

# Board

Wed 29 November 2023, 09:30 - 15:00

## Agenda

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09:30 - 10:25  
55 min

### 1. PRELIMINARY MATTERS

 Board\_Agenda\_29 November 2023 final.pdf (4 pages)

#### 1.1. Welcome and Apologies for Absence

Oral                      Chair


#### 1.2. Declarations of Interest

Oral                      All

#### 1.3. Experience Story

##### 1.3.1. Patient Experience Story

Attached                      Director of Nursing and Midwifery

 Board\_1.3\_Patient Story.pdf (9 pages)

##### 1.3.2. Staff Experience Story

Oral                      Director of Workforce and Organisational Development

#### 1.4. Update Reports of the

Committee Chairs

##### 1.4.1. Chair

Attached                      Chair

 Board\_1.4a\_Chair's Report to Board.pdf (4 pages)


##### 1.4.2. Vice Chair

Attached                      Vice Chair

 Board\_1.4b\_Vice Chair's report Board.pdf (3 pages)

##### 1.4.3. Chief Executive

To follow                      Chief Executive


 Board\_1.4c\_CEO Board paper Nov2023.pdf (7 pages)

#### 1.5. Assurance Reports of the Board's Committees:

 Board\_1.5\_Committee Chair Reports\_November\_2023.pdf (4 pages)

##### 1.5.1. Patient Experience Quality and Safety Committee

Attached

 Board\_1.5a\_App A\_PEQS Chairs Assurance Report 24 Oct23.pdf (5 pages)

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## 1.5.2. Joint Patient Experience Quality and Safety Committee and Workforce and Culture

*Attached*

 Board\_1.5b\_App B\_Joint PEQS with W&C Chairs Assurance Report 24 Oct23.pdf (2 pages)


## 1.5.3. Executive Committee

*Attached*

 Board\_1.5c\_App C\_Executive Committee Chair's Assurance Report Nov 2023.pdf (14 pages)

## 1.5.4. Charitable Funds Committee

*Attached*

 Board\_1.5d\_App D\_Charitable Funds Report September 2023.pdf (5 pages)

## 1.5.5. Delivery and Performance Committee

*Attached*

 Board\_1.5e\_App E\_Delivery & Performance Chairs Assurance Report\_17 October 2023.pdf (3 pages)

## 1.5.6. Planning Partnership and Public Health Committee

*Oral*

 Board\_1.5f\_App F\_PPPH\_Committee\_Chairs Assurance Report\_Nov23.pdf (1 pages)

## 1.5.7. Audit, Risk and Assurance Committee

*Attached*

 Board\_1.5g\_App G\_ARA\_Committee Chair's Assurance Report\_10Oct23.pdf (5 pages)

10:25 - 12:05  
100 min

## 2. ITEMS FOR APPROVAL/DECISION

### 2.1. Revised 2023/24 Financial Plan and Forecast

*Attached*

*Chief Executive Officer*

 Board\_2.1\_2023-24 Revised Financial Plan.pdf (7 pages)

 Board\_2.1a\_2023-24 Revised Financial Position.pdf (16 pages)

### 2.2. 2023/24 Annual Delivery Plan Q2 Report and Partial Plan Reset

*Attached*

*Director Planning, Performance and Commissioning*

 Board\_2.2\_Q2 Progress & Partial Plan Reset.pdf (6 pages)

 Board\_2.2a\_Q2 Progress Against Plan\_Partial Reset.pdf (66 pages)

### 2.3. Planning Approach 2024 Onwards

*Attached*

*Director Planning, Performance and Commissioning*

 Board\_2.3\_Plan Approach\_Cover Paper\_Board.pdf (4 pages)


 Board\_2.3a\_Plan Approach 221123 web version.pdf (20 pages)

### 2.4. South Powys Programme – Consultant Led Maternity and Neonatal Care

*Attached*

*Director of Nursing and Midwifery*

 Board\_2.4\_S Powys Programme Maternity and Neonatal care.pdf (9 pages)

 Board\_2.4a\_App 3\_Readiness assessment for service transition.pdf (4 pages)

### 2.5. Director of Corporate Governance Report

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- Board\_2.5\_Director Corporate Governance report.pdf (5 pages)
- Board\_2.5a\_DCG report Appendix A.pdf (5 pages)

## 2.6. Minutes of Previous Meeting: 27 September 2023 (for approval) and Action Log

Attached Chair

- Board\_2.6a\_Minutes 27 September 2023 unconfirmed.pdf (22 pages)
- Board\_2.6b\_Action Log November 2023.pdf (1 pages)

## 12:05 - 14:25 3. ITEMS FOR BOARD ASSURANCE

140 min

### 3.1. Escalation and Intervention Status Report

Presentation Director of Corporate Governance and Board Secretary

### 3.2. Financial Performance Month 7

Attached Deputy CEO, Director of Finance, Information and IT

- Board\_3.2\_Financial Performance Report Mth 07.pdf (16 pages)

### 3.3. Integrated Performance Report month 6

Attached Director of Planning, Performance and Commissioning / All Directors

- Board\_3.3\_IPR Cover Sheet Board.pdf (6 pages)
- Board\_3.3a\_20231101\_IPR\_23-24\_Month 6.pdf (51 pages)

### 3.4. Gilwern Branch Closure Assurance Report

Attached Deputy CEO, Director of Finance, Information and IT

- Board\_3.4\_Belmont Branch Surgery.pdf (5 pages)
- Board\_3.4a\_Belmont Branch Surgery - Mitigation Plan Tracking Web Version.pdf (19 pages)

### 3.5. Winter Resilience Plan 2023/24

Attached Director of Planning, Performance and Commissioning

- Board\_3.5\_Winter Plan 23.24 Cover.pdf (5 pages)
- Board\_3.5a\_Powys Winter Plan 23.24.pdf (14 pages)

### 3.6. Assurance Reports of Board Partnership Arrangements incorporating RPB progress Report

Attached Chief Executive Officer

- Board\_3.6\_Summary of Partnership Board Activity Nov 23.pdf (3 pages)
- Board\_3.6a\_App 1 NWSSPC Assurance Report 21 September 2023.pdf (4 pages)
- Board\_3.6b\_App 2\_PTHB\_Board\_Powys RPB Progress Report\_Nov23 cover paper.pdf (8 pages)
- Board\_3.6bi\_Appendix 1\_Powys RPB Investment Plan 23-24.pdf (1 pages)
- Board\_3.6biii\_Appendix 3. RPB Strategic Capital Plan.pdf (174 pages)

### 3.7. Assurance Report of Joint Committees

Attached Chief Executive Officer

- Board\_3.7\_Joint Committee Reports\_Nov 23.pdf (3 pages)
- Board\_3.7a\_App1\_JC Briefing (Public) 19 September 2023 vFinal.pdf (6 pages)
- Board\_3.7b\_App2\_EASC Summary from 19 September 2023.pdf (9 pages)

### 3.8. Assurance Report of Local Partnership Forum

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Attached Director of Workforce and Organisational Development

Board\_3.8\_Report of the Board's Local Partnership Forum\_November 23.pdf (2 pages)

Board\_3.8a\_App A\_Chairs report\_LPF\_2 October 2023.pdf (3 pages)

### 3.9. Llais Regional Director Report

Attached Regional Director Llais

Board\_3.9\_Regional Director Llais Report Nov 2023.pdf (8 pages)

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## 14:25 - 14:45 4. OTHER MATTERS

20 min

### 4.1. Board Work Programme

Attached Chair

Board\_4.1\_2023-24 Board work plans.pdf (2 pages)

### 4.2. Any other Urgent Business

Oral Chair

### 4.3. Close

### 4.4. Date of the Next Meeting: 31 January 2024 Via Microsoft Teams

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## 14:45 - 14:45 5. CONFIDENTIAL MATTERS

0 min

*Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest*  
Chair

### 5.1. Welcome and apologies for absence

Oral Chair

### 5.2. Declarations of interest

Oral All

### 5.3. COVID-19 Public Inquiry preparation and readiness update

Attached Director of Corporate Governance and Board Secretary

### 5.4. Minutes from the In-Committee meetings held on 27 September 2023 and Action Log

Attached Chair

### 5.5. Close

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**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 29 NOVEMBER 2023  
09:30 – 15:20  
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   |
|---------------------------------------|------------|---|----------------------------------|---|
| <b>1: PRELIMINARY MATTERS</b>         |            |   |                                  |   |
| 09.30                                 | <b>1.1</b> | Welcome and Apologies for Absence   | Oral                             | Chair   |
| 09.35                                 | <b>1.2</b> | Declarations of Interest  | Oral                             | All   |
| 09.40                                 | <b>1.3</b> | Experience Story<br>a) Patient Experience Story<br><br>b) Staff Experience Story  | Attached                         | Director of Nursing and Midwifery<br>Director of Workforce and Organisational Development |
| 09:50                                 | <b>1.4</b> | Update from the:<br>a) Chair<br>b) Vice Chair<br>c) Chief Executive   | Attached<br>Attached<br>Attached | Chair<br>Vice Chair<br>Chief Executive  |
| 10.05                                 | <b>1.5</b> | Assurance Reports of the Board's Committees:<br><ul style="list-style-type: none"> <li>• Patient Experience Quality and Safety</li> <li>• Joint Patient Experience Quality and Safety and Workforce and Culture</li> <li>• Executive</li> <li>• Charitable Funds</li> <li>• Delivery and Performance</li> <li>• Planning Partnership and Public Health (oral)</li> <li>• Audit, Risk and Assurance</li> </ul> | Attached                         | Committee Chairs  |
| <b>2: ITEMS FOR APPROVAL/DECISION</b> |            |   |                                  |   |
| 10.25                                 | <b>2.1</b> | Revised 2023/24 Financial Plan and Forecast   | Attached                         | Chief Executive Officer   |

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|                                     |                               |   |          |   |
|-------------------------------------|-------------------------------|---|----------|---|
| 11.05                               | <b>2.2</b>                    | 2023/24 Annual delivery plan Q2 report and partial plan reset                         | Attached | Director Planning, Performance and Commissioning                    |
| 11.20                               | <b>2.3</b>                    | Planning Approach 2024 onwards  | Attached | Director Planning, Performance and Commissioning                    |
| 11.25                               | <b>BREAK (15mins)</b>         |   |          |   |
| 11.40                               | <b>2.4</b>                    | South Powys Programme – Consultant Led Maternity and Neonatal Care                    | Attached | Director of Nursing and Midwifery                                   |
| 11.55                               | <b>2.5</b>                    | Director of Corporate Governance Report   | Attached | Director of Corporate Governance and Board Secretary                |
| 12.00                               | <b>2.6</b>                    | Minutes of Previous Meeting: 27 September 2023 (for approval) and Action Log          | Attached | Chair   |
| <b>3: ITEMS FOR BOARD ASSURANCE</b> |                               |   |          |   |
| 12.05                               | <b>3.1</b>                    | Escalation and Intervention Status Report   | Attached | Director of Corporate Governance and Board Secretary                |
| 12.15                               | <b>3.2</b>                    | Financial Performance month 7   | Attached | Deputy CEO, Director of Finance, Information and IT                 |
| 12.35                               | <b>3.3</b>                    | Integrated Performance Report month 6   | Attached | Director of Planning, Performance and Commissioning / All Directors |
|                                     | <b>LUNCH</b><br>13.05 - 13.35 |   |          |   |
| 13.35                               | <b>3.4</b>                    | Gilwern Branch Closure Assurance Report   | Attached | Deputy CEO, Director of Finance, Information and IT                 |
| 13.40                               | <b>3.5</b>                    | Winter Resilience Plan 2023/24  | Attached | Director of Planning, Performance and Commissioning                 |
| 13.50                               | <b>3.6</b>                    | Assurance Reports of Board Partnership Arrangements incorporating RPB progress Report | Attached | Chief Executive Officer   |
| 14.10                               | <b>3.7</b>                    | Assurance Report of Joint Committees  | Attached | Chief Executive Officer   |

