight (Public Health Wales, 2017/18-2019/20)

Figures for childhood obesity for different health boards in Wales are shown in the chart below. In Powys in the year 2017/18

- **75.5%** of children aged 5 were healthy or underweight. This is higher than the Welsh average of 73.6%
- **24.5%**⁶ were overweight or obese, which is lower than the Welsh average of 24.5%

(Public Health Wales, 2017/18)

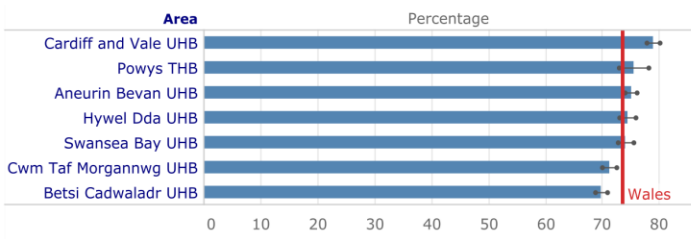
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⁶ percentage implied from the difference in those who were of a healthy weight

Children age 5 of healthy weight or underweight, 2017/18

Percentage, health boards

--- 95% confidence interval



Area	Value	95% Confidence Interval	Count
Cardiff and Vale UHB	78.9	(77.7 to 80.0)	3,811
Powys THB	75.5	(72.8 to 78.0)	793
Aneurin Bevan UHB	74.9	(73.9 to 76.0)	4,908
Hywel Dda UHB	74.4	(72.9 to 75.8)	2,671
Swansea Bay UHB	74.0	(72.6 to 75.4)	2,890
Cwm Taf Morgannwg UHB	71.2	(69.9 to 72.4)	3,523
Betsi Cadwaladr UHB	69.7	(68.7 to 70.8)	5,078
Wales	73.6	(73.1 to 74.1)	23,674

Produced by Public Health Wales Observatory, using CMP (NWIS).

Figure 18 Children aged 5 of healthy weight or underweight 2017-18 (PHW, 2017/18)

Air quality

An important environmental risk factor for ill health is the quality of the air that we breathe, because poor air quality has effects on respiratory and cardiac disease and can lead to lung cancer and stroke. (Environmental pollution 151.2, 2011) Nitrogen dioxide (NO₂) is a gaseous pollutant and exposure to outdoor NO₂ is mainly related to road traffic emissions. Average nitrogen dioxide levels are a useful proxy indicator of overall air quality.

For this indicator Powys ranks 2nd lowest of local authorities in Wales. Average NO₂ is 4.4 in Powys, compared to the Welsh average of 9.2. Predominantly this can be explained by rural nature of the county. The NO₂ pollutant has decreased in Powys over the years, since 2007 this has almost halved from 7.92 to 4.38 in 2019.

To understand more about air pollutants in Powys and how we rank against Wales, [click here to explore our interactive report.](#)

Loneliness and social isolation

Loneliness and social isolation have effects on physical health – where effects include cardiovascular disease, inflammation and functional decline, as well on mental health – where effects include depression, increased risk of suicide and cognitive decline. (International psychogeriatrics, 2019) (International psychogeriatrics, 2019) (Journal of Ageing life care, 2018) They are also associated with an overall increased risk of dying. The effects of loneliness occur at every stage of life, but older people are particularly at risk. (International journal of obesity, 2011) (Journal of Ageing life care, 2018)

17% of people in Powys report feeling lonely in the most recently available data – applied to the current population, this would mean approximately 22,600 residents across Powys. This percentage is higher than Welsh average of **15.5%** (though this difference is not statistically significant). The figures for each of the local authority areas in Wales are illustrated in the image below.

People feeling lonely, age-standardised percentage, persons aged 16+, local authorities, 2019-20
Produced by Public Health Wales Observatory, using NSW (WG)

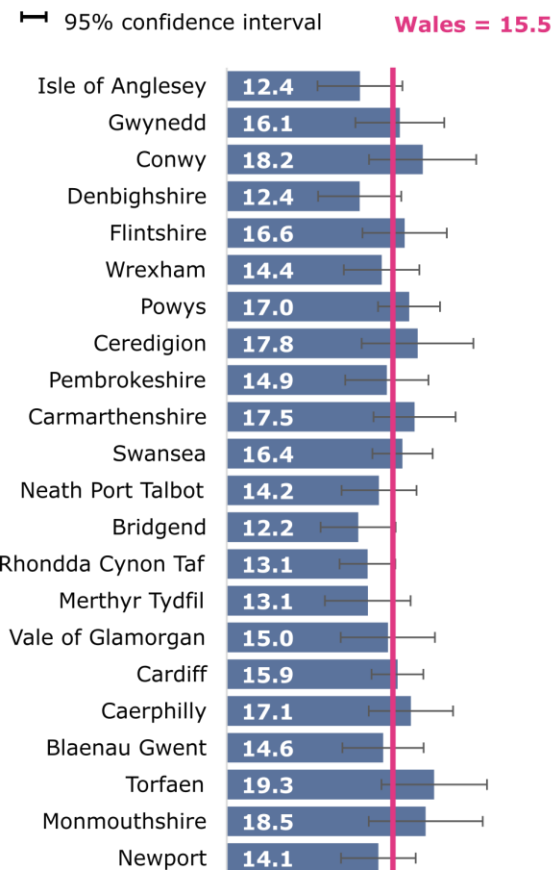


Figure 19 People feeling lonely by local authority (Public Health Wales, 2021)

COVID-19

The coronavirus pandemic has disproportionately hit older people and those with underlying health conditions. In nearly all countries, **at least 90% of COVID-19 deaths were amongst people aged 60 and over**. In many, about half or more were amongst residents in long-term care facilities. There has been a clear social gradient in COVID-19 deaths. **Underserved people, people living in deprived areas and ethnic minorities have been disproportionately affected. Those groups most affected are those that were already experiencing the greatest vulnerability to poor health and well-being.** (PTHB, 2021)

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Direct health impact – contracting infection, severe illness, death	Indirect impact – through the five essential conditions (wider determinants of health)
People with pre-existing chronic conditions or disability Minority ethnic groups, especially Black and Asian People living in areas of higher socio-economic deprivation People living in, and at risk of, poverty and social exclusion Self-employed, those in insecure/informal/low income employment (often key jobs) Front-line health or social care workers Living or working in crowded conditions, such as meat processing plants Marginalised or transient groups, such as homeless people, refugees and migrant workers, prisoners Those who do not have basic water, sanitation or hygiene facilities	
Older age Men Living in a care home	Children and young people Women, especially mothers Unskilled workers

Figure 20 COVID-19 related vulnerability: the most affected, Source: Public Health Wales

Alongside the elderly, young people have been impacted by the pandemic. COVID-19 response measures have included mass school closures for prolonged periods, **resulting in negative impacts on child development, health and well-being, educational attainment, future educational and employment prospects, family income and the overall economy.** Lockdowns have been associated with direct negative psychosocial impacts, including lack of social contact, for example, for those 12 to 18 years; and experiencing loneliness for those aged 16 to 24 years.

For many people, **COVID-19 has been experienced as a syndemic** – a co-occurring, synergistic pandemic that interacts with and exacerbates existing chronic diseases and social conditions.

The estimated overall impact of COVID-19 on some specific conditions is set out below:

- The proportion of working- age adults *limited a lot by long standing illness* is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23: **In Powys, this is 4,719 more adults**
- The proportion of working- age adults with *musculoskeletal problems* is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23: **In Powys, this is 1,723 more adults**
- The proportion of working- age adults with *heart and circulatory problems* is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23: **In Powys, this is 2,023 more adults**
- The proportion of working- age adults with *respiratory problems* is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23: **In Powys, this is 1,797 more adults**

- The proportion of working- age adults with *endocrine and metabolic problems* is projected to increase from 7.9 in 2019/20, to 10.9% in 2022/23: **In Powys, this is 2,247 more adults**
- The proportion of working- age adults with *mental health problems* is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23: **In Powys, this is 2,322 more adults**

Impact of COVID-19 on common conditions (Public Health Wales, 2021)

The **four harms from COVID-19** will continue to exert an effect both in the short and longer term.

1. Direct harm from infection	<p>Acute infections, hospitalisations and deaths.</p> <p>Longer term complications of COVID infection and hospitalisation</p> <p>Long COVID</p>
2. Indirect harm from overwhelmed services	<p>A profound shock to the NHS and social care systems: There has been a major decrease in elective and emergency hospital admissions in Wales in 2020 when compared to 2019</p> <ul style="list-style-type: none"> • 55% decrease for elective admissions • 30% decrease in emergency admissions
3. Indirect harm from changes in health seeking behaviour	<p>Limited access to prevention, treatment and rehabilitation services, such as:</p> <ul style="list-style-type: none"> • Cancer screening and treatment • Mental health referrals, despite increasing demand <p>Changes in health-seeking behaviours and the availability of access to essential diagnostic services may result in additional deaths from cancers (including breast, colorectal, lung and oesophageal) in the medium (1 year) and long term (5 years).</p>
4. Indirect socioeconomic harms	<p>22% of households in Wales lost at least 20% of their weekly income between February and April 2020.</p>
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society	<p>Socio-economic gradient in hospitals and deaths: The rate of hospital admission and death from COVID-19 in the 20% most deprived areas in Wales is double that in the 20% least deprived</p>

(Welsh Gov, 2021)

(Welsh Gov Technical Advisory Group, 2021)

Our understanding of the population health impact of the pandemic is still developing, and this will need to be kept under review as new research and intelligence is published particularly in respect of long Covid.

Summary of population health in Powys

In general Powys compares favourably with Wales overall in terms of key population health indicators such as life expectancy and healthy life expectancy. However, there is no room for complacency: international comparison shows that Wales and Powys fall short of the healthiest countries on these indicators; the last decade has seen a concerning stalling in the improvements in life expectancy that previous decades had seen; the most deprived parts of Powys are notably less healthy than the least deprived – inequality in outcomes remains a significant challenge.

Likewise, many of the population levels of key risk factors in Powys look good compared to Wales overall but addressing inequality in Powys and moving life expectancy in Powys towards that of the healthiest nations will inevitably require sustained focus on improving population risk factors – partly through the way we provide services, but also through our wider partnership efforts.

Achieving the effects that we want to see has become more difficult in the face of the global pandemic: our understanding of its many effects on population health is still developing, but it is already clear that COVID-19 has brought with it widespread and interacting effects on many factors that influence population health.

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4. Physical disabilities and Sensory Impairment

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Physical Disability

A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders.

In Powys, 35.67 people per 1,000 of the population are recorded as having a physical disability (in Wales as a whole, this figure was 9.17 per 1,000 population in March 2018). Powys is the second highest Local Authority in Wales with only Conwy being higher with 35.97 residents per 1,000 population.

(Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.



Rate by Local Authority, A physical disability included in other categories

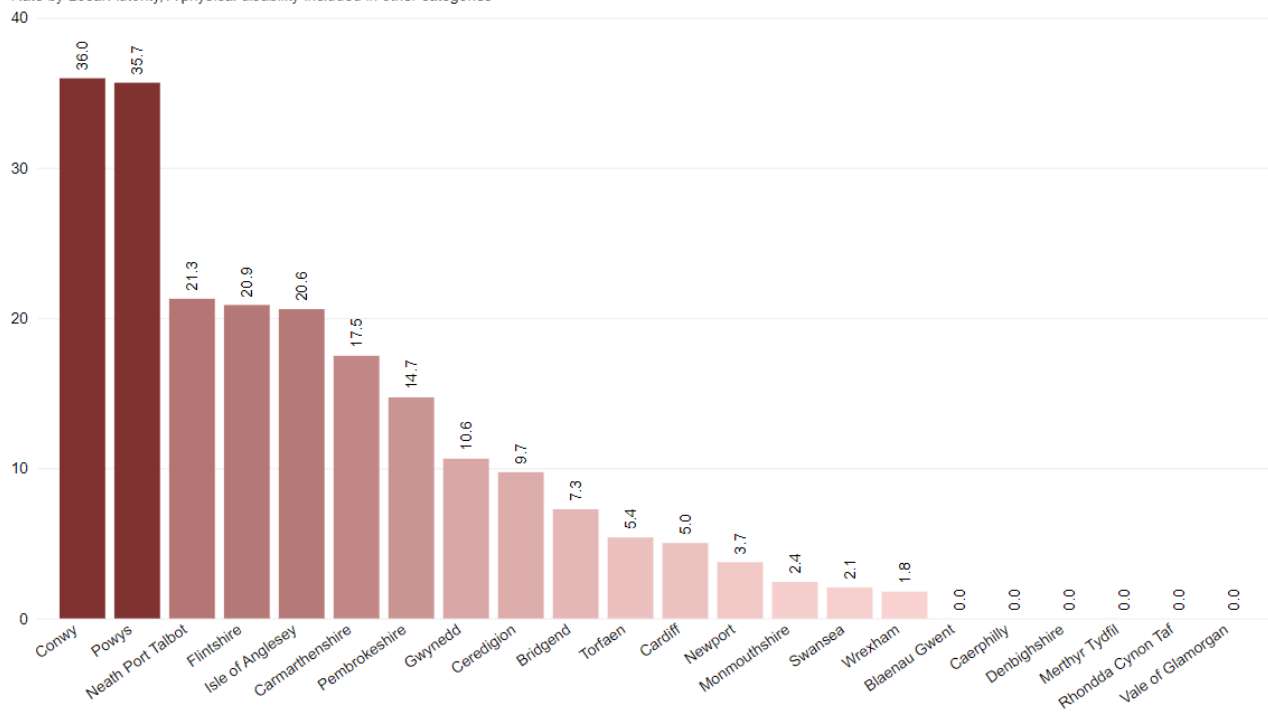


Figure 21 Rate of persons (per 1,000 population) with a physical disability by local authority (Welsh Gov, 2019)

Follow the link to [view more information about disability and sensory lost via our interactive report.](#)

There are three types of payments you can receive if you are registered with a disability, they are:

- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- Attendance allowance

Disability Living Allowance (DLA) has been discontinued by the government and is gradually being replaced by Personal Independence Payment (PIP). (UK Gov, 2021)

In Powys, 20% of people of working age are Equality Act (EA) core or work-limiting disabled (Wales is 23%, 2015).

5% of the working age people were claiming Disability Living Allowance.

In February 2021, there were 2,577 Powys residents claiming Disability Living Allowance, the highest locality was Ystradgynlais with 466 residents, followed by Newtown locality with 341 residents claiming. The locality with the least number of residents claiming Disability Living Allowance with 97 in February 2021 was Llanidloes locality and Hay and Talgarth locality.

In the same period, there were 6,270 Powys residents claiming Personal Independence Payment, the highest locality was Newtown locality with 1,032 residents, followed by Ystradgynlais locality with 860 residents claiming.

The locality with the least number of residents claiming Personal Independence Payment with 199 residents in February 2021 was Crickhowell locality.

As of October 2021, there were a total of **3,437 carers registered with CREDU** in Powys. 2,390 are adult carers are defined as persons aged 26 years and over, and 870 are young carers. (*177 carers registered are of unknown age).

Of those adult carers 22% (518) having a physical disability/illness as the highest type reported. Of those young carers 6% (48) having a physical disability/illness as the highest type reported. For more information about Carers in Powys please see the Carers chapter.

What have people said

[Wales Neurological Alliance](#) members in Powys took part in a small, virtual focus group (January 2022) and told us:

Support is needed with PIP assessments from someone with an understanding of the long-term issues of living with a specific chronic condition. Advocacy and help is needed in terms of attending the PIP appointment. There was concern that the PIP is only valid for three years and reassessment due.

Sian who has the Multiple Sclerosis (MS) said: “The PIP assessment and process was very stressful, complex and daunting. The form was horrendous. Without the support of the MS Society I wouldn’t have been able to complete it alone. I worry that many others don’t have the support that I was fortunate to get through the MS Society project.”

The pandemic has resulted in huge disruption to care and treatment for people with disabilities. Examples such as delays in scans and tests and treatment plans

Feedback from a family in North Powys caring for their child with a long term and chronic illness raised concerns about:

- Finances due to travel costs for the long journeys to hospital and whilst being unable to work due to caring responsibilities, one family has had to re-mortgage their house to pay for the increased costs.
- Mental health of their child and the rest of the family due to the stressful situation they find themselves in.

Integration of the services needed to support these families from Social Services, Education, health care and CAMHS.

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- **39% had physical/mobility impairment**
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

Sensory Impairment

Sensory Impairment is the common term used to describe deafness, blindness, visual impairment, hearing impairment and deaf blindness.

Sensory impairment can be a significant life limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades. Accelerating factors in relation to sight loss include diabetes and obesity.

People with sensory impairment have a range of care and support needs. Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health, well-being and measures to support access to employment.

Effective care and support are likely to reduce other risks associated with age and frailty, such as falls. A range of services are available across Wales. These provide a foundation for improvement in the future. Improvements need to focus on further development of generic and specialist services and improving access to other services for people with a sensory impairment. This will require collaborative approaches to ensure consistency and that common challenges are addressed.

Powys County Council employ fully qualified rehabilitation officers who will assess a person with sensory loss' needs, they will help the individual learn new skills and provide information to carers. An assessment aims to identify problems that sensory impairment causes on a day-to-day basis. The rehabilitation officers work with individuals to put together a rehabilitation plan which will list the help needed to live independently.

Wales Council of the Blind and the wider sight loss sector are concerned about the reducing numbers of Rehabilitation Officers for the Visually Impaired (ROVIs) in Wales. The recommended number is 1 per 70,000 residents. There are 30.3 FTE in Wales compared to the recommended 44.9 FTE recommended. This shortfall will exacerbate an already challenging scenario where Covid restrictions have created both a backlog of cases and additional cases due to lost skills and the impact of reduced services in primary and secondary healthcare.

ROVIs are the only specialists qualified to work within social care with adults with sight loss. This threatens the independence and well-being of future generations of blind and partially sighted people in Wales

Only six local authorities out of 22 meet the minimum standard of employed ROVIs. Powys County Council is 7th out of the 22 local authorities with 1.8 FTE when the recommended is 1.9 FTE (-0.5%) The worst of the local authorities is Cardiff with only 1 FTE out of the recommended 5.2 FTE (-81%).

The latest data available (2018) shows there are **11.83 people per 1,000 population in Wales registered with having a sensory impairment**. Powys is the highest local authority in Wales with **22.36 people per 1,000 population registered with a sensory impairment**.

The rate of people registered as severely sight impaired in **Wales is 2.07 people per 1,000 population**. Powys has the highest rate out of the 22 local authorities, with **3.56 people per 1,000 population registered as severely sight impaired**. (Welsh Gov, 2019)

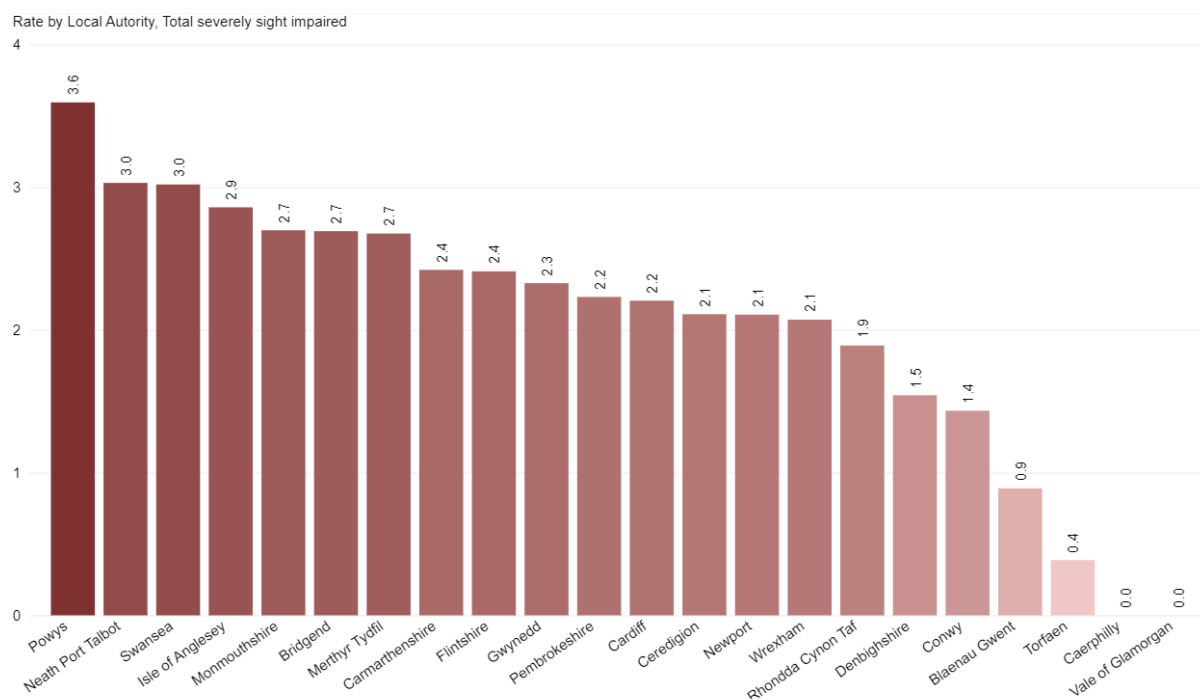


Figure 22 Rate of persons (per 1,000 population) who are severely sight impaired (Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.

Follow the link to [view more information about disability and sensory lost via our interactive report](#).

What have people said

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- **13% have hearing impairment**
- **1% have visual impairment**
- 2% speech impairment

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Learning Disability

People who have a learning disability and their families want to live as independently as possible, socialise in their local community and live as full a life as possible.

Powys has several systems in place to support people to access services and support. These include assessment and care management systems, resource allocation systems, continuing health care, health checks, direct payments, transition arrangements, ongoing consultation, planning and strategy systems.

Learning disability services in Powys are provided by the two statutory authorities and by independent sector providers. The joint learning disability services in Powys includes Consultant Psychiatrist, Psychologist, Social Workers, Speech & Language Therapist, Occupational Therapist, Community Support Officers, Health Care Assistants, Community Learning Disability Nurses, Physiotherapist, Clinical Nurse Specialist and Team Leaders.

A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements, and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate support within health and social care to sustain local placements.

National research shows that approximately **2.16% of the adult population** will have learning disabilities and approximately **2.5% of children in the UK** are believed to have a learning disability (Mencap, 2019)

In Powys, there **were 401 people entered on the register with a learning disability** on 31st March 2021. 380 (94%) are living within their communities.

- **15% are living in their own home**
- **34% are living with parents or family**
- **0.5% are living in foster homes**
- **45% are living in lodgings and supported living**
- **5% are in a local authority residential accommodation**

Table: Number of persons on the register of people with a learning disability as at 31st March 2021. (PCC, 2021)

Place of residence	Aged under 16	Aged 16 to 64	Aged 65 and over	TOTAL 2021
Community placements a. own home		42	20	62
Community placements b. parents/family	30	99	6	135
Community placements c. foster home	2	2	0	4
Community placements d. lodgings/supported living	0	132	47	179
Community placements e. subtotal (a-d)	32	275	73	380
Health service accommodation (inc. hospitals/hostels etc.)	0	0	0	0
Local authority residential accommodation (staffed or unstaffed)	1	8	12	21
Private or voluntary residential accommodation (staffed or unstaffed)	0	0	0	0
Other accommodation	0	0	0	0
TOTAL 2021	33	283	85	401

Children with Learning disabilities

There are 3 different individual development plans (IDPs) used in Powys County Council Schools these are as follows;

- **School Action (SA):** School Action is defined as provision that is 'additional to or otherwise different from' expected mainstream differentiated provision. It will be

made available at the earliest possible stage to any pupil who experiences greater difficulty in learning than the majority of their peers.

- **School Action Plus (SA+):** School Action Plus external support services, both those provided by the LEA and by outside agencies, will usually see the child, in school if that is appropriate and practicable, so that they can advise teachers on new IEPs with fresh targets and accompanying strategies, provide more specialist assessments that can inform planning and the measurement of a pupil's progress, give advice on the use of new or specialist strategies or materials, and in some cases provide support for particular activities.
- **Statement (S):** For a small number of pupils, including all those for whom a special school or an out-of-county special school placement is needed, it is possible for the council to maintain a Statement of Special Educational Needs.

There are currently 3,545 (21%) pupils with Special Educational Needs (SEN)/Additional Learning Needs (ALN) in Powys. Of these,

- 57% (2,011) pupils are on School Action
- 32% (1,119) are on School Action Plus
- 12% (415) pupils have statements of SEN
- 279 pupils attend one of the three special schools located in the county
- 138 attend primary or secondary specialist centres based in local schools.

Powys currently has three special schools and two pupil referral unit (PRU) settings, as shown on the map below,

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To support the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act 2018, Powys County Council has a new inclusion platform, Tyfu, which will support schools and settings to work in partnership with pupils, parents and professionals to support the learning needs of pupils. The bilingual electronic system will allow a co-ordinated approach to additional learning needs, ensuring pupils receive the support they need as early as possible.

All pupils across Powys will receive high quality provision that meets their needs, no matter where they live

- DRAFT Population Needs Assessment – Regional Partnership Board

- All pupils with SEN/ALN will be placed in a provision that meets their needs, as near to home as is practicably possible, with the appropriate specialist teaching, support and facilities that enables every learner to meet their potential
- There will be a comprehensive range of specialist provision, including special schools, pupil referral unit (PRU), specialist centres, satellite centres and early assessment provision
- This will include both English and Welsh medium provision
- Special schools will cater for those pupils who have the most complex needs, for example severe learning difficulties (SLD), profound and multiple learning difficulties (PMLD) and complex autistic spectrum disorder (ASD)
- Schools within and across geographical areas will support each other and share effective practice

(PCC, 2021)

Powys County Council Inclusion Team

The central team for inclusion has been further strengthened with additional appointments and a range of training, coaching and mentoring to upskill officers. As a result, schools in Powys are well supported with an experienced and knowledgeable inclusion team who provide good quality guidance to schools for pupils with ALN.

Powys Inclusion Panel

The Powys Inclusion Panel (PIP) is a multi-agency referral panel which began in September 2019, following consultation with schools. The key principle of PIP is that there is no 'wrong front door'. There are clear terms of reference, which are reviewed annually with stakeholders to ensure that the referral system meets requirements. PIP is attended by a range of multi-agency professionals including schools, children's services, educational psychology service, sensory service, neuro-developmental service, CAMHS, Youth Services.

An Early Years Additional Learning Needs Lead Officer (ALNLO) has been appointed to support the work of early identification and intervention for children across Powys. The Early Years ALNLO has developed very effective relationships with colleagues in health and children's services and with schools and settings. This is a strength of the service. An experienced foundation phase advisory teacher has been appointed as an Early Years specialist teacher to strengthen the support for ALN to 3+ settings. As a result, good quality training and guidance is provided and there are close working links with the foundation phase advisory team.

Following a recent review with stakeholders, further improvements have been made to improve the referral system, including the development of a PIP triage. Due to the Covid pandemic, **the number of referrals, especially related to pupils with anxiety and non-attendance, have significantly increased**, with 90 referrals received by the panel on one occasion. Inclusion and Youth Services are very proactive in seeking solutions for support to

schools by working collaboratively with partners in health and Children's Services. As a result, colleagues across these services have established an integrated access to services and an 'early help' pilot to support pupils with anxiety, school avoidance and family related issues. These projects are at an early stage of development and have not been evaluated. 73% of headteachers agree or strongly agree that the referral process for pupils with Special Educational Needs (SEN) / Additional Learning Needs (ALN) are clear and effective.

There is a better co-ordinated approach to provision for post-16 SEN/ALN pupils through the post-16 workstream, demonstrating a more co-ordinated approach between school improvement, schools, the SEN/ALN team and other officers. Improved co-ordination between the admissions team and ALN managers ensures that all pupils are placed in the appropriate provision in Powys schools.

Recently ALN managers have provided training on the new Additional Learning Needs and Education Tribunal (Wales) Act 2018 and code for colleagues in children's services and health and for cabinet. Regular updates are provided for senior leaders, schools and governors, with specific training for Additional Learning Needs Coordinators (ALNCos). This has led to a common understanding of the requirements and key responsibilities of officers regarding the act across the council. Speech and language therapists have recently engaged in the pre-school project which is being developed to ensure early identification and intervention. We have worked with Health and Children's Services to map out the provision that is currently in place to develop a co-ordinated approach to supporting young children with SEN/ALN, we have instigated the joint planning of training with CAMHS, Health (Regionally and locally), and Integrated Autism Services.

(PCC, 2021)

Older people with learning disabilities and autism

People with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. Approximately 1.5 million people in the UK have a learning disability. This is even though people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population.

Older people with a learning disability need more support to age well, to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 25% of these cases have a Local Authority planned alternative housing.

- Less than 20% of people with a learning disability work, but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are four times more likely to die of preventable causes compared to people in the general population.
- People with a learning disability are ten times more likely to have serious sight problems and six out of ten people with a learning disability need to wear glasses.

(Powys Teaching Health Board, 2021)

As at 31st October 2021 Powys provides 128 adults with learning disabilities with direct payments to assist them in living independent lives.

- 62.4% of the recipients are male
- 37% are female
- 0.6% are Transgender

The age bands of those receiving adults with learning disabilities with direct payments are

- 32% are under 25
- 35% are aged 25-34
- 24% are aged 35-54
- 5% are aged 55-64
- 4% are aged 65 plus

(PCC, 2021)

What have people said

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- **9% had a learning disability or difficulty**
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

Supported Housing

Powys Accommodation and Support delivery plan predicts the likely development of accommodation and support services over the next 5 years. Although predicting future

demand is difficult, it is anticipated numbers will fluctuate due to need, strength-based assessments and the progression model informing move on options future demand for specialist accommodation in Powys shows the need for 72 places by 2026.

The localities with the highest demand are shown in the Demand Forecast image, with further details given below.

Current provision 2021:

In county

- supported housing – 188 placements
- Residential care – 27 placements

Out of county

- supported housing – 18 placements
- Residential care – 87 placements

Homelessness and complex needs

- Temporary accommodation – 204 placements
- Bed and breakfasts – 21 placements
- Rough sleeping – 4 placements

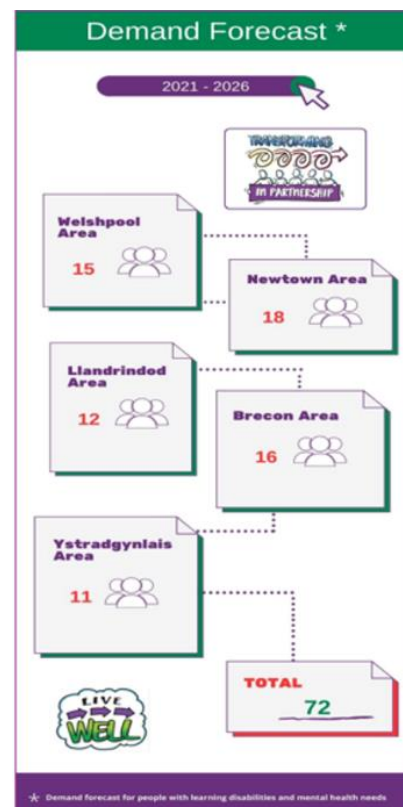
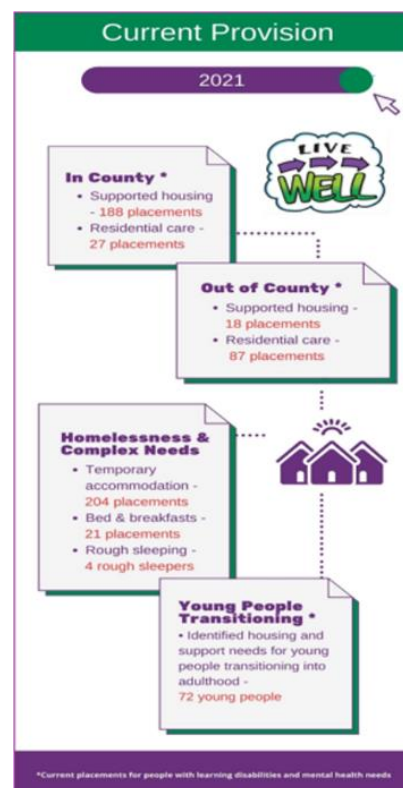
Young people and transitioning

- Identified housing and support needs for young people transitioning into adulthood – 72 young people

Demand forecast 2021 to 2026

- Welshpool area 15
- Newtown area 18
- Llandrindod Wells area 12
- Brecon area 16
- Ystradgynlais area 11
- Total 72

We have identified four ways in which we will drive the strategic intent of an Accommodation and Support Plan for people living with learning disabilities, mental health conditions, multiple & complex needs, and physical & sensory disabilities.



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Figure 24 What will we do? Accommodation and Support (PCC, 2021)

(PCC, 2021)

What have people said?

In June 2021 BCA consulted with people who attend our weekly Zoom self-advocacy meetings to find out what services and activities they would like in the future. The answers informed a wider consultation which was posted out to 77 people with a learning disability in south and mid Powys. We received 55 replies: 71% of the people who replied could use Zoom, leaving a significant 29% who could not, of those who did use Zoom 36% did not like it, 70% of respondents wanted more social activities. Replies from the consultation echoed what people have been telling us in the Zoom meetings, that face-to-face contact with other people is greatly valued but people also want meaningful activities.

BDA clients show there is a demand for activities, as demonstrated by a lockdown art project we ran in February/March 2021 – we anticipated 30 participants, but 65 people requested art packs and took part in Zoom art workshops and/or completed artwork at home. Our members consistently tell us that they value face-to-face contact. Our first outside meeting of our Choir Cats singing group in May 2021 was attended by a young man unable/unwilling to access Zoom, it was only the third time he had left his house since September 2020, he now looks forward to attending every week.

What issues do we need to address in the next plan?

The current issues facing Powys now include:

- Until recently, the local authority (LA) has not had a clear enough vision for learners with SEN/ALN
- The purpose of some of the specialist provision has been unclear
- Depending on where pupils live, they have access to a different quality and type of provision
- Some pupils have to travel long distances to reach a provision that meets their needs
- Some pupils who are currently placed in specialist provision (special schools or specialist centres) could be educated in a mainstream school
- Access to provision through the medium of Welsh is inconsistent
- Mainstream schools do not all have the facilities or expertise required to support pupils with a wide range of learning needs
- Processes for identifying and providing intervention for pre-school children with SEN/ALN are inconsistent across Powys

Autism Spectrum Disorder (ASD)

Autism is a lifelong developmental disability which affects how people communicate and interact with the world (NAS, 2022). Autism is a spectrum. This means everyone with autism is different. Some autistic people need little or no support. Others may need help from a parent or carer every day. Being autistic does not mean you have an illness or disease. It means your brain works in a different way to other people. It's something you are born with or first appears when you are very young. If you are autistic, you are autistic your whole life. (NHS, 2019). There are a range of therapeutic interventions and environmental approaches which can support autistic individuals to maximise their potential.

It is estimated that **autism spectrum disorders (ASD) affect one in 100 people in the UK** (NAS, 2022) and in **Powys**, ASD's are the **most common presentation of disability within children**. (Integrated Autism Service, 2021)

3.44% of all mainstream pupils have a diagnosis of autism spectrum disorder (ASD), or traits associated with autism (PCC, 2022). 5.9% of Pupils of all additional learning needs across the county are diagnosed with autism spectrum disorder, or traits associated with autism. (PCC, 2022)

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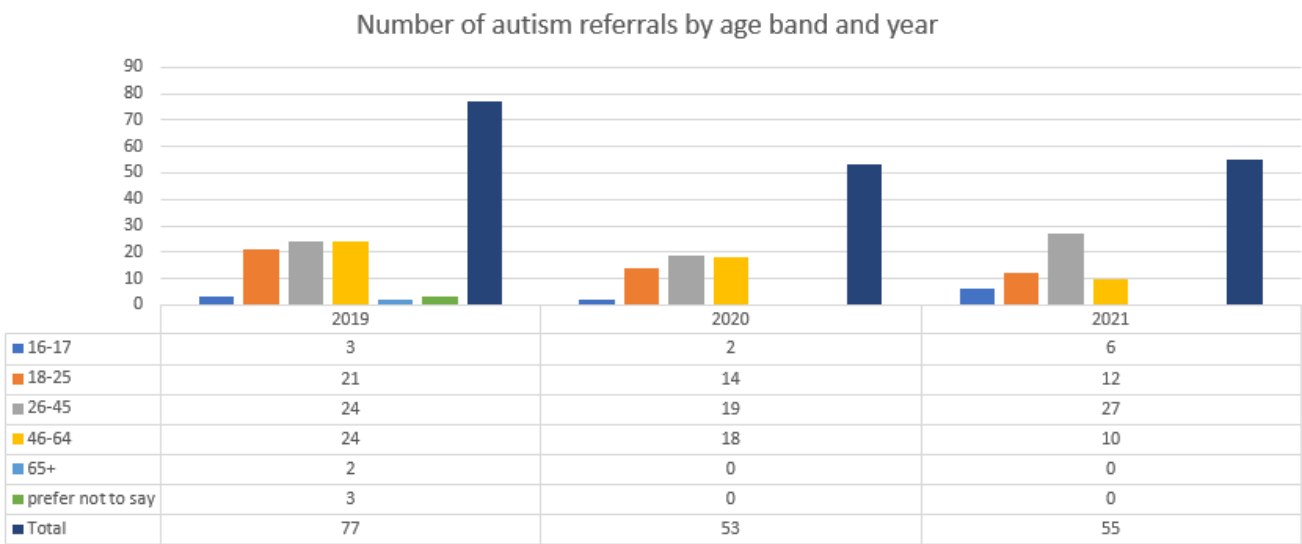


Figure 25 Bar Chart showing number of autism referrals by age and year (Integrated Autism Service, 2021)

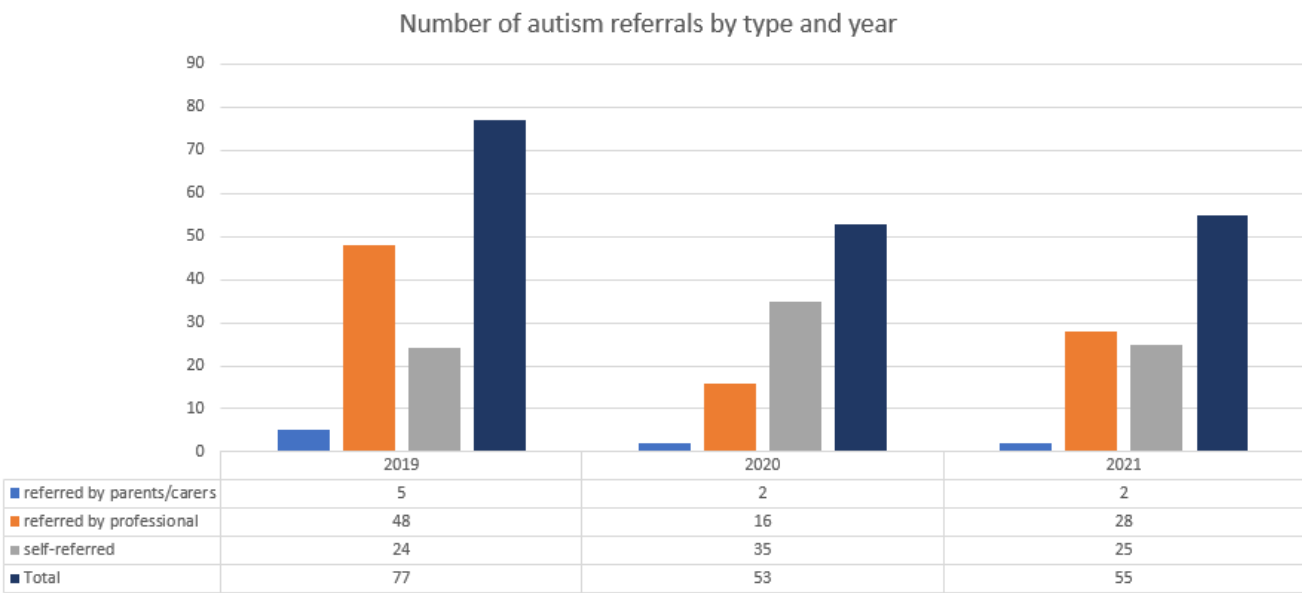


Figure 26 Bar chart showing number of autism referrals by type of referral and year (Integrated Autism Service, 2021)

The Integrated Autism Team (IAS) in Powys has been set up to offer a mix of health and social care expertise.

The local authority is working with stakeholders and partner agencies to ensure that it can deliver services for all autistic people and their families and ensure that their voice is heard in all aspects of planning and rollout. We are working to implement the ASD Code of Practice and are developing systems and processes with autistic people to ensure that support and facilities are fit for purpose and targeted to meet needs.

Historical data shows that adults experienced difficulties accessing assessments and obtaining diagnosis. Even though the IAS improved on performance the objectives were not achieved due to a combination of staff resignations and COVID-19 when the service was 'stepped down' and some staff were redeployed to deliver other COVID-19 duties.

Since January 2020 the IAS has restructured the service to improve access to assessment and diagnosis and now has a full complement of qualified assessors.

There are 110 clients on the waiting list for assessment and the **waiting times** (which have been exacerbated by the COVID-19 cessation of the service), **currently stands at 12 months**. Currently there is no waiting list for support, but it is envisaged that this will increase.



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Mental Health in adults

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organisation stated that there is no health without mental health, which means that public mental health is integral to all public health work. Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence, and life expectancy (Powys Teaching Health Board, 2021).

The coronavirus pandemic has had a significant impact on mental and emotional health and well-being. As of January 2022, mental and emotional health services, including primary, secondary and Third Sector care and support are experiencing unprecedented requests for help across Wales, for mild to moderate depression, anxiety, bereavement and lingering effects of grief, social isolation and loneliness. People accessing crisis services are also increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse and risks of homelessness and debt) all becoming more prevalent.

Depression is the most common mental health problem for older people and prevalence rises with age (Powys Teaching Health Board, 2021).

Women are more often diagnosed with depression than men. **At any one time, around 10-15% of the over 65 aged population nationally will have depression and 25% will show symptoms of depression.** The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. **More severe depression is less common, affecting 3-5% of older people.**

Welsh Government published data shows there were 22.2% of all pregnant women under Powys Teaching Health Board with Mental Health conditions at their first pregnancy appointment in 2020. This is a slight increase from the previous year (21.6%). However, it is quite a significant decrease from 2018 (29.6%) (Welsh Government, 2020).

Office of National Statistics data taken during 2020 evidences an increase in mental and emotional health issues. **19% of adults were likely to be experiencing some form of depression during the coronavirus pandemic** in June 2020; this had almost doubled from around 1 in 10 before the pandemic (July 2019 to March 2020) (ONS, 2020). **13% of adults developed moderate to severe depressive symptoms during the coronavirus pandemic.**

People with mental health needs can seek advice and support from their GP. Access to GP surgeries declined during the pandemic, with many people choosing not to contact their GP, due in part to national lockdown(s) and other pressures relating to NHS services. As of January 2022, numbers of people accessing GP services are consistent (and rising) with pre-pandemic requests for help (Powys Teaching Health Board, 2020-2022).

However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. **This means of those with depression only 15% or one in seven, are diagnosed and receiving any kind of treatment.** Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

It has been estimated that **between 10-15% of women suffer from post-natal depression.** In Powys there are approximately 1,000 births per year, which would indicate that around 100 women will suffer post-natal depression.

The most common mental health disorders for working age population are anxiety and depression. (Social Care Wales, 2017)

According to the pharmaceutical needs assessment (Powys Teaching Health Board, 2021), in the UK;

- 25% of older adults have depression requiring an intervention
- over 40% of those in their 80s are affected by depression.
- depression is the leading cause of suicides in England and Wales each year.
- Suicide is more common in men
- Substance misuse is more common in men

In Powys there were **250 admissions to a mental health facilities in 2019-20.** The data shows admissions to mental health facilities in Powys have **decreased by 23%** since 2014-15, which correlates with the decrease for the Welsh Average (23.5%).

The figure for Powys is consistently below the Welsh average. Although the numbers seem to be decreasing it is not known if this is because of early prevention or if there are other factors affecting this. (Welsh Gov, 2021)

There were **285 suicides in Wales** in the year 2020. (Office for National Statistics, 2021)

Powys is the **6th highest** Local Authority with **1.05 suicide death rate per 10,000 population in 2020**, which accounts for 4.9% of all suicide deaths in Wales for 2020.

Over the last 10 years the number of suicides in Powys has ranged between 19 and 21 suicide deaths recorded annually. Between 2015 and 2019, 5.6% of all suicides in Powys were persons aged 25 and under.

The number of suicides in Powys

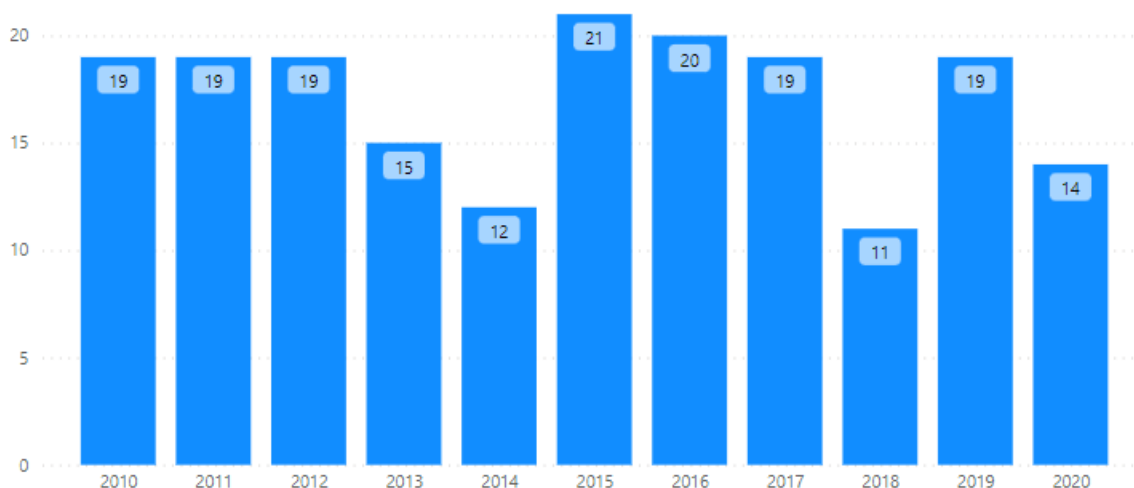


Figure 27 Number of suicides in Powys over time (ONS, 2021)

What do we know about young people's mental health? (Social Care Wales, 2017)

- suicide is a major cause of death for people age 15-44
- one in five deaths of men aged 15-24 is a result of suicide
- Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT community and other note the risk factors, such as substance misuse and those more socio-economically deprived

Dementia is a major public health issue in Wales.

Approximately **42,000 people in Wales** have dementia, however only 22,686 people have a dementia diagnosis. It is most common among older people - dementia affects one in twenty over the age of 65 and **one in five over the age of 80**.

As life expectancy increases, there will be more older people and so more people with dementia (NHS Wales, n.d.) (Health Challenge Wales, n.d.).



Source: Wales: General medical services contract: Quality and outcomes framework Sept 2020

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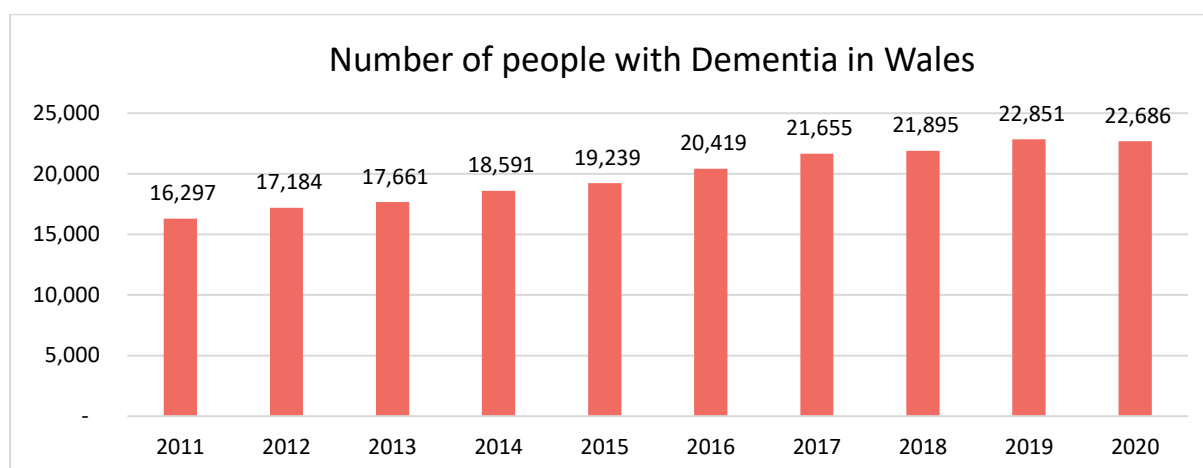


Figure 28 Bar Chart showing the number of people in Wales diagnosed with Dementia between 2011 and 2020 (Alzheimer's Research UK, 2021)

In **Wales**, between 2015 and 2020, the number of people on the dementia register **increased by 18%**, from 19,239 to 22,686 (Alzheimer's Research UK, 2021).

Between 2010 and 2018, Powys Teaching Health Board had the highest prevalence rate for dementia out of the seven health boards in Wales, this diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys (PTHB) dropped to 2nd behind Betsi Cadwaladr Health Board with 76%, continuing its decline in 2020 where Powys (PTHB) dropped to being the 4th highest with a rate for dementia of 72%.

The diagnostic rates have been impacted by Covid-19 over the past 18 months due to no diagnostic clinics being held. Powys have a current diagnostic rate of 34% but it is predicted to increase when people on the waiting list attend their appointment and receive a potential diagnosis.

The Dementia Care Pathway of Standards were launched in March 2021 following consultation with over 1800 people. There are twenty standards narrowed down from over one hundred potential standards which drill down to the details of what people believe will make a positive difference to dementia care in Wales. Powys has led the way in arranging a workshop to present the Standards to health care staff, local authority and third sector partners.

Following the workshop four workstreams have been developed to progress the Standards in Powys and Memory assessment services feature in ten of the twenty standards, including improving the diagnostic rates. The Dementia Friendly Hospital Charter has a standard to put principles in to practice which reflect the aspirations in the Dementia Action Plan for

Wales, covering a number of person centred and rights based approaches, which will improve dementia care during a hospital admission.

Establishing the Dementia Care Pathway of Standards in Powys will mean there is a clear focus for the development of robust dementia care provision.

What we do to support Mental Health?

In March 2020, all Powys mental health charities stopped their face-to-face services, including drop-in groups and 1:1 counselling session. Some restarted some face-to-face sessions once the first lockdown was relaxed, and they had been able to put procedures and equipment in place to allow social distancing.

Across the county, most community centres for mental health and well-being have adhered to Welsh Government guidelines and are open for face-to-face support, by pre-appointment rather than “drop-in”. Where possible, group work is taking place, either outdoors or where facilities enable adherence to social distancing and ventilation guidelines. The Third Sector has also embraced providing remote access to support, by phone, video or through Facebook and/or other social media methods. Restrictions have not prevented organisations from supporting their communities in whatever way possible, and numbers of people seeking support from mental health charities continues to increase. (PAVO, 2021)

What have people said?

The Powys Mental Health Planning and Development Partnership has a sub-group for engaging with different service user and carer representatives, along with Third Sector and multi-agency staff and seeks to consistently ensure the voice of stakeholders shapes the way our mental health services are developed.

Engage2Change Powys Mental Health Report 20-2021

After engaging with various population groups in Powys, access to timely, in-county mental health services for both children and adults is highly valued. Residents want faster diagnosis and referral with reduced waiting times, coupled with more specialist services provided closer to home. During public engagement for the North Powys Well-being Programme in 2019, there was consensus across all groups for all-age integrated mental health services delivered in county.

When the first COVID-19 lockdown came into force (March 2020), referrals to the SilverCloud service went up from 130 per month to 550, almost overnight. Rapid expansion of the SilverCloud support team was necessary - secondments from other PTHB teams and Public Health Wales filled the gap to meet the increased demand.

Throughout 2020-21, Engage to Change have undertaken several initiatives to raise awareness of mental health in Powys. In Spring 2020, a survey was released to capture

peoples' experiences of accessing Powys mental health services during the pandemic. Feedback was varied but provided valuable insight into the needs of the population. The results helped us identify future areas of investment such as befriending and support services for younger people.

The Patient's Council is a project facilitated by the Powys Association of Voluntary Organisations (PAVO) and aims to give a voice to patients currently in Felindre Ward, who are offered acute in-patient mental health services. The Council hold regular, patient-only meetings which give people an opportunity to express their views on the services they receive whilst they are in hospital. We have seen several initiatives introduced as a direct result of the Patients' Council highlighting need. Powys Citizens Advice Bureau have been providing a pilot in reach service to Felindre Ward, Bronllys Hospital to support patients in managing their financial and social circumstances to help aid their recovery and enable a smooth transition home.

Patient feedback noted that patients can be admitted suddenly with little notice, (such as via a Section 136) leaving them with only the clothes on their back. Many people arriving on the ward **felt unprepared** and didn't manage to bring any of the necessities. Welcome packs (inset) have now been introduced on Felindre Ward. The goal of the welcome packs is to make Felindre inpatients feel at ease on the ward by addressing some of their immediate personal care needs. The packs contain items such as information leaflets, toothbrush, toothpaste, underwear, flannels, and a comb. For 2021-22, the Council's future focus is to **increase the activities** available on the Ward ahead of smoking cessation in mental health hospitals in September 2022.

'Small Steps' is a service innovation research project designed to take people with moderate to severe mental health difficulties using secondary mental health services for weekly activities in the Brecon Beacons National Park. The aim of the project was to evaluate the mental health and well-being benefits associated with outdoor activities for this client group. Many research studies have demonstrated the benefits of engagement with the natural world and greenspace for physical health, mental health and well-being. Physical activity in natural environments can ease stress, anxiety and depression and improve mood and self-esteem. After offering some taster sessions to people using mental health services within Ty Illtyd CMHT in Brecon, a group of participants were then identified to join the project and engage in the 2–3-hour weekly activity group sessions in Brecon Beacons National Park led by staff from the National Park's Communities team. The programme was co-produced from a list of available activities which included hill and nature walks in the National Park and around Brecon canal; sensory and interest walks e.g., learning about plants, local geography, and history; geocaching; wildlife surveys; tree identification; navigation practice; rural and survival skills; art and photography. Participants reported **increased confidence, sense of purpose and motivation**, and reflected on the **helpful social aspects** of the group – for example being motivated to attend the group despite feeling anxious, which brought great **benefits to their mental health** when they might otherwise

have cancelled an appointment due to anxiety. Some particularly commented on the benefits of now feeling able to access the National Park for outdoor activities during Covid-19 lockdown, which helped them **feel less trapped** and still able to **engage in meaningful activities**.

Other new priority areas of focus for this year will include:

Eating Disorders - a service that is relatively new in Powys, but with the upturn in referrals into the service, additional capacity for clinical support has been factored into our budget(s) in terms of service improvements for this year.

The development of a **single point of access** for mental health calls in Powys providing out of hours support, including the proposed development of our of hours “Sanctuary” type services with the Third Sector supporting people experiencing crises is underway.

The links between housing/homelessness, substance misuse and mental health needs and joining up services and pathways to support people who have complex needs

Children and Young People’s mental health priorities, including a “Whole School Approach” to family and/or children/young people’s need, where education is the gateway for knowledge and support

Psychologically informed services, including new trauma-based psychology support service for people with complex needs

Continuing to provide our **Silvercloud CBT** service, including our “Blended Approach” to support people to access the online service if people are struggling, via our commissioned Third Sector providers in Powys

Continued focus on our improvement to services with growing our Early Intervention in Psychosis, Eating Disorders, Perinatal, Complex Trauma and specialist support for our CAMHS (Child and Adolescent Mental Health Services), with a multi-agency focus on additional support for people living with substance misuse and at risk of becoming homeless.

Suicide and Self-Harm support is a key area of priority for us this year and we are intending to launch a new services supporting people bereaved by Suicide.

Arts in Health and our focus on Eco-Therapy interventions, linking with the need to access “social prescribing” is also a key area of development. We are working closely with Third Sector providers, such as Montgomeryshire Wildlife Trust and other Trusts to support referral pathways for patients, services users, and carers

Evidence of Impact of COVID-19 on Mental Health

COVID-19 has had a direct impact on non-COVID related activity in the NHS, on case volume, the demands associated with infection prevention and control measures and has impacted the workforce. Lockdowns and social distancing measures have also caused severe disruption to health services and impacted non-COVID activity.

The harms associated with a reduction in non-COVID NHS activity include (but are not limited to) increases in behaviour which risks health (for example, alcohol consumption), due to the cessation of primary preventive services; delayed diagnosis (due to a range of factors); and delay and other disruptions within health care treatment pathways (Powys Teaching Health Board, 2021).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For PTHB, this mean there could potentially be 2,322 more adults of working age diagnosed with a mental health problem in Powys, over this period.

Women are more likely to report, consult and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Traditionally men have been more reserved when it comes to their emotional health and well-being, however we are starting to see more initiatives for men to speak to others, which should encourage them to open up about their well-being.

Public Health Wales has provided further information showing potential increased risk to physical and mental health because of the pandemic.

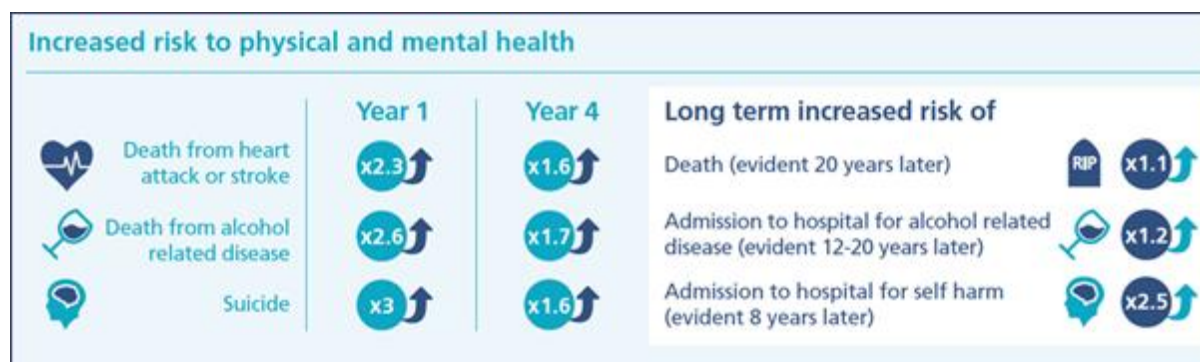


Figure 29 Visual showing the risk to Physical and Mental Health (PHW)

There is international evidence that disruption to health services, due to coronavirus, has impacted those living with non-communicable disease such as mental health. There is evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the COVID-19 pandemic.

Internationally, there is evidence that around 60% of adults (including around three quarters of people aged 18-24 years) experienced a deterioration mental health during April to May 2020. There is evidence that the risk of such a deterioration is higher in people with a history of mental health problems. There are also particular risks and patterns amongst younger people and older adults (Powys Teaching Health Board, 2021) (NHS Wales, 2020).

Although the overall picture is complex, there is evidence that COVID-19 and related interventions – including school closures – had a negative impact on the mental health and well-being of children and young people in the UK, during the first lockdown (Powys Teaching Health Board, 2021) (Welsh Government, 2020).

Concern has been expressed that there will be a surge of exacerbated and untreated mental illness after the pandemic (Powys Teaching Health Board, 2021) (Champs Public Health Collaborative, 2020).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For PTHB, this mean there could be 2,322 more adults of working age with a mental health problem in Powys, over this period.

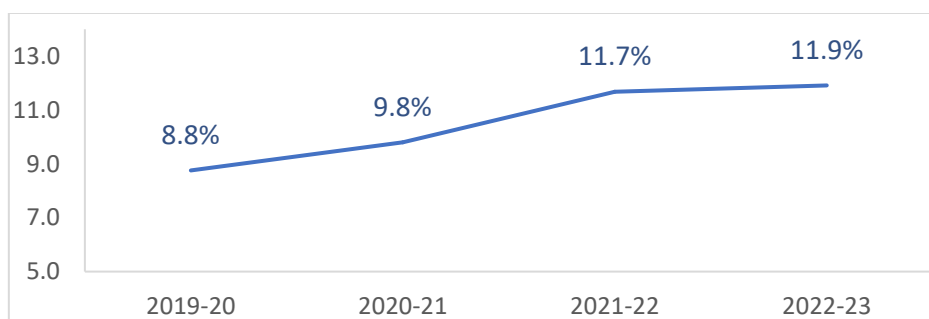


Figure 30 Line graph showing projected percentage of adults with mental disorders (PTHB)

Mental Health in children



“1 in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder” (Social Care Wales, 2017)

As the pandemic progresses a mixed picture is emerging of the effects that lockdown, media coverage and disruption to normal routines are having on the well-being of children and young people.

At a local level it becomes more evident that recent events have had a negative impact on the mental health and well-being of some children and young people in Powys resulting in a significant increase in demand for counselling services across the County.

Alongside this, mental health also impacts upon demand for children’s social care, with parental mental ill health being a factor for 39% of children receiving care and support, (national average: 36%). It is important to note that this has risen by over 9% since 2017, a trend which is seen nationally.

17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, which is higher than the national average of 14%. This is similar to the 2017 figure of 18%. (Welsh Gov, 2017)

It is also anticipated that there will be an impact on the mental health of young people, with a likely increase in the number of referrals to Child and Adolescent Mental Health Services (CAMHS) to support them in managing their situation. May 2020 saw the lowest number of referrals (24) in the previous 18 months, and this is almost a 50% reduction from May 2019 (46). This does raise concerns that young people may not be accessing the required support at the right time, which may impact their well-being and also suggests that there may be an increased demand for the Service post COVID-19.

Current provision includes:

- developing a single point of access for CAMHS
- school counselling services
- raising awareness of mental health in schools and to promote youth mental health first aid
- self-harm pathway between health and education and PSE lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services

(Social Care Wales, 2017)

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The number of children and young people attending counselling by Local Authority
2019-2020

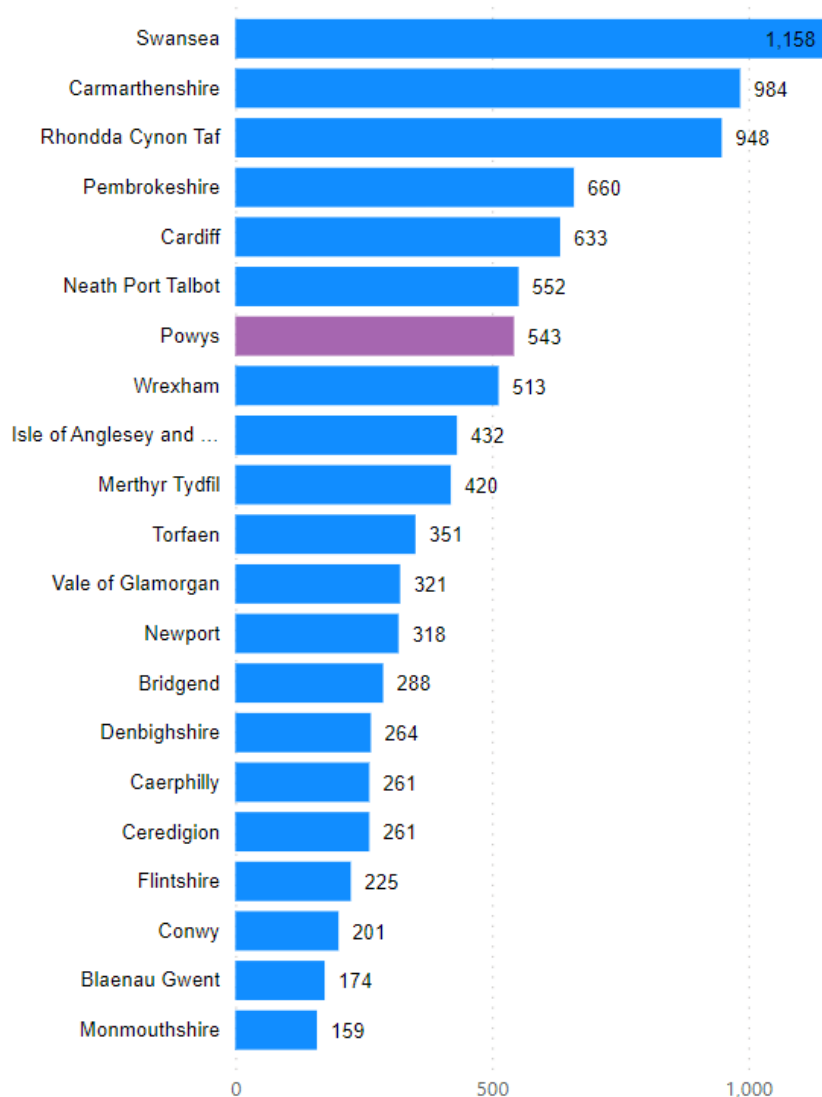


Figure 31 Bar chart showing the number of children and young people attending counselling by Local Authority for the year 2019 – 2020 (Welsh Gov, 2021)

The above chart shows Powys is the 7th highest local authority of children and young people attending counselling during the year 19-20 with 543 attending.

Swansea is the highest with 1,158 and Monmouthshire is the lowest with 159.

(Welsh Gov, 2021)

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Number of children and young people attending counselling over time

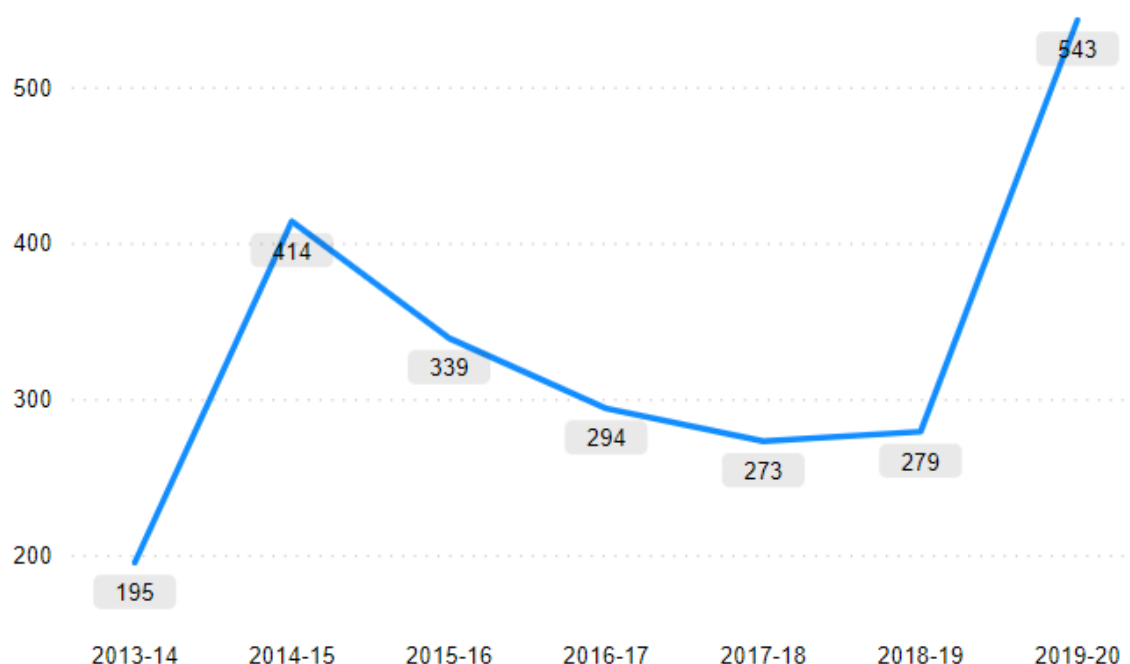


Figure 32 Line chart showing the number of children and young people in Powys attending counselling over time (Welsh Gov, 2021)

The above chart shows the number of children and young people attending counselling within Powys over a 6-year period. The highest peak is in 2019-20 with 543, this is a 48% increase on the previous year (2018-19, 279) (Welsh Gov, 2021).

The second highest peak was in 2014-15 with 414. However, this still shows a 23% increase from 2014-15 to 2019-20. (Welsh Gov, 2021)

The “staying at home and social distancing rules” had both positive and negative impacts on the Welsh population. There is evidence that the first lockdown negatively impacted the mental well-being of the “...whole population.” However, the impact may have been particularly marked for children and young people, older people, key workers, people on low incomes and at risk of unemployment, people with existing poor mental health and those who were shielding (Powys Teaching Health Board, 2021).

Of those who Deliberately self-harm (DSH) and access Child and Adolescent Mental Health Services (CAMHS), under referrals and wait times it is known that:

- Only 50% of those CYP who self-harm seek help – mainly girls
- 36% of 16–25-year-olds have self-harmed at some point
- Referrals from January 2020 – August 28th, 2021 – 247
- Average age of Young Person (YP) accessing CAHMS Powys is 15; UK is 13
- 15 signposted, refused to attend
- Wait times – 85% of those referred and accepted are seen within 7 days (7 follow up) rest seen within 10 working days

(Powys Teaching Health Board, 2021)

As a result of successive lockdown periods, there has been a significant increase in recorded instances of children and young people within the county experiencing anxiety and a range of other mental health issues. A corresponding increase in demand for counselling has seen an increase of 64% in new referrals when comparing September 2020 with September 2021; Xenzone, our commissioned counselling service, currently have 245 active cases. Working in close collaboration with key partners, Schools Service is making effective use of additional funds received from Welsh Government to reduce the number of children and young people on the counselling waiting list and increase the number of sessions available. (PCC, 2021)

What have people said?

(Engage2Change, 2021)

Young people have been hit hard by the COVID-19 Pandemic. Not necessarily in the life-threatening ways generally reported in our older populations, but in the restrictions and impacts in their social lives, education, and relationships, as well as the worries and fears around their family members.

Powys have seen an increase in acuity within children's mental health services over this past year, as the unseen toll of the pandemic continues to reveal itself. Powys have maintained a service throughout the pandemic and have benefitted from the outstanding multi-agency partnership work and relationships that we have continued to foster.

Advancements in digital technology means that many meetings can be conducted virtually, saving time and being more efficient across the county. The virtual platform, Attend Anywhere, was also rolled out to enable appointments via a smartphone or computer. Throughout the pandemic Powys have continued to have face to face appointments for those in most needs, complex issues and increased risks.

'Teams around the Cluster' – bringing all relevant agencies together across the 13 school clusters in Powys, each one having an allocated Primary Mental Health Practitioner from CAMHS. This development has continued with partners on the Early Help Hubs and development of a single point of access for all referrals of young people with emotional health and well-being issues across Powys, which would mean that referrals will no longer bounce between agencies, instead decisions would be made at one central point and this supports recommendations of the Missing Middle Report including the No Wrong Door Report.

The CAMHS In-Reach Schools project – The pilot has been hugely successful and has resulted in new monies coming from Welsh Government to Powys for the Development of our own in reach service in the coming months / year which will see all schools in Powys benefit from specialist mental health support and liaison. Powys CAMHS now have access to

an age-appropriate bed at Felindre Ward, Bronllys Hospital. This provides a safe and well needed provision for our young people when they are at their most vulnerable in Powys.

