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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Annual Plan 2021/22 29th June 2021

Planning Ahead: Six Steps

Planning Ahead agreed as a Strategic Objective by PTHB Board November 2020, providing a clear six step process to guide the Annual Planning process:

1. Assess the learning and reflections on the course of the pandemic and how the health board and partnerships responded



- ☐ Evaluation of New Ways of Working
- ☐ Findings of the NHS Staff Survey 2020
- ☐ Learning from Digital - Attend Anywhere/ Consultant Connect
- ☐ Stakeholder engagement
- ☐ Strategic Gold Command Intelligence - 'Action learning set'

2. Understand the latest evidence on the impact of the pandemic (direct and indirect) for the population, taking account of national and international horizon scanning/ evidence



- ☐ Covid Impact on Population (Catherine Woodward, January 2021)
- ☐ Covid Impact (Socio Economic) Powys County Council 2020
- ☐ Kings Fund Disaster Recovery Model / Psycho-social Impact
- ☐ Range of evidence sources on Covid impact on Inequalities

3. Assess the position in relation to access to health services, including extended waiting times being experienced by a significant number of patients



- ☐ Planning Scenarios / Assumptions
- ☐ Assessment of Demand and Capacity (Strategic & Operational)
- ☐ Assessment of Performance/ Service Positions
- ☐ All Wales Position - Planned Care

4. Identify critical priorities and outcomes for 2021/22 and potentially beyond



- ☐ Annual Plan Approach agreed at PTHB Board January 2021
- ☐ Priorities to be developed February 2021
- ☐ Board Development Session 23 February 2021

5. Develop proposals to meet those outcomes, recognising investment may be required

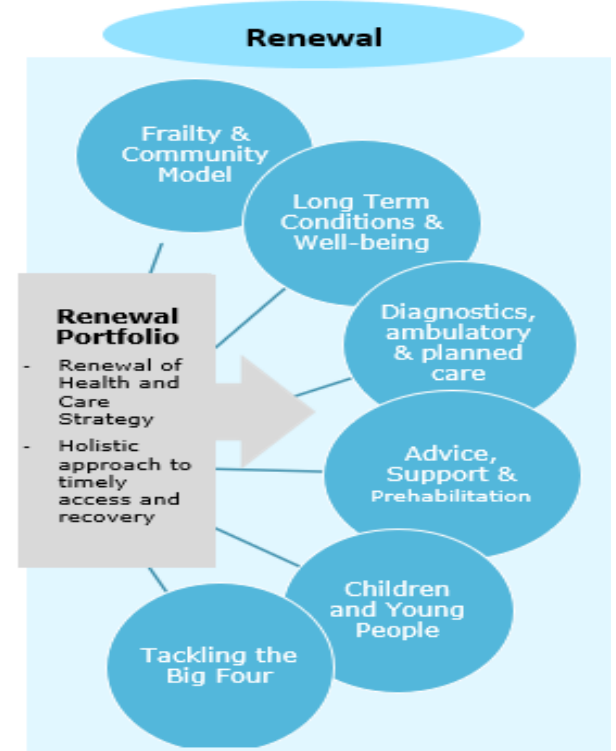
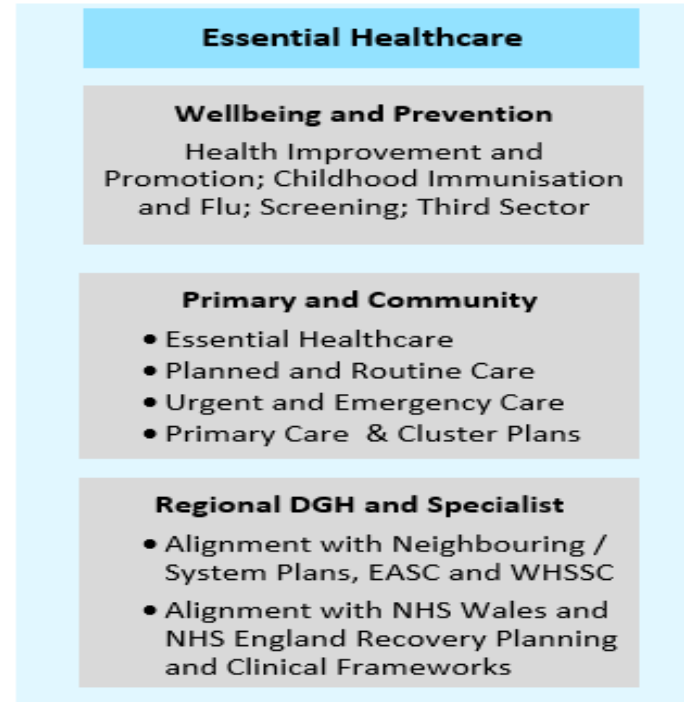
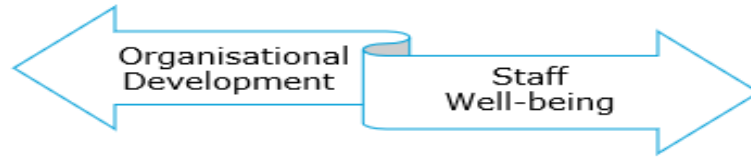
6. Formulate an Annual Plan for 2021/22 – draft approved by Board end March; final due end June



- ☐ Further engagement and refinement March 2021
- ☐ Alignment to Ministerial Priorities / Annual Planning Framework
- ☐ Minimum Data Set to be completed Mid February - March
- ☐ Welsh Government Touchpoints Mid February - March
- ☐ Alignment with National and Regional Plans March 2021
- ☐ National NHS Wales Recovery Plan being developed in parallel

Strategic Annual Plan: 'Plan on a Page'

Strategic Framework 'Plan on a Page'



Enablers

Ongoing Response to Public Health Emergency: Covid-19 Pandemic

IMMEDIATE PRIORITY

COVID Response

Executive Leads
DPH, DoN, DoPP



Prevention and Response Plan and Covid Vaccination Plan developed in line with evidence base internationally and nationally and compliant with clinical and professional guidelines and national policy.



Covid Prevention & Response and Vaccination Programme remain highest priorities and are life critical / essential to preservation of life.



PTHB has developed an approach of 'Leaving No-one Behind' to ensure that those groups and individuals in Powys who are most vulnerable are able to access covid prevention and response services.



Covid Prevention & Response and Vaccination remain highest priorities as reflected in the plans for workforce, digital and finance and the balance of delivery against operational delivery and renewal priorities.



The two component programmes include targeted action to address need and ensure equitable access for communities, including additional measures and access points where hotspots or low take up is identified.



Collaboration has been key to the success of the Covid Prevention & Response and Vaccination programmes; it builds on strengths across all sectors of the community, volunteers and key partners.

What will this achieve?

- The Health Board, working with partners in Public Health Wales and Local Authorities, will deliver a robust Test, Trace, Protect (TTP) programme in 2021/22.
- Delivery of the Mass Vaccination Plan to meet national milestones including ensuring all eligible adult population is offered a first dose by 31 July 2021.

Key Actions (Refer to Delivery Plan for detailed milestones)

Delivery of Prevention & Response Plan 2021 – 2022

- Delivery of the Powys Prevention and Response Plan. To include:
 - Delivery of the local Testing Plan encompassing symptomatic testing, asymptomatic screening and antibody testing using PCR (polymerase chain reaction), Lateral Flow Devices (LFD) and new technologies.
 - Delivery of Contact Tracing
 - Provide regional co-ordination to the Powys Test, Trace and Protect service
- Influence public to follow public health guidance and requirements
- Review and update relevant civil contingencies and business continuity plans in light of learning from the Covid-19 response and remobilisation as required in response to Covid rates / cases

Delivery of COVID-19 Vaccination Plan 2021 - 2022

- Delivery of the Covid Vaccination Programme in line with National Covid-19 Vaccination milestones and emerging requirements.
- This will encompass strategy & governance, clinical model & delivery, venues & site logistics, supply, waste & transport, booking & documentation, primary care, workforce and actions to ensure leaving no one behind.

Headline: Delivering the COVID response remains a key priority & health board is well placed

- Currently well placed to maintain delivery
- Strong detailed plans in place – although recognising the need to be flexible given uncertainty
- Finance and workforce aligned

Key Interdependencies

- NHS Wales Covid-19 Vaccination Plan and Programme/ Test Trace and Protect Programme/ Coronavirus Control Plan for Wales
- NHS England Covid-19 Vaccination / Test and Trace Programme
- Delivery against Four Harms 'Harm from Covid' (NHS Wales Planning Framework)
- Financial allocation for covid related expenditure set out in Finance Delivery Unit returns and Minimum Data Set return

Essential Healthcare

Essential Healthcare

Wellbeing and Prevention

Health Improvement and Promotion; Childhood Immunisation and Flu; Screening; Third Sector

Primary and Community

- Essential Healthcare
- Planned and Routine Care
- Urgent and Emergency Care
- Primary Care & Cluster Plans

Regional DGH and Specialist

- Alignment with Neighbouring / System Plans, EASC and WHSSC
- Alignment with NHS Wales and NHS England Recovery Planning and Clinical Frameworks

Headline: A focus on core essential and routine service provision, underpinned by Delivery Plans

- Detail in the 2021/22 Annual Plan and Delivery Plan provided in the supporting information pack
- The Annual Plan is set in the longer term context of the Health and Care Strategy 'A Healthy Caring Powys'
- There are important links with the Renewal (recovery and reset) work set out in the next section
- The delivery of the Annual Plan in totality will be balanced in line with the ongoing public health emergency response to Covid-19
- Whilst the rates of Covid in Powys are at the lowest ever, modelling is used to understand the complexity of the pandemic including new variants
- Risks – capacity for delivery alongside Renewal Programme – small organisation, large reach, interface with Welsh and English health organisations; workforce including leadership and management



Headline: Workforce planning for immediate health board priorities of Covid response and essential healthcare will remain a significant focus, alongside building the capacity required for the renewal work, in line with national and regional plans and investment.

Workforce planning and mobilisation is key to delivering organisational priorities:

- Need to balance the ongoing public health emergency of the pandemic and the delivery and renewal of healthcare
- **Recruitment** has been positive but is increasingly an area of challenge particularly for medical staffing, registered nursing, Health Care Support Workers and clinical support roles such as sonographers
- Mitigation of risk builds on the successful partnership working in the Powys region, cross border and across Mid Wales as well as across NHS Wales
- Key opportunities maximizing an agile and responsive skill mix and establishment, note: positive Mass vacc experience
- The success of apprenticeship and volunteer programmes provide another important platform enabling the launch of the **Kickstart programme**
- Alignment with HEIW on national programmes particularly related to our Academy developments.

Agile working and new ways of working flourished during the pandemic and we will update the agile working framework to embed new ways of working, and consider the changing needs of our staff including how we deliver sustainable supportive flexible working arrangements.

A key asset in Powys is the strength of **collaboration and partnership working**. Joint deployment workforce with Powys County Council, the Military, MWWFR and PAVO will support the response to the pandemic. Close working with staff side and trade unions provides an opportunity for greater social partnership and resilience.

The Workforce Futures Strategic Framework will deliver several key programmes of work including the Health and Care Academy (highlighted on a separate slide).

Evidence of sickness absence and increasing mental health needs of staff is emerging. An enhanced **well-being offer for staff** is a key priority in 2021. This targets action in response to the New Ways of Working evaluation, Staff Survey results and staff engagement.