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| 14.15  | 3.8  | Assurance Report of Local Partnership Forum                                | Attached        | Director of Workforce and Organisational Development |
|--|------|--|-----------------|--|
| 14.20  | 3.9  | Llais Regional Director Report   | Attached        | Regional Director Llais                              |
| 4: OTHER MATTERS   |      |  |                 |  |
| 14.25  | 4.1  | Board Work Programme   | Attached        | Chair  |
| 14.30  | 4.2  | Any Other Urgent Business  | Oral            | Chair  |
|  | 4.3  | Close  |                 |  |
|  | 4.4  | Date of the Next Meeting:<br>▪ 31 January 2024 Via Microsoft Teams         |                 |  |
| <b>5.04_</b> The Chair, with advice from the Director of Corporate Governance / Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:<br><u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u><br><b><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></b> |      |  |                 |  |
| Time   | Item | Title  | Attached / Oral | Presenter  |
| 1: FOR APPROVAL  |      |  |                 |  |
| 14.45  | 5.1  | Welcome and Apologies for Absence  | Oral            | Chair  |
|  | 5.2  | Declarations of Interest   | Oral            | All  |
| 14.50  | 5.3  | COVID-19 Public Inquiry preparation and readiness update                   | Attached        | Director of Corporate Governance and Board Secretary |
| 15.00  | 5.4  | Minutes from the In-Committee meetings held on 27 September and Action Log | Attached        | Chair  |
| 15.05  | 5.5  | CLOSE  |                 |  |

**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. At present Board**

**meetings are held virtually and livestreamed. Members of the public are able to view the livestream or view the uploaded copy of the meeting on demand.**

**Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.**

**Whilst Board meetings are not public meetings, questions are invited and welcome from members of the public – please submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to [PowysDirectorate.CorporateGovernance@wales.nhs.uk](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk).**

Patterson Liz  
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**Agenda item: 2.5**

| PTHB Board   |  | Date of Meeting:<br>29 November 2023 |             |
|--|--|--------------------------------------|-------------|
| Subject:   | System Resilience ‘Winter Plan’ 2023/24          |                                      |             |
| Approved and Presented by:   | Director of Planning and Performance             |                                      |             |
| Prepared by:   | Assistant Director of Planning/ Planning Manager |                                      |             |
| Other Committees and meetings considered at:   | PTHB Executive Committee<br>RPB Executive Group  |                                      |             |
| PURPOSE:   |  |                                      |             |
| This presentation provides the PTHB Board with the final draft of the System Resilience ‘Winter plan’ for 2023/24.   |  |                                      |             |
| RECOMMENDATION(S):   |  |                                      |             |
| The Board are asked to: <ul style="list-style-type: none"><li>Take <b>ASSURANCE</b> that the System Resilience ‘Winter Plan’ is in place for the 2023/24 season.</li></ul> |  |                                      |             |
| Approval/Ratification/Decision <sup>1</sup>  |  | Discussion                           | Information |
| ✓  |  |                                      |             |

<sup>1</sup> Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

| 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 | ✓ |

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## **EXECUTIVE SUMMARY:**

The Winter resilience plan is a shared plan which has been developed with the Regional Partnership Board.

It is a high level summary 'compendium' plan made up of various other partnership and organisation action plans / programmes of work.

The Plan also responds to correspondence sent by Nick Wood, Deputy Chief Executive NHS Wales, on 26<sup>th</sup> September 2023 relating to winter preparedness. A self-assessment against the requirements in this letter is included within the appendix of the plan.

## **DETAILED BACKGROUND AND ASSESSMENT:**

The System Resilience 'Winter Plan' has been developed through the Regional Partnership Board.

The Plan brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period. It is a high level summary of the component action plans and programmes of work. (Further detail on each component is available through the respective leads and can be provided on request).

The tracking of system resilience response arrangements will be carried out through the Delivery Coordination Group which has escalation mechanisms in place to each partner's governance and gold command arrangements.

The National NHS System Escalation Framework is currently being revised with input from Welsh Government / wider NHS Wales and NHS England and a new version will be operable once this is completed. This will come into operation across the later Winter period.

A local System Dashboard for Powys is also being prepared to report performance on a daily basis, supporting the tracking and action being taken through the Powys Delivery Co-ordination Group and individual partners. This will include information drawn from the NHS Wales Operational Dashboard that is being developed to support the rollout of the System Escalation Framework.

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## Next Steps:

- The Plan is already live across the system with review and monitoring of system resilience through the Delivery Co-ordination Group
- The Delivery Co-ordination Group have in place mechanisms for escalation to RPB and System Partners as required, including Gold command arrangements if and when those are established
- The RPB Board is scheduled to receive the Final version of the Plan for final approval at its meeting on 8<sup>th</sup> December 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 |
|   |                          |         |              |          |
| <b>Age</b>  |                          | x       | x            | x        |
| <b>Disability</b>   |                          | x       | x            | x        |
| <b>Gender reassignment</b>  | x                        |         |              |          |
| <b>Pregnancy and maternity</b>  | x                        | x       | x            | x        |
| <b>Race</b>   | x                        |         |              |          |
| <b>Religion/ Belief</b>   | x                        |         |              |          |
| <b>Sex</b>  | x                        |         |              |          |
| <b>Sexual Orientation</b>   | x                        |         |              |          |
| <b>Marriage and civil partnership</b>   | x                        |         |              |          |
| <b>Welsh Language</b>   | x                        |         |              |          |
| <p align="center"><b>Statement</b></p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> <p>The Winter Plan is a complex 'compendium' of multiple component Programmes each with separate detailed action plans. It is likely that within these detailed plans, there will be potential for adverse, differential and positive impacts for particular groups during the winter period as the system challenges are not solely driven by – or subject to resolution by – the health board locally. Therefore for those categories of protected characteristics that are linked to health demand / healthcare demand which can potentially result in acute presentations, all of the categories are ticked.</p> |                          |         |              |          |
| Risk Assessment:  |                          |         |              |          |
|   | Level of risk identified |         | Statement    |          |

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|                     | None | Low | Moderate | High | <p><b><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></b></p> <p>Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place</p> |
|---------------------|------|-----|----------|------|--|
| <b>Clinical</b>     |      |     | X        |      |  |
| <b>Financial</b>    |      |     | X        |      |  |
| <b>Corporate</b>    |      |     | X        |      |  |
| <b>Operational</b>  |      |     | X        |      |  |
| <b>Reputational</b> |      |     | X        |      |  |

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# System Resilience 'Winter Plan' 2023/24

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FINAL VERSION FOR RPB BOARD & PTHB BOARD NOVEMBER 2023

Patterson, Liz  
28/11/2023 17:15:57

# Introduction

This plan builds on System Resilience Arrangements put in place in previous years, set in the context of the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

## 2023/24 PRIORITIES

1. Respiratory Health and Vaccination
2. Urgent and Emergency Care: Six Goals Plan
3. Primary Care & Accelerated Cluster Development
4. System Capacity – Health and Social Care / Community Support
5. System Capacity - PTHB Bed Plan/Demand and Capacity/ Emergency Planning
6. Communications and Engagement

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# Purpose and Principles of this Plan

This is a plan for Powys and its population, to ensure appropriate and targeted support, prevention and care over the winter period.

- In Powys, the winter response is based on **good practice principles** which apply all year, delivering a community based model with safe, effective, care, as close to home as possible.
- There are **concurrent risks** arising from increasing health and care system pressures, industrial action, cold weather and wider socio-economic challenges faced by the population, together with increases in illnesses. This plan therefore has an immediate focus and a longer term view of transformation and sustainability across the whole health and care system.
- **Respiratory health and vaccination** is of particular importance, and this plan responds to the All Wales Winter Respiratory Framework with key actions on surveillance, vaccination, testing, anti-viral treatment, COVID 19, Public Health messages and communication.
- **Infection Prevention and Control** measures remain a key component to reduce transmission in health and care settings and mitigate known and emerging risks including new variants of Covid-19.
- The plan also covers **Unscheduled Care**, focusing on the delivery of evidence based interventions and 'good flow'; a 'home first' approach with timely assessment, discharge and transfers of care.
- There are **constraints** in relation to financial, workforce and estates considerations, any actions needed in extremis / surge scenarios would require agreement with Welsh Government in relation to the resource requirement and/ or reprioritisation of delivery (including the use of the Local Options Framework as appropriate).

## Expected Benefits

- ❑ To maintain a clear focus on patient safety, quality, outcomes and experience for patients
- ❑ Progress in reducing length of stay in community hospitals to be maintained
- ❑ System delays to be minimised with timely assessments, discharges and transfers
- ❑ Timely repatriations is a key focus locally
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

4/14

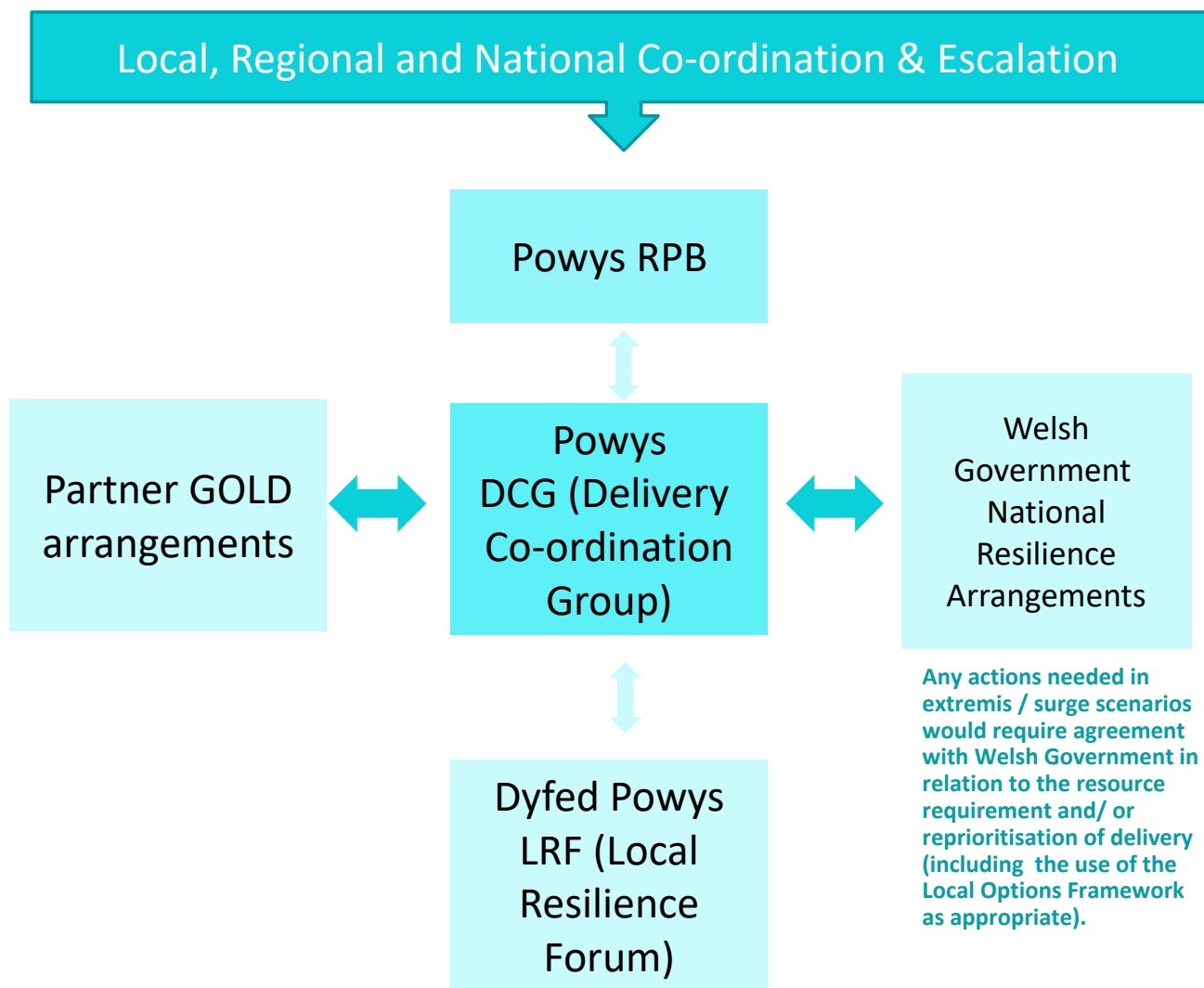


## Powys Regional Partnership Board: Delivery Co-ordination Group

The Powys Delivery Coordination Group (DCG) meets twice weekly to support winter planning arrangements and address current pressures in the system. Core members are: PTHB, Powys County Council and Powys Association of Voluntary Organisations (PAVO).