(PCC, 2019)

Residents commented on the importance of mindfulness and would like to see more classes, including mindfulness sessions for children, of which more are currently being delivered across schools in Powys.

Activities for children and young people were perceived to be insufficient and a lack of variety. Views were shared that there is a lack of local youth centres in Powys and that it would be good to upgrade to a 'youth learning centre' for disadvantaged youths. Free play classes for children, including improved access to free swimming classes, clear and safe outdoor play areas, as well as access to arts and cultural activities for children and young people were also seen as being a positive move forward in offering more variety.

Powys Community Health Council, Mental Health of Young People During COVID-19 – September 2021

In September 2021 Powys Community Health Council published the results of a survey circulated in June/July 2021 to find out from young people in Powys about the mental health and well-being support available to them during the pandemic. The survey also asked how young people thought those services could be improved. 337 responses were received with a majority (91%) from the 11- to 17-year-old age bracket.

Respondents were asked whether they felt able to speak to anyone about their feelings and, if so, who did they speak to.

- Parent or Carer 203 (60%)
- Brother/Sister/Other Family Member 106 (31%)
- Friend 205 (61%)
- Teacher/Tutor/Other Staff Member at school/college/ university 69 (20%)
- School Counsellor/School Nurse 23 (7%)
- GP/Doctor 25 (7%)
- Telephone Helpline (eg Childline, Young Minds, Samaritans) 10 (3%)
- I haven't felt able to speak to anyone 34 (10%)

View the full report here [Mental Health of Young People During COVID-19 - Powys Community Health Council \(nhs.wales\)](#)

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues

- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

In the same survey, respondents were asked how satisfied with their life they are nowadays:

- 61% were very happy or happy
- 26% neutral
- 13% unhappy or very unhappy

And how happy they felt yesterday,

- 61% were very happy or happy
- 25% neutral
- 14% unhappy or very unhappy

When asked what priorities they would put into a well-being plan, answers included:

- “Improve mental health for residents through a range of people led interventions.”
- “Make health care more accessible-easier access to GP and shorter wait times for assessments for Mental Health/Autism.”
- “Better mental health care and provision - currently very poor.”
- “Access to quicker assessments for mental health (waiting time over 14 months).”
- “To be able to afford a nice home with a garden (not a shoebox overlooked by lots of others, people living like this will struggle to have good mental health. The current new builds like Newydd Housing are a prime example of housing that will be bad for mental and emotional health).”

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7. Carers who need support

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The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Carers can be involved in a whole range of tasks; from cooking, housework; lifting, washing and dressing the person cared for, helping with toileting needs, administering medication, and providing emotional support.

Based on the 2011 Census there were **16,154 people living in Powys providing unpaid care, 12.1% of the Powys population** (ONS, 2011).

Carers in Powys provide many hours of care:

- **63%** provided unpaid care for **one to 19 hours** per week
- **13%** provided unpaid care for **20 to 49 hours** per week, and
- **24%** provided unpaid care for **50 or more hours** per week

Most adult carers are retired (39%), 23% are caring full-time and do not have paid employment, and 12% do have part-time paid employment. The age demographic of our carers is: -

- 57% are women and 43% are men.
- **Age bands**
 - 27% (4,304) aged 65 and over
 - 38% (6,096) aged 50 to 64
 - 23% (3,736) aged 35 to 49
 - 6% (942) aged 25 to 34
 - 4% (698) aged 16 to 24
 - 2% (378) aged 0 to 15 (ONS, 2011)

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Number of unpaid carers

There are large differences in the number and rate of unpaid carers across our 13 localities.

Welshpool and Montgomery (2,080), Newtown (1,885) and Brecon (1,745) localities rank first, second and third for the highest number of unpaid carers in the county.

Rate of unpaid carers

Ystradgynlais (150 per 1,000), Crickhowell (134 per 1,000) and Knighton and Presteigne (128 per 1,000), Hay and Talgarth (123 per 1,000) localities have the 1st, 2nd, and 3rd and 4th highest rates of carers per 1,000 population.

The rate of unpaid carers for Powys is 122 persons per 1,000. Four of our 13 localities are higher than the Powys average.

It is important to note that some LSOAs (Lower Super Output Areas) within our localities have significantly higher rates of carers than the overall locality. For instance, Ystradgynlais 2 LSOA (in Ystradgynlais locality) has 53 more carers per 1,000 than the Powys average and has the highest rate of carers than all 79 Powys LSOAs with 175 carers per 1,000.

The 2nd highest LSOA is Aber-craf (Ystradgynlais locality) with 171 carers per 1,000 and the 3rd highest LSOA is Yscir (Brecon Locality) with 164 carers per 1,000.

Follow this link to [view more information about unpaid carers in Powys, via our interactive report.](#)

However, it is important to note that these figures are significantly outdated, in the last 10 years the ageing population in Powys has seen a large increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. During the last assessment it was predicted that the number of carers was set to rise by up to 40%, due to the ageing population in Powys. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 census.**

In Wales 19% of the adult population said they were already providing care before the COVID-19 outbreak (487,000 people) and a further 8% said they have started caring since the COVID-19 outbreak (196,000 people). This suggests there are currently as many as 683,000 unpaid carers in Wales (Carers UK, 2020)

Carers UK research shows that there has been a 7% increase in unpaid carers in the last 10 years, from 12% to 19%. Combined with the additional 8% who began caring since the COVID-19, nearly one third (27%) of Wales population are currently providing unpaid care.

Profile of carers in Wales (Carers UK, 2020)

- 57% are women and 43% are men.

- Half of unpaid carers are in paid employment (50%)
- 31% are in full-time work
- 19% are in part-time work
- Age bands
 - 17% are aged over 65
 - 28% are 55-64
 - 19% are 44-54
 - 25% are 35- 44
 - 5% are 25-34
 - 6% are 18-24

If we apply the Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%, in Powys this would mean a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of COVID-19.** However, in 2022 we will have more up to date figures once the 2021 Census data is released.

It's important to note here that the research carried out by Carers UK only includes carers aged 18 or over, and carers under 18 are not included in these estimates.

What have people said?

In the 'Living in Powys' well-being survey, out of 470 responses, 45% identified themselves as being (or had been) a carer for a friend, neighbour or family member. Of these respondents, 59% had never had contact about their caring responsibilities with either the Council, the Department of Work and Pensions, carers organisations or their GP practice.

Challenges faced by unpaid carers in Wales (Carers UK, 2020)

When asked what challenges unpaid carers are faced with, the general public stated the following as the top challenges:

- not being able to take time away from caring (**78%**)
- managing the stress and responsibility (**77%**)
- the financial impact of the additional care costs (**72%**)
- the impact it has on other personal relationships (eg with family, friends, partners etc.) (**70%**).

Whereas unpaid carers responded with the following challenges:

- not being able to take time away from caring (**74%**)

#1

The Welsh public said the top challenge affecting unpaid carers in Wales was:

not being able to take time away from caring



- managing the stress and responsibility **(73%)**
- the negative impacts on their physical and mental health **(73%)**
- the impact it has on other personal relationships (eg with family, friends, partners etc.) **(65%)**
- the financial impact of the additional care costs **(53%)**
- the negative impact it has on their ability to do paid work **(50%)**
- not having anyone to talk to about the challenges of caring **(46%)**.

Adult Carers

As of October 2021, there were a total of **3,437 carers registered with CREDU**. According to the above estimates this shows that potentially only 10% of carers are getting support, leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.

70% of those (2,390) are adult carers*, adult carers are defined as persons aged 26 years and over. (*177 carers registered are of unknown age).

The distribution of adult carers known to CREDU (of known age) across age bands show that:

- 6% (190) of carers are aged 80 and over
- 17% (594) aged 65 to 79
- **24% (829) are aged 50-64, this is the largest age band for carers**
- 17% (584) aged 36 to 49
- 6% (193) are 26 to 39

71% of adult carers are female, 29% are male and less than 1% are transgender or other.

Of those adult carers 31% (742) self-reported as having a disability.

- **With 22% (518) having a physical disability/illness as the highest type reported.**
- **5.5% (132) of adult carers reported to have a mental/emotional health issue.**
- The remaining 3.5% of carers have reported other disabilities including, Neurological, Learning Disability, Sensory Impairment, Substance Misuse, ASD, Dementia, Long term health condition, Behavioural or End of life planning.

The employment status of those adult carers known to CREDU are,

- **32% (442) are full time carers**
- 22% (319) are in full or part time or self-employment
- 9% (122) are in full or part time education
- 5% (68) are on long term sick and 3% (38) are unemployed or looking for work

Of those whose relationship to carer is known,

- **38% of carers are caring for their partner/spouse**
- 30% are caring for their son/daughter (step/in law)
- 24% are caring for their mother/father (step/ in law)
- 3% are caring for their sibling (step/in law)
- The remaining 5% are caring for either a friend, grandparent, ex-partner/spouse, grandchild, neighbour or other family member.

The number of adult carers registered differs across our 13 localities, Newtown has the highest number of registered carers with 369, Llandrindod and Rhayader are second highest with 307 and Welshpool and Montgomery third highest with 266 registered carers.

Crickhowell has the fewest registered carers with 85, second fewest is Llanidloes with 88, and third fewest is Llanfair Caereinion with 113. 104 of the registered adult carers locality is unknown.

Between January 2020 to March 2020, CREDU issues log recorded that they had contacts from carers for help and advice on a number of subjects, notably:

- 133 adult carers contacted the service for advice on emotional support
- 107 contacted for health and well-being advice
- 89 contacted for advice on managing the caring role/impact
- 85 contacted for advice on finance/benefits

Other contacts needed support and advice on other topics such as, Advocacy, Social/Connecting/ Friendships, Employment, Education and practical help (to name a few).

As of November 2021, there are 94 open carers cases known to Adults Services in Powys County Council. The council offers several services to help support these carers including short breaks (respite).

There were 262 contacts through ASSIST (Adult Social Services Information Support Team) from carers between April 2021 and November 2021. For the same period in 2019 there were 188 contacts, this shows a **39% increase in contacts from carers compared with same period in the last year.**

Young Carers

Young Carers are children and young people aged 25 and under who have caring responsibilities from someone who has a physical or mental illness, a physical or learning disability or a drug or alcohol problem.

Being a young carer can have a big impact on the things that are important during growing up, young carers on average achieve lower grades at GCSE and miss or cut short on average 48 days of school each year. Young adult carers are four times more likely to drop out of higher education. In a survey by Carers Trust, 39% said that nobody in their school was aware of their caring role, 26% have been bullied at school because of their caring role and one in 20 miss school because of their caring role. (Social Care Wales, 2017).

As of October 2021, there were a total of **3,437 carers registered with CREDU**.

25%* of those (870) are young carers (*177 carers registered are of unknown age).

The distribution of young carers known to CREDU (of known age) across age bands show that:

- 2% (69) of carers are aged under 8
- **7% (236) aged 8 to 11, this is the largest age band for young carers**
- 4% (147) are aged 12 to 13
- 4% (143) aged 14 to 15
- 4% (134) are 16 to 18
- 4% (141) are 19 to 25

56% of young carers are female, 44% are male and less than 1% are transgender or other.

Of those young carers 16% (139) self-reported as having a disability.

- **With 6% (48) having a physical disability/illness as the highest type reported**
- **3% (29) of young carers reported to have ASD (autistic spectrum disorder)**
- **3% (25) have mental/ emotional health issues**
- The remaining 4% of young carers have reported other disabilities including, Learning disability, Behavioural, Neurological, Sensory impairment, Long term health condition or Substance misuse issues/addiction/recovery.

The employment/education status of those young carers known to CREDU are,

- **87% (523) are in full time education**
- 2% (14) are home educated
- 1% (6) are full time carers
- 4% (25) are in full or part time or self-employment
- The remaining are either, NEET (not in education, employment or training), looking for work or unemployed.

Of those whose relationship to carer is known,

- **55% are caring for their mother/father (step/ in law)**
- 36% are caring for their sibling (step/in law)

- 4% are caring for their son/daughter (step/in law)
- 2% of young carers are caring for their grandparent
- 2% of young carers are caring for their partner/spouse
- The remaining 1% are caring for other family members/other.

The number of young carers registered differs across our 13 localities, Newtown has the highest number of registered young carers with 174, Llandrindod and Rhayader are second highest with 134 and Welshpool and Montgomery third highest with 115 registered young carers.

Crickhowell has the fewest registered young carers with 13, second fewest is Llanidloes with 29, and third fewest is Hay and Talgarth with 30 young carers. 44 of the registered young carers locality is unknown.

Between January 2020 to March 2020, CREDU issues log recorded that they had contacts from young carers for help and advice on a number of subjects, notably:

- 48 adult carers contacted the service for advice on emotional support
- 43 about education and 6 about employment
- 42 about social/ connecting and friendships
- 39 about managing caring role and impact
- 30 about respite

Other contacts needed support and advice on other topics such as, Advocacy, supporting family relationships, voice/influence, practical help, finance and benefits and safeguarding (to name a few).

Between April 2021 to November 2021, there have been 40 young carers presented to Childrens Services, Powys County Council through their front door. 27 of those needed information and advice, 6 have gone on to receive early help and support, 7 have gone on for further assessment. Trend data is not available due to historical reporting data gaps.

What have people said?

According to a survey carried out by Carers Trust UK ([My Future, My feelings, My family](#)) in July 2020 about the impact of COVID-19 on young carers found that (in the UK),

- 58% of young carers and 64% of young adult carers felt that the amount of time they spend caring had increased since COVID-19.
- 8% of young carers and 15% of young adult carers cared for over 90 hours per week during the pandemic
- 42% of young adult carers were unable to take a break from caring

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- 19% of young carers and 21% of young adult carers told us that time away from the person they care for was an important coping mechanism during lockdown
- 40% of young carers and 59% of young adult carers say their mental health is worse (since coronavirus)
- 30% of young carers and half of young adult carers want mental health support
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope
- 56% of young carers and 39% of young adult carers said their education is suffering
- 41% of young carers said they didn't have enough time to spend on schoolwork
- 69% of both young carers and young adult carers say they feel less connected to others than they did before the pandemic

CREDU commissioned a video series for Carers Week 2021 to highlight the diversity of caring. Each carer lives in a different part of Powys and has a different caring role.

Follow the link to [view all videos in the series through the CREDU YouTube channel](#).

Transcript sections taken from, [“I care” - Ffion](#) about a young carer named Ffion who lives in Newtown Powys and cares for her parents.

“It was around year 8 someone from school referred me to CREDU, and that’s when I really realised, I was a young carer.”

“Homework and being in school all the time and focussing can be really tricky, I feel that that is something that a lot of young carers struggle with. I am pretty supported in school about being a young carer. I ‘m quite a well-known young carer I am a member of the carers steering group, junior start well board, Carers trust youth council and the Powys ambassadors for youth safeguarding.

I feel that something I have in common with every young carer is the worry. You worry all the time you are in school, there is always worry at the back of your mind, you are always worrying about something whether that is school or the person you care for. Always worrying about something.

Being a young carer, there is such a community, I have made loads of friends and some of my closest friends are young carers because they understand what I am going through more than others. My friends will just dismiss me if I am having a bad day but my young carer friends will give me a hug and reassure me.

Being a young carer doesn't limit me, it makes me better, in a way. My message to young carers would be don't be ashamed of being a young carer. Don't be limited. Just be yourself, be unique and you'll be fine, and everything is going to be ok.” Ffion.

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8. Violence against women, domestic abuse, and sexual violence

*“It is estimated that **one in four women and one in six men will experience violence in their lifetime.***

The majority of those who will experience violence and abuse are women. However, some regions note that, although most people who experience violence and abuse are women, there are specific issues for men that need to be addressed. ***Men are three times more likely not to tell anyone they are experiencing abuse.***

There has been an increase in reporting of historical sexual abuse in recent years, but much abuse still goes unreported. We need to make every contact count so that people are supported to escape abuse. Reasons for keeping it secret include feeling ashamed, not realising it was abuse, and thinking it won't be taken seriously.”

(Social Care Wales, 2017)

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was the first law of its kind in the UK. It addresses domestic abuse and sexual violence regardless of gender or sexual orientation. There is also no age limit in the Act, so it also covers children and older people.

Between January 2018 and December 2020, a total of 2,152 incidents relating to domestic abuse against women were reported to the police (Dyfed Powys Police, 2021). It should be noted that this figure may not accurately reflect the true number of incidents as many occurrences of domestic violence continue to go unreported. During the same period there were 1,681 domestic abuse related violence against the person crimes reported to the police, relating to women (Dyfed Powys Police, 2016), a 50% rise from January-August 2016.

The figures below are reported by Dyfed Powys Police (2018-2020)

- Number of people aged 18-64 who were alleged victims of violence against the person: 1,618 female; 2,156 (all genders)
- Number of people aged 65 or over who were alleged victims of violence against the person: 63 females; 107 (all genders)
- Number of people aged 18-64 who were alleged victims of a sexual offence: 102 females; 106 (all genders)
- Number of people aged 65 or over who were alleged victims of sexual offences: 2 females; 2 (all genders)
- Number of people aged 18-64 years who were alleged victims of domestic abuse: 2,071 females; 2,707 (all genders)
- Number of people aged 65 or over who were alleged victims of domestic abuse: 81 females; 139 (all genders)

- Incidence of domestic abuse: 2,152 females; 2,973 (all genders)
- Incidence of sexual crime (including those that are not DA Related): 818 females; 983 (all genders)

Caveat: There may be a number of crime reports that do not document the victim's age and therefore the figure above may be slightly under estimated. Despite this most numbers have increased significantly compared to the previous assessment.

Data provided by Dyfed Powys Police for the time-period January 2018 to July 2021 shows that:

The three localities with the highest rate of crime are: -

- Newtown locality: 3,180 crimes per 10,000 population
- Llandrindod and Rhayader locality: 2,742 crimes per 10,000 population
- Brecon locality: 2,388 crimes per 10,000 population

The three localities with the lowest rate of crime are: -

- Llanfair Caereinion locality: 854 crimes per 10,000 population
- Llanfyllin locality with 967 crimes per 10,000 population
- Llanidloes locality with 1,235 recorded crimes per 10,000 population

14.1% of crimes during this time were flagged as relating to Domestic Abuse.

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Equalities

To help us determine whether this population assessment and resulting plan will assist or inhibit our ability to eliminate discrimination; advance equality; and foster good relations an Equality Impact Assessment (EIA) was carried out. The outcome is to ensure that Powys County Council and Powys Teaching Health Board services are delivered equitably.

Carrying out an EIA involves systematically assessing the likely (or actual) effects of a policy or practice on people in respect of the 9 protected characteristics: Disability, Gender, Gender Identity, Race, Age, Religion and Belief, Sexual Orientation and Marriage/Civil Partnership. Also when assessing impact we have tried to look at diversity within, as well as between the groups e.g. disabled people with different impairments.

For each of the 8 core themes we have summarised how we have:

- Engaged with the 9 protected characteristics and any gaps
- Made sure we've taken these groups into account in the population assessment itself
- Reflected their needs in the data collected.
- Identified if there any groups of people we don't know enough about and set an action to resolve.

A full Equalities Impact Assessment will be carried out on our local area plans.



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Methodology

The PNA was undertaken collaboratively and has been agreed by the Powys RPB, this signifies a shared commitment to address all the issues highlighted in this report. Our assessment combines quantitative data and insight, alongside qualitative user feedback.

We have used publicly available data, our engagement information (Public Health Wales, Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations), as well as national research, reports, and evidence to help understand the situation and experience of residents and those using services.

Partners engaged with people throughout the county and encouraged everyone to share thoughts and ideas. All engagement activity was structured around the eight core themes and the data and intelligence gathered was a mixture of new engagement with people needing care and support, as well as utilising existing user feedback and previous consultation and engagement information.

The assessment was carried out in three phases:

Phase 1 – Data Gathering (June – September 2021)

We identified what data was readily available and the data gaps we had from our previous assessment. All relevant quantitative and qualitative evidence from any recent consultations that partners have been involved in was considered. The team developed a list of stakeholders to engage with, as well as the best mechanisms to do so, e.g., utilising existing groups to better engage. The team realised that coronavirus would be a feature of the PNA, however it would not be the sole focus.

Phase 2 – Engagement and Testing data (September – November 2021)

Partners work together to conduct consultation and engagement around the emerging data gaps, using a range of channels and techniques to capture further insights. This included a mix of digital and ‘piggy-backing’ opportunities. We engaged with hard-to-reach groups and the general public on our insight and tested these.

Phase 3 – Analysis (November 2021 – January 2022)

Detailed analysis of the results collected were carried out and included a mix of qualitative data and insights (e.g. resident attitudes and feelings) which complimented the more traditional quantitative information that we captured (e.g. numbers of residents satisfied with a service). By effectively cross-referencing the two types of data we ensured that had a robust assessment.

The written PNA evolved during this process and was refined during each step as we had access to richer insights from our residents and service users.

We engaged with a vast number of stakeholders across a huge area and a common set of groups, we undertook a detailed stakeholder mapping exercise to ensure our assessment reflects people's needs as accurately as possible.

Living in Powys survey

We conducted a Living in Powys survey over a period of 8 weeks in June/July 2021.

Due to the Covid-19 pandemic, and Welsh Government regulations, face-to-face focus groups, on-street surveys, and public events, have been unable to take place and our well-being engagement exercises were primarily online, with printed copies only distributed if/when required.

This engagement campaign targeted the population of Powys, and whilst it was not possible to collect information from the whole population, we used a sample of those whose key characteristics were representative of the target group. To ensure we had results representative of the Powys population, 384 responses were required to have a confidence level of 95% (with a margin of error of +/-5%). Our initial 'Living in Powys' survey received 475 responses and our follow-up 'Well-being Assessment' survey received 614 responses.

The survey was promoted through: Powys County Council and PSB partner social media accounts; the local press; direct emails to PSB Partners, their staff and stakeholders, the Powys People's Panel 1,000+ members, County Councillors, Town and Community Councils; internal communications to Council staff; and on bus stops throughout Powys.

Stakeholders we engaged with, *note this is not an exhaustive list:*

- RPB Partnership Engagement Forums
- Town and community councils
- The workforce
- Service user and carer groups
- Citizens panels
- Carers Fora
- PSB partners
- Disability / access groups
- Environmental groups
- Dementia action groups
- Tenant associations
- PCC housing tenants
- Other equality groups
- Youth groups
- Women's Institute
- 50+ groups
- Pensioner groups

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- Corporate Parenting Group Members
- Schools
- Sports associations
- Governing bodies
- Voluntary groups and charities (via PAVO)
- Businesses

To ensure engagement activities were successful, we employed the following tactics:

- Be clear about what we are asking and why
- Focus on 'what matters' to people
- Make sure any events or engagement materials are meaningful, accessible, and easy to understand
- Use existing networks as much as possible to avoid duplication (piggy-backing)
- Use a wide range of techniques and a multi-channel approach
- Ensure seamless communication between partners throughout

Channels included:

- Surveys – mainly online
- Focus groups
- Press releases
- Social media
- Intranets
- Video
- Virtual forums
- 'Piggy-backing' events & meetings
- Email

Wherever possible, we have provided a locality level picture. As Powys is such a large county, with a landmass covering a quarter of Wales, the 13-locality approach helps understand differences across place.

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Lessons learned

Producing the PNA within the timescales has been challenging. The impact of the coronavirus pandemic has been felt across all health and social care services and has limited the opportunity for staff to fully engage in the development of the PNA as they have done previously. This is due to health and social care focussing on delivering vital services to vulnerable persons through the coronavirus pandemic.

One of the main limitations has been access to good quality data about the population, services, and “usual” demand for those services. Trend data has been impacted due to the lockdowns and restricted provision of services. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to increased pressures on services.

There is a lack of locality level data in some themes, particularly, disability and sensory loss, health, mental health and autism, making it difficult to understand needs at a lower than Wales/Powys level. Whilst we know about age and gender of our service users, we have limited or no knowledge about some of the other protected characteristics within Powys.

Wherever possible we have aligned the findings from the PNA and the Well-being Assessment, and vice versa. The overall population needs in terms of health and care link with the overall well-being of residents when looking at their health, economy, community and environment factors.

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Data Gaps

Population Needs Assessment themes	Data Gaps
Protected Characteristics	<ul style="list-style-type: none"> While Powys is not very ethnically diverse, it would be worthwhile acknowledging how inequality affects people in Powys. For example, ethnicity and gender-based oppression can result in significant health inequalities. Some characteristics data not generally captured (unlike age and gender which is more common amongst datasets). <u>LGBT+ experiences</u> - Currently no reference within the assessment. Data generally not captured <u>Disability</u> - Greater analysis (going beyond rates of disability) could be useful to understand levels of accessibility and experience accessing services in Powys. <u>Awareness</u> - Welsh Government's Race Equality Action Plan, LGBTQ+ Action Plan, Disability Rights Taskforce and how these potentially affect Powys and organisations on the PSB.
Demographics	<ul style="list-style-type: none"> <u>Ethnicity and Place of Birth</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Welsh Language Skills</u> - The latest data available is from the census, 2011. This is now over 10 years old <u>Projected Welsh Language Speakers</u> - We only data we had made available to us is at national level (Wales). <u>Welsh Language</u> – Further explore the longer-term future of the Welsh language in Powys, in conjunction with national level predictions and relevance to your area. <u>Number of households</u> – The latest data available is from the census, 2011. This is now over 10 years old
Children and Young people	<ul style="list-style-type: none"> <u>Educational attainment</u> – latest data is from 2018/19 as examinations were cancelled due to COVID-19 in 2020. <u>Hidden needs</u> – There are children and young people who have not been identified and decision makers should be mindful that they may have a care and support need <u>Children with disabilities</u> - Some local level data is known (those known to social care only) but this is not representative of the needs of the population. This is not included in this assessment.
Older People	<ul style="list-style-type: none"> <u>Hidden needs</u> – There are older people who have not been identified and decision makers should be mindful that they may have a care and support need

Population Needs Assessment themes	Data Gaps
Health	<ul style="list-style-type: none"> • <u>Loneliness and Isolation</u> – The latest data available is from the census, 2011. This is now over 10 years old • <u>Welsh Index of Multiple Deprivation (WIMD)</u> - small area (LSOA data) available but only gives relative levels of deprivation, not actual numbers. • <u>Staying Healthy</u> – The data made available to us is only down to Powys level. • <u>Obesity</u> – The data made available to us is only to Powys level
Physical disabilities and sensory impairment	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people with physical disability and sensory loss who have not been identified and decision makers should be mindful that they may have a care and support need • <u>Physical disabilities</u> - The data made available to us is only down to Powys level. • <u>Sensory Loss</u> - The data made available to us is only down to Powys level.
Learning disability and autism	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people with learning disabilities and/or Autism who have not been identified and decision makers should be mindful that they may have a care and support need • <u>Children awaiting autism diagnosis</u> - Neuro developmental Team
Mental health	<ul style="list-style-type: none"> • <u>Mental Health</u> – Some data made available to us is at national level (Wales) or at a Powys level only. • <u>Hidden needs</u> – There are people with mental health issues who have not been identified and decision makers should be mindful that they may have a care and support need
Carers	<ul style="list-style-type: none"> • <u>Carers</u> - The latest data available is from the census, 2011. This is now over 10 years old.
Violence against women, domestic abuse, sexual violence	<ul style="list-style-type: none"> • <u>Hidden needs</u> – There are people who have been victims that have not been identified and decision makers should be mindful that they may have a care and support need

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BOARD MEETING		DATE OF MEETING: 25 May 2022
Subject:	BOARD AND COMMITTEE PRIORITIES 2022-23	
Approved and Presented by:	James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Other Committees and meetings considered at:	IMTP and Annual Delivery Plan approved by Board, March 2022 Corporate Risk Register presented routinely to Board and Executive Committee	

PURPOSE:

The purpose of this paper is to provide the Board with an overview of Board priorities and planned business for 2022-23 and how delegation and reporting arrangements enable it to obtain the appropriate level of assurance that the IMTP and Annual Delivery Plan will be delivered.

RECOMMENDATION(S):

The Board is asked to APPROVE the Board and committee priorities for 2022-23.

Approval/Ratification/Decision	Discussion	Information
✓	✗	✗

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓

	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Good governance practice dictates that Boards and Committees should be supported by an annual programme of business that sets out a coherent overall programme for meetings. The forward plan is a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that doesn't place an onerous burden on those in executive roles and create unnecessary or bureaucratic governance processes.

At its last meeting in March 2022, the Board approved its IMTP and Annual Delivery Plan for 2022-23. The approach and priorities were developed in the context of a thorough review of reflections, learning and evidence base and an assessment of the current position in relation to both the COVID-19 pandemic response and its wider impacts. The Annual Delivery Plan therefore reflects the ongoing need to respond to the Covid-19 pandemic, the delivery and recovery of healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

The role of the Board's committees will be key in providing assurance to the Board that its priorities and actions are being progressed and associated risks are being mitigated effectively.

Appendix 1 translates the IMTP and Annual Delivery Plan into the priorities for the Board and its committees for the year.

Appendix 2 provides further detail of the anticipated reporting at each Board meeting for 2022-23, taking account other requirements set out in the Health Board's Standing Orders and governing documents, statutory and Welsh Government reporting requirements and good practice.

Individual committee workplans have also been prepared based upon the priorities included in **Appendix 1** and to also include escalated matters that continue to be monitored, identified risk areas and regular reporting of performance and quality. Workplans will be agreed by each committee

and used as the basis for committee business for the year following the Board's agreement to its priorities and how these will be discharged through its committees.

The work programmes of the Board and its committees will need to remain under review as the year progresses to ensure that they remain proportionate and appropriate, allowing a balance of planned reporting for assurance and monitoring of performance, consideration of escalated matters and consideration of risks as they arise.

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BOARD AND COMMITTEE PRIORITIES APRIL 2022- MARCH 2023 – ANNUAL DELIVERY PLAN

The Board approved its 2022 – 2025 Integrated Medium Term Plan (the IMTP) and Annual Delivery Plan in March 2022. The Annual Delivery Plan sets out how the Board can expect the well-being objectives and strategic objectives set out in the IMTP to be delivered. This document considers how the Board will receive appropriate assurance through its committees and the reporting it can expect to receive during 2022-23.

The Board and committee priorities 2022-23 have been developed with reference to:

- the IMTP and Annual Delivery Plan;
- the Committee Terms of Reference as agreed by the Board;
- the Board's Assurance Framework; and
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.

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Focus on Wellbeing

Strategic Priority 1: Take Action to Reduce Health Inequalities and Improve Population Health

Key Actions	Director Deployment – DPH and DoTH	Executive Committee	Assurance Committee	Board
Provide expert advice, leadership and action on public and population health and inequalities (including five harms)	Provide expert advice and leadership on final stage of the Wellbeing and Population Assessments, including identification of key implications for strategy and planning	Wellbeing and Population Assessments to inform strategy discussions	Planning, Partnerships and Population Health (PPPH) - Wellbeing and Population Assessments to inform strategy discussions	Receive Wellbeing and Population Assessments to inform strategy discussions
	Manage transfer of Public Health team and implement actions in accordance with Public Health Wales transfer timetable	Monitor progress and report implications/ escalation as required		Focus on Wellbeing Highlight Report
	Work with staff as part of the transfer to develop the public health			

	function as a wellbeing service offer for Powys			
Explore and respond to impact of COVID on population health outcomes	Provide expert analysis of emerging evidence base to identify implications for strategy, planning and delivery	Report strategic implications as required		
	Quarterly horizon scanning	Escalation as required		
Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	PTHB active leadership and participation in PSB Board business and PSB Wellbeing Plan workshops		PPPH - Highlight report as part of reporting of PSB activity	PSB highlight report
Deliver Equalities and Welsh Language Work Plans	Delivery of Equalities and Welsh Language Work Plan	Annual Assurance Reports	Workforce & Culture (W&C) - receive annual reports for assurance	Annual reports for assurance

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Strategic Priority 2: Deliver Health Improvement Priorities

Key Actions	Director Deployment - DPH	Executive Committee	Assurance Committee	Board
Implement local actions in Healthy Weight: Healthy Wales 2020-2022, implement comprehensive weight management pathway for adults, children, young people and families	Implement Plan	Annual Assurance on implementation	PPPH – Annual Assurance on implementation	Focus on Wellbeing Highlight Report
	Review progress as part of annual priority setting			
	Implement weight management pathway for adults, children, young people and families			
	Further develop and refine all age weight management pathways in Powys			
Integrate specialist stop smoking service and re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	Develop plan to better integrate into wellbeing service offer	Annual Assurance on delivery of plans	PPPH – Annual Assurance on delivery of plans	Proposals and business cases (via Executive Committee) for approval
	Implementation of plan	Proposals and business cases (via IBG as appropriate) for approval/recommendation for Board approval		
	Review pharmacy delivery model and coverage / options in primary care; Develop proposals			
	Implement agreed changes			
	Review learning			
Invest Building a Healthier Wales prevention and early years funding in line with	Ensure Building a Healthier Wales prevention and early years investment and governance in place in line with national priorities and	Assurance on investment in line with national priorities		Annual Assurance on progress against

national priorities and governance	implement agreed service developments			Healthier Wales
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)	2022 targets agreed with PHW	Annual Assurance on scheme implementation	PPPH - Annual Assurance on scheme implementation	Focus on Wellbeing Highlight Report
	Implement scheme			
	Scheme monitoring reports submitted to PHW			
Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	Establish Project team and implement project plan/actions in accordance with agreed HB/PHW transfer timetable			

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Strategic Priority 3: Deliver Covid-19 Prevention and Response and Integrated, Comprehensive Vaccination

Key Actions	Director Deployment - DPH	Executive Committee	Assurance Committee	Board
Implement the COVID-19 Prevention and Response transition plan "Together For A Safer Future"	Implement Annual Planning cycle in line with extant WG policy/guidance	Annual Plan for approval	PPPH – Covid-19 Prevention and Response Assurance	Focus on Wellbeing Highlight Report
	Phased transition of TTP arrangements subject to public health conditions	Monthly reporting of key performance measures		
	Implement 'Covid Stable' model with contingencies for 'Covid urgent'			
	Continue transition of TTP arrangements to 'business as usual' model			
	Fully integrate approach to COVID-19 prevention and response			
	Develop a Responsive Plan to meet emerging requirements for anti-viral treatments and other therapeutic options based on latest available evidence	Plan for approval		Covid-19 Vaccination Strategy for approval
Offer anti-viral treatments and other therapeutic options based on the latest available evidence	Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	Covid-19 Vaccination Strategy for approval	PPPH - Covid-19 Vaccination Strategy for scrutiny	

Deliver the COVID-19 Vaccination Strategy for 2022 and implement the National Immunisation Framework for Wales	<ul style="list-style-type: none"> - Q1 Spring Booster campaign delivery - Q2 Develop and test models for future delivery - Q3 Autumn Booster campaign Delivery - Q4 Transition to future model aligned with National Immunisation Framework 	National Immunisation Framework for Wales Assurance	PPPH - National Immunisation Framework for Wales Assurance	
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Early Help and Support

Strategic Priority 4: Improve Access to High Quality Sustainable Primary Care

Key Actions	Director Deployment - DPCCMH	Executive Committee	Assurance Committee	Board
General Practice: General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours	Strengthen GMS renewal and recovery, Review Q1; implement Contract Reform changes	GMS Renewal Programme Highlight Report GMS Access and Performance	Delivery & Performance (D&P) – Primary Care Development Programme Highlight Report D&P - GMS Access and Performance in Primary Care Services Performance Report	Early Help and Support Highlight Report including Children and Young People Renewal Programme
	Expand MDT roles to support sustainability: recruit First Contact Practitioners (Acute MSK); Mental Health Practitioners; Physician Associates internship scheme and development programme			
	Relaunch Practice in Powys website, followed by content expansion			
	Annual CPD programme for medical, wider clinical and non-clinical staff; establish Careers workshops (Q2)			
	Finalise service specification and Award of Out of Hours contract	Out of Hours Service Specification for approval	PPPH - Out of Hours Service Specification for scrutiny	Out of Hours Service Specification for approval
	Implementation of revised contract for OOHs			

	Tele-Dermatology Diagnostic Project – agree and implement plan			
Dental Services: Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service	Reassess GDS access to inform recovery & renewal plans in conjunction with contract reform initiatives	GDS Recovery Highlight Report GDS Access and Performance	D&P - Primary Care Development Programme Highlight Report D&P - GDS Access and Performance in Primary Care Services Performance Report	Significant Service Development proposals for approval
	Scope appropriate models to further improve GDS delivery across Powys			
	Implement contract reform			
	Implement new contract for additional dental access in Mid Powys following recruitment			
	Develop professional practice and clinical governance approach to support local enhanced Community Dentistry skills			
	Implement approach in team, including training additional CDS Nurses in extended duties (Q1 – 3)			
	Scope / model local oral surgery offer, specification (Q1), recruitment and implementation			
	Scope & develop paediatric dental specialist support, agree Service Level Agreement and Implementation			

	Scope paediatric sedation services and investment / implementation			
	Increase use of mobile dental unit for residential and care home sector			
	Additional specialist / DES in special care dentistry including domiciliary care – investment scope/ case, implementation			
	Develop undergraduate dental therapy placement programme with Cardiff Dental School			
Optometry: Implementation of contract reform, development of clinical roles, delivery against national eye care recovery plan	Implement contract reform with associated training plan/ progression of higher qualifications and clinical roles	Optometry Reform Highlight Report Optometry Access and Performance	D&P - Primary Care Development Programme Highlight Report D&P - Optometry Performance in Primary Care Services Performance Report	Early Help and Support Highlight Report including Children and Young People Renewal Programme
	Review eye care access to inform recovery and renewal plans in conjunction with contract reform			
	Refine business case and pathway for school vision screening, implement enhanced	Approval of business case	PPPH - Scrutiny of business case	Approval of business case

	service (mid cluster pilot) Q1, evaluate to inform future model (Q4)			
	Scope and develop health board led domiciliary service	Options appraisal	PPPH - Scrutiny of preferred option	Approval of preferred option
	Agree and implement 'The Eyes Open' communication campaign			
Pharmacy: Implementation of contract reform, training and role development, Independent Prescribing & Common Ailments	Implement contract reform	Pharmacy Reform Highlight Report Pharmacy Access and Performance	D&P - Primary Care Development Programme Highlight Report D&P - Pharmacy Performance in Primary Care Services Performance Report	Early Help and Support Highlight Report including Children and Young People Renewal Programme Cluster Delivery Plans
Delivery of Cluster Plans 2022 – 2023	Delivery of Cluster Plans Q1 – Q4 (refer to separate Cluster Plans for detail)	Delivery Plan Cluster Development Highlight Report	PPPH – Cluster Delivery Plans and Monitoring Report	

Strategic Priority 5: Develop a Whole System Diagnostic, Ambulatory and Planned Care Model

Key Actions	Director Deployment – DoPP, DPCCMH, DoN & DoTH	Executive Committee	Assurance Committee	Board
Delivery of the Diagnostics, Ambulatory and Planned Care Renewal Programme; incorporating Advice, Support and Prehabilitation Workstream Mobilisation of Planned Care improvements Implement sustainable medical and wider clinical and non-clinical workforce model	Review and evaluate impact of the Insourcing project	Insourcing Project Evaluation and Learning	D&P - Diagnostics, Ambulatory and Planned Care Programme Update and Performance	Overall Renewal Programme Highlight Report Strategic Plans as appropriate
	Secure access to medical speciality advice			
	Agree phased implementation for the Diagnostic Strategic Plan; implementation	Diagnostic Strategic Plan Highlight Report		
	Ensure clarity of opportunity for outpatient repatriation, implement phased plan			
	Develop phased, creative workforce model, Develop ability of workforce to meet Welsh Language Act			
	Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy			
	Implementation of the Eye Care Plan	Eye Care Plan Implementation Assurance Report		
	Implementation of Dermatology Plan	Dermatology Plan Implementation Assurance Report		

	Implement plan to maximise theatre and endoscopy utilisation	Theatre and Endoscopy Utilisation Plan Implementation Assurance Report		
	Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres	Ambulatory Care Strategic Plan Implementation Assurance Report		
	Ensure robust improvement trajectories are in place and are being monitored	IMTP Performance reporting		IMTP Performance reporting

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Strategic Priority 6: Improve Access to High Quality Prevention and Early Intervention Services for Children, Young People and their Families

Key Actions	Director Deployment – DPH, DoN, DPCCMH & DoTH	Executive Committee	Assurance Committee	Board
Delivery of Regional Partnership Board 'Start Well' Priorities	<p>Delivery of Start Well Programme; incl. Healthy growth and development; children with complex needs and disabilities; access for children who are looked after</p> <p>Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)</p>	<p>Start Well Programme Assurance Report</p> <p>Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018) Assurance Report</p>	D&P – Children and Young People Renewal Programme Update and Performance	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)
Implementation of Maternity and Neonatal pathways Taking into account NHS Wales Maternity & Neonatal Safety Improvement Plan and Ockenden Report in NHS England	Further develop the Powys Maternity Assurance Framework to include Neonatal services Implementation of South Powys pathways, reassert plans for safe pathway changes Q1, monitoring and service change subject to Board decision Q1 – Q4 Powys Project Board to consider WG Digital Maternity Cymru recommendations for implementation, including potential for funding and recruitment for implementation	Maternity Services Assurance Framework Report	Patient Experience, Quality and Safety (PEQS) – Maternity Services Assurance Framework Report	

	Develop a plan and timeline to implement Birth Rate plus recommendations Implement HIW recommendations including birth centre environments; (including CAD designs and programme of works for Llanidloes Q1/ Knighton Q2)			
Deliver the Children and Young People Renewal Programme, including the Remodelling of key services for women and children Including the Neurodevelopment service, sexual health services, gender identity and paediatric therapies	Design and delivery of sustainable model of paediatrics including Allied Health Professional framework in paediatric, transition and Learning Disability therapies	Approval of sustainable model of paediatrics	D&P – Children and Young People Renewal Programme Update and Performance	Overall Renewal Programme Highlight Report
	Implement Healthy Growth and Development Plan including Universal Screening	Healthy Growth and Development Plan Assurance Report		
	In line with comprehensive Vaccination Programme work (see Focus on Wellbeing objective) develop a robust plan for implementing Childhood Immunisations	Approval of Childhood Immunisation Plan		
	Develop and implement plan for Neurodevelopment Service Remodel including evaluation and review	Approval of Neurodevelopment Service Remodel Plan		
	Develop and implement plan for Childrens Complex Care	Approval of Childrens Complex Care Plan		

	Develop and implement Healthy Weights pathway for children and young people, in line with organisational Strategic Plan			
	Deliver Sexual Health Plan including Case Management Project; sustainable model and investment for STI testing service Q1; Confirm sustainable service and investment for Long Acting Reversible Contraception (LARC) provision Q1 with recruitment/ competency development Q3 and implementation Q4	Sexual Health Plan Delivery Assurance Report		
	Scope sustainable model and investment for Gender Identity Service including Demand and Capacity review			
	Scale up Endometriosis & Menopause pilots, based on evaluation outcomes			

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Tackling the Big Four

Strategic Priority 7: Implement Improvements in Early Diagnosis, Treatment and Outcomes for People with or suspected of having Cancer

Key Actions	Director Deployment – MD	Executive Committee	Assurance Committee	Board
Deliver Cancer Programme - Renewal Portfolio - Improve access to testing and diagnostics - Work with the Wales Cancer Network on Optimal pathways and quality statement - Progress suspected cancer pathway tracking & harm review approach	Progress plan to improve access to FIT testing	Renewal Programme Highlight Report	D&P - Cancer Programme (Renewal Portfolio) Update and Performance	Renewal Priority – Cancer Programme
	Improve access for Powys residents to rapid diagnostic centres for vague symptoms			
	Cytosponge implementation with BCUHB			
	Transnasal endoscopy			
	Scope community diagnostics, including hospital CT, Scope the potential for a Powys provided Rapid Diagnostic Centre			
	Work with the Wales Cancer Network on Optimal pathways and quality statement; Finalise suspected cancer pathway tracking & harm review approach			

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Strategic Priority 8: Implement Improvements in Outcomes, Experience and Value in Circulatory Disease (Stroke, Heart Disease, Diabetes)

Key Actions	Director Deployment – DPH	Executive Committee	Assurance Committee	Board
Deliver Circulatory Programme - Renewal Portfolio - Develop and progress phased plan including service and workforce development - Improve access to diagnostics - Progress primary and secondary stroke prevention; assess and manage strategic change proposals for Stroke (Wales and England) - Improve equitable access to cardiac rehabilitation for all pathways	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 change proposals for Stroke Evidence based primary and secondary stroke prevention Equitable access to cardiac rehabilitation for all pathways	Renewal Programme Highlight Report	D&P - Circulatory Programme Renewal Portfolio Update and Performance	Renewal Priority – Circulatory Programme

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Strategic Priority 9: Develop and Implement the Next Stage of the Breathe Well Programme

Key Actions	Director Deployment – DoTH	Executive Committee	Assurance Committee	Board
Deliver Breathe Well Programme - Renewal Portfolio - Develop and implement medical model - Develop and implement plan to meet Quality Standard - Deliver plan for Children and Young People - Improve access to diagnostics closer to home	Develop & implement plan to meet Respiratory Quality Standard	Renewal Programme Highlight Report	D&P – Breathe Well Programme Highlight Report	Renewal Priority – Breathe Well
	Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model			
	Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans			
	Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing			

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Strategic Priority 10: Undertake Strategic Review of Mental Health, to Improve Outcomes from High Quality, Sustainable Services, Including Specialist Services

Key Actions	Director Deployment – DPCCMH	Executive Committee	Assurance Committee	Board
<p>Deliver Strategic Review of Mental Health</p> <p>Delivery of Live Well MH Partnership priorities (2022 – 2025)</p> <p>Develop services to improve outcomes and access in line with national plans</p> <p>Roll out children and young people’s emotional health and resilience service</p>	<p>Undertake a Strategic Review of Mental Health services; including specific work on the following areas:</p> <ul style="list-style-type: none"> • Design the approach to a Sanctuary House, including commissioning the service (potential Tender / Award) Provision & Monitoring • Complete the roll out of the Single Point of Access 111 – Tender Q1, Provision & Monitoring • Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign • Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy • Roll out Children and young people’s emotional health and resilience service 	<p>Strategic Review of Mental Health Services</p>	<p>D&P – Mental Health Renewal Update and Performance</p>	<p>Renewal Priority - Mental Health</p>

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Joined Up Care

Strategic Priority 11: Design and Deliver a Frailty and Community Model Including Improved Access to Urgent and Emergency Care

Key Actions	Director Deployment – MD & DPCCMH	Executive Committee	Assurance Committee	Board
<p>Develop and deliver a Frailty and Community Model <i>Including intensive community and home-based care; a frailty pathway including falls and home first ethos.</i></p> <ul style="list-style-type: none"> - Complete work on overarching model following Gap Analysis (community hospitals and community services) - Frailty Scoring Project - Culture and change – joint work with Improvement Cymru 	<p>Complete work on overarching model following Gap Analysis (community hospitals and community services)</p> <p>Frailty Scoring Project</p> <p>Culture and change – joint work with Improvement Cymru</p> <p>Community hospital focus</p> <p>Development of workforce model</p> <p>Treatment Escalation Plan – confirmation of approach</p> <p>Complex Geriatric Assessment Development, Implement Revise Falls pathway to ensure integrated</p>	<p>Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report</p>	<p>Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report</p>	<p>Joined Up Care Highlight Report</p> <p>Renewal Priority - Urgent and Emergency Care including Frailty and Community Model</p>

<ul style="list-style-type: none"> - 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 	<p>Confirm cross-cutting approach for end of life within model</p> <p>Feedback loop from improved intelligence</p>			
<p>Develop a place-based care approach in East Radnorshire, building on the expertise and resources in Knighton and District specifically</p>	<p>Establish a formal project of work to involve key stakeholders</p> <p>Undertake an assessment of current provision including key priorities for development, e.g. end of life care</p> <p>Develop and assess key options for implementing a more joined-</p>	<p>East Radnorshire Options Appraisal</p>		<p>Joined Up Care Highlight Report</p>

	up, place-based multiagency care model			
	Progress implementation			
<p>Deliver an Urgent and Emergency Care 'Six Goals' model</p> <p>Goal 1 Coordination, planning and support for people at greater risk of needing Unscheduled Emergency Care (UEC)</p> <ul style="list-style-type: none"> ➤ Build on cluster led risk stratification and virtual wards <p>Goal 2 Signposting, information and assistance</p> <ul style="list-style-type: none"> ➤ Deliver 24/7 Urgent Care Model, work with partners to review utilisation of 	<p>Goal 1 Build on cluster led risk stratification and virtual wards</p> <p>Goal 2 Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services</p> <ul style="list-style-type: none"> ➤ Test potential for Urgent Primary Care Centres (UPCCs) 	<p>Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report</p>	<p>Urgent and Emergency Care, incl. Frailty and Community Model Update and Performance Report</p>	<p>Joined Up Care Highlight Report</p> <p>Renewal Priority - Urgent and Emergency Care including Frailty and Community Model</p>

<p>NHS 111 Wales & Enhanced Directory of Services</p> <ul style="list-style-type: none"> ➤ Test potential for Urgent Primary Care Centres (UPCCs) <p>Goal 3 Clinically safe alternatives to admission</p> <ul style="list-style-type: none"> ➤ Review Same day emergency care pathways ➤ Review Intermediate care (step up) pathways ➤ Assess Specialty advice and guidance lines <p>Goal 4 Rapid response in crisis</p> <ul style="list-style-type: none"> ➤ Work with WAST to 	<p>Goal 3</p> <ul style="list-style-type: none"> ➤ Review Same day emergency care pathways ➤ Review Intermediate care (step up) pathways ➤ Assess Specialty advice and guidance lines <p>Goal 4</p> <ul style="list-style-type: none"> ➤ Work with WAST to deliver optimal 999 pathways – ➤ Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments – annual cycle <p>Goal 5</p> <ul style="list-style-type: none"> ➤ Build on progress made across the system to 			
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<p>deliver optimal 999 pathways</p> <ul style="list-style-type: none"> ➤ Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments <p>Goal 5 Optimal hospital care and discharge practice from the point of admission</p> <ul style="list-style-type: none"> ➤ 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 	<p>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</p> <ul style="list-style-type: none"> ➤ Implement SAFER patient flow guidance <p>Goal 6 Home first approach and reduce the risk of readmission</p> <ul style="list-style-type: none"> ➤ Optimise 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 – annual 			
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<p>of stay to 28 days</p> <ul style="list-style-type: none"> ➤ Implement SAFER patient flow guidance <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 	<ul style="list-style-type: none"> ➤ Work with the care sector to improve resilience in domiciliary and residential / nursing care and processes ➤ Partnership work with Welsh Ambulance Services; annual plan ➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board 			
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<p>resilience in domiciliary and residential / nursing care and embed high impact changes and processes</p> <p>➤ Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP</p> <p>➤ Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional</p>				
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Strategic Priority 12: Support Improved Access to and Outcomes from Specialised Services

Key Actions	Director Deployment – DoPP	Executive Committee	Assurance Committee	Board
<p>Work with the Welsh Health Specialised Services Committee to implement Integrated Commissioning Plan</p> <p>Ensure equitable access and outcomes <i>for the Powys population and work in partnership to address variation</i></p>	<p>Participate in Management Group and Joint Committee</p> <p>Appoint to specialised pathway lead</p> <p>Use MAIR data to identify opportunities for VBHC pathway improvement</p> <p>Develop routes for Powys Patient Experience feedback in relation to specialised services. Participate in CIAG prioritisation process and ICP development informed by MAIR data and Powys patient experience</p> <p>Align ICP and IMTP development</p> <p>Work with WHSS team on improved outcome measures</p> <p>Achieve agreed efficiency savings</p>	<p>Integrated Commissioning Plan Highlight Report</p>	<p>PPPH - Integrated Commissioning Plan</p> <p>D&P – Integrated Commissioning Plan Assurance</p>	<p>Joined Up Care Highlight Report</p>

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Workforce Futures

Strategic Priority 13: Designing, develop and implement a comprehensive approach to workforce planning

Key Actions	Director Deployment – DWOD	Executive Committee	Assurance Committee	Board
<p>Support the renewal programme and value based service models with competency based workforce planning</p> <p>Systematic review and development of a sustainable workforce model (Covid Response, staffing/ medical model, transformation and renewal)</p> <p>Fully implement All Wales Workforce Planning Toolkit</p> <p>Facilitate public value conversations</p>	<p>Support services to review and develop sustainable workforce model</p> <p>Begin implementation of the Toolkit, focusing on the Renewal Priorities</p> <p>NPWP Scoping exercise; Support workforce planning</p> <p>Widen the apprenticeship offer</p> <p>Progress international recruitment, in line with a 'Once for Wales' approach</p> <p>Deliver Schools Pilot project</p> <p>Review further opportunities for part-time pre-registration Nursing degree / Health Care Support Worker route</p>	<p>Workforce Futures Assurance (covers each aspect of the Framework on a cyclical basis with deep-dive/escalation as required)</p> <p>Sustainable Workforce Model and Implementation of All Wales Workforce Planning Toolkit</p>	<p>W&C - Workforce Futures Assurance (covers each aspect of the Framework on a cyclical basis with deep-dive/escalation as required)</p> <p>Sustainable Workforce Model and Implementation of All Wales Workforce Planning Toolkit</p>	<p>Workforce Futures Highlight Report</p>

<p>in health and care development</p> <p>Widen recruitment and careers opportunities building on apprenticeship offer, international recruitment, specific promotional campaigns</p> <p>Accelerate learning routes including part-time degrees for health and care staff, enhanced Student Streamlining offer</p>	<p>Work with HEIW and Shared Services to enhance Student Streamlining offer</p>			
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Strategic Priority 14: Designing, develop and implement a comprehensive approach to workforce planning

Key Actions	Director Deployment – DWOD	Executive Committee	Assurance Committee	Board
<p>Roll out a suite of Management and Leadership Development programmes including Clinical Leadership Development</p> <p>Launch Intensive Learning Academy , strengthening the 'Digital Transformational Leadership' skill and ability within county</p> <p>Deliver Compassionate Leadership & team based working programme</p>	<p>Roll out Assistant Director/Senior Manager/ Leadership Development, including Clinical Leadership Development</p> <p>Launch the Intensive Learning Academy in Leading Digital Transformation</p>	<p>Workforce Futures Assurance (covers each aspect of the Framework on a cyclical basis with deep-dive/escalation as required)</p>	<p>W&C - Workforce Futures Assurance (covers each aspect of the Framework on a cyclical basis with deep-dive/escalation as required)</p>	<p>Workforce Futures Highlight Report</p>

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Strategic Priority 15: Deliver Improvements to Staff Wellbeing and Engagement

Key Actions	Director Deployment – DWOD	Executive Committee	Assurance Committee	Board
<p>Redesign the Occupational Health Service</p> <p>Implement mechanisms to understand, support and track the wellbeing of the workforce including Mental Health First Aid and wellbeing support</p>	<p>Review and redesign the Occupational Health Service</p> <p>Launch Mental Health First Aid Training in Clinical areas; Co-lead Programme in Mental Health,</p> <p>Refresh Wellbeing at Work Group;</p> <p>Promote use of the national tool for Wellbeing Conversations;</p> <p>Scope and progress wellbeing survey, subject to the timing of a national survey;</p> <p>Develop model and implement approach to financial wellbeing support</p>	<p>Staff Wellbeing and Engagement Highlight Report</p>	<p>W&C - Staff Wellbeing and Engagement Highlight Report</p>	<p>Workforce Futures Highlight Report</p>

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Strategic Priority 16: Enhance Access to High Quality Education and Training

Key Actions	Director Deployment – DWOD	Executive Committee	Assurance Committee	Board
<p>Develop the Grow Our Own Model working with HEIW</p> <p>Implement Nursing, Therapies and Healthcare Science Framework</p> <p>Enhance Continuous Professional Development for clinicians</p>	<p>Explore opportunities to develop innovative approaches to role and service development working with HEIW with an emphasis on the 'grow our own' model</p> <p>Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream</p> <p>Enhance CPD offer to Clinical Staff through scenario based Clinical Simulation</p>	<p>Education and Training Performance Report</p>	<p>W&C - Education and Training Performance Report</p>	<p>Workforce Futures Highlight Report</p>

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Strategic Priority 17: Enhance the Health Board's Role in Partnership and Citizenship

Key Actions	Director Deployment – DWOD	Executive Committee	Assurance Committee	Board
<p>Working closely with our partners, systematically, look at how volunteers/peer mentors can be engaged across services</p> <p>Scope and develop a retirement fellowship – supporting the alumni of those who retire from the NHS to keep engaged with the system.</p> <p>Implement Health and Care Induction Framework</p> <p>Develop School of Volunteers and Carers</p>	<p>Pilot the joint Health and Care Induction Framework</p> <p>Complete Needs Analysis to identify the Wellbeing requirements of unpaid Carers and Volunteers,</p> <p>Develop Volunteer skills matrix as part of the School of Volunteers and Carers,</p> <p>As part of the comprehensive workforce planning approach, systematically examine opportunities for volunteers</p>	<p>Partnership and Citizenship Highlight Report</p>	<p>W&C - Partnership and Citizenship Highlight Report</p>	<p>Workforce Futures Highlight Report</p>

Digital First

Strategic Priority 18: Implement Clinical Digital Systems that Directly Enable Improved Care

Key Actions	Director Deployment – DoF	Executive Committee	Assurance Committee	Board
<p>Implement key programmes to deliver Digital Care</p> <p>Implement the cross border programme, liaising with Digital Health and Care Wales and English Trusts</p> <p>Enhance key systems to support delivery including replacement of Canisc, Electronic Test Request, Malinko</p> <p>Delivery of Telehealth and Telemedicine programmes</p>	<p>Range of milestones for each project area <i>including health records, WMCR, Phase 2 OfWCMS, Eye Digitisation, Electronic prescribing and bed management</i></p> <p>Deliver Cross Border programme including sign off, recruitment Q1, design / build and implementation with user acceptance testing and integration</p> <p>Range of milestones for each project area (detailed Directorate Plan)</p> <p>Range of milestones for each project area (detailed Directorate Plan)</p>	<p>Digital Care System Implementation</p> <p>Assurance Report</p>	<p>D&P - Digital First Update Report including:</p> <ul style="list-style-type: none"> - Clinical Digital System Implementation - Infrastructure and Intelligence Implementation - Performance report 	<p>Digital First Highlight Report</p>

Strategic Priority 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 Systems

Key Actions	Director Deployment – DoF	Executive Committee	Assurance Committee	Board
<p>Enhance business intelligence capability and systems</p> <p>Improve key platforms to enhance access / implement role based training</p> <p>Support North Powys Wellbeing Programme</p> <p>Develop and implement Artificial Intelligence in robotics, machine learning and support for out of hours</p> <p>Delivery of phased infrastructure development</p>	<p>Range of milestones for each project area (detailed Directorate Plan)</p> <p>Range of milestones within specific project plans including Office 365, virtual clinics, single sign in, inpatient access screens, electronic referrals, stock control</p> <p>In line with North Powys Wellbeing Programme timescales</p> <p>Range of milestones for each project area (detailed Directorate Plan)</p> <p>Range of milestones within specific project plans for managed print, telephony replacement, cyber security</p>	<p>Digital Infrastructure and Intelligence Progress Report</p> <p>Information Governance Performance Report</p> <p>Information Governance Toolkit Out-turn and Improvement Plan</p>	<p>D&P - Digital First Update Report including:</p> <ul style="list-style-type: none"> - Clinical Digital System Implementation - Infrastructure and Intelligence Implementation - Performance report <p>Information Governance Performance Report</p> <p>Information Governance Toolkit Out-turn and Improvement Plan</p>	<p>Digital First Highlight Report</p>

Innovative Environments

Strategic Priority 20: Implement Ambitious Commitments to Carbon Reduction, Biodiversity Enhancement and Environmental Wellbeing

Key Actions	Director Deployment – DoE	Executive Committee	Assurance Committee	Board
<p>Implement Decarbonisation and Biodiversity Delivery Plans:</p> <ul style="list-style-type: none"> • ISO14001 Environmental Management System including biodiversity and ecosystem impact • Assess impact including COSHH to consider less 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 	<p>Detailed Decarbonisation and Biodiversity Delivery Plans in place and reported separately via Environment and Sustainability Group / Committee and Board</p> <p>Commission external accreditation body/ auditor Q1, audit activity Q2, address actions arising Q3, preparation for re-audit Q4</p> <p>Re-commission tree survey for Pan-Powys estate in Q2, subsequently implement actions arising</p> <p>Annual Estates, Facilities Performance Management System data presentation Q1, assess and implement new legislation by Q4</p>	<p>Decarbonisation and Biodiversity Delivery Plans</p> <p>Innovative Environments Assurance Report</p>	<p>D&P - Decarbonisation and Biodiversity Delivery Plans</p> <p>D&P - Innovative Environments Assurance Report</p>	<p>Innovative Environments Highlight Report</p>

<p>including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler promotion/disposal and recycling, plastics</p> <ul style="list-style-type: none"> • Energy and water management including renewables; retrofit / upgrade by 2030; low carbon heat 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, 	<p>Re:fit Framework Agreement Q1, Feasibility studies and Invitation to Tender Q3, implement Q4 onwards</p> <p>Appoint consultant team for advice on EV charging approach Q1 and develop recommendation to commence implementation in Q3. Implement initial EV charging in 2 main hospital sites</p> <p>Implement, monitor and report on Initiatives scheduled for delivery in 2022/23</p> <p>Develop accredited All Wales Carbon Literacy training package Q2 and implement training delivery plan</p>			
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<p>pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services)</p> <ul style="list-style-type: none"> • Procurement and purchasing including life cycle approach and weighting of sustainable services • Buildings Management Control System by 2023; BREAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction • Proactive communication 				
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and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives				
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Strategic Priority 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	Director Deployment – DoE	Executive Committee	Assurance Committee	Board
<p>Deliver Discretionary & Major Capital Programme <i>Including developments at Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre</i></p>	<p>Deliver agreed programme of Discretionary Capital projects</p> <p>Completion of reconfiguration works at Machynlleth hospital</p> <p>Completion of works at Brecon Car Park</p> <p>Phase 2 Llandrindod Wells: Business Justification Case for submission for infrastructure – submission to Welsh Government Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2</p>	<p>Discretionary Programme and Capital Projects for Approval</p> <p>Business Cases for Approval as appropriate</p> <p>Innovative Environments Assurance Report</p>	<p>D&P – Discretionary Programme and Capital Projects for Scrutiny</p> <p>Business Cases for Scrutiny as appropriate</p> <p>D&P – Innovative Environments Assurance Report</p>	<p>Discretionary Programme and Capital Projects for Approval</p> <p>Business Cases for Approval as appropriate</p>
<p>Deliver Facilities & Estates Compliance & Improvements <i>Stores & Distribution, Health & Safety, Catering & Food Hygiene,</i></p>	<p>Deliver Estates Maintenance Contract programme for 30+ contracts</p> <p>Deliver Facilities work plan to include compliance with new food hygiene regulations Q1, implementation of Health &</p>	<p>Innovative Environments Assurance Report</p> <p>Agile Working Approach</p>	<p>D&P – Innovative Environments Assurance Report</p>	

<i>Support Services, Estates Compliance</i>	Safety Policy, compliance with cleaning standards, review of hotel services career structure Q1 – 2, strengthen maintenance contracts Q4 Development of protocols to support agile working		W&C - Agile Working Approach	
Delivery of Multi Agency Campus Development Programme <i>Part of the North Powys Well-being Programme</i>	As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements	North Powys Well-being Programme Assurance Report	D&P - North Powys Well-being Programme Assurance Report	

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Transforming in Partnership

Strategic Priority 22: Improve Quality (Safety, Effectiveness and Experience) Across the Whole System; Building Organisational Effectiveness

Key Actions	Director Deployment – MD, DoN, DoTH, DoPP	Executive Committee	Assurance Committee	Board
Deliver the Clinical Quality Framework with a focus on key priority areas including Maternity and Neonatal; Care Home sector and provider assurance	<p>Implement clinical quality framework, including:</p> <p>Consolidate Putting Things Right approach and oversight, complete PTR improvement plan Q1, ensure compliance with PTR cycle Q2, annual review Q4</p> <p>Finalise delivery of patient safety approach</p> <p>Patient experience approach re-launch, re-establish Executive and Independent Member engagement visits/opportunities</p> <p>Undertake exercise to secure and implement a Patient Experience digital system</p> <p>Agree clinical policy review plan</p> <p>Deliver Clinical Audit Plan</p>	<p>Clinical Quality Framework Assurance</p> <p>Integrated Quality Report</p> <p>Maternity Assurance Framework</p> <p>Commissioning Assurance Framework</p> <p>Clinical Audit Programme Assurance</p> <p>Putting Things Right Assurance</p>	<p>PEQS - Clinical Quality Framework Assurance</p> <p>PEQS - Integrated Quality Report</p> <p>PEQS – Maternity Assurance Framework</p> <p>PEQS – Commissioning Assurance Framework</p> <p>PEQS - Clinical Audit</p>	Transforming in Partnership Highlight Report

	Complete implementation of Once for Wales Concerns Management system Plan for implementation of Duty of Candour		Programme Assurance PEQS - Putting Things Right Assurance	
Delivery of the Research and development programme	Deliver 'I&I Portal' database Explore the creation of a Research, Innovation and Improvement fund Align activity to School of Research Innovation and Improvement Adopt approach to clinical quality improvement ; training Q1; projects Q1-4; expert partnerships Q1, increase placements Deliver Clinical Audit and assessment (aligned to Clinical Quality Framework) Increase research participation and develop Powys led studies	Research and Development Programme Highlight Report Clinical Audit Programme Assurance	PEQS - Quality Improvement Programme including Research & Development Highlight Report PEQS - Clinical Audit Programme Assurance	

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Strategic Priority 23: Enhance Integrated/Partnership System Working, both in Wales and England, Improving Regional Approaches to the Planning and Delivery of Key Services

Key Actions	Director Deployment – Various	Executive Committee	Assurance Committee	Board
<p>Delivery of Regional Partnership Board priorities, with mid-year review of Health and Care Strategy</p> <p>Delivery of the North Powys Well-being Programme</p> <p>Management of Strategic Change with targeted action for live programmes with an impact on the Powys population</p> <p>Development of Section 33 arrangements for care homes</p> <p>Delivery of annual programme of Communications,</p>	<p>Deliver agreed RPB priorities</p> <p>Contribute to RPB mid year review of the Health and Care Strategy</p> <p>As per North Powys Well-being Programme plan which is reported in detail separately via Partnership arrangements</p> <p>Strategic Change Stocktake process re-established Q1, with quarterly review and update Q2 – 4; Targeted action on live programmes as required</p> <p>Development and delivery of Section 33 arrangements – agreement in place Q1, annual cycle of delivery and monitoring</p> <p>Communications Plan and Forward Look development</p> <p>Intranet redevelopment plan and delivery of minimum viable product</p> <p>Staff Engagement event</p>	<p>Strategic Change Assurance Report</p> <p>Annual Communication and Engagement Plan and Assurance reporting</p> <p>Section 33 Arrangements Performance Review</p>	<p>PPPH – Strategic Change Assurance Report</p> <p>W&C – Annual Communication and Engagement Plan and Assurance reporting</p>	<p>Transforming in Partnership Highlight Report</p>

with continuous and targeted engagement	Delivery of autumn/winter winter resilience partnership communications plan with Powys County Council, Powys CHC and PAVO (Powys Association of Voluntary Organisations) - Q3-4			
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Strategic Priority 24: Implement Value-Based Healthcare, to Deliver Improved Outcomes and Experience, including the Effective Deployment and Management of Resources

Key Actions	Director Deployment – Various	Executive Committee	Assurance Committee	Board
Delivery of the value based healthcare programme <i>Renewal Portfolio</i>	<p>Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students</p> <p>Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions Not Normally Undertaken (INNU) Policy Q3</p> <p>Develop and implement consistent approach to PROMs and PREMs</p> <p>Linking with the OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare</p>	Value Based Healthcare Progress Report	<p>D&P – Overview of Renewal Strategic Portfolio, including:</p> <ul style="list-style-type: none"> - Value-based Healthcare Progress - Portfolio risks 	Transforming in Partnership Highlight Report
Delivery of Financial Strategy and Financial Plan	<p>Annual cycle of delivery and monitoring in place</p> <p>WG/FDU quarterly touch point sessions</p> <p>Finalise development of recurrent savings plan</p>	Monthly Reporting of Financial Position	D&P - Monthly Reporting of Financial Position	Reporting of Financial Position

	<p>Impact assessment of English contracting position</p> <p>Devise/Implement exit strategy for all non-recurrent COVID costs</p> <p>Focussed PSPP target improvement > 95%</p>			
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Strategic Priority 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	Director Deployment – BS, DoPP	Executive Committee	Assurance Committee	Board
Revise the Commissioning Assurance Framework and Integrated Performance Approach, to track the 6 domains (safety, effectiveness, experience, access, cost/finance/value, governance (incl. system resilience and improvement))	<p>Refresh Commissioning Assurance Process Q1, annual cycle including the agreement and implementation of a Standard Operating Procedure for Quality and Safety as part of the commissioning assurance framework</p> <p>Review and strengthen the Improving Performance Framework Q1, annual cycle of delivery to include dashboards, quarterly review of MDS and Progress Against Plan (IMTP)</p> <p>Design and Delivery of Manager Training (Planning and Performance)</p> <p>Delivery of Annual Report</p> <p>IMTP Development – commencement Q3, submission date tbc</p> <p>Third sector review and agreement/phased implementation Q1 - 4</p>	Revised Commissioning Assurance Framework and Assurance	PEQS - Revised Commissioning Assurance Framework and Assurance	Transforming in Partnership Highlight Report

Delivery of Governance Work Programme	As per Governance Work Plan, Initial focus on establishing Board and committee cycle for the year in Q1 Review of Board Assurance Framework and Risk Management Arrangements also in Q1 to support delivery of IMTP objectives Review of Scheme of Delegation Q1 Remaining elements of Governance Work Programme scheduled for Q2-Q4 building on cornerstone arrangements noted above in Q1	Governance Work Programme Assurance	ARAC - Governance Work Programme Assurance	Reporting of any changes in governing documents/BAF etc.
Deliver the priorities of the Organisational Development Framework	As per Organisational Development Implementation Plan	OD Framework Delivery Assurance	W&C - OD Framework Delivery Assurance	Transforming in Partnership Highlight Report

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KEY:
CEO: Chief Executive
DPP: Director of Planning and Performance
DFI&IT: Director of Finance, Information and IT
DPCCMH: Director of Primary, Community Care and Mental Health
MD: Medical Director
DoNM: Director of Nursing and Midwifery
DoTHS: Director of Therapies and Health Sciences
DWOD: Director of Workforce & OD
DPH: Director of Public Health
BS: Board Secretary
DE: Director of Environment
ADCB: Associate Director of Corporate Business

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Annual Programme of Board Business for 2022-23

This Annual Programme of Business has been developed with reference to:

- Powys Teaching Health Board's Standing Orders;
- the Health Board's Integrated Medium Term Plan for 2022-25 and related Annual Delivery Plan for 2022-23;
- the Board's Assurance Framework and Corporate Risk Register; and
- key statutory, national and best practice requirements and reporting arrangements.