Key actions include:

- Well-being spaces across all hospital sites
- Roll out of Silver Cloud Online CBT service
- Increased Occupational Health and Wellbeing Support
- Longer term support including post traumatic stress, exhaustion and long Covid
- Respect and Resolution Policy and Approach to Healthier Working Relationships
- Recovery of pre Covid performance levels for PADR, training and sickness absence
- Rebuild the role of Chat2Change and the Well-being at work group
- Mitigate any adverse effects of the virus on the Black, Asian and Minority Ethnic members of staff

Health and Care Academy

Headline: The Health and Care Academy flagship development to increase local access to education, training and development across the health and social care sector

Hub and spoke model, it will offer state of the art practical, academic and digital learning opportunities.

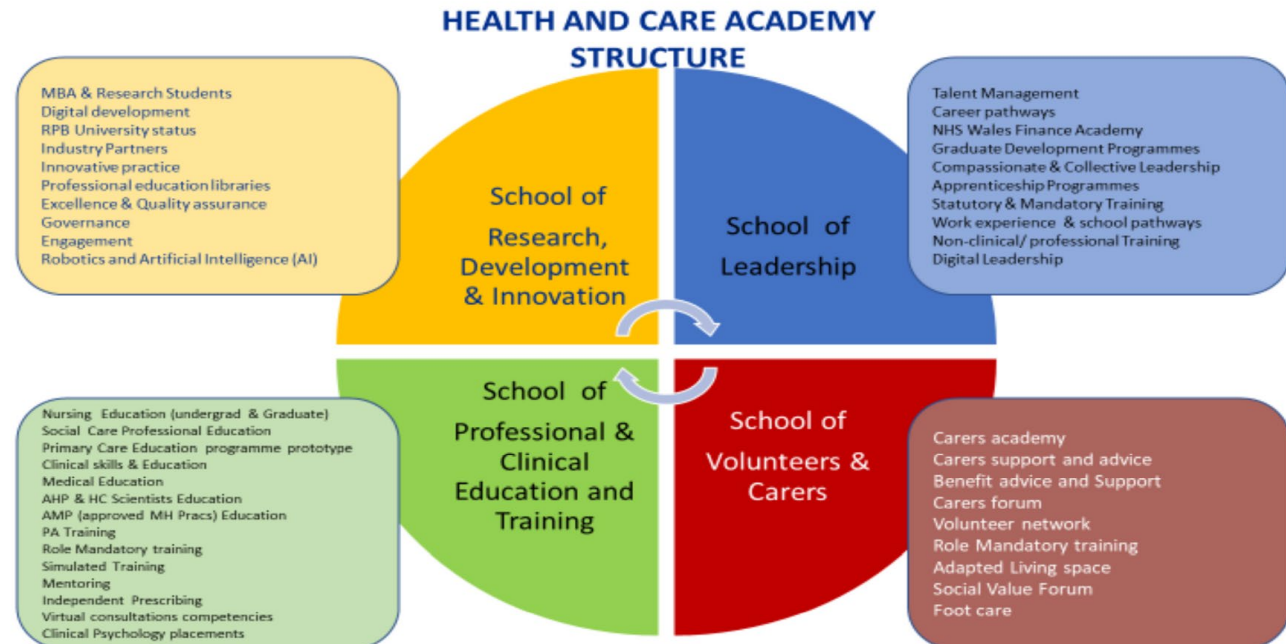
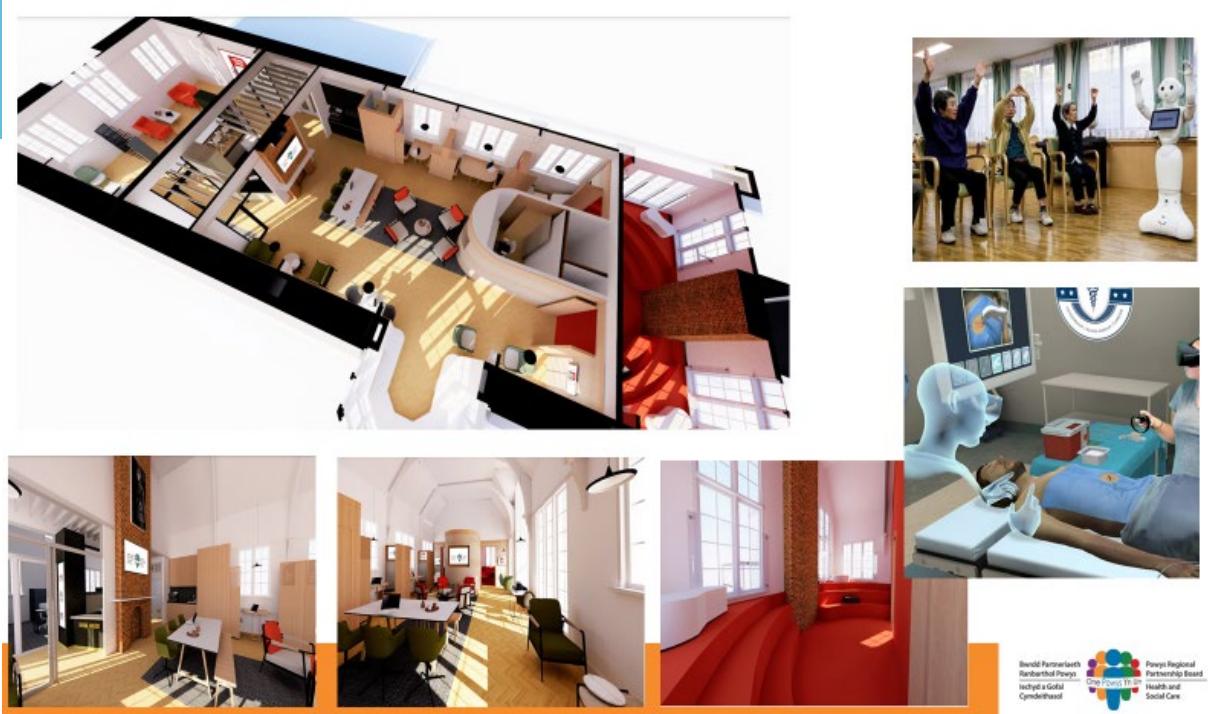
Strong partnership approach – particularly with 3rd sector – with RPB involvement more broadly.

First Academy Hub opening early Autumn; plus a stimulation 'bungalow' to follow at Bronllys site.

Longer term plan (with annual plan milestones):

- Exemplar provider of rural professional and clinical education;
- Sector of choice by growing the health and care workforce supporting the Welsh Language Active offer;
- Leadership talent, that operates at all levels compassionately working across systems;
- A workforce able to respond to people's needs in a timely way, including our volunteers and paid and unpaid carers, through skills development, education opportunities;
- Be recognised as a centre of excellence for research, development and innovation within Wales.

Implement key ILA proposal (Digital Transformation)



Setting the Digital Landscape



Agile Working

- **Digital Access** - User authentication made easier to log onto O365 from any device anywhere. We will migrate historic network drive folders/files to the cloud via a consolidated document management solution OneNote/One Drive/SharePoint/Teams
- **Teams Voice** for a telephony solution via your Teams App for internal and external calling
- **Device** ensuring the mobile device choice is applicable to the role and working requirements



Increased use of National Products

- **Once for Wales** has a large portfolio of Welsh Clinical Systems to capture patient data and inform clinicians. Further adoption and uptake will support towards improved:
- **Patient Reported Outcome Measures & Patient Reported Experience Measures.**
- **DSPP** will aim to design architecture aimed to provide a seamless Primary + Community + Secondary care infrastructure for secure patient authentication



Empowering Staff to Work Digitally

- **A Digital Skills Framework** will support the Digital training and skills competencies required to fully adopt/embrace digital
- **Office 365 Applications** supporting the health care environment as a platform for communication and administrative activities, enabling and encouraging staff to work smarter
- **Teams** used for all meetings enabling virtual interaction, and live public broadcasts
- **Power Automate** to speed up administrative workflow processes which include approvals and a move to E-Signing



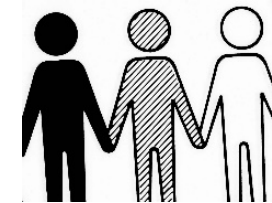
Supporting Patient Flow

- **Consultant connect** enabling clinicians to seek professional advice and support quickly and effectively
- **Commissioning & Cross Border** to work with DHCW for the full patient record information to be accessible to all services who require that information to support the patient pathway.
- **OpenEyes** allowing a full EPR to support Eye Care and allow remote ways of working and access to data where and when required



Virtual Meetings and Digital Consultations

- **Virtual Consultation** Attend Anywhere platform and MS Teams available for virtual consultations with patients where appropriate for non face to face contact
- **Live Stream** now in use for Public meetings proving successful given Powys rurality



Connecting Patients and Their Families

- **Digital Champion Volunteers** in collaboration with PAVO to support the use of digital inclusion and virtual consultations
- **Guest WiFi** improved for patients/relatives/guests throughout PTHB sites
- **Tablets** deployed to patients to keep in touch with relatives and friends

Digital First

Headline: The Digital rollout plan remains a high priority, supporting the Covid response, essential healthcare and renewal programme

Digital Delivery of Care

Acceleration of digital methods of service delivery, including further rollout of **Attend Anywhere and Consultant Connect**, research and development for Application Programming and Interfaces, Chat bot development and Virtual Reality.

Delivery of **WCCIS (Welsh Community Care Information System)** in 2021 focuses on:

- key operational services to support sustainable delivery of essential and routine care
 - Further development of Mobile Pilot
 - Release testing and implementation for Welsh Clinical Portal (WCP) and Welsh Clinical Communication Gateway (WCCG) and associated hardware
 - Increase users (over 1000 currently)
- Build phase and service engagement for **ophthalmology digitalisation programme**

Progress digital inclusion work with 3rd sector partners

Digital Intelligence and Infrastructure

Priorities for 2021 include

- decommissioning legacy systems
- rationalisation of system use
- options for cloud hosting /alternative Data Centre,
- development of **Power BI**
- managed print solutions and options for digitalisation of health record
- **Cross border functionality** with focus on radiology and pathology results

Partnership and collaboration is continuing to be driven forward – Digital infrastructure is one of the key priorities for the **Public Service Board** taking a longer term view to support connectivity in rural Powys. Alignment with the National **Digital Health and Care Wales** plan will also be key to digital transformation.



Enabling Mobile and Agile Working

Acceleration in agile working will enable new ways of working to support sustainable delivery of care.

This includes the further rollout of **Office 365 (O365)** with user adoption support; training and technical knowledge transfer, and agile file sharing. A **review of mobile phone usage** will support cost avoidance and greater effectiveness with wider use of Teams as a communication platform.



Headline: Ambition and capability growing in relation to Innovative Environments with a revised Strategic Framework due to be developed during 2021/22, to support recovery, agile working and transformation and enable the further integration of the model of care.

Capital Developments and Pipeline

The **Discretionary Capital** Programme in 2021/2022 will support IT and equipment and 25+ projects to enhance clinical space and compliance: £1.431M

Major Capital Programme includes:

Machynlleth Health and Care 'Hub': Full Business Case has been approved in the value of £14.9M: work will commence in Q1 with a 77 week programme period.