## Wider System Partners

- Welsh Government and NHS Wales Executive
- Welsh Ambulance Service NHS Trust; Welsh Health Boards and other NHS Wales organisations
- Dyfed Powys System Resilience Forum
- NHS England organisations and providers particularly Shropshire, Telford & Wrekin ICS; Wye Valley / Herefordshire & Worcestershire ICS
- Llais are also key stakeholders in relation to public and patient engagement on system responses



For 2023-24 the National Influenza Immunisation Programme and the COVID-19 booster programme have been brought together to form a Winter Respiratory Vaccination Programme.

This programme is underpinned by the key principles of:

1. Protecting those at greatest risk
2. Protecting children and young people
3. Protecting frontline health and social care workers
4. Protecting the NHS

The programme is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) regarding persons who will be eligible for a COVID-19 Booster Vaccination in Autumn 2023.

The advice for this autumn is to offer the vaccine to those at high risk of serious disease and who are therefore most likely to benefit from vaccination. From Autumn 2023, JCVI additionally advises that a primary course for those who have not had any previous vaccinations, should consist of a single dose of vaccine.

The delivery programme is based on all citizens registered with the 16 GP Practices in Powys. Total number of Powys population eligible for Autumn Booster is 56,384 people.

The Final PTHB Winter Respiratory Vaccination Delivery Plan reflects a change in the national guidance at the start of September 2023, due to the emergence of Covid-19 variant BA.2.8.

It will be delivered in two Phases

- Phase 1 is already underway and focusing on Care Homes, immunosuppressed people, those aged over 80 years and frontline staff
- Phase 2 includes those aged 65 plus, those with moderate risk or vulnerable based on risk, pregnant women, carers aged 16+, household contacts aged 12+ of immunosuppressed people, those experiencing homelessness and adult prisoners if applicable.

The Winter Respiratory programme is also supported by wider Public Health and Population Health support and interventions:

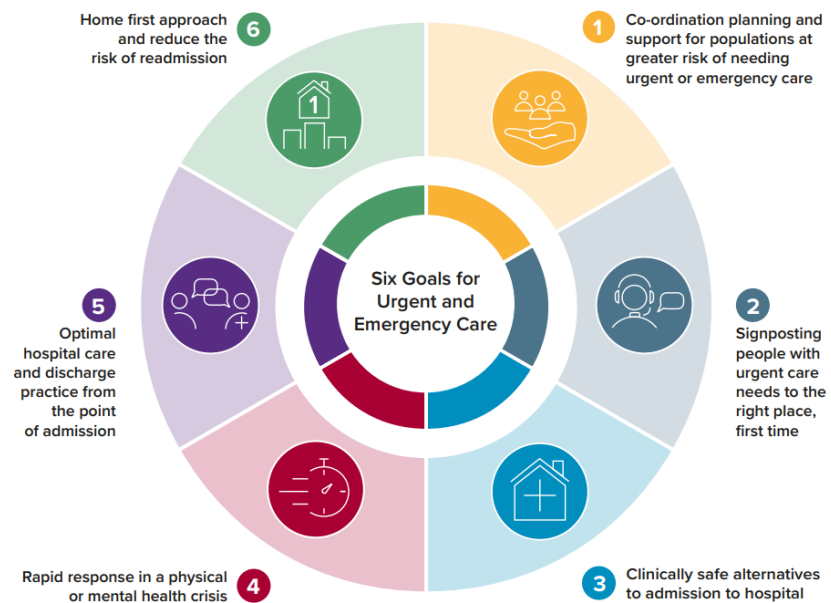
- The work of the Respiratory Health team who provide support and treatment to adults and children in Powys with respiratory conditions
- School Nurse Service – School Flu Vaccination programme commenced in September and will be completed by mid-December.
- The health board Midwives offer Flu Vaccination to pregnant Women and offer peer vaccination to staff.
- Preventative health measures including the promotion of self care messages over the winter.
- Promotion of national campaigns in relation to winter illnesses, risks and mitigations
- Support for smoking cessation provided by the Public Health team locally and nationally

## Hybrid Delivery Model for Autumn Boosters 2023-2024

| PTHB Main Vaccination Centres  | Community Hospital Clinics   | Primary Care   | Mobile provision  |
|--|--|--|---|
| <p>An appointment at our main vaccination centre is your quickest opportunity to receive the Autumn booster, and will help us to vaccinate as many people as possible as quickly as possible</p> <p><b>North Powys – Park Day Centre, Newtown</b></p> <p>First appointment 18<sup>th</sup> September 2023<br/>Running 60 appointments per hour<br/>Open 5 days per Week<br/>Operating 2 days of late appointments (until 7pm)</p> <p>Initial Capacity of 2100 appointments per week</p> <p>Reserve list in operation for late notice appointments to reduce vaccine wastage</p> <p><b>South Powys - Bronllys PTHB Concert Hall</b></p> <p>First appointment 18<sup>th</sup> September 2023<br/>Running 60 appointments per hour<br/>Open 5 days per Week<br/>Operating 2 days of late appointments (until 7pm)</p> <p>Initial Capacity of 2100 appointments per week</p> <p>Reserve list in operation for late notice appointments to reduce vaccine wastage</p> | <p>Appointments in our community hospitals will be prioritised for citizens aged 75+ and those who are unable to attend a main vaccination centre.</p> <p><b>Bro Ddyfi Hospital, Machynlleth</b><br/>Weekly clinics commencing 20<sup>th</sup> September 2023</p> <p><b>Llanidloes War Memorial Hospital, Llanidloes</b><br/>Weekly Clinics commencing 18<sup>th</sup> September 2023</p> <p><b>Knighton Community Hospital, Knighton</b><br/>Weekly Clinics commencing 18<sup>th</sup> September 2023</p> <p><b>Llandrindod Wells Memorial Hospital, Llandrindod Wells</b><br/>Weekly Clinics commencing 22nd September 2023</p> <p><b>Glan Irfon Health and Care Centre, Builth Wells</b><br/>Weekly Clinics commencing 18<sup>th</sup> September 2023</p> <p><b>Ystradgynlais Community Hospital, Ystradgynlais</b><br/>Weekly Clinics commencing 22nd September 2023</p> | <p>7 GP Practices across Powys taking part in the Autumn Booster campaign 2023-2024</p> <p><b>Pengorof Surgery</b><br/>Age 65+ and at-risk groups<br/>Appointments starting WC 2<sup>nd</sup> October</p> <p><b>Rhayader Group Practice</b><br/>Age 80+<br/>Appointments Starting WC 18<sup>th</sup> September</p> <p><b>Arwystli Medical Practice</b><br/>Age 80+<br/>Appointments starting WC 25<sup>th</sup> September</p> <p><b>Welshpool Medical Centre</b><br/>Age 80+<br/>Appointments Starting WC 18<sup>th</sup> September</p> <p><b>Caereinion Medical Practice</b><br/>Age 80+<br/>Appointments Starting WC 25<sup>th</sup> September</p> <p><b>Llanfyllin Group Practice</b><br/>Age 65+ and At-Risk Groups<br/>Appointments starting WC 2<sup>nd</sup> October</p> <p><b>Dyfi Valley Health</b><br/>Age 70-74<br/>Appointments Starting Mid October</p> | <p><b>Care homes for older adults</b></p> <p>PTHB Vaccination Team will be visiting all care homes for older adults in Powys 11<sup>th</sup> September-15<sup>th</sup> September 2023</p> <p><b>People who are housebound</b></p> <p>PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound</p> <p><b>Inpatients</b></p> <p>PTHB Community Service Group are working with the Vaccination teams to ensure that COVID Vaccination is provided for all of our eligible inpatients</p> |

# Urgent and Emergency Care 'Six Goals' Plan

The Urgent and Emergency Care 'Six Goals' plan is being delivered via the Frailty and Community Programme Board.



| Goal  | Objectives   | Impacts  | Measures  |
|---|--|--|---|
| <b>Goal 1:</b><br>Co-ordination, planning and support for populations at greater risk of needing Urgent or Emergency Care | <b>Co-ordination, planning and support</b><br>- Frailty Scoring<br>- Revised Falls Pathway<br>- Collaborative working  | <ul style="list-style-type: none"> <li>Reduction in total conveyances</li> <li>Reduction in inappropriate conveyances</li> <li>Increased activity via 111</li> <li>Admission avoidance</li> <li>Improved PROMS/PREMS</li> <li>Improved service coordination and delivery.</li> <li>Increased availability of support.</li> <li>Streamlined processes and resource allocation.</li> </ul> | <ul style="list-style-type: none"> <li>WAST Falls Data</li> <li>PROMS/PREMS</li> <li>Admission Data</li> </ul>  |
| <b>Goal 2:</b><br>Signposting to the right place, first time for people with Urgent Care needs                            | <b>Pathway re-design / transformation</b><br>- 999 MH Pathways<br>- 111 #Press2  | <ul style="list-style-type: none"> <li>Improved Access</li> <li>Enhanced Continuity of Care</li> <li>Crisis Intervention</li> <li>Relief on Emergency Departments</li> <li>Relief on Primary Care Services</li> </ul>  | <ul style="list-style-type: none"> <li>Call Volume and Response Time (Weekly reporting)</li> <li>SUDS reporting</li> <li>Referral Rates</li> <li>Crisis Response Time</li> <li>PROMS/PREMS</li> <li>Mental Health Outcomes</li> </ul>                                   |
|   | <b>Care Navigation</b><br>- PLT for Primary Care<br>- Multimedia Project   | <ul style="list-style-type: none"> <li>Improved patient understanding and awareness.</li> <li>Enhanced patient empowerment and engagement.</li> <li>Reduced unnecessary referrals and utilisation.</li> <li>Enhanced patient satisfaction and experience.</li> <li>Streamlined care coordination and efficiency.</li> </ul>  | <ul style="list-style-type: none"> <li>Referral Rate</li> <li>Resource Utilisation</li> <li>Care Coordination Efficiency: PLT Usage Compliance: Monitor training participation and completion.</li> <li>PROMS/PREMS</li> <li>Reduction in Inappropriate Care</li> </ul> |
| <b>Goal 3:</b><br>Clinically safe alternatives to hospital admission  | <b>Clinically safe alternatives to hospital</b><br>- Community & Primary Care projects including Frailty<br>- Point of Care Testing<br>- Enhanced Community Based Urgent Care model<br>- Phased Plan for Admission Avoidance (Ambulatory Care) | <ul style="list-style-type: none"> <li>Enhanced patient care</li> <li>Admission avoidance</li> <li>Reduced out-of-county transfers</li> <li>Increased accessibility</li> <li>Improved care coordination</li> </ul>   | <ul style="list-style-type: none"> <li>Admission avoidance</li> <li>Increased capacity across primary and community care</li> <li>Further metrics to be scoped as part of the Phased Plan for Admission Avoidance</li> </ul>  |
| <b>Goal 4:</b><br>Rapid response in a physical or mental health crisis  | <b>Delivery of Joint Integrated Commissioning Action Plan with Welsh Ambulance Services and Rapid Escalation Plan</b><br><br>- "Return to Footprint"<br>- "Remain in Footprint"  | <ul style="list-style-type: none"> <li>Reduction in 999 response times</li> <li>Reduced hospital acquired functional decline.</li> <li>Improved patient outcomes</li> <li>Reduced POCs</li> <li>Reduced LoS</li> </ul>   | <ul style="list-style-type: none"> <li>999 Response Times Data</li> <li>Repatriation delays</li> <li>Patient outcomes</li> <li>Reduced POCs</li> <li>Reduced LoS</li> </ul>   |
|   | <b>Mental Health Service Transformation programme is also contributing to Six Goals, incorporating the further development of Crisis Resolution and Community Urgent Care Services</b>   |  |   |
| <b>Goal 5:</b><br>Optimal Hospital Care and Discharge practice from the point of admission                                | <b>Optimal Hospital Care and Discharge practice</b><br>- Including D2RA, implementation of SAFER and Red2Green protocols, and therapy-led rehabilitation models.   | <ul style="list-style-type: none"> <li>Improved inpatient flow</li> <li>Identification of inefficiencies of process</li> <li>Reduced LoS</li> <li>Improved discharge planning</li> <li>Reduce delay for assessment</li> <li>Reduce LoS</li> </ul>  | <ul style="list-style-type: none"> <li>D2RA Standards and Measures</li> <li>Reduced LoS</li> <li>PROMS/PREMS</li> <li>OHPFF Ward Based Audit</li> </ul>   |
| <b>Goal 6:</b><br>Home first approach and reduce risk of readmission  |  |  |   |

Implementation is tracked in detail through the Programme Board – a high level summary is provided on the right.