Key:

	Matters of essential governance
	Matters related to risks and assurance (including performance reporting)
	Strategic Plans and significant strategic investment decisions

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			Scheduled Public Board Meeting Dates						
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
BOARD MEETING GOVERNANCE									
Welcome and Apologies	Chair	Good Practice	Every Meeting						
Declarations of Interest	Chair	Standing Orders	Every Meeting						
Minutes of the previous meeting	Chair	Standing Orders	Every Meeting						
Matters Arising	Chair	Good Practice	Every Meeting						
Board Action Log	BS	Good Practice	Every Meeting						
Story (Patient/Staff/ Partner)	DoTHS	Good Practice	✓		-	✓	✓	✓	✓
STANDING ORDER, STATUTORY AND WELSH GOVERNMENT REQUIREMENTS									
Policies for Board Approval	BS	Standing Orders	As Required						
Annual Report for 2021-22, including: <ul style="list-style-type: none">Corporate Governance ReportDirectors Report	BS	Treasury and Welsh Government set out in Manual for Accounts		✓ final					

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
<ul style="list-style-type: none"> Remuneration Report Performance Report 									
Annual Accounts for 2021-22, including: <ul style="list-style-type: none"> Audit of Financial Statements Letter of Representation 	DFI&IT	Treasury and Welsh Government set out in Manual for Accounts		✓ final					
Annual General Meeting	BS on behalf of Chair and CEO	Standing Orders			✓				
Annual Programme of Board Business	BS	Standing Orders	✓ 2022-23						✓ 2023-24
Annual Report for 2021-22 (AGM)	CEO	Standing Orders			✓				
Annual Reports of Board Committees	BS	Standing Orders							✓
Auditor General's Annual Report for 2022	BS	Audit Wales/Welsh Government requirement							✓
Board Development Framework	BS	Standing Orders		✓ 2022-23					✓ 2023-24

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Board Governance Framework for 2022-23. Annual Review of: <ul style="list-style-type: none"> Standing Orders Scheme of Reservation and Delegation of Powers Terms of Reference of Committees of the Board 	BS	Standing Orders	✓				✓		✓
Chair's Report, including: <ul style="list-style-type: none"> Ratification of Chairs Action 	Chair	Standing Orders	Every Meeting						
Charitable Funds Annual Report and Annual Accounts for 2022-23	DFI&IT	Charities Act Requirement						✓	
Chief Executive's Report	CEO	Good Practice	Every Meeting						

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MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Committee Annual Programme of Business	BS	Standing Orders	✓ 2022-23						✓ 2023-24
Committee Chair's Assurance Reports	BS	Standing Orders	Every Meeting						
Board Advisory Group/Forum Reports	BS	Standing Orders	Every Meeting						
Annual Delivery Plan for 2023-24	DPP	Welsh Government requirement					✓ Draft	✓ Final	
Development and Approval of IMTP for 2023-2026, including: ▪ Capital Programme ▪ Budget Strategy ▪ Finance Plan	DPP	Welsh Government requirement					✓ Draft	✓ Final	
Health and Safety Annual Report	DE	Statutory requirement HSE Regulations							✓
Healthcare Inspectorate Wales	DoNM	Welsh Government requirement			✓				

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Annual Report for 2021-22									
Joint Committee Reports: <ul style="list-style-type: none"> ▪ Emergency Ambulance Services Committee ▪ Welsh Health Specialised Services Committee ▪ NHS Wales Shared Services Partnership Board ▪ Mid Wales Joint Health and Care Committee 	CEO	Standing Orders	Every Meeting						
Partnership Board Reports: <ul style="list-style-type: none"> ▪ Joint Partnership Board ▪ Public Services Board 	CEO		Every Meeting						

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
▪ Regional Partnership Board									
Revenue Allocation Letter for 2023-24	DFI&IT	Welsh Government requirement						✓	
Report of Board Secretary to include: <ul style="list-style-type: none"> ▪ Affixing the Common Seal ▪ Welsh Health Circulars ▪ Board Champion Reports ▪ Governance updates ▪ Consultations 	BS	Standing Orders and Procedural	Every Meeting						
Audit Wales Structured Assessment for 2022	BS	Wales Audit Office/Welsh Government requirement						✓	
Items Cutting Across all Well-being Objectives									
Risk and Assurance Report:	BS	Welsh Government requirement This report will include:	Every Meeting						

			Scheduled Public Board Meeting Dates						
MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
<ul style="list-style-type: none">Board Assurance FrameworkCorporate Risk Register		<ul style="list-style-type: none">Any escalated mattersAny risks not being managed/mitigated							
Integrated Performance Report, including IMTP/Delivery Plan Performance	DPP	Welsh Government requirement	Every Meeting						
Report of the Chief Officer of the Community Health Council	CHC	Good Practice	Every Meeting						
Well-being Objective 1: Focus on Well-being									
Population Needs (PSB) and Wellbeing (RPB) Assessments	DPH	Good Practice/Procedural	✓						
Director of Public Health’s Annual Report for 2022-23	DPH	Welsh Government requirement							✓

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Annual Assurance on Progress against A Healthier Wales	CEO	Organisational Delivery Objective						✓	
Focus on Wellbeing Highlight Report	DPH	Organisational Delivery Objective						✓	
Annual Reports on Equality and Welsh Language Standards	DoTHS	Welsh Government Requirement			✓				
Well-being Objective 2: Early Help and Support									
Covid-19 Vaccination Strategy	DPP	Organisational Delivery Objective			✓				
Early Help and Support Highlight Report including Children and Young People Renewal Programme	DPCCMH	Organisational Delivery Objective			✓				
Out of Hours Service Specification	DPCCMH	Good Practice/Procedural				✓			
Significant Service Development proposals/strategic plans	DPP	Organisational Delivery Objective	As required						

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Delivery of Multi-Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)	DPCCMH	Good Practice/Procedural			✓				
Cluster Development Plans	DPCCMH	Organisational Delivery Objective			✓				
Well-being Objective 3: Tackling the Big Four									
Overall Renewal Programme Highlight Report	Lead Directors	Organisational Delivery Objective					✓		
Renewal Priority – Breathe Well	DoTHS	Organisational Delivery Objective	✓						
Renewal Priority – Cancer Programme	MD	Organisational Delivery Objective			✓				
Renewal Priority – Circulatory Programme	MD	Organisational Delivery Objective				✓			
Renewal Priority - Mental Health	DPCCMH	Organisational Delivery Objective				✓			
Well-being Objective 4: Joined Up Care									
Joined Up Care Highlight Report	DPCCMH /MD	Organisational Delivery Objective						✓	

MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Renewal Priority - Urgent and Emergency Care including Frailty and Community Model	DPCCMH /MD	Organisational Delivery Objective				✓			
Winter Strategic Plan for 2022-23	DPCCMH	Welsh Government requirement					✓		
Well-being Objective 5: Workforce Futures									
Nursing Staffing Levels (Wales) Act	DoNM	Welsh Government requirement						✓	
Workforce Futures Highlight Report	DWOD	Organisational Delivery Objective				✓			
Organisational Development Framework	CEO	Good Practice/Procedural				✓			
Well-being Objective 7: Digital First									
Digital First Highlight Report	DFI&IT	Organisational Delivery Objective					✓		
Well-being Objective 8: Innovative Environments									
Business Cases/Capital Developments	DE	Standing Financial Instructions/ Welsh Government requirement	As Required						

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MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Discretionary Capital Programme for 2023-24	DE	Standing Financial Instructions/ Welsh Government requirement							✓
Innovative Environments Highlight Report	DE	Organisational Delivery Objective				✓			
Well-being Objective 9: Transforming in Partnership									
Financial Performance Report	DFI&IT	Standing Financial Instructions/ Welsh Government requirement	Every Meeting						
Transforming in Partnership Highlight Report	Lead Directors	Organisational Delivery Objective					✓		
Pooled Budgets Funding Arrangements	DFI&IT	Standing Financial Instructions		✓ 2022-23					✓ 2023-24
Annual Report on Civil Contingencies Planning 2023-24	DPH	Welsh Government requirement							✓
Policy Management Framework	BS	Good Practice				✓			✓

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MATTER TO BE CONSIDERED BY BOARD	Lead	Reason why included in the programme	Scheduled Public Board Meeting Dates						
			25 May 2022	14 June 2022	27 July 2022	28 Sept 2022	30 Nov 2022	25 Jan 2023	29 Mar 2023
Partnership Governance Framework	BS	Good Practice					✓		
Legislative Compliance Framework	BS	Good Practice				✓			
Decision Rights Framework	BS	Good Practice			✓				
Annual Governance Programme 2022-23	BS	Organisational Delivery Objective			✓				

KEY:

CEO: Chief Executive
 DPP: Director of Planning and Performance
 DFI&IT: Director of Finance, Information and IT
 DPCCMH: Director of Primary, Community Care and Mental Health
 MD: Medical Director
 DoNM: Director of Nursing and Midwifery
 DoTHS: Director of Therapies and Health Sciences
 DWOD: Director of Workforce & OD
 DPH: Director of Public Health
 BS: Board Secretary
 DE: Director of Environment



Agenda item: 2.2b

BOARD MEETING

Date of Meeting:
25 May 2022

Subject :	GOVERNANCE MATTERS: REPORT OF SEALED DOCUMENTS
Approved and Presented by:	James Quance, Interim Board Secretary
Prepared by:	James Quance, Interim Board Secretary
Other Committees and meetings considered at:	None

PURPOSE:

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal.

RECOMMENDATION(S):

The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.

Approval/Ratification/Decision	Discussion	Information
✓	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓

	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper presents for the Board a report on the use of the Common Seal of the Health Board between 1 April 2022 and 15 May 2022.

The Board is asked to note that there have been 9 documents that required the use of the Health Board seal during the above period.

DETAILED BACKGROUND AND ASSESSMENT:

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or another committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a committee or under delegated authority.

Application of the seal is overseen by the Board Secretary and a register is maintained.

2. Key Issues

2.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. 9 documents were sealed between 1 April 2021 and 15 May 2022 as outlined below:

Date	Title
5/5/2021	Declaration of Trust Crumble Mau Farm, Crumble Lane, Bamford, Rochdale OL11 4AB
12/5/2021	Contract documents Llandrindod Wells Memorial Hospital – AHU Replacements
8/12/2021	MW2016 Minor Works Building Contract 2016 Replacement Roof at Brecon Hospital
9/2/2022	JCT Minor Works Contract 2016 Alterations to Physiotherapy Gymnasium, Llanidloes Hospital Llanidloes
9/2/2022	ICD 2016 Intermediate Building Contract Anti-ligature alterations, Felindre Ward, Bronllys Hospital
2/3/2022	Transfer documents for purchase of Llanwrtyd Wells Surgery, Ffoss Road, Llanwrtyd Wells
2/3/2022	Transfer of part of registered title (TP1) for Land at Machynlleth Health Centre
16/03/2022	JCT Design and Build Contract for the Health and Care Academy Phase 2
11/05/2022	Agreement in relation to the Integrated Care Fund Capital Programme

The contracts and agreements to which the seal has been applied are primarily in respect of capital schemes reported through the Board's Scheme of Delegation where documents are required to be signed as a deed. The use of the seal is written into the contracts and agreements either through the use of model contracts on procurement frameworks or based upon the advice of NWSSP Legal and Risk Services.

NEXT STEPS:

Use of the Common Seal will be reported routinely to the Board in accordance with the Standing Orders.

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AGENDA ITEM: 2.2c

BOARD MEETING		DATE OF MEETING: 25 May 2022
Subject:	AMENDMENTS TO SCHEME OF RESERVATION AND DELEGATION OF POWERS	
Approved and Presented by:	James Quance, Interim Board Secretary	
Prepared by:	James Quance, Interim Board Secretary	
Considered by Executive Committee on:	Not discussed previously	
Other Committees and meetings considered at:	None at the time of reporting	

PURPOSE:		
The purpose of this paper is to provide the Board with an outline of amendments to the Scheme of Reservation and Delegation of Powers for adoption.		
RECOMMENDATION(S):		
The Board is asked to ADOPT the outlined amendments to its Scheme of Reservation and Delegation of Powers.		
Approval/Ratification/Decision	Discussion	Information
✓		

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Amendments to SoDRP – May
2022

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Board Meeting
25 May 2022
Agenda Item 2.2c

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Provide Early Help and Support	
	2. Tackle the Big Four	
	3. Enable Joined up Care	
	4. Develop Workforce Futures	
	5. Promote Innovative Environments	
	6. Put Digital First	
	7. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

INTRODUCTION:

There is a requirement to keep Standing Orders, and all documents incorporated within, under review to ensure they remain accurate and current.

Model Standing Orders, including Reservations and Delegation of Powers were last issued in September 2019 for Local Health Boards, Trusts, WHSSC and EASC. A review of the Model Standing Financial Instructions was not undertaken at this time.

On 7th April 2021, the Minister for Health and Social Services (the Minister) issued amendments to the Model Standings Orders, Reservation and Delegation of Powers, and Standing Financial Instructions for Local Health Boards and Trusts. The revised documents were issued in accordance with the Minister's powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006. These amendments were adopted by the Health Board in July 2021.

Following review by the Interim Board Secretary a number of amendments are proposed to the Scheme of Reservation and Delegation of Powers in order to ensure that they are current.

BACKGROUND AND ASSESSMENT:

The amendments detailed below primarily reflect the following:

- updates to reflect delegated Director portfolios;
- the inclusion of the Director of Environment role in the Scheme of Delegation; and
- the introduction of an additional delegation to the Deputy Chief Executive for the authorisation of individual placements/packages following recommendation from the CHC Panel with an annual value up to £75k.

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Amendments to SoDRP – May
2022

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Board Meeting
25 May 2022
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Changes to Scheme of Reservation and Delegation of Powers

Page	Section	Change
17	Scheme of Delegation to Executive Directors, Other Directors and Officers	Update title to Director of Nursing and Midwifery
18		Update title to Director of Finance, Information and IT
18		Update portfolio of Director of Finance, Information and IT to include: <ul style="list-style-type: none"> • Information Governance • Records Management Framework • Intellectual Property Rights and Commercialisation
21		Include Director of Environment and portfolio: <ul style="list-style-type: none"> • Development and Delivery of the Capital Programme • Climate Change and Decarbonisation • Operational Capital and Estates • Site Coordination • Facilities and Support Services • Logistics • Fire Safety • Health and Safety
63	Contracts for Health Care Services Individual Continuing Healthcare Placements /Packages Authorisation of individual placements/packages following recommendation from the CHC Panel	Include additional delegated authority limit of £75k for Deputy Chief Executive: <ul style="list-style-type: none"> i) Annual value up to £30,000 – Chair of CHC Panel ii) Annual value between £30,000 - £50,000 – Director of Nursing and Midwifery and Director of Finance, Information and IT iii) Annual value up to £75,000 – Deputy Chief Executive iv) Annual value over £50,000 – Chief Executive
83	Capital Investment, fixed asset registers and security of assets	Update responsibilities delegated from the Chief Executive to the Director of Environment

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85	Capital Schemes funded by Discretionary Allocation	Update for Innovative Environments Group
87	Capital orders and payment authorisation	Update for the role of Director of Environment – delegated authority up to £50k for variations to discretionary schemes and capital schemes funded by Welsh Government (within approved sum)
Various		Update for titles of Board committees, ie Audit, Risk and Assurance Committee

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Agenda item: 3.1

BOARD MEETING		Date of Meeting: 25 MAY 2022
Subject:	Powys Teaching health board integrated performance report 2021/22 – month 12	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Performance Manager	
Other Committees and meetings considered at:	Delivery & Performance Committee held on the 2 nd May 2022	

PURPOSE:

This report provides an update on the latest available performance position for Powys Teaching Health Board against national and local measures up until the end of March 2022 (month 12). It also contains the latest information around COVID-19 infections and vaccination progress.

RECOMMENDATION(S):

The Board are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Board with the latest validated performance update. It contains a high-level summary of COVID infection rates, vaccination progress, and an update for Powys Teaching Health Board's (PTHB) set against the revised 2021/22 National Outcome and Delivery Frameworks four aims, and their measures.

Including a subsection for the new Ministerial Measures, showing performance, and including set trajectories for 2022/23. With limited local measures that provide assurance on Powys care pathways that are not covered from a national perspective.

Data provided within the dashboards is of month 12 where possible, but it should be noted that some measures have significant delays in reporting because of national collection processes.

Using this data, we highlight performance achievements, and challenges at a high level, as well as brief comparison to the All-Wales performance benchmark where available.

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The Health Board remains focused on reviewing and improving performance reporting both to service leads and formal report forums. As part of the review this main performance report continues to evolve with the aim of producing and supplying more insightful information.

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Powys Teaching Health Board

Integrated Performance Report

Month 12 – Updated 12/05/2021

Select one of the below boxes to navigate to the required section of the report

[Executive Summary](#)

[COVID-19](#)

[Ministerial Measures](#)

[NHS Delivery Framework Performance](#)

[National Outcomes Framework: Performance Scorecard](#)

[Quadruple Aim 1](#)

[Quadruple Aim 2](#)

[Quadruple Aim 3](#)

[Quadruple Aim 4](#)

[Next Steps](#)

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Executive Summary

This report provides the Board with the latest available performance update against the phase one Ministerial Measures their progress against trajectories set in the IMTP, and the existing 2021/22 NHS Delivery Framework. This snapshot although at month 12 has limited updates to the quarterly and annual metrics as a result of normal data delays, full year data for all metrics is not expected until the end of Q2 2022/23. The data, drawn from various sources has been supported by statistical process charts, and includes officer lead narrative for challenges, actions, and further mitigations. It should also be noted that the availability of recent performance data varies by measure with monthly, quarterly, and annual updates, this resulting in some metrics not having an update for a 12+ month period.

Summary

Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the "A Healthier Wales" ambitions and priority areas.

This snapshot against shows a diverse picture with very positive improvements of most key planned and elective care targets including referral to treatment (RTT), diagnostics, therapies, and mental health pathways targets in the local provider services.

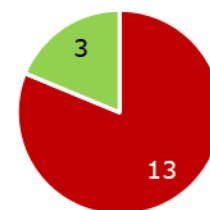
Key areas of challenge for the health board are linked to ongoing COVID-19 outbreak exacerbating whole system pressures e.g., inpatient facilities that are via COVID outbreaks affecting patients, and staffing capacity as a result of sickness absence. And the ongoing fragility for planned care with in-reach consultant led services.

Commissioned service challenges include emergency access where continuing very high system pressures in acute care are resulting in very long waits in accident and emergency (A&E), this in turn also impacts on ambulance waiting times with units unable to hand over patients quickly redeploying back in to the county. Patient access times for planned care pathways remains poor with elective care patients waiting beyond acceptable targets for treatment. The ongoing variance of recovery between Powys as a provider, Welsh acute care providers, and English care providers has resulted in three speeds of access depending on patient geographical or specialism flow pathway. COVID-19 has also impacted on acute care trusts admissions and sickness resulting in elective care suspensions during Q4 and into Q1 2022/23.

In response supporting and maximising repatriation to improve acute flows the health board has placed further focus on increased management input into Powys bed flow, this will maximise provider beds supporting demand and reducing repatriation delays to the absolute minimum.

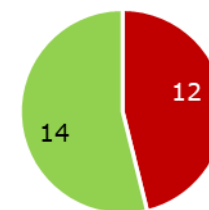
Compliance against NHS Delivery framework measures at month 12 by quadruple aim area.

Compliance against targets quadruple aim 1



■ Not-compliant ■ Compliant

Compliance against quadruple aim 2



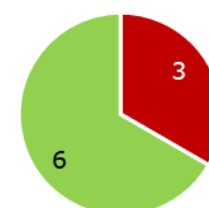
■ Not-compliant ■ Compliant

Compliance against quadruple aim 3



■ Not-compliant ■ Compliant

Compliance against quadruple aim 4



■ Not-compliant ■ Compliant



COVID-19 Infection Reporting – Source Public Health Wales

Reporting of COVID-19 infection data is now sourced directly from Public Health Wales reporting. The below table is based on cases and tests by Local Authority of residence (Snapshot date 6/05/22 – Source Public Health Wales)

Time Period	Cases	Cases per 100k population	Testing Episodes	Testing per 100k population	Positive proportion
All Cases	26,278	19,842.2	167,524	126,495.3	15.7%
Rolling 7 days (30/04/22 to 06/05/22)	14	10.6	229	172.9	6.1%

A major programme of transition in Test Trace Protect began in March 2022 in line with the delivery milestones set out in Wales's COVID-19 transition plan "Together for a Safer Future". Public PCR testing infrastructure closed at the end of March, moving to LFD tests for symptomatic individuals ordered online or by phone. PCR testing continues to be available for frontline health & care staff and special school staff if required, as well as for patients in line with the updated patient testing framework for Wales.

PCR testing data (above) is therefore less reliable as an indicator of COVID-19 community prevalence. Local measures for COVID-19 infection reporting are therefore being reviewed current sources of intelligence include ONS modelled prevalence from the Coronavirus (COVID-19) Infection Survey (right), available at regional level.

Modelled percentage of the population testing positive for COVID-19 by CIS sub-region, Wales
18 April 2022 to 23 April 2022

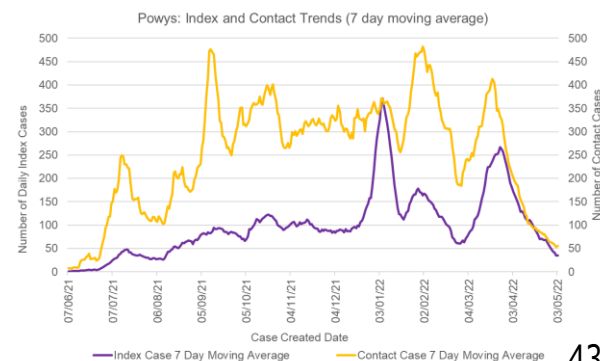
Geography Code	Country	Local authority areas	Modelled % testing positive for COVID-19	95% Lower credible interval	95% Upper credible interval	Modelled ratio of people testing positive for COVID-19	95% Lower credible interval	95% Upper credible interval
J06000217	Wales	Isle of Anglesey; Gwynedd; Conwy; Denbighshire; Flintshire; Wrexham	5.80	5.02	6.66	1 in 17	1 in 20	1 in 15
J06000218	Wales	Ceredigion; Pembrokeshire; Carmarthenshire; Powys	5.73	4.96	6.60	1 in 17	1 in 20	1 in 15
J06000219	Wales	Caerphilly; Blaenau Gwent; Torfaen; Monmouthshire; Newport	5.89	5.09	6.78	1 in 17	1 in 20	1 in 15
J06000220	Wales	Swansea; Neath Port Talbot	5.81	4.98	6.73	1 in 17	1 in 20	1 in 15
J06000221	Wales	Bridgend; Rhondda Cynon Taf; Merthyr Tydfil	6.06	5.22	7.08	1 in 16	1 in 19	1 in 14
J06000222	Wales	Vale of Glamorgan; Cardiff	6.14	5.30	7.14	1 in 16	1 in 19	1 in 14

COVID-19 Test Trace Protect (TTP) – Source Powys County Council

Reporting of COVID-19 TTP data is now sourced directly from Powys County Council Business Intelligence team.

The changes to testing outlined above affect reported cases, and there were **348** identified contact cases during the period **27/04/22** to **03/05/2022**. Of these **344 (98.9%)** were successfully followed up.

For index cases **227** were identified during the same period, of these **190 (83.7%)** were successfully followed-up.



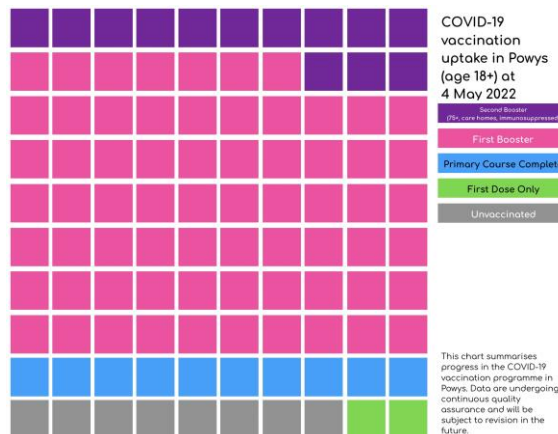


COVID-19 Vaccination Programme

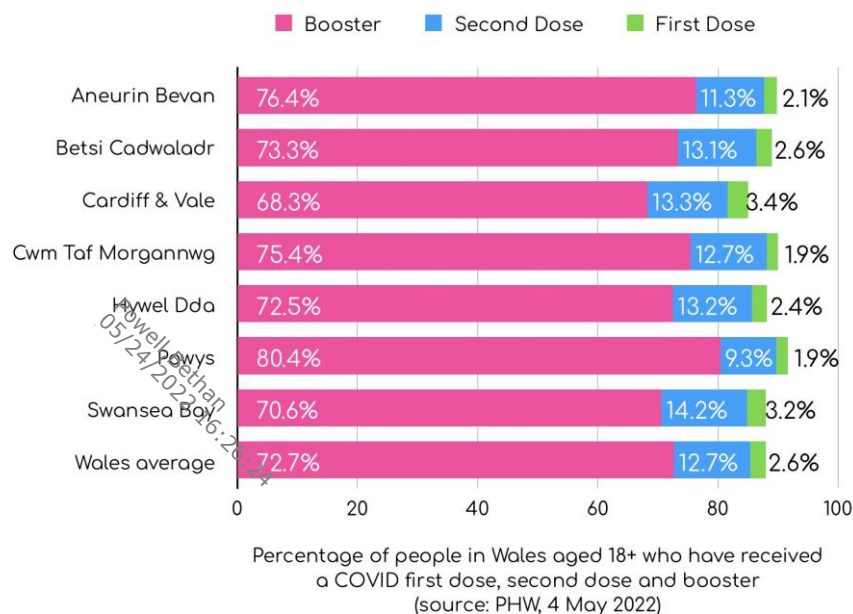
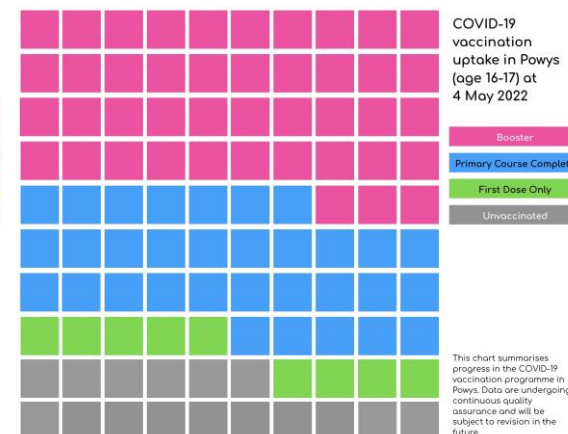
Where are we now?

- 80.4% of all adults in Powys have received their booster (pink). This represents 89.6% of all those adults who completed their primary course, and remains the strongest performance of all health boards across Wales and is among the leading rates in the UK.
- Spring boosters (purple) are under way for eligible individuals (people aged 75+, residents of care homes for older adults, people aged 12+ with immunosuppression). 66% of eligible individuals in Powys have received their spring booster already, with eligibility for the programme continuing until end June.
- A small number of people continue to come forward for first dose (green) and second dose (blue).

Age 18+



Age 16-17



- All-Wales data as at 4 May 2022 (source: PHW weekly statistics) show that Powys has the highest rates for adult first dose, second dose and booster dose of all health boards in Wales for people aged 18+
- These data also show that Powys has the highest rates of first dose, second dose and booster vaccination for people aged 16-17 – around 85% of 16-17 year olds who received their second dose have now reached the 3-month eligibility window for the booster and 57% have taken up the offer.
- First dose and second dose vaccination rates for people aged 12-15 are also the highest of all health boards in Wales (67.8% first dose and 54.1% second dose).
- In February 2022 the JCVI announced a “non urgent” universal offer of two doses of a new paediatric formulation of the Comirnaty (Pfizer/BioNTech) vaccine to all 5-11 year olds. Vaccination is under way and we are taking a “partial booking” approach by writing to households to invite them to contact us for an appointment.



Ministerial Measures

Ministerial Measures

Within the NHS Wales Planning Framework 2022-2025 (which was published 9 November 2021), the Minister outlined her expectations and priorities for the NHS going forward at this challenging time. Within the Framework <https://gov.wales/nhs-wales-planningframework-2022-2025>, the Minister indicated her intention to set and issue a number of measures that will demonstrate improvement in the identified priority areas.

The measures are to be rolled out via phase;

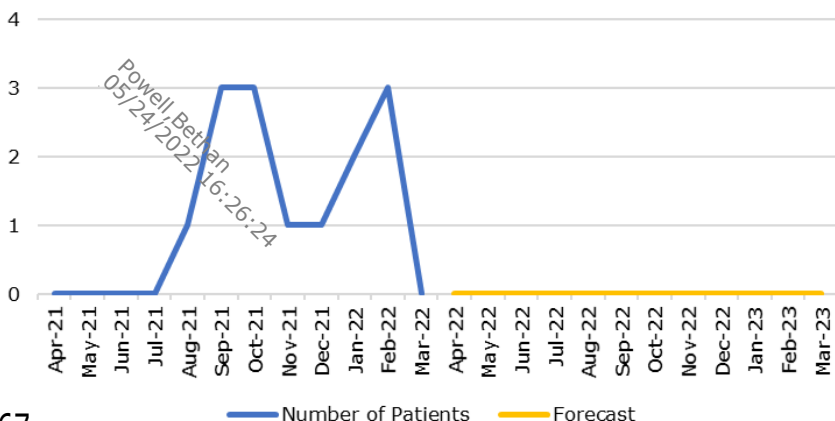
- Phase 1 introduced January 2022 (based around existing policy, measurement included within Minimum Data Set Return April 2022)
- Phase 2 to be introduced May 2022 (measures for established data flows, but require analysis)
- Phase 3 planned introduction starting June 2023 (supporting policy direction but no current established measurement, and dependant on data collection)
- Phase 4 being scoped to start June 2023 (requiring identification of measurement to support policy, and dependant on data collection/availability)

Currently there is some overlap with the NHS Delivery Framework performance measures especially around planned care access. Work is ongoing by Welsh Government to assess, and streamline reporting processes going forward into 2022/23.

The below section will contain the current Phase 1 measures where the health board has profiled a trajectory of performance for 2022/23, and where the measure has data available.

Predominately Ministerial Measures are linked to NHS Delivery access targets, thus full narrative will be available later in the document (on the relevant linked page)

Number of Patients Waiting >104 Weeks for Treatment



Number of patients waiting over 104 weeks for treatment Target - Improvement trajectory towards a national target of zero by 2024

Powys planned care performance in reducing very long waits has been positive, no patients now wait 104 weeks for treatment.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)



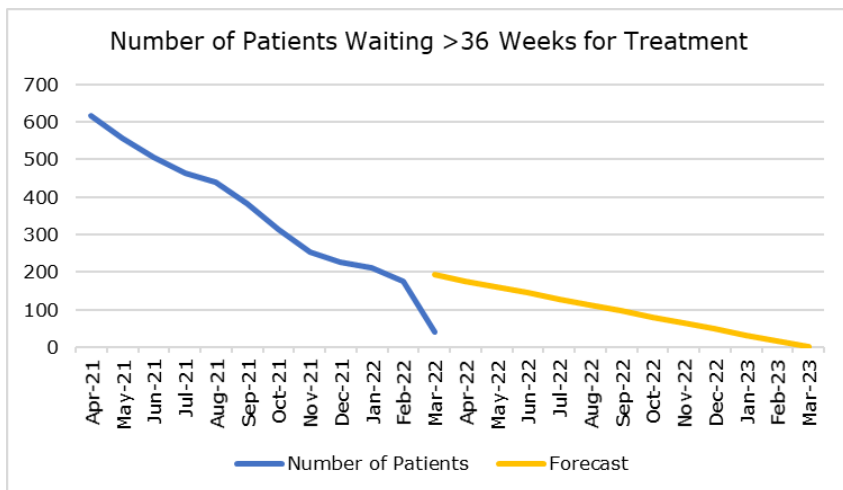
Ministerial Measures

Number of patients waiting over 36 weeks for treatment

Target - Improvement trajectory towards a national target of zero by 2026

Powys planned care performance in reducing waiters over 36 weeks is the best in Wales & England for Powys residents. The health board is currently reducing this patient cohort quicker than predicted.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

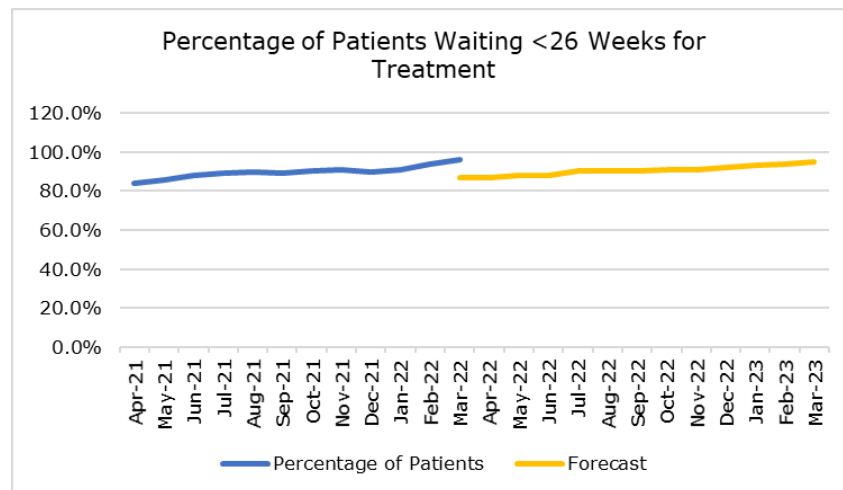


Number of patients waiting under 26 weeks for treatment

Target - Improvement trajectory towards a national target of 95% by 2026

Powys planned care performance as a provider is very positive, the health board at present is reporting validated 96.0% compliance against the 26 week target for treatment. As a provider we are on track to meet trajectory as set out in the IMTP.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

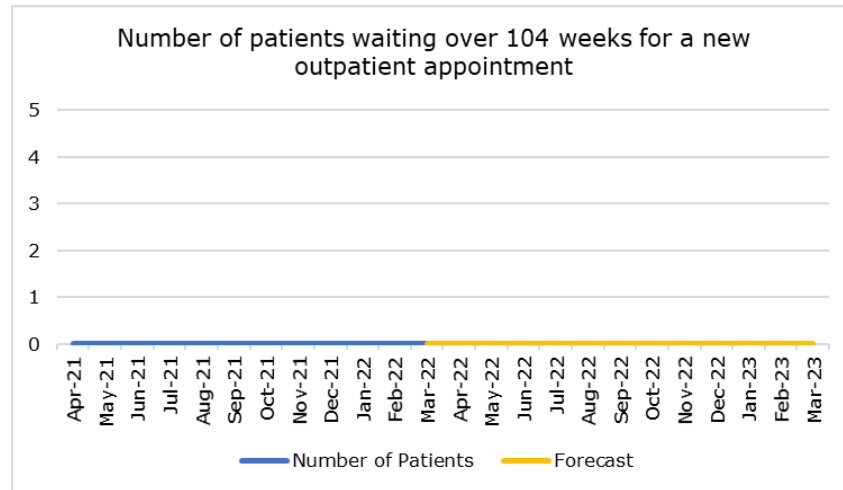


Number of patients waiting over 104 Weeks for a new outpatient appointment

Target - Improvement trajectory towards eliminating over 104 week waits by July 2022

Powys as a provider of planned care has not had patients waiting over 104 weeks for a new outpatient appointment this financial year, the health board is already compliant with the ministers target.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)





Ministerial Measures

Number of patients waiting over 52 weeks for a new outpatient appointment Target - Improvement trajectory towards eliminating over 52 week waits by October 2022

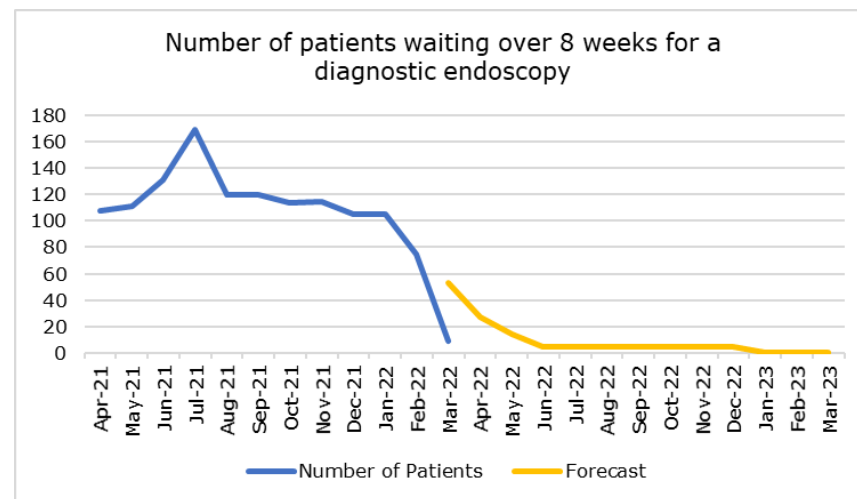
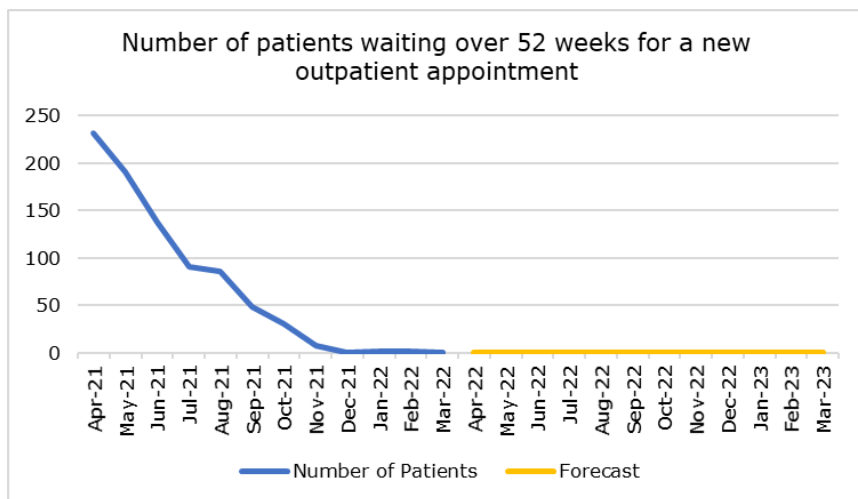
Provider services have successfully reduced patients wait over 52 weeks for a new outpatient appointment to zero before the October deadline.

For more details on patient waits please review the quadruple aim 2 RTT slide [here](#)

Number of patients waiting over 8 weeks for diagnostic endoscopy Target - Improvement trajectory towards a national target of zero by March 2026

Powys provider services are on track to meet the ministers target reducing the number of patients to zero before March 2026.

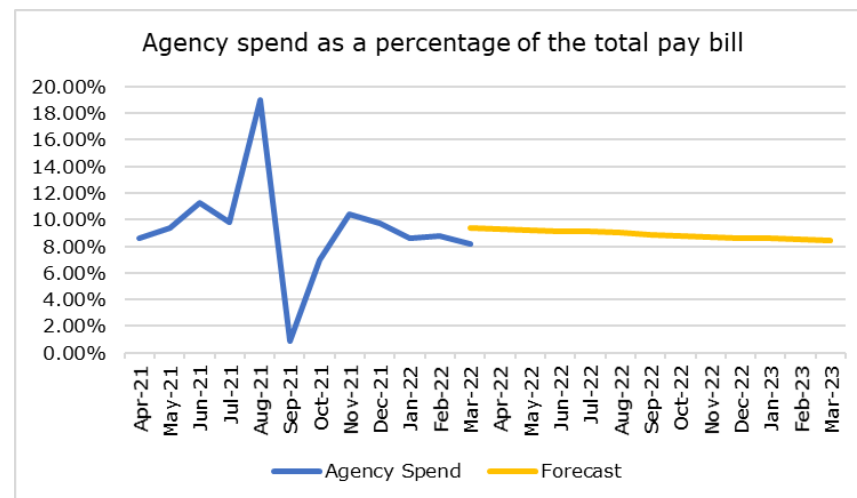
For more details on diagnostics please review the quadruple aim 2 diagnostic slide [here](#)



Agency spend as a percentage of the total pay bill

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met for March 22 and current agency spend aligns to planned trajectory.

For more details on agency spend please review the quadruple aim 4 slide [here](#)





NHS Delivery Framework Performance

NHS DELIVERY FRAMEWORK PERFORMANCE

The NHS Delivery framework has been updated for 2021/22. The challenge for the health board relates to new, revised or retired measures, their relevance for the organisation, and the data source, reporting schedule, and officer lead requirements to support national reporting and benchmarking. As this update has been finalised at the start of Q3 the health board is working to integrate those changes into the overarching plan.

The new 2021/22 framework reports against delivery measures mapped to the Healthier Wales quadruple aims.

People in Wales have improved health and well-being with better prevention and self-management

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

A Healthier Wales
Quadruple Aims

The health and social care workforce in Wales is motivated and sustainable

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

A brief introduction to statistical process control charts (SPC)

SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement. The use of SPC allows us to view the information with an understanding of the Covid-19 pandemic in Wales. Covid caused a significant event altering the normal working practices for health care, in Wales this escalated at the end of March 2020, for consistency this will be used as the default step change as a special cause point for measures linked predominately to patient access.

SPC charts

The charts used will contain a variation of icons and coloured dots, these do not link directly to the existing RAG based measurement currently used within the outcome framework but provide a guide. SPC charts provide an excellent view of trends, highlighting areas of improvement, or concern over a significant time period (e.g. common or special cause variation). The graphs also contain a mean (average) value, and two process control limits UCL & LCL (expected maximum & minimum performance).

Work to integrate this approach into Powys Teaching Health Board performance reporting, and assurance will be ongoing and will mature throughout 2021/22.



National Outcomes Framework: Performance Scorecard

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management	Director of Nursing		1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	2020/21	51.9%		52.0%	1st	36.8%
	Director of Public Health	Consultant in Public Health	2	'6 in 1' vaccine by age 1	95%	Q3 21/22	95.8%	93.9%	96.1%	3rd	95.9%
	Director of Public Health	Consultant in Public Health	3	2 doses of the MMR vaccine by age 5	95%	Q3 21/22	91.3%	91.5%	91.0%	4th	90.0%
	Director of Public Health	Consultant in Public Health	4	Attempted to quit smoking - Cum	5%	Q3 21/22	2.00%	1.62%	2.43%	5th	2.99%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	5	Standardised rate of alcohol attributed hospital admissions	4 quarter reduction trend	Q3 21/22	355.2	425.1	428.5	6th	378.6
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	6	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Q3 21/22	64.0%	63.9%	61.8%	6th	69.0%
	Director of Public Health	Consultant in Public Health	7a	Flu Vaccines - 65+	75%	2020/21	67.1%		73.5%	7th	76.5%
	Director of Public Health	Consultant in Public Health	7b	Flu Vaccines - under 65 in risk groups	55%	2020/21	44.3%		52.2%	3rd	51.0%
	Director of Public Health	Consultant in Public Health	7c	Flu Vaccines - Pregnant Women	75%	2020/21	93.3%		92.3%	2nd	81.5%
	Director of Public Health	Consultant in Public Health	7d	Flu Vaccines - Health Care Workers	60%	2020/21	64.3%		56.5%	8th	65.6%
	Director of Public Health	Consultant in Public Health	8a	Coverage of cancer screening for: bowel	60%	2019/20	56.4%		59.5%	1st	58.9%
	Director of Public Health	Consultant in Public Health	8b	Coverage of cancer screening for: breast	70%	2018/19	73.7%		69.1%	7th	72.8%
	Director of Public Health	Consultant in Public Health	8c	Coverage of cancer screening for: cervical	80%	2018/19			76.1%	1st	73.2%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9a	MH Part 2 - % residents with CTP <18	90%	Mar-22	100.0%	93.9%	75.8%	1st*	82.0%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	9b	MH Part 2 - % residents with CTP 18+	90%	Mar-22	91.4%	69.4%	71.9%	7th*	80.8%
	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Mental Health	10	% People aged 64+ who are estimated to have dementia that are diagnosed by GP	Annual improvement	2019/20	44.7%		42.4%	7th	53.1%



National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Primary Care	15	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	2020/21	56.3%		93.8%	2nd	75.9%
		Assistant Director of Primary Care	16	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	58.1%	50.6%	45.9%	5th	50.2%
		Assistant Director of Primary Care	17	Percentage of adults regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	Q2 21/22	48.1%	42.7%	38.4%	4th	38.2%
		Assistant Director of Primary Care	18	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed	90%	Mar-22		88.0%	87.0%		
		Senior Manager Unscheduled Care	19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Mar-22	57.5%	52.9%	48.7%	3rd	51.1%
		Senior Manager Unscheduled Care	21	MIU % patients who waited <4hr	95%	Mar-22	100.0%	99.9%	100.0%	1st*	66.6%
		Senior Manager Unscheduled Care	22	MIU patients who waited +12hrs	0	Mar-22	0	0	0	1st*	9,150
		Senior Manager Unscheduled Care	23	Median time from arrival at an ED to triage by a clinician	12 month reduction trend	No data locally available due to metric revision					
		Senior Manager Unscheduled Care	24	Median time from arrival at an ED to assessment by a senior clinical decision maker	12 month reduction trend						
		Assistant Director of Community Services	32	Number of diagnostic breaches 8+ weeks	0	Mar-22	181	169	81	1st*	43,781
		Assistant Director of Community Services	33	Number of therapy breaches 14+ weeks	0	Mar-22	30	33	49	1st*	13,323
		Assistant Director of Community Services	34	RTT patients waiting less than 26 weeks	95%	Mar-22	81.4%	93.6%	96.0%	1st*	53.4%
		Assistant Director of Community Services	35	RTT patients waiting over 36 weeks	0	Mar-22	701	174	41	1st*	251,647

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services	Assistant Director of Community Services/Assistant Director of Mental Health	38	Number of patients waiting for a follow-up outpatient appointment	<= 3,864	Performance not reportable (Data Quality)					
			39	Number of patient follow-up outpatient appointment delayed by over 100%	<= 201						
		Assistant Director of Community Services	40	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	95%	Mar-22	53.6%	56.3%	47.5%	6th*	59.9%
		Assistant Director of Community Services	Local	Percentage of patient pathways without a HRF factor	<= 2.0%	Mar-22	0.6%	2.3%	1.3%		
		Assistant Director of Mental Health	41	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	Annual Reduction	2020/21	5.06		2.42	2nd	3.54
		Assistant Director of Mental Health	42	CAMHS % waiting <28 days for first appointment	80%	Mar-22	93.8%	97.6%	91.3%	1st*	40.2%
		Assistant Director of Mental Health	43a	MH Part 1 - Assessments <28 days <18	80%	Mar-22	96.9%	100.0%	100.0%	1st*	51.9%
		Assistant Director of Mental Health	43b	MH Part 1 - Assessments <28 days 18+	80%	Mar-22	91.7%	92.6%	76.3%	4th*	75.2%
		Assistant Director of Mental Health	44a	MH Part 1 - Interventions <28 days <18	80%	Mar-22	100.0%	100.0%	97.8%	1st*	53.9%
		Assistant Director of Mental Health	44b	MH Part 1 - Interventions <28 days 18+	80%	Mar-22	78.5%	48.5%	58.9%	6th*	67.4%
		Assistant Director of Womens and Children's	45	Children/Young People neurodevelopmental waits	80%	Apr-22	59.6%	90.6%	86.2%	1st*	36.8%
		Assistant Director of Mental Health	46	Adult psychological therapy waiting < 26 weeks	80%	Apr-22	95.9%	90.4%	87.6%	2nd*	72.8%
	Director of Nursing	Deputy Director of Nursing	47a	HCAI - E.coli per 100k pop cum	Local - Improvement	Mar-22			2.20	PTHB is not nationally benchmarked for infection rates	
	Director of Nursing	Deputy Director of Nursing	47b	HCAI - S.aureus bacteraemia's (MRSA and MSSA) per 100k pop cum		Mar-22			0.00		
	Director of Nursing	Deputy Director of Nursing	47c	HCAI - C.difficile per 100k pop cum		Mar-22			8.27		
	Director of Nursing	Deputy Director of Nursing	48a	HCAI - Klebsiella sp cumulative number		Mar-22			0		
	Director of Nursing	Deputy Director of Nursing	48b	HCAI - Aeruginosa per 100k cumulative number		Mar-22			0		



National Outcomes Framework: Performance Scorecard

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in arrears)	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Director of Nursing	Assistant Director of Primary Care	49	Percentage satisfied or fairly satisfied about the care that is provided by their GP/family doctor (16+)	Annual Improvement	2020/21	87.9%		78.0%	7th	88.0%
	Director of Workforce and OD	Head of Workforce	52	Performance Appraisals (PADR)	85%	Mar-22	65.0%	73.0%	73.0%	2nd (Dec-21)	59.7% (Dec-21)
	Director of Workforce and OD	Head of Workforce	53	Core Skills Mandatory Training	85%	Mar-22	79.3%	81.0%	82.0%	1st (Dec-21)	80.1% (Dec-21)
	Director of Workforce and OD	Head of Workforce	55	(R12) Sickness Absence	12m↓	Mar-22	4.95%	5.55%	5.70%	1st (Dec-21)	6.48% (Dec-21)
	Director of Workforce and OD	Head of Workforce	56	Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing	Annual Improvement	2020		77% (2018)	75.5%	2nd	65.90%

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National Outcomes Framework: Performance Scorecard

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

			2021/22 NHS Outcome Framework Summary - Key Measures - Provider				Performance			Welsh Government Benchmarking (*in	
Aim	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Director of Nursing	Assistant Director Quality & Safety	59	Concerns & Complaints	75%	Q2 2021/22		38.0%	30.0%	Not applicable	
	Medical Director	TBC	60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target	100% of studies	Nationally no reportable studies for PTHB					
	Medical Director	TBC	61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target	100% of studies						
	Medical Director	TBC	62	Crude hospital mortality rate (74 years of age or less)	12m↓	Feb-22	3.76%	2.42%	2.38%	Not applicable	1.19%
	Medical Director	Chief Pharmacist	66	New medicine availability where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal	100%	Q2 21/22	96.7%	97.4%	97.5%	6th	98.7%
	Medical Director	Chief Pharmacist	67	Total antibacterial items per 1,000 STAR-PUs	189.6	Q2 21/22	198.2	196.9	223.5	1st	254.7
	Medical Director	Chief Pharmacist	68	Percentage of secondary care antibiotic usage within the WHO access category	55%						
	Medical Director	Chief Pharmacist	69	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	Q2 21/22	497	485	472	1st	10,232
	Medical Director	Chief Pharmacist	70	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Q2 21/22	0.12%	0.10%	0.10%	1st	0.14%
	Medical Director	Chief Pharmacist	71	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	Q2 21/22	3964.8	4059.8	4187.3	2nd	4500.4
	Director of Finance and ICT	TBC	74	Agency spend as a percentage of the total pay bill	12m↓	Mar-22	5.5%	8.8%	8.2%	10th (Dec-21)	6.2% (Dec-21)
	Director of Finance and ICT	Head of Information	75	Percentage of episodes clinically coded within one reporting month post episode discharge end date	12m improvement trend towards achieving the 95% target	Jan-22	100.0%	100.0%	100.0%	1st	84.7%

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Quadruple Aim 1

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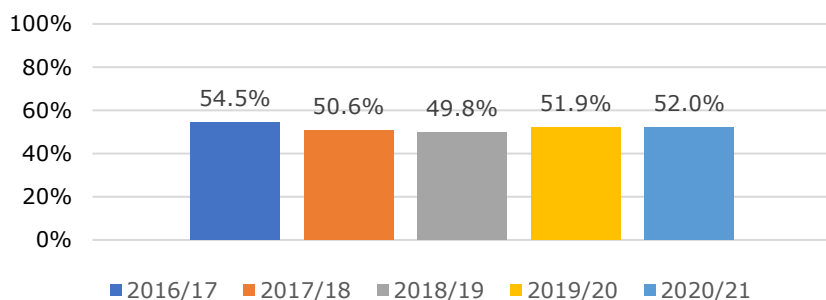
1

People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of babies who are exclusively breastfed at 10 days old

Executive Lead	Director of Nursing
Officer Lead	Head of Midwifery and Sexual Health
Strategic Priority	2

Percentage of babies who are exclusively breastfed at 10 days old



Performance 2020/21	
Local Performance	All Wales Benchmark
52%	1 st (36.8%)
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

What the data tells us	Issues	Actions	Mitigations
<p>2020/21 performance slightly above the average performance over the last 5 years. Powys benchmarks positively against the All Wales figure of 36.8%.</p> <p>Powell Bethan 05/24/2022 16:26:24</p>	<p>Although breastfeeding rates are above the Wales average there is a reduction in exclusive breastfeeding rates between birth (77% in 2020, Source NCCHD) and 10 days.</p> <p>Some areas of Powys are noted anecdotally to have lower breastfeeding rates than others, but the current data collection methods do not support identification of specific areas.</p> <p>COVID19 has resulted in some reduced visiting in the postnatal period, which may have impacted on the level of support provided to some breastfeeding mothers.</p>	<p>The Powys Infant Feeding Steering Group will be restarting in 2022 with revision of the infant feeding action plan.</p> <p>There is an infant feeding coordinator in post who will be reviewing the data requirements and including in training the importance of accurate data collection by staff.</p> <p>Maternity and health visiting staff who have not completed the Baby Friendly Initiative (BFI) training in the last 3 years are required to complete it in 2022.</p>	<p>Powys is now a site for a multi-centre UK randomised control trial looking at the use of infant feeding helpers in supporting families antenatally and postnatally, with one aim being to identify if this results in improved breastfeeding rates in the intervention group. The study has commenced recruitment in January 2022.</p> <p>Powys volunteer breastfeeding groups have recommenced some face to face groups across Powys, increasing the support available to families.</p>



Quadruple Aim 1

No.

2

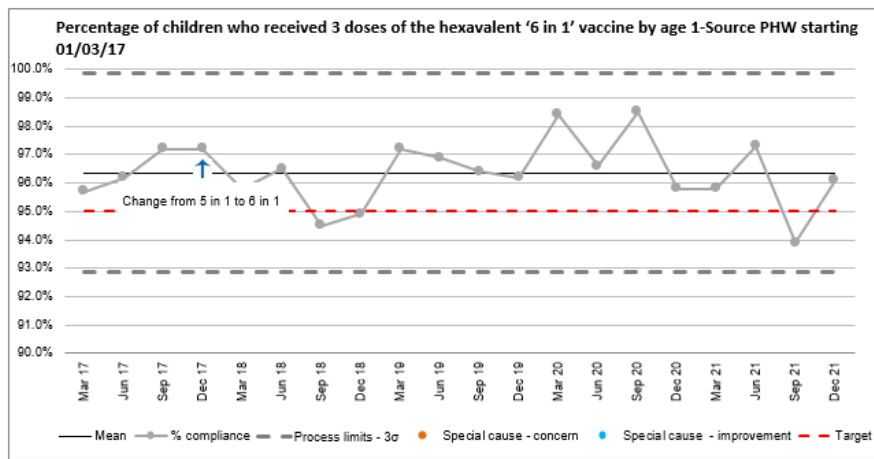
People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1

Executive Lead Director of Public Health

Officer Lead Consultant in Public Health

Strategic Priority 2



Performance Q3 2021/22

Local Performance	All Wales Benchmark
96.1%	95.9% (3 rd)

Variance Type

Common Cause

Target

95%

Data Quality

What the data tells us

PTHB normally performs consistently above the 95% target for coverage of the 6 in 1 vaccinations. The latest Q3 2021/22 ending December has shown recovery to above target and near average performance for the provider, the All Wales performance is 95.9%.

Issues

Actions

Work is underway to develop a enhanced primary care dashboard to identify any variation and work with individual practices to address under performance.

Mitigations

None required.



Quadruple Aim 1

No.

3

People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of children who received 2 doses of the MMR vaccine by age 5

Executive Lead

Director of Public Health

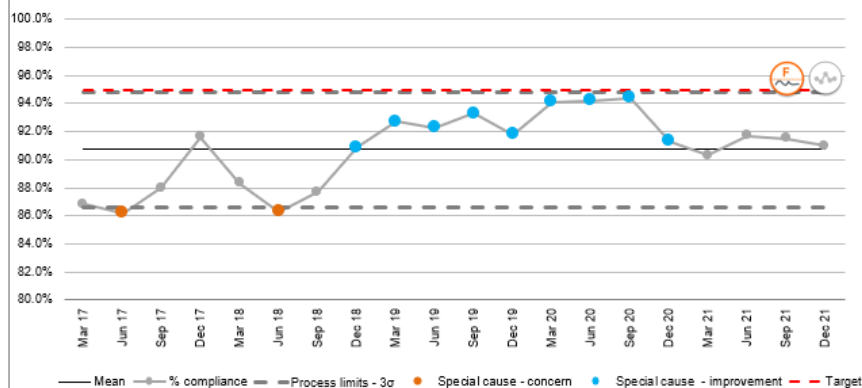
Officer Lead

Consultant in Public Health

Strategic Priority

2

Percentage of children who received 2 doses of the MMR vaccine by age 5-Source PHW starting 01/03/17



Performance Q3 2021/22

Local Performance	All Wales Benchmark
91.0%	90.0% (4 th)
Variance Type	
Common Cause	
Target	
95%	
Data Quality	

What the data tells us

PTHB has not met the target for 2 doses of MMR by age 5, performance is above calculated mean. PTHB benchmarks 4th against and All Wales performance of 90% for Q3 2021/22.

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Issues

We have seen uptake drop off for MMR at 5 years, we believe that this is two fold; a reluctance by parents to take children to be vaccinated at this age, and the pressure on primary care to provide face to face appointments.

Actions

We are currently working with general practices with the longest queue to request further immunisation slots are opened up.

Capacity to undertake this work is limited due to lack of capacity from the immunisation coordinator.

Mitigations

A recovery plan will be developed during Q1 and 2 to catch up on children under vaccinated in previous quarters and ensure the direction of travel is improved.

Data cleansing is also being undertaken with the child health departments as staffing capacity was reduced during the pandemic.



Quadruple Aim 1

No.

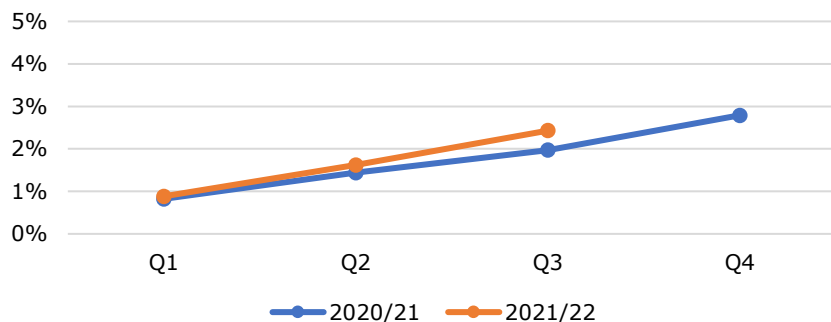
4

People in Wales have improved health and well-being and better prevention and self-management

Measure: Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

Percentage of adult smokers who make a quit attempt



Performance Q3 2021/22	
Local Performance	All Wales Benchmark
2.43%	5th (2.99%)
Variance Type	
N/A	
Target	
5% Annual Target	
Data Quality	

What the data tells us

The cumulative quit attempts for the financial year to Q3 show a slight uptake in quit attempts on 2020/21 but they are still lower than the national benchmark.

This includes the total quit attempts across Powys.

The numbers of smokers within Powys attempting to stop smoking is in the main lower than other health board areas.

Issues

The most significant issue driving the reduction in smoking quit attempts appears to be a reduction in access, specifically through level 3 pharmacy provision with over a 50% reduction in activity between the same periods in 2019 and 2021 from 4,749 to 2,264 respectively.

Both community and maternity provision has increased slightly.

Actions

With the removal of further social distancing and IPC requirements it is hoped community pharmacy will increase the offer to those wishing to quit.

The health board is also currently working through a bidding process to try and secure extra funding to enhance the support to those who find it hardest to quit and those who are awaiting a planned procedure.

Mitigations

Mitigation is limited at the current time although the community services are increasing slot for smokers wishing to be supported through quit attempts.



Quadruple Aim 1

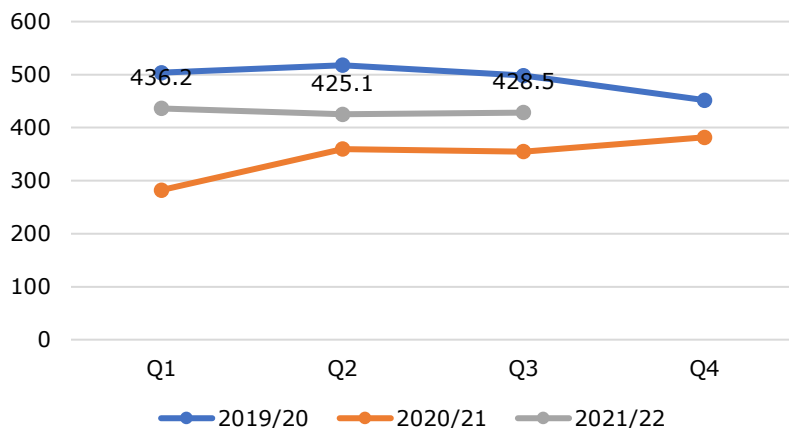
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5

People in Wales have improved health and well-being and better prevention and self-management

Measure: European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)

Alcohol attributed hospital admissions



Performance Q3 2021/22

Local Performance	All Wales Benchmark
428.5	6th (378.6)
Variance Type	
N/A	
Target	
4 quarter reduction trend	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

TBC

Strategic Priority

2

What the data tells us

Increasing four quarter trend in alcohol attributed hospital admissions, however rates in 2021/22 are below 2019/20 reported levels. Welsh average for Q3 2021/22 is 3 and PTHB ranks 6th.

Issues

A recent Public Health England study reported that alcoholic liver deaths increased by 21% during the pandemic year 20/21. And 24.4% more alcohol was sold, it is likely that increases in drinking habit as a result of COVID-19 have affected admission rates for Powys residents in line with UK findings

Actions

Continue to monitor reduction noted in quarter 2. Review public health information provision in terms of messaging to general public. Identify any repetitive patients accessing services and consider alternative support as appropriate.

Mitigations

To be confirmed once further action has been taken.



Quadruple Aim 1

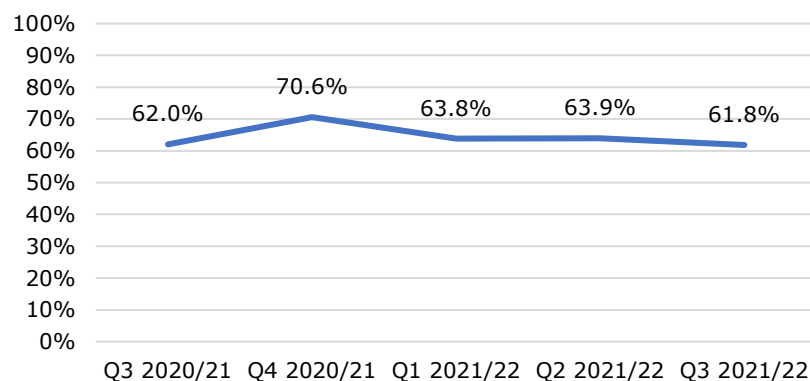
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6

People in Wales have improved health and well-being and better prevention and self-management

Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse

Completed Treatment for alcohol Misuse



Performance Q3 2021/22

Local Performance	All Wales Benchmark
61.8%	69%

Variance Type

N/A

Target

4 Quarter Improvement Trend

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

2

What the chart tells us

Performance has not met the national target of 4 quarter improvement. The health board is ranked 6th in Wales against the All Wales figure of 69%.

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Issues

This target is very broad, and interpretation of the target varies across Wales. We have focussed the Powys service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.

Actions

Re-tendering for the drug and alcohol community treatment service has commenced with contract award expected in June 2022 and successful provider to take up contract in September 2022.

Mitigations

Delivery of the 2022 Area Planning Board work plan focused on achieving client-centred goals and recovery including the development of recovery focused communities.



Quadruple Aim 1

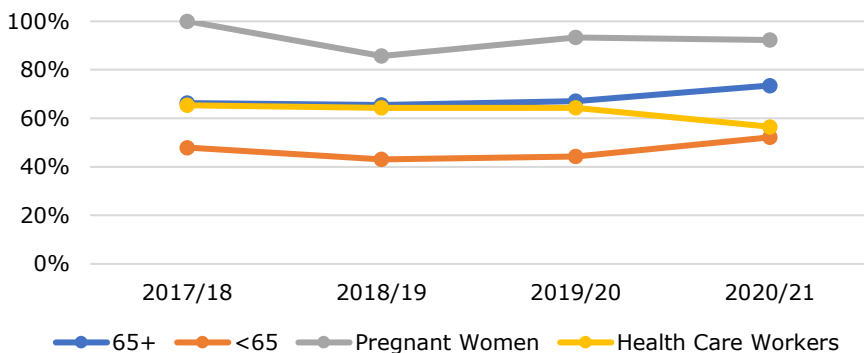
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7

People in Wales have improved health and well-being and better prevention and self-management

Uptake of the influenza vaccination among: 65 year olds and over, under 65s in risk groups, pregnant women, and health care workers.

Influenza vaccination uptake by group – source PHW



Performance 2020/21		
Metric	Local	All Wales
65+	73.5%	7 th (76.5%)
< 65 in risk groups	52.2%	3 rd (51.0%)
Pregnant Women	92.3%	2 nd (81.5%)
Health Care Workers	56.5%	8 th (65.6%)

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	2

Variance Type

N/A

Target

65+ 75%, <65 @ risk 55%, Pregnant Women 75%, Health care workers 60%.

Data Quality

What the data tells us

- 65+ yrs: Performance was close to the 75% target in 2020/21 and shows a year on year improvement.
- <65 yrs at risk: Performance was above the Wales average but below target.
- Pregnant women uptake remains robust well above all Wales average.
- Health care worker uptake fell in 2020/21, partly due to COVID-19, with remote working, shielding staff members and corresponding difficulty accessing vaccinations.

Issues

During 2020/21 the numbers vaccinated in the key risk groups increased, however, primary care workforce capacity and social distancing arrangements made vaccination difficult.

Actions

- We are actively engaging primary care regarding delivery of the flu vaccine for 2021/22. Practices have been offered up to six sessions where they can close the practice and routine work will be covered by the out of hours provider. We do however still face problems with vaccine supply.
- A separate staff vaccination steering group has been put in place. Every effort has been made to increase the numbers of peer vaccinators available to increase staff vaccination.

Mitigations

We have increased the offer of flu vaccinations through community pharmacy and for staff have strengthened the offer through additional community clinics and extended hours sessions.



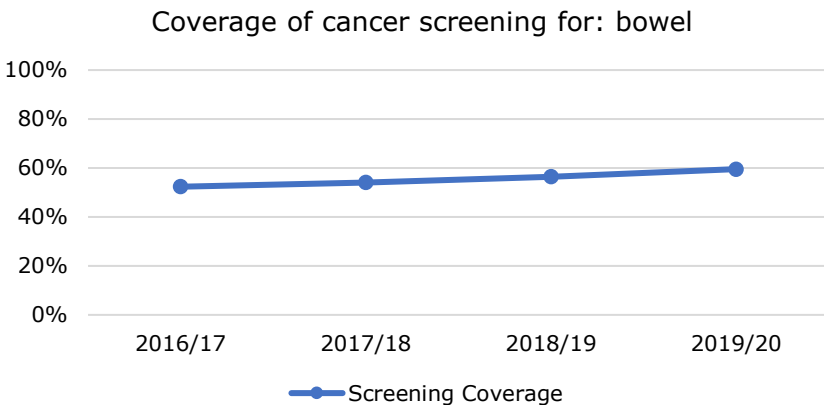
Quadruple Aim 1

No.

8a

People in Wales have improved health and well-being and better prevention and self-management

Percentage of eligible people that have participated in the bowel screening programme within the last 2.5 years



Performance 2019/20	
Local Performance	All Wales Benchmark
59.5%	1 st (58.9%)
Variance Type	
N/A	
Target	
60%	
Data Quality	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	7

What the data tells us

Coverage for bowel screening has improved consistently for PTHB, and the health board now ranks 1st above the All Wales average of 58.9% narrowly missing the national target. Public Health Wales are currently unable to provide a timescale for data reporting 2020/21 financial year.

Issues

There is an issue with timely release of data to enable us to understand ongoing uptake of the bowel screening programme.

Actions

We will continue to support the roll out and extension of the bowel screen programme where possible.

Mitigations

None required – awaiting more up to date data.



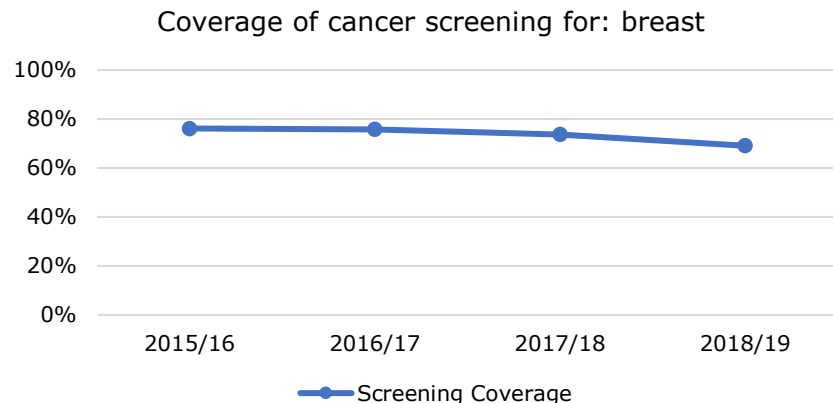
Quadruple Aim 1

No.

8b

People in Wales have improved health and well-being and better prevention and self-management

Percentage of women resident and eligible for breast screening at a particular point in time who have been screened within the previous 3 years



Performance 2018/19	
Local Performance	All Wales Benchmark
69.1%	7 th (72.8%)
Variance Type	
N/A	
Target	
70%	
Data Quality	

Executive Lead	Director of Public Health
Officer Lead	Consultant in Public Health
Strategic Priority	7

What the data tells us

Coverage for breast screening has fallen by 7% in the 4 years up to 2018/19. In 2018/19, the health board ranked 7th below the Wales average of 72.8%. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial years.

Issues

Currently the health board has limited control of performance of this target as eligible women are required to be called on a three yearly cycle for an appointment, these appointments are offered by PHW. We are still awaiting 2019/20 data to see if there is an improvement in coverage for women within Powys. We know that this is to do with the timeliness of invitation letters (from PHW), rather than attendance once invited.