Ligature Minimisation Project, pan-Powys: £1M project for completion across Powys sites.

Bronllys Health and Care Academy: further Integrated Care Fund bids in preparation.

Brecon Car Park: Business Justification Case submitted and awaiting decision: £1.4M.

North Powys Well-being Programme: Strategic and Outline Business Case progression in 2021/22.

Llandrindod Wells Hospital: £11M Programme Business Case for Phase 2 submitted to Welsh Government to enable business case driven work to commence on 3-5 year programme.

Green Health and Decarbonisation

The PTHB **Environment and Decarbonisation Framework** responds to the critical need to tackle

- climate change
- carbon emissions
- biodiversity loss

Aligned to the NHS Wales Decarbonisation Strategic Delivery Plan and Environment (Wales) Act 2016.

Key interdependencies:

- targeted Capital funding and access to further funding
- joint work with Welsh Government Energy Service and ReFit Cymru
- Complementary work to maintain ISO14001 certification

Research & Development

Research, Innovation & Improvement Coordination (RIIC) Hub as a core part of Health and Care Academy - providing facilitation, governance and measurement of improvement, mix of local studies and contribution to national and international work. Linking with Bevan Commission and others.

Estates and Facilities

The focus from Welsh Government in driving down Backlog Maintenance is welcomed.

The health board has secured over £2.2M of funding in 2021/22 to enhance fire compartmentation, estate infrastructure and decarbonisation.

North Powys Well-being Programme

Programme Business Case for Multi Agency Campus Submitted to WG in October 2020.



Programme Goal

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys

Key Drivers....

- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Variation in service provision across Powys is creating inequalities which are potentially widening due to the pandemic.
- Demand for health and care services is increasing; we need to increase prevention and early help and support.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation – Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act

What outcomes we want to achieve....

Strengthen peoples ability to manage their own health and wellbeing and make healthier choices

Increased focus on prevention and health promotion

Increased independence and participation within communities

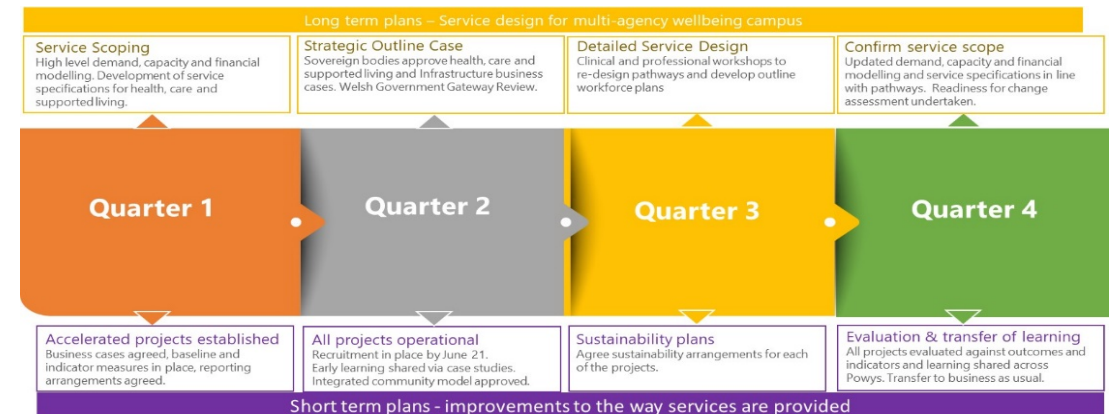
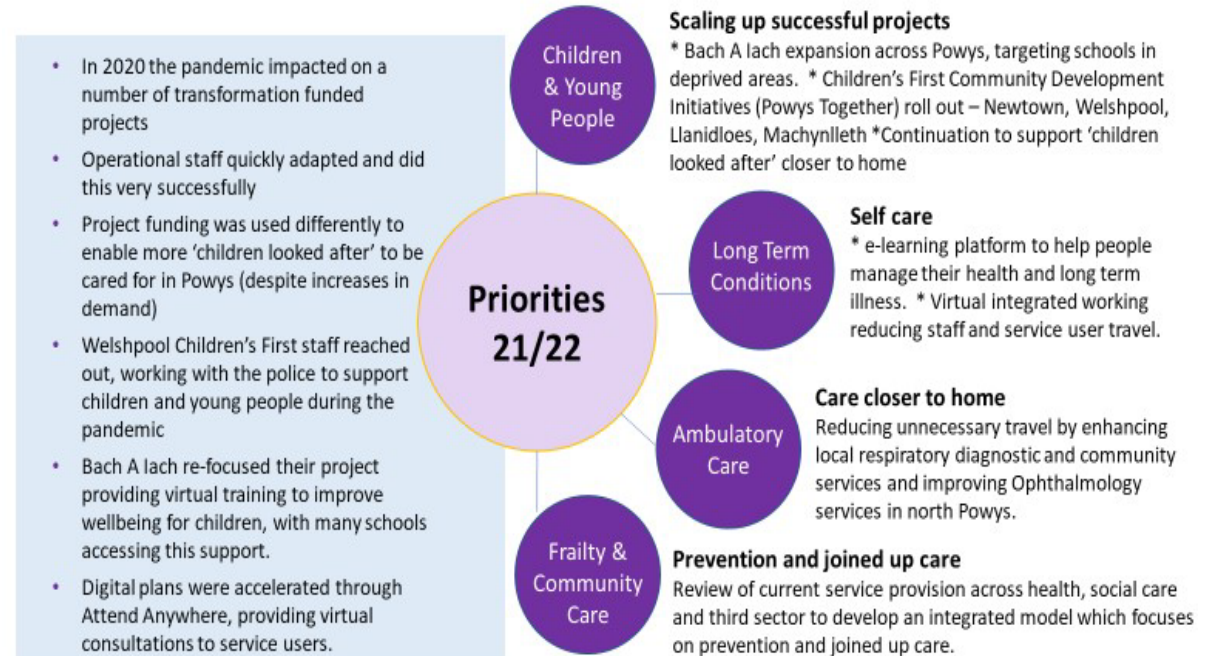
Increased emotional and behavioral support for families, children and young people to build resilience and support transition into adulthood

Improved integration of services, partnership working and confidence in leadership

Improved accessibility to services and community infrastructure that meet the needs of the population

Improve the opportunity for people to access education, training and learning opportunities

The programme supports operational teams to deliver improvements to the way services are provided. Refreshed priorities for 21/22 are:



Transforming in Partnership

Headline: The Powys Regional Partnership Board has a key role in longer term recovery shaped around 'A Healthy Caring Powys'. Programmes for 2021/22 include:

- The **North Powys Well-being Programme** – further detail on this flagship transformation scheme on slide 28
- **Workforce Futures** Programme, including the development of a Health and Care Academy within Powys - see slide 26
- **Start Well** – Children's Zone for families with complex needs (Newtown); Children on the Edge of Care, Integrated Autism Service; Emotional health and wellbeing including 'Missing Middle' support/NEST/NYTH; Safer accommodation to support children and young people with complex needs.
- **Live Well** – Community Connectors; Home support; Dementia Home Treatment; Access Support (Disability Powys)
- **Age Well** – Befriending; Digital Social Care; Micro Enterprise Development; Enhanced Brokerage; Right sizing care packages; Integrated Commissioning Practice and Extra Care Development in Brecon
- **Cross cutting** – Carers; Assistive Technology; Social Value Forum; Welsh Language; Workforce; PAVO Engagement; RPB Operations/Development Programme.

The **Powys Public Services Board** has agreed twelve well-being steps in its Well-being Plan 'Towards 2040'. The three key priorities for 21/22 are **decarbonisation**, **sustainable environments** and **digital infrastructure**.



Population assessments will be jointly co-ordinated in 2021:

- Wellbeing Assessment (Public Services Board)
- Population Assessment (Regional Partnership Board)
- Market Stability Assessment (Regional Partnership Board)



The **Mid Wales Joint Committee for Health and Care** priority areas for 21/22 are set in the context of the development of Recovery Plans: ophthalmology, urology, cancer, respiratory, dental, rehabilitation, digital, hospital based care and workforce planning including cross border considerations.

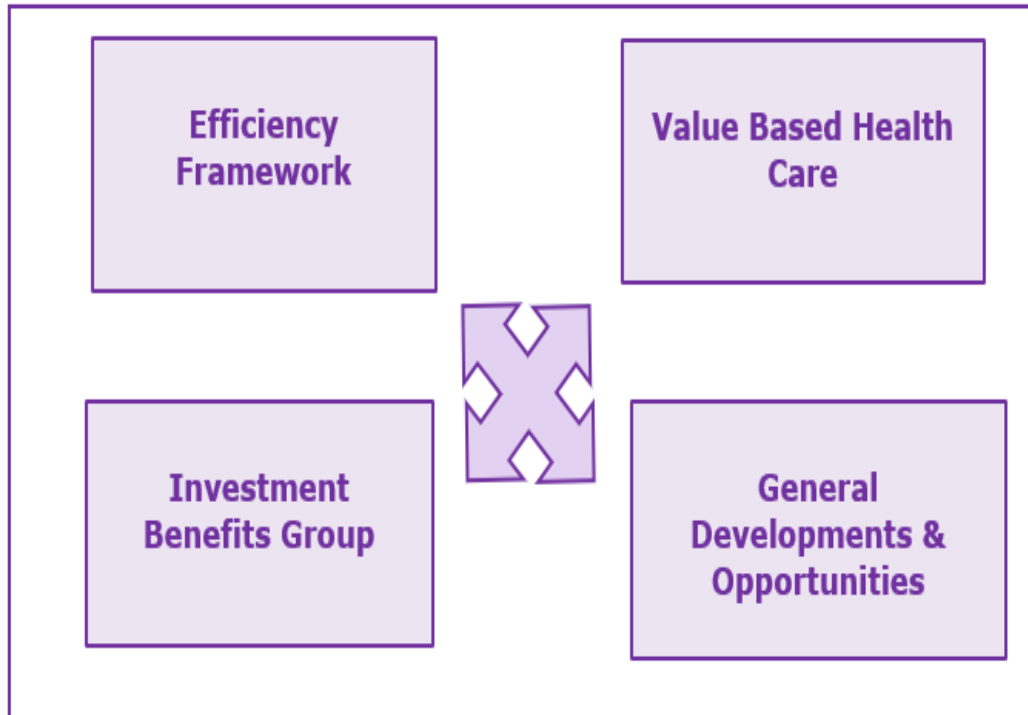
Cross Border/ Regional and National Interdependencies

Recovery of services for Powys residents is inter-dependent on the NHS England Recovery Plans and development of Integrated Care Systems and the NHS Wales recovery plans.

The 'strategic change' programmes across the border in England and within Wales were suspended or changed in response to the Covid-19 pandemic. These are being reviewed as part of each area's recovery planning work.

Headline: The delivery of financial sustainability will be achieved through a 4 quadrant approach (detailed below), with the overarching aim of delivering Value and Quality to the residents of Powys. This vision will take 2-5 years achieve the rebalance of the financial position on a sustainable balance and thus remove the core deficit of £5.6M. This approach will need to be lead clinically with support from finance professionals.

Four Quadrants for Delivery of Financial Sustainability



Quadrant 1: **The Efficiency Framework** - which commenced at the start of 2021, will be underpinned by 4 Executive Lead workstreams focusing on Pathways, Continuing Health Care & Non-Pay, Medicines Management and Workforce Efficiencies.