Patterson, A.  
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# Primary Care and Accelerated Cluster Development

## Primary Care Winter Planning and Escalation Arrangements:

- Tracking of Primary Care GMS escalation status; reporting and escalation arrangements in place
- Targeted sustainability support including additional capacity funding available for 2023/24 as part of contract (Mobilisation is dependent on workforce capacity; uptake in all practices)
- Review of Primary Care projects in line with Six goals programme.
- Review of Frailty audit in primary care as part of the Frailty Programme and Accelerated Sustainable Model of Care
- Development of Care Navigation communication video for all Primary Care as an educational tool for patients to access appropriate and timely care.
- Re-establishment of winter PPE arrangements, advise and support to protect workforce.
- Cluster & Collaborative Winter Service Review 22/23 to inform independent contractor business continuity plans
- Strengthening collaboration across all contractors and third sector via the Accelerated Cluster Development Programme

## Resilience actions being taken forward by Clusters:

- MSK First Contact Practitioners being implemented across all 3 clusters
- Audiology First Contact Practitioners are being implemented
- Continued Pharmacy skill development in 6 of 7 North Cluster practices
- Health promotions facilitator implemented in Mid and North Clusters, delivering key national campaign messages and signposting
- All Wales Diabetes Prevention Programme, implemented across all Clusters, nationally funded to April 2024
- Antimicrobial resistance LRTI CRP testing in respiratory tract infections, supporting clinical decision making, improving antimicrobial prescribing, and improving patient education on use of antibiotics
- Dedicated patient app in Mid and North supporting alternative access, signposting and health promotion
- GPs continuing to support local Community pharmacies, optometry and dental providers with education opportunities – examples include dermatology, common ailments & respiratory
- Increased multi professional awareness of same day services available within in Community Pharmacy, Optometry and 3rd Sector, such as Common Ailment scheme, Emergency eye care access, Sore throat, test and treat, Community Connectors, falls services
- Optometry Visual Rehabilitation Support & Intermediate Service, South Cluster facilitating early intervention, timely provision of aids to patients
- Pain management Practitioner service pilot, South Cluster, for an intervention, support, and medication reduction review service through a Primary Care based Pain Management Practitioner
- Welsh Government Allied Health Professionals funding plan being delivered – 4 WTE AHP Frailty leads, 1 WTE Medicines Management Dietician and 1 WTE Podiatry Support Worker to deliver one stop shop Retinopathy clinics.

Patterson, Liz  
28/11/2023 17:15:57

# System Capacity – Health and Social Care Pathways/ Community Support

Trend analysis carried out to identify drivers of delays, to inform the **Pathways of Care Delays Action Plan** – key mechanisms established to deliver plan:

- Daily Flow meetings; Daily calls between PCC Hospital Team and Brokerage Team; Twice weekly escalation meetings within PCC Operational and Commissioning Teams; 3x weekly between PTHB and PCC; Weekly Joint Long Stay Reviews
- Streamlined information sharing; joint co-ordination and validation; monthly census; shared tracking document
- Delivery Co-ordination Group with Executive leadership to oversee, identify and resolve system blockers
- National reporting of Pathways of Care Delays

## Key actions to support timely discharge and flow :

- Additional domiciliary care provision sought through managed service providers
- Cottage View capacity increased for interim placements
- Integrated Health and Social Care Reablement offer supporting bed based and home based care; maximising capacity of Reablement / Home First Teams
- PCC Bridging Service between reablement and long term care
- Care Transfer Co-ordinators embedded Out of County
- Discharge Liaison post in South Powys
- D2RA Pathways embedded and monitored
- SafeCare model implemented
- Further gains expected from outsourcing of brokerage; improved Continuing Healthcare processes and information

## Building Capacity through Community Care – Further Faster

- The Pan Powys Clusters and RPB are working together to co-ordinate the response to the correspondence received on 27 October 2023 confirming additional funding to be used in line with the Further Faster Statement of Intent and Delivery Plan
- This builds on other streams of work nationally and locally to deliver against the Strategic Programme for Primary Care, Six Goals for Urgent and Emergency Care and Palliative / End of Life Care Programmes
- Key reference points are noted in the letter including Community Nursing; Enhanced Community Care Model; RIF (Regional Integration Fund) six models of integrated care; and Allied Health Professional Community Capacity
- The allocation for Powys is £0.349m
- Agreement is in place through the Pan Cluster Groups and RPB partners in Powys for this to support system resilience, taking into account the reference points above
- *The detailed Spending Plan is being developed at time of publishing this Winter Plan, to be submitted to Welsh Government for their deadline of the end of December 2023*

Further Support available to communities and households over winter:

- The Welsh Government **Warm Homes programme**, funds energy efficiency improvements to eligible households. **Nest** provides free advice and support and the **Arbed** scheme offers energy efficiency improvements in targeted areas
- **Powys Association of Voluntary Organisations** (PAVO) promote key messages and support co-ordination across the third sector
- The **Powys Befriending Service** matches individuals to volunteers to help combat loneliness and isolation
- The **Powys Mental Health Information service** provides advice on accessing third sector mental health support
- **Community Connectors** attend Virtual Ward, MDT and Patient flow meetings and work with vulnerable individuals to identify and tailor support to needs
- **Targeted support** to help people remain independent at home is provided by British Red Cross, PURSH, Age Cymru Powys, Ceredu support for carers

## Bed Plan/ Demand and Capacity

- The PTHB Bed Plan is set annually within the Integrated Plan (and included in the Minimum Data Set returns)
- The Minimum Data Set (MDS) is reviewed and updated quarterly and reported to Welsh Government
- Tracking of daily and weekly bed capacity and availability is in place and regularly reported as part of the daily and weekly On Call systems
- Any operational changes in bed capacity are managed through the Operational Directorate and escalated through On Call management systems as required (in line with local, regional and national systems)
- Demand is managed within the core bed base, as this enables greater control over patient safety, quality and experience and does not require care elsewhere in the system to be paused or delayed
- Plans have been developed, tested and utilised over previous years, these provide the logistical arrangements for the required
- *In the event that changes in capacity are required in extremis, use of the local options framework would be necessary to support changes in the workforce and service delivery model*

## Emergency Planning

- Regional planning, resilience and response arrangements are delivered through the **Dyfed Powys Local Resilience Forum (LRF)**.
- Under the Civil Contingencies Act 2004, all Category One Responder partner agencies have a duty to create business continuity plans to ensure that they can continue to exercise critical functions.
- The Health Board's **Corporate Business Continuity Plan** sets out the procedures and strategies to be undertaken to maintain critical functions in the event of disruption to services.
- In addition, the PTHB **Severe Weather Arrangements** provides a framework in which to respond to severe weather events that have impacted on or have the potential the potential to impact on PTHB services.
- Surveillance of risk is also undertaken using the UK GOV National Risk Register 2023, which is the external version of the National Security Risk Assessment (NSRA), which is the government's assessment of the most serious risks facing the UK. Risks may be non-malicious, such as accidents or natural hazards, or they may be malicious threats from malign actors who seek to do us harm.

# Communication and Engagement

Communication and Engagement remain critical elements in the delivery of the Winter Plan. Our approach to communication and engagement planning for winter 2023/24 assumes no additional funding for people, promotion and products and therefore anticipates a reduced programme compared with 2022/23 (reflecting reduced team capacity) with a focus on:

- Utilisation and amplification of national campaigns and resources e.g. Help Us Help You, NHS 111, winter respiratory vaccination
- Localisation of national messaging to support local access to services e.g. how to access COVID and flu vaccination in Powys
- Sharing urgent service messages e.g. MIU opening, changes to services in adverse weather

Our approach is based on four pillars:

## PREVENT

Focusing on preventing avoidable health complications by keeping well this winter.

## SUPPORT AND SIGNPOST

Reducing pressures on services by signposting alternative services and sources of information, and helping patients to access the right care in the right place at the right time.

## FLOW

Promoting calls to action that support flow (e.g. timely discharge from hospital).

## PARTNERSHIP AND SYNDICATION

Sharing messages from key partner organisations including Powys County Council and PAVO that will provide support and advice to Powys residents during the winter (e.g. cost of living, befriending, emergency travel advice).



# Key Dates for Plan Production

| Item   | Date   |
|--|--|
| Overarching 'System Resilience Winter Plan' drafted to capture actions across Powys RPB and partners | ✓ October 2023   |
| PTHB Executive Committee   | ✓ 1 November 2023  |
| Final Draft considered at RPB Executive  | ✓ 6 November 2023  |
| Final Version to RPB Board   | 20 November 2023   |
| Final Version to PTHB Board  | 29 November 2023   |
| Review and Monitoring  | As part of regular cycle of Delivery Co-ordination Group with escalation and review to RPB and System Partners as required |

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# Appendix – Self Assessment against WG Requirements (Letter from Nick Wood Deputy Chief Executive NHS Wales 26 September 23)

| Priority Area in Letter    | Requirements in Letter (summarised)   | Powys RPB System Resilience Plan  |
|----------------------------|---|---|
| Primary and Community Care | <ul style="list-style-type: none"> <li>Integrated care through Clusters</li> <li>Continued acceleration of pan Cluster mechanisms</li> <li>Proactively monitor business continuity and capacity</li> <li>Maintain and build sustainable and resilient <i>24/7 nursing services</i></li> <li>Support to Care Homes</li> <li>Increase AHP capacity / alignment with intermediate care &amp; reablement</li> <li>Assess and adapt provision for people near / in crisis (ie. virtual ward/ hospitals) and capture data</li> <li>Assess and adapt single points of contact and provide timely info/ advice/ assistance</li> <li><i>Use of Healthy Days at Home measure</i></li> </ul> | <ul style="list-style-type: none"> <li>Slide 10 sets out primary care actions for winter preparedness &amp; response and key actions being taken through collaboration across Powys Clusters</li> <li>Slide 11 and 12 set out community services / wider system responses</li> <li>Slide 11 provides a summary of Pathways of Care Delays Action Plan which includes <ul style="list-style-type: none"> <li>support to Care homes</li> <li>AHP / Reablement provision</li> <li>virtual ward and hospital</li> <li>Point of contact / provision of info / advice / assistance</li> </ul> </li> </ul> |
| Covid-19 and Flu           | Robust plans  | Slide 7 and 8 set out Winter Respiratory Health plan and Covid-19 Vaccination Model   |
| Urgent and Emergency Care  | <ul style="list-style-type: none"> <li>Clinical capacity in ED/ triage and flow</li> <li>Goal 5 and Goal 5 action plans – reduce % bed days of those with LOS &gt; 21 days (Stretch target for hospital sites of 5% reduction by end December compared to April 2023)</li> <li>Reducing Pathways of Care Delays - reduce assessment delays by 60% by end December compared to August 2023) whilst ensuring no subsequent increased delays elsewhere</li> <li>Enhance same day emergency care referral pathways – month on month increase in referrals (acute site specific)</li> </ul>  | <p>ED items not directly applicable but plan as a whole demonstrates the role of the community model in supporting system flow and acute providers in Wales and England</p> <p>Slide 9 provides a summary of the Six Goals Action Plan</p> <p>Slide 11 provides a summary of Pathways of Care Delays Action Plan</p>  |
| Capacity Planning          | <ul style="list-style-type: none"> <li>Capacity plans responsive to predicted surges in demand</li> </ul>   | Slide 12 summarises the capacity planning / surge planning and emergency planning in place  |
| Paediatric Services        | <ul style="list-style-type: none"> <li>Acute services (not applicable to PTHB Provider)</li> </ul>  | Not applicable to PTHB as provider but noted in relation to commissioned services who will set out responses in their Winter Plans  |

## AGENDA ITEM: 3.6

| BOARD MEETING                                       |   | DATE OF MEETING:<br>29 November 2023 |
|---|---|--------------------------------------|
| <b>Subject:</b>                                     | <b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>  |                                      |
| <b>Approved and Presented by:</b>                   | Hayley Thomas, Interim Chief Executive  |                                      |
| <b>Prepared by:</b>                                 | Corporate Governance Business Officer   |                                      |
| <b>Considered by Executive Committee on:</b>        | Various aspects covered in Executive Committee business   |                                      |
| <b>Other Committees and meetings considered at:</b> | 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:

- **RECEIVE** and **NOTE** 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.