Actions

We have had discussions with the Director of Screening Programmes, PHW and we have agreed to wait until 2019/20 data is available so we can further understand screening coverage.

Mitigations

Not possible at this stage as outside the control of the Health Board.



Quadruple Aim 1

No.

8c

People in Wales have improved health and well-being and better prevention and self-management

Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years

Executive Lead

Director of Public Health

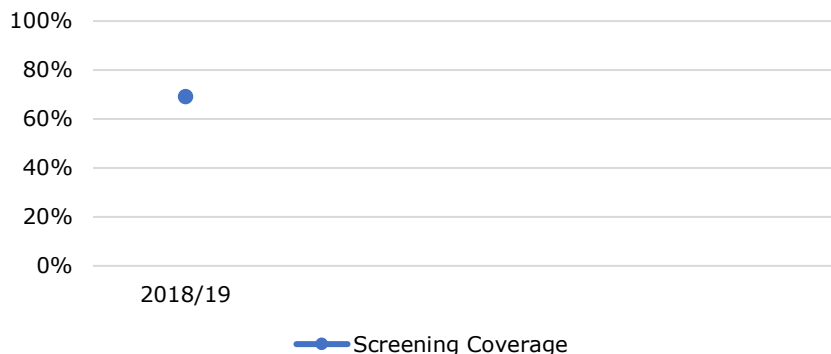
Officer Lead

Consultant in Public Health

Strategic Priority

2

Coverage of cancer screening for: cervical



Performance 2018/19

Local
Performance

76.1%

All Wales
Benchmark1st (73.2%)

Variance Type

N/A

Target

80%

Data Quality

What the data tells us

Data prior to 2018/19 for cervical screening is not comparable due to a change in the age coverage. For the available data point in 2018/19 Powys ranked 1st above the Wales average of 73.2%, however, the 80% target was not met. Public Health Wales are currently unable to provide a timescale for data reporting for 2019/20 or 2020/21 financial year.

Issues

There is an issue with timely release of data to enable the health board to understand ongoing uptake of the cervical screening programme.

Actions

Once timely data is available we will look to assess variation in uptake of screening across practice / geographical areas and work to support women access timely screening.

Mitigations

None currently



Quadruple Aim 1

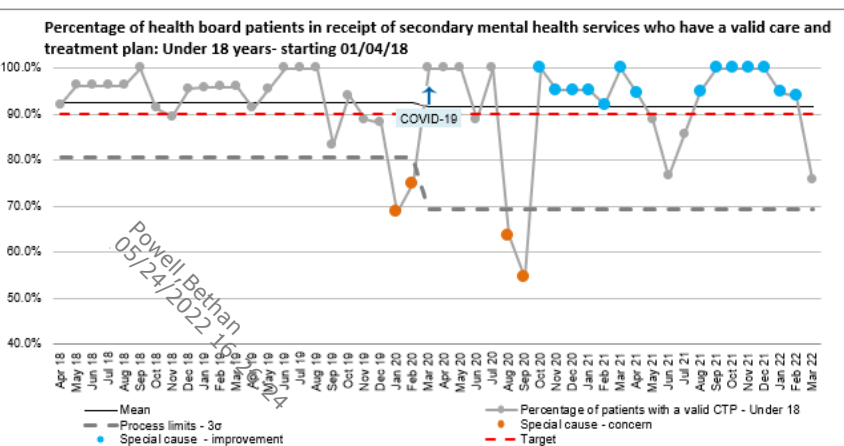
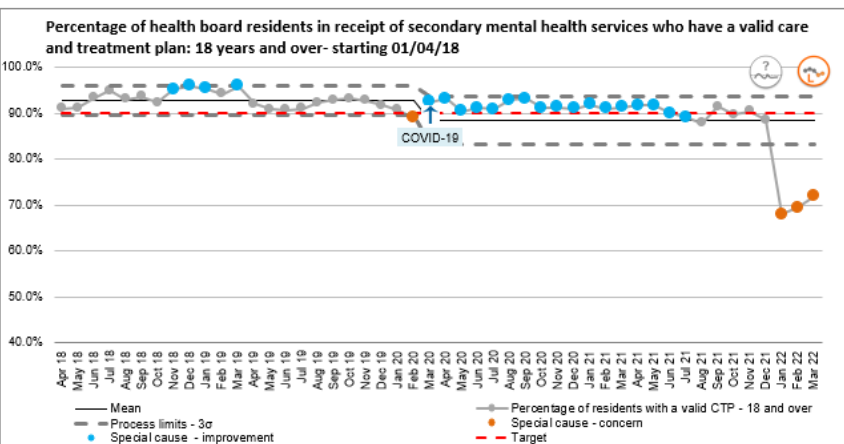
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9

People in Wales have improved health and well-being and better prevention and self-management

Mental Health - Part 2

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan



March 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
71.9%	*80.8%	75.8%	*82.0%
Variance Type			
Special Cause Concern (18+), Common Cause (<18)			
Target			
90%			
Data Quality			

What the charts tell us

Adult and older CTP compliance remains special cause concern in March but has improved slightly.

Under 18 years of age CTP compliance has fallen in March to 75.8%. PTHB normally benchmarks positively but the service has been impacted by service staffing fragility.

Issues

The majority of these are within North Powys services where there have been considerable staff vacancies. This is also impacted by Social Services inability to undertake their share of Office Duty, with this responsibility falling to PTHB Staff, impacting on clinicians' ability to care coordinate.

Access to administration support is also a contributory factor, affecting ability to extract accurate data.

Under 18 performance was impacted in March by one full-time practitioner leaving in the south, increasing the caseloads of the two remaining CAMHS workers. Several CTP reviews had all fallen on the same month for these staff, who between annual leave and increased caseloads, missed their deadlines.

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

Actions

Series of meetings set with Director of Social Services and Head of Adults over Powys County Councils responsibilities in Community Mental Health Teams.

Recruitment to vacant posts.

A data cleansing project is underway to review WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Under 18 compliance will improve sharply for the April with staffing capacity increased with staff returning from annual leave.

Mitigations

Clinical assessment and prioritisation of case loads.

Prioritising data cleansing and data accuracy.



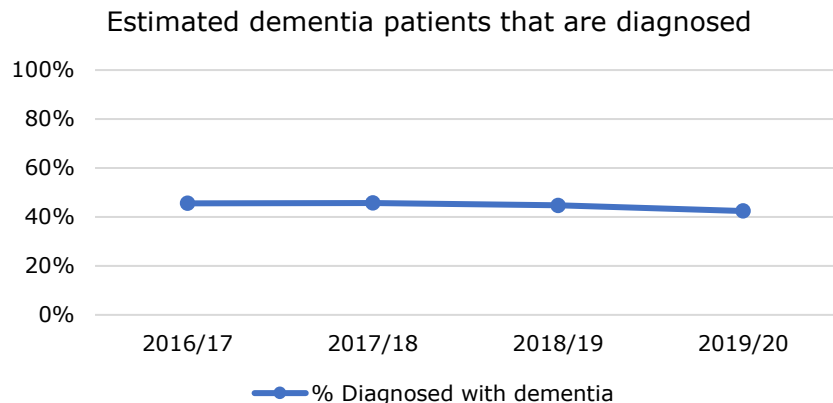
Quadruple Aim 1

No.

10

People in Wales have improved health and well-being and better prevention and self-management

Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed



Performance 2019/20

Local Performance	All Wales Benchmark
42.4%	7 th (53.1%)

Variance Type

N/A

Target

Annual Improvement

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

What the chart tells us

Powys has failed to meet the target for the last 3 years of improvement. The health board ranks 7th against an All Wales average of 53.1%.

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Issues

The target has proved challenging for Memory Assessment services for a number of years, compounded during the Covid-19 pandemic.

This is because:

- Difficult access to diagnostic CT (now improving)
- Difficulties in recruiting Memory Assessment Nurses.
- Medical Vacancies.
- Reluctance for patients to visit clinics during the pandemic, and difficulties in communicating via VC or telephone for remote consultation.

Actions

A key priority for 2022 is to redesign Memory Assessment Services.

A medical recruitment SBAR that identifies a number of options to improve recruitment of psychiatrists is under consideration. This includes the introduction of non medical prescribers and assessors within the service. If approved, this will change the pathway so that other clinicians take the lead on diagnosis (supervised by a consultant), and creates additional capacity to improve performance.

Mitigations

See the action segment.



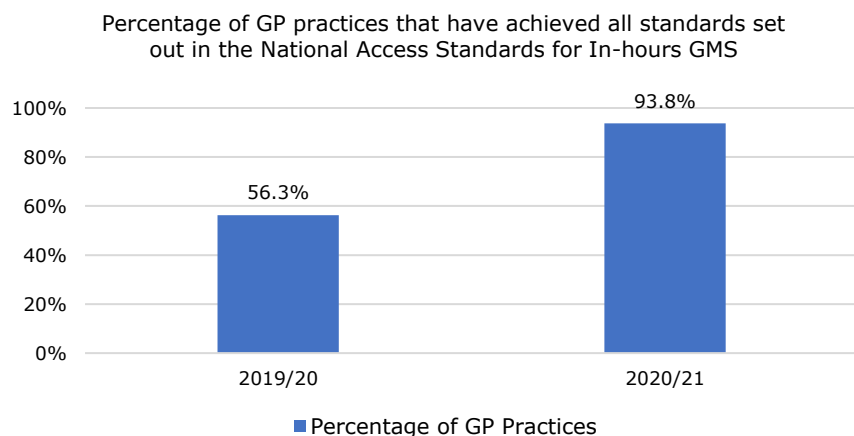
Quadruple Aim 2

No.

15

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS



Performance 2020/21	
Local Performance	All Wales Benchmark
93.8%	75.9%
Variance Type	
N/A	
Target	
100%	
Data Quality	

Executive Lead	Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services
Officer Lead	Assistant Director of Primary Care
Strategic Priority	4

What the chart tells us	Issues	Actions	Mitigations
<p>Limited data (2 points) available for this metric makes long term trend hard to ascertain. Performance shows a significant improvement to 93.8% from the previous year. PTHB performs above the All Wales average</p> <p>General Practice participation in meeting the Access Standards is not a mandatory contractual requirement and therefore practice participation is optional, however 100% of Powys practices are committed to aspire to achieve the Access Standards.</p>	<p>Out of all the standards, only one standard was not achieved by one practice. This is Standard 5 - email facility for patients to make appointments or have a call back.</p>	<p>The Mid Cluster Practice representative on the PTHB Access Forum is linking in with the practice to offer support and advice to meet this indicator in 2021/22</p>	<p>PTHB provides an ongoing supportive role in assisting practices with achievement of the standards. Through the local Access Forum and aligned to the national work, PTHB work closely with all practices to improve access standards achievement.</p> <p>Specific mitigation for this issue is as per the Action.</p>



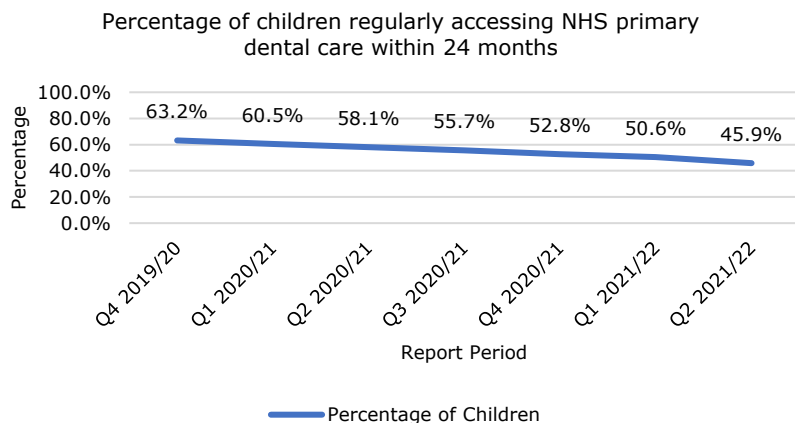
Quadruple Aim 2

No.

16

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of children regularly accessing NHS primary dental care within 24 months



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
45.9%	(5 th) 50.2%
Variance Type	
N/A	
Target	
4 quarter improvement trend	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

What the chart tells us	Issues	Actions	Mitigations
<p>Performance has continued to fall across the displayed time period. PTHB performs below the All Wales average and ranks 5th for this metric.</p> <p>Going forward in 22/23 this measure is no longer applicable and is expected to be removed from the NHS Delivery Framework</p>	<p>Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures.</p> <p>Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.</p>	<ul style="list-style-type: none"> Reduced IPC requirements introduced in Q4 will improve patient flow Restart of dental contract reform has commenced since 1st April 23 Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity. 75% of Powys practices have chosen the contract reform model for 22/23 	<p>The following measures will be monitored during 22/23</p> <ul style="list-style-type: none"> >80% of all child patients with a risk of caries (red or amber) have an application of fluoride varnish New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult Historic patient target, to review patients seen in the previous four years, including children and adult. <p>Child access against the above measure will be monitored monthly.</p>



Quadruple Aim 2

No.

17

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of adults regularly accessing NHS primary dental care within 24 months

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

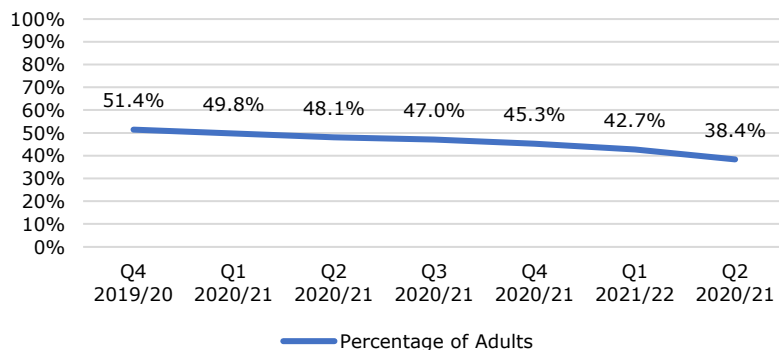
Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

Percentage of adults regularly accessing NHS primary dental care within 24 months



Q1 2021/22 Performance

Local Performance	All Wales Benchmark
38.4%	(4 th) 38.2%

Variance Type

N/A

Target

4 quarter improvement trend

Data Quality

What the chart tells us

Performance has continued to fall for this measure over the displayed period. PTHB performs slightly above the All Wales average of 38.2% ranking 4th.

Going forward in 22/23 this measure is no longer applicable and is expected to be removed from the NHS Delivery Framework

Issues

Welsh Government suspended the normal contract monitoring metrics (UDA's) until Q4 21/22. Routine dentistry ceased on 23rd March 2020 until the end of Q3 2021/22 and routine care was delayed, along with non-urgent/non-emergency aerosol generating procedures.

Meeting the IPC and ventilation standards/requirements for the clinical environment has impacted significantly on patient footfall.

Actions

- Reduced IPC requirements introduced in Q4 will improve patient flow
- Restart of dental contract reform has commenced since 1st April 23
- Practices have a choice to either be part of the reform programme or a return to contractual arrangements based wholly on delivery of UDA activity.
- 75% of Powys practices have chosen the contract reform model for 22/23

Mitigations

The following measures will be monitored during 22/23

- New patient target, for patients who have not had an appointment in the preceding 4 years, including children and adult
- Historic patient target, to review patients seen in the previous four years, including children and adult.

Access against the above measure will be monitored monthly.



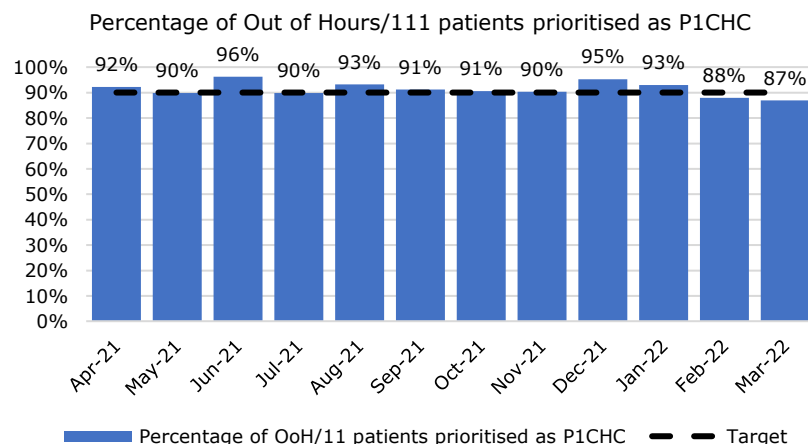
Quadruple Aim 2

No.

18

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed



Mar 2021 Performance

Local Performance	All Wales Benchmark
87%	N/A
Variance Type	
N/A	
Target	
90%	
Data Quality	

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Primary Care

Strategic Priority

4

What the chart tells us

The 90% target dropped in Feb and March-22 due to winter pressures and covid. In addition there have been considerable staffing challenges due to covid absences. Despite these challenges performance has remained robust.

Issues

The provider IT systems supporting the PTHB out of hours service (OOH) provision are not able to fully report against the OOH standards. The data provided is limited.

The reasons for this vary with each provider:

- Shropdoc - It is currently not possible to report against the OOH measures for the whole patient journey as end to end reporting between 111 and Shropdoc is unachievable as the 'time stamp' of referral from the 111 service to the Shropdoc face to face service is not transferred between the systems.
- Swansea Bay University Health Board (SBUHB) - Due to the lack of inter-operability between 111 and the Adastral SBUHB OOH system causes limitations in being able to specifically report on Powys patients and the Powys data.

Accurate OOH reporting is a national issue and given the need for accurate reporting a replacement IT system, SALUS, is currently being developed for implementation in 2022.

Actions

To overcome the ongoing assurance reporting deficiencies, PTHB has commissioned a bespoke development to enable PTHB access to a data feed to access all the data involved in a patient OOH contact, irrespective of the provider of the service to enable full reporting against the OOH standards. This will provide PTHB with assurance on both the quality and efficiency of the service it has commissioned with all providers since the inception of 111 in October 2018. Future robust reporting against the OOH standards should be available from during 22/23

Mitigations

The PTHB OOH Performance Management Group continue to seek alternative ways to gain assurance, for example standard achievement from an individual provider perspective, quarterly reviews of clinical risk registers, Incidents, Complaints, Compliments, 111 Health Profession Feedback and Safeguarding issues.



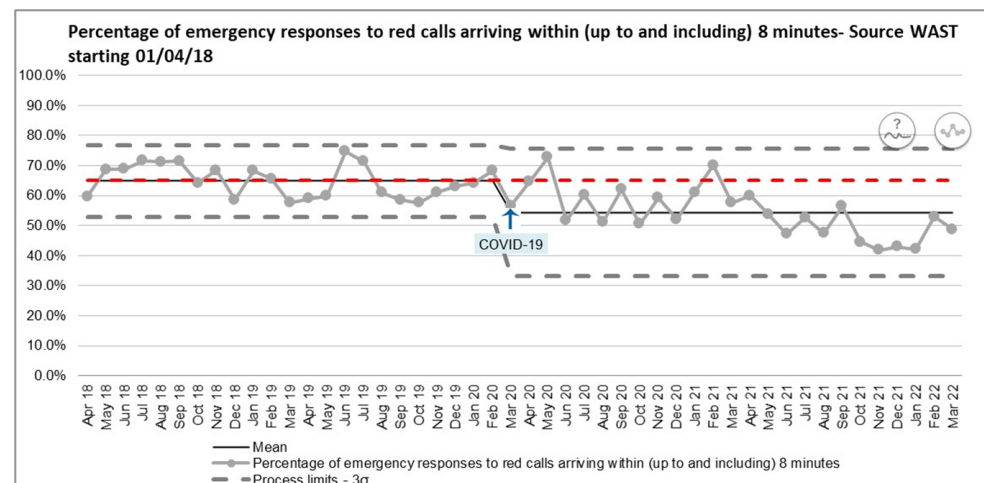
Quadruple Aim 2

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19

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes



March 2022 Performance

Local Performance	All Wales Benchmark
48.7%	(3rd) 51.1%

Variance Type

Common Cause

Target

65%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

What the chart tells us

Issues

Actions

Mitigations

That performance has deteriorated since the start of the Covid-19 pandemic with only 2 months during the pandemic where performance has been above the targeted performance. Powys ranks 3rd below the All Wales average of 51.1% for the same period.

Demand for urgent care services continues to increase including calls to 999 ambulance services

Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times

Impact of Covid 19 on ambulance staffing continues to cause significant impact on staff availability and rotas.

Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds

WAST have deployed additional staff resource including military personnel to cover actual ambulance crew sickness. Military support is expected to end at the end of March

All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved

All Wales urgent care system escalation calls being held daily (often more than once per day)

Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option. Staff have been redeployed to support urgent care flow

Wider system calls being held daily with the aim to improve overall system flow.

Day of Care audit undertaken across Wales in med Feb. National Risk Summit held on 15th Feb to understand the reasons for such high numbers of MFFD.

Powys Teaching Health Board and Powys County Council to hold their own local risk summit in March 2022



Quadruple Aim 2

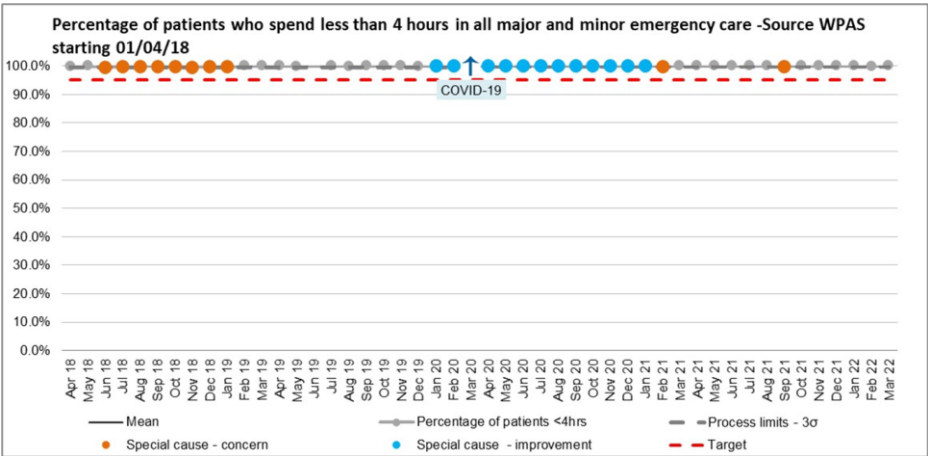
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21

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Minor Injury Unit (MIU) Performance

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge



March 2022 Performance

Local Performance	All Wales Benchmark
100%	*(1 st) 66.6%

Variance Type

Common Cause

Target

95%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Senior Manager Unscheduled Care

Strategic Priority

11

What the chart tells us

MIU performance against the access target remains excellent circa 99+% on a monthly basis. The All Wales average in February was 66.6% but this is non comparable due to the provider service types.

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05/24/2022 16:26:24

Issues

No issues with MIU performance as reflected in data.

Ambulance arrival times for 999 patients have caused delays in transferring but attributed to transport.

Actions

A standard operating procedure (SOP) and training has been done on the management of delays which has been signed off by the medical director and head of nursing.

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

No.

22

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Minor Injury Unit (MIU) Performance

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)

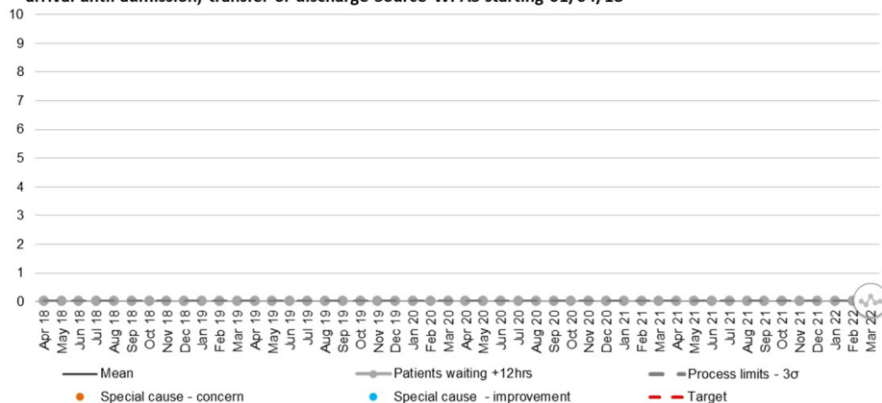
Officer Lead

Senior Manager
Unscheduled Care

Strategic Priority

11

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge-Source WPAS starting 01/04/18



March 2022 Performance

Local Performance	All Wales Benchmark
0	9,150

Variance Type

Common Cause

Target

0

Data Quality

What the chart tells us

MIU performance against the access target remains excellent with no 12hr breaches on a monthly basis. The All Wales total of patients waiting over the target for February was 9,150 which has been the second highest number of delays recorded in 2021/22.

Issues

No issues with 12 hour breaches but as per previous slides amounting pressures in WAST are likely to cause increasing delays in transfers, including red calls.

Actions

Implement standard operating procedures (SOP) & escalation of any transfer delays.

Mitigations

Ensure maintenance of robust staffing in all MIU's for handovers and continuity of care for longer waits.



Quadruple Aim 2

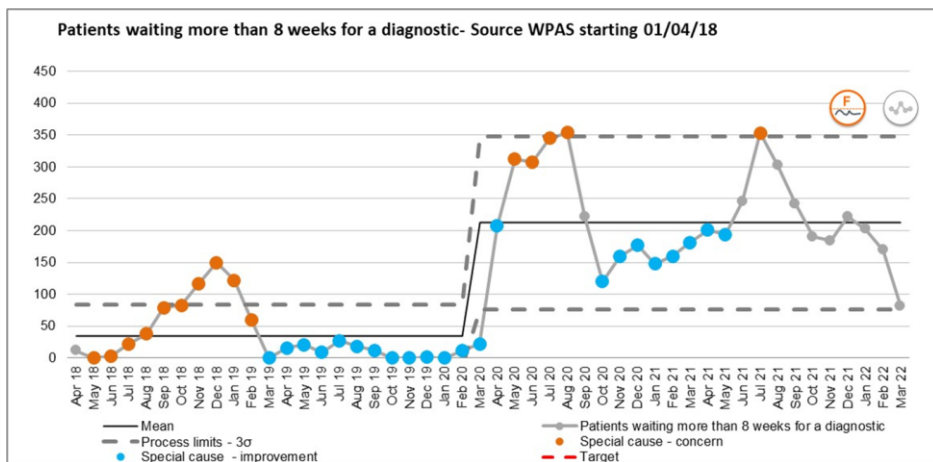
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32

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic



March 2022 Performance

Local Performance	All Wales Benchmark
81	*(1 st)48,701

Variance Type

Common Cause

Target

0

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

The diagnostic performance recovery remains fragile for the provider since the impact, and suspension of services from COVID-19 in Wales. The most recent performance shows a significant improvement with breaches reduced to 81, the biggest reduction has happened within diagnostic endoscopy where patient breaches have reduced to only 9 patients over 8 weeks at the end of March 2022.

PTHB has the lowest number of breaches of any Welsh health board as a provider, although Powys residents breach the 8 week target within commissioned acute health care providers.

[Please find Issues, Actions, and Mitigations for diagnostics on the next page](#)

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Diagnostic Breaches

Number of patients waiting more than 8 weeks for a specified diagnostic

Issues	Actions	Mitigations
<p>Endoscopy</p> <ul style="list-style-type: none"> Good progress was made during the first quarter of 2021/22 with backlogs of Urgent Suspected Cancers/urgents cleared. However during Q2/Q3 there have been significant shortfalls in endoscopist capacity (lowers – colonoscopy) due to unplanned absences – with capacity as low as 10% of normal in July 21. The service is fragile and reliant on in reach particularly for lowers. In reach CD retires in July 2022 There is a national shortage of colonoscopists. High levels of C19 related staff absences in Q4 2021/22 Capacity impacted by C19 testing and isolation requirements unable to fill cancellation slots at short notice Bowel screening service is fragile single points of failure Demand & Capacity modelling pre covid indicated underlying deficit in colonoscopy capacity for PTHB 5 sessions per month <p>Cardiology</p> <ul style="list-style-type: none"> Cardiology – due to changes in clinical practice requirement for echocardiograms has increased which has led to shortfalls in SLA capacity. In reach absences due to C19 in Q4 2021//2 have impacted on service capacity for echocardiogram 	<p>Endoscopy</p> <ul style="list-style-type: none"> Additional insourcing capacity commenced in March 2022 with sessions running in the endoscopy suite in Llandrindod Hospital PTHB is reviewing latest PHW IPC guidance re C19 testing prior to procedure a move to LFT would support management of capacity within the service Review of endoscopist workforce and succession planning requirements to be undertaken in 2022/23. Neighbouring HBs & NHS Trusts have been approached for availability of additional in reach sessions – to date none have been forthcoming. Working with National Endoscopy Programme on demand and capacity modelling and regional plans/solutions (across 3 regions South East, South West, North) New endoscopy reporting system medilogik in place allowing the HB to submit audits to the National Endoscopy Database New endoscopy decontamination equipment funding via WG Renewals monies installed and operational in Brecon Hospital Joint Advisory Committee(JAG) annual review successfully completed for Brecon 1st PTHB trainee nurse endoscopist successfully JAG accredited PTHB gastroenterology service in place in Llandrindod Hospital Workforce plans and Clinical Endoscopist Development Strategy under development for PTHB Clinical Endoscopists to support service sustainability/reduce reliance on in reach services and underlying capacity deficit in lower endoscopy Plans in place for medical model & leadership review Band 7 Senior Nurse for Endoscopy successfully appointed and is in post. Scoping service development cytosponge and nasoendoscopy Recruitment underway for PTHB Clinical Endoscopist Working with PHW Bowel Screening Wales on regional solutions to service sustainability, CTMUHB specialist nurse post providing in reach into PTHB service <p>Cardiology</p> <ul style="list-style-type: none"> Additional echo capacity from host service provider has been made available from Jan 22 but will require further capacity. Insourcing options are being considered along with requests to other providers. 	<ul style="list-style-type: none"> Rolling programme of clinical and administrative waiting list validation. Additional in sourcing capacity to be provided to address routine backlog commenced in March 2022. Working at Regional level to support service sustainability



Quadruple Aim 2

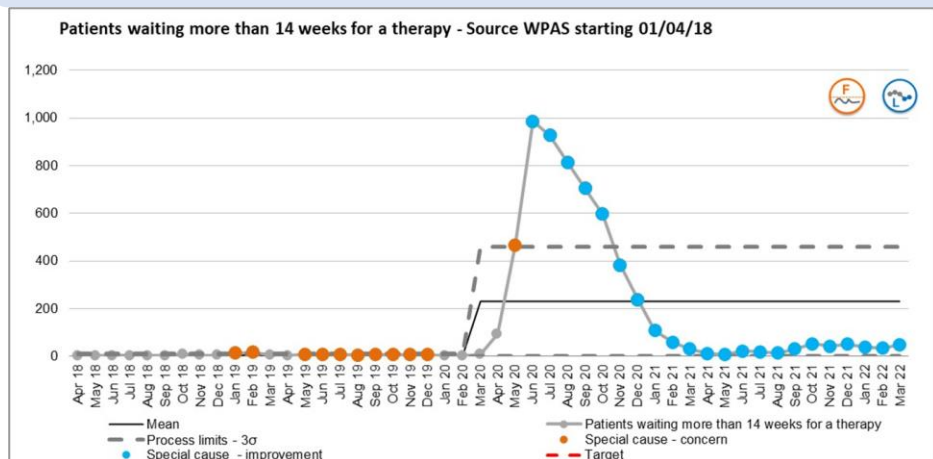
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Therapy Breaches

Number of patients waiting more than 14 weeks for a specified therapy



March 2022 Performance

Local Performance	All Wales Benchmark
49	* 13,097 (Jan)

Variance Type

Special Cause - Improvement

Target

0

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

Therapy performance was significantly impacted by the suspension of services at the start of COVID-19 in Wales. The service since June 2020 has been reporting special cause improvement and breach levels have recovered to near pre covid levels. It should be noted that the breaches increased to 49 in Audiology and Physiotherapy.

Issues

- Cancellations of clinics at short notice due to staff having to isolate due to covid causes breaches
- Vacancies across services particularly physiotherapy and Dietetics having some impact.

Actions

- Locums have been employed; however, the market is becoming limited.
- Weekly management of waiting lists by Heads of Service.

Mitigations

To be confirmed if actions fail to resolve current performance shortfall



Quadruple Aim 2

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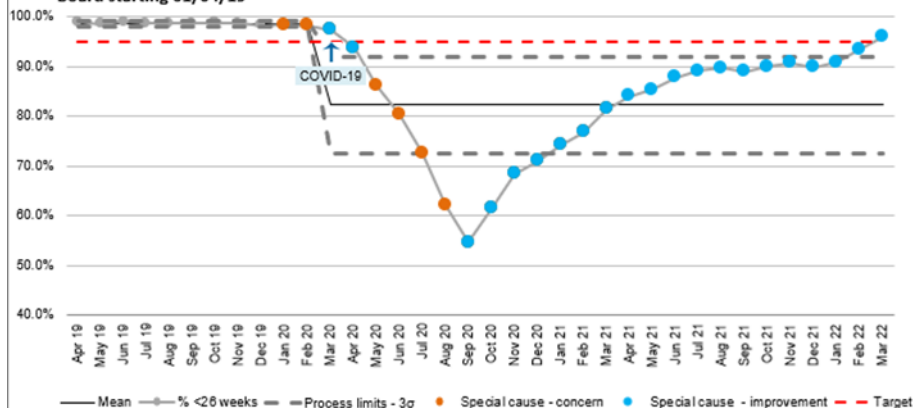
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Referral to Treatment – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

Percentage of patients waiting less than 26 weeks for treatment (Including D&T)-Powys Teaching Health Board starting 01/04/19



March 2022 Performance

Local Performance	All Wales Benchmark
96.0%	53.4% (Feb)

Variance Type

Special Cause - Improvement

Target

95%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

RTT waits by specialty and band	Weeks wait band						Grand Total
	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 weeks	
Main Specialty							
100 - GENERAL SURGERY	288	35	13	2	1	0	339
101 - UROLOGY	136	19	0	0	0	0	155
110 - TRAUMA & ORTHOPAEDICS	467	38	11	0	0	0	516
120 - ENT	355	6	0	1	0	0	362
130 - OPHTHALMOLOGY	754	17	1	0	0	0	772
140 - ORAL SURGERY	253	38	6	4	1	0	302
143 - ORTHODONTICS	17	0	0	0	0	0	17
191 - PAIN MANAGEMENT	111	0	0	0	0	0	111
300 - GENERAL MEDICINE	43	0	0	0	0	0	43
320 - CARDIOLOGY	128	7	0	0	0	0	135
330 - DERMATOLOGY	37	4	0	0	0	0	41
410 - RHEUMATOLOGY	101	8	0	0	0	0	109
420 - PAEDIATRICS	58	0	0	0	0	0	58
430 - GERIATRIC MEDICINE	17	0	0	0	0	0	17
502 - GYNAECOLOGY	239	25	0	0	0	0	264
Total (Excluding D&T)	3004	197	31	7	2	0	3241
998 - DIAGNOSTIC SERVICES	62	1	1	0	0	0	64
999 - AHP SERVICES	2667	0	0	0	0	0	2667
Grand Total	5733	198	32	7	2	0	5972

What the chart tells us

Please note, to improve alignment with Welsh Governments national reporting, acute providers and local submissions all RTT performance reports from month 12 2021/22 forward will now include diagnostic and allied health professional (AHP) specialties. It should be noted that counts will have some duplication with measures 32 & 33. Please look to appendix 1 for RTT data comparison 2021/22

Powys provider planned care has continued to report special cause improvement since Q3 2020. The service in March reported 96% compliance against the 95% target for patients waiting under 26 weeks (considerably better than other Welsh providers). Challenged specialties include General surgery, Oral Surgery, and Trauma & Orthopaedics.

Issues

- Covid protocols social distancing which has led to national reduction in templates for much of the year.
- Fragility of in reach providers and DGH Covid-19 pressures.
- Fragility of theatre staffing due to sickness absence, former shielding and vacancies.

[Actions and Mitigations on next page](#)



Quadruple Aim 2

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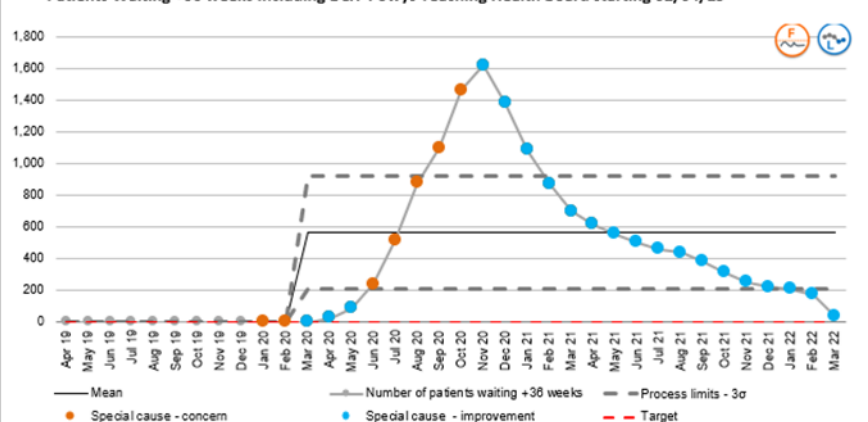
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Referral to Treatment – Powys Teaching health board as a provider

Number of patients waiting more than 36 weeks for treatment

Patients Waiting +36 weeks Including D&T-Powys Teaching Health Board starting 01/04/19



March 2022 Performance

Local Performance	All Wales Benchmark
41	*251,647
Variance Type	
Special Cause - Improvement	
Target	
0	
Data Quality	

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

What the chart tells us

Long waiting patients on treatment pathways within Powys provider services continue to fall in March's reported performance. Planned care services have demonstrated exemplar recovery progress prior to Welsh Government recovery monies, outsource contracts, and transformational workstreams. Since Q3 2020 the recovery of long waiters has reported special cause improvement.

Actions

Mitigations

- Theatre/Endoscopy service transformation, review of staffing roles and skill mix undertaken by Senior Nurse Manager with service staffing plan in place.
- Rolling recruitment programme for theatre and endoscopy nursing – on-going.
- Full templates in place in out patient departments (OPD) from Oct 21.
- Working with BSW around options for PTHB. BSW service looking at regional working with CTMUHB.
- Establishment pan Powys dedicated specialist out patients (OP) nursing team Welshpool, Newtown, Llanidloes, Llandrindod, Bronllys, Ystradgynlais, Brecon. Pan Powys OP clinical standards, protocols, clinical governance/ICP structure. Significant improvement updating in PTHB OP estate and equipment. Currently out to recruitment for dedicated OPD staff for Machynlleth.
- 1st HB in Wales to introduce LocSSIPs locally derived safety standards for invasive procedures. Patient PROMs developed for OP.
- Nurse-led pessary clinics pan Powys working alongside consultant clinics – one stop shop. Hysteroscopy service in North Powys supported by OP nursing.
- Vascular “mega” clinic established in North Powys Aug 21 vascular surgeon, ultrasonography, podiatry, district nursing – one stop clinic. Vascular service model could be rolled out into South Powys.
- Parallel clinics in orthopaedics pan Powys. Further parallel development of foot clinics planned for North Powys with OP nursing supporting so that patients no longer have to travel out of county for dressings, removal of metalwork.
- Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse,
- All areas of OP have potential for MDT development general surgery, ENT, colorectal surgery, one stop colorectal/gynae clinics, diabetes, urology a few examples.
- Digital health care/virtual appointment encouraging consultant teams to use virtual healthcare initiatives including SOS. PIFU (PTHB rates for key specialities ENT/Orthopaedics are best in Wales), clinical support and advice to patients.
- Cervical screening Wales significant improvement across all key quality indicators for PTHB service.

- Clinical and administrative review of waiting lists – rolling review
- National Planned Care Programme is developing national harm review processes and national system.
- Additional capacity in place from February 2022 – insourcing
- SOPs continually reviewed in line with updated Royal College, PHW and national guidance.
- SLAs managed via PTHB Commissioning Assurance Framework



Quadruple Aim 2

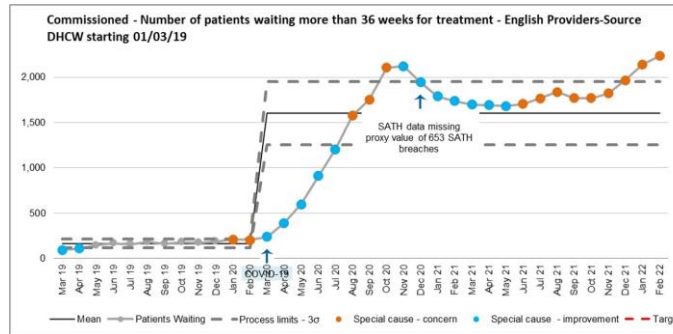
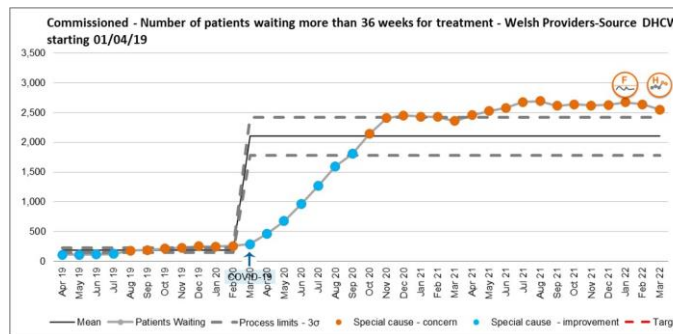
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Referral to Treatment Percentage of patients waiting less than 26 weeks for treatment & Number of patients waiting more than 36 weeks for treatment

Welsh Providers	Mar-22	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
Aneurin Bevan Local Health Board	64.9%	1473	222	237	133	60	145	2270
Betsi Cadwaladr University Local Health Board	44.0%	237	58	74	74	24	72	539
Cardiff & Vale University Local Health Board	54.8%	236	36	51	41	26	41	431
Cwm Taf Morgannwg University Local Health Board	46.9%	246	45	61	47	39	87	525
Hywel Dda Local Health Board	53.4%	748	130	163	150	95	114	1400
Swansea Bay University Local Health Board	48.4%	941	189	211	201	93	310	1945
Total	54.6%	3881	680	797	646	337	769	7110

English Providers	Feb-22	Patients Waiting						Total Waiting
	% of Powys residents < 26 weeks for treatment (Target 95%)	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
English Other	70.6%	233	46	38	8	2	3	330
Robert Jones & Agnes Hunt Orthopaedic & District Trust	42.8%	1616	306	380	266	50	30	2648
Shrewsbury & Telford Hospital NHS Trust	68.1%	2565	470	499	197	36	0	3767
Wye Valley Trust	64.2%	2128	461	540	127	38	21	3315
Total		6542	1283	1457	598	126	54	10060



What the chart tells us

Welsh provider performance does not meet the national targets with limited improvement, Swansea Bay has the greatest number of long waiting residents (310) of any commissioned health board.

That English providers have a greater total number of patients waiting, reflective of the greater number of treatments undertaken in England as opposed to Wales.

Under 26 week performance is predominately better but Q4 long wait performance has struggled with special cause concern due to increasing numbers of long waits.

No NHS commissioned services are delivering the RTT standard

Actions and Mitigations

The outlook for Referral To Treatment times and the recovery of performance back to the standard is forecast to take a number of years (3 to 5) to achieve for most acute hospital providers. In the meantime patients are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.

In England overall progress is being slowed currently by the impact of Covid-19 on staff resulting in system elective activity suspensions decisions (a system decision is collective change to providers (integrated care systems (ICSs) in a region by NHSEI [NHS England » Integrated care in your area](#)), inclusive of this is the impact of urgent care on the delivery of planned care services.

As part of planning for 2022/23, the Health Board will be working with all providers to ascertain what progress will be made particularly with the reduction in extreme long waiters. It is envisaged that improvement trajectories will be agreed with all providers.



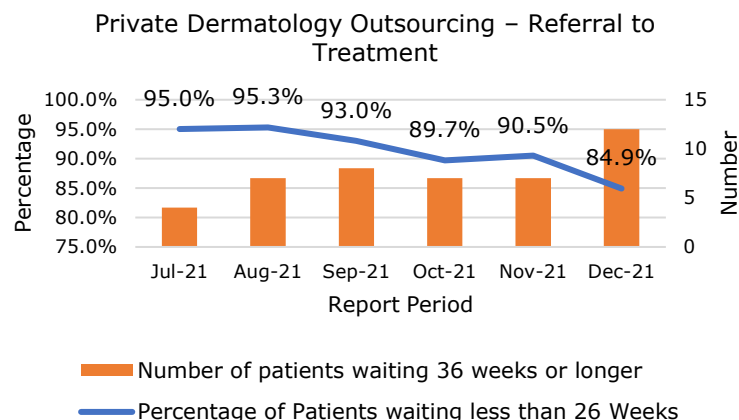
Quadruple Aim 2

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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Insourcing/Outsourcing

Private Dermatology Outsourcing – Referral to Treatment



Waits by Week Band	Open Clocks at 31st December 2021	Open Clocks at 30th November 2021
0-25 Weeks	338	354
26-35 Weeks	48	30
36-52 Weeks	12	7
53-76 Weeks	0	0
77-104 Weeks	0	0
Over 104 Weeks	0	0
Total	398	391

Private Dermatology Provider	Wait bands				Total
	0-25 Weeks	26-35 Weeks	36-51 Weeks	52 Weeks and Over	
Dec-21	338	48	12	0	398

What the chart tells us

That the number of patients waiting for treatment has increased since July 21 reflecting the increase in referrals to that service. This has impacted performance with a reduction in the compliance against <26 week target to 84.9%.

Despite an increase in referrals actual treatments times remain responsive but a small cohort of patients waiting over 36 weeks (12) is reported.

Actions

- This service provider is the largest provider of outpatient dermatology services that Powys residents access.
- A review of the contract mechanism to mitigate against annual award is required.

Mitigations

- Review contract duration as part of 2022/23 planning.

Powell Bethan
05/24/2022 16:26:24



Quadruple Aim 2

No.

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Provider Single Cancer Pathway (SCP) Performance

Executive Lead

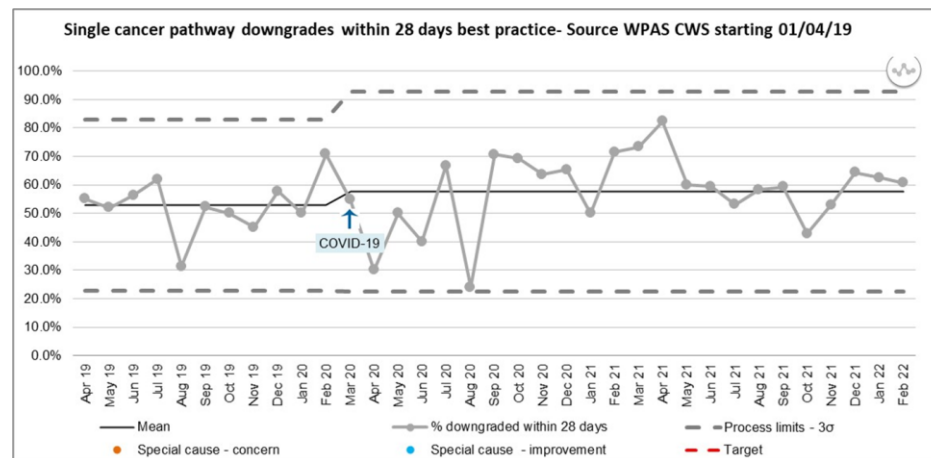
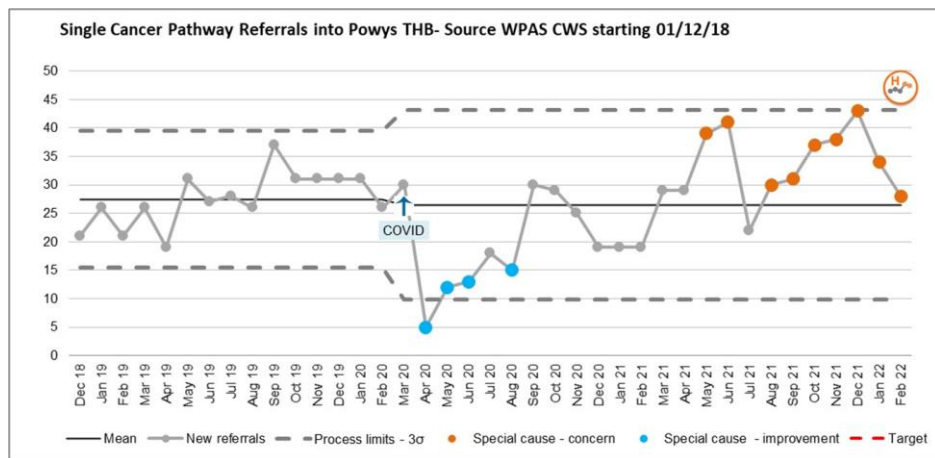
Medical Director

Officer Lead

TBC

Strategic Priority

7



What the charts tells us

- During February 28 patients started an SCP pathway within provider, slightly above the month average. The number of patients being referred has remained predominately above average this financial year and the national picture as of 15th March 2022 confirms that in the last 12 weeks 23% more additions to the waiting list have occurred across Welsh providers (All Welsh patients) when compared to the same 12 weeks last year.
- The downgrade performance (60.6% Feb-22) against the best practice guidance for those patients who **DO NOT** have cancer being told within 28 days.

Issues

Actions

- The Cancer Services Tracker continuously monitors live data for PTHB as a provider.
- There are no current breaches identified for patients receiving their diagnostic appointments in Powys.

Mitigations



Quadruple Aim 2

No.

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Commissioned Services Single Cancer Pathway (SCP) Breach Performance

Executive Lead Medical Director

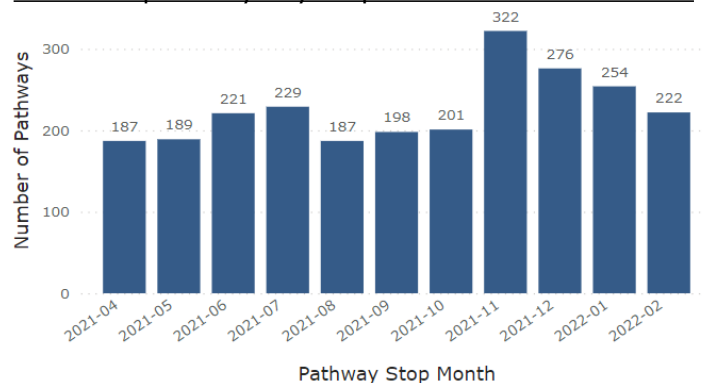
Officer Lead TBC

Strategic Priority 7

Welsh SCP pathways breaching by provider – source DHCW

ProviderOrgDesc	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	Total
Aneurin Bevan Local Health Board	8	2	4	3	3	5	4	2	2	7	3	43
Betsi Cadwaladr University Local Health Board				1	1				1			3
Cwm Taf Morgannwg University Local Health Board	2		3	2	3	1	1	2	1	1	2	18
Hywel Dda Local Health Board	5	2	4	4	1	2	4	4	4	3	1	34
Swansea Bay University Local Health Board	2	2	2	7	2	3	2	6	2	2	5	35
Total	17	6	13	17	10	11	11	14	10	13	11	133

Wales all pathways by stop month – source DHCW



Commissioned services - What the table tells us

Welsh Providers

- The number of breaches reported has not significantly changed with 11 reported across all Welsh treatment providers for February.

English Providers

- Shrewsbury and Telford hospital (SATH) NHS trust reported 16 breaches of their cancer pathway reported for January 2022, 5 patients waiting over 104 days. Reason for delays include complex pathways, elective capacity, and radiological capacity.
- Wye Valley NHS Trust (WVT) reported 4 breaches of their cancer pathway in January 2022, the challenge of issues mirrors SATH including radiological investigation delays and elective capacity challenges.

Issues

- Powys Teaching health board does not have access to the SCP open pathways information, as such breaches are reported post event.
- COVID-19 pressures impacting cancer treatment, flow, surgical, and diagnostic capacity.

Actions

- Initial work (phase 1) undertaken in March and April 2022 using non-recurrent Wales Cancer Network funding to develop a business intelligence tool using the Power BI platform for all active suspected cancer pathways for Powys residents receiving diagnosis or treatment in other health boards or NHS trusts in Wales.
- PTHB Harm Review panel established and meeting monthly to review breach reports completed by commissioned providers.

Mitigations

- Wales Cancer Network have confirmed non recurrent funding for April – September 2022 of £43093 to further develop progression of the business intelligence tool. Phase 2 will enable the transfer of the Power BI standalone system onto the Powys server and then linking to the data resulting in live tracking of Powys patients on the Suspected Cancer Pathway in Wales. Phase 3 will include English flows so that the picture for PTHB spans the population for which it is responsible.



Quadruple Aim 2

No. 38/39

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Follow Ups

Measure 38 - Number of patients waiting for a follow-up outpatient appointment

Measure 39 - Number of patients waiting for a follow-up outpatient appointment who are delayed by 100%

Executive Lead	(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services)
Officer Lead	Assistant Director of Community Services
Strategic Priority	5

Please note PTHB performance data is currently not available for the follow-up metrics. Welsh Government have been notified of this reporting and operational challenge. Work to resolve this is currently being undertaken, this work includes engagement with PTHB patient services, operational teams, Powys Digital Transformation and Informatics, and the DHCW (national) patient administration system team (PAS).

What the chart tells us	Issues	Actions	Mitigations
<p>No performance data for these measures is currently available.</p> <p>Powell Bethan 05/24/2022 16:26:24</p>	<p>Non Mental Health</p> <ul style="list-style-type: none"> Fragility of in reach providers and DGH Covid-19 pressures. Fragility of theatre staffing due to sickness absence, former shielding and vacancies Covid-19 protocols social distancing reduced templates MH, GS, and GM respiratory are the key areas of challenge MH/Respiratory form the bulk of 100% overdue follow ups <p>Mental Health</p> <ul style="list-style-type: none"> The majority of over due follow-ups in Mental Health are within the Older Adult Mental Health Teams, and are Medic initiated follow up. OA Medical staffing has struggled to recruit substantive medics for a significant period, 66% of medics in this service are locum and this has led to an inconsistency in approach to FU. 	<p>Non Mental Health</p> <ul style="list-style-type: none"> Implementing MDT approach as described in previous slides. Breathe Well Programme undertaking clinical review of all overdue follow ups with support from respiratory nurses. Excellent progress is being made in terms of SOS & PIFU pathways best in Wales for ENT, Orthopaedics & Gynae. <p>Mental Health</p> <ul style="list-style-type: none"> Medical Staffing recruitment paper is with the CEO and Executive Team. Data improvement work is underway. Clinical Director engaging with Medical workforce to achieve consistency in approach to FU. 	<ul style="list-style-type: none"> Clinical and administrative review of waiting lists



Quadruple Aim 2

No.

40

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Ophthalmology

Current measure - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Chart 1 – Current measure 2021/22 framework

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/07/19

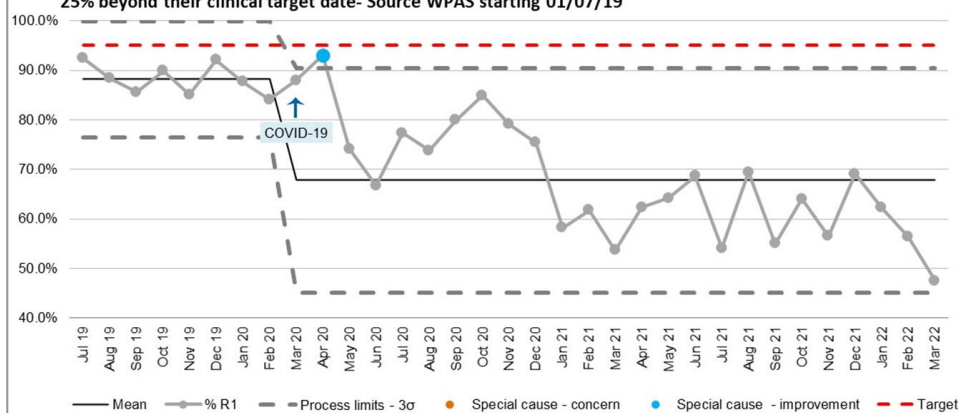
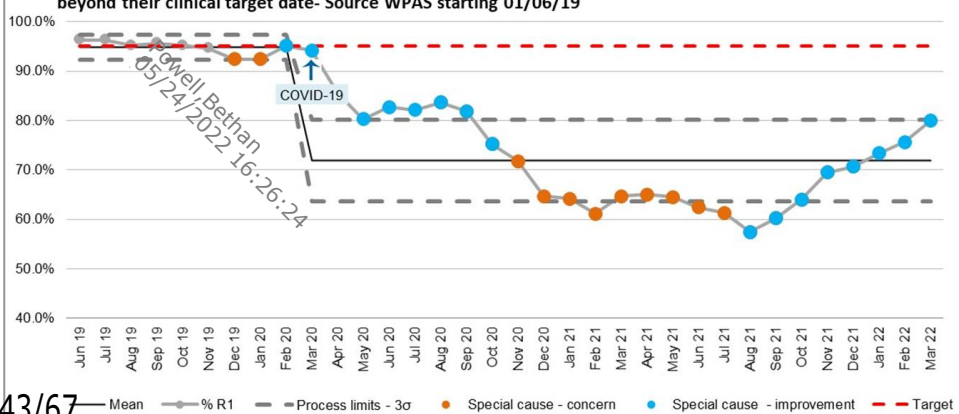


Chart 2 – Retired measure 2020/21 framework

Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date- Source WPAS starting 01/06/19



What the chart tells us

Please note an error has been found regarding ophthalmology performance reporting within the IPR back to the Month 10. This error has not affected our submitted or nationally reported position.

The Ophthalmology measure changed during Q3 2021 with the release of the new, but late confirmed 2021/22 NHS Delivery Framework. The wording of this measure had been revised, the measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment.

Unfortunately data for patients attended populated the SPC from Q3 mixing new and old measure data e.g. % snapshots of waiting and attended. This has now been corrected and SPC charts of both the new (Chart 1) and older (Chart 2) national metrics have been provided for transparency.

Performance for R1 appointments attended does not meet the 95% target (47.5%) in March. Although common cause variation from Q2 the performance compliance remains predominately below post COVID-19 suspension average. It should be noted that data quality due to the follow-up challenge could be adversely affect reported performance.

Performance for R1 patients waiting within their clinical target date or within 25% has seen special cause for improvement (79.9% Mar-22) since Q3.

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Community Services

Strategic Priority

5

March 2022 Performance

Local Performance	All Wales Benchmark
47.5%	*(6th) 59.9%

Variance Type

Common Cause

Target

95%

Data Quality

Data quality risk linked to FUP reporting challenge affecting current measure

[Issues, actions, and mitigations continued on next page](#)



Quadruple Aim 2

No.

40

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Ophthalmology

Current measure - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Retired measure - Percentage of ophthalmology R1 appointments who are waiting within their clinical target date or within 25% beyond their clinical target date

Issues	Actions	Mitigations
<ul style="list-style-type: none"> • Fragility of in reach providers and DGH Covid-19 pressures, C19 related absences. • Fragility of theatre staffing due to sickness absence, and vacancies • Information Reporting issues with FU list • Digital Eye Care pilot delayed until May 2022 	<ul style="list-style-type: none"> • Wet AMD service has been extended into mid Powys. • PTHB 1st nurse eye care injector. • Excellent clinical outcomes above national average for Wet AMD. • MDT for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes Oct 21 with MDT patients no longer need to travel to Bronglais Hospital (H DUHB) and face significant wait for eye care scans/biometrics. One stop clinic established in Welshpool in early 2022. • Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Newtown and potential cataracts in OP setting, ocularplasty in OP setting undertaken by specialist nurses etc. • Digital eye care record roll out in PTHB to be lead with pilot in YCH with National Planned Care Clinical Lead who is a PTHB in reach ophthalmologist. • Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with successful equipment bid to WG Renewal Fund. • Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, PTHB eye care nurse. • The PTHB Eye Care MDT will be presenting at the Oxford Ophthalmological Congress in July 2022 re training optometrists and running a wet AMD service at a community hospital • No patients waiting over 36 weeks for 1st appointment, no patients waiting over 52 weeks for cataracts (March 22) 	<ul style="list-style-type: none"> • Community optometry support to risk stratify long waits/overdue follow ups • Development of eye care MDT • Corporate review of FU reporting performance and harm management

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Quadruple Aim 2

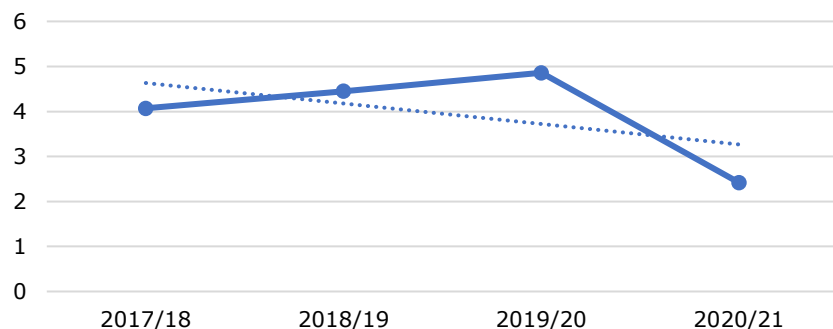
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41

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population

Rate of hospital admissions with any mention of self-harm from children and young people per 1k



Performance 2020/21

Local Performance	All Wales Benchmark
2.42	2 nd (3.54)

Variance Type

N/A

Target

Annual Reduction

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

What the chart tells us

Performance meets the annual reduction target for 2020/21. PTHB performance in comparison to the All Wales average (3.54) is good with the health board ranking 2nd.

Powell Bethan
05/24/2022 16:26:24

Issues

Presentations of self harm amongst Young people has increased during the pandemic, although incidents of self harm are amongst the lowest in Wales.

Actions

- Suicide and Self harm coordinator is leading an all age focused intervention to reduce the impact of harm.
- School CAMHS outreach service will be operational from Q4 2021/22 (through the WG funded programme to provide MH and Wellbeing practitioners in every Powys secondary school

Mitigations

See actions.



Quadruple Aim 2

No.

42

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

Performance March 2022

Local Performance	All Wales Benchmark
91.3%	*1st (40.2%)

Variance Type

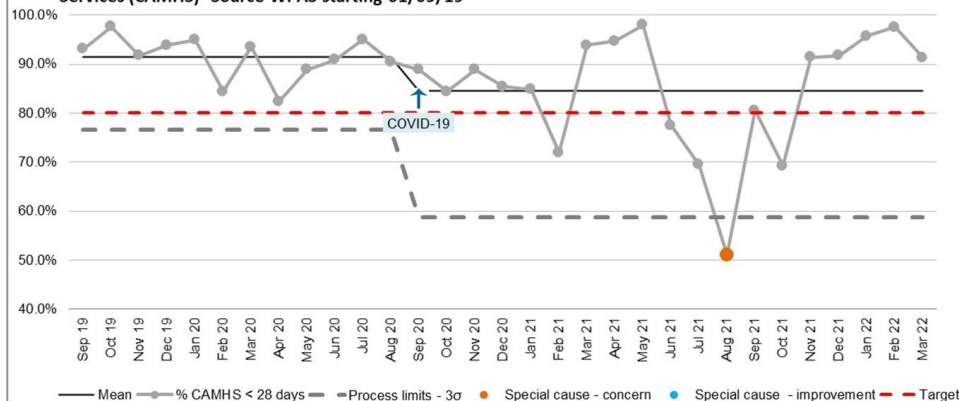
Common Cause

Target

80%

Data Quality

Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)- Source WPAS starting 01/09/19



What the chart tells us

Performance remains robust and achieving national targets.

Powell Bethan
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Issues

Performance would be further improved by;

- Recruitment to vacant posts remains a significant challenge within CAMHS. We had recruited into vacant posts reported in the last quarter but subsequently, additional vacancies have arisen.
- All options to further skill mix are being considered.

Actions

New recruitment campaign due to commence, and 1 member of staff returned from maternity leave in Jan 22.

Silvercloud service has commenced in CAMHS and uptake has been encouraging. Further promotion of the service will further improve performance.

Single Point of Access (SPOA) piloted for access to both PCAMHS and SCAMHS – reducing duplicate assessments and clinical time. Pilot was successful and entailed two regular staff providing SPOA duties. Service has since recruited into one of two SPOA/ Duty team posts. Interviewing mid April for second position which in turn will free capacity for PCAMHS and SCAMHS intervention support.

Mitigations

See actions.



Quadruple Aim 2

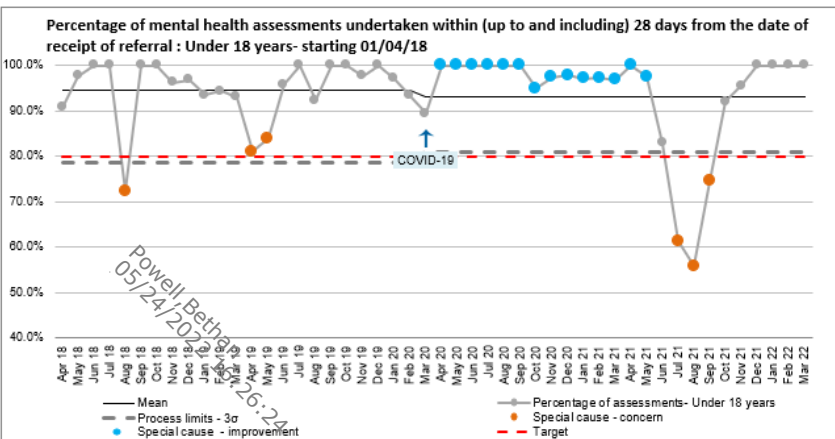
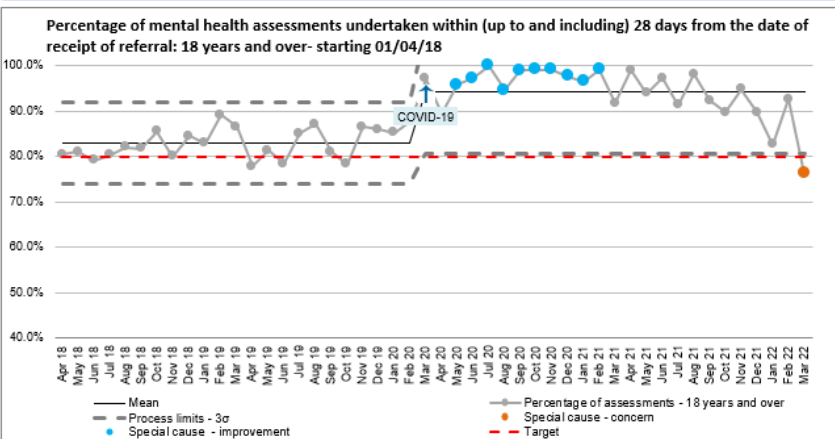
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Mental Health - Part 1

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral : Under 18 years, and 18 years and over



March 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
76.3%	*75.2%	100%	*51.9%
Variance Type			
Special cause concern (18+), Common Cause (<18)			
Target			
80%			
Data Quality			

What the chart tells us

- Part 1 +18 year old assessments performance fell in March to 76.3% this is special cause concern falling outside of the control limits.
- Part 1 < 18 year old assessments performance has reported 100% compliance for the last 4 reported months.

Issues

Challenge with performance are as a direct result of staffing sickness impacting significantly into March reducing service capacity.

Actions

Mitigations

Staffing capacity has improved during April.

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period



Quadruple Aim 2

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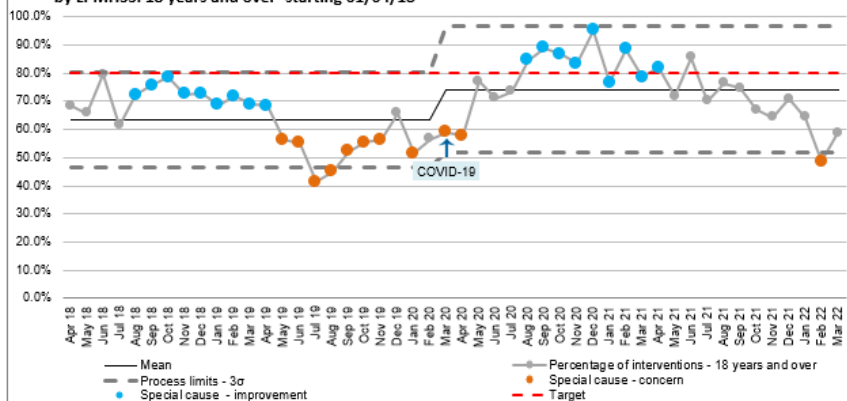
44

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

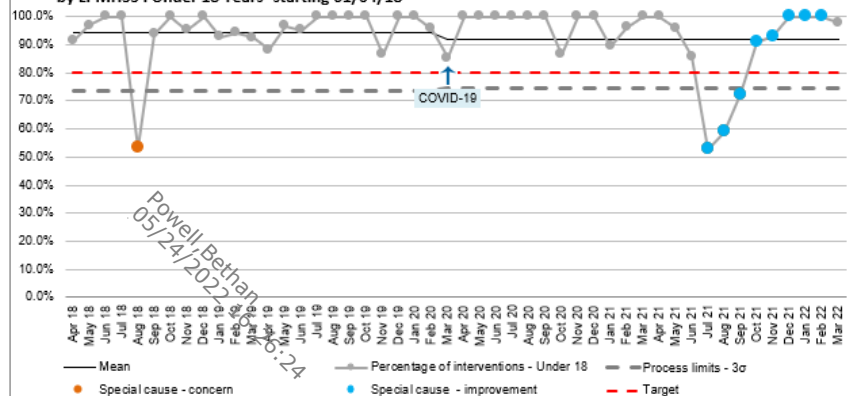
Mental Health - Part 1

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years, and 18 years and over.

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS: 18 years and over- starting 01/04/18



Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS : Under 18 Years- starting 01/04/18



March 2022 Actual Performance

18 years & over		Under 18 years	
Local	All Wales	Local	All Wales
58.9%	*67.4%	97.8%	*53.9%

Variance Type

Common Cause

Target

80%

Data Quality

What the chart tells us

- Performance for therapeutic interventions in adult and older patients has improved to 58.9%.
- < 18 years performance for therapeutic interventions in contrast is very positive with 97.8% compliance.

Issues

The LPMHSS service has seen a significant increase of presentations, notably in South Powys. There were several vacancies in the North Powys team in late Q3 / Q4. A decision was made to focus on assessments over interventions (so not to being a therapeutic relationship between patients and leavers). Performance in terms of interventions within 28 has dipped because of;

- Increase in acuity and patients.
- Service delivering more intensive services to prevent escalation into secondary care (e.g. CBT, EMDR) these courses of treatment take longer.
- Staffing challenges in terms of vacancies and long-term sickness

Actions

Recruitment to unfilled posts.

Continued promotion of Silvercloud.

Secure additional capacity within the service, and for management of the service, due to long term staff sickness (via service improvement fund).