Quadrant 2: **Value Based Health Care** will supplement the Efficiency Framework and will be supported with a new team focused on the delivery of Value Based Health Care. This team will drive value and efficiencies in collaboration with improved patient outcomes.

Quadrant 3: The **Investment Benefits Group** - will support the Health Board in overseeing requests for investment to ensure they meet the requirements of the Health Board, are financially robust, and will also monitor outcomes both financial and clinical over medium and long term (to track delivery).

Quadrant 4: **General Developments & Opportunities** will follow the more traditional approach of identifying savings with Budget Holders, which may not result in overarching strategic change but will contribute to the delivery of the overall savings target.

2021/22 Finance

2021/22 PtHB Annual Plan		
	£'000	£'000
Assessment of Plan:		
Opening Plan 2021/22	5603	
Covid Core	23261	
Covid - WG Allocated Projects	1016	
Recovery Costs 2021/22 Powys Provider	2500	
Recovery Costs 2021/22 English Providers	TBC	
		32,379
Additional Allocations:		
Covid Testing	(1278)	
Covid Contact Tracing	(3849)	
Covid Mass Vac	(6767)	
Covid Cleaning Standards	(564)	
Covid Care Homs Sustainability	(960)	
Covid PPE	(458)	
Covid - WG Allocated Projects	(1016)	
Sustainability NR CF Deficif Support	(5603)	
Sustainability Core	(7519)	
Sustainability Core	(1878)	
Recovery Costs 2021/22 Powys Provider	(2500)	
Recovery Costs 2021/22 English Providers	TBC	
		(32393)
Summarised Plan 2021/22		(13)

Key Assumptions:

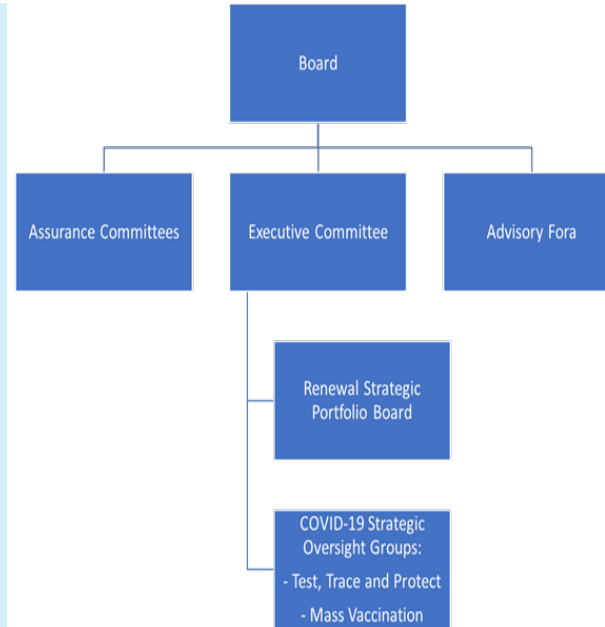
- In recognition that there has been limited savings delivery in 2020/21 as a result of the pandemic, the Board agreed to hold the savings requirements at 2020/21 levels. However, this means there is no uplift for budget holders with the exception of the national areas. Therefore, all Budget Holders will need to manage expenditure within the budgetary levels set throughout 2021/22.
- Whilst there is no 'new' Savings target for 2020/21 the Plan is predicated on the achievement of £1.7M linked to unmet b/f target from previous financial years.
- Funding being received from WG in line with the table opposite to support Covid and Sustainability
- Further funding is assumed from WG to cover all costs to support the 'Recovery' programme for Powys residents treated by English providers.

Key Risks:

- South Wales Programme and any material financial impact from any changes in patient flows linked to the Nevil Hall/Grange and Prince Charles Hospital.
- Ongoing pressures and growth linked to operational areas such as Continuing Health Care and Primary Care prescribing.
- Continuation of the Block arrangements post Q2 with England and the limitations this would bring for PTHB on the delivery of savings in 2021/22.

Governance and Assurance

Delivery of the Plan is routed through the Board's Executive Committee. The Executive Committee is responsible for ensuring the effective operational co-ordination of all functions of the organisation and delivery of the Strategic Objectives set by the Board. The Executive Committee reports directly into the Board and provides assurance through to the Board's Assurance Committees, as set out in the Board's Standing Orders and Scheme of Delegation and Reservation of Powers.



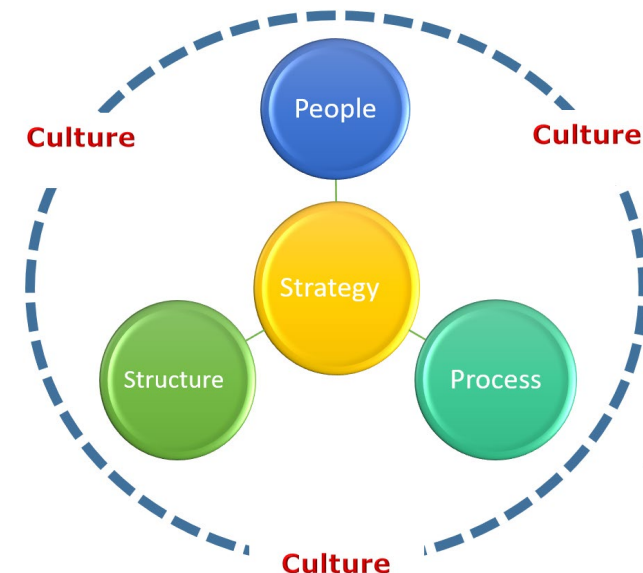
This includes the refresh of the **Organisational Development Framework**, to take into account:

- the learning and reflections from the past year
- the ambition and challenges ahead
- balancing the ongoing response to the pandemic with recovery
- Strong 'social partnership' with the trade unions
- Leadership development including Healthy Working Relationships and Compassionate Leadership

Annual Governance Programme 2021/22

The Board has a clear understanding of which governance arrangements require further development and has focused action to deliver improvements. The Annual Governance Programme is updated annually to reflect the priorities for delivery and is closely aligned to the Board's Organisational Development Framework and the Board's Development Plan. These three documents together will enable the organisation to embed good governance, led by a high performing unitary board. During 2021/22, the Annual Governance Programme will deliver action to:

- Ensure Clarity of Purpose, Roles and Responsibilities
- Ensure an Effective Board
- Embed a Risk and Assurance Culture



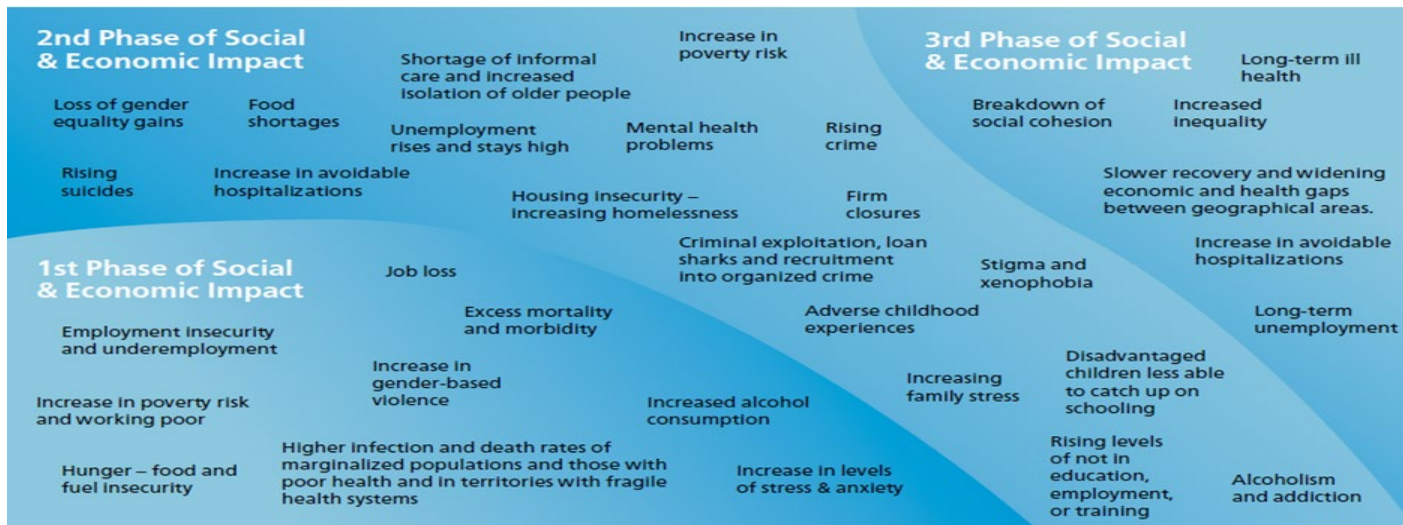


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Recovery and Renewal

Evidence Base - Population Impact



How are we doing in Wales?

Public Engagement Survey on Health and Wellbeing during Coronavirus Measures

Week 27 (5th to 11th October 2020)

World Health Organization Collaborating Centre on Investment for Health

Monitoring and responding to broader public health issues emerging from the COVID-19 Pandemic

Professor Mark A. Bellis

GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales

Canolfan Cyhoeddus y Swyddfa Iechyd y Becton Fawddoch at ystif iechyd a llesiant

World Health Organization Collaborating Centre on Investment for Health and Well-being

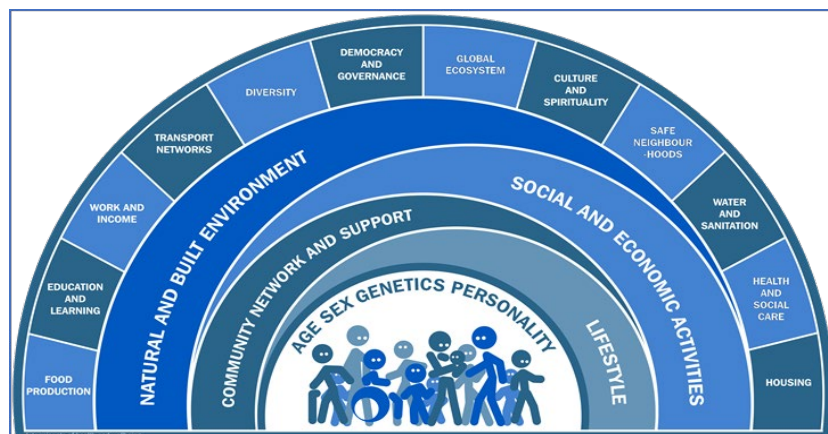
Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Report by Dr Catherine Woodward

- The impact of the pandemic on the Welsh economy over five years is estimated by Welsh Government at £25 billion
- The World Health Organisation describes three phases of impact encompassing **rising suicides, excess morbidity and mortality, increased alcohol consumption, mental health morbidity and chronic ill-health**
- There will be differing effects between population groups, both positive and negative impacts on health behaviours - some health risk-taking behaviours increased, in some populations, during the first national lockdown

- There is consensus that the consequences of Covid will be felt for many years
- Health inequalities will widen, unless this risk is mitigated
- There is evidence of a complex effect on health behaviour, with both positive and negative impact
- The conclusions of the Technical Advisory Group to Welsh Government in relation to measures to address Covid-19 in Wales are material in this context:
 - The evidence base is evolving.
 - Knowledge in relation to Covid - including its harms - may change
 - The strength of the evidence is variable across different considerations
 - Effects will evolve over time and will vary across social groups
 - Many Covid related harms are currently impossible to assess with precision
- The WHO have recommended recovery and transition measures to mitigate excess morbidity and mortality and prevent increasing health inequalities; some can be actioned at local level; broader action includes reinforcement of **social fabric across the life course; protection of economic well-being; safeguarding peace and stability.**