The Shared Services Partnership Committee met on 21 September 2023. The assurance report from that meeting is attached at **Appendix 1**.

At the meeting of Planning, Partnerships and Population Health Committee held on 16 November 2023 a Performance Report covering the period 1 July 2023 to 30 September 2023 was received for assurance.

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.

The PSB last met on the 4 October 2023. This meeting considered:

- workstream updates and Action Plans;
- Undertaking a Whole System Approach to Healthy Weight;
- Evidence and Insight - "Shaping the future by improving or understanding of what matters to the people of Powys through evidence and insight";
- Responding to the Climate Emergency; and
- Scrutiny Update.

The papers for this meeting can be found at:

[\(Public Pack\)Agenda Document for Public Service Board, 04/10/2023 14:30 \(moderngov.co.uk\)](#)

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 biannual update from the RPB is included as a substantive appendix (Appendix 2) to this item. The minutes of future RPB meetings will be appended to this assurance report.

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. The 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.

The Joint Partnership Board has not met since the last meeting of Board. A paper will be presented to the Board in the coming weeks following a review of the JPB, the paper is likely to recommend some revised governance arrangements.

### **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                       |
|---|--|
| <b>Chaired by</b>   | Tracy Myhill, NWSSP Chair                                  |
| <b>Lead Executive</b>   | Neil Frow, Managing Director, NWSSP                        |
| <b>Author and contact details.</b>  | Peter Stephenson, Head of Finance and Business Development |
| <b>Date of meeting</b>  | 21 September 2023  |
| <b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>   |  |
| <b><u>Matters Arising</u></b> <ul style="list-style-type: none"> <li>• <b><i>Duty of Quality Update</i></b> – The Medical Director gave a verbal update on progress with the implementation of the Duty of Quality. Good progress has been made but challenges remain in making the Duty fit to non-patient facing services and we are meeting shortly with both DHCW and HEIW to share thoughts on how best to approach this. Reference was also made to two major projects (Laundry and TrAMS) that have quality improvements at their core but being unable to make significant progress due to lack of capital.</li> <li>• <b><i>Recruitment Modernisation Update</i></b> – A presentation was given by the Deputy Director of Employment Services and the Head of Recruitment on progress in addressing recruitment challenges across NHS Wales. Measures have been implemented that have significantly streamlined the process and members commented favourably on the reduction in the time taken to successfully recruit new members of staff.</li> </ul> |  |
| <b><u>Chair's Report</u></b> <p>The Chair noted attendance at recent meetings with the Minister largely focused on the financial situation across NHS Wales.</p> <p>The Committee <b>NOTED</b> the update.</p>  |  |
| <b><u>Managing Director Update</u></b> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> <li>• The establishment of a Value and Sustainability Group within NWSSP to drive an organisation wide approach to strengthen cross divisional working, to co-ordinate and deliver actions to demonstrate value for money as well</li> </ul>   |  |

as continue to innovate and improve quality and consistency for NHS Wales. The Value and Sustainability Group mirrors the national approach and will closely monitor progress in achieving planned savings.

- The negotiations with the landlord on the Mamhilad site for provision of alternative accommodation for the Patient Medical Record service are nearing completion following the discovery of significant Reinforced Autoclaved Aerated Concrete issues in Brecon House. The costs of moving are however substantial with the need to shift 140,000 boxes of records and we are working on how to undertake this in the most cost-effective way.
- The move from the Regional Office in Companies House to Cathays Park has paused as a number of issues have recently arisen in respect of Cathays Park which have caused us to investigate what other options may be available.

The Committee **NOTED** the update.

### Items for Approval

**Energy April 26 V30 Basket Strategy** - The Welsh Energy Group have considered NHS Wales' participation in a longer-term basket strategy for an initial 12-month supply period commencing 1<sup>st</sup> April 2026. The paper outlined the recommended approach for NHS Wales to confirm participation in the Long-Term Variable (V30) basket strategy for supply of energy for the period. The Committee **APPROVED** participation in the April26 V30 basket strategy.

**Laundry Reconfiguration** - The paper presented the option of reducing the Laundry Production Units currently utilised in the All-Wales Laundry service from five to four units through the decommissioning of the West Wales unit in Carmarthen and the formation of a storage and distribution hub. The Committee **APPROVED** the proposed decommissioning of the Carmarthen Laundry Production Unit, the creation of a Southwest distribution hub and the subsequent redistribution of volumes across South West and South East Wales.

**Changes to the Welsh Risk Pool Risk Sharing Agreement** – these had been discussed and agreed at the Welsh Risk Pool Committee on the previous day. The paper set out the Risk Share charges for 2023/24 arising from excess expenditure above the Welsh Government annual allocation for Clinical Negligence and Personal Injury claims. Following the receipt of the 2022/23 annual accounts, the proportions have been reassessed for 2023/24 based on agreed criteria and this has led to some organisations being asked to contribute more, while others will see a reduction in their contributions. The Committee **APPROVED** the updated Risk Share charges to NHS Wales for 2023/24.

### Items for Noting

#### Transforming Access to Medicine (TrAMS)

The original plans for TrAMS have been significantly curtailed by the restrictions on available capital. Accommodation for the service within Southeast Wales is being urgently sought and there are a number of possible options. The existing

Pharmacy Service Technical Units are reaching end-of-life and the need to source alternative accommodation as soon as possible was stressed by a number of members.

The Committee **NOTED** the verbal update.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – The Month 5 financial position is a year-to-date overachievement of non-recurring savings of £0.999m. We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, energy costs for laundries, continued demand and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises. Our additional savings submission to Welsh Government on 11th August identified we can make a £1.6m distribution this financial year, in addition to identifying NWSSP supported initiatives that will result in cash releasing savings direct to NHS Wales Organisations and Welsh Government. Following the decision to transfer our utility supplies to the CCS Framework, this gave rise to the opportunity to sell back some small quantities of energy that we had secured the right to forward purchase at lower than current market rates for 2024/25 and 2025/26. The Wales Energy Group (which comprises each Director of Finance or their designated representative) agreed that these tranches of energy will be sold back to British Gas with a net £2.520m one-off windfall gain to NHS Wales to be accounted for in the 2023/24 financial year.

**People & OD Update** – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

**Performance** – The in-month July performance was generally good with 37 KPIs achieving the target against the total of 41 KPIs. However, 4 KPIs did not achieve target and are considered Red/Amber. Two of these relate to Recruitment, one to customer satisfaction with the Digital Workforce Team, and one relating to Procurement Savings.

**Project Management Office Update** – Three projects are currently rated as red, these are the Brecon House relocation where there are issues with the current building being unsafe and the cost of relocation of records, Primary Care Contract reform, and the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme.

**Corporate Risk Register** – There are currently eight red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, the limitations

imposed by the overall financial climate and the reputational issues for NWSSP relating to the situation at BCUHB.

The Committee **NOTED** the above Reports.

### **Papers for Information**

The following items were provided for information only:

- Welsh Infected Blood Support Service Annual Report 2022/23;
- PPE Stock Report;
- Audit Committee Assurance Report; and
- Finance Monitoring Returns (Months 4 and 5).

### **AOB**

**N/a**

### **Matters requiring Board/Committee level consideration and/or approval**

- 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**

Thursday 23<sup>rd</sup> November 2023 10am – 12pm

Patterson, Liz  
28/11/2023 17:15:57



| Board  |  | Date of Meeting:<br>29 November 2023 |
|--|--|--------------------------------------|
| Subject:                                     | <b>Powys Regional Partnership Board Progress / Position Report - position at September (Month 6) 2023/24.</b>  |                                      |
| Approved and Presented by:                   | Interim Chief Executive  |                                      |
| Prepared by:                                 | Powys Regional Partnership Board Co-Ordinator  |                                      |
| Other Committees and meetings considered at: | Progress positions of RPB Partnerships / Programmes against the Joint Area Plan are reported through to RPB Executive and RPB Board on a regular basis through the reporting period April – September 2023 |                                      |

#### PURPOSE:

This Powys RPB Progress report provides an update on recent activity of the key work programmes and thematic partnerships within the Regional Partnership Board against the update Area Plan / Health and Care Strategy.

It seeks to provide a high-level overview of the key progress and risks / issues within the RPB portfolio of work and by doing so, offer assurances that appropriate governance and engagement systems are in place to monitor performance and impact of its work in relation to delivering against the Area Plan.

#### RECOMMENDATION(S):

The Board are asked to:

- **DISCUSS** and NOTE the contents of this report;
- Take **ASSURANCE** that the Powys RPB has appropriate governance and engagement systems in place to deliver against agreed joint partnership priorities as set within the Joint Area Plan / Health and Care Strategy;
- Receive **ASSURANCE** that the RPB strategic capital plan is in place for Powys.

| 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:**

This report provides the Board with the latest update in relation to the RPBs portfolio of programmes / partnerships against the Area Plan over the last six months (April – September 2023)

partners reaffirmed the direction of travel set by the Health and Care Strategy, and refreshed its priorities – this established a new 5 year plan ('RPBs Joint Area Plan') that focused on key partnership priority areas.

Progress updates are provided against the refreshed plan across the following areas:

- Start Well
- Live Well and Live Well Mental Health
- Age Well
- Workforce Futures
- North Powys Programme
- Capital / Innovative Environments
- Transforming in Partnerships / other cross cutting work

It provides a progress position across the RPB and provides an update on the strengthened performance and reporting processes that have been established recently.

## DETAILED BACKGROUND AND ASSESSMENT

### **Overview**

The Powys Regional Partnership Board (RPB) is a partnership mechanism which has been established in light of the Social Services and Wellbeing Act and brings together a range of partners to help improve health and wellbeing in the county through targeted investment. The RPB's work is driven by Powys' Health and Care Strategy, which sets out the priorities for transforming health and care in Powys up to 2027. This keeps work focussed and helps to guide investment decisions and seeks to ensure investment is utilised in a more strategic and planned way. Partnership governance and engagement arrangements have been established to support informed decision making, and monitor performance and impact against the Area Plan as part of ongoing learning and developments to help establish new ways of joint working and improve outcomes for people in Powys.

### **Strategy and Planning**

#### **Health and Care Strategy / Area Plan refresh**

In Summer / Autumn 2022, RPB partners reaffirmed the direction of travel set by the Health and Care Strategy, and refreshed its priorities – this established a new 5 year plan 2023-2027 ('RPBs Joint Area Plan') that focused on key partnership priority areas - Area Plan (Summary) - [A Healthy, Caring Powys \(powysrpb.org\)](https://www.powysrpb.org)

#### **Delivery and Resource Planning**

Within the new framing of the Joint Area Plan, the RPB Partnerships and Programmes have developed their Delivery and Resource Plans to help drive system change in line with the strategic objectives and priorities and improve outcomes for Powys citizens.

The RPB Board agreed for existing RPB resource funded activity that could demonstrate it was still delivering in line with the priorities, could continue until March 2024, but wanted further reassurance for newly proposed activity and anything seeking longer term funding (beyond March 2024).

Partnerships presented their updated Delivery and Resource Plans to RPB Executive. Group over a series of meetings highlighting funding request for new activity and / or longer term funding against existing activity. Requests were underpinned by the 'RPB Checklist' to help offer assurances on the robustness of activity being put forward. The Checklist created a strengthened framework for ensuring important parameters had been met, including joint strategic ownership of identified activity; clear alignment to national / local strategies and policies; robust monitoring and performance metrics; clear exit strategy planning; etc.

The following investment decisions across the RPB Partnership / Programme were agreed earlier in the year as follows for 2023/24:

- Start Well £1.5mil
- Live Well and Live Well Mental Health £859k
- Age Well £2mil
- Digital £161k
- Workforce Futures £218k
- Innovative Environments (including North Powys Wellbeing Programme) - £1.8mil
- Transforming in Partnership / Cross Cutting and Infrastructure - £1.2mil

For the full RPB Investment Plan please see **Appendix 1**.

In principle investment decisions have also been made to support some activity on a longer term financial footing, beyond March 2024, underpinned by the RPB Checklist and strengthened reporting / monitoring processes.