Mitigations

See Actions

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period



Quadruple Aim 2

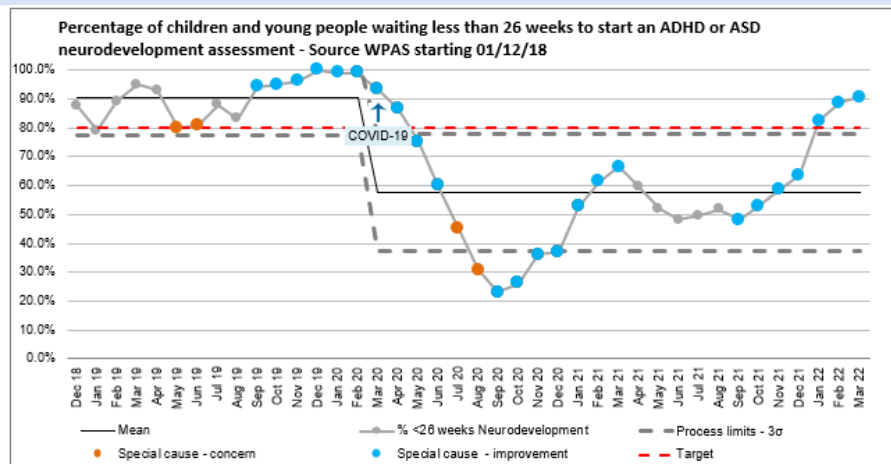
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Neurodevelopment Assessment

Percentage of children and young people waiting less than 26 weeks to start and ADHD or ASD neurodevelopment assessment



Performance March 2022

Local Performance

90.6%

All Wales Benchmark

* 36.8%

Variance Type

Special cause - Improvement

Target

80%

Data Quality

Executive Lead

Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Women's and Children's Services

Strategic Priority

10

What the chart tells us

Performance for neurodevelopmental assessment has shown special cause – improvement for the last 3 reported months. Powys compares favourably with All Wales who for February reported only 36.8% compliance.

Issues

- The referral demand trend continues to increase from an average of 20 per month pre COVID, rising to an average 40 at Qtr3 and peaking to 63 in March 2022.
- Capacity remains insufficient to meet this ongoing demand, even with additional temporary renewal work force colleagues.
- The hidden waiting list (assessments in progress) backlog, combined with the waiting list for first appointments, is not reducing as anticipated due to the overwhelming referral demand.

Actions

- ND service capacity continues to be ratioed to enable both the Referral To Treatment (RTT) and 'hidden' waiting lists to be addressed simultaneously. However, given the continual increase in referral demand, there is a risk that these waiting lists will not be fully address the waiting lists by 31st December 2022.

Mitigations

- Additional non recurrent renewal funding has been extended for 5 key posts until Dec 2022 to enable the current waiting list backlogs to continue to be addressed.
- An IBG funding application will be submitted to secure core recurring monies beyond December 2022. This will support the essential capacity required to meet the increase in referral demand long term.



Quadruple Aim 2

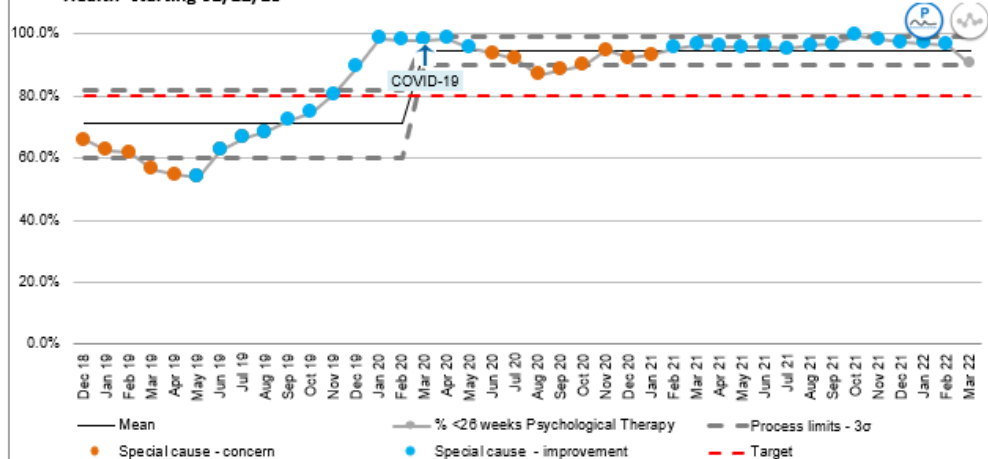
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People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Percentage of patients waiting less than 26 weeks to start a Psychological therapy in Specialist Adult Mental Health- starting 01/12/18



Performance March 2022

Local Performance	All Wales Benchmark
90.4%	2nd *72.8%

Variance Type

Common Cause

Target

80%

Data Quality

Executive Lead

(Deputy Chief Executive & Director of Primary Care, Community & Mental Health Services

Officer Lead

Assistant Director of Mental Health

Strategic Priority

10

* Benchmark from previous available period

What the chart tells us

Issues

Actions

Mitigations

Performance remains above target at 90.5% for February, the health board benchmarks positively with All Wales performance not meeting the target at 72.8% in February.

No issues: the RTT target is consistently met.

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Quadruple Aim 2

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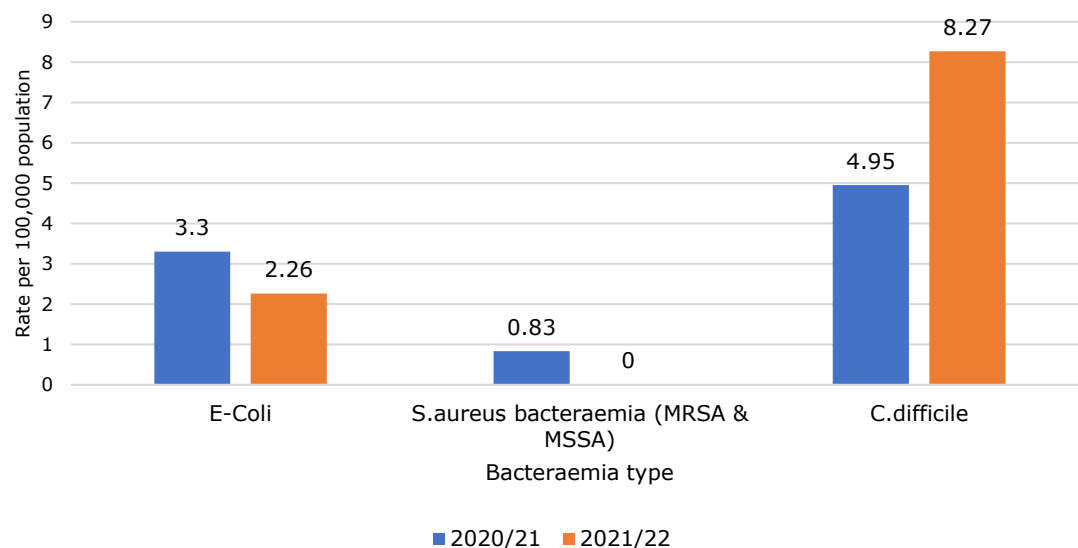
47

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-Coli, S.aureus bacteraemia (MRSA & MSSA), and C.difficile

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

February comparison snapshot of cumulative reported cases per 100,000 by bacteramia type – source PHW



Performance March 2021/22

Local Performance per 100k

Infection Type	Performance
E-coli	2.26
S.Aureus (MRSA & MSSA)	0
C.Difficile	8.21
Target	
Local – Improvement	
Data Quality	

What the chart tells us

Issues

Actions

Mitigations

PTHB infection rates for the monitored and reported bacteraemia are very low and are not benchmarked with the other health boards. E-coli cumulative rate for 2021/22 is 2.26 slightly below the rate for 2020/21. No S.aureus infections have been reported in 2021/22, and C.difficile reported rate is higher at 8.27 per 100k when compared to 4.95 for the same period in 2021.



Quadruple Aim 2

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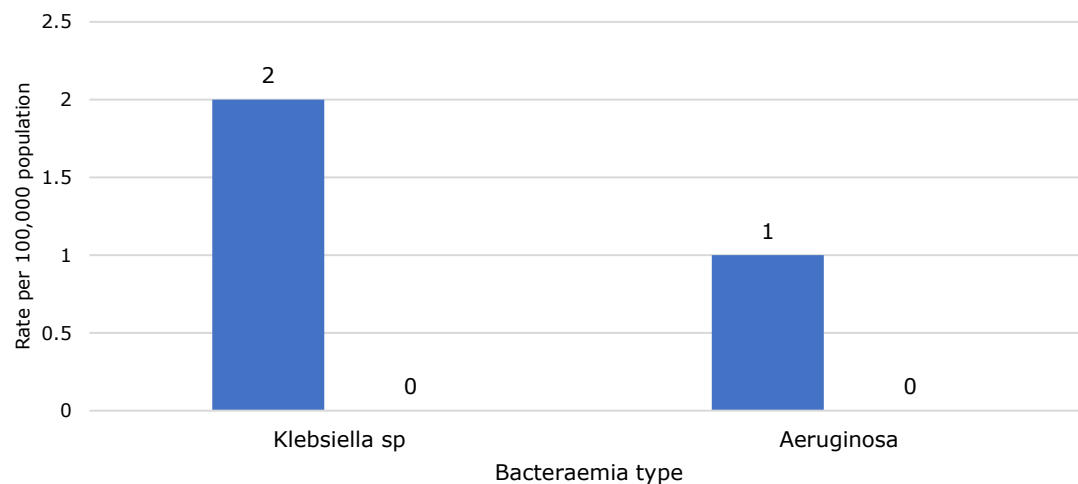
48

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp, and Aeruginosa

Executive Lead	Director of Nursing
Officer Lead	TBC
Strategic Priority	22

February comparison snapshot of cumulative reported cases by bacteraemia type – source PHW



■ 2020/21 ■ 2021/22

Performance February 2021/22

Local Performance per 100k

Infection Type	Performance
Klebsiella sp	0
Aeruginosa	0

Target

Local – Improvement

Data Quality

What the chart tells us

Powys has had no cases reported within the 2021/22 financial year for either Klebsiella.sp or Aeruginosa. This improves on the previous financial year position, although numbers of infection are positively extremely low.

Issues

Actions

Mitigations



Quadruple Aim 3

No.

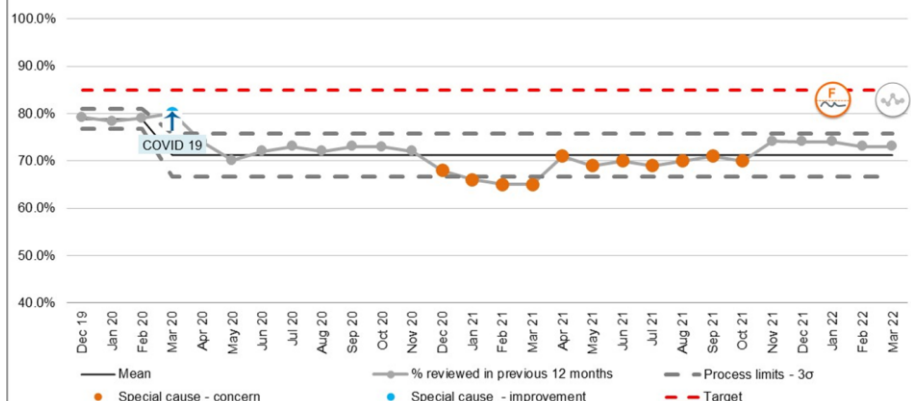
52

The health and social care workforce in Wales is motivated and sustainable

PADR Compliance

Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. Doctors and Dentists in training)

PADR Compliance -Source PTHB WOD starting 01/12/19



March 2022 Actual Performance

Local Performance	All Wales Benchmark
73%	59.7% (Dec-21)

Variance Type

Common Cause

Target

85%

Data Quality

Executive Lead

Director of Workforce & OD

Officer Lead

Head of Workforce

Strategic Priority

14

What the chart tells us

PTHB PADR performance reported at 73% for March, this is still above average for the period since COVID-19, and has remained common cause variance for the last 5 months. The health board benchmarks positively against the All Wales position.

Issues

- Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in delivery of PADRs since the beginning of the pandemic.
- The health board has seen a small improvement in compliance when compared to performance at the start of the financial year, however, there still continue to be challenges in achieving pre-pandemic performance figures.

Actions

- WOD HR Business Partners are discussing PADR compliance at senior management groups within services.
- Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.
- Monthly detailed analysis of compliance is shared via Assistant Directors
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- Regular conversations as normal management of staff being undertaken and supported within services.



Quadruple Aim 3

No.

53

The health and social care workforce in Wales is motivated and sustainable

Core Skills Mandatory Training

Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation

Executive Lead

Director of Workforce & OD

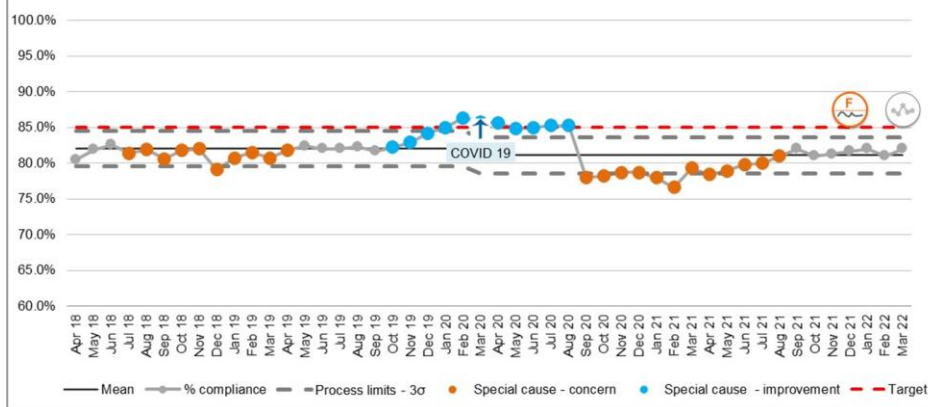
Officer Lead

Head of Workforce

Strategic Priority

14

Mandatory Training Compliance-Source PTHB WOD starting 01/04/18



March 2022 Actual Performance

Local Performance	All Wales Benchmark
82.0%	80.1% (Dec-21)

Variance Type

Common Cause

Target

85%

Data Quality

What the chart tells us

Performance in March reported as 82% (above average since the COVID-19 pandemic started). The variance has continued to be common cause for the last 7 months, not meeting the 85% national target.

Issues

- Increased service pressure due to COVID-19, staff absence and vacancies has caused challenges in completion of mandatory training since the beginning of the pandemic.

Actions

- WOD HR Business Partners are discussing mandatory compliance at senior management groups within services.
- Focus on managers to develop a recovery plan in performance needs to be agreed by the appropriate director.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- Services have been asked to prioritise staff groups to undertake essential training relevant to role.



Quadruple Aim 3

No.

55

The health and social care workforce in Wales is motivated and sustainable

Sickness Absence (R12)

Percentage of sickness absence rate of staff

Executive Lead

Director of
Workforce & OD

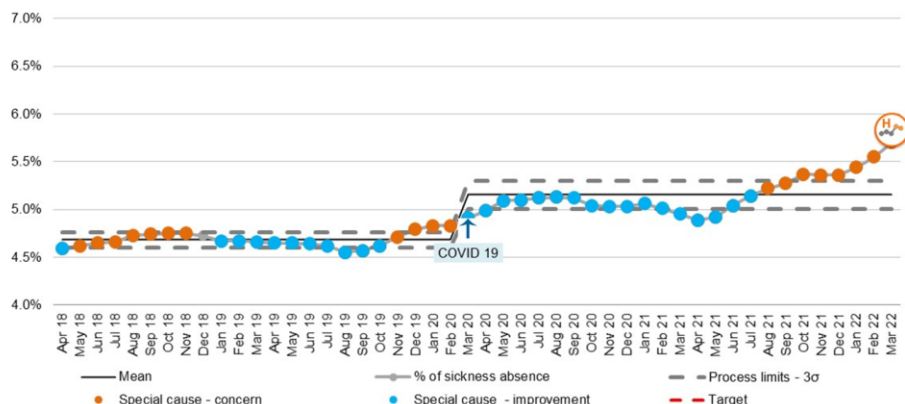
Officer Lead

Head of Workforce

Strategic Priority

14

Percentage of sickness absence rate of staff-WOD starting 01/04/18



March 2022 Actual Performance

Local
Performance

5.70%

All Wales
Benchmark

6.32%
(Oct-21)

Variance Type

Special Cause - Concern

Target

12 month reduction

Data Quality

What the chart tells us

PTHB sickness performance remains as special cause from concern. The rolling 12 performance is reported as 5.7% for March, monthly actual 6.22% which consists of 2.58% short term and 3.64% long term. Although high when compared to pre-covid the health board is one of the lowest in Wales.

Issues

- COVID-19 continues to have an impact on sickness absence percentage. High levels of stress & anxiety reflective of the overall population.
- Waiting time for appointments with Occupational Health (OH) consultant is 8 weeks and referrals to NOSS remain high with an average 85 sessions per month.

Actions

- Continues to be monitored by managers and HR Business Partners in line with All Wales Managing Attendance at Work policy.
- Well being action plan now approved.
- Business case to support OH team capacity approved. Recruitment to vacant posts is underway.
- A single tender waiver to increase counselling services has also been approved, ahead of a retender exercise.

Mitigations

- Managing Attendance at Work Policy
- Well being action plan
- Staff counselling service
- Online CBT
- Long Covid Programme
- Occupational Health Service



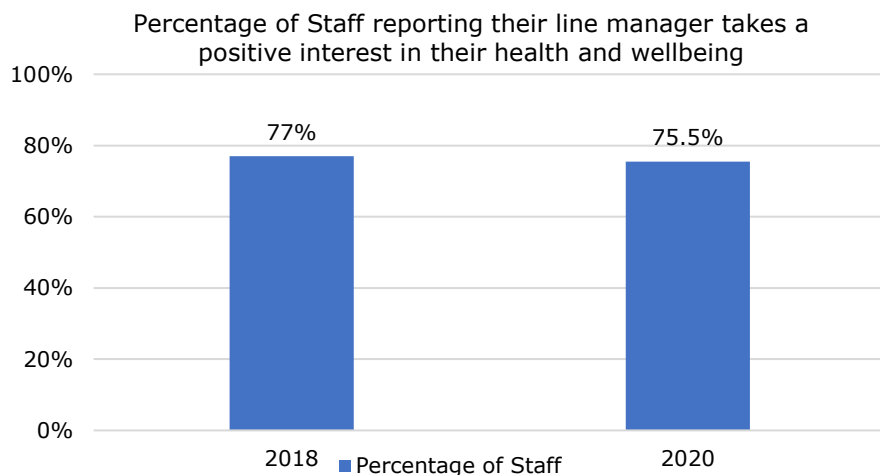
Quadruple Aim 3

No.

56

The health and social care workforce in Wales is motivated and sustainable

Percentage of staff reporting their line manager takes a positive interest in their health and wellbeing



2020 Actual Performance	
Local Performance	All Wales Benchmark
75.5%	65.9%
Variance Type	
N/A	
Target	
Annual Improvement	
Data Quality	

Executive Lead	Director of Workforce & OD
Officer Lead	Head of Workforce
Strategic priority	15

What the chart tells us

Issues

Actions

Mitigations

Performance is good when compared to the All Wales benchmark, the health board ranks 2nd in Wales. But has not met the improvement target when compared to the 2018 data point.

Sense of wellbeing overall in local survey was 4.15 out of 6. However, there is a difference between those working at home with an average score of 4.94, and those in the workplace (mainly clinicians) who scored 3.84.

All-Wales wellbeing conversation tool has been introduced and advertised. Wellbeing action plan being implemented.

Updated agile working policy. Continued focus on PADR.



Quadruple Aim 4

No.

59

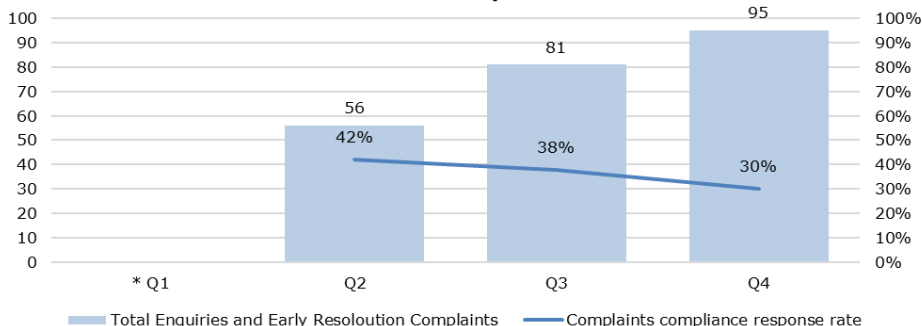
Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Concerns and Complaints

Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Executive Lead	Director of Nursing
Officer Lead	Assistant Director of Quality & Safety
Strategic priority	22

Complaints compliance response rate & number of enquiries and early resolutions by quarter - source Datix CloudIQ - 2021/22 financial year



What the chart tells us

- * Please note that the Datix incidents were closed as part of the Datix upgrade data for April & May and are not comparatively available for Q1 2021/22.
- No national benchmark data is currently available via Welsh Government due to the Datix upgrade.
- Performance is not currently meeting the 75% target however extensive and ongoing validation work is being undertaken to strengthen the compliance and subsequent reporting for the measure. Positively this work has shown the mis categorising of complaints with an increased number actually being resolved via early resolution or actually being correctly reported as enquiries.

March 2021/22 Actual Performance

Local Performance	All Wales Benchmark
30%	N/A
Target	
75%	
Data Quality	

Issues

- Mis categorisation of commissioned complaints
- Proactive and supportive management of concerns when received
- Lack of appropriate escalation to ensure 30WD response is prioritised
- Lack of accurate and accessible data
- No user feedback

Actions

- Review of the concerns management process
- Refresh template letters
- Implementation of a robust escalation process to meet 30 working day (WD) response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data
- Implementation of a concerns feedback process 'How was the process for the complainant'

Mitigations

- Robust review of end to end process to ensure compliance with PTR regulations
- Improvements being data led
- Robust escalation process to meet 30WD response timescale
- Review improvement plan
- Implement clear process for learning and improvement from concerns
- Further work required to cleanse and quality assure data



Quadruple Aim 4

No.

62

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Crude Hospital Mortality Rate

Crude hospital mortality rate (74 years of age or less)

Executive Lead

Medical Director

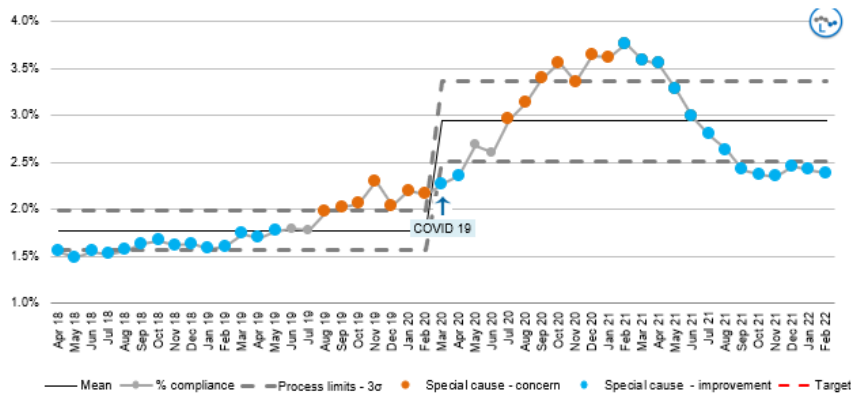
Officer Lead

TBC

Strategic priority

22

Crude Mortality Rate-Source CHKS starting 01/04/18



February Actual Performance

Local Performance

2.38%

All Wales Benchmark

1.37%

Variance Type

Special Cause - Improvement

Target

12 month reduction trend

Data Quality

What the chart tells us

The crude mortality rate in Powys has continued to show a special cause improvement predominately due to the increase in the denominator of admissions into provider services. It should be noted that Powys normally has a higher than All Wales average crude mortality as a non acute care provider who also supports end of life within inpatient wards.

Issues

No issues actual monthly deaths within expected values.

Actions

The Assistant Medical Director has reviewed the cases of patients who died from Covid 19 on Powys wards. None of those cases involved a patient who was younger than 75.

A senior team has reviewed all deaths of ward patients in the last 12 months and have identified only minor concerns.

Mitigations

No mitigations are considered needed at this time.

COVID mitigations are in place.

Renewal work is exploring reinstating care pathways that have been disrupted due to COVID.



Quadruple Aim 4

No.

66

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

New Medicine Availability

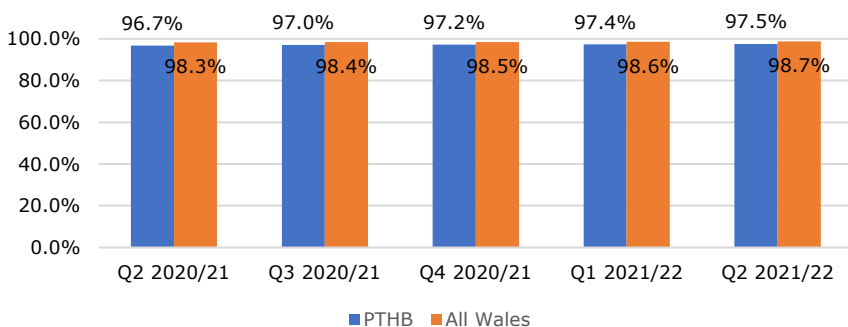
All new medicines recommended by AWMMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic priority 24

New medicine availability within 2 months of Nice Final Appraisal



Q2 2021/22 Actual Performance

Local Performance	All Wales Benchmark
97.5%	98.7%

Variance Type

N/A

Target

100%

Data Quality

What the chart tells us

The health board does not meet the national target but has an improvement trend reporting 97.5% for Q2 2021/22. The national All Wales average is 98.7%.

The trend is based on the long term average since the New Treatment Fund began in 2017.

The variation between national and local indicators is due to the way historic data was recorded.

Issues

- Discrepancies with nationally reported data on this metric.
- Locally reported that in 2017 there were some delays in hitting the 2 month deadline, it is unclear whether this is still impacting on our compliance? Since 2017 the 2 month deadline has been met on all but 3 occasion (2 drugs relating to highly specialised treatments that are not provided within Powys and other LHBs were struggling to implement and 1 drug at the beginning of COVID when the Medicines Management Team was focussed on the COVID response).
- Shared national NTF excel document updated every time a new AWMMSG/NICE TA is published.

Actions

- Non compliant areas of formulary updated to confirm that the health board does commission the treatments – 'specialist use only' and mapping carried out to understand pathways for access to such specialised treatments.

Mitigations

- Set aside dedicated time each week to ensure NTF access definition of within 2 months is met and our performance continues to improve.



Quadruple Aim 4

No.

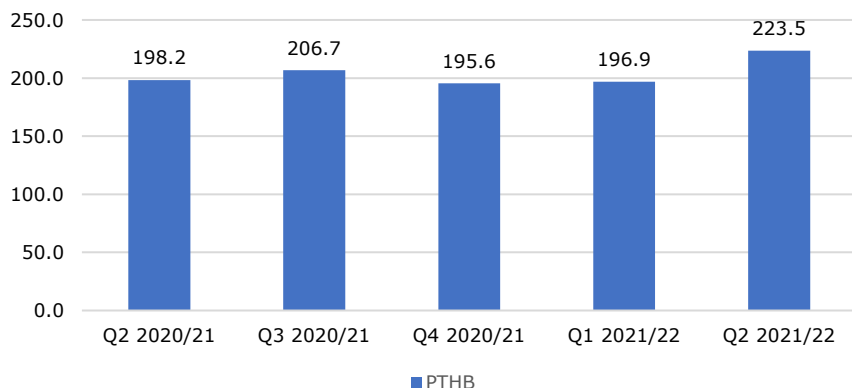
67

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Total Antibacterial Items per 1,000 STAR-PU

Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)

Total Antibacterial Items per 1,000 STAR-PU



Q2 2021/22 Actual Performance

Local Performance	All Wales Benchmark
223.5	254.7

Variance Type

N/A

Target

188.2

Data Quality

Executive Lead

Medical Director

Officer Lead

Chief Pharmacist

Strategic priority

24

What the chart tells us

The Q2 2021/22 Powys target for this metric is 216 items per 1000 star PU's, the provider performance for Q2 has been reported as 223.5. No health board in Wales met their derived target for Q2 but Powys was the lowest prescriber (items/1000 STAR-PU) of antibacterial items.

Issues

- The latest (not nationally reported) Q3 2021/22: 260.01 items/1,000 STAR-PU. Local target = 249 items/1,000 STAR-PU (5% reduction on Q2 2019 value).
- No antimicrobial stewardship pharmacist in post.
- COVID response creating challenge with prioritising national KPIs

Actions

- Antimicrobial Stewardship Group in place (meets quarterly) – reports to IPC Group.
- Antimicrobial stewardship improvement plan in place.
- Data analyst providing regular data on antimicrobial prescribing in primary care.
- Antimicrobial prescribing discussed during practice meetings.
- Antimicrobial KPIs included in Medicines Management Incentive Scheme and practice SLAs
- Linking with antimicrobial stewardship pharmacists in England to support RCA of CDI cases (community acquired)
- Investment benefits group (IBG) paper written to secure funding for AMS pharmacist – absence of dedicated antimicrobial pharmacist included in meds management risk register

Mitigations

See actions.

Further mitigations not possible due to workforce challenges.



Quadruple Aim 4

No.

69

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

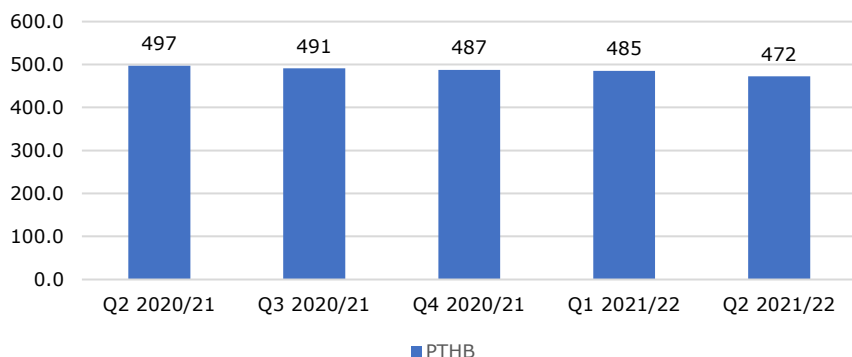
Number of patients age 65 years or over prescribed an anti-psychotic

Executive Lead Medical Director

Officer Lead Chief Pharmacist

Strategic priority 24

Number of patients age 65 years or over prescribed an antipsychotic



Q2 2021/22 Actual Performances	
Local Performance	All Wales Benchmark
472	10,232
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigation
PTHB has met the target of reduction for Q2 2021/22 (472) when compared to Q4 2020/21 (487). In Wales we prescribe the least of all health boards, but have the smallest cohort size. Further development of the measure would be required to allow comparisons between health boards in Wales.	The latest (not nationally reported) Q3 2021/22 = 479. COVID response creating challenge with prioritising national KPIs	<ul style="list-style-type: none">Patients aged ≥ 65 prescribed an antipsychotic as a percentage of all patients aged ≥ 65 monitored through national medicines safety dashboard.The national figure is 1.5%, our figure is 1.23%. Powys has the lowest level of prescribing in this area of all Welsh Health Boards.	<ul style="list-style-type: none">Regular monitoringRisks associated with antipsychotic prescribing in elderly patients with dementia reiterated on a regular basis.Plan to provide regular reports to primary care as soon as resource allows.



Quadruple Aim 4

No.

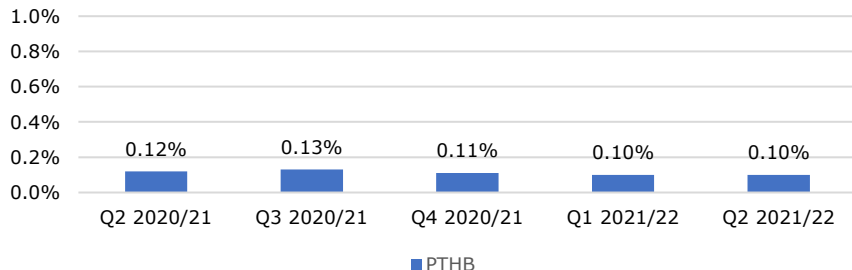
70

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age



Q1 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
0.104%	0.14%
Variance Type	
N/A	
Target	
Quarter on Quarter Reduction	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
PTHB has not met the required target of quarterly reduction with 0.104% of women prescribed valproate in Q2 2021/22 which is the same as reported in Q1 2021/22. Powys remains as ranked 1 st in Wales with the lowest prescribing rate of all Welsh health boards	<p>The latest (not nationally reported) Powys performance = 0.100% (22 patients)</p> <p>Nationally Q3 2021/22 – 946 female patients aged 14-45 issued with a prescription for sodium valproate in Wales = 0.134% of female patients aged 14-45.</p> <p>Powys = 0.100% (lowest % of all LHBs)</p> <p>Quarter on quarter reduction being seen.</p> <p>COVID response creating challenge with prioritising national KPIs</p>	<ul style="list-style-type: none">Regularly monitored through national medicines safety dashboard.Regular reminders about prescribing valproate in women of child bearing age.Reminder about Pregnancy Prevention Plan (PPP)Cascade of patient information to primary care and community pharmacy.	<p>See actions</p> <p>Plan to provide regular reports to primary care as soon as resource allows.</p>



Quadruple Aim 4

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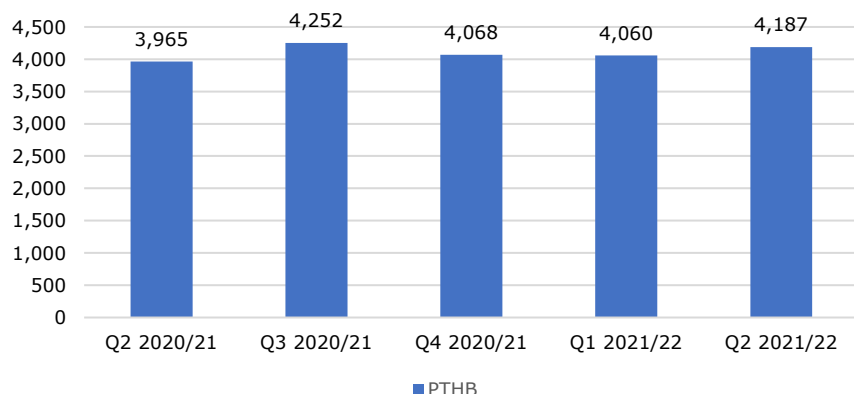
71

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Opioid average daily quantities per 1,000 patients

Executive Lead	Medical Director
Officer Lead	Chief Pharmacist
Strategic priority	24

Opioid average daily quantities per 1,000 patients



Q2 2021/22 Actual Performance	
Local Performance	All Wales Benchmark
4187.3	4500.4
Variance Type	
N/A	
Target	
4 Quarter reduction trend	
Data Quality	

What the chart tells us	Issues	Actions	Mitigations
<p>PTHB has met the 4 quarter reduction target for Opioid quantities although Q2 2021/22 saw a higher figure of 4187.3 per 1000 patients. Powys ranks 2nd nationally against and All Wales figure of 4,500.4</p> <p>Powell Bethan 05/24/2022 16:26:24</p>	<p>The latest (not nationally reported) Q3 data shows our position has deteriorated – 4,222.10 ADQ/1000 pts. The national target is 3,537 ADQ/1000 pts.</p> <p>COVID response creating challenge with prioritising national KPIs</p>	<ul style="list-style-type: none">Raising awareness of the issues associated with opioid prescribing and the variation in prescribing practice across the health board with clinicians and health board executives.Raising awareness of opioids aware resource for clinicians and patients.Regular monitoring through the national indicators.Regularly discussed during practice visits.Regular provision of prescribing dataIntroduction of prescribing analysis to identify 'excessive' prescribing	<p>See actions</p>



Quadruple Aim 4

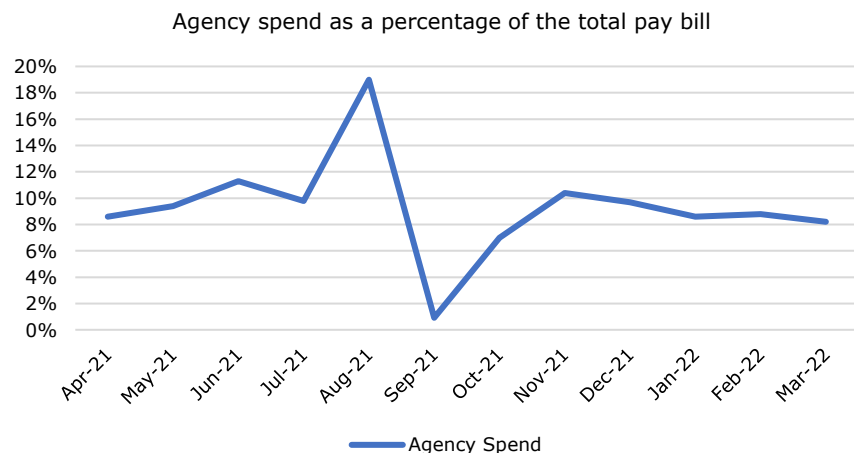
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74

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Agency Spend

Agency spend as a percentage of the total pay bill



December 2021 Actual Performance	
Local Performance	All Wales Benchmark
8.2%	6.2% (Dec-21)
Variance Type	
N/A	
Target	
12 Month Reduction Trend	
Data Quality	

Executive Lead

Director of Finance and ICT

Officer Lead

TBC

Strategic priority

13

What the chart tells us

The provider agency spend as a percentage of total pay bill varies as a response to demand. The 12-month target of reduction has been met for March 22. However as noted by the finance team that the agency spend figure 0.9% for September is significantly lower, this was due to the Month 6 return being used for correction purposes to avoid prior monthly adjustment. This has not affected the overall pay position or forecast but **will affect** the 12 month reduction target calculation which uses trend function.

Issues

Actions

Mitigations



Quadruple Aim 4

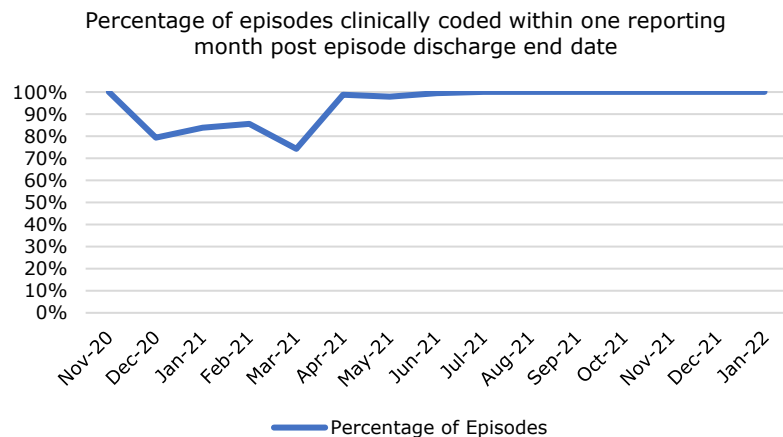
No.

75

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Clinical Coding

Percentage of episodes clinically coded within one reporting month post episode discharge end date



January 2022 Actual Performance	
Local Performance	All Wales Benchmark
100%	88.4%
Variance Type	
N/A	
Target	
12 month improvement trend towards achieving the 95% target	
Data Quality	

Executive Lead

Director of Finance and ICT

Officer Lead

Head of Information

Strategic priority

22

What the chart tells us

PTHB performance remains good during 2021/22 reporting 100% target since July 2021. The All Wales performance is at 84.7%.

Issues

Actions

Mitigations



Next Steps

- Service recovery and restoration remains the single largest challenge for Powys residents. As a provider the health board has made significant, and positive steps in improving its immediately controllable flows back to near target performance, although remaining at significant risk from COVID-19 & subsequent variant re-infections. Key work supporting improvement and starting in Q1 will include monthly progress reviews with operational teams, and key groups led by the Planning and Performance directorate.
- Further work remains ongoing as part of the Recovery Portfolio Strategic Board, they remain focused to assist with the very long waiter backlog which is especially significant in commissioned Welsh health providers in South Powys.
- Welsh Governments phase one Health Minister measures have had their first projections submitted for 2022/23 via the IMTP and Minimum Data Set (MDS) processes. The health board will be required to monitor, assess, and intervene if required to meet the goals set out. These measures have been designed to support the vision and ambitions set out in "A Healthier Wales" and are aimed to drive improvement, sustainability, and transformational change for the population. The health board will be held to account on its progress via regular meetings with Welsh Government and other key stakeholders.
- Integrated Performance reporting will continue to evolve during 2022/23 strengthening the ability of stakeholders to assess progress against key targets, aims, and required actions. This will include updating the Improving Performance Framework, revising the Commissioning Assurance Framework (CAF), and working with the new measures and their rollout. Key areas are reliant on national development work with notification by Welsh Government that the alignment of these new measures with the National Outcome Framework could result in significant streamlining e.g. removal or integration of key frameworks. The Powys Performance and Planning team remain fully engaged with these work streams to ensure that Powys as a community health board can maximise the integration of measurement and assurance.

Appendix 1 RTT

No.

34

People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Referral to Treatment (RTT) – Powys Teaching health board as a provider

Percentage of patients waiting less than 26 weeks for treatment

[Return to measure](#)

RTT performance will now be aligned to national reporting, this involves inclusion specialties of diagnostic services – 998 & allied health professional services – 999 (therapies). This position is the service validated, signed off and submitted position but will overlap with duplicating counts with measures 32 (diagnostics) and 33 (therapies) displayed on their relevant slides in more detail. Please find tables showing the difference for the year 2021/22, going forward the health board will only report including 998 & 999 specialties to ensure national reporting alignment.

Original reporting excluding 998 & 999 specialties

Week Wait Bands	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
0 to 25 Weeks	2581	2718	2895	3006	3089	3066	3013	2968	2851	2864	2923	3004
26 to 35 Weeks	285	311	284	265	295	393	362	322	366	293	184	197
36 to 52 Weeks	165	184	212	216	206	186	161	151	143	131	99	31
53 to 76 Weeks	386	260	182	125	91	79	80	62	50	46	32	7
77 to 104 Weeks	57	110	110	112	135	109	61	34	17	16	7	2
Over 104 Weeks					1	3	3		1	2	3	
Patient Waiting Grand Total	3474	3583	3683	3724	3817	3836	3680	3537	3428	3352	3248	3241
Percentage under 26 weeks waiting (target 95%)	74.3%	75.9%	78.6%	80.7%	80.9%	79.9%	81.9%	83.9%	83.2%	85.4%	90.0%	92.7%
Number of patients waiting over 36+ weeks (target zero)	608	554	504	453	433	377	305	247	211	195	141	40

Nationally aligned reporting including 998 & 999 specialties

Week Wait Bands	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
0 to 25 Weeks	4801	5132	5828	6130	6476	6301	6093	5682	5341	5162	5317	5733
26 to 35 Weeks	295	321	301	286	299	395	364	327	377	305	192	198
36 to 52 Weeks	174	187	214	224	212	191	165	154	149	143	117	32
53 to 76 Weeks	387	260	182	125	91	80	82	64	55	50	46	7
77 to 104 Weeks	57	110	110	114	136	109	63	34	20	17	8	2
Over 104 Weeks					1	3	3	1	1	2	3	
Patient Waiting Grand Total	5714	6010	6635	6879	7215	7079	6770	6262	5943	5679	5683	5972
Percentage under 26 weeks waiting (target 95%)	84.0%	85.4%	87.8%	89.1%	89.8%	89.0%	90.0%	90.7%	89.9%	90.9%	93.6%	96.0%
Number of patients waiting over 36+ weeks (target zero)	618	557	506	463	440	383	313	253	225	212	174	41

Please note that the commissioning RTT data has also shifted to the aligned view, but not all providers report Powys residents within these specialties.

Breathe Well update for PTHB Board

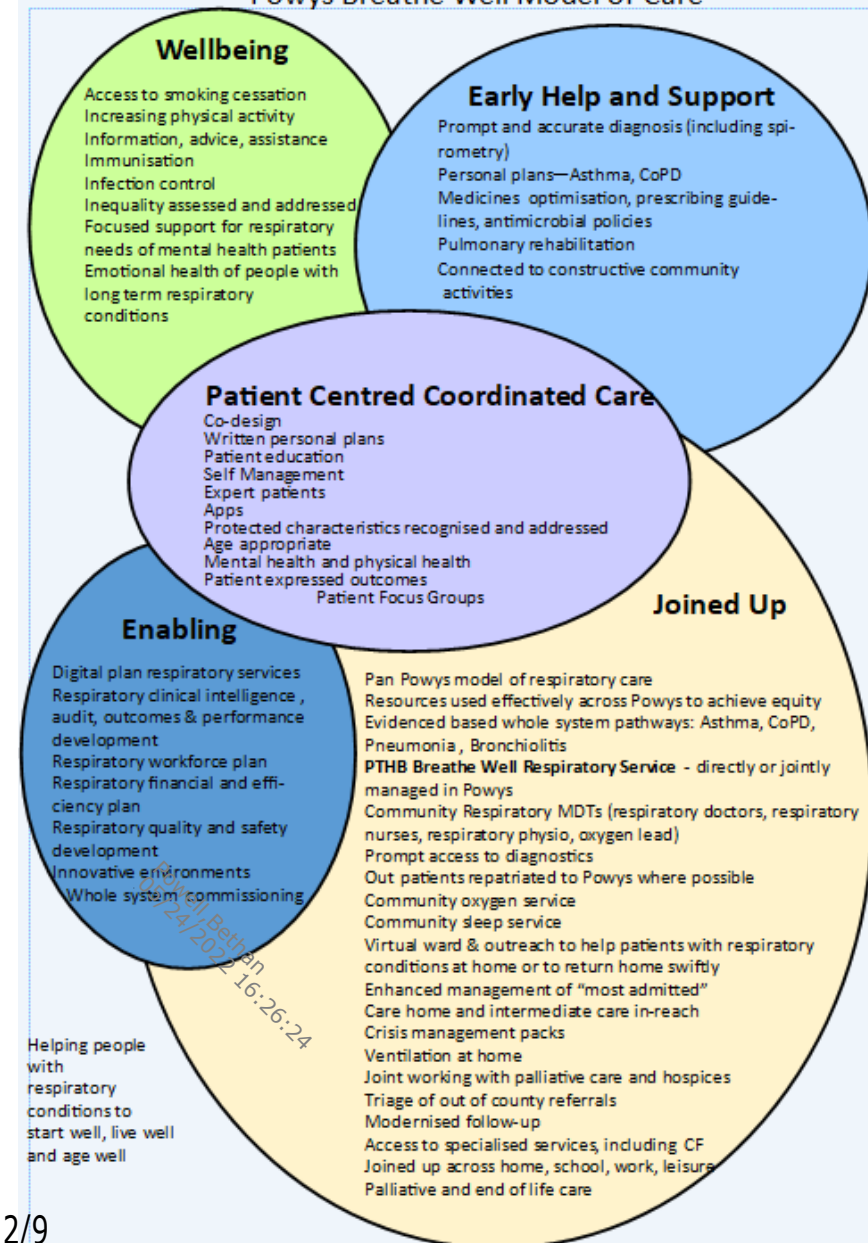
25 May 2022

Claire Madsen, Executive Director of Therapies & Health Science

Powell Bethan
05/24/2022 16:26:24

Aims

Powys Breathe Well Model of Care



- ❖ Programme established in 2019 as part of tackling the Big Four, now forms part of the Renewal Portfolio.
- ❖ Programme Board and Programme Team in place.
- ❖ Programme Initiation Document approved and confirms the aims to:
 - ❖ transform the wellbeing, primary and community service model within a whole system approach
 - ❖ improve respiratory clinical outcomes, symptom management and patient experience
 - ❖ improve outcomes for children and young people, through the implementation of the national model for the management of asthma
- ❖ Taking a value-based health care approach.
- ❖ Multiagency, multidisciplinary workshop in 2019 developed Breathe Well Model of Care, subsequently approved by PTHB Executive Committee.
- ❖ Programme stood down in March 2020 at onset of COVID-19 pandemic, although some actions fast-tracked. Programme fully re-established in August 2020.

Overview of achievements & their impact

Diagnostics

- ❖ Spirometry ceased or severely limited across the NHS due to pandemic-related guidance. PTHB put in place a “drive-through” spirometry pilot between February and July 2021 – 141 patients seen and estimated total of 6,543 patient miles saved.
- ❖ Further changes to spirometry guidance and the findings of drive-through pilot enabled return to indoor clinics in line with the Respiratory Health Implementation Group’s proposed Diagnostic Spirometry Model for NHS Wales, which PTHB helped to inform.
- ❖ Invest to save model in Health Care Support Worker staffed spirometry clinics to provide accurate, timely diagnosis.
- ❖ Reduction in harm and financial savings from patients not being misdiagnosed with a respiratory condition.
- ❖ Respiratory Health Implementation Group (RHIG) has suggested that *from a financial perspective alone, it is not unreasonable to predict a saving of around £20 million [to the NHS in Wales] once the 25% to 33% of COPD and asthma misdiagnoses are corrected. Moving forward, a reduced spend per month is expected as only those with the correct diagnosis are given inhalers.*

Everything thoroughly explained. Very pleased and very professionally carried out.

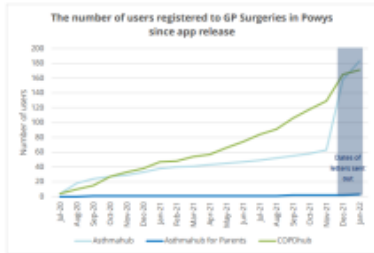


Overview of achievements & their impact

Respiratory Advice, Support & Treatment

- ❖ Additional advice and support provided to 2,746 asthma and 885 COPD patients over Winter to ensure awareness of NHS Wales Respiratory apps and support patients to self-manage their condition. Additional self-referrals to our pulmonary rehabilitation programmes and 162 additional downloads of the apps – rolling promotion via social media in place.
- ❖ North West & Mid Respiratory MDT established to increase capacity and breadth of support available to our respiratory patients and have addressed inequity in the previous staffing structure.
- ❖ COVID-19-related backlog of patients who see Respiratory Consultant in North Powys for follow-up. The PTHB MDT has reviewed 139 patients of these patients between November 2021 and January 2022 and the Consultant has agreed to remove 73 patients from their list, as they do not require a consultant's input. This has increased clinical capacity, cost saving and ensured appropriate clinical input.
- ❖ Completed remaining home oxygen reviews and 34/76 (45%) patients had clinically inappropriate equipment removed. Reducing harm and clinical risk, pathway standardisation in place across Powys and repatriated follow up from secondary care. Resulted in recurrent savings (being calculated).
- ❖ The propellants in some inhalers account for 3% of all the NHS Wales derived carbon footprint. A PTHB survey of GPs and community pharmacists is commencing to see what support will be required to prescribe more environmentally friendly inhalers to Powys patients.

POWYS SIGN UP NUMBERS- UP TO 5TH JANUARY 2022:



Overview of achievements & their impact

Pulmonary rehabilitation

- ❖ Small but successful pilot in Autumn 2020 demonstrated that pulmonary rehabilitation could be delivered in Powys virtually.
- ❖ To date, 50 patients commenced a programme, with 64% completion rate for the virtual pulmonary rehab programme since it re-started in September 2021.
- ❖ Digital support available: patients able to access a tablet via the loan scheme run by Powys Library Service. PAVO & PTHB Digital Facilitators have supported patients to use the devices to connect to the online classes.
- ❖ 18/32 had an improved Medical Research Council (MRC) Dyspnoea Scale score after the pulmonary rehab programme compared to their MRC Scale score before starting the programme (14 were unchanged). 16/32 patients saw a statistically valid improvement in their COPD Assessment Test scores.
- ❖ Estimates of savings range from £890 per person per course (Griffith et al: Thorax 2001) to £1,835 per person per year (Chakravorti et al: ISRN Pulmonology 2011) based on face-to-face model.
- ❖ Continuing virtual and looking to restart face-to-face in the future.



I haven't had an ambulance since I started the course. I was scared of dying and now I can control it better, I'm not so scared.

[The staff] are brilliant at explaining the different breathing techniques and the exercises even tho I cursed at first they really have improved my fitness levels and overall health so much. I am carrying on the exercises.

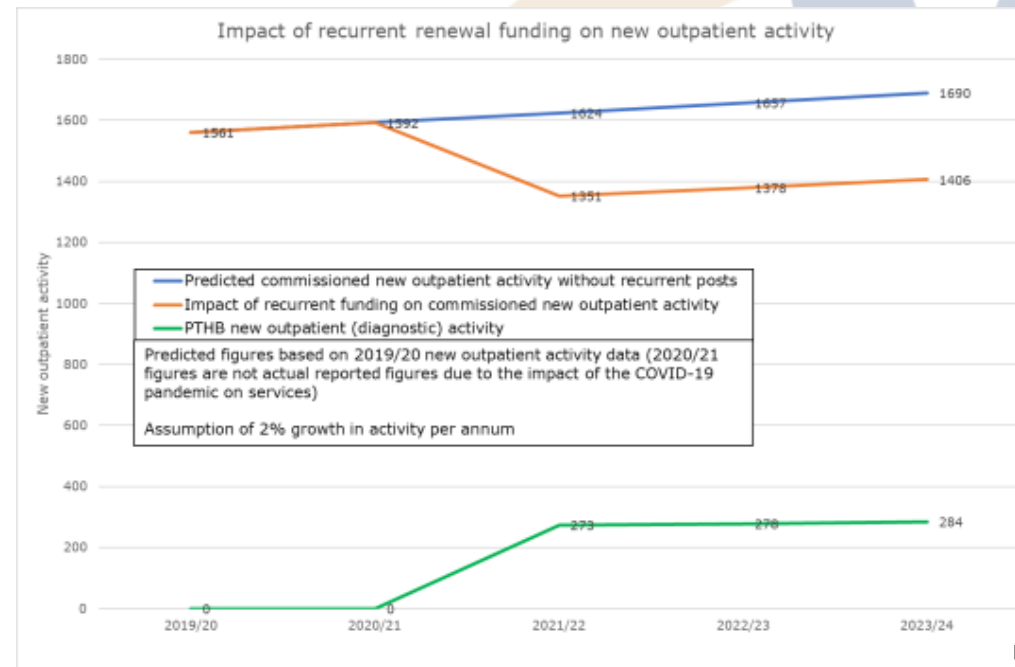
Trajectories & investment

Diagnostics

- ❖ Lower complexity adult sleep apnoea diagnostic clinics established in Powys from November 2021. Oximeter posted to the patient's nearest PTHB site and returned same way to reduce the patient miles travelled, clinical input provided via Attend Anywhere or telephone – patient feedback below.
- ❖ Through commencing sleep diagnostic clinics, there's a greater opportunity to see more patients in Powys, reducing the numbers who go out of county for diagnostics (more complex patients will continue to do so).
- ❖ Trajectory shows the increase in Powys-based activity (green line) and corresponding reduction in out of county activity (orange line) compared to predicted position without a PTHB-based service (blue line).
- ❖ Considerations:
 - ❖ Impact of second Physiologist
 - ❖ Further expansion of respiratory diagnostics

Your process was much better than a face-to-face appointment, as I did not have to take time off of work.

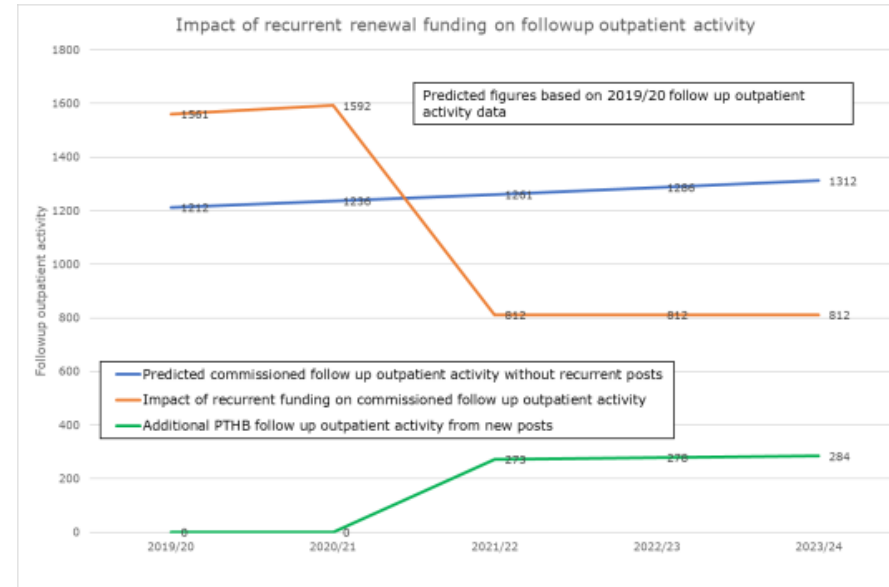
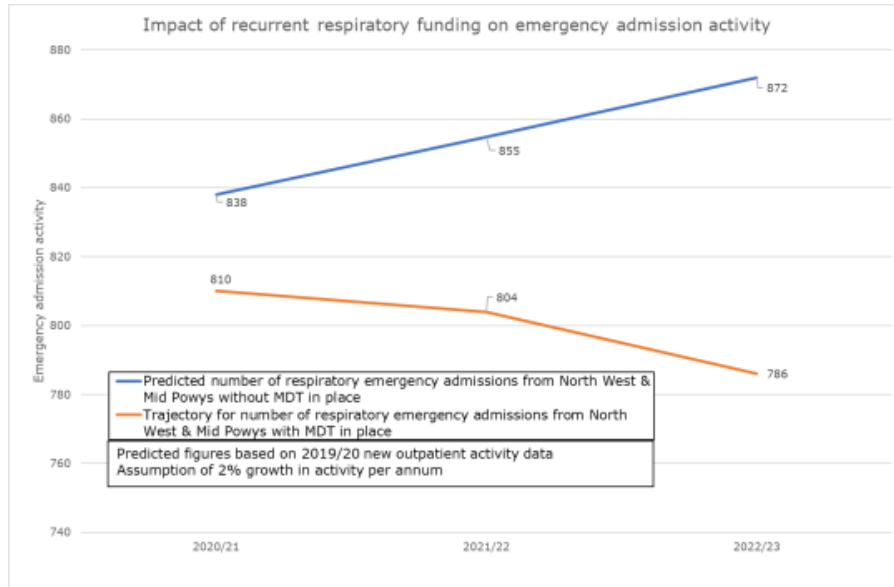
I really liked the fact that I could do the test from home.



Trajectories & investment

Respiratory Advice, Support & Treatment

- ❖ Additional investment in North West & Mid Powys team through reduced emergency admissions and increase in outpatient follow up available in Powys – trajectories in place, awaiting full 2021/22 to confirm performance against these to date.



- ❖ Total recurrent investment in new respiratory posts:
 - ❖ Respiratory staffing (diagnostics) = £72k
 - ❖ Respiratory staffing = £292k
 - ❖ Total: £364k
- ❖ Invest to save model through repatriation and admission avoidance

Challenges

- ❖ Recruitment to some posts has been difficult:
 - ❖ Attempts to secure interim medical input to the MDT were not successful due to COVID-19 omicron variant and discussions are ongoing with neighbouring health boards and English NHS trusts to provide this in the short-term, whilst the preferred longer-term medical staffing model is determined.
 - ❖ Several attempts to secure a second Respiratory Physiologist to help sustain the service have been unsuccessful to date. The post is being re-banded to aid recruitment.
 - ❖ Some turnover in existing respiratory staff posts.
 - ❖ However, some clinicians have joined the PTHB respiratory service as a result of the pandemic.
 - ❖ Increased range of banding of posts and increased breadth of disciplines within the PTHB Respiratory Service – career progression, training opportunities and range of practitioner who can apply for posts.

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Next steps

The agreed Breathe Well Programme actions for 2022/23 in the IMTP are to:

Develop and implement the next stage of the Breathe Well Programme

- ❖ Develop & implement a plan to meet the Respiratory Quality Statement (Q1-Q4) – the quality statement is likely to include *national targets for more environmentally friendly inhalers, accurate diagnosis of COPD patients via spirometry, an improvement in the proportion of children and adults with asthma that have an asthma action plan*
- ❖ Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model (Q1-Q3)
- ❖ Develop an approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans (Q1-Q2)
- ❖ Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing (Q1-Q4)

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Powys THB Finance Department Financial Performance Report Board

**Period 12 (March 2022)
FY 2021/22**

Date Meeting: 25th May 2022

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Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 12 OF FY 2021/22
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Andrew Gough, Deputy Director of Finance
Other Committees and meetings considered at:	Delivery & Performance Committee
PURPOSE:	
This paper provides the Board with an update on the March 2022 (Month 12) Financial Position including Financial Recovery Plan (FRP) delivery and Covid.	
RECOMMENDATION:	
It is recommended that the Board/Committee: <ul style="list-style-type: none">DISCUSS and NOTE the Month 12 2021/22 financial position.NOTE and APPROVE Covid-19 Report position reported on page 8 and in the attachments detailed in appendix 1.NOTE underlying financial position and draft financial plan for 2022/23.	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	Focus on Wellbeing	✗
	Provide Early Help and Support	✗
	Tackle the Big Four	✗
	Enable Joined up Care	✗
	Develop Workforce Futures	✗
	Promote Innovative Environments	✗
	Put Digital First	✗
	Transforming in Partnership	✓
Health and Care Standards:	Staying Healthy	✗
	Safe Care	✗
	Effective Care	✗
	Dignified Care	✗
	Timely Care	✗
	Individual Care	✗
	Staff and Resources	✓
	Governance, Leadership & Accountability	✗

Approval/Ratification/Decision	Discussion	Information
	✓	

Revenue		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	Value £'000	Trend
Reported in-month financial position – deficit/(surplus) – Green	70	↓
Reported Year To Date financial position – deficit/(surplus) – Green	-80	↓
Year end – deficit/(surplus) – Forecast Green	-80	↑

Capital		
Financial KPIs : To ensure that the costs do not exceed the capital resource limit set by Welsh Government	Value £'000	Trend
Capital Resource Limit	15,993	↑
Reported Year to Date expenditure	15,926	↑
Reported year end – deficit/(surplus) – Forecast Green	-67	→

PSPP		
PSPP Target : To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods or a valid invoice	Value £'000	Trend
Cumulative year to date % of invoices paid within 30 days (by number) @end Q3 -Red	86.5%	↓

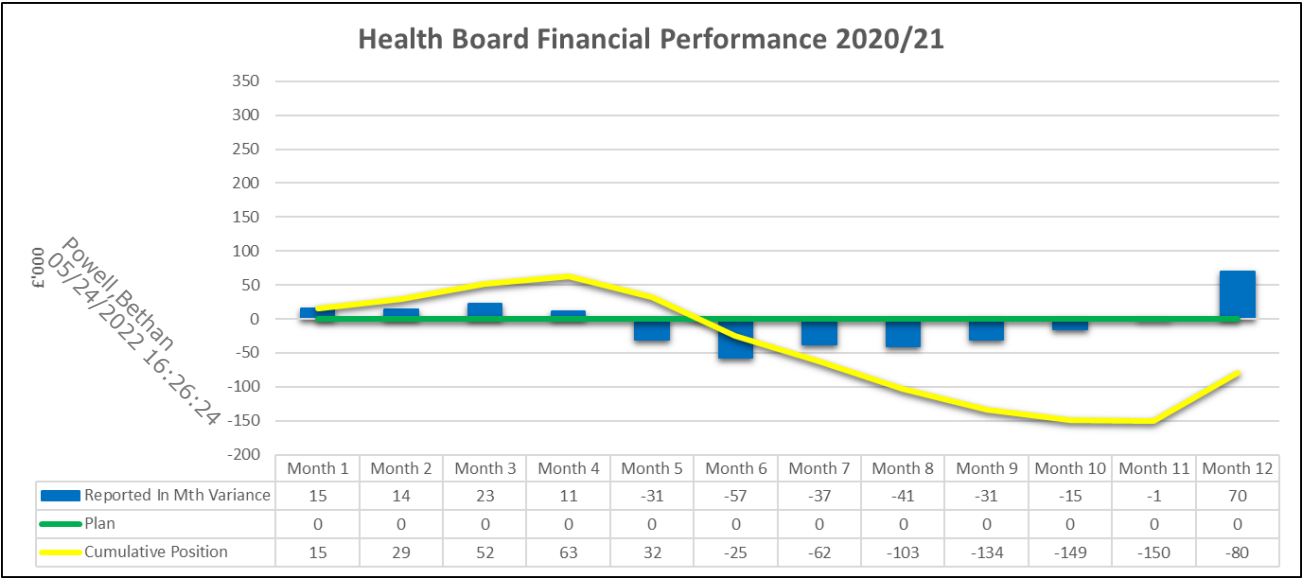
Powys THB 2021/22 Plan was approved by the Board and submitted to WG on 31st March 2021, with an update provided on 30th June. Both submissions provided a balance plan for 2021/22.

As per 2020/21 spend in relation to Covid is included in the overall position but is offset by an anticipated or received allocation from WG, as per the planning assumptions and so is not directly contributing to the YTD £0.08m under spend at Mth 12.

Excluding Covid, the areas of overspend which are a concerning at this point in the year are the growth in CHC costs and ongoing increase above historic trend in variable pay, and the recurrent impact of this on the 2022/23 Plan. The table on the next slide provides an overall summary/variance by area but this will include Covid spend.

PTHB continues to forecast a balanced year end position but there are significant number of risks and opportunities that the Board need to effectively manage to ensure this can be delivered.

PSPP figure shows a slight deterioration in the fourth quarter of 2021/22 compared to Q3.



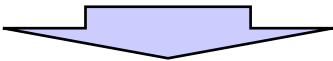
Overall Summary of Variances £000's

	BUDGET YTD	ACTUAL YTD	VARIANCE YTD
01 - Revenue Resource Limit	(384,456)	(384,456)	0
02 - Capital Donations	0	0	0
03 - Other Income	(6,561)	(9,093)	(2,532)
TOTAL INCOME	(391,017)	(393,549)	(2,532)
05 - Primary Care - (excluding Drugs)	43,240	43,263	23
06 - Primary care - Drugs & Appliances	30,220	30,703	482
07 - Provided services -Pay	94,781	96,070	1,288
08 - Provided Services - Non Pay	40,624	27,225	(13,398)
09 - Secondary care - Drugs	986	1,363	377
10 - Healthcare Services - Other NHS Bodies	142,872	149,274	6,402
12 - Continuing Care and FNC	14,994	21,750	6,755
13 - Other Private & Voluntary Sector	3,107	3,240	133
14 - Joint Financing & Other	15,873	16,262	388
15 - DEL Depreciation etc	4,184	4,184	0
16 - AME Depreciation etc	136	136	0
18 - Profit\Loss Disposal of Assets	0	0	0
TOTAL COSTS	391,017	393,469	2,452
TOTAL	(0)	(80)	(80)

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Please refer to pages 5-8 for further information on key variances and actual performance .

2020/21 Plan	£ M
Savings Target 2020/21 as per IMTP	5.6
Recurrent Savings Delivered 2020/21	(0.5)
Unmet Savings C/F to Opening Plan 2021/22	5.1



Original 2021/22 Plan	£ M
Unmet Saving Target b/f in Opening Plan 2021/22	5.1
Target to be Delivered Recurrently as per Financial Plan	1.7
Savings supported in 2021/22 by Covid Funding Assumptions	3.4

From Tables Above:

- The HB has £5.1m of unmet b/f savings from 2020/21.
- To achieve financial balance in 2021/22 and as per the approved Annual Plan £1.7m to be achieved, with the remainder supported by WG Covid funding.

Chart 1 Original Identification of Schemes against £1.7M Target

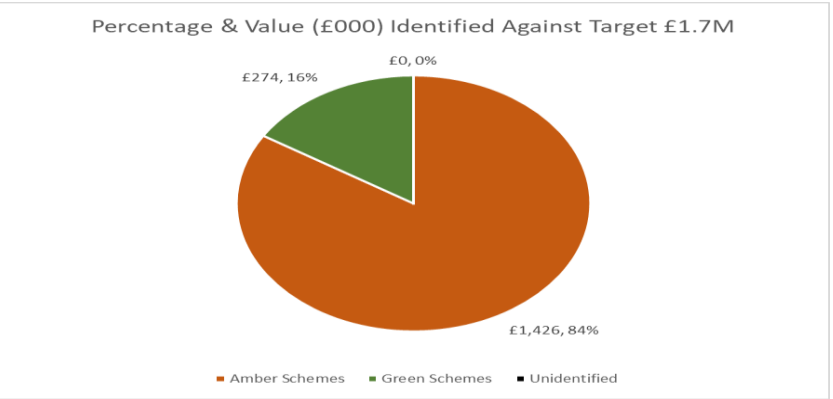
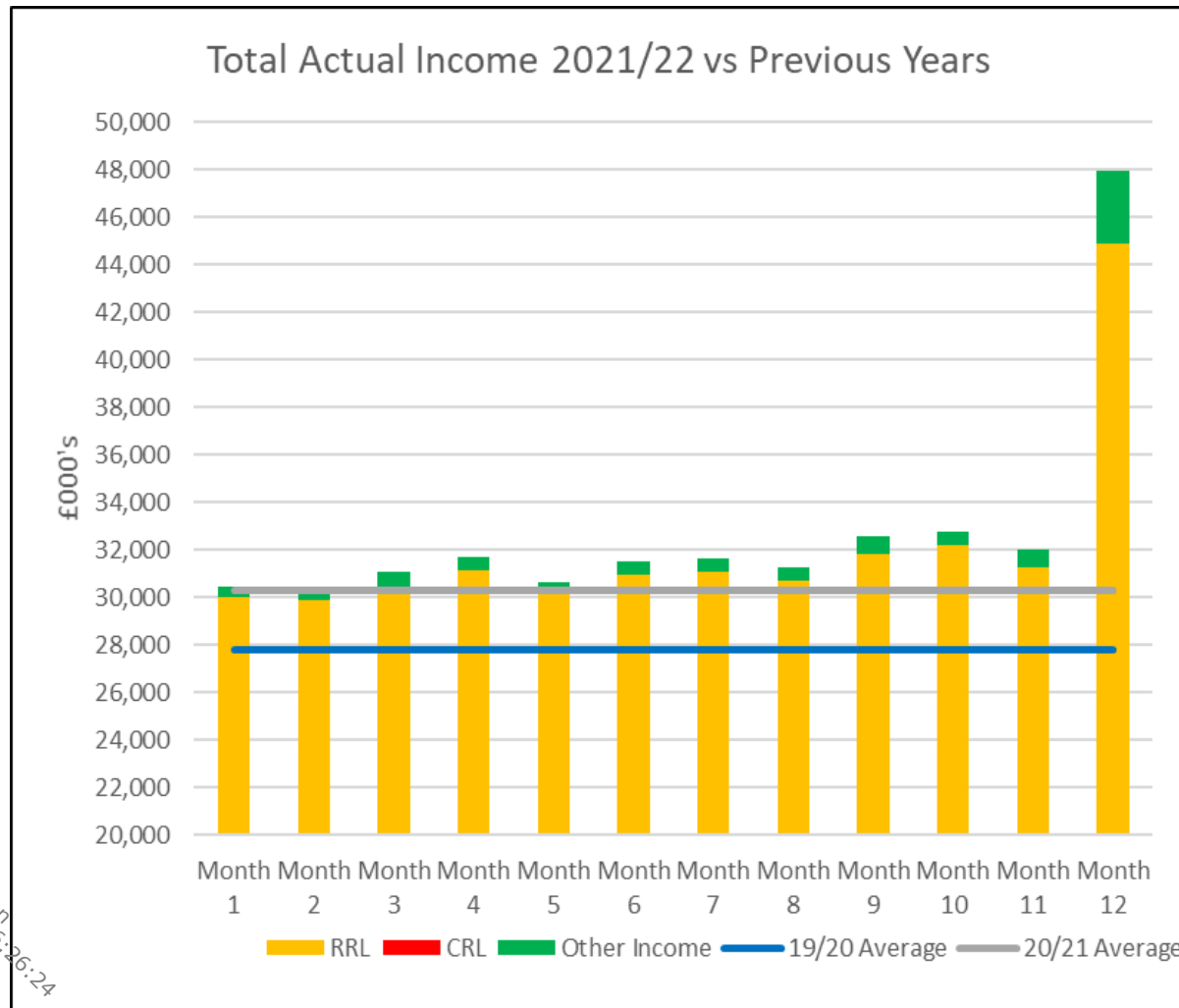


Chart 1 – originally the full £1.7m was identified as potential schemes in 2021/22, with £0.275m identified as green.