Evidence Base - Population Impact

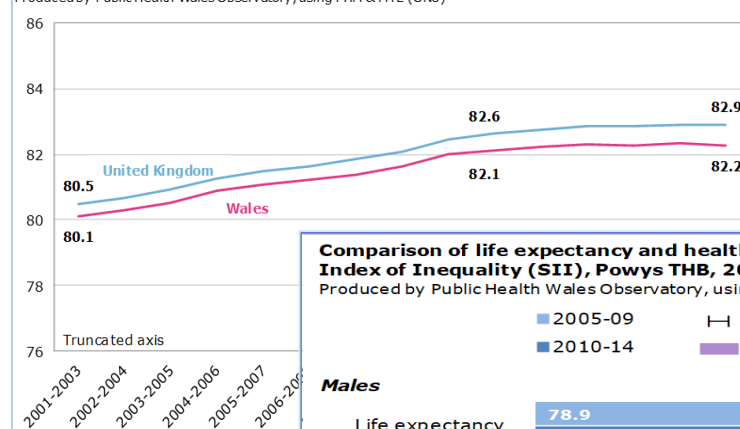
Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Work carried out by Dr Catherine Woodward



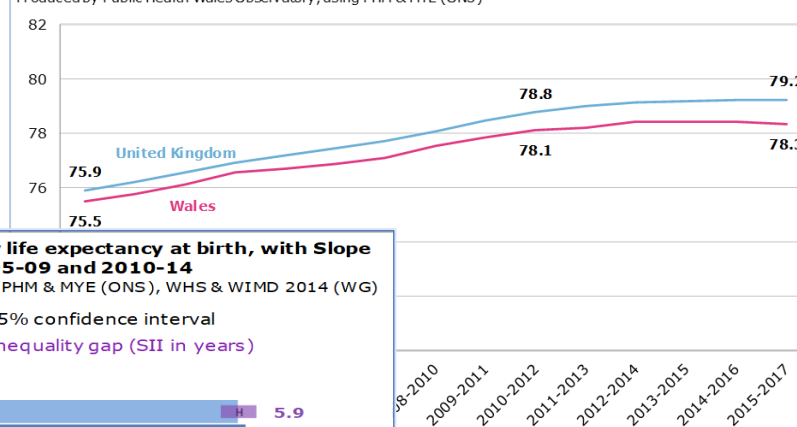
Covid-19 disease has had an impact on all the main determinants of health and layers of influence, apart from the individually-determined characteristics in the inner-most centre

- In Wales, improvement in life expectancy had been slowing down for both sexes since around 2010/12; Health inequalities in Wales had shown little improvement over the last ten years
- Of the UK nations, male life expectancy in Wales improved the least during the period 2001 to 2017 and the gap in female life expectancy between Wales and England increased (i.e. deteriorated).

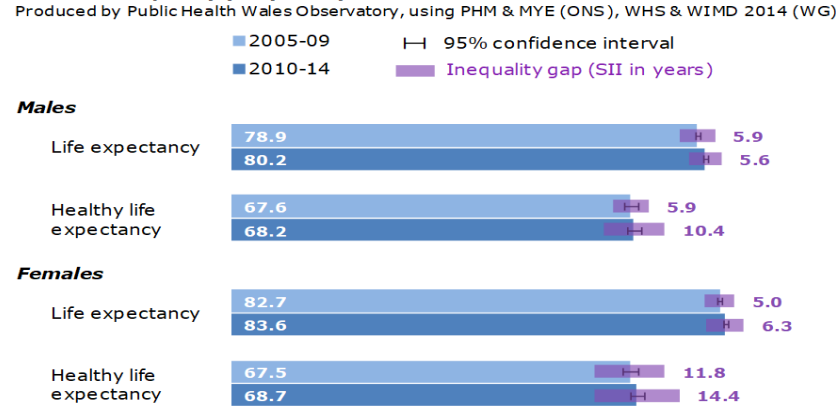
Life expectancy at birth, years, females, United Kingdom and Wales, 2001-03 to 2015-17
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



Life expectancy at birth, years, males, United Kingdom and Wales, 2001-03 to 2015-17
Produced by Public Health Wales Observatory, using PHM & MYE (ONS)



Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Powys THB, 2005-09 and 2010-14
Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)



- **There was a comparable situation in Powys.** While all-cause mortality generally fell (improved) in Powys between 2005-07 and 2012-14, the gap between the least and most deprived fluctuated between 2005-07 and 2012-14 for males and females, with no significant change in the measure during this period.
- The Slope Index of Inequality increased but not significantly (i.e. deteriorated slightly) in Powys between 2005-09 and 2010-14 for three measures: healthy life expectancy in men, life expectancy in women and healthy life expectancy in women

Evidence Base - Population Impact

Impact on Mental Wellbeing and Chronic Disease

- With increased unemployment, there is evidence that longstanding illness would be expected to increase gradually
- There would be a higher increment in the percentage of adults with limiting longstanding illness compared to adults with any long-standing illness which would have implications for healthcare services
- Covid-19 may result in c. 900,000 more adults of working-age in the UK developing chronic health conditions due to reduced employment
- Based on current unemployment predictions, there is evidence that working-age adults with chronic health conditions is projected to increase up to the end of 2022/23, with a higher increment for mental health and endocrine/metabolic problems

Latest evidence regarding the impact of the pandemic (direct and indirect) on the population - Summary of Work carried out by Dr Catherine Woodward



- 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**




Evidence Base - Socio-Economic Impact

Understanding the Impact of COVID-19 in Powys 'on a page'

In order to consider how Powys may look in the future, it is necessary to clearly see the current situation, what has changed or stayed the same and what this might mean for the County **over the short (6 months), medium (1 year) and long term (5 years).**






Economy

-  **Business Support** - £46.6m paid out to 4,020 businesses with a further support package to be made available for small charities in Powys
-  **Employment trends** - 23% of Powys' workforce (13,100 employees) furloughed. From March to May claimant count increased 156% (+2,225) in Powys
-  **Impact on key sectors** - Accommodation & food services have been the worst hit since COVID-19, with an estimated fall in GDP of 92%



- Short, medium, long term**
March and April 2020 compared to 2018 Powys, it is estimated that:
 - Short term** Powys' GVA decreased by 24.5% with 25.2% fewer jobs
 - Medium term** Powys' GVA decreased by 11.8% with 18.1% fewer jobs
 - Long term** Powys' GVA decreased by 4.4% and 7.3% fewer jobs

Vibrant, connected & resourceful communities

-  **Volunteers** - 372 health and care volunteers across PCC and PTHB. 66% volunteer increase on powys.volunteering-wales.net
-  **Community provided services** - 5,504 vulnerable persons in Powys communities are recognised
-  **Environmental impacts** - massive reduction in airborne pollution, most noticeably reduction in Nitrogen Dioxide (NO2) and particulate matter

- Short, medium, long term**
 - Short term** Communities with high numbers of vulnerable persons continue to need additional help
 - Medium term** A possible rise in the need for food banks in the most 'financially stretched and urban adverse' areas
 - Long term** Risk that smaller Environmental NGOs may be lost without additional funding

Residents start well, live well & age well

-  **Referral numbers** – Referrals to Adult social care increased by 11%. Children's referrals have reduced, mostly because of the schools closures (schools usually refer 10%) this could imply a safeguarding risk to young people
-  **Homelessness and housing impacts** – 112 homeless as at 29th May 2020, 119% increase compared to May 2019. 80% of those accommodated are single persons




- Short, medium, long term**
 - Short term** Adult support will continue, delivered virtually where possible
 - Medium term** Referrals will increase. More homeless once private landlords can enforce evictions
 - Long term** Adult social care needs will be met in the community. Increase in homelessness for family groups due to unemployment

Capable, confident & fulfilled residents

-  **Pupil and student trends** – 16 childcare hubs, 307 pupils accessing, 1,413 devices and MiFi dongles distributed
-  **Free school meals** - 14% increase in students who are eligible, 20% increase in free school meal take up since Sept 2019
-  **Well-being of pupils and students** - Demand for children and young people's counselling service increased by 60 referrals since lockdown to 190 active cases

- Short, medium, long term**
The impact on children, young people and education staff is yet unknown

High Performing & well run council

-  **Financial outlook for the council** - potential £16m deficit for financial year 2020/21. 201 staff furloughed recouping £206k March-May
-  **Service Performance Impacts** – Significant changes to the way the council is operating. +1,100% daily VPN connections, +634% in Teams activity
-  **Well-being of staff** – 562 staff have responded so far. 66% staff reported they have increased productivity and 70% have better work/life balance

- Short, medium, long term**
 - Short term** Significant loss of income
 - Medium and long term** Revisit our MTFS, austerity means we are likely to have a significantly worse financial settlement in future years

Powys County Council have produced an assessment divided into five sections that focus on the economy, our communities and residents, and the effect that Covid-19 is having on the Council and how the Authority has adapted in response.

While the full impact of the virus will not be known for some time, some trends are already becoming apparent at both a national and international level and when applied to Powys may provide some indication of the effects that may be expected on the economy and on our communities over the short, medium and long term.

The full report is available at:
<https://sway.office.com/sxfU525TCBDFv9PE?ref=Link&loc=mysways>