### **Governance and Engagement**

Whilst the RPB Board sets the strategic direction for health and care in Powys and the joint priorities for working together, key to delivering on the ambition and priority areas, are the four thematic partnerships: Start Well, Live Well, Live Well (Mental Health) and Age Well. They each involve a much wider group of people and also have their own sub-groups that carry out more detailed work.

Wider engagement with people is very important and the partnership and subgroups have various ways in which they can hear the voice of people to help shape decisions. Start Well for example have a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

The RPB Executive Group acts as a strategic oversight and co-ordination group to help drive the work of the RPB forward across partners and offer support and challenge for key decisions. The Boards' work is co-ordinated through the RPB Team which provides high level support and co-ordination across all this.

RPB Executive Group meets on a monthly basis, with the RPB Board meeting on a bi-monthly basis. Within this reporting period, the RPB Executive Group has met five times (August meeting was stood down); and the RPB Board has met 3 times.

### **Performance and Reporting arrangements**

RPB Executive Group and RPB Board support was given to the new performance and monitoring tool over the Summer - this tool has been established to support the Members to oversee performance and impact against the Area Plan, through the agreed delivery mechanisms of Start, Live and Age Well Partnerships. This will include both finance and performance updates in order to offer assurances on spend, performance and impact of activity. This will be important to ensure activity is delivering, and to help inform future funding decisions.

Full reporting details against specific projects within partnership / programmes are available as background papers to Board Members (**Appendix 2**).

The RPB also produces a bi-monthly newsletter providing updates and highlighting key achievements / progress through collaborative and partnership working.

### **[RPB newsletter E2 \(powysrpb.org\)](https://powysrpb.org)**

The RPBs Annual Report for this year will be produced shortly after the close of the financial year. Access to last year's Annual Report can be found here:

### **[Powys Regional Partnership Board \(powysrpb.org\)](https://powysrpb.org)**

## **Progress position across RPB Portfolio of Partnerships / Programmes**

The following provides a high-level overview of the partnership / programme position.

### **Start Well Partnership**

Start Well continues to meet regularly and its membership is strong. Development sessions have been undertaken to reconfirm workstreams and develop the Start Well Delivery Plan for 2023/24 onwards. Workstreams have been revised, membership considered, and actions and priorities re-established. The work of the Junior Start Well Board continues to inform and shape the priorities of the Start Well Board.

### **Live Well**

This quarter the Live Well partnership continues to mature and develop strategically and in its delivery. The Work, Leisure and Learning project has expanded due to successful application for Transformation funding and now has all Powys day opportunities within its scope for the next year. The partnership is developing proposals for an innovative Emotional and Physical Health and Wellbeing (EPHW) workstream, where an initial infrastructure post will collate and map existing activity across partner agencies and the county's third sector, to include leisure, culture and countryside services, recognising the holistic nature of health and wellbeing, and taking steps to ensure people in Powys can easily access support to live a fulfilled life, their way. The accommodation project continues to develop diverse housing with care and support solutions.

### **Live Well Mental Health**

The Live Mental Health Partnership is responsible for taking forward aspects of the Regional Partnership Board's work as part of the 'Live Well – Mental Health' agenda set out in Powys' Health and Care Strategy ; the National Together 4 Mental Health

Strategy and the Health Boards IMTP. It continues to strengthen and transform mental health and wellbeing provision and ensure services develop in order to meet the wider requirements of mental health legislation.

The Partnership continues to strengthen and transform mental health services in Powys and does so by strong partnership working with other groups and key bodies. The governance of the Partnership includes a number of subgroups to drive on specific initiatives/priorities. In 2023 the Partnership has undertaken continuous improvement on its governance and approach and key to the work is the engagement with service users and carers.

### Age Well

Age Well Partnership continues to grow and meet regularly. Membership is strong and last partnership meeting was held on the 14th August. Resource and delivery plan completed. Partnership in strong place allowing positive discussion and challenge on system pressures and ensuring focusing in right areas and ability to deliver and support on population outcomes.

### Workforce

Workshop convened by the Co-Chairs to review the programme in June 2023 with the aim of confirming programme priorities. Accelerated reset process undertaken during summer 2023 underpinned by the need to set out benefits and impact clearly using the Results Based Accountability approach. Conscious decision to build a suite of activity that addresses both short and longer term workforce challenges.

Engagement activity undertaken prior to Programme Board and onward submission to the Regional Partnership Board, along with an accompanying resource plan in November 2023. The reset has reformatted the number of action areas under the Workforce Futures Programme from 48 to 14, making reporting and tracking of benefits easier.

Metrics for reporting to provide visibility of baseline and progress will be developed. Robust, proportionate evaluation is built into all areas of work to inform the development of future work.

Across all themes the term workforce explicitly includes volunteers and carers, including carers not formally recognised as such.

### North Powys

Informal conversations with WG confirm BJC on infrastructure for the site is no longer required. Health and Care SOC scrutiny grid has been submitted to WG and there continues to be ongoing discussions with WG around capital funding for OBC. Programme Board agreed Health and Social Care OBC as key priority to submit to WG by July 24 alongside the Education OBC. The financial plan for 23/24 has been updated to reflect this and aligned to workstreams.

The high-level indicative timeline / critical path for the campus has been updated, this shows an extension to the opening of the campus of May 29 (a variation from PBC of 41 months). This will require some stakeholder management and further work required to see how this could be reduced via design and build process.

Site Master planning work is progressing well. Service planning/ re-design work on the campus target operating model is progressing well

Governance arrangements for the programme have been appraised. Work is underway to review the Memorandum of Understanding (MOU) and to strengthen / re-instate the programme structure and workstream reporting arrangements to ensure delivery of OBC.

A detailed review of risk register has been undertaken by Programme Board.

### **Transforming in Partnership**

These priorities are key enablers to helping deliver on the Health and Care Strategy. This period has seen activity continue to be taken forward through the RPB partnership arrangements to support longer term cultural and organisational change that is required to allow wider system change. The refresh of the Area Plan priorities has helped to give a sharper focus to the specific priorities and reinvigorate them, for example, there is renewed momentum behind developing more co-production practice within the RPB partnership arrangements building on the successes and learning over previous years. Whilst work continues across all priority areas, more is needed across some aspects to ensure momentum and focus remains.

### **Capital**

Welsh Government mandated that Regional Partnership Boards develop a 10-year Strategic Capital Plan (SCP) in order to support a strategic and joined-up approach across partners when delivering their capital programmes. A substantial amount of capital resource has been made available to RPBs, including Housing with Care Fund (HCF) with a focus on providing additional accommodation-led projects to meet specific population needs; and more recently, the Integrated Rebalancing Care Capital Fund (IRCF Capital) to support the Rebalancing Agenda and establish 'Integrated Health and Wellbeing Hubs' across Wales.

The RPBs Capital Programme is overseen by the Innovative Environments Capital Planning Group and reported into the RPB Executive / Board on a regular basis.

The Capital programme is made up largely of key Strategic Capital programmes: Children's residentials / safer accommodation; Care Closer to Home (LD, with a MH proposal in pipeline); Extra Care Developments; and North Powys Campus. This is reflected in the Powys RPB Strategic Capital Plan, which has been developed with partners. Confirmed capital spend 22-23 (HCF) was £1.1million. For 23-24, there is a fully committed spend profile of £2.8mil HCF, however, confidence in deliverability of this is varied on a scheme by scheme basis and continues to be firmed up through more robust reporting / monitoring of schemes.

The Strategic Capital Plan is attached as **Appendix 3**.

Key summary points from Q2 position include:

- The narrative updates offer assurances that Partnerships and Programmes continue to deliver against the Area Plan priorities. Further work is needed to understand the impact of this work and the difference made.
- No major risks / issues from the RPB Partnerships / Programme were escalated to the RPB Executive. Some risks have been identified; however, these are being considered by the relevant Partnership / programme with mitigating action in place to limit impact. Some issues have flagged regarding the recruitment issues that are being caused due to not be able to commit to longer term funding at this point in time.
- Partnership arrangements continue to develop and mature strategically to aid delivery against their identified Delivery and Resource Plans, including strengthening membership and voice of people.
- spend for majority of RIF funded activity across lead organisations is either on track and as expected and has therefore been marked accordingly (Green). Following a forecasted position of spend to year end, a small underspend has been identified which will need to be reallocated in line with funding guidance and current priorities. The spend position will be continued to be carefully monitored going forward to ensure funding allocations available to the RPB are maximised.

## NEXT STEPS

- Through the work of the Powys RPB, work continues to deliver against the agreed partnership priority areas within the Area Plan. The RPB Board and wider governance arrangements continue to provide effective challenge, support, scrutiny and escalation of risks to support delivery and improve outcomes.
- The RPB Board will produce an Annual Report highlighting key partnership achievements and impact made over the last year for 2023/24.



## Powys RPB Revenue Investment Plan 23 - 24 Overview

| RPB GOVERNANCE  |               |   | Strategic Project  |  |                          |
|---|---------------|---|--|--|--------------------------|
| RPB   | RPB Executive | Powys RPB Strategic Partnerships / Programmes |  | RPB Funding 23/24<br>(across all revenue pots) | 23/24 Project start date |
|   |               | Start Well                                    | Emotional Health and Wellbeing Programme                     | £647,000                                       | April                    |
|   |               |   | Children on the Edge of Care Service                         | £610,000                                       | April                    |
|   |               |   | Powys Together   | £145,151                                       | April                    |
|   |               |   | NYTH / NEST Implementation                                   | £25,000  | July                     |
|   |               |   | Neurodevelopmental Remodel / Children's ND                   | £106,230                                       | July                     |
|   |               |   | £1,533,381   |  |                          |
|   |               | Live Well                                     | Closer to Home Programme                                     | £102,730                                       | April                    |
|   |               |   | Core & Cluster Accomodation Project - to start 2024/25       | £0   |                          |
|   |               |   | Integrated Autism Service                                    | £337,000                                       | April                    |
|   |               |   | ADHD Service   | £120,003                                       | October                  |
|   |               |   | Transition Project Co-Ordination                             | £60,238  | April                    |
|   |               |   | Work, Leisure and Learning                                   | £66,660  | April                    |
|   |               |   | Emotional Health and Physical Wellbeing Workstream           | £43,125  | October                  |
|   |               |   | Perinatal Mental Health Service                              | £54,618  | July                     |
|   |               |   | Self-Harm Support  | £75,000  | July                     |
|   |               |   | £859,374   |  |                          |
|   |               | Age Well                                      | Powys Befriending Services (PBS)                             | £216,549                                       | April                    |
|   |               |   | Unscheduled Care Improvement                                 | £216,344                                       | April                    |
|   |               |   | Technology Enabled Care (TEC)                                | £100,000                                       | April                    |
|   |               |   | Integrated Brokerage   | £125,370                                       | April                    |
|   |               |   | Virtual Wallet   | £63,623  | April                    |
|   |               |   | Micro-enterprise / Care Finder Tool                          | £56,247  | April                    |
|   |               |   | Home Support   | £333,000                                       | April                    |
|   |               |   | Community Connectors   | £565,924                                       | April                    |
|   |               |   | Dementia Home Treatment Team (South Powys)                   | £267,800                                       | April                    |
|   |               |   | Dementia MAS   | £133,000                                       | April                    |
|   |               |   | £2,077,857   |  |                          |
|   |               | Workforce Futures                             | Engagement and Wellbeing Initiatives                         | £44,735  | April                    |
|   |               |   | Partnership and Citizenship                                  | £26,693  | April                    |
|   |               |   | Education, Training and Development (Widening Access / MECC) | £91,428  | April                    |
|   |               |   | Leadership (Leadership / Change Facilitator)                 | £55,424  | April                    |
|   |               |   |  | £218,280                                       |                          |
|   |               | Digital                                       | digital acceleration - community training platform           | £143,142                                       | April                    |
|   |               |   | WCCIS  | £18,790  | July                     |
|   |               |   | £161,932   |  |                          |
|   |               | Innovative Environments                       | Strategic Capital Plan Development                           | £200,000                                       |                          |
|   |               |   | North Powys Wellbeing Programme                              | £1,556,992                                     | April                    |
|   |               |   | Llandrindod Wells Spa Road Hub development                   | £80,000  |                          |
|   |               |   | £1,836,992   |  |                          |
|   |               | Transforming in Partnership                   | Supporting Unpaid Carers                                     | £260,631                                       | April                    |
|   |               |   | Social Value   | £227,637                                       | April                    |
|   |               |   | RPB Infrastructure and Enabling (see detail on other tab)    | £726,270.00                                    | April                    |
|   |               |   |  | £1,214,538                                     |                          |
|   |               |   |  | £7,902,354                                     |                          |
|   |               |   |  |  |                          |
| Total cost  |               |   |  | £7,902,354.00                                  |                          |
| RPB Resource allocation 23-24 (across all revenue pots) |               |   |  | £7,915,574.00                                  |                          |
| balance +/-   |               |   |  | £13,220.00                                     |                          |