Chart 2 – as part of the Mid Year Review with WG the Health Board declared that the original target of £1.7m would not be met and likely performance = £0.455m. The shortfall in delivery to balance the plan would be taken on Non Recurrent basis from underspends and opportunities in other areas of the financial plan. However this position will increase the underlying deficit of the Health Board – see tables on page 10.

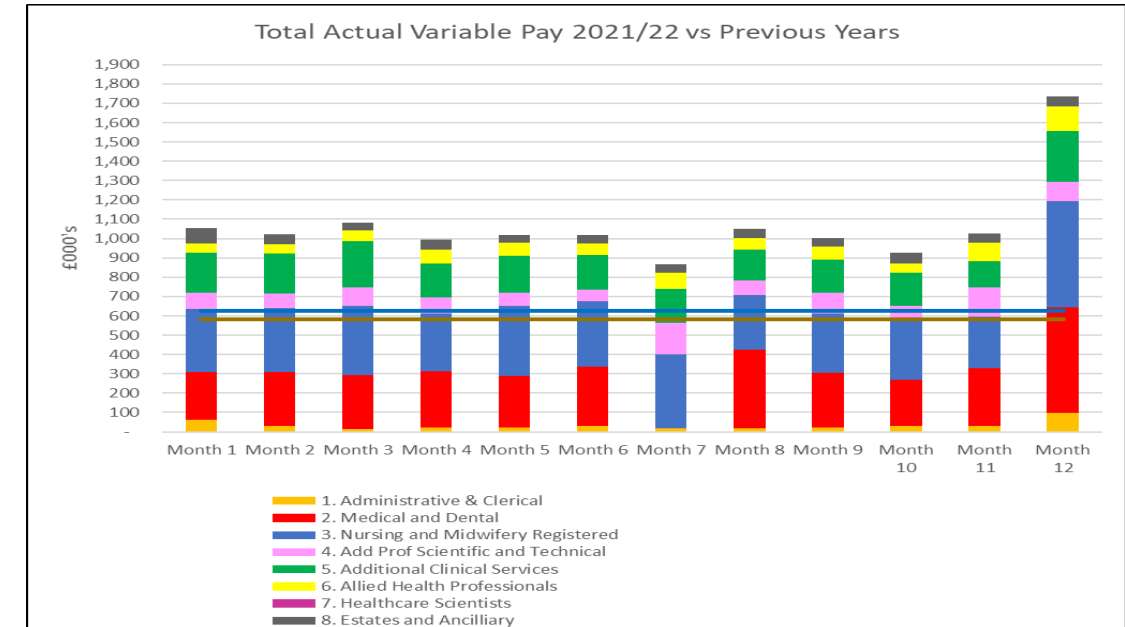
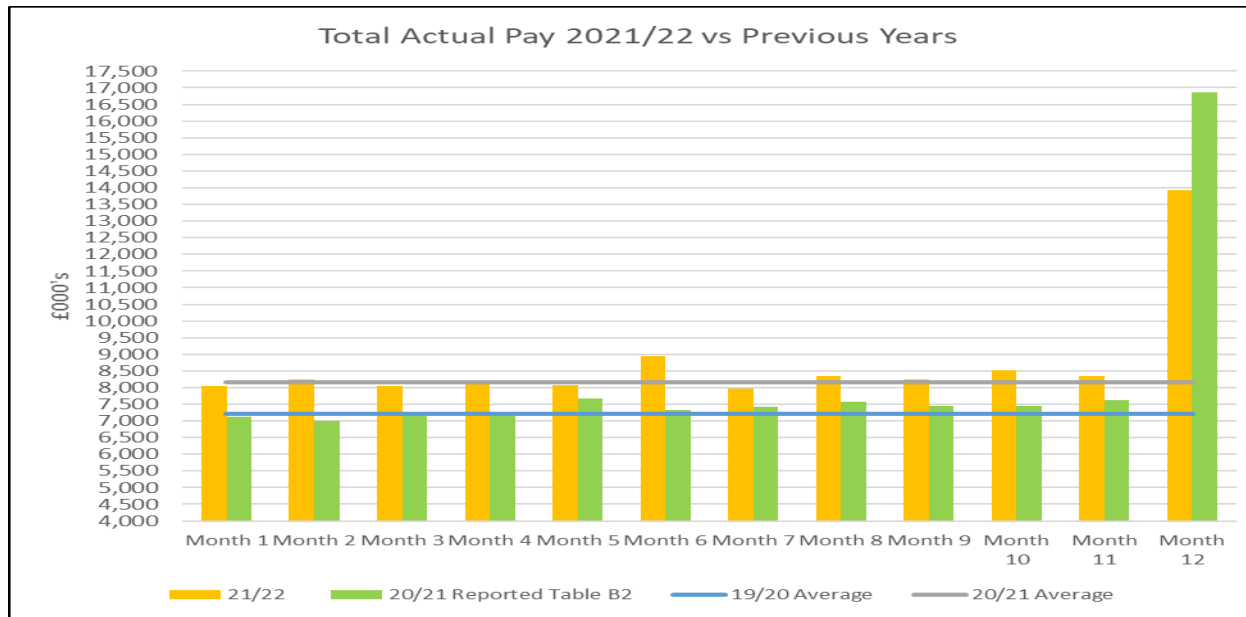
Chart 2 - Forecast Performance Against £1.7m Target

Category	Forecast Reported at M01 £'000	Forecast Reported at M06 £'000	Forecast Current month £'000	Vaiance to Plan £'000
CHC and Funded Nursing Care	255	255		-255
Commissioned Services	353	0		-353
Medicines Management	505	505	425	-80
Non Pay	82	82	30	-52
Pay - Variable Pay	506	506		-506
Grand Total	1,701	1,348	455	-1,246

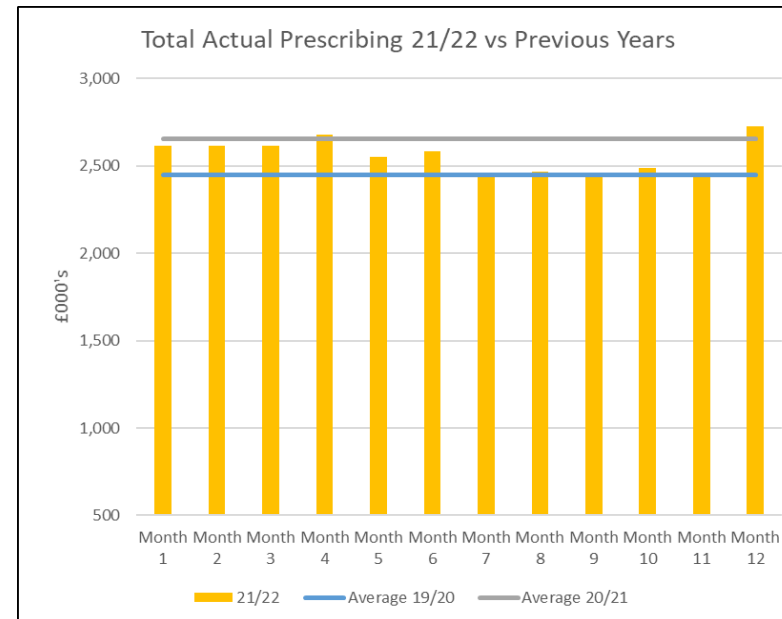
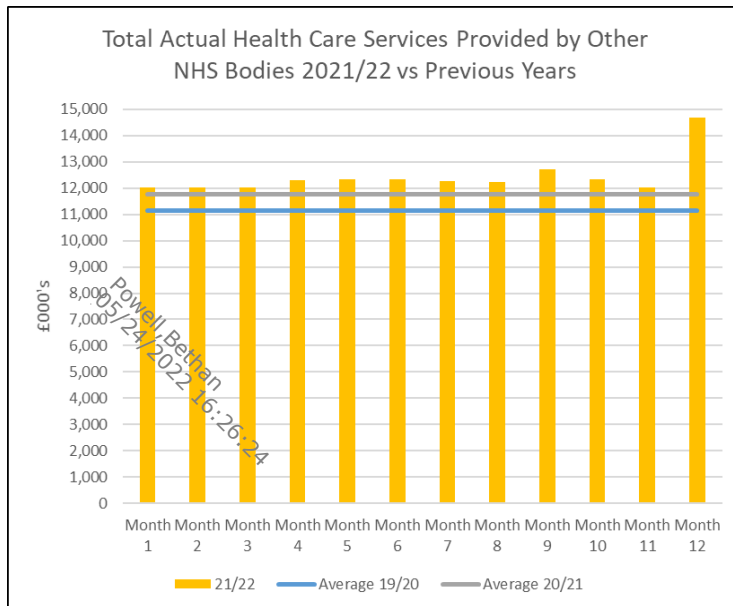
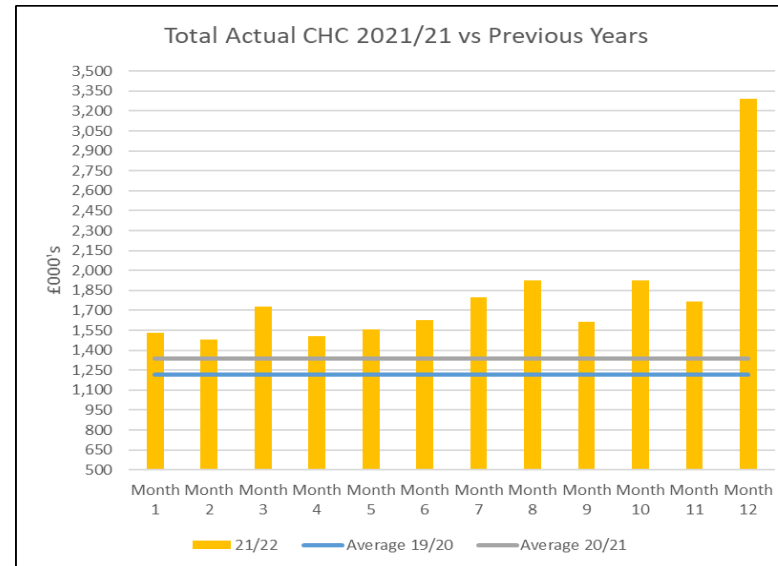
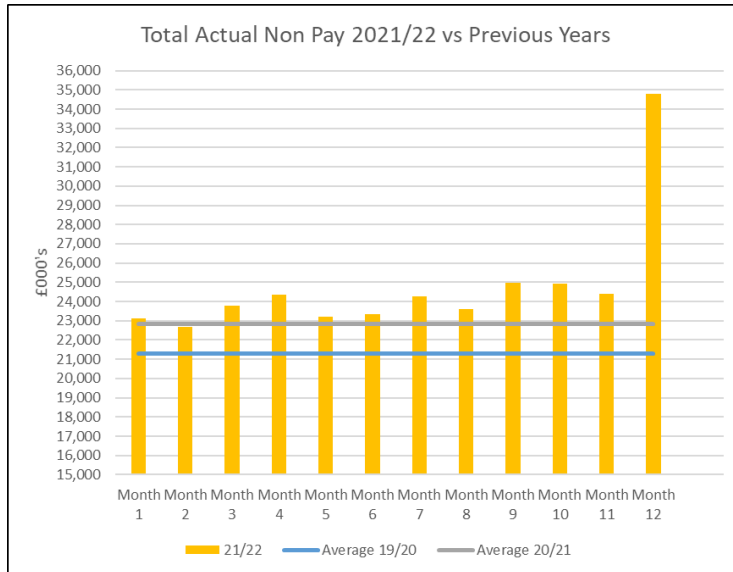


- The total income received in 2020/21 is significantly higher than the average for 2019/20 due to the £31M of covid funding received from WG and reported in detail in Note 34.2 on the 2020/21 Annual Accounts.
- For 2021/22 the total funding for Covid as part of the RRL is £41M, and an element of this has been included in each month.
- Step up in month 12 includes additional employers pension costs, early retirement/injury benefit provision, COVID English recovery and digital priorities.

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- The month 12 YTD pay is showing an over spend of £1.288M against the year to date plan.
- Chart 1 is comparing that the total pay position for 2021/22 with data from previous financial years. The green bars represent the total pay as per the MMR report (Table B2) in 2020/21 and the yellow the position for 2021/22, which clearly shows a stepped increase, with the exception of M12, where the Bonus payment and Annual leave provision was provided for in M12 20/21. This stepped increase is two-fold. (1) is the additional staff in post supporting Mass Vac and TPP which were not in place in Mth 1-6 of 2020/21. (2) The increase in the Variable Pay position as per Chart 2.
- NOTE – the Mth 6 position includes the pay arrears for the 2021/22 Pay Award of 3%. Therefore the increase in pay costs for Mth 6 is distorted by the impact of this.**
- In comparing the average from 2020/21 to the actuals in 2021/22 it should be noted that the 2020/21 figures include the bonus payment accrued at the end of 2020/21 along with the notional pension adjustment required by WG in March 2021 and the annual leave provision.
- Chart 2 on variable pay demonstrates there has been a significant increase in 2021/22 compared to the 2019/20 and 2020/21 average.
- All Wales position = at the time of writing this report only the Mth 10 position for Wales was published. Based on this data agency as a % of total pay in Wales was at 5.2%. For Powys the figure was 9.4% the highest in Wales. [Source: WG Health & Social Services Finance Update Mth 7].**



- Actual Non Pay spend in 2021/22 YTD is significantly higher than the average trend from 2019/20 and slightly higher than the average for 2020/21, which will contain Covid costs along with 2021/22 uplifts for some areas. There are 3 key areas of focus:

- Commissioning – currently the LTAs are paid on a Block arrangement as per the guidance from the DoH and WG as a consequence of C-19. This is based on the 2019/20 Mth 10 position for England and Year End Position for Wales plus relevant uplifts. These figures will also contain the growth in WHSSC and EASC, which are both outside the block arrangements.
- CHC – there has been a significant increase in costs seen in Mth 1-10. CHC has been included as a risk in table 1 page 9 and Appendix 5 provides the forecast to 31st March 2022, which again shows the significant growth between 2020/21 and 2021/22. In M12 two case that are undergoing legal review have been provided for accounting for the increase seen in M12.
- Prescribing – the YTD position is based on the latest PAR information, which has provided a reduction in spend in-month compared to the average in 2020/21. This will be kept under close review and updates provided as necessary given the growth seen in previous years..

Table 1: Summary Table B3 (see Appendix 1)

Area	YTD Actual £000	Forecast 2021/22 £000
Testing	1,147	1,147
Tracing	4,982	4,982
Mass Vaccination	7,952	7,952
Extended Flu	309	309
Field Hospitals	-	-
Cleaning Standards	564	564
General Covid	10,237	10,237
Recovery & Renwel Programme	4,715	4,715
WG Projects#	1,642	1,642
Total Table B3	31,548	31,548

Table 2: Breakdown of General Covid

General Covid	YTD Actual £000	Forecast 2021/22 £000
Staffing	1,926	1,926
Loss Dental Income	847	847
Primary Care Prescribing	1,928	1,928
PPE	283	283
Block LTA	3,381	3,381
Adult Social Care (CHC/FNC)	959	959
Other Non Pay	913	913
Total General Covid	10,237	10,237

- Note relating to Table 1. Within Table B3 are 'projects' that WG deem are also linked to Covid. We are directed by WG to include these within Table B3.

The 2022/23 Allocation Letter was issued by WG on 21st December 2021. The final draft of the 2022/23 – 2024/25 IMTP Financial Plan is summarised below aiming to deliver financial balance.

As per the latest planning guidance from Welsh Government this will be a 3 part plan:

1. Core Financial Plan: Delivering financial balance over the 3-year IMTP cycle

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

The 2022/23 plan will require the delivery of a 1.3% £4.6m efficiency and value target.

Cost avoidance strategies focussing on variable pay and CHC will also be required of a further 0.4% £1.4m.

Developing and finalising this area of the financial plan needs to be an area of immediate focus.

2. Exceptional national cost pressures sitting outside of the core plan (Assume Additional WG funding)

Direct fuel and energy, Health & Social Care Levi, Real Living Wage

3. COVID response costs sitting outside of the core plan (Assume Additional WG funding)

- Variable pay, prescribing, Dental income, enhanced cleaning standards

Summary

Key Numbers:

- **YTD Position Revenue** = PTHB is reporting a small under spend YTD at month 12 for FY 2021/22 of **£0.80m** (see page 2).
- **Savings** = Of the £1.7m target the Health Board has delivered **£0.455m** as at the 31st March.
- **Capital Resource Limit (CRL)** – the CRL is reported as **£15.9m**. This has been delivered with a small underspend of £0.67m (see appendix 1 for full breakdown).

Areas of Focus & Financial Pressures

- **CHC** – the table on Page 3 shows the reported variance for CHC. Appendix 5 demonstrates the £4m increase since 31st March 2021. Whilst the financial plan offset this against other opportunities a continued increase at this same rate of growth next year would have a significant impact on the Health Boards ability to breakeven. Based on the Mth 8 WG Health & Social Services Finance Update Powys is a significant outlier to the rest of Wales in terms of growth reported.
- **Variable Pay** – across Wales the agency spend as a % of total pay across at Mth 8 was reported at 5.2% in the WG Health & Social Services Finance Update. As part of the WG report Powys’ % is 9.4%, which shows Powys as the highest in Wales. This pressure is clearly demonstrated in the Graph on page 6.
- **Savings Delivery** – the Health Board is faced an in year pressure of £1.246m due to the non delivery of the savings requirement for 2021/22 of £1.7m (see page 4). The 2021/22 position was mitigated with opportunities in other areas which has been used to mitigate this loss of savings. However a robust plan for 2022/23 will be required.
- **Underlying Position** – whilst the Health Board had a balanced plan for 2021/22 the underlying deficit being carried into 22/23 is £6.8m.

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Powys THB Finance Department

Financial Performance Report - Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 25th April 2022.

MMR Narrative



[https://
s365.sharepoint.co](https://s365.sharepoint.co)

MMR Tables



[https://
s365.sharepoint.cc](https://s365.sharepoint.cc)

Mass Vac Tables



[https://
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TTP Tables



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Recovery Tables



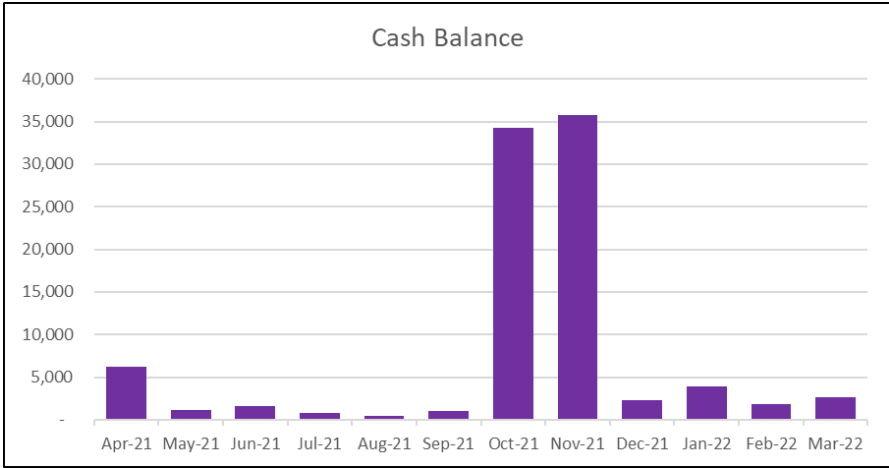
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st March 2022
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	1.323	1.323	1.544
Anti Ligature	1.001	1.001	0.914
Machynlleth	6.152	6.152	6.425
National Programmes – Fire	0.557	0.557	0.421
National Programmes – Infrastructure	1.331	1.331	1.021
National Programmes – Decarbonisation	0.332	0.332	0.265
National Programmes – Imaging	0.460	0.460	0.460
Covid Recovery 2021-22	0.550	0.550	0.575
Covid Recovery 2021-22	0.960	0.960	0.887
Breconshire War Memorial Hospital - development of Car Parking Facilities	0.225	0.225	0.275
Eye Care e-referral system	0.138	0.138	0.131
Health & Care Academy - Basil Webb, Adaptive Living Space and Outdoor Learning Space	0.676	0.676	0.555
Additional DPIF funding	1.556	1.556	1.473
National Programmes - Infrastructure	0.132	0.132	0.390
Eye care equipment - January 2022	0.102	0.102	0.102
DPIF - Powys Cross Boarder Flows	0.009	0.009	0.002
DPIF - software licences for Vyair hardware - Lung Function Integration	0.019	0.019	0.019
Llanwrtyd Wells Health Centre	0.470	0.470	0.467
TOTAL APPROVED FUNDING	15.993	15.993	15.926

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	2,627	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	3,898	1,809
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	30,800	25,700	34,000	30,809	26,623	30,571	63,854	31,302	-	30,499	29,292	36,644
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	- 160	- 160	- 160	- 160	117	- 38	- 306	- 92	- -	127	- 162	- 120
WG Revenue Funding - Other (e.g. invoices)	1,551	42	13	85	29	83	893	22	33	66	186	917
WG Capital Funding - Cash Limit - LHB & SHA only	-	-	200	200	2,600	1,477	935	1,000	-	1,000	2,305	5,196
Income from other Welsh NHS Organisations	473	281	944	427	399	307	474	308	308	685	431	364
Other	1,064	248	353	1,506	354	704	443	383	711	695	314	620
Total Receipts	33,728	26,111	35,350	32,867	30,122	33,104	66,293	32,923	1,052	32,818	32,366	43,621
Payments												
Primary Care Services : General Medical Services	2,588	2,262	2,970	2,864	2,135	2,362	2,451	2,361	2,705	3,113	2,205	2,238
Primary Care Services : Pharmacy Services	448	-	318	898	-	441	240	446	768	-	508	337
Primary Care Services : Prescribed Drugs & Appliances	1,201	-	1,372	2,516	-	1,361	1,342	1,275	2,561	-	1,346	1,448
Primary Care Services : General Dental Services	342	433	469	434	516	479	531	440	456	455	436	446
Non Cash Limited Payments	77	169	86	84	154	72	74	81	82	54	68	64
Salaries and Wages	7,443	8,866	8,415	7,396	7,413	7,918	8,068	7,567	7,625	7,890	7,830	9,501
Non Pay Expenditure	18,069	19,312	20,729	18,983	19,773	17,174	20,068	18,726	19,409	18,978	20,307	19,060
Capital Payment	3	130	456	528	460	2,788	301	485	939	699	1,755	9,678
Other items	-	-	-	-	-	-	-	-	-	-	-	-
Total Payments	30,171	31,172	34,815	33,703	30,451	32,595	33,075	31,381	34,545	31,189	34,455	42,772
NET CASH FLOW IN MONTH	3,557	- 5,061	535	- 836	- 329	509	33,218	1,542	- 33,493	1,629	- 2,089	849
Balance c/f	6,184	1,123	1,658	822	493	1,002	34,220	35,762	2,269	3,898	1,809	2,658



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	Opening Balance	Closing Balance	Forecast Closing Balance
	Beginning of	End of	End of
	Apr 21	Mar 22	Mar 22
	£'000	£'000	£'000
Tangible & Intangible Assets	78,394	93,336	93,336
Trade & Other Receivables	26,582	30,595	30,595
Inventories	159	143	143
Cash	2,627	2,658	2,658
Total Assets	107,762	126,732	126,732
Trade and other payables	45,831	61,321	61,321
Provisions	23,410	18,876	18,876
Total Liabilities	69,241	80,197	80,197
Total Assets Employed	38,521	46,535	46,535

Financed By			
General Fund	-	2,152	2,152
Revaluation Reserve	41,053	44,383	44,383
Total Taxpayers' Equity	38,521	46,535	46,535

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Area	19/20 Year end Position	20/21 Year end Position	21/22 Forecast @ Mth 6	21/22 Forecast @ Mth 7	21/22 Forecast @ Mth 8	21/22 Forecast @ Mth 9	21/22 Forecast @ Mth 10	21/22 Forecast @ Mth 11	21/22 Actual @ Mth 12	Growth From 2020/21 YE to 2021/22 Actual @ Mth 12
Children	£267,217	£151,234	£156,944	£156,944	£156,944	£156,944	£156,944	£ 156,944	£ 156,944	£5,710
Learning Disabilities	£957,455	£1,567,929	£1,263,808	£1,294,343	£1,388,021	£1,388,021	£1,542,967	£ 1,579,109	£ 1,639,265	£71,336
Mental Health	£7,344,265	£7,800,642	£9,972,709	£10,306,982	£10,486,754	£10,369,572	£10,562,815	£ 10,549,483	£ 10,510,010	£2,709,368
Mid Locality	£981,064	£925,210	£1,261,614	£1,447,057	£1,574,421	£1,673,257	£1,653,550	£ 1,741,149	£ 1,634,918	£709,708
North Locality	£1,365,243	£1,537,343	£1,918,715	£1,876,510	£1,994,684	£1,993,747	£2,074,285	£ 2,107,810	£ 2,199,376	£662,033
South Locality	£1,494,868	£1,958,143	£1,929,526	£1,863,650	£1,864,128	£1,872,968	£1,830,500	£ 1,814,543	£ 1,853,121	(£105,022)
Grand Total	£12,410,112	£13,940,501	£16,503,316	£16,945,486	£17,464,952	£17,454,509	£17,821,060	£17,949,038	£17,993,633	£4,053,132

All Wales position = at the time of writing this report only the Mth 8 position for Wales was published. Based on this data Powys had the highest growth in CHC/FNC compared to 2020/21. Summary of position for Wales is provided in the Chart below:



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Agenda item 3.4

Board		Date of Meeting: 25 May 2022
Subject:	CORPORATE RISK REGISTER (MAY 2022)	
Approved and Presented by:	Interim Board Secretary	
Prepared by:	Interim Corporate Governance Manager	
Other Committees and meetings considered at:	Executive Committee, 18 May 2022	

PURPOSE:

The purpose of this paper is to provide the Board with the May 2022 version of the Corporate Risk Register for discussion, ahead of presentation to the Board for ratification.

RECOMMENDATION(S):

It is recommended that the Board:

- **REVIEWS** the May 2022 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks; and
- **SUPPORT** the inclusion of an additional escalated risk and proposed amendments set out within this paper to those risks already recorded within the Corporate Risk Register.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	

Risk Management

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	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

A review of the Corporate Risk Register is currently underway by the Executive Committee following approval of the 2022-2025 IMTP in order to ensure that it reflects the risks to delivering the Health Board's strategic objectives going forward, together with further development of the Board Assurance Framework.

An informal meeting of the Executive Committee on 4 May focussed on a 'blank page' risk identification exercise. This is the first stage of the process set out in our risk management framework and will inform the development of the Corporate Risk Register over coming months through assessment and scoring, to treatment and recording and monitoring and review with a greater focus on transparency of the effectiveness of controls and mitigating actions.

This does not replace the mechanisms in place to escalate risks to Executive Directors, the Executive Committee and Board which continue to inform the Corporate Risk Register.

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The Interim Corporate Governance Manager has liaised with Executive Directors to review and update the current Corporate Risk Register to ensure it reflects the latest position and with elements of the risk identification exercise being reflected where appropriate at this stage.

Proposed Changes to the Corporate Risk Register

The Board is asked to consider the following new risk for inclusion within the Corporate Risk Register: -

The Director of Finance and IT has proposed a new risk is added to the Corporate Risk Register in relation to Cyber Security, with a risk score of 16.

Corporate Risk	Change to Rating	Recommended Change
CRR 015 There is a risk that: If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.	New Risk	Increased risk of potential Cyber-attack due to current climate and world events

The full details of the proposed risk (CRR015) are available within Appendix A.

Proposed Changes to the Corporate Risk Register

The Board is asked to consider the following changes for approval: -

Corporate Risk	Change to Rating	Recommended Change
CRR 001	No change proposed to risk description or rating	
CRR 002	Risk rating increased from 8 (L4xI4 to 12 (L3xI4)	It is proposed that the likelihood of this risk to be increased due to the uncertainty of the cost pressures impact.
CRR 003	No change proposed to risk description or rating	

CRR 004	No change proposed to risk description or rating
CRR 005	No change proposed to risk description or rating
CRR 006	No change proposed to risk description or rating
CRR 007	No change proposed to risk description or rating
CRR 008	No change proposed to risk description or rating
CRR 010	No change proposed to risk description or rating
CRR 012	No change proposed to risk description or rating
CRR 013	No change proposed to risk description or rating
CRR 014	No change proposed to risk description or rating
CRR 015	New risk escalated to the Corporate Risk Register

The full Corporate Risk Register is attached to this report as **Appendix A**. For ease of reference, updates to mitigating actions and progress is included within the risk register.

NEXT STEPS:

Directorates, Risk and Assurance Group and the Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the CRR where appropriate, to ensure that the CRR articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

A review of the Corporate Risk Register is currently underway by the Executive Committee following approval of the 2022-2025 IMTP in order to ensure that it reflects the risks to delivering the Health Board's strategic objectives going forward, together with further development of the Board Assurance Framework.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Corporate Risk Register May 2022

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CORPORATE RISK HEAT MAP: May 2022

There is a risk that...

Impact	Catastrophic	5					
	Major	4			<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) The Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22 	<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. If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients 	<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				

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CORPORATE RISK DASHBOARD – May 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DoN	CRR 001	Quality & Safety of Services	Once accessed, residents in Powys may receive poor quality of care	5 x 4 = 20	→	Low	6	✗	Patient Experience, Quality & Safety	Organisational Priorities underpinning WBO 1 to 4
DFIIT	CRR 002	Finance	The Health Board does not meet its statutory duty to achieve a breakeven position in future years of the IMTP	3 x 4 = 12	↑	Moderate	8	✗	Delivery and Performance	Organisational Priorities underpinning WBO 8.2
CEO	CRR 003	Innovation & Strategic Change	The Health Board has insufficient capacity to lead and manage change effectively	4 x 3 = 12	→	High	9	✗	Delivery and Performance	Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan / wellbeing objectives
DPP	CRR 004	Regulation & Compliance	There is ineffective partnership working and partnership governance	3 x 3 = 9	→	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning Wellbeing Objective 8:

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										Transforming in Partnership
DoE	CRR 005	Quality & Safety of Services	The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	4 x 4 = 16	➔	Low	9	*	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality & Safety of Services	The Health Board is unable to sustain an adequate workforce	4 x 4 = 16	➔	Low	12	✓	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DPP	CRR 007	Quality & Safety of Services	There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	5 x 4 = 20	➔	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 4 – specifically 4.3
DPP	CRR 008	Innovation & Strategic Change	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	4 x 4 = 16	➔	High	12	*	Planning, Partnerships & Population Health	Organisational Priorities WBO 1 to 4

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CEO	CRR 010	Finance / Resources	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	3 x 4 = 12	➔	Low	8	*	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 1 to 8
DTHS	CRR 012	Regulation & Compliance	The Health Board does not comply with the Welsh Language standards, as outlined in the compliance notice	4 x 3 = 12	➔	Low	6	*	Workforce and Culture	Organisational Priorities Underpinning WBO 1 to 8
DFIIT / DPP	CRR 013	Quality & Safety of Services	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.	4 x 4 = 16	➔	Low	12	*	Delivery and Performance	Organisational Priorities underpinning WBO 1 to 4
DPH	CRR 014	Quality & Safety of Services	Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	3 x 4 = 12	➔	Low	12	✓	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 8
DFIT	CRR015	Quality & Safety of Services	If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.	4 x 4 = 16	⬆	Low	8	*	Delivery and Performance	loss of systems and impact to recovery timescales

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KEY:

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

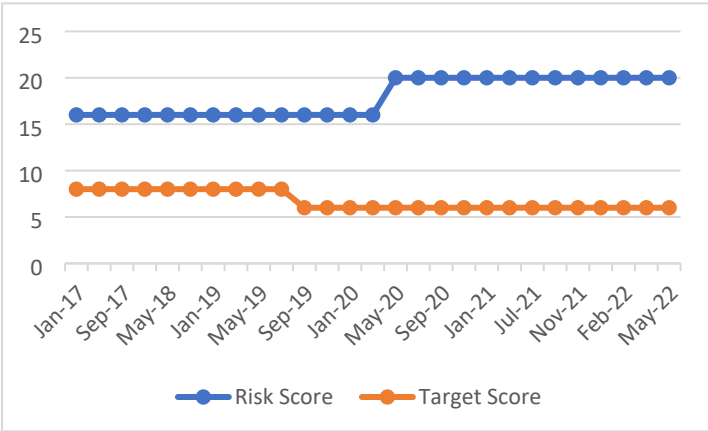
Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE		
Category	Appetite for Risk	
Quality & Safety of Services	Low	Risk Score 1-6
Regulation & Compliance	Low	Risk Score 1-6
Reputation & Public Confidence	Moderate	Risk Score 8-10
Finance	Moderate	Risk Score 8-10
Innovation & Strategic Change	High	Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced

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CRR 001		Executive Lead: Director of Nursing & Midwifery																																													
Risk that: once accessed, residents in Powys may receive poor quality of care		Assuring Committee: Patient Experience, Quality and Safety																																													
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: May 2022																																													
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 2 x 3 = 6</div> <div>Date added to the risk register January 2017</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>8</td></tr><tr><td>Sep-17</td><td>16</td><td>8</td></tr><tr><td>May-18</td><td>16</td><td>8</td></tr><tr><td>Jan-19</td><td>16</td><td>8</td></tr><tr><td>May-19</td><td>16</td><td>8</td></tr><tr><td>Sep-19</td><td>16</td><td>6</td></tr><tr><td>Jan-20</td><td>16</td><td>6</td></tr><tr><td>May-20</td><td>20</td><td>6</td></tr><tr><td>Sep-20</td><td>20</td><td>6</td></tr><tr><td>Jan-21</td><td>20</td><td>6</td></tr><tr><td>Jul-21</td><td>20</td><td>6</td></tr><tr><td>Nov-21</td><td>20</td><td>6</td></tr><tr><td>Feb-22</td><td>20</td><td>6</td></tr><tr><td>May-22</td><td>20</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	8	Sep-17	16	8	May-18	16	8	Jan-19	16	8	May-19	16	8	Sep-19	16	6	Jan-20	16	6	May-20	20	6	Sep-20	20	6	Jan-21	20	6	Jul-21	20	6	Nov-21	20	6	Feb-22	20	6	May-22	20	6	<div>Rationale for current score:</div> <ul style="list-style-type: none">• National policy direction with some decisions outwith of local control.• Refining the risk-based approach to health service provision• The longevity and continued impact of the Covid-19 pandemic, compounded by the omicron variant, articulated via the 5 harms, on the ability of health boards and trusts to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact.• Extension/continuation of the mass vaccination campaign including the redeployment of staff from a finite group to meet continued and increasing demands.• Staff fatigue across all sectors impacting upon a whole systems approach to health and social care provision, adversely affecting organisation and system wide resilience.• People presenting for treatment at a later stage resulting in greater acuity and complexity.• UK wide prioritisation of recovery, opportunity predicated on a range of factors outwith of the Health Board’s control.• Pre and intra pandemic, Regulators and external bodies have identified poor quality of care in health boards and trusts in Wales and England where residents of Powys access services.• Some services accessed by residents in Powys are in special measures, at level 4 escalation. They have independent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies.• Some services accessed by residents in Powys have received internal audit reports which provided a limited level of assurance in relation to care and treatment, or services that impact upon it. Dependent oversight and scrutiny is mandated by government.
Date	Risk Score	Target Score																																													
Jan-17	16	8																																													
Sep-17	16	8																																													
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Jul-21	20	6																																													
Nov-21	20	6																																													
Feb-22	20	6																																													
May-22	20	6																																													

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		<p>The scope, pace and assurance available in terms of improvement varies.</p> <ul style="list-style-type: none"> • Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisations and wider systems opportunity to recover and renew. • Commissioning assurance processes have been less achievable as a result of the pandemic and may not identify risks for Powys residents across the whole system. • The capacity, capability and processes for whole system quality and commissioning are finite. • The strategic plan to repatriate services as appropriate into Powys has been impacted upon by the pandemic. • Lack of clarity about pathways for Powys patients leading to sub-optimum care and potential for significant harm. • Non-compliance with statutory requirements including joint commissioning with the local authority (including Section 33). • Events outwith of providers control, e.g. adverse weather 															
<p>Controls (What are we currently doing about the risk?)</p>		<p>Mitigating actions (What more should we do?)</p> <p>Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)</p>															
<ul style="list-style-type: none"> ▪ Cognisance and implementation of Welsh Government policy. ▪ Staff wellbeing initiatives in place internally and within other organisations. ▪ Escalated oversight and assurance arrangements in place related to patient flow, length of stay and community provision, in partnership with PCC and third sector. ▪ Consideration of Local Options Framework where indicated. ▪ Increased oversight and monitoring as part of escalated governance arrangements, in the form of the Delivery Coordination Group, reporting to Gold ▪ Harm review processes being undertaken reported via PEQS March 2022 ▪ Enhanced reporting to Welsh Government. ▪ IMTP planning predicated on the impacts of COVID-19. 		<table> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> <tr> <td>Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Embed and ensure implementation of the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Implement commissioning intentions for 2021-22</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> </table>	Action	Lead	Deadline	Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22	Embed and ensure implementation of the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22	Implement commissioning intentions for 2021-22	DPP / DoNM	In line with Annual Plan for 2021-22	Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22
Action	Lead	Deadline															
Embed whole system commissioning through the implementation of the Strategic Commissioning Framework	DPP / DoNM	In line with Annual Plan for 2021-22															
Embed and ensure implementation of the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22															
Implement commissioning intentions for 2021-22	DPP / DoNM	In line with Annual Plan for 2021-22															
Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework	DPP / DoNM	In line with Annual Plan for 2021-22															

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<ul style="list-style-type: none"> Recovery and renewal key focus of PTHB Annual Plan for 2021/22 overseen by CEO led Portfolio Board. Non-recurrent revenue and capital secured for first phase of priorities. Risk-based implementation of the plan in relation to support infrastructure required, including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and, unscheduled care pressures. Progression of the North Powys Programme. Continued implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored at present. Implementation of the Clinical Quality Governance Framework. Implementation of the OD Framework. Focus on whole patient pathway improvement inclusive of provided and commissioned services for maternity, neonates, CAMHs. Refreshed approach to ensuring appropriate deployment of the workforce throughout the health board. Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored at present. Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic). Regular review at Delivery and Performance meetings. Scrutiny by Performance and Resources Committee. Scrutiny by Patient Experience, Quality and Safety Committee. Internal Audit. Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers. Individual Patient Funding Request Panel and Policy. WHSCC Joint Committee and Management Group. WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22. Emergency Ambulances Services Committee. Shared Services Framework Agreements. Section 33 Agreements. 	Programme of work to strengthen effective processes to develop and manage condition specific and service plans	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthening of commissioning intelligence in line with IMTP	DPP / DoNM	In line with Annual Plan for 2021-22
	Review Patient flows and activity into specialised services to ensure safe and appropriate pathways	DPP / DoNM	In line with IMTP/ICP
	Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services	DPP / DoNM	In line with IMTP/ICP
	As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children	DPP / DoNM	In line with Annual Plan for 2021-22
	Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning	DPP / DoNM	In line with Annual Plan for 2021-22
	Strengthen the whole system approach to the Big 4	DPP / DoNM	In line with IMTP
	Review of the health board's interface with SATH	DPP / DoNM	July 2021
	Receive the Wales Audit quality governance review and identify key areas for improvement	DONM	Aug 2021
	Agree and establish monitoring of the health boards provision of care and treatment using the principles of the commissioning assurance framework	DPCM H / DoNM	Sept 2021
	Monitor and review the themes and trends from concerns and complaints to understand what matters to patients, families and communities.	DONM /	May 2022

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<ul style="list-style-type: none"> Responsible Commissioner Regulations for Vulnerable Children Placed away from Home. Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2021-22. Development of a standard operating procedure re quality and safety in commissioned services Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales). Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions). NHS LTA and SLA Overview submitted to the Executive Committee (and approval process). Executive Committee approved LTA and SLA narrative (updated each year). CEO signed LTAs and SLAs for healthcare. CAF developed for General Dental Services. CAF developed for General Medical Services. Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties). Prior approval policy in place (Following the EU exit the EEA policy has ceased to apply). INNU policy in place. Pooled fund manager for Section 33 Residential Care. SATH Improvement Alliance with UHB in place. Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. DGH and Specialised Work-stream within PTHB's COVID-19 response plan. PTHB CEO lead Programme Board involving 3 health boards and WAST. Participation in cross-border command and control structures. Essential Services Framework implementation underway. PTHB Children's Home Group in response to the COVID-19 pandemic. 	<p>This will be key to Patient Safety and Experience reports.</p> <p>Plans to implement CIVICA to gain continuous feedback from all service users</p> <p>Establish an Incident Review Forum. Sponsored by the three Clinical Directors and led by ADs, this forum will establish in June 2021. It will operate fortnightly and will review and monitor all patient safety incidents, triangulating intelligence with themes from concerns and complaints.</p> <p>Undertake a full review of this risk and consider breaking this risk down into a number of risks. This work will be jointly taken by a number of Executive Leads and the Board Secretary. The aim will be to do this by the next PEQs committee in July 2022.</p>	<p>DOTH /MD</p> <p>DONM / DOTH</p> <p>DONM / DOTH / MD</p> <p>Board Secretary</p>	<p>May 2022</p> <p>May 2022</p> <p>May 2022</p>
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<ul style="list-style-type: none"> ▪ Scheduled peer meetings with clinical teams in commissioned services focused on addressing concerns and sharing improvements in services where poor care has been identified. ▪ Review of policy and protocols within the health board to consider the whole patient pathway. ▪ CEO escalation where required. 			
Current Risk Rating	Additional Comments		
<p>5 x 4 = 20</p>	<p>Whilst the overall risk score remains unchanged, the rationale and controls are constantly changing, i.e. the static score does not reflect the nature of the risk itself.</p> <p>The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services.</p> <p>During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the original Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p> <p>Whilst quality governance arrangements are developing within the health board, the pace of change has been stymied by the pandemic with service groups at varying stages of maturity.</p> <p>It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs remain in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are recognised extensive delays across the NHS for elective procedures with a growing number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.). In Q4 of 2021/22 the Omicron variant has led to extreme pressure on DGH capacity</p>		

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both from patient volume and staff sickness levels with local decisions being made regarding the ability to receive patients for scheduled and unscheduled treatment.

The **cumulative risk** in relation to commissioned services remains extremely challenging. Whilst, changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services.

The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced.

Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Workstream Phase 2; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

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CRR 002		Executive Lead: Director of Finance, Information and IT																																																																						
Risk that: the Health Board does not meet its statutory duty to achieve a breakeven position in 2021/22 future years of the IMTP		Assuring Committee: Delivery and Performance																																																																						
Risk Impacts on: Organisational Priorities underpinning WBO 8.2		Date last reviewed: May 2022																																																																						
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Current: 3 x 4 = 12 Target: 2 x 4 = 8 Date added to the risk register March 2017</div>		<div>Rationale for current score:<ul style="list-style-type: none">As at Month 9 2021-22, the Health Board is £0.149m under spentSupported Annual Plan, including balanced financial position based on assumptions included (regarding funding, etc.)Plans identified to meet Financial Recovery Plan savings target included in plan of £5.6m, significant non-delivery forecast (linked to Covid-19) with slippage included in overall position forecast (including Covid-19 funding allocation)Breakeven forecast includes a number of risks and opportunities that need to be managed to deliverThe impact of Covid-19 and the assumption that WG will fund the direct and indirect costs in full is key (and this has been confirmed of 2021/22) in relation to the breakeven forecast (risk in relation funding allocated and forecastOn the basis that Covid-19 funding levels to be allocated will be confirmed for the second 6 months as expected, the risk can be held in line with Board acceptable levelsThe IMTP has not yet been approved but includes a balanced core financial plan based on assumptions included (regarding funding and treatment of Exceptional National Cost Pressures and Ongoing Covid response Costs)Plan requires delivery of £4.6m of efficiencies with action still required to identify full actions to deliver.Breakeven forecast includes several risks and opportunities that need to be managed to deliverThe impact of Covid-19 and the assumption that WG will fund the ongoing response in full is key.There are significant pressures in relation to energy and other cost of living increases that are not yet fully known or quantified and this is a risk to the plan.</div>																																																																						
<div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Oct-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>Mar-19</td><td>12</td><td>4</td></tr><tr><td>Jul-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>8</td></tr><tr><td>Nov-19</td><td>12</td><td>8</td></tr><tr><td>Jan-20</td><td>12</td><td>8</td></tr><tr><td>Mar-20</td><td>12</td><td>8</td></tr><tr><td>May-20</td><td>12</td><td>8</td></tr><tr><td>Jul-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Nov-20</td><td>12</td><td>8</td></tr><tr><td>Jan-21</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>8</td><td>8</td></tr><tr><td>Jul-21</td><td>8</td><td>8</td></tr><tr><td>Sep-21</td><td>8</td><td>8</td></tr><tr><td>Nov-21</td><td>8</td><td>8</td></tr><tr><td>Jan-22</td><td>8</td><td>8</td></tr><tr><td>Mar-22</td><td>8</td><td>8</td></tr><tr><td>May-22</td><td>12</td><td>8</td></tr></tbody></table></div>		Month	Risk Score	Target Score	Dec-17	16	4	May-18	12	4	Oct-18	16	4	Jan-19	12	4	Mar-19	12	4	Jul-19	12	4	Sep-19	12	8	Nov-19	12	8	Jan-20	12	8	Mar-20	12	8	May-20	12	8	Jul-20	12	8	Sep-20	12	8	Nov-20	12	8	Jan-21	12	8	Mar-21	8	8	Jul-21	8	8	Sep-21	8	8	Nov-21	8	8	Jan-22	8	8	Mar-22	8	8	May-22	12	8	Controls (What are we currently doing about the risk?)	
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		Mitigating actions (What more should we do?)																																																																						

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<ul style="list-style-type: none"> Annual Financial Plan supported Balanced Financial Plan included in IMTP Submission. Monthly Reporting via Governance Structure, includes progress / delivery Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework Contracting Framework and impact of Block arrangements in 2021/22 2022/23 and going forward Savings Plans, new Efficiency Framework and Investment Benefits Group approved and now live Savings Plan monitoring and reporting linked to the Efficiency Framework and Investment Benefits Group and supporting the VBHC approach. Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of Covid-19 and expectations regarding funding and impact on Financial Plan Regular communication and reporting to Welsh Government and Finance Delivery Unit regarding the impact of pressures and ongoing Covid-19 and expectations regarding funding and impact on Financial Plan and underlying position. Discussions with Welsh Government regarding baseline budget now resolved VBHC the basis of approach to deliver long term sustainability. Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making). Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short- and longer-term focus for delivery. 	Action	Lead	Deadline
	Strengthening of the capability and sustainability of the Finance Team and establish a modernisation programme to improve function performance and delivery	DFIIT	In Progress Deputy Director of Finance in post and structure realignment completed in process of being implemented
	Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. New Efficiency Framework approved and live and Value Based Healthcare Board being established in year.	DFIIT / MD	In Progress Established
Current Risk Rating	Additional Comments		
$2 \times 4 = 8$ $3 \times 4 = 12$	Risk level held on assumption of funding at expected levels. Risk level increased due to uncertainty re impact of cost pressures as identified.		

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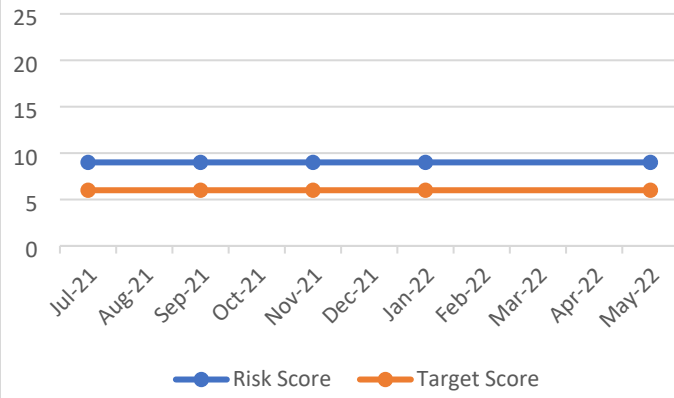
CRR 003 Risk that: the health board has insufficient capacity to lead and manage change effectively Risk Impacts on: Organisational Priorities underpinning Renewal Portfolio specifically and indirectly all annual plan/wellbeing objectives		Executive Lead: Chief Executive Assuring Committee: Delivery and Performance Date last reviewed: January 2022																									
Risk Rating (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 3 x 3 = 9 Date added to the risk register July 2021	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>12</td><td>9</td></tr><tr><td>Aug-21</td><td>12</td><td>9</td></tr><tr><td>Sep-21</td><td>12</td><td>9</td></tr><tr><td>Oct-21</td><td>12</td><td>9</td></tr><tr><td>Nov-21</td><td>12</td><td>9</td></tr><tr><td>Dec-21</td><td>12</td><td>9</td></tr><tr><td>Jan-22</td><td>12</td><td>9</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	12	9	Aug-21	12	9	Sep-21	12	9	Oct-21	12	9	Nov-21	12	9	Dec-21	12	9	Jan-22	12	9	Rationale for current score: The Health Board will need to undertake significant recovery and renewal work as a result of the pandemic. This is wide ranging and will need to, in part, take place whilst the further action to manage the pandemic continues. There are other significant change programmes now being aligned to the recovery and renewal work that will also require capacity to progress. Additional Welsh Government funding is assisting the provision of capacity including Integrated Care Fund (ICF), Transformation Fund and the Recovery (planned care and mental health). Whilst these funds are clearly supporting capacity for change, it is important to note they are all non-recurrent.	
Month	Risk Score	Target Score																									
Jul-21	12	9																									
Aug-21	12	9																									
Sep-21	12	9																									
Oct-21	12	9																									
Nov-21	12	9																									
Dec-21	12	9																									
Jan-22	12	9																									
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																									
<ul style="list-style-type: none">The Annual Plan focuses on priorities which will be staged in implementation and thus that will extend beyond one year.Successful applications for WG funding has secured specific funds within the ICF, Transformation Fund and Recovery (planned care and mental health).Alignment of change programmes (Recovery and Renewal and the North Powys Wellbeing Programme) is helping to reduce duplication and waste of expertise/resources.Further recruitment into project manager and programme manager posts for the Renewal Programme is underway.The emerging approach on value-based healthcare will support increased capability in focusing on priorities for change that could also be cash-releasing. This could support further investment.		Action	Lead	Deadline																							
		Carefully track the investments for change management that are non-recurrently funded; enabling opportunity to access any further funds to support capacity and capability building	DoF / DoP	Review mid-year 2021																							
		Support the work programme of the Research Improvement and Innovation Hub to deliver increased capacity and capability, including the potential for Improvement Cymru to provide additional support	MD	Review Q3																							
		Support the delivery of change management skills as part of the School of Leadership and Management	WOD	Review Q3																							

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<ul style="list-style-type: none"> Clinical leadership posts (Heads of) are near full establishment, these roles play a pivotal part of clinical change. Project management skills programmes/session are provided to support staff at all levels across the organisation. Investment made in the Innovation and Improvement Hub – including on a multiagency basis – to support change management. Development of the School of Leadership within the Health and Care Academy provides a platform for further capacity building for change. 	Recruit to project and programme managers for the Renewal Portfolio	CEO via Transformation Team	Review monthly Q2 2021
	Pursue the value-based healthcare approach, enabling a focus on where outcomes improvement/lower unit cost can be achieved; to seek opportunity for re-investment where possible	CEO via Director of Clinical Strategy / Transformation Team	Review end Q2; end Q3.
Assurances (How do we know if the things we are doing are having an impact?)		Gaps in assurance (What additional assurances should we seek?)	
<ul style="list-style-type: none"> Allocated resources are identifiable within major change programme arrangements, e.g. Renewal Portfolio, North Powys Wellbeing Programme. Evidence of training and staff preparation Dialogue with Trade Unions and other staff engagement mechanisms (e.g. surveys / staff Q & A sessions) to understand impacts Management and oversight of change programmes by the Executive Committee and Renewal Portfolio Board with clear reporting into Board Committees / Board Individual Executive Director 1 to 1 and performance review processes 		<ul style="list-style-type: none"> Development of clear status reports for major programmes to be further developed to assist reporting, visibility and oversight Measurement approach – including PROMS and PREMS – to be developed to enable measurement of change 	
Current Risk Rating		Additional Comments	
4 x 3 = 12		This risk is being kept under review in light of the current situation of reprioritising leaders and managers work to deal with the impact of the Omicron variant. This has an understandable impact upon service change work but the development of the IMTP presents is core to the continuing management of this risk.	

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CRR 004		Executive Lead: Director of Planning & Performance																																					
Risk that: there is ineffective partnership working and partnership governance arrangements in place		Assuring Committee: Planning, Partnerships & Population Health																																					
Risk Impacts on: Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		Date last reviewed: May 2022																																					
<div>Risk Rating (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6</div> <div>Date added to the risk register July 2021</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>9</td><td>6</td></tr><tr><td>Aug-21</td><td>9</td><td>6</td></tr><tr><td>Sep-21</td><td>9</td><td>6</td></tr><tr><td>Oct-21</td><td>9</td><td>6</td></tr><tr><td>Nov-21</td><td>9</td><td>6</td></tr><tr><td>Dec-21</td><td>9</td><td>6</td></tr><tr><td>Jan-22</td><td>9</td><td>6</td></tr><tr><td>Feb-22</td><td>9</td><td>6</td></tr><tr><td>Mar-22</td><td>9</td><td>6</td></tr><tr><td>Apr-22</td><td>9</td><td>6</td></tr><tr><td>May-22</td><td>9</td><td>6</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	9	6	Aug-21	9	6	Sep-21	9	6	Oct-21	9	6	Nov-21	9	6	Dec-21	9	6	Jan-22	9	6	Feb-22	9	6	Mar-22	9	6	Apr-22	9	6	May-22	9	6	Rationale for current score: Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board’s Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.	
Month	Risk Score	Target Score																																					
Jul-21	9	6																																					
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Apr-22	9	6																																					
May-22	9	6																																					
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																					
<ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Action	Lead	Deadline																																			
		Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021																																			
		Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	30/09/2021																																			
		Development and population of a Partnership Register	BS	31/03/2022																																			
		Development of the Partnership Governance Framework for presentation to Board in September 2022	BS / DPP	31/03/2022 31/08/2022																																			
Current Risk Rating: 3 x 3 = 9		Additional Comments																																					

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CRR 005		Executive Lead: Director of Environment																																														
Risk that: the care provided in some areas is compromised due to the Health Board's estate being non-compliant and not fit for purpose		Assuring Committee: Delivery and Performance																																														
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Date last reviewed: May 2022																																														
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 3 = 9 Date added to the risk register January 2017</div>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jan-17</td><td>16</td><td>4</td></tr><tr><td>Sep-17</td><td>16</td><td>4</td></tr><tr><td>May-18</td><td>16</td><td>4</td></tr><tr><td>Jan-19</td><td>16</td><td>4</td></tr><tr><td>May-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>4</td></tr><tr><td>Jan-20</td><td>16</td><td>4</td></tr><tr><td>May-20</td><td>16</td><td>4</td></tr><tr><td>Sep-20</td><td>16</td><td>4</td></tr><tr><td>Jan-21</td><td>16</td><td>4</td></tr><tr><td>Jul-21</td><td>16</td><td>9</td></tr><tr><td>Nov-21</td><td>16</td><td>9</td></tr><tr><td>Feb-22</td><td>16</td><td>9</td></tr><tr><td>May-22</td><td>16</td><td>9</td></tr></tbody></table>	Date	Risk Score	Target Score	Jan-17	16	4	Sep-17	16	4	May-18	16	4	Jan-19	16	4	May-19	16	4	Sep-19	16	4	Jan-20	16	4	May-20	16	4	Sep-20	16	4	Jan-21	16	4	Jul-21	16	9	Nov-21	16	9	Feb-22	16	9	May-22	16	9	Rationale for current score: Estates Compliance: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Capital: the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. Failure to secure funds could impact business continuity in terms of healthcare services. Environment & Sustainability: Welsh Government declared a Climate Crisis in April 2019 requiring escalated activity with ambitious targets in terms of decarbonisation of public sector by 2030 and zero waste to landfill by 2050.	
Date	Risk Score	Target Score																																														
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																														
ESTATES <ul style="list-style-type: none">Specialist sub-groups for each compliance disciplineRisk-based improvement plans introducedSpecialist leads identifiedEstates Compliance Group and Capital Control Group establishedMedical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group in place. New Ventilation Safety Group set up.Capital Programme developed for compliance and approved		Action	Lead	Deadline																																												
		Implement the Capital Programme and develop the long-term capital programme	AD Estates & Property	In line with Annual Plan for 2021-22 2022-23																																												
		Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage in latter part of financial year cycle.	AD Estates & Property	In line with Annual Plan for 2021-22 2022-23																																												

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<ul style="list-style-type: none"> Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan Address (on an ongoing basis) maintenance and compliance issues Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards <p><u>CAPITAL</u></p> <ul style="list-style-type: none"> Capital Procedures for project activity Routine oversight / meetings with NWSSP Procurement Specialist advice and support from NWSSP Specialist Estates Services Audit reviews by NWSSP Audit and Assurance Close liaison with Welsh Government, Capital Function Reporting routinely to P&R Committee Capital Programme developed and approved Detailed Strategic, Outline and Full Business Cases defining risk Capital and Estates set as a specific Organisational Priority <p><u>ENVIRONMENT</u></p> <ul style="list-style-type: none"> ISO 14001 routine external audit to retain accreditation Environment & Sustainability Group NWSSP Specialist Estates Services (Environment) support and oversight Welsh Government support and advice to identify and fund decarbonisation project initiatives 	Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for 2021-22 2022-23
	Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review delayed due to operational pressures . required to address limited establishment staff numbers in Works Team and recruitment challenges.	AD Estates & Property	May 2022
Current Risk Rating		Additional Comments	

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4 x 4 = 16

COVID-19 has introduced risk pressures in respect of the health board's estate and the ability of the Estates & Property team to manage and prioritise risk mitigation in a number of ways.

ESTATES: Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. **Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group**

CAPITAL: impacts from COVID and BREXIT on cost and time to deliver Capital programme. Major step up in activity in financial year with resource pressure. 2022/23 WG Discretionary Capital cut by circa 25% with overall pressure on All Wales Capital Funding - will limit scope of estates compliance improvement programme and associated risk reduction activity in year.


ENVIRONMENT & SUSTAINABILITY: NHS Wales Decarbonisation Strategic Delivery Plan published in early 2021 with challenging targets with limited resource.

FIRE: Work to improve operational fire structure in 2021 has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented to address dependant on funding.

PROPERTY: COVID moves of staff in uncontrolled manner will need to be addressed to step back up business as usual alongside implementation of new agile working approach.

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CRR 006		Executive Lead: Director of Workforce & OD and Support Services	
Risk that: the Health Board is unable to sustain an adequate workforce		Assuring Committee: Workforce and Culture	
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Date last reviewed: May 2022	
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12		Rationale for current score: The Health Board continues to have difficulties recruiting and retaining certain posts to areas of the health board. It is recognised that for some professions, the workforce is ageing and so there is a need to have clear succession and recruitment plans in place. There have been significant increases in demand owing to the temporary requirements due to the effect of COVID on absence and also the requirement for increased capacity for Mass Vaccination. This risk has increased in the context of staff absence rates of up to 20% during Quarter 4. This risk has increased in the context of the Omicron variant and modelling of potential staff absence rates of up to 20% and a core focus on supporting staff wellbeing across all staff groups. Nursing The Health Board continues to experience recruitment challenges in respect of the Nursing Workforce. In particular, there is a 29% vacancy deficit of registered nurses across the wards (as of 30 November 2021), which is a 2% decrease since August 2021. The temporary staffing unit is continuing to provide support to meet this demand and has filled on average 30.08 WTE of ward registered nursing requests and 32.37 WTE ward unregistered nursing requests (per month) with either bank or agency staffing between September and November 2021. However, there is a continued reliance on agency staffing to meet this shortfall. The health board are experiencing a particularly challenging position in respect of registered nurse vacancies (based on current establishment which are under review), with an overall vacancy	

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<p>Powell, Bethan 05/24/2022 16:26:24</p>		<p>deficit of 29% which is more of an acute issue in 2 wards in particular, where there is a deficit of 50% or over. This has increased by 3% when compared to pre-pandemic performance (26%) for the same period in 2019. The Temporary Staffing Unit is continuing to provide support to meet this demand and has filled on average 55.3WTE of shifts (inclusive of HCSW & RN's) per month during Quarter 4. However, this has resulted in a significant reliance on agency staffing to meet this demand.</p> <p>A review of the nursing establishments is underway led by the Director of Nursing & Midwifery and Director of Primary, Community and Mental Health Services.</p> <p>Medical</p> <p>The health board currently has 13.5 WTE medical vacancies, of which 11 WTE are all currently being covered via Locums.</p> <p>Following two recent appointments, the health board currently has 11.38 WTE medical vacancies. All vacancies are currently being covered via locums.</p> <p>Recruitment to medical roles remains challenging for the organisation with a large number of long-term locums in place, predominantly within the mental health service. A proposal for a new medical support structure within mental health is to be submitted to executive committee. This will take into consideration recommendations from existing long-term medics on how to make the organisation more attractive and enhance the offer to consultants. Vacancies continue to be advertised.</p> <p>To support the recruitment and retention of Medics within the health board a task and finish group is being arranged to capture views from medical staffing in relation to areas which could be developed to support recruitment within this staffing group.</p> <p>Recruitment to medical roles remains challenging for the organisation, with a large number of long-term locums in place, predominantly within the Mental Health service. In line with IMTP</p>
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<p>Powell Bethan 05/24/2022 16:26:24</p>		<p>delivery plans, work to review the medical model has been identified as a key priority which will include a systematic review of the overall staffing delivery model, given the health board's ongoing recruitment challenges. Project support has been sought to undertake the transformation work, including a Band 8a Transformation Programme Manager and a Band 5 Project Support Officer. Both posts have recently closed and are at the shortlisting stage of the recruitment process, both with several applicants.</p> <p>Clinical Pharmacist</p> <p>There are significant recruitment challenges within the Medicines Management department due to the ongoing work as part of the renewal and recovery priorities. Currently there are 2.74 WTE Clinical Pharmacist vacancies within the service, and despite the posts being advertised, there has been no successful uptake. A review of the current model was due to take place on the 27th of September to understand how the service can function differently, but due to COVID pressures this has not yet happened.</p> <p>Renewal</p> <p>Despite successful recruitment to 51.5 WTE posts to support Renewal and Transformation activity, the health board continues to experience challenges in the following areas:</p> <ul style="list-style-type: none"> • 3.0 WTE Clinical Pharmacists remain vacant across schemes 2, 3 and 6. • Scheme 5 is currently operating on a 2.00 WTE deficit with no Service Improvement Manager (1.00 WTE) or Harm Lead (1.00 WTE). However, this scheme is currently being supported by the Welsh Cancer Network and the delivery model is being reviewed to reconsider how these posts will be filled. • Recruitment to the Sleep Physiologist (1.00 WTE) remains vacant, despite 6 recruitment campaigns. A review of the role requirements is underway. • Scheme 3 continues to face challenges in recruiting to vacant posts, with both the Assistant Practitioner (1.00 WTE) and
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		<p>Business Support Manager (1.00 WTE) remaining vacant, despite numerous recruitment attempts.</p> <p>Therapies There are currently 18.76 WTE vacancies across the Occupational Therapy and Physiotherapy services, although 8.6WTE posts have been appointed to and are in various stages of the appointment process. Work will continue to understand how the roles can be shaped differently to support recruitment to these vacancies. There are currently 29.9WTE vacancies within the Therapies speciality in the Community Services Group. Of the 29.9 WTE, 10 WTE are currently being offered to applicants through the All-Wales Student streamlining process, potentially reducing the vacancy level to 19.9WTE once the applicants take up post.</p> <p>Mass Vaccination The workforce model is regularly reviewed to address changing planning assumptions for the delivery of future boosters. It is anticipated that further clarity on the longer term workforce model for mass vaccination can be scoped during Quarter 2 2022/23.</p> <p>Occupational Health There are significant recruitment challenges within the Occupational Health (OH) team. Despite advertising twice for the OH manager, we have not been able to attract any applicants. A review of the OH model is underway to understand how the service can function differently. A review of the Occupational Health Service has been completed and recruitment to additional roles is underway.</p>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
Bank and Agency <ul style="list-style-type: none">Ongoing recruitment and monitoring of demand to support the identification of supply requirements for the temporary staffing unit. Overall, there has		Action	Lead	Deadline
		Develop a strong, distinctive employment offer that captures the uniqueness of Powys Teaching Health Board	DWODSS	Ongoing

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<p>been a 55% increase during Quarter 4 in the level of bank workers employed by the health board when compared to Quarter 4 last year.</p> <ul style="list-style-type: none"> Weekly reports on temporary staffing are produced and shared with Community Service Managers and reviewed mid-week to ensure optimum cover options are explored. The Health Board temporarily implemented an enhanced rate for bank worker shifts for bank workers and substantive staff for the period December 2021 to 31 March 2022. This will now be reviewed in order to establish its effectiveness and the request to extend this has been approved. <p>Operational Delivery</p> <ul style="list-style-type: none"> 8 Aspiring Nurse roles were advertised externally and all 8 posts were recruited to. The new recruits will commence in January 2022. 12 Aspiring Nurse roles were advertised externally and all 12 posts were recruited to and have commenced their educational training. All previous vacancies reported (3WTE) in Theatres have now been appointed to with 2WTE already commenced and 1WTE commencing on the 4th January 2022. Since the previous update, another 1WTE post become vacant, but the post was advertised and an appointment made. Radiology have secured funding for 'grow our own' Radiographer. Recruitment will commence in coming months and an appointed candidate will start academic training September 2022 We are currently exploring international overseas recruitment which is being co-ordinated on an all Wales basis and the health board has submitted 21 places in the first cohort due in early 2022 with 3 successful appointments made to date. Ensure that recruitment timescales are minimised and that issues of delay are appropriately and proactively managed to ensure recruitment performance indicators are consistent with national targets. Recruitment support has been identified for renewals post to provide input into all recruitment processes and support recruitment to the posts at pace. Streamlined recruitment processes are in place for registered nurse roles which includes, open ended adverts and automatic invite to interview for registered nurses if they provide NMC registration. 	Implement Standard Operating Procedures for internal operational workforce planning and work with directorates to develop their workforce plans	DWODSS	Yearly in line with Annual planning/ IMTP
	Implement an approach to succession planning: identify critical posts	DWODSS	March 2022
	To support temporary arrangements in response to the COVID-19 pandemic	DWODSS	Ongoing

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- Extensive recruitment activity is being managed internally to support the health board in managing vacancies related to mass vaccination and bank recruitment.
- Health Care Support Worker Apprenticeship Programme in place and recruitment to the next cohort is underway.
- The Health Board is acting as a gateway employer on behalf of Powys Social Services department, PAVO and PTHB to roll out the Kick Start Programme. ~~A partnership lead has been appointed to lead the programme of work across the three partners.~~ Where possible, participants are offered bank roles within the organisation.
- New volunteering approach has been developed for ward based clinical volunteer activity and are recruited through out MOU with PAVO. including central coordination of all volunteering, acknowledgement of the memorandum of understanding between PAVO and PTHB and an introduction of an improved standard operating procedure for the deployment of volunteers in PTHB.
- Agile ways of working continue to be developed. have been developed to mitigate impact on recruitment due to COVID-19 work restrictions; this includes virtual interviews and online pre-employment checks. The new Agile Working policy has been approved.

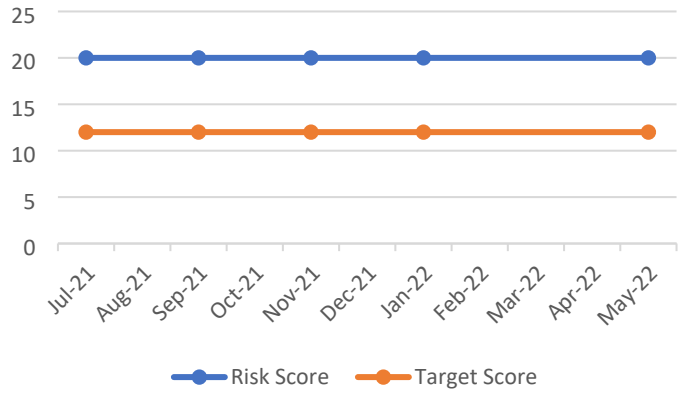
Strategic Activity

- Developmental roles have been explored due to a difficulty in recruiting to posts. Discussions continue to take place with services where appropriate to do so, this has included developmental roles under annex 21 of the agenda for change terms and conditions of service.
- Work is progressing to look at developing creative and redesigning roles to meet the changing health needs of the local population. This includes working with the National Nurse Staffing Group to maximise the development of band 4 roles to encourage opportunities for growing and retaining our own staff within the Powys area. However, nationally, this work has been delayed as organisations have been responding to the COVID 19 pandemic.
- A review of the inpatient Nursing Establishments is underway led by the Executive Director of Nursing and Midwifery and Director of Primary, Community and Mental Health Services. This has included agreement to

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recruit to additional health care support worker roles in order to meet demands whilst this review takes place.			
Current Risk Rating 4 x 4 = 16	Additional Comments Controls and mitigation are in place so far as reasonably possible to manage the risk at its current level, to inhibit escalation higher than the current score of 16. However, the Health Board continues to face a challenged position in respect of its ability to meet staffing requirements particularly within clinical roles, resulting in an increased reliance on agency staffing in particular to meet these demands.		