Evidence Base - Recovery & Renewal Model

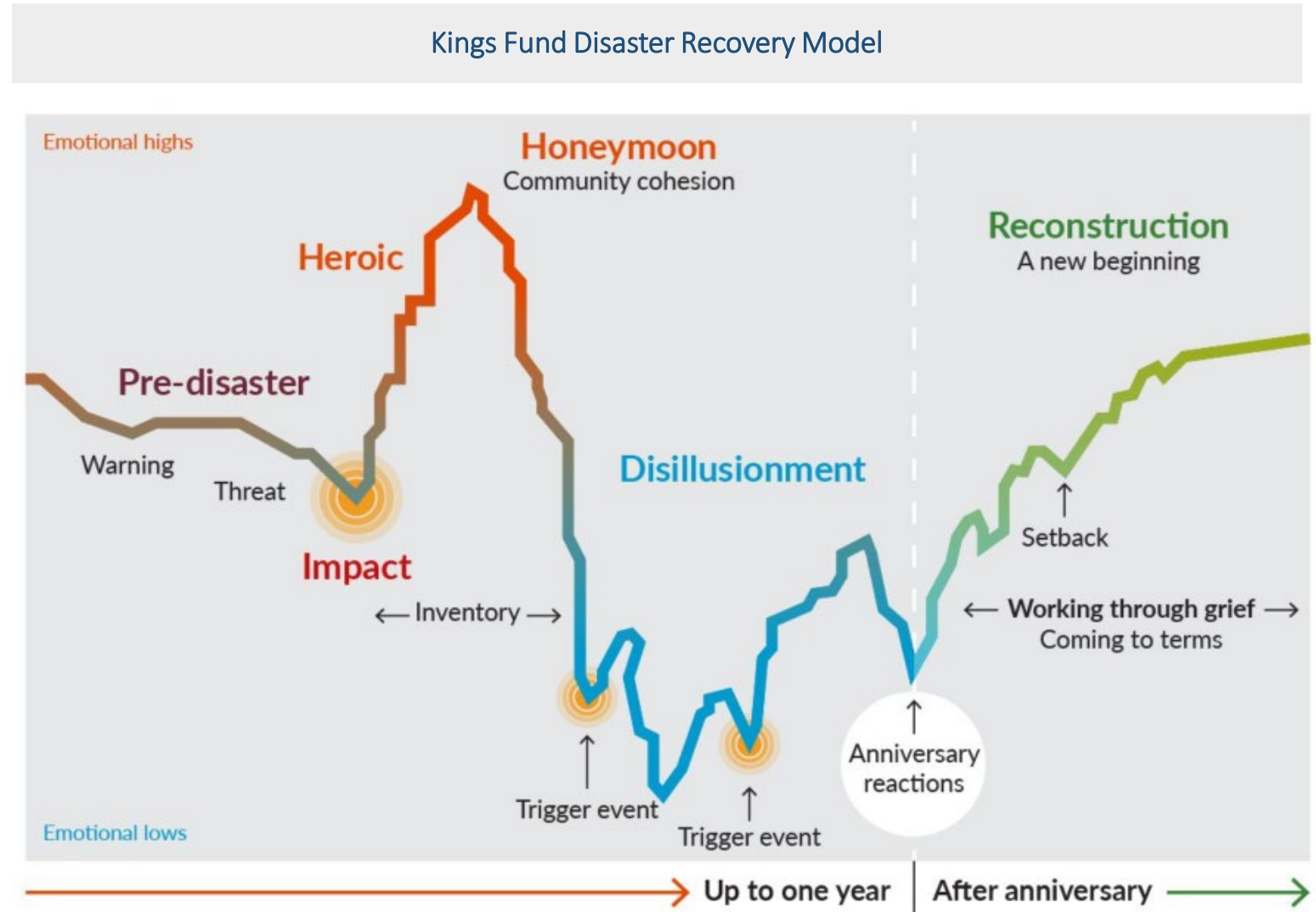


The Kings Fund have identified insights from recovery work globally. Their key finding is that recovery should focus on [understanding what individuals and communities need to cope](#) with the impacts of a disaster, and be in a better position to withstand the next one.

The work also highlights that recovery will be a long haul, a [10–15 year timeframe](#), and progress will not be linear.

Four priorities are noted:

- **Mental health and wellbeing**
- **Community need**
- **Not leaving anyone behind**
- **Collaboration**



The full resource is available at

<https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/>

Evidence Base - Inequalities

Emerging evidence on impacts on particular groups including those who are more vulnerable populations are those experiencing greater impacts:

The OECD report that the virus 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. Poor people, people living in deprived areas and ethnic minorities have also been disproportionately affected.

The Children's Commissioner report '**Childhood in the time of Covid**' set out the key ways in which children's lives have been impacted as a result of the Covid 19 crisis.



Protecting and improving the nation's health

Beyond the data: Understanding the impact of COVID-19 on BAME groups

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf



Placing health equity at the heart of the COVID-19 sustainable response and recovery: Building prosperous lives for all in Wales

COVID-19 has disproportionately impacted vulnerable groups



Across EU countries, around 90% of reported COVID-19 deaths have been among people over 60 years old. In many countries, about half of all deaths have been among people living in nursing homes.

The poor, those living in deprived areas and ethnic minorities have also been disproportionately affected.



Source: ECDC

<https://www.oecd-ilibrary.org/>

The same pandemic, unequal impacts: How people are experiencing the pandemic differently

It's been clear from the early stages of the COVID-19 pandemic that some groups are more affected than others.



People living in the poorest areas are at higher risk from COVID-19

People in the most affluent areas are **50% less likely** to die from COVID-19 than those in the poorest areas.



Black and minority ethnic communities are more affected by COVID-19

People of black ethnicity are **4 times as likely** to die from COVID-19 compared to people of white ethnicity.



Disabled people have been hit particularly hard

Disabled people have experienced death rates **2 to 3 times higher** than non-disabled people.



Young people are most likely to lose employment

One in three of 18-24-year-olds have been furloughed or lost their job - **twice the rate** of working-age adults.



Health and social care workers have an increased risk of adverse mental health outcomes

4 in 5 social care workers in Scotland reported their work during COVID-19 negatively impacted their mental health.

The COVID-19 impact inquiry is exploring the different ways the pandemic, and the national response to it, are affecting health and health inequalities in the UK.

Find out more at health.org.uk/covid-19-impact-inquiry

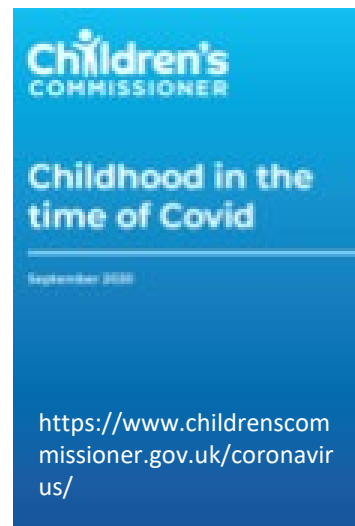
The Public Health England report 'Beyond the data' also highlighted the differential impact of Covid-19 on **Black and Minority Ethnic** Groups.

Other evidence is emerging on factors including **homelessness, travelling communities, adult and child protection and safeguarding, gender inequality**.

It has been described as a 'syndemic pandemic' with an aggregated impact on existing determinants of disease.

<https://jech.bmj.com/content/74/11/964>

<https://www.health.org.uk/news-and-comment/charts-and-infographics/same-pandemic-unequal-impacts>



<https://www.childrenscommissioner.gov.uk/coronavirus/>

Coronavirus and Me:

A second nationwide survey of the views and experiences of children and young people in Wales.

January 2021

<https://gov.wales/coronavirus-and-me-wales-young-people-asked-about-their-thoughts-and-concerns-during-pandemic>

Renewal Priorities & Portfolio Approach

A set of Renewal Priorities defined as part of the Annual Plan, based on

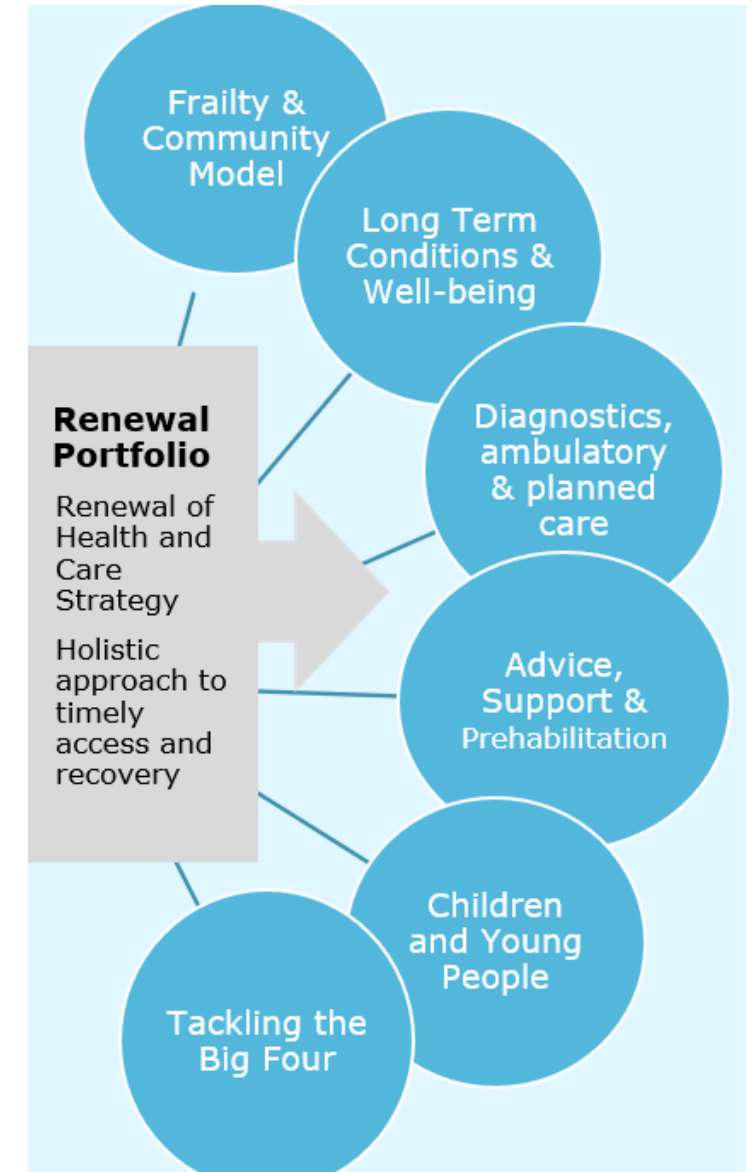
- learning and evidence including the impacts of the pandemic
- the ongoing public health emergency
- and the critical position in relation to timely access nationally and locally.

The waiting list for elective treatment is now over 17,000, for services needed in and out of county, equating to about 1 in 8 of the Powys population. Over 3,500 waits are already longer than a year. However, the impacts are wider and include, for example, the effect on children's health and development.

A Renewal Portfolio approach has been built around the principles in the Annual Plan, to ensure a focus on those things that matter most to the well-being of the population of Powys and those things which will work best to address the critical challenges ahead.

The scale of the challenge will not be met by existing approaches or resources and will require new, radical solutions bounded in a **value-based healthcare approach** locally, regionally and nationally.

It builds on the collaboration, the community, the people, the quality of care – the shared ambition for A Healthy Caring Powys.



Renewal Priorities

RENEWAL PRIORITY 1



The focus will be on securing the greatest outcomes for Powys residents, using evidence based approaches to bring care closer to home and promote independence, avoiding unnecessary prolonged hospital stays which are known to decrease functionality over time.



There are significant challenges and risk of harm from the wider impacts of the pandemic including those arising from waits for referrals and treatment. The model and interventions will be designed and measured by patient outcomes and experiences.



The greatest need is a complex and compound principle, with demand and need shifting and exacerbated by the wider impacts of the pandemic and the risk from harm waiting for care. Priorities will be based on redesigning those service offers which are the least sustainable for those with greatest need.



A value based approach with improvements in the quality of life for those people receiving care and those with frailty will be key. Evidence based approaches and greater patient initiation will support efficiencies that enable resources and workforce to be targeted effectively.



The community model will build on the home first ethos and care closer to home as the foundation of the Powys Model of Care, with fair access for the rural communities of Powys.



Powys has a strong history of collaboration and community engagement and this has been evident during the pandemic. The community well-being approach being accelerated in North Powys is driving a co-productive model. At the heart is an emphasis on independence and community resilience.

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid'/ Overwhelmed system'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reformation
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals developed

Frailty & Community Model



What will this achieve?

Learning from the modified approaches implemented during the pandemic which successfully maintained many more people within their own homes; a revised frailty and community model will enable better outcomes for people through more intensive community and home based care. Renewed pathways for planned and unscheduled care for frailty will build on successful models of Home First, Discharge to Recover and Assess, Virtual Wards and support for those at risk of Falls.

With a clear prevention and home first ethos, joined up and 7 day working, multi-disciplinary teams will work to prevent avoidable secondary care admissions, and adopt ambulatory/same day care approaches where possible.