Total cost  
RPB Resource allocation 23-24 (across all revenue pots)  
balance +/-

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Bwrdd Partneriaeth  
Ranbarthol Powys

Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board

Health and  
Social Care

## Powys Regional Partnership Board Summary Sheet

| Overview:  |   |
|--|---|
| Subject:   | RPB Strategic Capital Plan – Final Draft  |
| Prepared by:   | Joe Wellard, RPB Co-Ordinator   |
| Date of meeting:   | 4 <sup>th</sup> September 2023  |
| Governance:  |   |
| Approved and Presented by:   | Wayne Tannahill, Associate Director of Capital, Estates and Property, PTHB / RPB Capital Planning Group Chair.  |
| Other Committees and meetings considered at:   | RPB Executive Group, 4 <sup>th</sup> September, 2023<br>RPB Innovative Environments Capital Planning Group, 22 <sup>nd</sup> August 2023<br>Various other groups and workshops as part of Engagement work – see 'Engagement Section with the Strategic Capital Plan pg. 88)<br><br>(Earlier iterations considered at Powys RPB Board meeting in June) |
| Purpose:   |   |
| Summary:   |   |
| <p>Welsh Government mandated that Regional Partnership Boards develop a 10-year <b>Strategic Capital Plan (SCP)</b> in order to support a strategic and joined-up approach across partners when delivering their capital programmes. A substantial amount of capital resource has been made available to RPBs, including Housing with Care Fund (HCF) with a focus on providing additional accommodation-led projects to meet specific population needs; and more recently, the Integrated Rebalancing Care Capital Fund (IRCF Capital) to support the Rebalancing Agenda and establish 'Integrated Health and Wellbeing Hubs' across Wales. It therefore makes sense to ensure with plan and deliver in a more strategic way against these additional investment opportunities, and well as alternative capital funds that may be available across partners.</p> <p>IRCF <i>Revenue</i> Funding was utilised to commission consultants CPC to work with key stakeholders and develop a first Powys RPB Strategic Capital Plan. Whilst driven by CPC and Capital leads within Health and Local Authority, the plan has been informed through engagement with key colleagues across all partners to ensure service needs and considerations informed the emerging capital requirements and programme of work. This included a range of workshops with representations attending across health, social care, commissioning, leisure, housing, PAVO, etc.</p> <p>We have engaged with Welsh Government closely as the plan has developed and received positive feedback on our approach and working draft, although we are yet to submit a formal version (see risk below).</p> |   |

The Powys RPB Strategic Capital Plan closely follows the Welsh Govt. template and covers the follow key areas:

- Strategic Drivers
- Case for Change / Programme Scope
- Opportunities and potential strategic focus across key population groups
- Engagement
- Delivering the Capital Plan
- Next Steps

The latter pages of the SCP start to consolidate strategic framings both nationally and locally into a more concise set of potential areas of focus for future capital investment based on a detailed Asset Review of current Health and Care estates (with PAVO / third sector detail to follow). Some of this is already being delivered within our current RPB capital programme over the next 1 – 3 years. However, there is clearly more opportunities for discussion with partners about medium / longer term investment that could help deliver against the Health and Care Strategy through having the right and fit for purpose innovative environments.

Whilst this is a final draft in preparation for submission to Welsh Government, it is recognised that developing the strategic direction for capital priorities across the partnership will continue to be an iterative process and, therefore, this version will be kept under review and updated as necessary (with any major changes / additions being reported back through the RPB Governance as necessary). Additional comments received from RPB Exe. Group for example have either already been incorporated into the updated version, or will be included as part of ongoing reviews.

#### Recommendation(s):

##### **RPB Members are asked to:**

- Approve the Powys RPB Strategic Capital Plan and support onward submission to Welsh Government

|                                   |            |             |
|-----------------------------------|------------|-------------|
| Approval/ Ratification / Decision | Discussion | Information |
| x                                 |            |             |

#### This paper is aligned to the delivery

|                                      |  |
|--------------------------------------|--|
| Social Services & Wellbeing Act      | Welsh Govt. requirement placed on RPBs to produce the Strategic Capital Plan                         |
| Health and Care Strategic Objectives | Alignment and cross reference to Powys RPB Area Plan / Strategic Objectives was part of methodology. |

#### Detailed background and assessment including any financial investment or implication

See appendix – Powys RPB Strategic Capital Plan

#### RISKS associated with proposal

| #  | Risk   | Risk rating |
|----|--|-------------|
| 1. | <p>The formal deadline to submit the Strategic Capital Plan was end of July, which has been missed leading to a potential reputational risk.</p> <p>However, we have worked closely with Welsh Govt. colleagues and been clear that our SCP is well developed and will be submitted following RPB governance, which they have been accommodating of. For context, some</p> | Medium      |

|  |  |  |
|--|--|--|
|  | other regions have also not submitted their plans whilst they are further developed and / or awaiting local governance routes. |  |
| Next Steps   |  |  |
| <p>Subject to approval and requirement for any further additions, Strategic Capital Plan will be shared with Welsh Government</p> <p>As noted above, it will be important to ensure the SCP remains up to date and fully reflects the capital requirements of the region to help strategically plan and establish our capital programme.</p> |  |  |

Patterson, Liz  
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# Powys Regional Partnership Board

## Strategic Capital Plan

2023 - 2033



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# Document Control

## 0.1 Version Control

| Version | Status      | Date           | Author           | Update                                 |
|---------|-------------|----------------|------------------|--|
| 0.1     | Draft       | 15 June 2023   | Sean Langley/CPC | Template created                       |
| 0.2     | Draft       | June /July     | Sean Langley/CPC | Draft documents / stakeholder meetings |
| 1.0     | Final Draft | 08 August 2023 | Sean Langley/CPC | Draft for Client approval              |
|         |             |                |                  |  |
|         |             |                |                  |  |
|         |             |                |                  |  |
|         |             |                |                  |  |
|         |             |                |                  |  |

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## Foreword

Powys Regional Partnership Board (RPB) brings together a range of public service representatives including the local council, health board, third sector and other key people including citizens, to ensure that people work together better to improve health and wellbeing in Powys.

It's about putting people and what matters to them at the centre of health and care services. The RPB oversees the delivery of this in Powys, which is done through its programmes: Start Well, Live Well, Age Well as well as some other work which cuts across all of these.

The Board's priorities are set out in the Powys Area Plan - the Health and Care Strategy. Some of the Board's responsibilities include making sure resources are available, that people remain independent for as long as possible, and that health and care services are fully joined up.

To help make this happen, the RPB also has responsibility for allocating funds from Welsh Government's Regional Integration Fund (RIF), which it uses to support key projects.

This Strategic Capital Plan utilises the input from stakeholders, plus key documents and reports, with a view to expressing how the RPB will make best use of its funding and capital assets to deliver those strategic priorities stated in the Powys Area Plan - the Health and Care Strategy.

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# 1. Introduction

## 1.1 Strategic Role for the Powys Partnership in Capital Planning

Regional Partnership Boards (RPBs) have been identified as critical vehicles to lead the development of a joined-up approach to planning capital investment in health, social care and housing which can enable seamless service delivery closer to home.

Specifically, they should have a key role in taking forward the development of integrated health and social care hubs, as well as rebalancing the market.

RPBs were established under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) to facilitate the strategic partnership arrangements between a local health board and one or more local authorities. A Healthier Wales, the Welsh Government's Long-term Plan for Health and Social Care, positions RPBs in a key leadership role to drive forward health and social care integration.

In addition to health and social care partners, RPB membership includes representatives from housing, education, the third sector, independent providers, citizens, and carer representatives to take forward the effective delivery of seamless services in Wales. Their purpose is to improve the outcomes and well-being of adults and children with care and support needs, and carers who need support. RPBs work as a partnership to strategically plan, manage, and develop effective care and support services required to best meet the needs of their respective populations.

It is the distinct functions and makeup of the RPBs which ideally places them to oversee the strategic capital investment.

Ministers have agreed that RPBs should have a key role in bringing together key partners to facilitate cross sector strategic planning, in relation to capital investment for health and social care related services and facilities, as well as broader co-location of key services.

RPBs have been asked to develop 5 to 10-year strategic capital investment plans alongside their Area Plan, due for publication in early 2023.

These strategic plans are to focus on short, medium, and long-term investment opportunities to support the strategic direction within the region, which must be informed by both national policy and regional population needs assessments and market stability reports.

RPBs have been tasked in bringing together partners to consider capital investment from different policy areas to create strategic alignment and best value, for example, health capital fund regeneration.

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## 1.2 Strategic Drivers

The work of the RPB sits within a broader national, regional and local planning landscape, and links with organisational planning and strategic partnerships are key to ensuring alignment, avoiding duplication and maximising impact.

Nationally, the RPB's work aligns with the key principles of The Well-being of Future Generations (Wales) Act 2015 and The Programme for Government's well-being objectives which serve that.

Powys has distinctive characteristics that accentuate the emphasis of these challenges locally. Firstly, Powys is predominantly rural. Secondly, the working age population is falling, whilst there are increasing numbers of older people retiring in and to the county and adults living longer with health conditions and Learning Disabilities.

Both aspects have a considerable influence over the local care market, specifically:

- Additional cost and logistics of providing services within isolated communities and;
- Increased demand for health and care just as the potential workforce and carer pool is shrinking.

The wider national policy context is one of a long-term drive to help people to live independently in the community and reduce reliance on residential care, as described in the Welsh Government's policy paper "A Healthier Wales".

### 1.2.1 A Healthier Wales

A Healthier Wales sets out the plan for a long-term future vision of a "whole system approach" to health and social care, focusing on health and well-being and preventing illness. The vision is supported by the Quadruple Aim:

- Population Health & Wellbeing: *Better Prevention and Self-management*
- Health & Social Care Services: *Better quality and experience, enabled by digital, supported by engagement.*
- Health & Social Care Workforce: *Improved wellbeing, capability, engagement and leadership*
- Higher Value Health & Social Care: *Rapid improvement and innovation, enabled by data, focused on outcomes.*

The RPB supports the delivery of these national goals through the delivery of its programme and has been used as a tool to ensure that each priority for the region contributes to the aims of the nation.

Vision, guiding principles and priority areas for transformation have been mapped from A Healthier Wales to the strategic vision and ambition within the Powys Health and Care Strategy; they fully align and complement one another.

### **1.2.2 Strategic Programme for Primary Care**

The Strategic Programme for Primary Care is an All-Wales Health Board-led programme that works in collaboration with Welsh Government and responds to A Healthier Wales. The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within A Healthier Wales.

Primary care is about those services which provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. It coordinates care for the individual, providing access for people to the wide range of services in the local community to help meet their health and wellbeing needs, and to specialist care when required.

There is a wide range of staff who support and deliver primary and community care services. Community service staff includes community and district midwives, community and district nurses, health promotion teams, health visitors, mental health teams, occupational therapists, paramedics, phlebotomists, physiotherapists, podiatrists, social services (and other local authority staff), plus people working and volunteering in the wealth of voluntary organisations which support people in the community.

One of the key aims is to work closely with partners to strengthen services and achieve seamless working across the entire system.

### **1.2.3 The White Paper to Rebalance Care and Support**

In January 2021, the Welsh Government published a White Paper setting out an ambition to rebalance care and support. 'Rebalancing' includes an explicit commitment to a mixed economy of provision 'so that there is neither an over reliance on the private sector (including the voluntary and charity sector), nor a monopoly in the other direction', but is defined more broadly as a set of descriptors of the system change sought.

The Programme for Government goes further in relation to Children's Services, committing to 'eliminate private profit from the care of children looked after during the next Senedd term' (2026- 31). Whilst the direction of travel has been indicated, further detail on how this will be achieved, and the wider rebalancing agenda is awaited.