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CRR 007 Risk that: there are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Executive Lead: Director of Planning & Performance Assuring Committee: Delivery and Performance Date last reviewed: May 2022		
Risk Rating (likelihood x impact): Initial: 5 x 4 = 20 Current: 5 x 4 = 20 Target: 3 x 4 = 12 Date added to the risk register July 2021		Rationale for current score: Baseline as at end of October 2021 indicates current waiting times excluding diagnostics and therapies as follows: Aggregated Position (including PTHB provided services): 4,802 patients waiting over 36 weeks, of these 2,657 are waiting over 52 weeks. Baseline as at end of February 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,048 patients waiting over 36 weeks, of these 2,632 are waiting over 52 weeks of those 777 wait longer than 104 weeks. Historical activity levels cannot currently be delivered due to ongoing Covid-19 related infection prevention and control measures including social distancing of patients and emergency admission pressures. A key constraint currently is available workforce and physical 'green' capacity to operate additional activity. Limitations on ability to both insource and outsource by English and Welsh providers. If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.		
				
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
<ul style="list-style-type: none"> Key priorities identified to deliver elective treatments within 52 weeks Commissioning Assurance Framework (across 5 domains) incremental use with 15 NHS organisations, 2 private sector organisations, and embedded in third sector CAF escalation process Strategic Commissioning Framework Fragile services log 		Action	Lead	Deadline
		Secure performance improvement trajectories from providers. English providers waiting for H2 planning guidance.	DPP	April 2022 June 2022
		Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government	DPP/DOF	October 2021 / Complete

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<ul style="list-style-type: none"> Develop funding proposal to WG to support recovery of waiting times for Powys activity in English Providers. Deliver the Renewal Portfolio to ensure planned care performance improvement improves, including establishing an Advice, Support and Prehabilitation service to actively support those awaiting treatment. Seeking to mobilise additional capacity through insourcing, outsourcing and exploring options via LTA & SLA agreements Developing better understanding of overall waiting list 'intelligence'. 	funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery		
	Develop recovery relationships with revised CCGs & STPs	DPP	Ongoing
	Establish Advice, Support and Prehabilitation Service	DPP	December 2021 / Complete
	Ensure Powys residents needs understood within Strategic Change Programmes	DPP	Ongoing
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Delivery and Performance Committee and Board Bi-monthly meetings with Welsh Government at Quality and Delivery Meetings More emphasis being place upon long waiting patients and risk management processes at commissioner / provider CQPRM meetings 	<ul style="list-style-type: none"> All Directorates contributing to CAF 		
Current Risk Rating	Additional Comments		
5 x 4 = 20			

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CRR 008 Risk that: 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		Executive Lead: Director of Planning & Performance																																								
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4		Assuring Committee: Planning, Partnerships & Population Health																																								
		Date last reviewed: May 2022																																								
<div>Risk Rating (likelihood x impact): Initial: 3 x 3 = 9 Current: 4 x 4 = 16 Target: 3 x 4 = 12</div> <div>Date added to the risk register January 2017</div>	<table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>9</td><td>4</td></tr><tr><td>May-18</td><td>12</td><td>4</td></tr><tr><td>Jan-19</td><td>12</td><td>4</td></tr><tr><td>May-19</td><td>12</td><td>4</td></tr><tr><td>Sep-19</td><td>12</td><td>12</td></tr><tr><td>Jan-20</td><td>12</td><td>12</td></tr><tr><td>May-20</td><td>16</td><td>12</td></tr><tr><td>Sep-20</td><td>16</td><td>12</td></tr><tr><td>Jan-21</td><td>16</td><td>12</td></tr><tr><td>Jul-21</td><td>16</td><td>12</td></tr><tr><td>Nov-21</td><td>16</td><td>12</td></tr><tr><td>May-22</td><td>16</td><td>12</td></tr></tbody></table>	Date	Risk Score	Target Score	Dec-17	9	4	May-18	12	4	Jan-19	12	4	May-19	12	4	Sep-19	12	12	Jan-20	12	12	May-20	16	12	Sep-20	16	12	Jan-21	16	12	Jul-21	16	12	Nov-21	16	12	May-22	16	12	<div>Rationale for current score: As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes were paused or significantly changed. Programme management arrangements externally and internally were paused and progressively restored from Q2 2020/21. The Grange opening was accelerated by ABUHB in Q3 2020/21 as part of winter preparedness in the context of the response to Covid-19, changing pathways for South Powys patients sooner than originally planned, from November 2020. The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020 whilst programmes were suspended. Capacity to reset, articulate and respond to strategic change is variable across NHS Wales and is tracked through Annual / IMTP planning and commissioning assurance processes.</div>	
Date	Risk Score	Target Score																																								
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Nov-21	16	12																																								
May-22	16	12																																								
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">- Briefings with CHC and updates provided to CHC Services Planning Committee; Full Committee and Local Committees as appropriate- All Wales Chief Executive and Directors of Planning meetings provide horizon scanning and intelligence regarding neighbouring organisations planning intelligence and strategic change proposals- Integrated Medium Term Plan 2022 – 2025 in final stage of development and due for submission to PTHB Board March 2022 and Welsh Government by end of March 2022 – this process has included an appraisal of external and internal challenges and opportunities and the development of a PTHB Planning Framework to guide the development of Strategic Priorities		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust</td><td>DPP</td><td>In line with Annual Plan for 2021-22 2022-23</td></tr><tr><td>Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now</td><td>DPP</td><td>In line with Annual Plan for 2021-22 2022-23</td></tr></tbody></table>		Action	Lead	Deadline	Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust	DPP	In line with Annual Plan for 2021-22 2022-23	Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now	DPP	In line with Annual Plan for 2021-22 2022-23																														
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<ul style="list-style-type: none"> - This returns to the shared long term health and care strategy, 'A Healthy Caring Powys', which itself is set in the context of the Powys Wellbeing Plan, Towards 2040 - The IMTP reflects the complex Partnership landscape for Powys and the NHS Wales Planning Framework continues to recognise the unique circumstances for this health board and the need for certain flexibilities - The IMTP responds to ministerial priorities / legislation, policy and investment opportunities and builds on the Annual Plan 2021/22 and System Resilience Plan 2021/22 - NPWP 5-year plan developed (IMTP) setting out high level critical path activity. - Close liaison with Welsh Government following endorsement of PBC at Strategic Investment Board in November 2021. - NPWP Strategic Outline Cases (SOC) internal approvals underway from early Jan 22– end March 22 followed by Q1 submission to Welsh Government – pending endorsement of PBC. - Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding approved PTHB Board and PCC EMT ready for submission with the SOC. - Phase one modelling has concluded, along with the financial modelling to support. This has been incorporated into the SOC. Some limitations around the financial analysis to be further progressed at OBC stage. Phase 2 modelling priorities agreed. Service Specifications reviewed and further strengthened in relation to transformation and underpinning evidence base. - Majority of short-term projects progressing well, some projects exceeding targets. Sustainability discussions taking place and business cases drafted for further funding post March 22. - South Powys Programme Board in place. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter in November 2021. - The first phase of the PTHB programme managed changes to South Powys emergency flows to Prince Charles Hospital and was closed with lessons identified and reasonable assurance through audit; the second phase of the programme is in place in relation to consultant led 	incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021		
	Provide robust management of engagement and response to the system planning arrangements in Herefordshire and Worcestershire including the development of the Integrated Care System (building on their Sustainability and Transformation Plan) and Stroke programme	DPP	In line with Annual Plan for 2021-22 2022-23
	Take forward Phase 2 of the South Powys Programme, including monitoring existing maternity and neonatal pathways until the timing of a strategic pathway change can be recommended to the PTHB Board.	DPP	In line with Annual Plan for 2021-22 2022-23
	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2021-22 2022-23
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2021-22 2022-23
	North Powys Programme: - <ul style="list-style-type: none"> • Programme Business Case – achieve WG Ministerial approval • Strategic Outline Cases – Approve final drafts, followed by internal and WG approval of (Q4 and Q1). • Confirm governance arrangements for next phase of work including identified leads and ensure alignment to the portfolio of renewal priority programmes. • Implement Plan for 22/23 	DPP	In line with Annual Plan for 2021 2022 / IMTP 5 Year Plan

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<p>maternity and neonatal services. No decision in relation to the timing of strategic pathway changes for existing flows has yet been made, but monitoring of existing pathways, assurance and readiness assessment continuing.</p> <ul style="list-style-type: none"> - The CEO led Renewal Strategic Portfolio Board is in place. Each of the programmes has an Executive lead, an approved PID, a Programme Board, a programme plan, a portfolio risk register and highlight reporting. An external audit review is underway. Programmes were suspended during December and January due to mass vaccination and Omicron with some staff redeployed during that period. In-sourcing underway. Work on the diagnostics strategy initiated. GIRTH Review undertaken, which will support orthopaedic pathway redesign. Patient Liaison Team in place with over 3,500 patients contacted and wellbeing information available. Analysis to support frailty and community model redesign underway. Cancer clinical lead in place. Cancer tracker and PTHB Harm Review Panel established. Access to FIT testing for patients with suspected bowel cancer in place. Respiratory backlogs reduced through a strengthened Powys MDT approach. Sleep Clinic pathway developed. Drive through spirometry pilot completed. Community cardiology business case developed. Value Based Health Care Programme in place. - PTHB has re-established participation in the Hereford and Worcestershire Stroke Programme and updated the programme for Wales. - Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect; Care Homes; and, Unscheduled Care. The RPB and PSB are re-established and commenced recovery planning and a set of population assessments required during 2021/22 are being co-ordinated as one programme of work across partners. - Powys Consultation Plans and situation reports developed for each live consultation to ensure PTHB responses consider the impact on Powys residents. 	<ul style="list-style-type: none"> • Secure funding via Regional Integration Fund Proposal and Approve AFC Business Cases <p>Implement the Renewal Portfolio of Programmes including:</p> <ul style="list-style-type: none"> • Frailty and the Community Model • Diagnostics, Ambulatory and Planned Care • Children and Young People • Breathe-Well (Respiratory) • Cancer • Circulatory • Mental Health <p>Ensure plan for the renewal priorities for the next three years embedded within the IMTP.</p>	<p>CEO and lead Directors</p>	<p>In line with Annual Plan 2021-22 To be reviewed again during Qtr 1 of 22/23 to reassess risk and revised delivery timescales</p>
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<ul style="list-style-type: none"> - Strategic Change Stocktake process superseded by the processes developed during 2020 as part of the Covid-19 response;-tracking of strategic plans will be resumed in March 2022 - Impact Assessment process in place for detailed analysis of live strategic change programmes. - Participation in external Programme mechanisms as appropriate for key live programmes either as watching brief / receipt of information or as programme participant in the case of NHS Future Fit. 			
Current Risk Rating	Additional Comments		
4 x 4 = 16			

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05/24/2022 16:26:24

CRR 010		Executive Lead: Chief Executive																																																	
Risk that: the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board		Assuring Committee: Planning, Partnerships & Population Health																																																	
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 8		Date last reviewed: January 2022																																																	
<div>Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Target: 2 x 4 = 8</div> <div>Date added to the risk register May 2018</div>	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>4</td></tr><tr><td>Mar-18</td><td>16</td><td>4</td></tr><tr><td>Jun-18</td><td>16</td><td>4</td></tr><tr><td>Sep-18</td><td>16</td><td>4</td></tr><tr><td>Dec-18</td><td>16</td><td>4</td></tr><tr><td>Mar-19</td><td>16</td><td>4</td></tr><tr><td>Jun-19</td><td>16</td><td>4</td></tr><tr><td>Sep-19</td><td>16</td><td>8</td></tr><tr><td>Dec-19</td><td>16</td><td>8</td></tr><tr><td>Mar-20</td><td>12</td><td>8</td></tr><tr><td>Jun-20</td><td>12</td><td>8</td></tr><tr><td>Sep-20</td><td>12</td><td>8</td></tr><tr><td>Dec-20</td><td>12</td><td>8</td></tr><tr><td>Mar-21</td><td>12</td><td>8</td></tr><tr><td>Jun-21</td><td>12</td><td>8</td></tr></tbody></table>	Date	Risk Score	Target Score	Dec-17	16	4	Mar-18	16	4	Jun-18	16	4	Sep-18	16	4	Dec-18	16	4	Mar-19	16	4	Jun-19	16	4	Sep-19	16	8	Dec-19	16	8	Mar-20	12	8	Jun-20	12	8	Sep-20	12	8	Dec-20	12	8	Mar-21	12	8	Jun-21	12	8	Rationale for current score: The Annual Plan sets out the key priorities of the Health Board. The Renewal priorities in particular are based on evidence of impact of the pandemic on the population including as a key strand health inequity. Whilst the priorities achieve this focus, there is further, longer term work needed to redesign provision that fully takes account in practice of the health equity issues including the allocation of resources to specific service priorities, geographies, programmes based on greatest need / equity considerations.	
Date	Risk Score	Target Score																																																	
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Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Clear annual plan and evidence based priorities taking account of health equity issues.Renewal Portfolio with a golden thread of the principle of 'greatest need' running through each programme.Resources allocated to priority areas for taking forward supportive action in relation to annual plan priorities		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018</td><td>CEO with Pubic Health Director</td><td>Q3/4</td></tr><tr><td>Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.</td><td>DFIT</td><td>Q3/4</td></tr></tbody></table>		Action	Lead	Deadline	Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018	CEO with Pubic Health Director	Q3/4	Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.	DFIT	Q3/4																																							
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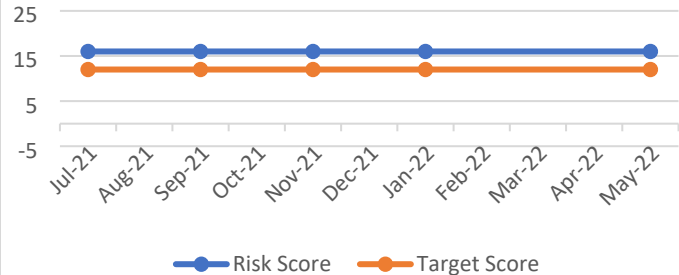
Board 25 May 2022 Item 3.4a

CRR 012		Executive Lead: Director of Therapies & Health Sciences																																																																
Risk that: the Health Board does not comply to the Welsh Language standards, as outlined in the compliance notice		Assuring Committee: Workforce and Culture																																																																
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 8		Date last reviewed: May 2022																																																																
<div><div><div>Risk Rating – (likelihood x impact): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Target: 2 x 3 = 6</div><div>Date added to the risk register March 2019</div></div><div><table border="1"><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Mar-19</td><td>12</td><td>6</td></tr><tr><td>May-19</td><td>12</td><td>6</td></tr><tr><td>Jul-19</td><td>12</td><td>6</td></tr><tr><td>Sep-19</td><td>12</td><td>6</td></tr><tr><td>Nov-19</td><td>12</td><td>6</td></tr><tr><td>Jan-20</td><td>12</td><td>6</td></tr><tr><td>Mar-20</td><td>12</td><td>6</td></tr><tr><td>May-20</td><td>12</td><td>6</td></tr><tr><td>Jul-20</td><td>12</td><td>6</td></tr><tr><td>Sep-20</td><td>12</td><td>6</td></tr><tr><td>Nov-20</td><td>12</td><td>6</td></tr><tr><td>Jan-21</td><td>12</td><td>6</td></tr><tr><td>Mar-21</td><td>12</td><td>6</td></tr><tr><td>May-21</td><td>12</td><td>6</td></tr><tr><td>Jul-21</td><td>12</td><td>6</td></tr><tr><td>Sep-21</td><td>12</td><td>6</td></tr><tr><td>Nov-21</td><td>12</td><td>6</td></tr><tr><td>Jan-22</td><td>12</td><td>6</td></tr><tr><td>Mar-22</td><td>12</td><td>6</td></tr><tr><td>May-22</td><td>12</td><td>6</td></tr></tbody></table></div></div>		Month	Risk Score	Target Score	Mar-19	12	6	May-19	12	6	Jul-19	12	6	Sep-19	12	6	Nov-19	12	6	Jan-20	12	6	Mar-20	12	6	May-20	12	6	Jul-20	12	6	Sep-20	12	6	Nov-20	12	6	Jan-21	12	6	Mar-21	12	6	May-21	12	6	Jul-21	12	6	Sep-21	12	6	Nov-21	12	6	Jan-22	12	6	Mar-22	12	6	May-22	12	6	Rationale for current score <ul style="list-style-type: none">Self-assessment indicates non-compliance with some Welsh Language Standards.Evidence of non-compliance received via 5 complaints in 2021/22.Direct communication from the Commissioner indicating non-compliance in certain website areas.Reviews suggesting that despite previous efforts the proportion of staff with Welsh language skills is not increasing, harming ability to deliver services in accordance with the standards. Welsh speaking staff are in high demand.	
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May-22	12	6																																																																
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Welsh Language Steering Group continues to monitor progress against the Standards and is sharing and encouraging best practice.Departmental Action Plans updated – compliance self-assessment completed and returned to WL Commissioner. Compliance levels have increased again during 2021-2022. End of year monitoring meetings held with WL Service Leads.This year the health board became compliant with some standards for the first time e.g. Computer Software and Interfaces, translation of policies.Welsh Language Assessments have been integrated into Equality Impact Assessment Process (and associated training sessions) and will be carried out for future developments.New internal translation service has delivered considerable increase in translation volumes and has been well received by staff.Continue to monitor compliance levels within each service area and work with Service Leads to address any gaps in compliance.		Mitigating actions (What more should we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Audit recent recruitment instances to assess compliance with Welsh Language Skills Assessments, with a view to increasing proportion of vacancies that are advertised as Welsh-essential.</td><td>DOTHs</td><td>By end 2021-22</td></tr><tr><td>Produce new Welsh Language content for Corporate Induction outlining individuals' responsibilities with regards the standards.</td><td>DOTHs / WOD</td><td>By end 2021-22</td></tr><tr><td>Internal Audit of signage compliance</td><td>Internal Audit</td><td>During 2022</td></tr></tbody></table>		Action	Lead	Deadline	Audit recent recruitment instances to assess compliance with Welsh Language Skills Assessments, with a view to increasing proportion of vacancies that are advertised as Welsh-essential.	DOTHs	By end 2021-22	Produce new Welsh Language content for Corporate Induction outlining individuals' responsibilities with regards the standards.	DOTHs / WOD	By end 2021-22	Internal Audit of signage compliance	Internal Audit	During 2022																																																			
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	Ongoing review of recruitment practices with recommendations to increase the bilingual skills of the workforce.	DOTHS	During 2022-23
	Develop proposals to address risk of over-expenditure on translation.	DOTHS	End of May 2022
Current Risk Rating	Additional Comments		
4 x 3 = 12			

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CRR 013		Executive Lead: Director of Primary Community Care and Mental Health / Director of Planning and Performance																																				
Risk that: there are delays in accessing treatment in 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.		Assuring Committee: Delivery and Performance																																				
Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4		Date last reviewed: February 2022-May 2022																																				
Risk Rating (likelihood x impact): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12	 <table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>16</td><td>12</td></tr><tr><td>Aug-21</td><td>16</td><td>12</td></tr><tr><td>Sep-21</td><td>16</td><td>12</td></tr><tr><td>Oct-21</td><td>16</td><td>12</td></tr><tr><td>Nov-21</td><td>16</td><td>12</td></tr><tr><td>Dec-21</td><td>16</td><td>12</td></tr><tr><td>Jan-22</td><td>16</td><td>12</td></tr><tr><td>Feb-22</td><td>16</td><td>12</td></tr><tr><td>Mar-22</td><td>16</td><td>12</td></tr><tr><td>Apr-22</td><td>16</td><td>12</td></tr><tr><td>May-22</td><td>16</td><td>12</td></tr></tbody></table>	Month	Risk Score	Target Score	Jul-21	16	12	Aug-21	16	12	Sep-21	16	12	Oct-21	16	12	Nov-21	16	12	Dec-21	16	12	Jan-22	16	12	Feb-22	16	12	Mar-22	16	12	Apr-22	16	12	May-22	16	12	Rationale for current score: Baseline as at end of March 2021 indicates current waiting times excluding diagnostics and therapies as follows: Provider Position – 690 people waiting over 36 weeks and 536 waiting over 52 weeks. Baseline as at end of March 2022 indicates current waiting times including diagnostics and therapies as follows: - Provider Position – 41 people waiting over 36 weeks and 9 waiting over 52 weeks. Prior to the pandemic Powys provided services did not exceed waiting times albeit there was fragility in certain in-reach services which continues to be the case. Whilst slow but steady progress has been made in the last 6 months, the referral rates will likely rise in future months which will increase future demand. Substantial progress has been made to reduce current waiting times. Historical activity levels cannot currently be delivered due to ongoing covid related infection prevention and control measures including social distancing of patients. A key constraint currently is available workforce to operate activity with a specific risk relating to theatres and endoscopy staff. Pre procedure testing arrangements will be reviewed in light of recent changes in guidance. In line with national relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) General Practice has physically seen less patients under these contracts than at pre-Covid levels.
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		Given the current pressures and risk of staff absences in primary and community care services, the Health Board has approved the extension to the end of March for the relaxation for Directed Enhanced Services (DES) and local relaxation for Local/National Enhanced Services (LES/NES) at 75%. General Practice has physically seen less patients under these contracts than at pre-Covid levels.		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)		
		Action	Lead	Deadline
<ul style="list-style-type: none"> Key priorities identified to deliver elective treatments within 52 weeks Insourcing capacity secured to support reduction in waiting times. Executive Committee Strategic Commissioning and Change Group A renewal priority including planned care has developed a proposal for funding to recover waiting times to previous levels as a provider t. Funding has been provided. As part of the renewal priorities, scoping of the establishment and Advice, Support and Prehabilitation service to actively support those awaiting treatment. LES and NES activity levels held at 75% of historical levels from Jan 22 to March 22 (extension of the 75% activity threshold in place until 31st December 2021). LES specifications were temporarily amended to support delivery of enhanced services (in place until 31/03/2022) under the caveat of clinical judgement and responsibility of the clinician to prioritise and manage patient care. GMS annual return used to gain assurance of continued performance in meeting contractual requirement. Specific Enhanced Service audits (NPT, Anticoagulation and Diabetes). Data provided by General Practice across a range of conditions and dialogue with practices and clusters active on next steps. Renewal Priority "Diagnostics, Ambulatory and Planned Care" developing plan for waiting time recovery including recruitment. Programme Manager appointed to support this work, which is being monitored through the Renewal Programme Board. Work is ongoing with clusters and practices to develop proposals for any recovery in line with national discussions with additional funding available to support. 		Establish Advice, Support and Prehabilitation Service	DPP	October 2021 Complete
		Market response to outsourcing provided no options. There remains potential for insourcing and this element of the market process is being progressed in line with procurement rules to confirm if this can be provided. Insourcing capacity secured and full delivery plan in place for completion by end of May 2022	DPCMH	October 2021 May 2022
		Seeking support from NHS Wales Delivery Unit for specific demand and capacity tools which can be used operationally to project, implement and monitor activity on a weekly basis. Work ongoing with DU to ensure this model reflects the specific issues of Powys delivery locations.	DPCMH	October 2021 July 2022

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<ul style="list-style-type: none"> Paper completed summarizing the approach taken by General Practice throughout the pandemic in identifying and prioritizing patients for enhanced services. Review relaxation of LES and NES levels following national position on DES levels, Proposal for rest of the year agreed by Executive Committee. 			
Assurances (How do we know if the things we are doing are having an impact?)	Gaps in assurance (What additional assurances should we seek?)		
<ul style="list-style-type: none"> Monthly waiting time reporting at Delivery Performance Group Reporting at Performance and Resources Committee and Board Monthly meeting with Welsh Government at Quality and Delivery Meetings QAIF clinical indicator achievement Enhanced Service activity/claims Review of Q1 Enhanced service activity/claims to monitor practice achievement towards 75% attainment 			
Current Risk Rating	Additional Comments		
4 x 4 = 16			

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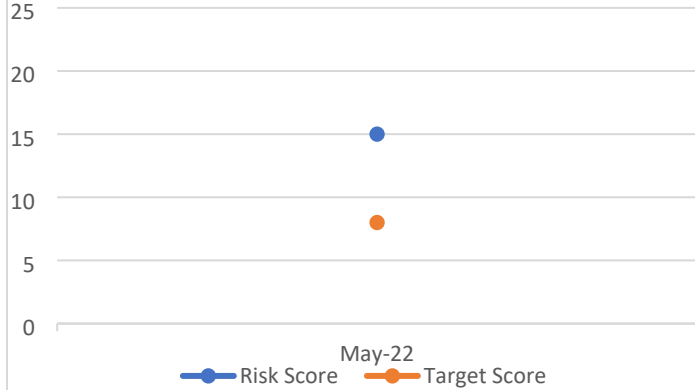
		4. The wider harm to wellbeing caused by population level measures in response to COVID-19.																																	
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)																																	
<p>1. Test Trace Protect programme in place:</p> <ul style="list-style-type: none"> • RT-PCR testing available for the Powys population via the UK online portal; • Contact tracing service operating; • Regional response cell in place for escalated cases and clusters. <p>1. Test Trace Protect programme currently in transition in line with "Together for a Safer Wales":</p> <ul style="list-style-type: none"> • LFT testing available for the Powys population with symptoms via the UK online portal; • PCR testing remains in place for target population via Powys CTUs; • Contact tracing service operating; • Regional response cell meeting monthly or as required. <p>2. Joint management and oversight arrangements in place with Powys County Council, including a joint Prevention and Response Group.</p> <p>2. Joint management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group.</p> <p>3. Working as part of the wider system in Wales through participation in regional and national planning and response arrangements.</p> <p>4. Powys Prevention and Response Plan in place.</p> <p>4. Delivery of "Together for a Safer Future" transition under way.</p> <p>5. Mass vaccination programme in progress.</p> <p>5. COVID-19 Spring booster programme on track</p> <p>6. System resilience plan in place to respond to direct and indirect impact of COVID-19 during the second half of 2021/22.</p> <p>7. Revised our command structures to manage risks. Proportionate governance framework in place (Gold, Silver, Bronze).</p> <p>8. Reprioritisation work completed to enable business continuity planning and staff moved to support fragile operating areas.</p> <p>9. All Wales position on HBs invoking the Local Options Framework being considered.</p> <p>10. In response to difficulties in obtaining LFD stock:</p>		<table> <thead> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> </thead> <tbody> <tr> <td>• Reinforced messages to staff about use of IPC</td><td>PW</td><td>18/12/21</td></tr> <tr> <td>• Build LFD resilience stock held from 7 to 14 days.</td><td>AC</td><td>24/01/22</td></tr> <tr> <td>• Support Welsh Government investigation into failed deliveries.</td><td>AC</td><td>14/01/22</td></tr> <tr> <td>• Workforce 'deep dive' to look at business continuity planning</td><td>JR</td><td>14/01/22</td></tr> <tr> <td>• Planning for TTP transition phase to begin once WG planning assumptions known.</td><td>DPH</td><td>31/03/22</td></tr> <tr> <td>• Draft Interim COVID-19 vaccination plan in place and with quarterly review</td><td>HT/AO</td><td>30/07/22</td></tr> <tr> <td>• Draft TTP Plan in place and with quarterly review</td><td>AO</td><td>30/07/22</td></tr> <tr> <td>• Surge testing plan and surge vaccination plan under development</td><td>AO</td><td>30/06/22</td></tr> <tr> <td>• Staff testing guidance and IPC policies kept under review</td><td>CR/AO</td><td>30/06/22</td></tr> <tr> <td>• Mass Vaccination Plan to be reviewed based on COVID-19 learning</td><td>AO</td><td>30/09/22</td></tr> </tbody> </table>	Action	Lead	Deadline	• Reinforced messages to staff about use of IPC	PW	18/12/21	• Build LFD resilience stock held from 7 to 14 days.	AC	24/01/22	• Support Welsh Government investigation into failed deliveries.	AC	14/01/22	• Workforce 'deep dive' to look at business continuity planning	JR	14/01/22	• Planning for TTP transition phase to begin once WG planning assumptions known.	DPH	31/03/22	• Draft Interim COVID-19 vaccination plan in place and with quarterly review	HT/AO	30/07/22	• Draft TTP Plan in place and with quarterly review	AO	30/07/22	• Surge testing plan and surge vaccination plan under development	AO	30/06/22	• Staff testing guidance and IPC policies kept under review	CR/AO	30/06/22	• Mass Vaccination Plan to be reviewed based on COVID-19 learning	AO	30/09/22
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<ul style="list-style-type: none"> • Agreement with Test Trace Protect at Welsh Government to build and hold a reserve stock. • Order placed to provide stock for 14 day contingency (20,000 tests). • Communications issued to wards and departments not to stockpile LFDs and to return excess stock to Stores. • Promoting LFD reporting by staff via the UK registration platform. • Agreed 'in extremis' support on LFD supply with Powys County Council. <p>10. Staff testing guidance updated and re-issued in May 2022</p> <p>11. Non-essential training stood down to enable business continuity measures to be enacted</p> <p>12. Enhanced rates of pay for staff agreed to improve operational areas</p> <p>13. FFP3 mask usage – decision on 29th December 2021 to continue to follow UK IP&C guidance supporting risk assessed use.</p>			
Current Risk Rating	Additional Comments		
3 x 4 = 12			

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CRR015 – NEW RISK Risk that: If a cyber-attack is successful then one or more critical systems may be out of use resulting in service downtime, loss of data and/or harm to patients.		Executive Lead: Director of Finance, Information, and IT Assuring Committee: Delivery and Performance							
Risk Impacts on loss of systems and impact to recovery timescales		Date last reviewed: May 2022							
<div><div>Risk Rating (Likelihood x impact): Initial: 3 x 5 = 15 Current 4 x 4 = 16 Target: 2 x 4 = 8</div><div>Date added to the risk register May 2022</div></div>	<div><table><caption>Risk Score Data</caption><tr><th>Category</th><th>Score</th></tr><tr><td>Risk Score</td><td>16</td></tr><tr><td>Target Score</td><td>8</td></tr></table></div>	Category	Score	Risk Score	16	Target Score	8	<div>Rationale for current score:<ul style="list-style-type: none">Increased risk of potential Cyber-attack due to current climate and world events.Several reports have highlighted potential areas for improvement.</div>	
Category	Score								
Risk Score	16								
Target Score	8								
Controls (What are we currently doing about the risk?)		Mitigating actions (What more should we do?)							
		Action	<table><tr><th>Lead</th><th>Deadline</th></tr><tr><td></td><td></td></tr></table>	Lead	Deadline				
Lead	Deadline								

<ul style="list-style-type: none"> Recruited a Cyber Security and Compliance Manager lead for the HB. In the process of recruiting a Senior Cyber Security Officer who will be responsible for IT operational controls and monitoring of the HB systems and Infrastructure. Cyber Improvement Plan in place linked to National Digital Health Care Wales (DHCW) and Local Actions. Controls and action in place to strengthen the monitoring of the network, improve anti-virus and Windows defender protection, enhanced end user license to increase protection to mitigate the risk and impact of any attack. Further action to be taken to test Business Continuity and recovery plans across service areas. Monthly Reporting via Governance Structure includes progress / delivery against Cyber Assurance Framework (CAF), this monitors performance and alignment to Security of Network and Information System regulations (NIS) Framework. Procurement and implementation of Solar Winds network monitoring. Windows Defender deployed and Phishing Campaign in place to increase awareness. Annual penetration testing programme in place. Upgraded O365 license to include enhanced E5 Security. Internal Audit report on NIS rated as Reasonable Assurance. 	<p>Increase awareness through the ESR Cyber Security training and make mandatory for all staff to complete.</p>	DFIIT	<p>Paper to Exec Committee to recommend by end of May - aim to complete all training in 4-6 months</p> <p>Board Session to be arranged by July.</p>
	<p>Arrange Board Development Session re Cyber to increase awareness.</p> <p>Develop a Cyber Recovery Response plan in conjunction with Assistant Directors and Heads of Service.</p> <p>Equipment replacement plan and migration from on premise to Cloud.</p>	DFIIT	<p>In Progress</p> <p>Case and timelines being finalised</p>
Current Risk Rating = 16		Additional Comments	
4 x 4 = 16		New risk added to CRR due to current climate	

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Report:	Chief Officer's Report
Author:	Katie Blackburn
Status:	For Information
Date:	25th May 2022 (report to 17th May 2022)

1. Gathering Public and Patient Feedback

As Wales moves beyond the emergency response to the pandemic and many restrictions around social contact have been lifted, we are starting to make plans to go out in the community for some face-to-face engagement. There will be further information on our plans later in this report.

Our main way of engaging with the public at the present time is through digital methods, via our website, social media and email channels. All CHC meetings are held online and CHC members and staff continue to join virtual meetings with other organisations.

A representative from Powys CHC has taken part in the following virtual meetings during the last two months:

3 March	Joint meeting between Shrewsbury & Telford Hospital NHS Trust (SATH), Powys CHC, Shropshire Healthwatch and Telford & Wrekin Healthwatch
10 March	Meeting with Gareth Ratcliffe, Health & Wellbeing Facilitator for mid Powys Primary Care Cluster, regarding communication about health and wellbeing

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15 March	SATH Ockenden Report Assurance Committee
16 March	PAVO Ystradgynlais Community Workers Network Meeting
17 March	Mid Powys Primary Care Cluster Meeting
22 March	Powys Teaching Health Board (PTHB) Audit, Risk & Assurance Committee
28 March	SATH Women's Health Project meeting
28 March	SATH Ockenden Report Briefing Session
29 March	SATH Engagement catch-up
30 March	PTHB Board Meeting
31 March	Welsh Government Planned Care Programme General Surgery Webinar
5 April	SATH Digital Advisory Group
6 April	Shropshire Telford & Wrekin CCG Engagement Network
7 April	Powys Dementia Standards Community Engagement Task Group
12 April	PAVO Knighton & Presteigne Community Workers Network Meeting
14 April	Mid Powys Primary Care Cluster Meeting
25 April	SATH Public Assurance Forum
26 April	PAVO Children & Young Persons Network
28 April	SATH – Meeting with stakeholders to discuss temporary change to Ear, Nose & Throat and Audiology clinics

28 April	PTHB & CHC 'Board to Board' Meeting
5 May	Shropshire, Telford & Wrekin Maternity Voices Partnership Meeting

Some of these meetings provide us with the opportunity to scrutinise what is happening with health services. Other meetings are used to gather information about the work being undertaken by other organisations and also to promote the work of the CHC.

We are continuing our fortnightly online briefing sessions for CHC members. The PTHB Programme Director for COVID Vaccination and Test, Trace, Protect attended the session on 8 April to provide an update on the programme for vaccination of children aged 5-11 and the Spring Booster for people over 75, residents of care homes for older adults and people aged 12 and over with immunosuppression.

These sessions also offer the opportunity for members to raise with the Chair and Chief Officer any issues which they have picked up within their local communities. Any thematic issues and concerns can then be raised with the Health Board through the Chief Officer or through the CHC's Complaints Advocacy Service.

Face-to-Face Engagement

We are developing a plan to recommence face-to-face engagement. We have the following events in the diary and are planning more for the summer months:

16 May	Joint stand with Dementia Friendly Newtown outside Morrisons, Newtown
18 May	Age Cymru HOPE Conference in the Metropole Hotel, Llandrindod Wells
21 & 22 May	Smallholding and Countryside Festival at Royal Welsh Showground, Builth Wells
25 May	PAVO Information & Help Day at Y Plas, Machynlleth

9 June	Presentation to Brecon Probus
18-21 July	Royal Welsh Show

Social Media

- We continue to use social media on a daily basis. We are posting CHC information to our Facebook and Twitter pages. We are using the platform to advertise our meetings and surveys.
- We are increasing our own original content to share on our social media pages.
- We share and re-post information which is provided by Health Boards and Trusts in Wales, Trusts in England, local GP practices, other CHCs, Powys County Council and national NHS organisations.

Surveys

In March, we launched a survey to find out people's experience of using local pharmacies (chemists). It is available online and in paper format. We have sent supplies of the paper survey to our CHC members for them to circulate in their own localities. The link to the survey online is <https://forms.office.com/r/fLGkSQjxyj>

As at 3 May, we have received 436 online responses. We are planning to keep the survey running until the end of May so that we can share it at the Smallholding and Countryside Festival.

The All Wales CHC survey about 'NHS Care Living with COVID' is available online at the following link ow.ly/KzSG50DZWHS and is available in paper format. This survey is regularly shared on our Facebook and Twitter pages and paper copies are also available.

The online survey about maternity services at Shrewsbury & Telford Hospital NHS Trust is ongoing and available for people to complete. The link is <https://forms.office.com/r/5RvpLDm0kv>. We are monitoring and evaluating the public reaction to information which is posted. available online and in paper format. We have sent supplies of the paper survey to our CHC members for them to circulate in their own localities. The link to the survey online is <https://forms.office.com/r/fLGkSQjxyj> .

Reports

The following reports have been published by the Board of CHCs:

- **Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Evidence from the Board of Community Health Councils and the 7 CHCs in Wales**

The evidence focuses on what CHCs heard about people's views and experiences in 3 key areas:

- the impact of delayed care and treatment on people's lives, and those who care for and about them
- test, trace and protect (TTP)
- the COVID-19 vaccination programme so far

The report can be viewed at the following link:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/inquiry-into-the-impact-of-the-covid-19-outbreak1/>

- **Inquiry into the impact of the waiting times backlog on people who are waiting for diagnosis or treatment in Wales: Evidence from the Board of Community Health Councils and the 7 CHCs in Wales**

This report focuses on what CHCs have heard across Wales about the impact of waiting for NHS care and treatment on people's lives, the support available while they are waiting, and the plans and actions being taken by healthcare services to recover from the pandemic.

The report can be viewed at the following link:

<https://boardchc.nhs.wales/having-a-say/what-weve-heard-from-you1/national-reports-accordion/national-reports1/inquiry-into-the-impact-of-the-waiting-times-backlog-on-people-in-wales/>

2. Powys CHC Website

[Home - Powys Community Health Council \(nhs.wales\)](#)

3. Service change and patient engagement:

All Powys CHC meetings have been re-instated and are being attended by members of the public.

At the moment, service changes have predominantly been “urgent” service changes which are considered at the Services Planning Committee.

There were no service changes discussed at the Executive Committee on 10th May 2022.

4. Advocacy

Open Cases as of 1st March 2022: **32**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
5	19	0	4	1	2	1	32

Open Cases as of 1st May 2022: **41**

Pre Local Resolution	Local Resolution	Further Local Resolution	Ombudsman	Continuing Health Care Funding	Redress	Serious Incident Review	Total
4	19	4	9	1	2	2	41

Number of Complaints	Number of Incidents
41	52

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5. New Members

Ministerial Appointments:	Pamela Smith (R&B) Kate Leach (Mont) Fran Bateman (R&B) Sue Bidmead (Mont)
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Third Sector/ PAVO:	Bob Beynon
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Finally.....

Powys CHC would like to extend their continued thanks to all the staff of PtHB for the organisation, dedication and commitment to rolling out the mass vaccination/ booster programme across Powys.

Weekly meetings continue between the CHC and PtHB ensuring that any issues can be resolved as soon as possible.

Thank you.

Katie Blackburn

Prif Swyddog, CIC Powys/ Chief Officer, Powys CHC

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AGENDA ITEM: 3.6a

BOARD MEETING		DATE OF MEETING: 25 May 2022
Subject:	BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS	
Approved and presented by:	Board Secretary	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board Committees.

RECOMMENDATION(S):

The Board is asked to:

- RECEIVE and DISCUSS the summary assurance reports appended to this covering paper

Approval/Ratification/Decision	Discussion	Information
	✓	

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

The following Chair's Assurance Reports with links to confirmed committee minutes are appended for the information of the Board:

Executive Committee

- The Committee Chair's report of the meetings held in March and April 2022 is attached at **Appendix A.**

Audit, Risk and Assurance Committee:

The Committee Chair's Report of the meeting held on 22 March and 26 April 2022 is attached at **Appendix B.**

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 3 May 2022 is attached at **Appendix C.**

Patient Experience, Quality and Safety Committee

- The Committee Chair's report of the meeting held on 24 March 2022 is attached at **Appendix D.**

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Planning, Partnerships and Population Health Committee:

- The Committee Chair's report of the meeting held on 7 April 2022 is attached at **Appendix E.**

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 15 March 2022 is attached at **Appendix F.**

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 27 July 2022.

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Reporting Committee:	Executive Committee
Committee Chair	Carol Shillabeer
Date of last meeting:	4 th May 2022
Paper prepared on:	12 th May 2022

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 23rd March, 4th April, 20th April and 4th May 2022.

23rd March 2022

1. Adult Specialist Learning Disability In-patient Provision

The Committee RECEIVED the item which provided an overview of the Learning Disability National Implementation and Assurance Group. This had been established to develop pathways, standards, and metrics, as part of the national action plan for people with learning disability. Welsh Government had indicated delivery of the local action plan was to be prioritised at executive level, and that RPB membership of the Learning Disability National Implementation and Assurance Group was considered essential. A progress report was submitted in early February 2022. It was noted that an all-Wales audit was underway and was due to be submitted by 9th April 2022 along with a written progress report on plans to deliver the recommendations of the National Collaborative Commissioning Unit report. The national action plan would be an agenda item at Live Well, as a formal subgroup of the Regional Partnership Board, to facilitate further whole system exploration in relation to maximising the Powys offer to people with learning disability, enable the setup of a Powys wide group to develop and implement the local plan.

The Committee welcomed and ENDORSED the inclusion on the Live Well agenda, NOTED the audit was underway and REQUESTED that an

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Annual Report on Learning Disability be brought forward to the Committee.

2. Funding for a Mid and West Wales Regional Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Perpetrator Programme

The Committee received the item on the implementation of the regional perpetrator programmes that Powys Teaching Health Board supported during 2021/22 and the required financial contribution. The proposal to continue the Mid and West Wales approach to improve and build upon the availability of perpetrator intervention programmes via service development projects between 2022 and 2025 was presented. It was noted that the Mid and West Wales VAWDASV Board had requested each statutory partner of the Board to consider making a financial contribution over the next 3-year period (2022/25) to enable the programmes to continue. Each partner's contribution had been based on previously agreed percentage ratios.

The Committee SUPPORTED the item in PRINCIPLE subject to the following caveats:

- Discussion was to be held in relation to acceptance thresholds, particularly the approach to issues with forms.
- The issue of ministerial concerns in relation to the roll out of the IRIS programme in Powys would be highlighted to the Mid and West Wales VAWDASV Board and resolved as soon as possible.
- Checks should be undertaken to ensure budget contributions are tracked and the approach is fair and equitable for Powys.

3. Health Visitor Staffing Principles – impact assessment

The Committee RECEIVED the item which provided the outcome of Health Visiting Staffing Principles Impact Assessment, the potential financial impact and the next steps. It was noted that the scheme had commenced pre-pandemic and concern was raised regarding the implications for the population needs in a rural area such as Powys.

The Committee DISCUSSED and NOTED the Report.

4. International Recruitment

The Committee RECEIVED the item which sought to formalise the Health Board's approach in relation to International Nurse recruitment and provided the Committee with information on the All-Wales International Nurse recruitment programme and update on progress to date. It was noted that Powys had previously requested 21 registrants and committed to 8 registrants in Quarter 1. 7 positions had been offered, five had been accepted and two were yet to accept. Shared Services would manage migration on behalf of the Health Board, and it

was noted that Objective Structured Clinical Examinations (OCSE's) would need to be undertaken. It was suggested that consideration be given to how those recruited by the scheme would be managed whilst at Band 4 as they would be unable to attend in addition to the current establishment.

The Committee AGREED that mechanisms would be put in place to support the 7 anticipated recruits and the longer-term approach would be managed within the same mechanism as variable pay and the establishment. The Committee recognised the need to accelerate this work as the opportunity the internationally recruit may be time sensitive.

5. Discretionary Capital

The Committee RECEIVED the updated paper which had previously been considered by the Committee on 9th March 2022. It was noted that the paper had been updated to reflect the approval of the Llandrindod Wells Programme Business Case by Welsh Government. The Committee recognised that the programme remained flexible but presented a starting point for 2022/34. The Committee SUPPORTED the Discretionary Capital Programme for presentation to the Board.

6. Putting Things Right Policy

The Committee RECEIVED and APPROVED the updated policy and NOTED that a further iteration of the policy, updated to reflect further work due to be undertaken would be forthcoming to a future meeting of the Committee.

7. Corporate Risk Register

The Committee RECEIVED and DISCUSSED the proposed updates to the Corporate Risk Register.

The Committee ENDORSED the update to risk CRR0014 and NOTED that a note would be added to the paper to the Board reflecting the monitoring of cyber security risks in light of developments in Ukraine.

8. Clinical Audit Progress Report

The Committee RECEIVED the item which provided an update on progress of the 2021-22 Clinical Audit Programme and provided the latest draft audit plan for 2022-23. It was noted that the draft audit plan for 2022-23 required further work and would return to the Committee when complete.

The Committee NOTED the report and REQUESTED that the final plan return to the Committee.

9. Mortality Report, including an update from the Medical Examiner for Wales

The Committee RECEIVED the item which provided an overview of the mortality data for the period 1st May 2021 to 31st December 2021 and provided an update on developments in the mortality review process. It was noted that the approach was under a period of rapid development due to the implementation of the Medical Examiner for Wales. Internal Audit had undertaken a review of preparation for the Medical Examiner for Wales and the Mortality Review process and had provided a Reasonable Assurance rating.

The Committee NOTED the report and recognised the improvements made to the Mortality Review system.

10. Annual Leave Provision

The Committee RECEIVED the item which provided an overview of the changes outlined by Welsh Government regarding unused Annual Leave and the actions required by the Health Board to support this process through to the Annual Leave accrual that will be required in the 2021-22 Annual Accounts. The Committee NOTED that this was separate from the process in place to manage the 'Sell Back' Scheme.

The Committee APPROVED the approach

11. Regional Partnership Board Infrastructure Partnership Agreement

The Committee RECEIVED the item which highlighted the development of a written agreement for the provision of the Powys Regional Partnership Board Infrastructure Team. The agreement set out the funding in relation to the Regional Infrastructure Team, which provided management of the Regional Partnership Board functions, as required by duties under Part 9 of the Social Services and Wellbeing Act 2014. The purpose of the agreement was to formalise the use of the Regional Integration Fund (RIF) in delivering the Regional Infrastructure Team, as required by the Welsh Government's RIF guidance.

The Committee DISCUSSED and APPROVED the agreement.

12. Integrated Performance Overview

The Committee RECEIVED the item and noted that due to timing of the Board, the position as at the end of December 2021 had informed the overview and had previously been considered by the Delivery and Performance Committee. It was reported that performance remained stable, with some areas for improvement and positive progress in relation to Planned Care.

The Committee RECEIVED and NOTED the Integrated Performance Overview.

13. Finance Report, Month 11

The Committee RECEIVED the item and noted that the position remained the same as Month 10. The Health Board forecast a break-even position for 2021/22 with Continuing Health Care, Variable Pay and Block Contract Arrangements remaining the main areas of pressure against the plan.

The Committee RECEIVED and NOTED the Finance Report.

14. Overview Nationally Reportable Clinical Incidents (Serious Incidents) and Complex Concerns

The Committee RECEIVED and NOTED the Overview.

6th April 2022

1. COVID-19 Gold Group transition to business as usual arrangements

The Committee RECEIVED the item which proposed the arrangements for moving the COVID-19 Gold Group functions into business as usual arrangements. Changes to the strategic oversight groups were not proposed at this stage, however, it was suggested that a review would need to be undertaken in due course.

The Committee APPROVED the COVID-19 Gold Group transition into business as usual arrangements.

2. Prevention and Response Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

3. Mass Vaccination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Mass Vaccination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

4. Enhanced Rate Request and Impact Evaluation

The Committee RECEIVED the item which presented the enhanced rate impact evaluation and highlighted that the impact had been difficult to provide on a quantitative basis. It was noted that other Welsh health boards had indicated they would be continuing to use an enhanced rate for the forthcoming few months.

The Committee AGREED IN PRINCIPLE the extension of the Enhanced Rate until the end of June 2022. During this time further cost benefit analysis of the Enhanced Rate should be undertaken as well as the development of a long-term strategy.

5. Changes to Patient Testing Framework

The Committee RECEIVED the item which provided an update on the revised Welsh Government Patient Testing Framework, published on the 24 March 2022. The update removed the requirement for the 5-day, post admission testing regime for unscheduled admissions and suggested a move to Lateral Flow Device (LFD) testing for asymptomatic admissions and PCR testing only if the patient is symptomatic on admission or during their stay. It was noted that the revised Patient Testing Framework was guidance only and careful consideration was required as to its implementation and operational deployment.

It was AGREED that fundamental IPC practises should be championed across the Health Board, and it was suggested that a short video be recorded and shared with staff to explain the approach due to the complexity of the situation. It was NOTED that further discussion was required in relation to visiting, RIDDOR reporting and nosocomial transmission.

6. Proposed changes to Stroke Services in Hereford and Worcester

The Committee RECEIVED the item which provided an overview of potential changes to the configuration of stroke and transient ischaemic attack (TIA) services in Hereford and Worcestershire. The proposed changes would affect patients Mid and South Clusters currently accessing services at Hereford County Hospital. Both Worcestershire Acute Hospitals NHS Trust (WAHT) and Wye Valley Hospitals NHS Trust (WVT) currently have Hyper Acute (HASU) and Acute Stroke Units (ASUs) at the Worcestershire Royal Hospital and Hereford Hospital sites respectively. Both units had been significantly challenged around the workforce requirements to deliver the performance standards identified for HASUs and ASUs, including 24/7 access to specialist consultant support, rapid access to diagnostics, access to 24/7 thrombolysis

services and 7-day TIA services. The option being put forward as the preferred model by the Hereford and Worcester Integrated Care System and Stroke Programme Board included:

- Conveyance of all strokes to nearest imaging centre depending on their geographical location.
- Workforce and resources at WVT to support assessment, investigation (CT A/CT P) and treatment 24 7 thrombolysis) in line with national standards (CT/CT A 20 mins of arrival, thrombolysis 60 mins etc).
- Access to telemedicine support, image transfer and stroke specialist from main HASU/ASU site and secondary transfer of confirmed strokes post thrombolysis) to HASU/ASU at WRH (thrombectomy patients to be transferred directly to thrombectomy centre*)
- Access to ESD/ Community Stroke Rehabilitation at place (including in patient rehab)

The Committee NOTED the internal response required and requested the following actions be undertaken:

- Ensure a clear picture of the proposal is received and ensure Powys undertakes its own due diligence in respect of impact for Powys;
- An assessment of the needs of Powys patients should be undertaken and fed into the ICS's assessment; and;
- Scoping work of potential pathway changes to CTMUHB and SaTH should be undertaken.

7. Delivery and Coordination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

8. Nursing Establishment

The Committee RECEIVED the item which proposed an interim establishment for wards resulting from the review of nurse staffing establishments. A presentation was provided to the Committee which provided an overview of the following areas:

- Why a review was necessary;
- Review methodology;
- Findings of the review;
- Positive outcomes;

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- Limitations of the review;
- Immediate actions to be undertaken;
- Recommendations; and
- A three step plan for the short, medium and long-term.

The Committee AGREED that further financial analysis, financial governance, and an understanding of the Health Care Support Worker offer needed to be undertaken. The Committee AGREED that a decision could not be made at this stage, it was suggested that further discussion in relation to the item be undertaken during the meeting of the Informal Executives that afternoon. It was requested that the clarification requested be developed at pace and the item scheduled to return to the Committee for further consideration as soon as possible.

9. Board Secretary Reports:

a. Wales Audit Office, Audit Plan 2022

The Committee RECEIVED the Audit Plan 2022 for information and NOTED that initial conversations in relation to the 2022-23 Structured Assessment would commence in the next few weeks.

b. Audit Recommendation Tracking

The Committee RECEIVED the item which was reported on a regular basis to the Executive Committee and Audit, Risk and Assurance Committee. The Committee welcomed discussion in relation to overdue and high priority recommendations.

c. Welsh Health Circular (WHC) Tracking

The Committee RECEIVED the item which reported to the Audit, Risk and Assurance Committee on a quarterly basis. It was NOTED that the overall implementation status of WHC's was positive.

10. Ukrainian people seeking sanctuary in Wales

The Committee RECEIVED the item which provided an update in relation to current planning for Ukrainian people seeking sanctuary in Powys. The Health Board has engaged in the Dyfed Powys Local Resilience Forum's (DP LRF) Strategic Coordination Group which was established on 17 March 2022.

An Internal Health Board Planning Group had been established on 22 March 2022 and had considered initial actions to support those seeking sanctuary. Trefecca College in Brecon had been identified as a potential Welcome Centre and the Committee was assured that a cross Health Board approach to the response had been implemented with members from across Directorates engaged with the Group.

The Committee DISCUSSED the item and ENDORSED the approach taken by the Health Board.

20th April 2022

1. Prevention and Response Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

2. Mass Vaccination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Mass Vaccination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

3. COVID-19 Vaccination Plan

The Committee RECEIVED the item which provided the immediate way forward to secure the workforce required to:

- deliver the COVID-19 vaccination programme in 2022/23 in order to deliver the current known JCVI requirements;
- be ready for any expansion to the more extensive Welsh Government planning parameters or immediate surge requirements; and;
- to prepare for the expected booster programme.

The Committee APPROVED the plan as an Interim COVID-19 Vaccination Plan. It was REQUESTED that a long term plan for the integration of the service into the business usual arrangements of the Health Board return to the Committee, to enable the integration to take place in readiness for the Autumn on 2022.

4. All Wales Weight Management Pathway year-end monitoring report for 2021-22 and forward plan for 2022-23

The Committee RECEIVED the item and noted that reporting requirements to Welsh Government include the submission by 30 April

2022 of a final year end monitoring report for 2021/22 and an interim forward plan for 2022/23. The Committee recognised the financial implications of the appended business cases, and whilst the broader business case was supported it was noted that the financial support may take some time.

The Committee SUPPORTED the submission of the report and the direction of travel indicated with the caveat that a mapping exercise against other clinical programme areas within the renewal portfolio needed to be undertaken.

5. Delivery and Coordination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

6. COVID-19 Finance Report, Month 11

The Committee RECEIVED the item and noted that a year-end balanced position for 2021-22 had been submitted to Welsh Government, though this had yet to be closed.

The Committee DISCUSSED and NOTED the Report.

7. Integrated Performance Report – Quarter 4 2021/22

The Committee RECEIVED the item which provided an overview of the following areas:

- COVID-19 Infection Reporting
- COVID-19 Vaccination Programme
- Ministerial Measures
- Quadruple Aim 3
- National Outcomes Framework: Performance Scorecard
- NHS Delivery Framework Performance

The Committee DISCUSSED and NOTED the Report.

8. Information Governance Toolkit Out-turn and Improvement Plan

The Committee RECEIVED the item which sought to provide assurance and inform the Committee of the Health Board's performance as assessed by the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2021-2022. An Information Governance (IG) Toolkit Improvement Plan had been developed which highlighted those areas of work required to improve the current score and assurance level in

readiness for the 2022-23 submission. The Committee NOTED that there had been a delay in reporting the 2020-21 assessment due to re-prioritisation of resources for COVID-19.

The Committee AGREED the IG Toolkit Improvement Plan for 2022/23 and APPROVED the publication of the Toolkit scores and final out-turn report in accordance with requirements of the Wales Information Governance Board (WIGB) and to aid in providing assurances to other organisations.

9. Information Governance Performance Report

The Committee RECEIVED the item which provided an assessment against key performance and compliance indicators for information governance (IG) for the period from 1 October 2021 to 31 March 2022. The report provided an overview of performance in the following areas:

- Access to Information Requests: Freedom of Information
- Requests for personal information
- Records Management
- IG Training
- Datix Incidents (Breach Reporting)
- Incident Management and Reporting to the Information Commissioner's Office (ICO)
- Complaints and Learning
- The National Intelligent Integrated Audit Solution (NIIAS)
- Programmes of Work Undertaken
- Information Sharing Agreements

The Committee DISCUSSED and NOTED the Report.

4th May 2022

1. Prevention and Response Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Prevention and Response Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

a. Test, Trace, Protect (TTP) Delivery Plan

The Committee RECEIVED the item and noted that moving forward the aims of TTP would evolve from a whole population approach aimed at breaking the chains of transmission to a more focussed and targeted means of protecting the most vulnerable:

- Focus on protecting the most vulnerable people by:

- Ensuring they can access treatments when they need to
- Limiting their risk of infection
- Keep plans in place so we can respond to any local outbreaks
- Keep surveillance in place so we can detect new variants
- Ensure we can respond to a possible resurgence of the virus

The Delivery Plan sought to set out the initial transition in Powys by July 2022, and the joint governance and management arrangements that will continue to shape and guide the delivery and integration of the service through 2022/23. The plan also provided an overview of key issues and risks, and it was highlighted that there was a need to plan for longer term requirements from July 2022 including surge response, noting that employment contracts for current Powys testing staff end 30 June 2022. Other key constraints included the relocation of the Builth Wells testing unit by end June 2022 due to the Royal Welsh Show.

The Committee APPROVED the Test, Trace, Protect Delivery Plan.

2. Mass Vaccination Strategic Oversight Group Update Report Infection Prevention and Control Report including Nosocomial Update

The Committee RECEIVED the item which provided an overview of work undertaken by the Mass Vaccination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

3. Amendment to Pharmaceutical Needs Assessment

The Committee RECEIVED and noted that when the Health Board published its Pharmaceutical Needs Assessment (PNA) in September 2021, a gap in the provision of five community pharmacy enhanced services (i.e. emergency hormonal contraception, smoking cessation level 3, influenza vaccination, common ailment service and emergency medicine supply) was identified in Llanwrtyd Wells. This was the only gap in pharmaceutical services identified in the PNA across the whole health board's geographical area. On 1st February 2022, there was a change in owner of the pharmaceutical services contract in Llanwrtyd Wells and the new contract holder now provides all the enhanced services that were previously identified as a gap in the PNA.

In accordance with The NHS (Pharmaceutical Services) (Wales) Regulations 2020 now that there has been a change to the availability of pharmaceutical services in Llanwrtyd Wells, the health board is

required to consider whether it is appropriate to make a new assessment of its pharmaceutical needs (i.e. produce, consult on and publish a whole new PNA), where those changes are relevant to the granting of applications to open new or additional pharmacy premises. However, where the health board is satisfied that making a revised assessment would be a disproportionate response to those changes, a supplementary statement of the changes can be produced and published.

The Committee APPROVED the publication of the supplementary statement on the health board's website on the same page as the PNA and a copy of a link to the supplementary statement would be sent to the persons listed in regulation 7 (1) of The NHS (Pharmaceutical Services) (Wales) Regulations 2020.

4. Delivery and Coordination Strategic Oversight Group Update Report

The Committee RECEIVED the item which provided an overview of work undertaken by the Delivery and Coordination Strategic Oversight Group in the previous two weeks.

The Committee DISCUSSED and NOTED the Report.

5. Draft Annual Accountability Report

The Committee RECEIVED the Draft Annual Accountability Report for 2021-22 for consideration and feedback. It was noted that the report constituted one component of the larger document that makes up the statutory Annual Report, comprising the Performance Report, Accountability Report and Financial Statements.

It was requested that the Committee provide any feedback to inform the development of its content, ahead of submission of the Draft Report to Welsh Government and Audit Wales on Friday 6 May 2022.

6. NHS Charities Together Funding Application – PTHB Charity & Workforce and OD

The Committee RECEIVED the item which noted that £55,000 of funding from NHS Charities Together had been ringfenced for PTHB to utilise following the completion of a successful funding application. This funding has a two-year period in which it must be utilised following a successful application.

It was reported that activity to support staff wellbeing remained a key priority for PTHB as an enabler for renewal programmes and within the Organisational Development Strategic Framework. Through a national

approach in conjunction with HEIW, a team-based working toolkit developed by University College Dublin (UCD) and the health services in Ireland is to be trialled and subsequently rolled out across PTHB. The Collective Leadership for Patient Safety Cultures (Co-Lead) toolkit, had been specifically developed with the Compassionate Leadership model in mind and seeks to help meet our goals of creating healthy, well-led team environments. The toolkit itself is an open resource, but UCD are keen to be able to utilise the approach as a research opportunity in Wales and is currently undergoing approval through the research panel.

The proposal that had been developed was a funding request for a 0.5 FTE Band 7 resource for a fixed term 2 years period who will project manage the roll out of this work across the Health Board. They will also facilitate the most challenged teams and support managers and HR Business Partners in sharing and embedding the toolkit.

The Committee APPROVED the funding application and requested an update against milestones return to the Committee.

7. Strategic Objective Report: Quality & Engagement (Wales) Act: Implementation Update

The Committee RECEIVED the item noted that the Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. It was reported that its intention is to:

- support an ongoing, system-wide approach to quality improvement within the NHS in Wales.
- further embed a culture of openness and honesty.
- help drive continual public engagement in the design and delivery of health and social care services.

The Committee received the following next steps to ensure the health board's readiness for implementation:

- Board Support
- Readiness Assessment
- Organisational Vision and Co-creation of a vision
- Skills and Infrastructure Improvement
- Aligning and Coordinating Activity
- Sustaining a health board wide approach

The Committee DISCUSSED and NOTED the Report.

8. Quality Performance Report:

a. Commissioning Assurance Report

The Committee RECEIVED the item which provided an overview of providers in special measures or scored as Level 4 and above under the PTHB Commissioning Assurance Framework (CAF).

The Committee DISCUSSED and NOTED the Report.

b. Serious Incidents and Concerns Report

The Committee RECEIVED the item which provided an overview of the health boards approach to Putting Things Right, including the systems and processes in place to discharge of the function, along with any outputs and outcomes. Reference is made to patient experience and concerns, including complaints and patient safety incidents, for the period June 2021 to end of April 2022, including trends.

The Committee DISCUSSED and NOTED the Report.

c. Inspections and External Bodies Report and Action Tracking

The Committee RECEIVED the item and noted that there had been no new inspections within the reporting period. However, the final report for the HIW inspection of Community Mental Health Services had been received and the actions were now included within monitoring processes.

A dashboard overview of the current position was provided, in relation to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

The Committee DISCUSSED and NOTED the Report

d. Maternity Services Assurance

The Committee RECEIVED the item which provided a position in relation to:

- Maternity Commissioning Assurance Framework
- Commissioned maternity services subject to special measures
- South Powys Programme Maternity and Neonatal Workstream
- Powys Maternity Improvement Plan with HIW Maternity recommendations

- Preparation for External scrutiny with Welsh Government Maternity and Neonatal Performance Board outcomes, progress with Welsh Risk Pool Fetal Surveillance Audit and completion of Internal Audit for Safeguarding Supervision Midwifery recommendations.

The Committee DISCUSSED and NOTED the Report

9. Integrated Quality Report, Directorate of Primary, Community Care and Mental Health

The Committee RECEIVED the item which provided a summary of patient experience and concerns, including complaints, serious incidents from within the women and children (W&C) service group and performance analysis of key metrics for the Quarter 3 (October to December 2021) and Quarter 4 (January to March 2022). The Quarter 3 and 4 report now includes actions from concerns to improve services in Patient Experience feedback. This focus will aid demonstration of shared learning at every opportunity.

The Committee DISCUSSED and NOTED the Report

10. Mental Health Act Compliance & Powers of Discharge Assurance Report

The Committee RECEIVED the item which provided assurance that the services delivered, and Mental Health Act requirements discharged by the Mental Health and Learning Disabilities service group during the reporting period are compliant with the Mental Health Act (1983, as amended 2007).

The Committee DISCUSSED and NOTED the Report

11. Financial Performance Report, Month 12

The Committee RECEIVED and NOTED the Month 12 Financial Performant Report.

Sub-Groups of Executive Committee

The sub-structure of the Executive Committee is under review, therefore all items which would previously have reported via the Sub-Groups of the Executive Committee are reporting to the Executive Committee until the Committee sub-structure is agreed.

ITEMS TO BE ESCALATED TO THE BOARD

There were no matters for escalation to the Board.

NEXT MEETING

The next meeting of the Executive Committee is scheduled for 1st June 2022.

Powell Bethan
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Report of the Executive
Committee Chair

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Board Meeting
25th May 2022
Agenda Item 3.6ai
Appendix A

Reporting Committee:	Audit, Risk and Assurance Committee
Committee Chair	Tony Thomas
Date of last meeting:	26 April 2022
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk & Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 22 March and 26 April 2022. A summary of the meetings held on 22 March and 26 April 2022 are available on the health board's website.

The Board is asked to note that the following matters were discussed at Audit, Risk and Assurance Committee on 22 March:

- Application for Single Tender Waivers
- Approach to 2021-22 Annual Accounts
- Counter Fraud Workplan 2022-23
- Internal Audit Plan 2022-2023
- Audit Recommendation Tracking
- Annual Governance Programme Reporting
- PPV Update and Workplan 2022-23
- Internal Audit Progress Report 2021-22
- Internal Audit Reports:
 - a) Waste Management
 - b) Job Matching and Evaluation Process
 - c) Mortality Reviews
- External Audit Progress Report 2021-22
- External Audit Plan 2022
- WHSSC Audit Tracker

and 26 April 2022:

- Application for Single Tender Waivers
- Charitable Funds Annual Report and Accounts 2021-22 and ISA260 Funds Held on Trust Audit 2021-22 and Funds Held on Trust Audit Plan Audit Recommendation Tracking

- Internal Audit Progress Report 2021-22
- Internal Audit Reports:
 - d) Budgetary Control Report
 - e) Machynlleth Report
 - f) NIS Directive Report
- External Audit Progress Report 2021-22
- Counter Fraud Annual Report 2021-22
- Audit Recommendation Tracking
- Welsh Health Circular Tracking
- Draft Committee Work Programme 2022-23

22 MARCH 2022

COMMITTEE ACTION LOG

The Committee RECEIVED and NOTED the Committee Action Log.

APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee considered the previously circulated report and sought the Committee's ratification of STW requests made between 1 January 2022 and 28 February 2022.

Four STW requests were considered by the Committee, summarised within the table below:

Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective-Retrospective	Appendix Ref
POW-2122-014	Tender	Powys County Council	Gritting Services	Continuation of Arrangements- Value for Money	26-01-2022	£46,000	4 months	Partly Retrospective	A1
POW-2122-017	Tender	Red Cortex	Consultancy	Urgent Interim Arrangement pending Procurement	26-01-2022	£33,260	3 Weeks	Prospective	A2

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POW-2122-015	Quote	Sail Databank	Access to research data system	Sole Supplier	23-02-2022	£18,700	3 years	Prospective	A3
POW2122019	Tender	Parkway Clinic	Dental Surgical Interventions for Children and Young Adults	No NHS Provision available and clinical need	23-02-2022	£80,000	2 years	Prospective	A4

The Committee RATIFIED the approval of the STWs.

APPROACH TO 2021-22 ANNUAL ACCOUNTS

The Committee received an outline of the approach and principles to be adopted for completion of the 2021-22 Annual Accounts together with the planned approach to key financial areas. The approach was based upon Technical Advisory Group (TAG) advice and built upon the approach implemented by the Health Board in 2020-21. Two aspects of the report were highlighted for the Committee's attention:

- In December 2019, Welsh Government confirmed that clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the tax year (2019-20) faced a tax charge in respect of the growth of their NHS pension benefits above their pension savings annual allowance threshold would be able to have this charge paid by the NHS Pension Scheme (by completing and returning a 'Scheme Pays' form before 31st July 2021). The NHS employer would then make a contractually binding commitment to pay them a corresponding amount on retirement. It was noted that Welsh Government was working with the NHS Pensions Agency to identify the estimated costs for each health body and there may be a requirement for each health body to disclose a provision in the 2021-22 accounts, together with identification of the number of staff who have taken up this option. In the event that a provision is required there will be no impact to the reported position of the health board as Welsh Government have advised that the provision will be offset within the financial statements by a debtor to Welsh Government similar to the process for the Welsh Risk Pool. Of concern, however, is the view of the Auditor General for Wales that any provision included within health board accounts for the cost of Scheme

Pays will constitute irregular expenditure and lead to a qualification of the health board's accounts, with the qualification being in respect of the regularity opinion.

- Since the reorganisation of health authorities into health boards in 2003, Powys has accounted for the early retirement-permanent injury provision in respect of former members of staff. This provision although material within the accounts is fully funded by Welsh Government and therefore any financial impact on movement of this provision year on year is reimbursed to the Health Board via an allocation by Welsh Government and as such has no impact on the reported position of the Health Board. The Health Board has proposed to discharge the early retirement provision via a one-off payment during the year and, should this option be exercised, it will eliminate the provision from within the Health Board's Financial Statements with the exception of one remaining case that retired due to permanent injury as this category of retirement cannot be discharged via a one-off payment.

The Committee NOTED and APPROVED the approach to the 2021-22 Annual Accounts.

COUNTER FRAUD WORKPLAN 2022-23

The Committee received the Counter Fraud Work Plan 2022-23 which had been developed in accordance with the new Counter Fraud Standards adopted by Welsh Government. It was noted that full compliance in with the standards was required by 2023-24 and the 2022-23 workplan sought to develop readiness for full implementation of the standards. An updated position against the 2021-22 plan was also provided. The Committee noted that assurance standards had been met for the year and stood Powys in a good strategic position into 2022-23.

The Committee welcomed and RATIFIED the Counter Fraud Work Plan 2022-23.

INTERNAL AUDIT PLAN 2022-23

The Committee received the item which provided a detailed overview of the work to be undertaken in the forthcoming year, the corresponding internal audit resources required to deliver the plan and the Internal Audit Charter. It was noted that the plan had been developed to comply with Public Sector Internal Audit Standard 2010 – Planning, to enable the Head of Internal Audit to meet the key annual objectives. The following key components were highlighted to the Committee:

- consideration of key governance and risk areas;
- organisation based audit work;

- follow-up;
- work agreed with the Board Secretaries, Directors of Finance, other executive peer groups, or Audit Committee Chairs;
- the impact of audits undertaken at other NHS Wales bodies that impacts on the Health Board, namely NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW), WHSSC and EASC; and
- where appropriate, Integrated Audit & Assurance Plans will be agreed for major capital and transformation schemes and charged for separately.

It was reported that, in addition to the above, the Head of Internal Audit had met with a number of Health Board Executives and Independent Members to discuss current areas of risk and related assurance needs. The draft Plan had also been considered by the Health Board's Executive Committee to ensure Internal Audit focus was best targeted to areas of risk.

The Committee APPROVED the Internal Audit Plan for 2022-23, the Internal Audit Charter and NOTED the associated Internal Audit Resource requirements and Key Performance Indicators (KPIs).

AUDIT RECOMMENDATION TRACKING

The Committee received the item which provided an overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services.

The Head of Internal Audit highlighted to the Committee that a review of the Audit Recommendation Tracker and the accuracy in relation to key actions and risks was due to be undertaken in the coming weeks as part of the Internal Audit Plan. The resulting report would be brought forward to a forthcoming meeting of the Committee.