Key Actions & Milestones

Q1 – Initiate development of a revised Frailty & Community Model, using a Value-Based approach. Strategic Demand and Capacity/Opportunity Analysis undertaken. Fast-track Frailty medical staffing solution.

Q2 Agree model and workforce plan, including clinical leadership. Agree and ensure cascade arrangements for frailty scoring tool, e-learning module and use of Complex Geriatric Assessment.

Q3-4 Implementation of model, frailty scoring tool, Multidisciplinary / Multiagency response to deterioration highlighted by the frailty scoring tool.

Executive Leads
MD (DoTH, DPCCMH)

Why is this important

- Variable practice at present.
- Community hospitals currently have long lengths of stay.
- Duplication between D2RA and reablement.
- Fragility of service.

Risks and mitigations

- Complex system – no understood overarching model.

Outcomes

- Healthy active ageing and supported independence.
- Living well with simple or stable long-term conditions & with complex comorbidities, dementia and frailty.
- Rapid support close to home in crisis and acute hospital care when needed.
- Good discharge planning and post-discharge support.
- Good rehabilitation and reablement.
- High-quality nursing and residential care.
- Choice, control and support towards the end of life.

Renewal Priorities

RENEWAL PRIORITY 2

Long Term Conditions and Well-being

Executive Leads
DoTH (DPH, DPCCMH)



Using evidence based approaches for all those with chronic conditions, greater shared decision making with patients on outcomes and experience, as well as collaborations between services so that care is based on need rather than organisational boundaries.



There is clear evidence that the pandemic will have long term impacts for those with existing healthcare needs and conditions that will require new, targeted, intensive approaches to reduce harm. Equally there are great innovations that have been adopted which provide a platform for a refreshed offer that is more flexible and promotes better outcomes.



Those with long term conditions have the greatest need for healthcare over a greater period of time and frequency. The evidence shows that the numbers of people will increase over the next decade, requiring a refreshed offer to provide sustainable support and care.



Evidence based approaches which consider the value for the patient in relation to their outcomes and the best use of healthcare resources will be essential to meet the anticipated growth in demand and address the challenges created by the suspension of non covid healthcare.



Access to appropriate, early and tailored support for those with long term conditions is core to successful management of their health and well-being. It is also going to be one of the greatest challenges facing health and care as a result of the pandemic, addressing backlogs and waiting times, taking into account those most at risk.



Community support and resilience is known to be important for long term well-being at an individual and population level. The approach being accelerated in North Powys is driving a co-productive model and will draw learning for Powys wide service and pathway development.



What will this achieve?

A fully integrated and scaled service to support people with long term conditions using bio-psycho-social and psychosocial approaches. Focus on psycho-social support, prevention, self-care and patient initiation. A refreshed offer to provide targeted support and equitable access for those with all long term conditions, including Long Covid and Healthy Weights Obesity pathway, with multi-disciplinary team working, rehabilitation and pain management. An approach that is patient and carer centred, utilising digital, group and shared care models, promoting access, early help and self-care, for those who are most at risk of harm including the impacts of the pandemic.

Key Actions & Milestones

Q1 Expand services to support renewal, beginning with long-COVID; Ensure a baseline of activity is in place and improvement trajectories developed.

Q1 - Funding confirmed for advanced practitioner, medicines optimisation and community engagement. Recruitment.

Q2/3 Expand services to support weight management; Q2-4 Tracking service improvement and agreeing adjusted actions if progress is not sufficient. Ensuring longer term phased plans have been established – with second tranche implementation priorities agreed.

Q2-4 Additional support provided to patients; Implementation of second tranche priorities; Q3-Q4 agreement of priorities and plans for 2022/23

Why is this important

- To support the population with one or more long term health conditions.
- To manage their health with the support of health professionals.
- Deliver supported self-management service for a wide range of Conditions.

Risks and mitigations

- Increasing projections for proportion of working-age adults limited by long-standing illness & musculoskeletal, heart and circulatory, respiratory, endocrine, metabolic problems and mental health problems.

Outcomes

- Improved self-reported wellbeing, citizen satisfaction.
- Reduced demand on inpatient & outpatient demand, primary & social care.
- Reduced WAST demand attendances/conveyances.
- Improved compliance with medication and treatment regimes & reduced pharmacological wastage.

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals developed in Q1

Renewal Priorities

RENEWAL PRIORITY 3

Diagnostics, Ambulatory & Planned Care

Executive Leads
DPCCMH (DPP, MD)



Using the evidence on successful models for example same day care and peer reviewed pathways which enable a greater focus on prevention and early help.



Early prevention and identification is essential across all pathways and priorities. There is clear evidence from patient experience and feedback supporting the need for early help and support from first contact throughout pathways, to support greater patient activation and control.



Demand and need is shifting in the context of the impacts of the pandemic and plans will continue to evolve and develop as the evidence base evolves. Harm reviews will be key to ensure targeted identification and directing of support.



The development of a core diagnostics offer underpins a value based approach and is a key enabler for the development of single, common pathways which support effective use of resources and improve outcomes.



Access is one of the greatest challenges facing health and care as a result of the changes and suspensions of non covid healthcare during the pandemic. The rebuilding of access will take into account the compounded effect on health inequalities and those most at risk.



The focus on locally developed and delivered services is key to building community investment and resilience in Powys and more sustainable services.



What will this achieve?

Transform access to in-county care, including diagnostics, ambulatory/same day care and planned care (outpatient – face to face or digital; surgery). Maximise the capability for near-patient diagnostics (home, primary care practice, community hospital/Rural Regional Centre). Introduce a network of new Ambulatory Care Centres. Significantly increase in-county care through pathway/service repatriation. This meets the Powys population ambition of more care closer to home and shifts traditionally DGH provided care to Powys' Rural Regional Centres, in addition to reducing pressure in commissioned providers.

Key Actions & Milestones

Implement Scheme agreed with Welsh Government to reduce Referral To Treatment (RTT) backlog; to support the National Endoscopy Programme; to improve performance against the eyecare measure; and ensure significant improvement and modernisation in Outpatient service specifically follow ups in line with National Planned Care Outpatient Strategy

Q1 Funding confirmation; Recruit to theatre staff; Confirm additional in-reach & Waiting List Initiatives sessions required; secure private sector General Surgery via NHS procurement; utilise agency theatre staffing whilst recruitment process in train; Waiting List Initiatives commence; scope & plan repatriation

Q2 Continue recruitment; additional capacity/Waiting List Initiatives continue; agree repatriation plan/formal Service Level Agreements/Long Term Agreement arrangements reviewed; additional capacity in place to address backlog.

Why is this important

- To reduce the RTT backlog within Planned Care.
- To significantly reduce the routine endoscopy and surveillance backlog.
- To bring Eye Care Measure performance in line with WG target.
- To ensure significant improvement and modernisation in OP, specifically follow ups.

Risks and mitigations

- Anticipated backlog of 5494 patients by the end of March 2022 if no action taken, only party cleared with core activity.

Outcomes

- Reduction in waiting times, RTT, Diagnostics & Eye Care Measure.
- Patients seen and treated in a timely manner.
- Care closer to home.
- Additional clinical capacity.
- More sustainable service.
- Potential to retain staff trained in Powys.

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care / Point of Care Testing Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

Renewal Priorities

RENEWAL PRIORITY 4

Advice, Support and Prehabilitation

Executive Leads
DPP (MD, DoTH)



Using evidence based approaches for early advice and management which promotes 'pre-habilitation' to support risk management and mitigation of potential harm; based on outcomes and experience based decision making and co-ordination as locally as possible.



There is clear evidence for the impact on people of waiting for treatment across specialities and a need to understand what matters in terms of outcomes for the patient and for their carers. The offer needs to be as local as possible, from the earliest contact onwards.



The evidence shows that the numbers of people requiring healthcare will increase over the next decade, requiring a refreshed approach that is sustainable going forward, with advice as early as possible to minimise risk for those with greatest need.



Evidence based approaches which consider the value for the patient in relation to their outcomes and the best use of healthcare resources. To meet the anticipated growth in demand and address the challenges created by the pandemic and the suspension of non covid healthcare.



Access to appropriate, early and tailored support will be essential for fair access to healthcare, taking into account those most at risk of harm and understanding the best outcomes for each patient.



Building on community strengths will be key to 'pre-habilitation' as first early contacts with support services are often those in the community, with primary care clusters forming a hub around which a model of support can be built.



What will this achieve?

A transformed approach to support and treatment to ensure timely and equitable access to effective services focused on improving outcomes and experience. Using a Value-Based approach, citizens will be offered structured advice and support including 'prehabilitation' for those who are or may otherwise be waiting for treatment. This will be based on shared decision making with patients and carers, with primary care able to access the optimal pathways which maximise outcomes and experience, and build support plans, interventions and treatment that enables control over their condition as part of a patient centred pathway.

Key Actions & Milestones

Implement scheme to establish Advice, Support & Prehabilitation Service; Patient Liaison Service; Clinical Referral Guidance service (including virtual MDT).

Q1 Funding confirmed for tranche 1; recruitment and equipment secured.

Q2 Patient liaison and patient tracking established across pathways spanning more than one organisation; Tracking of reduced waiting list; Tacking of harm reviews; Tracked reduction of

patients waiting over 52 weeks; Access to prehabilitation
Q3 Strengthening of clinical guidelines and redesign of orthopaedics and ophthalmology pathways

Q4 Reduction in the overall waiting list; Reduction in the number of Powys patients waiting over a year; concerns maintained at less than 2% waiting over 36 weeks.

Why is this important

- 1 in 8 of the Powys population on waiting list for elective treatment.
- Over 3,500 of waits are already longer than a year.
- People waiting are often those who are older with disabilities.
- Deprivation in terms of access to services is also a significant factor.

Risks and mitigations

- The waiting list for elective treatment is currently over 17,000 for Powys.
- Longest waiting times in Powys for Orthopaedics and Ophthalmology.

Outcomes

- Improved patient outcomes.
- Reduced risk of harm.
- Patients supported to navigate waiting times and access to advice & support.
- Swift reassessment of deteriorating patients.
- Prevention of concerns.
- Redesign of the key pathways.

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System'
- NHS Wales Recovery Plan / Planned Care Programme, Strategic Programme for Primary and Community Care,
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels; fully costed proposals will be developed in Q1

Renewal Priorities

RENEWAL PRIORITY 5

Children and Young People

Executive Leads DoN (DCCPMH)



There is emerging evidence of a particular impact on children and young people arising from the pandemic and action required at national, regional and local levels to understand and respond to this.



The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities.



Equity of provision is an underpinning principle, taking into account the inverse care law and the compounded impact on children and young people who are vulnerable and in need, including those requiring protection and children who are looked after.



A value based approach will be designed around maximising outcomes and experience, targeting interventions where evidence exists that it is effective; delivered by a workforce with the right level of knowledge skills and expertise.



Planning and interventions will take into account the broader determinants of health. This encompasses socio-economic factors and poverty in its widest sense and impacts in key areas of child development such as literacy and well-being.



Children and young people must be at the heart of decisions made about them, building on relevant networks and communications and ensuring interventions enable self responsibility and informed choice.

Key Interdependencies

- Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention
- Delivery against Four Harms
- NHS Wales Recovery Plan / Planned Care Programme
- NHS England System Planning & Recovery arrangements
- Recovery and renewal portfolio and investment



What will this achieve?

*An organisational and partnership approach to **prioritising recovery and renewal from the pandemic for children and young people.***

Key Actions (Refer to Delivery Plan for detailed milestones & timescale)

Neurodevelopment services Development of enhanced service; programme plan implementation and recovery to RTT 26 week target

Obesity / Healthy Weights Pathway development for children and young people; Delivery of PTHB Weight Management Strategic Development Plan 2021-24, Peer Review June 2021, Voice of the child service user engagement

Healthy Growth and Development Deliver vaccination / Child Health Wales / Sexual health programmes; work with families and schools to maximise infection prevention and refocus health visiting, adoption of Solihull exemplar Parenting approach, work with third sector on access

Emotional Health and Wellbeing Delivery of Silvercloud for children, young people and families, CAMHS staff training in DBT, emotional regulation, trauma and attachment theory and outcome measures, CAMHS schools in-reach, work with Ceredu for carers needs

Immunisation and Vaccination Delivery of plan; data and reporting improvements, workforce development learning from covid vaccination, implement refreshed standard operating procedures and programme

Increased access to healthcare Targeted work to improve access for looked after children, delivery of action plan, baseline and measures, incorporating recommendations from Serious Incident review, mapping and engagement for pathway development

Why is this important

- The earlier a child is diagnosed the more likely they are to receive the support and intervention required.
- Well supported families less likely to face issues that undermine the family unit.

Risks and mitigations

- Delayed assessments has potential to increase harm.
- Additional investment will mean that first appointments backlog will be cleared by July 2021.
- Those subsequently needing diagnostic assessment cleared by September 2021.

Outcomes

- Compliance with 26 week Referral To Treatment (RTT).
- Clear over 36 weeks waiting backlog within 9 months.
- Improved experiences and outcomes Reduction in length of time to first assessment and subsequent review.
- Cost-effective clinical model.

Renewal Priorities

RENEWAL PRIORITY 6

Tackling the Big Four: Cancer

Executive Lead
MD



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence-based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



What will this achieve?

The purpose of the cancer transformation programme is to improve the quality of services and outcomes for the people of Powys. Focusing on the different needs of children and adults, it will apply a whole system value-based approach to improve cancer pathways. In particular it will focus upon ensuring cases of cancer are detected at earlier, more treatable stages through more timely access to diagnostic investigations closer to home wherever possible.

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

- Recruit to and implement a cancer improvement team, including cancer tracking and agree a harm review approach which takes into account the complexity of Powys pathways
- Work jointly with the Wales Cancer Network appointed post to ensure optimal pathways are in place for Powys residents, including interface with the West Midlands Cancer Alliance and English providers (
- Develop the vague symptom pathway, through utilising neighbouring provider rapid diagnostic centres and exploring the potential for a Powys provided service
- Scope the potential development of Powys community diagnostics, including the potential for community hospital CT
- Develop the overarching cancer model of care for Powys
- Work in support of the Velindre business case, Radiotherapy Satellite Centre at Nevill Hall Hospital, and acute oncology developments

Why is this important

- Earlier detection at more treatable stages with timely access to diagnostic investigations and evidence-based interventions.
- Recovery to pre-pandemic levels of access.
- Equity of access to services of consistent standards of care.
- Sustainability of services.
- Access to prehabilitation and rehabilitation.

Risks and mitigations

- Complexity of the PTHB pathways across England and Wales will require assistance of Wales Cancer Network working with the West Midlands Cancer Alliance.
- Rapid Diagnostic Centres for vague symptoms in different states of development around borders, to ease equity of access issues seek commissioned solution as stage 1.
- No MRI or CT in county but significant opportunity; work with DHCW and Network to ensure databases give a resident view.
- Harm Reviews means gathering patient records from 15+ other health boards and NHS Trusts – with no cancer specialists in Powys, work to identify safest approach.

Outcomes

- Work to restore compliance with Suspected Cancer Pathway requirements.
- Improved quality of cancer services and outcomes.

Key Interdependencies

- The Quality Statement for Cancer to ensure that services are equitable, safe, effective, efficient, person-centred and timely
- The Cancer Transformation Strategy (South Wales)
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

Renewal Priorities

RENEWAL PRIORITY 6

Tackling the Big Four: Mental Health

Executive Lead
DPCCMH



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence-based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



What will this achieve?

This will improve outcomes for the children and adults of Powys using evidence-based approaches to reduce inappropriate variation, improve outcomes and ensure value across the whole system for people using services, families and carers

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Deliver Powys Hearts and Minds, Together for Mental Health Strategy including

- Targeted pathway development and engagement
- Further roll out of Silver Cloud CBT Service to young people receiving services through CAMHS

Delivery of mental health service improvement projects funded by Welsh Government investment including:

- Crisis Care to establish a single point of access to mental health services via 111
- Alternatives to admission through the provision of a safe space and emotional and practical support out of hours to those whose distress might otherwise escalate
- Enhancing Eating Disorders support following completion of local service mapping against NICE standards and a gap analysis
- Service mapping of Perinatal Mental Health against the Royal College of Psychiatrists Perinatal Community Standards prior to a funding application
- Early intervention in psychosis and Specialist CAMHS

Key Interdependencies

- Powys Hearts and Minds, Together for Mental Health Strategy
- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

Why is this important

- Negative impact of the pandemic on mental health, particularly on adults and young adults' level of depression and anxiety.
- Some evidence suggests young women and girls are more affected by the pandemic, including those not in education and employment.
- Mental health & wellbeing outcomes were worse during Summer 2020 compared to previous years.
- Referrals into mental health services have significantly increased since last year.

Risks and mitigations

- Ability to recruit suitably qualified clinical staff.
- Addressing deteriorating performance to provide more timely access to diagnostic and post diagnostic support for people experiencing memory loss.
- Delivery against ongoing increase in demand for services.

Outcomes

- Enhanced / optimal emotional and mental health support available to Powys residents, including children and young people, across the pathway from single point of access via 111 and safe spaces, through to early intervention in psychosis and Specialist CAMHS.

Renewal Priorities

RENEWAL PRIORITY 6

Tackling the Big Four: Respiratory

Executive Leads
DoTH



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence-based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



What will this achieve?

The Breathe Well Programme will transform the wellbeing, primary and community service model within a whole system approach, improve respiratory clinical outcomes, symptom management and patient experience, and improve outcomes for children and young people, through the implementation of the national model for the management of asthma

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Breathe Well Programme including

- Recruitment to and implementation of the North West & Mid Powys MDT pilot, with evaluation of the approach as part of preparations to move to a pan-Powys respiratory MDT in the future
- Evaluation of the drive-through spirometry pilot in order to finalise and implement a sustainable, value-based solution for spirometry in the context of COVID-19
- Finalising the medical staffing options appraisal as a key component of the model of care
- Continuing to enhance respiratory diagnostics delivered in Powys
- Continuing to deliver the successful virtual pulmonary rehabilitation programme including addressing the existing backlog
- Revisiting pre-COVID-19 respiratory priorities for children & young people and adjusting as needed

Key Interdependencies

- RHIG and national programme of work including COVID-19 and Long COVID-19 developments
- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) and NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

Why is this important

- To support the development of a pan-Powys Respiratory MDT, forming a key part of a unified Powys Respiratory Service.

Risks and mitigations

- Initial analysis shows virtually all respiratory outpatients could be repatriated but this will hinge on the options for the medical model within an MDT-approach.
- Ability to recruit suitably qualified clinical staff.
- Availability of consulting rooms, although virtual options will help to resolve this where possible.
- Opportunity to explore potential innovative MedTech / digital solutions through PTHB Health & Care Academy.
- Complexity of patients whose needs are more complex as assessment and treatment has been delayed.
- Pressures on primary care; Re-establishment of school health services, e.g. asthma plans.

Outcomes

- Additional staff will be part of the service physically or virtually.
- More patients will be supported from the team within Powys.
- The pulmonary rehabilitation programme will be delivered digitally and offered equitably across Powys in a timely way.

Renewal Priorities

RENEWAL PRIORITY 6

Tackling the Big Four: Circulatory

Executive Leads
DPH



The Big Four will take a structured whole system approach to the analysis of needs and gaps and opportunities. Greater joining up of learning and approaches will be a key theme for 2021.



A value based approach will be embedded across the work of the Big Four priority areas to ensure that resources achieve the best outcomes for patients.



Tackling the Big Four in the context of the impacts of the pandemic and pre-existing inequalities will require greater understanding and risk stratification of those most in need.



In a challenging context, robust reviews and prioritisation to ensure those most at risk of harm are offered support will be essential, including peer reviews and use of comparative intelligence and shared learning on evidence-based pathways.



Given the complex nature of Powys pathways, involvement in national and regional work (England and Wales) on system recovery planning, clinical prioritisation and resource allocations will be key. Fair access for rural populations using healthcare across boundaries is a priority.



Conversations and engagement with communities at national, regional and local levels will be essential for people to be placed at the heart of decisions made about them, ensuring interventions enable self responsibility and informed choice.



What will this achieve?

The Circulatory Programme will work to improve outcomes in relation to cardiac conditions, diabetes and stroke by differentiating on the needs of adults and children. The programme will work with patients and clinicians to ensure evidence based transformative activities to reduce inappropriate variation, improve outcomes and ensure value across the whole system

Key Actions (Refer to Delivery Plan for detailed milestones & timescales)

Delivery of Circulatory Programme (stroke, heart and diabetes, all age and whole system)

- Agreement of revised circulatory programme arrangements following changes due to COVID-19
- Securing expert clinical input via Cardiac Network to support the development of community cardiology services in Powys
- Completion of the circulatory programme gap analysis reflecting the subsequent publication of the Cardiac Quality Statement(s) and develop a phased plan focussed on reducing inappropriate variation, improving outcomes and ensuring value
- Ensuring a focus on outcomes for diabetes for Powys residents and compliance with essential care processes
- Ensure information gathering using resources of the Cardiac Network ensuring a resident view
- Implement milestones from the revised circulatory plan and develop priorities for 2022-23

Key Interdependencies

- Addresses all Ministerial Priorities – Timely Access to Care; Health Inequalities, Primary Care, Mental Health and Prevention, new quality statements
- Delivery against Four Harms 'Harm from Non-Covid/ Overwhelmed System/ Wider Impacts'
- NHS Wales Recovery Plan / Planned Care Programme/ National Clinical Framework
- NHS England System Planning & Recovery arrangements including establishment of Integrated Care Systems (ICS) & NHS reform
- Recovery and renewal will be subject to investment at national / regional and local levels

Why is this important

- The programme will improve outcomes in relation to cardiac conditions, diabetes and stroke, particularly in a Covid-context.

Risks and mitigations

- Ability to recruit suitably qualified clinical staff.
- Opportunities for clinical leadership of circulatory programme to be explored.
- Availability of consulting rooms.
- Patients requiring more complex interventions as assessment and treatment has been delayed.

Outcomes

- Implementation of clinical guidelines.
- Consistent collation of PROMs and PREMs for residents needed to monitor improved outcomes.
- For community cardiology: service closer to patient's home with shorter waiting times.
- Opportunity to create advanced clinical roles in Powys.
- Rapid access to diagnostics and advice.
- Reduction in referrals to secondary care including inappropriate referrals.
- Reduced patient travel.