The Committee DISCUSSED and NOTED the position in relation to the implementation of audit recommendations.

ANNUAL GOVERNANCE PROGRAMME REPORTING

The Committee received the item which provided an update against the previously agreed priorities as of 31 December 2021. It was noted that progression against several items had lost momentum as a result of the pandemic and it was noted that this issue had been apparent across Welsh health boards. The programme would be refreshed in 2022-23 and it was reported that the implementation of the

Board Assurance Framework remained a key priority; the Committee was assured that this was under development.

The Committee RECEIVED and NOTED the Annual Governance Programme Report.

POST PAYMENT VERIFICATION (PPV) UPDATE AND WORKPLAN 2022-23

The Committee received an update in relation to performance over the current, and two previous PPV cycles as well as overall performance against national benchmarking. It was noted that PPV provided assurance in all contractor disciplines, except for General Dental Services.

The Committee RECEIVED and NOTED the Report.

INTERNAL AUDIT PROGRESS REPORT 2021-22

The Committee received the item which provided an overview of the progress to date against the 2021-22 Internal Audit Plan. It was noted that three audits had been finalised since January; 10 audits had been completed to date; one was in draft; five were ongoing and three were in the planning stage. At the meeting of the Committee on 20 January 2022 it was agreed that four audits would be removed from the 2021-22 plan. 19 audits remained in 2021-22 which provided sufficient coverage to produce the Head of Internal Audit Opinion 2021-22. It was confirmed that the four audits removed would be taken forward into the 2022-23 Internal Audit Plan.

The Committee DISCUSSED and NOTED the Progress Report.

INTERNAL AUDIT REPORTS:

- a) **Waste Management (Reasonable Assurance)**
- b) **Job Matching and Evaluation Process (Reasonable Assurance)**
- c) **Mortality Reviews (Reasonable Assurance)**

The Committee RECEIVED and NOTED the Internal Audit reports.

EXTERNAL AUDIT PROGRESS REPORT 2021-22

The Committee received the report and noted that there were two financial audits underway; the audit of the 2021-22 Annual Accounts was at the planning stage

and the draft Charitable Funds Accounts 2021-22 audit report was with the Health Board's finance department for review.

There was also an audit of the Health Board's Renewal programme which had completed field work and was due to be considered by the Health Board's Chief Executive prior to reporting to the next Committee. Four audits in relation to the system of unscheduled care were due to be completed by April 2022. The Committee NOTED that the forward workplan for the Audit General Wales was included within the report which was out for consultation at the time of the meeting.

The Committee DISCUSSED and NOTED the External Audit Progress Report.

EXTERNAL AUDIT ANNUAL PLAN 2022

The Committee received the item which highlighted the following audit of financial statement risks:

- Management Override
- Scheme Pays
- Any errors in the Remuneration Report 2021-22
- COVID-19 pressures
- Financial duty to break even over a three-year period
- IFRS 16

and the following the following overview of planned performance audit work in 2022:

- NHS Structured Assessment
- All-Wales Thematic work
- Locally focus work
- Implementing previous audit recommendations

The Committee DISCUSSED and NOTED the External Audit Plan 2022.

WELSH HEALTH SPECIALISTED SERVICES COMMITTEE (WHSSC) AUDIT TRACKER

The Committee RECEIVED and NOTED the Report for information.

Powell Bethan
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26 APRIL 2022

COMMITTEE ACTION LOG

The Committee RECEIVED and NOTED the Committee Action Log.

APPLICATION FOR SINGLE TENDER WAIVERS (STWs)

The Committee considered the previously circulated report which sought the Committee's ratification of the STW request made between 1 March 2022 and 31 March 2022.

One STW request was considered by the Committee, summarised within the table below:

Single Tender Reference	Request to waive QUOTE or TENDER threshold	Name of Supplier	Item	Reason for Waiver	Date of Approval	Value £	Length of Contract	Prospective/ Retrospective	Appendix Ref
POW2122018	TENDER	Adcuris Consulting	Demand Capacity and Financial Modelling In Support of service change for Strategic Outline Case	Continuation of work linked to previous undertaking and timescale	09/03/2022	£70,000	1 month	Prospective	A1

The Committee RATIFIED the approval of the STW.

CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS 2020-21 AND ISA260 FUNDS HELD ON TRUST 2020-21 AND FUNDS HELD ON TRUST AUDIT PLAN 2021-22

The Committee received the item and noted that Powys Teaching Health Board as Corporate Trustee must provide to the Charity Commission an Annual Report and Accounts for the year ended 31st March 2021 for the Powys Teaching Local Health Board Charitable Fund that has been subject to Statutory Audit by External Audit and approved by the PTHB Board. The deadline for this submission was 31st January 2022 but due to additional testing and an historic issue with complex accounting adjustments to be dealt with this deadline had not been met. The Charity Commission had been informed by the health board the reason for the delay in the submission.

External Audit provided an overview of the findings of the ISA260 and highlighted three key issues:

- The Charity uses a cash-based financial system, and manual accruals have to be identified and adjusted for. This has resulted in material misstatements to the financial statements.
- Material investment properties left to the Charity have been identified, that were previously not recognised within the financial statements.
- In addition to the specific issues and recommendations above, various other issues within the financial statements were identified.

The Committee REVIEWED the Charitable Funds Annual Report and Accounts for the period to 31 March 2021 and RECOMMENDED that the Charitable Funds Committee requested Board approval as Corporate Trustee.

INTERNAL AUDIT PROGRESS REPORT

The paper provided an overview of the progress to date against the 2021-22 Internal Audit Plan. It was noted that since the last meeting of the Committee three audit reports had been finalised. There were 19 audits included in the 2021-22 plan, 13 of which were complete, 5 were in progress and 1 was at the planning stage. It was anticipated that the Draft Head of Internal Audit Opinion for 2021-22 would be presented to the Committee in May 2022, followed by the final iteration in June 2022. The Head of Internal Audit indicated that based upon the work undertaken to date the opinion would be positive in nature and suggested that a rating of reasonable assurance was likely. Committee members welcomed the feedback and expressed their thanks to Internal Audit colleagues for the work undertaken throughout the year.

The Committee DISCUSSED and NOTED the Progress Report.

INTERNAL AUDIT REPORTS:

d) **Budgetary Control Report (Reasonable Assurance)**

The Committee received the report which had evaluated and determined the adequacy of the systems and controls in place for budgetary control. The review had resulted in a Reasonable Assurance rating and one medium priority recommendation had been provided.

e) **Machynlleth Report (Reasonable Assurance)**

The Committee received the report which had been undertaken to review the delivery and management arrangements in place to progress the Machynlleth Hospital Reconfiguration project; and the performance, for the period March 2020 to December 2021, against its key delivery objectives i.e. time, cost and quality. It was noted that following discovery of unforeseen issues during the

demolition works the project costs have risen significantly. Project changes to date (including the unforeseen issues) have totalled £1.135m, giving a current reported forecast overspend of £180k. This includes full utilisation of the project contingency at the current stage of the project (i.e. 34% programme complete). These financial pressures necessitated the transfer of £349k from the discretionary capital budget. Management had stated that the associated reported delays, 7 weeks to date, would not adversely impact on service delivery (recognising services continue to operate from alternative locations for the duration of the project). Key issues reported included:

- The need to ensure the timely completion of contract documentation at future projects;
- The ongoing review / development of the project risk register to ensure key details are captured; as well as considering the remaining project risks and available contingencies.
- Procedures for signing of contract documentation need to be developed to ensure any specific additional risks highlighted (including the absence of liquidated and ascertained damages) are accepted at the appropriate level of delegation; together with the enhancement of existing checklists.
- Recognising the extent of the cost escalation at such an early stage of the progression of the works, there is a need to evaluate the sufficiency of the structural and condition surveys undertaken during the design development stages to assess the impact on the affordability of the project and to determine any future actions.

Noting the priority ratings of the issues identified, a reasonable assurance rating had been determined. The Committee NOTED that a recommendation within the report had not been agreed by management, however was assured that the Chief Executive would keep the matter raised under close personal review.

a) NIS Directive Report (Reasonable Assurance)

The Committee received the report which had reviewed the arrangements in place for the implementation of the NIS Directive in the Health Board, including the Cyber Assessment Framework (CAF), improvement plan and overarching governance. The review had resulted in a Reasonable Assurance rating. Three medium priority and one low priority recommendations had been made.

The Committee RECEIVED and NOTED the Internal Audit Reports

EXTERNAL AUDIT PROGRESS REPORT 2021/22

The Committee received the report which provided the Committee with an update on current and planned Audit Wales work. An overview of work underway was provided including, Renewal, Unscheduled Care and CHC. It was noted that the Structured Assessment project brief was included within the report which was due

to be issued in May 2022. A further overview of financial audits underway was provided and it was highlighted that a key focus was preparation for the audit of the Financial Accounts for 2021-22

The Committee DISCUSSED and NOTED the External Audit Progress Report.

COUNTER FRAUD ANNUAL REPORT 2021-22

The Committee received the report, and it was noted that metrics had been measured against the Fraud, Bribery and Corruption Standards for NHS Wales Bodies (the Functional Standards), though the standards were not required until 2022-23. The report provided detail in relation the work completed against each of the components relating to governance actives and counter fraud, bribery and corruption practices undertaken during the year, against a Red, Amber, Green (RAG) rating system.

The Committee DISCUSSED and NOTED the Counter Fraud Annual Report.

AUDIT RECOMMENDATION TRACKING

The Committee received the item which provided an overview of the current position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services.

The Committee DISCUSSED and NOTED the Audit Recommendation Tracking Report.

WELSH HEALTH CIRCULAR TRACKING

The Committee received the item which provided an overview of the current position relating to the implementation of Welsh Health Circulars (WHCs). It was noted that the position was positive and an overview of WHCs implementation progress in year would be included within the Annual Accountability Report 2021-22.

The Committee DISCUSSED and NOTED the Welsh Health Circular Tracking Report.

DRAFT COMMITTEE WORK PROGRAMME 2022-23

The Committee received the draft workplan for and noted that work was underway across the health board's committees to develop workplans aligned to the strategic objectives within the Integrated Medium Term Plan 2022-25.

The Committee RECEIVED and NOTED the draft Committee Work Programme 2022/23.

ITEMS FOR ESCALATION TO THE BOARD

There were no matters for escalation to the Board.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 13 June 2022.

Powell Bethan
05/24/2022 16:26:24



Reporting Committee:	Delivery & Performance Committee
Committee Chair	Mark Taylor
Date of last meeting:	3 May 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Delivery and Performance Committee took place on 3 May 2022.</p> <p>The Board is asked to note that the following matters were discussed at Delivery & Performance Committee on 3 May 2022:</p> <ul style="list-style-type: none">• Draft Performance Report section of the Annual Report• Information Governance Toolkit Out-turn• Financial Performance Report Month 12 2021/2022• Overview of Renewal Strategic Portfolio developments, including progress and risks• Integrated Performance Report Quarter 4 2021/22• Information Governance Performance Report• Committee based Risk Register <p>There were no items for information at Delivery & Performance Committee on 3 May 2022.</p> <p>A summary of the key issues discussed at the meeting is provided below.</p> <p style="text-align: center;">----- Tuesday 3 May 2022 -----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received the action log, and the following updates were provided and agreed closure:</p> <p>D&P/21/27: Investigate reason for high level of GP Absence. A review has been undertaken where high levels of incidents and system</p>	



pressures are apparent. The health board are currently providing support to Powys wide General Practices. Committee members were assured of progress and agreed to close the action.

DRAFT PERFORMANCE REPORT SECTION OF THE ANNUAL REPORT

The Committee received the report and highlighted that this report is one component that makes up the statutory Annual Report. It is structured to provide an account of progress against the Powys Teaching Health Board Annual Plan for 2021/2022, which has been agreed initially in draft form to Board on 31 March 2021 and submitted to Welsh Government. The final version of the Annual Report would subsequently be presented for approval to Board on 14 June 2022 ahead of submission to Welsh Government on 15 June 2022.

It was noted that key performance data and supporting intelligence inclusive within the report is current information available at the time of inclusion of Committee papers. The Committee were advised that further update would be carried out for inclusion of the final report in June 2022, where further year end data would be available.

The Draft Performance Report was NOTED, and feedback was provided by the Committee to inform the final version of the Performance Report section of the Annual Report.

INFORMATION GOVERNANCE TOOLKIT OUTTURN

The Committee received the Information Governance Toolkit Report which outlined the health boards performance as assessed by the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2021-2022.

It was highlighted that the toolkit contains assessed categories that determine the level of assurance achieved. It was highlighted that each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). When developing the toolkit assessment, it was agreed across NHS Wales that a Level "0" should be put in place to demonstrate that Level 1 requirements have not yet been met but work is underway to meet this level.

The Improvement plan has been developed to highlight those areas of work required to improve the current score and assurance level ahead of the 2022-2023 submission. The toolkit is a self-assessment tool which enables organisations to measure their level of compliance against national Information Governance standards and legislation.



The Committee were advised that there has been a delay in reporting the 2021-2021 assessment due to the re-prioritisation of resources for Covid-19. It was noted that while the toolkit demonstrates IG performance, some aspects are also assessed under the biennial Welsh Cyber Assurance Process (WCAP).

The committee APPROVED the publication of the toolkit scores and final out-turn report.

FINANCIAL PERFORMANCE: MONTH 12, 2021/2022

The Committee received the Financial Performance Report which provided an update on the March 2022 (Month 12) Financial position including Financial Recovery Plan (FRP) delivery and Covid.

It was highlighted that as per 2020/21 spend in relation to Covid-19, is included in the overall position but is offset by an anticipated or received allocation from Welsh Government, as per the planning assumptions and so is not directly contributing to the Year to Date £0.08m under spend.

It was highlighted that excluding Covid-19, the areas of overspend which continue to be a concern as we move into the next financial year, are the growth in Continuing Health Care costs and ongoing increase above historic trend in variable pay. This was noted as a recurrent impact on the 2022/2023 plan. The health board continues to forecast a balanced year end position, with the total revenue spend in 2020/2021 at £393 million.

The Committee DISCUSSED and NOTED the Month 12 2021/22 financial position.

OVERVIEW OF RENEWAL STRATEGIC PORTFOLIO DEVELOPMENTS, INCLUDING PROGRESS AND RISKS.

The Committee received the Renewal strategic Portfolio Developments report which articulates a collection of programmes, all of which provide potential new solutions to care which are based across Value Based Healthcare in order to improve costs, care, and outcomes. The portfolio of programmes drives forward recovery and longer-term service 'Renewal' in response to the pandemic with a key focus on: Emergency and frailty care, cancer, respiratory, circulatory, and mental health conditions, Children and Young people, diagnostics, ambulatory and planned care stream.



The report provides an overview of the Renewal priorities which focus on the things which will matter most to the wellbeing of the population of Powys. The scale of the challenge, and of the opportunity, requires new radical solutions using a Value-Based healthcare approach.

During December 2021 and January 2022, the programmes were stood down (and many staff redeployed) to help respond to the immediate demands of mass vaccination and Omicron. Nearly all programmes are back up and running but this, coupled with earlier recruitment challenges, has affected progress. Despite this, significant steps were still taken in the last quarter to address delayed care for patients including;

- in-sourcing additional capacity for pre-operative assessment, outpatient appointments in general surgery, oral surgery, and endoscopy with just under 200 additional appointments provided to date
- new clinical equipment installed for ophthalmology, endoscopy, and lung function testing (and secured for teledermatology)
- 139 patients with delayed respiratory follow-up in north Powys were reviewed through a strengthened multidisciplinary team with 73 patients either to be discharged or to receive alternatives to consultant care
- Powys managed patients waiting more than 26 weeks contacted, with 21% indicating they may no longer need to be on a waiting list, which is to be confirmed clinically
- strengthened information about wellbeing advice and sources of support made available
- school vision screening letters distributed to parents of children missed due to Covid-19
- tests made available across primary care in Powys in relation to symptomatic bowel cancer - with learning sessions in relation to Cancer involving just under 400 clinicians and other staff
- virtual pulmonary rehabilitation continuing to reduce waiting times
- and an external Getting it Right First Time Review of orthopaedics completed to guide the way forward.

The Renewal Strategic Portfolio, including Progress and Risks was DISCUSSED AND NOTED.

INTEGRATED PERFORMANCE REPORT – QUARTER 4 2021/2022

The Committee received the Integrated Performance Report noting that the data provided is the latest available performance update against the phase one Ministerial Measures. It was highlighted that Performance for the health board remains challenging against the key Welsh Government metrics that are used to assess improvement towards the 'A Healthier Wales' ambitions priority areas. The key areas that remain challenging are linked to the ongoing Covid-19 outbreak exacerbating pressures with ongoing fragility for Planned care with in-reach consultant led services.

The Committee were advised that in response to supporting and maximising repatriation to improve acute flows, the health board has placed further focus on increased management input into Powys bed flow which aims to maximise provider beds in supporting demand and reducing repatriation delays to a minimum.

The Integrated Performance Report was DISCUSSED and NOTED.

----- **INFORMATION GOVERNANCE PERFORMANCE REPORT**

The Committee were provided with an overview of the assessment against key performance and compliance indicators for information governance (IG). The reporting period of the report covers both Quarters 3 and 4, from 1 October 2021 to 31 March 2022.

The Committee were advised that a total of 166 requests were received (1 October 2021 – 31 March 2022) to access information. This is a slight decrease of 13.8% when compared to the same period in 2020/21 (189 requests). It was highlighted that the overall compliance remains below the Information Commissioners target of 90% with continuous improvements being made. It was noted that the dashboard is a work in progress and further work will be implemented to identify longer trends.

A project plan is in place to steer a significant piece of work over the next 9 months to retrospectively register all projects/initiatives that have previously required IG input. The purpose is to ensure all programmes are in one place within the IG file structure to enable more accurate searching and comply with records management. This will aid future project development, prevent duplication of work, and assist with cost savings. It will also enable more accurate KPIs to better manage provision of resources within the team to provide the support required.

The Information Governance Performance Report was DISCUSSED and NOTED.



COMMITTEE BASED RISK REGISTER

The Committee were provided with the end of April 2022 version of the committee risk register. The Committee risk register reflects the summary of the significant risks identified as requiring oversight by this lead committee. The risks also include widespread risks beyond the local area and for which the cost of control is reviewed by the Executive Committee on a bi-monthly basis. It was also noted that there is clear correlation between the Committee and Board in terms of providing oversight and assurance.

The Committee discussed the potential for a further consideration of Finance risk balance across the three-year cycle. The current in year short term risk reporting mechanism which is currently monitored monthly is working well with a review of risks not being delivered, in addition to a future reporting position. Consideration would be given as to the best way to present this future look ahead.

It was highlighted that the Unscheduled Care risk, access to emergency care services for Powys residents, is not articulated within the risk management matrix. Consideration would be given to focus on the Corporate Risk Register reporting at Executive Committee in order review the pattern assessment of risks within the financial year. It was discussed and agreed that directorates would demonstrate the mitigation feature of each risk identified within the Corporate Risk Register during Committees going forwards.

The Corporate Risk Register was DISCUSSED and NOTED.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

NEXT MEETING

The next meeting of the Delivery and Performance Committee will be held on 23 June 2022.

Powell Bethan
05/24/2022 16:26:24



Reporting Committee:	Patient Experience, Quality and Safety Committee
Committee Chair	Kirsty Williams
Date of last meeting:	24 March 2022
Paper prepared by:	Interim Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the new Patient Experience, Quality and Safety Committee took place on 24 March 2022.</p> <p>The Board is asked to note that the following matters were discussed at Patient Experience, Quality and Safety Committee on 24 March 2022:</p> <ul style="list-style-type: none">• Inspections and External Bodies Report and Action Tracking• Infection Prevention and Control Report, including nosocomial Update• Annual Report of the Accountable Officer for Controlled Drugs• Safeguarding: Annual Report, Internal Audit Report, Midwifery Safeguarding Supervision• Clinical Audit Progress report• General Medical Practice Access Review• Mortality Report, including update on the Medical Examiner for Wales• Committee based Risk Register <p>A summary of the key issues discussed at the meeting is provided below.</p> <p>-----</p> <p>Thursday 24 March 2022</p> <p>-----</p> <p>COMMITTEE ACTION LOG</p> <p>The Committee received and discussed the Committee Action Log.</p> <p>-----</p>	



INSPECTIONS AND EXTERNAL BODIES REPORT AND ACTION TRACKING

The Committee received the item which articulated the receipt and outcomes of regulatory inspections that have occurred during the reporting period and shared the Health and Social Care Regulatory Reports dashboard.

The Committee DISCUSSED and NOTED the report requesting that information was provided to understand the barriers to implementation of the recommendations and risk that the Health Board is carrying by non-completion of some old recommendations.

INFECTION PREVENTION & CONTROL REPORT – INCLUDING NOSOCOMIAL UPDATE

The Committee received the report which provided members with oversight and assurance on activity regarding Infection Prevention and Control (IPC) compliance standards during Quarter 3 2021/2022.

Attention was drawn to increasing numbers of *Clostridioides difficile* infection in the Health Board which reflected a national increase in cases.

All health boards have been given funding to investigate potential nosocomial infection and in the Health Board this will be used to strengthen the Putting Things Right Team.

The Committee DISCUSSED and NOTED the Infection Prevention and Control Report.

ANNUAL REPORT OF THE ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS

The Committee received the report and attention was highlighted to the Controlled Drugs Local Intelligence Network which met quarterly. The relationship with the Police was improving with information regarding diversion of medicines and 'swap shops'. Over the period October 2020 to September 2021 39 incidents had occurred including medicines missing from PTHB sites and a practitioner prescribing to friends and family. CCTV is in the process of being installed on two sites (Newtown and Welshpool) and further work is underway with the possibility of introducing the Abloy Cliq system (programmable drug cupboard keys allocated to identified staff) to all Powys hospital sites. The Abloy Cliq system will provide a full audit trail of access to medicines on our wards.

The Committee were advised that work was ongoing regarding musculoskeletal and orthopaedic pathways which would link with the Chief Pharmacist in respect of pain management.



It was raised that it was necessary to inform patients of the potential savings in prescribing arrangements.

The Committee DISCUSSED the report and requested consideration be given to the sharing of a Patient Story on this issue.

SAFEGUARDING: Annual Report

Members of the Committee received the Safeguarding Annual Report which covered the period 2020-21 and should be read in the context of the covid-19 pandemic which resulted in the close down of society and a decrease in the support available to families.

It is known that County Lines exist and that there are vulnerable children but there are systems in place to support these children from Maternity Services, through Health Visiting Services, School Nurses, the Team around the Child as well as work with the Police and Mental Health Services. It will be necessary to ascertain what is in place and where any gaps are, or where services need to be strengthened to support vulnerable children

Internal Audit Report – Midwifery Safeguarding Supervision

The Committee received the report noting the links between the Midwifery team and Safeguarding team which had been a significant step.

The Internal Audit Report – Midwifery Safeguarding Supervision Report was NOTED and would be monitored via the Inspection Tracker Report.

CLINICAL AUDIT PROGRESS REPORT

The Committee received the Clinical Audit Progress Report and draft audit plan for 2022-23 was NOTED.

MORTALITY REPORT, INCLUDING AN UPDATE ON THE MEDICAL EXAMINER FOR WALES



The Committee received the report covering mortality data for the period 1 May 2021 – 31 December 2021. During this period 2 reviews were identified as requiring additional work and were currently in the Stage 2 process.

The Medical Examiner is starting work on two sites in the Health Board shortly and will be looking at further back than the current reviews that only cover a 2–3-week period.

Internal Audit have reviewed the service, giving helpful feedback and reasonable assurance.

The Mortality Report was DISCUSSED, and the assurance received regarding availability of local palliative care was welcomed.

GENERAL MEDICAL PRACTICE ACCESS REVIEW

The Committee received the Access Review and detailed the support provided by the Health Board. The Access Survey was undertaken between 15 and 19 November 2021 with 15 of the 16 Powys practices taking part. The Survey found that demand can be met with 15,520 appointments available to meet the demand of 13,000 requests.

It was highlighted that whilst the Primary Care Portfolio was moving as of 1 April 2022, the Director would retain an interest in the digital programme.

The GMS Access Review was DISCUSSED and NOTED.

COMMITTEE BASED RISKS ON CORPORATE RISK REGISTER

The Committee received the Committee based Risks on the Corporate Risk Register. This will be a standard item on the agenda to increase visibility of the risks that are held and an opportunity for Members to review the content of the meeting to ascertain if assurance has been provided.

The Committee Risk Register was DISCUSSED and NOTED.

SERIOUS INCIDENTS AND COMPLEX CONCERNS OVERVIEW

It was advised that this item had been discussed in an earlier In-Committee meeting.

ANY OTHER URGENT BUSINESS



There was no other urgent business.

Thanks were expressed to the Independent Member Third Sector who had come to the end of their term of office for their commitment to the work of the Health Board on behalf of the Committee.

ITEMS TO BE ESCALATED TO THE BOARD

It was advised to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.

NEXT MEETING

The next meeting of the Patient Experience, Quality and Safety Committee will be held on 12 May 2022.

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05/24/2022 16:26:24

Reporting Committee:	Planning, Partnerships and Population Health Committee
Committee Chair	Rhobert Lewis
Date of last meeting:	7 April 2022
Paper prepared by:	Interim Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 7 April 2022.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 7 April 2022:

- **Regional Partnership Board Programmes Reporting: Start Well, Live Well and Age Well.**
- Strategic Change Report
- Strategic Weight Management Pathway, Levels 1-4 Overview Report
- Smoke Free Premises and Vehicles Regulations (2018) Compliance Report
- Committee based Risks on the Corporate Risk Register
- Wellbeing Assessment and Population Assessment

A summary of the key issues discussed at the meeting is provided below.

7 April 2022

COMMITTEE ACTION LOG

The Committee received the action log and the following updates were provided.

- PPPH/21/22: To provide an update on changes to Integrate Care Funding to be brought to future meeting. ***The Committee AGREED for a summarised report to be brought back for information.***
- PPPH/21/23: A review of the models of care within the North Powys Programme given the review of SAIL to be brought forward in the 2022/23 Committee work programme. ***The Director of Planning and Performance to clarify timescales.***

• PPPH/22/01: The Committee were informed that a review of progress against the Health and Care Strategy would be undertaken in Q1 of

2022/23. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022. ***The Director of Planning and Performance to clarify timescales.***

- PPPH/21/24: Executive Team to reflect upon Powys's interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan. ***This is being reflected in the current work being undertaken on Committee work plans. Timescales to be confirmed***

The following Actions had been completed and would be closed:

- PPPH/21/19: Matters that had been deferred into 2021/22 would be scheduled to return to committee for consideration in 2022/2023. RPB – Start Well, live well age well.
-PSB update - Population Health and Wellbeing assessment
-Smoke free Premises
-Weight management
-School age screening
Items are set for discussion with the exception of School Age Screening which is due for discussion at the Delivery and Performance Committee on 3 May 2022.

PPPH/21/08: It was clarified that the population health priorities would inform the IMTP development for 2022/23. This is reflected within the IMTP priorities.

REGIONAL PARTNERSHIP BOARD PROGRAMMES REPORTING: START WELL, LIVE WELL AND AGE WELL

The Committee received the item which highlighted the Welsh Government decision to extend the IMTP submission deadline to the 31 March 2022, in recognition of the system pressures across NHS Wales. The report provided an interim update as work on the development of the IMTP had been partially suspended to enable organisational capacity to focus on system resilience and surge planning. It was anticipated that final work on the IMTP would resume in late January 2022/early February 2022, subject to national/local escalation requirements. It was expected that the IMTP would be submitted for consideration and approval to the PTHB Board on 30 March 2022.

Committee members were provided with an overview of:

- Overarching Well-being Objectives, Strategic Priorities and Directorate Priorities.
- 2022/23 Financial Allocation and Financial Plan.
- Ministerial priorities and measures which had informed the IMTP Draft.

The Committee DISCUSSED and NOTED the report.

REGIONAL PARTNERSHIP BOARD PROGRAMMES REPORTING: NORTH POWYS WELLBEING PROGRAMME MEMORANDUM OF UNDERSTANDING

The Committee received the item which provided the committee with an overview of the long-term vision of the health and care strategy which identifies the importance of enabling people to 'Start Well, Live Well and Age

Well' through a focus on well-being, early help, and support, the big four health challenges and joined up care.

Powys' Regional RPB work is driven by the following RPB Partnerships and Programmes.

- start Well
- live Well (Removing Disability Barriers)
- live Well (Mental Health)
- age Well

The Start Well Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need, whilst helping ensure to address the needs that are more clearly understood from early appraisal of the impact of the COVID pandemic.

The core purpose of the Live Well Removing Disabling Barriers Partnership is removing barriers that get in the way of people living a good life. This has been very much shaped in response to citizen coproduction and a move away from a deficit approach where 'problems' are related to the person experiencing disability to a social model.

The Dementia Home Treatment Team has taken on board feedback from service users and has now begun to accept referrals directly from Part 1 Memory Assessment Service. It was noted that formal outcome measures would be introduced in the near future and the Health Board plan to review how these are completed by patients / carers in order to facilitate a better response rate.

The Committee discussed and AGREED that an update would be provided at a future meeting in terms of how longer-term plans shall be funded and how does this fit in with Cluster development.

STRATEGIC CHANGE REPORT

The Committee received the report providing the committee with an update on Strategic Change Programmes, including Stocktake. Many of the Strategic Change Programmes were suspended due to the Covid-19 pandemic, some of these are now starting to be restored frequently in different ways, or as part of recovery planning.

It was noted that this is a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer-term recovery efforts which are re-shaping the plans of both the health board and neighbouring partners.

The Strategic Change Stocktake process was paused and superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal were then transacted through the quarterly planning process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring on neighbouring service change.



Reconfiguration of Stroke Services at Hereford and Worcester Hospitals

It was reported that over the last 6 years, the Hereford and Worcester Integrated Care System and Stroke Programme Board have been developing a sustainable service model for stroke and Transient Ischemic Attack services across Herefordshire and Worcestershire.

The service model is subject to public, patient and stakeholder engagement and consultation. The Programme Board have confirmed that they are planning to commence with pre-consultation engagement shortly and will work with the Health Board and Community Health Council leads to develop an engagement plan which will ensure full and appropriate engagement with Powys residents and stakeholders.

The Committee DISCUSSED and NOTED the report.

STRATEGIC WEIGHT MANAGEMENT PATHWAY, LEVELS 1-4 OVERVIEW REPORT

The Committee received the Strategic Weight Management Pathway report providing focus within 2021/2022 has been on planning for the establishment in Powys of clinical weight management pathways for adults; children, young people, and families in line with the year 1 priorities identified in the Powys Strategic Weight Management Development Plan 2021-2024. This was approved by Executive Committee on 19 May 2021.

The Powys Strategic Weight Management Development Plan 2021-2024 was reviewed and updated in February 2022, in order to take account of progress made in year 1 (2021/22) and the impact of the COVID-19 pandemic on the delivery of the plan.

The Committee RECEIVED the action plan for 2022/23.

SMOKE FREE PREMISES (AND VEHICLES) REGULATIONS (2018) COMPLIANCE REPORT

The Committee received the Smoke Free Premises Report which concludes the smoke free regulations which came in across Wales in March 2021, and, as a result, the Health Board has been legally required to ensure that healthcare facilities are smoke free. A temporary exemption remains in place for Mental Health units, which will cease on 1st September 2022.

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05/24/2022 16:26:24

Over the past year, several actions have been put in place to ensure that the Health Board complies with its legal responsibility to keep the healthcare estate smoke free. The report provided an update on the actions taken to ensure ongoing compliance with the regulations, including communications, supporting staff and service users who smoke to access support to quit, and working with the Mental Health team regarding designated smoking areas.

The Committee DISCUSSED and NOTED the Smoke Free Premises report.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

The committee were advised that the Corporate Risk Register is a part of the development programme which provides a summary of the significant risks to the delivery of the Health Board's strategic objectives. Through monitoring the Committee based risks, assurance is provided to The Board where Executive Directors review and update the register to ensure it reflects the latest position.

It was agreed that the development of the partnership Corporate Risk Register would be reviewed.

The Committee DISCUSSED and NOTED the Corporate Risk Register.

WELLBEING ASSESSMENT AND POPULATION ASSESSMENT BRIEFING PAPER

The Committee received the report which provided an overview of the Well-being Assessment (WBA) and the Population Needs Assessment (PNA) for Powys. The two assessments have differing legislative requirements, aims and content, but are presented together, because of the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a narrower focus on the provision of health and care services.

The two assessments have been collaboratively developed as part of a combined process. This report summarises the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID).

The Committee DISCUSSED and NOTED the assessment reports.

ANY OTHER URGENT BUSINESS

There was no other urgent business.

ITEMS TO BE ESCALATED TO THE BOARD

There were no items noted.



NEXT MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 14 July 2022.

Powell Bethan
05/24/2022 16:26:24



Reporting Committee:	Workforce and Culture Committee
Committee Chair	Ian Phillips
Date of last meeting:	15 March 2022
Paper prepared by:	Corporate Governance Manager
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The Board is asked to note that the following matters were discussed at Workforce and Culture Committee which took place on 15 March 2022:</p> <ul style="list-style-type: none">• Medical Job Planning Annual Report• Workforce Performance Report• Workforce Futures Strategic Framework Update, Including Health & Care Academy Update• Communications and Engagement Situation Report• Workforce Planning Arrangements and Education Commissioning Numbers• Committee based risks on the Corporate Risk Register <p>A summary of the key issues discussed at the meeting is provided below.</p> <p style="text-align: center;">----- 15 March 2022 -----</p> <p>MEDICAL JOB PLANNING ANNUAL REPORT</p> <p>The Committee received the Medical Job Planning report. Over the last year practice had been reviewed and guidance updated to ensure that job plans are up to date. Medical job planning is an annual process and is challenging for most health boards. Arrangements are in place for all job plans to be undertaken, benchmarking has taken place with other health boards and the British Medical Association, these include supporting professional activities (SPA) in their job plans.</p> <p>The Committee NOTED the Medical Job Planning Annual Report.</p> <p style="text-align: center;">-----</p>	

WORKFORCE PERFORMANCE REPORT

The committee received an update on key performance indicators across the organisation highlighting areas of high performance, areas where improvement was required and current trends in workforce data. It should be noted that the team was working to pre-pandemic establishment arrangements but that a paper would be taken to Executive Committee regarding the establishment which would result in changes to the performance data.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

WORKFORCE FUTURES STRATEGIC FRAMEWORK UPDATE, INCLUDING HEALTH & CARE ACADEMY UPDATE

The committee received a presentation outlining the joint work that was being undertaken with Powys County Council (PCC), the Powys Association of Voluntary Organisations (PAVO), and the Health Board to deliver the 2019 Health and Care Strategy.

A mapping exercise has been undertaken as part of the mid project horizon point and high-level plans for 2022-25 were outlined within the report.

Funding has been received from a number of sources including in-kind investment from partners. Whilst this work sits within the partnership arena and Integrated Care Funding (ICF) has been available there will be a longer term need to move this project to core business.

The Committee DISCUSSED and NOTED the Workforce Futures Strategic Update.

COMMUNICATIONS AND ENGAGEMENT SITUATION REPORT

A report was presented outlining how in 2021-22 much of the focus had been in supporting the covid-19 response including with the local authority. Whilst there had been no face-to-face engagement, this had taken place via Teams including the Chief Executive briefings and staff recognition events. There had been an increase in public interactions via social media. However, staff engagement is heavily based on Powys Announcements and Facebook and there is a need to improve the focus of these. Current activity is under review to ensure greater alignment with the Integrated Medium-Term Plan.

The intent to develop a comprehensive Communication and Engagement Plan to support the organisation was outlined. The team has been reviewed to ascertain where the best value could be added. The team was limited in capacity and ability to hold face-to-face meetings and whilst the use of Teams will decline it will still be used.

A review of Powys Announcements is taking place and with the introduction of the new Intranet at the end of March there will be an opportunity for information to be accessible to all staff from any device.

The Communications and Engagement report was NOTED.

WORKFORCE PLANNING ARRANGEMENTS AND EDUCATION COMMISSIONING NUMBERS

A report was presented. Education commissioning requirements are submitted annually to Health Education and Improvement Wales (HEIW) based on expected need 3-4 years ahead. The Workforce and OD Department co-ordinate this work based on commissioning of new registrants and education and training of current workforce.

It is now intended to use the All-Wales Workforce Planning Toolkit to expand the Grow Your Own scheme, and to develop workforce planning to include social care and the independent sector. It was noted that the Health Board do not receive all the staff that have been commissioned and, even if they had been available, it would not have been possible to support them. There appears to be a difficulty in recruiting recent graduates to the Health Board and the Grow Your Own approach is expected to be more successful.

The Workforce Planning Arrangements and Education Commissioning Report was NOTED.

COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER

Two risks remain on the Risk Register:

- CRR 006 The Health Board is unable to sustain an adequate workforce
- CRR 012 The Health Board does not comply with the Welsh Language Standards, as outlined in the compliance notice.

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In respect of CRR 006 that it might be possible to refine this to certain areas of the workforce and reduce it although it was expected it would remain a risk for some time. The meeting had earlier heard what actions were being taken to address this.

The Committee CONSIDERED the Corporate Risk Register.

ANY OTHER URGENT BUSINESS

There was no urgent business.

NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 17 May 2022.

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05/24/2022 16:26:24

AGENDA ITEM: 3.6b

BOARD MEETING		DATE OF MEETING: 25 MAY 2022	
Subject :	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Carol Shillabeer, Chief Executive		
Prepared by:	Corporate Governance Manager		
Considered by Executive Committee on:	Not before paper submitted to the Board		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none">▪ Welsh Health Specialised Services Committee (WHSSC); and▪ Emergency Ambulance Service Committee (EASC); and <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none">▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.			
Approval/Ratification/Decision	Discussion	Information	
x	✓	x	

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the two Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC); and
- Emergency Ambulance Service Committee (EASC).

It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 10 May 2022. The papers for the meeting are available at:

[2021/2022 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#). A copy of the briefing from the meeting is attached at **Appendix A**.

Emergency Ambulance Services Joint Committee (EASC)

A meeting of the EASC took place on the 15 March 2022. The papers for the meeting are available at:

[Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#). A copy of the Assurance Report is attached at **Appendix B**.

The Welsh Health Specialised Services committee together with the Emergency Ambulance Services Joint Committee held a joint virtual meeting on 10 May 2022. The papers for the meeting are available at:

[Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#)

Mid Wales Joint Committee for Health and Social Care

A meeting of the Mid Wales Joint Committee for Health and Social Care has not taken place since the meeting held 18 October 2021, which was reported to the Board on 24 November 2021.

The meeting of the Mid Wales Joint Committee was due to be held on 24 January 2022 has been cancelled due to the exceptional pressures faced due to Covid. A future meeting is yet to be scheduled.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 10 MAY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 10 May 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/>

1. Minutes of Previous Meetings

The minutes of the meeting held on the 15 March 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Genomics Presentation

Members received an informative presentation on the All Wales Genomics Laboratory and how the Wales Infants and Children's Genome Service (WINGS) had pushed the boundaries of genomic testing in Wales to an unprecedented scale using whole genome sequencing which had the capacity to sequence the entire DNA structure of the human body in a matter of hours.

Members noted the Watson family's patient story (publically available on the BBC website) which shared their first hand experience of using the WINGS, when their baby suffered from breathing difficulties and complications to her nose and airways.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- An update on the proposal for an interim Chair of the Individual Patient Funding Request (IPFR) Panel,
- Attendance at the Integrated Governance Committee (IGC) meetings on the 30 March 2022 & 19 April 2022; and
- Attendance at key meetings.

Members **noted** the report.

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5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- That WHSSC had been successful in publishing an article in the Applied Health Economics and Health Policy Journal on a "A Case Study on Reviewing Specialist Services Commissioning in Wales: TAVI for Severe Aortic Stenosis",
- The first two NRP (Normothermic Regional Perfusion) organ retrievals undertaken by the the Cardiff Transplant Retrieval Service,
- The stakeholder engagement being undertaken on the Genomics Delivery Plan for Wales,
- The positive feedback received following the Extension of the FastTrack Process for Military Personnel; and
- The findings of a review into Molecular Radiotherapy (MRT) to guide development of an all Wales MRT service.

Members **noted** the report.

6. Interim Appointment of Chair for the All Wales IPFR Panel

Members received a report proposing that an Interim Chair is appointed to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to prepare for, and undertake, a recruitment process to appoint a substantive Chair.

Members (1) **Noted** the report; and (2) **Approved** the proposal to appoint an interim Chair to the Individual Patient Funding Request Panel (IPFR) for a 3 month period to support business continuity and to allow sufficient time to recruit a substantive Chair.

7. Neonatal Transport Operational Delivery Network

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) established to provide commissioner assurance on the neonatal transport service.

Members (1) **Noted** the information presented within the report; and (2) **Received assurance** that there were robust processes in place to ensure delivery of the neonatal transport services.

8. Draft Mental Health Specialised Services Strategy for Wales 2022-2028

Members received a report presenting the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and seeking endorsement for its circulation through key stakeholder groups for comment.

Members (1) **Noted** the draft Mental Health Specialised Services Strategy for Wales 2022-2028, and provided comments on the document,

(2) **Noted** that the draft Mental Health Specialised Services Strategy for Wales 2022- 2028 would be circulated through a comprehensive stakeholder list in a bilingual format for comment and that the suggested date of between 10 May and 6 June 2022, would be reviewed and extended; and (3) **Noted** that it was anticipated that the final strategy would be published during Winter 2022, and will be brought back to the Joint Committee for approval.

9. Preparedness for the COVID-19 Inquiry

Members received a report providing an update on WHSSC's preparedness for the COVID-19 Public Inquiry.

Members **noted** the report.

10. Disestablishment of the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group

Members received a report providing a brief overview of the work that had been undertaken by the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group and which was seeking support to disestablish the advisory group, as there was no longer a requirement for it to be established as a sub group of the Joint Committee.

Members (1) **Noted** the work undertaken by the Joint Committee's sub group the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group, (2) **Approved** the proposal to disestablish the NHS Wales Mental Health and Learning Disability Collaborative Commissioning Group; and (3) **Noted** that the work of the group had been incorporated into the Inclusion and Corporate Business Division within Social Services in Welsh Government (WG), and that further consideration was required on the system of oversight of health board commissioned LD placements.

11. Annual Governance Statement 2021-2022

Members received the Annual Governance Statement (AGS) 2021-22 for retrospective approval.

Members (1) **Noted** the report, (2) **Noted** that the Draft Annual Governance Statement (AGS) was endorsed at the Integrated Governance Committee (IGC) on 19 April 2022 and the draft was submitted to CTMUHB in readiness for the 29 April 2022 deadline set, (3) **Approved** the WHSSC Annual Governance Statement (AGS) 2021-2022, (4) **Noted** that the WHSSC Annual Governance Statement (AGS) 2021-2022 will be included in the CTMUHB Annual report being submitted to Welsh Government and Audit Wales by 15 June 2022, recognising that it had been reviewed and agreed by the relevant sub committees of the Joint Committee; and (5) **Noted** that the final WHSSC Annual Governance Statement (AGS) will be included in the Annual Report presented at the CTMUHB Annual General Meeting (AGM) on 28 July 2022.

12. Sub-Committee Annual Reports 2021-2022

Members received the Sub- Committee Annual Reports for the reporting period 1 April 2021 to 31 March 2022 which set out the activities of each sub-committee during the year and detailing the results of reviews into performance.

Members **noted** the Sub-Committee Annual Reports for 2021-2022.

13. Sub-Committee Terms of Reference

Members received the updated Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG) for approval.

Members noted that ToR for the sub-committees of the Joint Committee were reviewed on an annual basis in line with Standing Orders and to ensure effective governance.

Members noted that ToR for the Welsh Renal Clinical Network (WRCN) were approved by the Joint Committee on 18 January 2022, and discussions were ongoing with Welsh Government concerning updating the ToR for the All Wales IPFR panel.

Members (1) **Noted** that the Terms of Reference were discussed and approved at sub-committee meetings on 30 March 2022 and 28 April 2022; and (2) **Approved** the revised Terms of Reference (ToR) for the Integrated Governance Committee (IGC), the Quality & Patient Safety Committee (QPSC) and the Management Group (MG).

14. COVID-19 Period Activity Report for Month 11 2021-2022

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members (1) **Noted** the report; and (2) **Agreed** to hold an extended session on activity reporting at the next meeting of the Joint Committee in July to scrutinise provider recovery reports.

15. Financial Performance Report – Month 12 2021-2022

Members received the financial performance report setting out the financial position for WHSSC for month 12 2021-2022. The financial position was reported against the 2021-2022 baselines following approval of the 2021-2022 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in January 2021.

The financial position reported at Month 12 for WHSSC was a year-end output under spend of £13,112k.

Members **noted** the report.

16. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

17. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC)
- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).



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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	15 March 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: [March 2022 - Emergency Ambulance Services Committee \(nhs.wales\)](https://www.nhs.uk/news/2022/03/march-2022-emergency-ambulance-services-committee/)
Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

Suzanne Rankin, CEO for Cardiff and Vale and Hayley Thomas, Deputy CEO from Powys were welcomed to her first meeting. Nick Wood, Deputy Chief Executive NHS Wales at Welsh Government was also welcomed to the meeting.

The minutes of the EASC meetings which took place on 18 January 2022 were approved.

The Chair also took opportunity to reaffirm the role of the EAS Committee in terms of its role within the EASC Directions to plan and secure sufficient ambulance services in Wales in line with Welsh Government and NHS Planning Frameworks.

In terms of context for many of the discussions to take place at the meeting, the Chair reminded Members of the agreed deliverables. In particular, the previous agreed commitment to reducing handover delays – no handover delays over 4 hours and reduce the average time of lost hours by 25% from October 2021 level. It was noted that the current position needed to be significantly improved. In addition, Members noted the phasing out of the military support to the Welsh Ambulance Services NHS Trust (WAST) at the end of March and the likely impact on performance.

PERFORMANCE REPORT

Received as the first standing agenda item at each meeting of the EASC Joint Committee as agreed with the Minister for Health and Social Care.

Members noted that the Ambulance Quality Indicators would be published monthly from April 2022 providing an opportunity to discuss more recent information. The following areas were highlighted:

- the continued challenges around 999 call wait times
- the growing gap between the number of calls answered and the number of incidents generated
- slightly less incidents in January and February
- mitigating action taken including investment in staff and technology
- significant challenges in achieving red 65th percentile

- growth in red demand – at 53% response and median 7mins and 30secs; joint work with Welsh Government and Digital Health and Care Wales looking at linked data sets related to patient outcomes and would report findings at a future meeting
- amber responsiveness 95th percentile continued to grow with significant waits seen; Amber median 1hour 30mins (ongoing impact on patient journey)
- More media stories and political interest being seen
- in light of previous commitments to reduce ambulance handover delays, increases over recent months were noted, with the trend continuing into March (currently 700 hours per day)
- with reducing staffing capacity, WAST forecasting the impact and the level of the Clinical Safety Plan to ensure response at red and amber 1.

Nick Wood asked regarding the EASC perspective and the need for a joint response from WAST and health boards in relation to the safety of the service and meeting community expectations; the impact of the significant drift in lost hours, the deterioration in response rates, the increasing numbers of concerns and increasing numbers of serious adverse incidents. Members were asked if they were confident that their actions would mitigate against the identified risks and would lead to improvements in performance and reduce patient safety incidents.

Members felt this was a fair challenge although there were expectations that the actions identified in the health board plans would lead to improvements in reducing lost hours and a consequence improvement in working towards meeting the performance targets. The Chief Ambulance Services Commissioner (CASC) agreed that the Committee was not in a position to provide the level of assurance needed due to the position with handover delays. The Joint Committee had not been complacent and Members were aware that the planning assumptions had assumed a maximum of 5,000 handover hours in one month. Once these levels had been overtaken a number of mitigating actions had been put in place which included the WAST Clinical Safety Plan. At 20,000 lost hours per month Members were aware that ambulances would not be sent for Amber 2 patients.

Suggested solutions were proposed including to:

- provide temporary additional front-line ambulance capacity into WAST to support the system over the coming months to mitigate the removal of the support from the military and until the required improvements are in place to handover delays and impacting across the system
- continue to work with health boards to understand the variation across the system identified within the action plans submitted and to identify and share best practice
- ensure that the handover improvement plans deliver the required gains, to be monitored by the governance arrangements including the Commissioning Framework
- constantly challenge the current culture where handover delays are tolerated.

It was proposed that the following actions were put in place as the key elements of the system-wide handover improvement plan to address the patient safety concerns, particularly with the withdrawal of support from the military in April:

- maximise temporary additional front-line ambulance capacity during the coming period including overtime and WAST to operate at a higher state of emergency alert to maximise front-line resource
- use of the agreed whole system escalation process and the actions taken

- re-focus on 'red release' to allow WAST to respond appropriately and promptly (had been slippage)
- health board resources in place such as same day emergency care, urgent primary care centres, flow centres or communication hub etc and identify two or three deliverables as part of this Handover Improvement Plan. This would include managing or challenging slippage and monitoring the impact on the patient experience and recognised the need to move at pace.

The Chair thanked Members for the helpful discussion and emphasised the requirement for all Committee Members to respond urgently to the current position related to handover delays and to work with WAST to mitigate the impact of the loss of military resource at the end of March. The suggestions set out by the CASC were accepted and the Chair articulated the hope to see an improved position at the next meeting.

Following discussion, Members **RESOLVED** to:

- **NOTE** the content of the report and additional actions that would be taken to improve performance delivery to be included in the EASC Action Plan.
- **AGREE** to include the units of hours produced to the next iteration of the Performance Report.

PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- phased withdrawal of the military support of approximately 250 staff (reduction in capacity of approximately 15% of production) by 31 March 2022
- approximately 100 members of staff were currently in operational training and would become operational in quarter 1, the capacity of the Clinical Service Desk would be doubled early in quarter 1 and this would allow the volume of calls closed via the 'consult and close' process to lift from 10-12% to approximately 15%
- the additional offer to roll on some winter schemes including cohorting and third-party support should the required support and funding be available (non core activities)
- red performance remained below target although an improving picture since December. A deep dive has been undertaken into red performance which was currently being finalised and would be presented to the EASC Management Group
- There were 503 long patient waits in January, this was a reduction compared to December, but rates were still very high with patients waiting excessively long times for services (some waiting more than 24 hours)
- the daily average handover position for the 10 services in England was shared, with WAST performance the worst, particularly in terms of the comparative fleet size
- electronic patient case card – this would be live in all health board areas by the end of March 2022, with many suggestions for improvements for phase 2 of the work
- the detailed briefing issued last week regarding roster changes had been extremely helpful in addressing the significant local, regional and national political interest. It was important for all to portray the positive story, (70 FTE additional staff) information would be circulated more widely to illustrate local level impacts including that 34.5 additional emergency ambulances would be operational across Wales as a result of this work. This would impact in Quarter 3 2022-23

- high sickness levels and the work being undertaken to achieve the trajectory to return to pre-pandemic levels of 6.5%. It was acknowledged that current levels were far too high and that there would be a plan to reduce these in the next few months.

The CASC emphasised the current focus in terms of:

- Being clear what could be delivered on a quarter by quarter basis
- Encourage health boards to include gaps within plans to identify key requirements
- Commissioning Framework to include detail in terms of what was required.

The Chair invited the CASC to outline other requirements for WAST which included:

- reducing sickness and setting the required improvement trajectory
- agreeing timescales for reducing post-production lost hours and managing the inefficiency in the system
- ensuring all roster changes would be in place by end of November 2022
- reducing the variation within the service by adopting good operational practice on a day by day basis.

The Chair asked Members to actively support the roster review changes and recommended the use of the detailed briefing which had recently been shared. This was cited as an example of good practice which could be replicated for other areas of work.

WELSH AMBULANCE SERVICES NHS TRUST DRAFT INTEGRATED MEDIUM-TERM PLAN (WAST IMTP) UPDATE

The WAST IMTP report was received. In presenting the report, Rachel Marsh highlighted the executive summary and key elements of the Plan including progress made in terms of:

- Progress to recruit the additional 127 full time equivalent (FTE) staff as agreed following the Emergency Medical Services Demand and Capacity Review
- doubling the capacity of the Clinical Support Desk
- introducing mental health practitioners to the organisation
- completing the roll-out of NHS Wales 111 with the programme team
- completing the transfers of Non-Emergency Patient Transport Services (NEPTS) from health boards.

Opportunities for joint working with academic institutions were noted and further discussions would be held outside of the meeting to consider opportunities across the system including joint appointments. The ongoing dialogue had continued between WAST and Health Education and Improvement Wales (HEIW) was noted along with WASTs ambitions to pursue University Trust status.

The CASC highlighted the consistency between the WAST IMTP, the agreed Commissioning Intentions (CIs) and Welsh Government targets.

Members **RESOLVED** to:

- **SUPPORT** the WAST IMTP, noting the risks and financial information to be worked through and mitigated,
- The Chair and the CASC to subsequently endorse the final plan in line with the discussions at the meeting following WAST Board approval and prior to submission to the Welsh Government by the 31 March 2022.

EASC INTEGRATED MEDIUM TERM PLAN

The EASC IMTP was received. In presenting the report, Ross Whitehead highlighted that the EASC IMTP was consistent with principles presented at the Joint Committee meeting in January 2022 and had been presented at the recent EASC Management Group for endorsement.

The plan focused on Commissioning Intentions (CIs) along with other priority areas for 2022-23 and the three-year planning cycle included the appetite for the commissioning of 111 Services and the development of a National Transfer and Discharge Service reflecting the regionalisation and reconfiguration of services.

The CASC highlighted to Members the key inefficiencies in the system which included:

- Handover delays - It was suggested that the required system improvements that would reduce ambulance handover delays sufficiently would not be in place for some time and that it would be sensible to retain front line ambulance resource for the start of the 2022-23 financial year to manage the clinical risk and patient safety concerns that exist, until wider system improvements could be made.
- WAST financial plan included a £1.8m cost reduction plan to impact on front line costs which would reduce overtime and hold vacancies - it was suggested that this £1.8m be waived due to the current issues related to handover hours and the loss of the military personnel on a 'non-recurrent basis'. The proposal for the temporary resource recognised both the need for action across the system but also the length of time that it was anticipated that required improvements would take place.

Nick Wood asked the CASC to confirm the detail in the financial year 2022-23 which related to the assumptions of a non-recurrent bid to the Welsh Government 6 Goals for Urgent and Emergency Care funding (£25m). Stephen Harrhy confirmed that the assumption within the financial plan was a minimum of £750k but possibly would require some additionality in terms of coverage for the ECNS scheme. Nick Wood noted this and explained that this was under discussion by the Welsh Government Policy Lead officials who were considering the allocation. Stephen Harrhy explained that this had been the approach suggested by health boards to apply for specific urgent and emergency care funding from the £25m which was reflected in the plan. Nick Wood thanked Stephen Harrhy for the clarification.

Members questioned the level of the CIP (1% would have been 2% if the £1.8m was included) and the CASC explained the WAST had also been asked not to make assumptions regarding their Transition Plan within the IMTP as this had not been widely supported at the scrutiny session. The option related to the WAST CIP which included the £1.8 million from front line staff remained contentious but the CASC suggested that the increasing concerns related to patient safety and the likelihood of harm within the current system this was an option to try and get to a balanced financial plan for WAST. Members confirmed that the financial envelope had been agreed by the Directors of Finance but questioned whether the CIP needed to be made from savings around front line staff, i.e. were there other options. Members explained that much higher levels of CIP had been agreed within health boards and felt that WAST should not be subject to different efficiency measures.

Members were keen that the CIP was revisited to be in line with health boards across Wales. The CASC responded and suggested that if additional funding, albeit on a temporary basis, was not provided to WAST the performance would deteriorate further and this would increase risks in terms of patient safety and experience. Stephen Harrhy suggested that if handover delays were reduced to 15,000 hours by April (which seemed unlikely) there remained a need for temporary funding for WAST. Furthermore, the CASC explained that without the temporary funding information would need to be provided to explain exactly what services could be offered by WAST.

Members suggested that they required more financial detail to discuss within health boards which would need to be balanced against other priority areas. Members felt they would need more granularity in relation to the ambulance services to balance for the wider health of local populations in decisions made by health boards.

Stephen Harrhy agreed to write to Members to explain clearly how the options and opportunities on a Health Board by Health Board basis. This information could be presented in different ways including having a 2% CIP and a non-recurrent allocation of £1.8m. The implications of all options would be clarified although the CASC felt it was essential that WAST have additional funding due to the level of inefficiency within the system at present. Members agreed to the need for additional non-recurrent funding to ensure additional front-line ambulance capacity however more detail would need to be provided, as requested.

Members **RESOLVED** to:

- **NOTE** the process of engagement undertaken in the development of the EASC Integrated Medium Term Plan
- **APPROVE** the EASC Integrated Medium Term Plan (2022-25) for submission to Welsh Government
- Receive information on a health board by health board basis in terms of the WAST CIP and additional temporary funding

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

Stephen Harrhy presented the report and highlighted the following:

- Non Emergency Patient Transport Services (NEPTS)

Members noted that detailed work was now being undertaken on NEPTS and the impact of health boards reset and reconfiguration on different elements of NEPTS activity, for example reduced outpatient journeys and an increase in demand for transfers and discharge. A 'Focus on' session will be held at the next EASC meeting exploring this on a health board by health board basis.

- EASC Action Plan

It was reported that the Minister had requested that the EASC Action Plan be updated to incorporate the expected impact of the actions being taken across the system. The latest version had been appended to the CASC report, this would now be updated.

- System Wide Escalation

Members noted that a conversation had been held at the recent NHS Wales Leadership regarding the final version of the System Escalation Plan. Members noted that the final version would be endorsed at the next meeting of the Leadership Board and implemented in April 2022.

Members **RESOLVED** to: **NOTE** the report

EMERGENCY MEDICAL SERVICES (EMS) COMMISSIONING FRAMEWORK

The EMS Commissioning Framework report was received. Ross Whitehead presented the report and noted previous discussions at EASC Management Group and the recent scrutiny panel on the WAST Transition Plan held with health board representatives.

Members noted that it had become clear from these recent discussions that health boards expected clarity on the commissioning of core ambulance service provision, separately from the transformation elements. This approach would provide health boards with the required clarity on how framework resources were being utilised to deliver the priorities of the Committee and would allow the development of different and transformational service offers within each health board areas to address the needs of their populations. Members were also reminded that the framework was a live document that would be refreshed every 6 months, responding to developments within the service.

Following discussion Members **RESOLVED** to:

- **APPROVE** the development of a framework that distinguishes between core service provision and transformational services
- **APPROVE** the extension of the interim arrangements until the May Committee meeting.

FOCUS ON SESSION – HEALTHCARE INSPECTORATE WALES (HIW) - REVIEW OF PATIENT SAFETY, PRIVACY, DIGNITY AND EXPERIENCE WHILST WAITING IN AMBULANCES DURING DELAYED HANDOVER

The HIW review was received. Ross Whitehead presented the session and Members noted that many elements of this 'Focus On' agenda item had already been discussed earlier in the meeting.

Members noted that the HIW report focusing on ambulance handover delays had already been considered at many health board sub committees. Twenty recommendations had been made which required a system wide response and it was confirmed that the action plan had been accepted by HIW. The EASC Management Group (EASC MG) agreed to establish a task and finish group to deliver the recommendations. Draft terms of reference had been circulated to EASC MG members with dates of the first two meetings and a request for clinical and operational representatives from each health board. It was agreed that regular updates on this work would be provided at future meetings of the Committee and the EASC Team would work closely with HIW on this matter. The first meeting would take place in early April and had been planned for 6 months in the first instance.

Members **RESOLVED** to:

- **RECEIVE** the HIW Review and responses to the recommendations
- **NOTE** the establishment of a task and finish group to focus on delivery of the recommendations via the EASC Management Group.

FINANCE REPORT

The EASC Finance Report was received. Stuart Davies presented the report and highlighted no significant changes and forecast end of year position of a £383k underspend. No significant movements were anticipated.

Members **RESOLVED** to: **NOTE** the report.

EASC SUB GROUPS

The confirmed minutes from the following EASC sub-groups were received and **APPROVED**:

- EASC Management Group – 21 Oct 2021
- NEPTS Delivery Assurance Group – 12 Oct 2021
- NEPTS Delivery Assurance Group – 30 Nov 2021

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received.

Members **RESOLVED** to:

- **APPROVE** the risk register including 2 new risks and the three red risks which were also being reported to the CTMUHB Audit and Risk Committee
- **APPROVE** the Model Standing Financial Instructions
- **APPROVE** the final information for the model Standing Orders namely the Delegation of Powers and Scheme of Delegation
- **NOTE** and **APPROVE** the Draft Annual Business plan
- **NOTE** the updates relating to red performance and the additional new risks
- **NOTE** the progress with the actions to complete the EASC Standing Orders and the aim to complete all actions by the next meeting
- **NOTE** the Internal Audit on EASC Governance and the plans to track the recommendations.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays
- Withdrawal of support from the military to WAST
- Continuing impact of the Covid 19 Pandemic

Matters requiring Board level consideration and/or approval

- Standing Orders and Standing Financial Instructions would be forwarded as soon as documentation finalised

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	10 May 2022			

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AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 25 MAY 2022
Subject :	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Carol Shillabeer, Chief Executive	
Prepared by:	Corporate Governance Manager	
Considered by Executive Committee on:	Not before paper submitted to the Board	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

RECOMMENDATION(S):

It is recommended that the Board DISCUSSES and NOTES the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
x	✓	x

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

- A meeting of the Shared Services Partnership Committee was held on 24 March 2022. [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) A copy of the Assurance Report is attached at **Appendix A**.

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress.

- A meeting of the PSB was held on 9 March 2022 and 11 May 2022. The papers for this meeting can be found at: [Public Board Report March 2022 \(eastamb.nhs.uk\)](#)

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

- A meeting of the RPB was held on 19 May 2022. The update of the assurance report will be available at the next Board meeting in July 2022.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

- A meeting of the JPB was held on 7 April 2022. This meeting received reports on the Section 33 Agreements 2022-2023 for approval, Safe Accommodation updates, Review of Test, Trace and Protect and the North Powys Wellbeing Programme update.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	24 March 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Recruitment Modernisation Programme

The Director of People and Organisational Development and the Deputy Director of Employment Services gave a detailed presentation of the work being undertaken in Recruitment to support the significant increase in activity since the start of the pandemic. Looking back to when NWSSP was first established in 2011, significant progress has been made in streamlining the recruitment process, demonstrated by a reduction in the average time-to-hire from 132 to 71 days. New services have been taken on and the Welsh Language functionality has been enhanced. Last summer, further initiatives were progressed relating to the Workforce Directors' Responsiveness Programme including enhancements to TRAC, development of the applicant web page, and maintaining virtual pre-employment checks.

During late summer 2021, the service was faced with unprecedented and unplanned levels of recruitment across NHS Wales due to the Covid response, resulting in the usual high level of compliance with KPI targets not being sustained. This led to the need to review the way in which recruitment is undertaken in Wales and where applicable modernise the service further through changes to processes, technology, and education.

The Deputy Director provided details of specific initiatives under each of the headings of process, technology, and education. One key technological initiative is investment in pre-employment check software that enables identification documents to be held in ESR and viewed via the ESR app. This has been promoted by the Home Office, however the technology is not currently available, but it will be fundamental to virtual pre-employment checks continuing after the current proposed Home Office end-date of September 2022. Due to the short notice provided by the Home Office over this software, funding to purchase it still needs to be confirmed.

The Modernisation Action Plan is to be taken to the All-Wales Workforce and OD peer group meeting in early April, with a formal update to the May Committee.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the January meeting. This included chairing her first Welsh Risk Pool Committee which had been very informative; attending the Hywel Dda Sustainability Committee; and also attending the NHS Wales Chairs' meeting which allowed her to keep updated on the latest developments and issues. Going forward there will be a number of attendances at board meetings, starting with Digital Health Care Wales and then Health Education and Improvement Wales. The Chair is keen that these are not used solely for NWSSP to update on performance, but to elicit a two-way exchange of ideas and information.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The IMTP has now been formally submitted to Welsh Government for their consideration;
- As part of a UK-wide response to the war in Ukraine, Welsh Government asked NWSSP to identify any surplus equipment and consumables that could be donated to Ukraine. Review of current stocks identified items to the value of £524k that could be donated as they are surplus to current requirements (PPE, ventilators, and medical consumables). Thus far, over £131k of surplus items has already been sent to Ukraine from NWSSP;
- The purchase of Matrix House in Swansea was completed by the end of March. The building is currently 75% occupied by NHS Wales, with Public Health Wales and the Welsh Ambulance Service NHS Trust as tenants in addition to NWSSP. Acquisition of this asset will lead to a reduction in future revenue costs to NHS Wales and the opportunity to create a wider public sector hub at some point; and
- The Minister for Health and Social Care visited our Imperial Park 5 Warehouse on 17th March, providing an opportunity to demonstrate to her the extensive range of services that now operate from this facility.

Items Requiring SSPC Approval/Endorsement

Lease Car Salary Sacrifice

In July 2021, the Committee agreed to reduce the CO2 emissions for Salary Sacrifice vehicles through the NHS Fleet scheme. Whilst the intentions of this decision were well founded, the implementation of the first phase from 120g/km to 100g/km has generated the following issues:

- Those staff who do not have driveways and therefore home charging facilities, are either unable to participate in the scheme or have a very limited choice of cars;
- Only certain EV and hybrid cars meet the lower CO2 limits – therefore a large number of small fuel-efficient cars e.g. 1 litre VW Polo, Ford Ka etc are no longer available to staff. This is particularly problematic to those staff who live in the more rural areas

In view of the above it is evident that some staff are opting not to apply for salary sacrifice cars but instead are continuing to use their private cars, commonly referred to as the 'grey fleet'. These cars are generally older and emit more pollution than the vehicles that were previously available on the lease car salary sacrifice scheme.

In view of this, it was proposed to reinstate the 120g/km cap for petrol and hybrid vehicles from 1st April 2022 but not to allow diesel vehicles to be ordered. The impact of this will be to increase the range of vehicles available, remove new diesel vehicles from the Scheme and provide greater access to those staff who do not possess home charging facilities.

It was also noted that NWSSP do not administer this Service to all Health Boards and Trusts, and it was agreed that the provision of the administration of service to an all-Wales service should be explored

The Committee **APPROVED** the proposed:

- Adjustment in the CO2 emissions;
- Removal of the ability to order new diesel cars on the scheme

Items For Noting

Energy Update

The Committee received a paper relating to the current situation with energy prices. Due to the nature of the markets and high expenditure, the Energy Price Risk Management Group (EPRMG) was formed in 2005 to manage exposure to risk across the NHS Wales energy contracts. The overarching aim of the group is to minimise the impact of energy price rises through proactive management and forward buying.

There have been very significant increases in gas and electricity prices during the year, particularly during recent weeks following the outbreak of the Ukraine war. The EPRMG strategy of purchasing ahead has meant that NHS Wales has benefitted substantially and avoided most of the price increases for gas and electric supply. Whilst this strategy has protected NHS Wales from the huge increase in market prices for 2021/22 it is likely that there will be very significant hikes in energy costs in 2022/23 because of the current contracts coming to an end.

The recent increase in energy costs is very unwelcome, but is unavoidable given the current war in Ukraine, the sanctions applied to Russia and the removal of Russian Gas and Oil from supplying the global market. However, the EPMRG will attempt to manage the energy costs for NHS Wales as best as we can over the year ahead.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported that NWSSP was on track to meet each of its revenue financial targets for 2021/22 and the projected outturn on the Welsh Risk Pool was in line with the Integrated Medium-Term Plan. Additional capital funding had been received in quarters three and four, but plans were in place to ensure the funding was fully utilised by the end of the financial year.

Performance – Most KPIs are on track except for those relating to Recruitment Services which was the subject of the deep dive earlier in the agenda. The move towards qualitative output focused measures continues within NWSSP.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.93% for the last quarter. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. The ESR database has been modified such that most of the facilities it provides can be accessed and delivered in Welsh

Corporate Risk Register – there are two red risks. The first relates to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, which was the subject of the earlier deep dive. The second refers to the energy price increases which again was the subject of an earlier agenda item.

Papers for Information

The following items were provided for information only:

- PMO Highlight Report
- Audit Committee Highlight Report
- Quality and Safety Assurance Report
- 2022/23 Forward Plan
- Finance Monitoring Returns (Months 10 and 11)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

<ul style="list-style-type: none">The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	19 May 2022

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05/24/2022 16:26:24

Reporting Committee:	Local Partnership Forum
Committee Chair	Cathie Poynton & Carol Shillabeer (Joint Chairs)
Date of last meeting:	14 April 2022
Paper prepared by:	Corporate Governance Manager

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 14 April 2022 the following matters were discussed:

- Review of Minutes - Matters Arising / Action Log
- IMTP – Renewal
- Workforce Futures
- LPF Terms of Reference
- Update reports
 - Director of Workforce and OD Report
 - CEO Reports
 - Finance – Month 11 2020/21
 - Workforces
- Work Programme

A summary of key issues discussed on 14 April 2022 is provided below.

Matters Arising / Action Log

The following actions were discussed at the LPF:

The Terms of Reference were a separate item for discussion in the meeting.

IMTP - RENEWAL

The Assistant Director of Transformation and Value gave a presentation outlining the renewal priorities which include:

- Frailty and Community Model
- Diagnostics, ambulatory and planned care;
- Advice, support and prehabilitation;
- Children and young people; and
- The Big Four – Cancer, Breathe Well, Circulatory and Mental Health

The pandemic had presented opportunities for changes to services which would otherwise not have been identified and the intention was to identify opportunities to improve outcomes for patient in Powys.

WORKFORCE FUTURES

The Workforce Planning Manager gave a presentation noting the programme had commenced in 2019, was being reviewed in 2022 and would be subject to further review in 2025 and 2027. The programme has 21 objectives based around the following themes:

- Designing and attracting the workforce
 - Leading the workforce;
 - Engagement and wellbeing;
 - Education, training and development; and
 - Partnership and Citizenship.
-

LOCAL PARTNERSHIP FORUM (LPF TERMS OF REFERENCE)

The current Terms of Reference were presented, and discussion ensued regarding the need to update the Terms of Reference. The Board Secretary undertook to investigate the position.

Information Items

LPF received updates for information on:

1. Director of Workforce and OD report
2. Chief Executives Report from January and March 2022 Board.
3. Financial Performance Month 11 2021/22
4. Workforce Analysis Report

NEXT MEETING

The next meeting of LPF will be held on 5 July 2022

AGENDA ITEM: 3.8

BOARD MEETING		DATE OF MEETING: 25 May 2022
Subject :	SUMMARY OF ACTIVITY OF THE BOARD'S LOCAL PARTNERSHIP FORUM	
Approved and Presented by:	Director of Workforce & OD	
Prepared by:	Corporate Governance Manager	
Other Committees and meetings considered at:	Not presented at any other meeting	

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

DETAILED BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB's Advisory Groups include a Local Partnership Forum (LPF). The LPF's role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 14 April 2022. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 14 June 2022.

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