### **1.2.4 Further Faster: An Integrated Approach to Community Services**

Welsh Government ministers have made their intentions clear that, to strengthen community capacity, steps are needed towards establishing a stronger, more integrated community care service for Wales. This would not be a new organisation, but rather an ambitious agenda to build a stronger web of support to give people a better quality of life.

It means going further, faster, building on recent progress. It will need the entire system to jointly develop, agree and put in place a community care service and workforce model. This must consolidate current activity, rather than add another layer. In the short-term, the intention is to make a significant positive

impact on the ‘system’ ahead of Winter 2023/24.

1.2.5 Net Zero 2030

Welsh Governments Net Zero Strategic Plan sets out the way forward for responding to the climate emergency and aligning with Welsh Ministers’ ambition for the public sector to be collectively net zero by 2030. It also demonstrates delivery against the requirements of the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

Further opportunities will continue to be explored across the health, care and wider system around how climate and nature can support people’s health and wellbeing, such as green spaces, particularly in relation to health inequalities. This Strategic Capital Plan is aligned, wherever possible, with the ambitions of the Net Zero 2030 Policy, and its agenda.

Figure 1: A route map for decarbonisation

|                                     |   |  |  |   |   |  |
|-------------------------------------|---|--|--|---|---|--|
| <b>Achieving our goal 2026–2030</b> | society understands, accepts and expects that sustainability and climate action is integral to public services.   | tolerance of unsustainable behaviour as it is socially unacceptable.   | across the public sector. Sustainability is part of life.  | time and the natural environment. Account and profile all resources for a no waste approach.  | The public sector, society and the individual work together to reduce inequalities & improve well-being.                        | technologies to be incorporated in all public sector services and products.  |
| <b>Well on our way 2022–2026</b>    | We integrate action on climate change into our public facing engagement. We show how we appreciate the value of low carbon products, services and places.               | Staff and citizens expect to be able to make choices based on sustainability and well-being criteria when considering services and products. | Account for climate change future impacts in all decision making processes. Life cycle costing is the norm in the public sector. | Model business decisions so entire resource impact is accounted for. All resources need to include full life cycle carbon costings.         | Collaborate with cross sector partners to prevent disadvantage, promote well-being and develop sustainable joint service plans. | Enable and support technology to allow the empowerment, equality and well-being of individuals.                    |
| <b>Moving up a gear 2021–2022</b>   | We engage with the climate change debate. The public sector explains its case for taking sustainability seriously and considers how it can impact on the wider society. | Staff and citizens understand what you can do. You know you should act. You know you can make a difference.                                  | Agree on responsibilities, mechanisms and measures including legislation, regulation and public reporting of progress.           | Research how to use all types of resources better to enhance health and minimise waste. Identify, prioritise and address gaps in knowledge. | Explore sustainable models. Increase investment to prevent disadvantage and improve well-being. Optimise benefit from nature.   | Adopt and invest in sustainable technologies. Reduce the risk of investment in new technology. Welcome innovation. |
|                                     | <b>Society</b>  | <b>Individual</b>  | <b>System governance</b>   | <b>Use of resources</b>   | <b>Models of service delivery</b>   | <b>Technology</b>  |
|                                     | <b>Behaviours</b>   |  | <b>Standards</b>   |   | <b>Innovation</b>   |  |

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### 1.2.6 Welsh Development Quality Requirements 2021

WDQR 2021 sets out the minimum functional quality standards for new and rehabilitated general needs affordable homes. The Welsh Government encourages housing providers and their consultants to aim for standards beyond the minimum requirements specified here and to adopt a holistic view of quality, recognising the benefit that quality and culturally suitable homes will have on both physical and mental well-being for all.

Where homes are being refurbished, providers should (if practicable and cost effective to do so) take all opportunities to meet the standard, but where this is not possible, homes must have adequate space and facilities for everyday living. The standard is applied in full to all publicly funded affordable housing schemes submitted to the Welsh Government at “concept” stage for technical scrutiny from 01 October 2021.

Modern Methods of Construction (MMC) is a preferred delivery solution for new build homes. This includes various construction methods and technologies that can either replace traditional methods (e.g., using innovative technological or digital advancements), or complement them (e.g., producing components for hybrid construction that reduce resource required on-site and/or speed up assembly).

#### **New homes must meet energy and decarbonisation requirements which consists of:**

- Achieving EPC, A (SAP92 or greater) through the minimum fabric standard set out in the Appendix – Elemental specification for the DER/TER, within the Building Regulations Approved Document Part L Wales 2020 and by not using fossil fuel fired boilers to provide domestic hot water and space heating. Alternative proposals will be acceptable where it can be demonstrated by independent certification that the building’s energy demand is reduced in accordance with the Energy Hierarchy for Planning in Welsh Government’s Planning Policy Wales.
- Homes should be of sufficient size to meet the needs of occupants, have a convenient layout for everyday living and have adequate circulation space. Accessibility requirements will be satisfied by designing dwellings to meet the Lifetime Homes Standards as published by the Joseph Rowntree Foundation. <http://www.lifetimehomes.org.uk/pages/revised-design-criteria.html>
- Homes should be safe and secure and. Developments should be designed to comply fully with the “Secured by Design.”
- (SBD) Gold standard. <https://www.securedbydesign.com>, Mixed tenure developments, not fully under the control of the housing provider must meet (as a minimum) the Security Standard elements of SBD.

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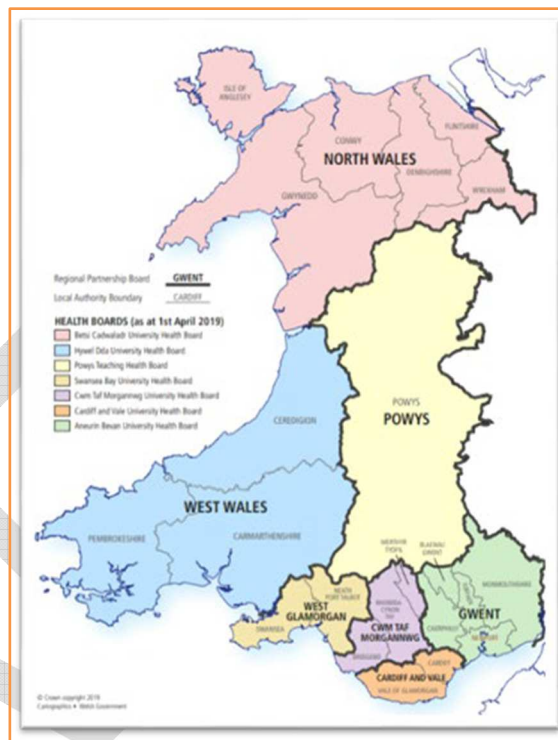
## 2. Background

### 2.1. Powys Regional Partnership Board History

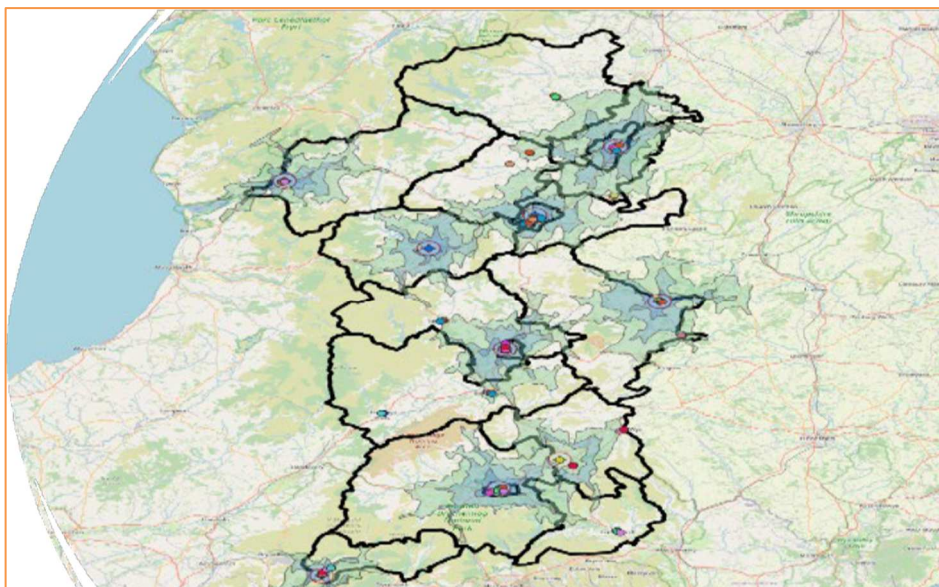
The Social Services and Well-being (Wales) Act 2014 was introduced on 1st April 2016 and provides a legislative framework for care and support in Wales. It is aimed at improving the well-being of people who need care and support, carers who need support, and for transforming the way in which services are commissioned and delivered.

Part 9 of the Act requires local authorities and health boards to establish Regional Partnership Boards (RPBs). RPB's manage and develop services via secure strategic planning and partnership working and ensure that effective services and care and support systems are in place to meet the needs of their population. This Act, in effect, is a framework for both planning and delivery with a key focus on improving outcomes for citizens.

Powys Regional Partnership Board, established after the above Act was passed, brings together a range of partners including the local council, health board, third sector, care providers and other key people, including citizens, to ensure that people work together better, to improve health and wellbeing in Powys.



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The RPB oversees the delivery of this in Powys via a thematic lifecycle approach in its programmes: Start Well, Live Well, and Age Well; as well as other work which cuts across all of these. The Regional Partnership Board (RPB) and wider partnership structures continue to provide a vehicle to drive forward integration opportunities and collaborative approaches to working together, with cross sector leadership and a strong shared commitment to providing seamless, integrated health and social care services, to support people across the life course.

## 2.2 Context

Plans in the Powys region have always been closely aligned to National and wider regional planning, such as the ambition set out in A Healthier Wales and the strategic intent of the Mid Wales Joint Committee for Health and Social Care. Together, this is harnessing collective efforts to recover and move forward from the impacts of the pandemic.

The Health and Care Strategy has been reviewed in the past year, in the light of a much-changed context, new and emerging national policy and ministerial direction, as part of the development of the Regional Partnership Board's Area Plan. The ambition, intention and evidence that forms this long-term strategy is still very much relevant today despite this changed context, and it continues to form the basis of other partners' plans.

The wider Public Service Board Wellbeing Plan has also been reviewed and refreshed. This plan tackles much wider social, economic and environmental factors to improve people's wellbeing. It has been updated in parallel with the RPB Area Plan and work has been undertaken to maintain and strengthen the 'golden thread' across both plans.

The 'golden thread' seeks to provide links across all key planning arrangements, including the Council's Corporate and Strategic Equality Plan and Powys Teaching Health Board's Integrated Medium-Term Plan, with a focus on highlighting the specific shared priorities across RPB partners and supporting alignment across the distinct planning arenas.

There is a local focus on oversight and alignment with other national and regional plans. However, it is a complex landscape and further refinement is necessary, at all levels, to bring greater coherence across these wider plans for the health and care system.

Key alignments include:

- Powys Teaching Health Board (Integrated Medium-Term Plan);
- Powys County Council (Corporate and Strategic Equality Plan);
- Powys Public Service Board (Wellbeing Plan); plus
- The Powys Shared Prosperity Local Partnership.
- The Area Planning Board for Substance Misuse.
- The Community Safety Partnership.
- Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV); and
- Housing Support.

### 2.3 Vision and Aims of the Powys Regional Partnership Board

The Health and Care Strategy provides the future vision and direction of travel for integrating health and social care services for Powys. Despite huge upheaval, the Powys Regional Partnership Board have recommitted to driving forward its ambitious plans in line with the strategic framework, objectives and priorities of the strategy. It demonstrates the high level of commitment from the Health Board, Powys County Council and its partners to provide one seamless health and care system for Powys residents.

The Social Services and Wellbeing (Wales) Act for Wales 2014, the Wellbeing of Future Generations (Wales) Act 2015 and A Healthier Wales: Our Plan for Health and Social Care 2018- 2030 represent the strategic drivers for health and social care transformation in Wales. Powys has taken this forward with A Healthy Caring Powys: A Vision to 2027 and Beyond, published in 2017. This strategy was developed after extensive public and professional engagement.

The long-term vision 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.

It also recognises the importance of key enablers that will improve the future of health and care. By 2027, people in Powys will receive the right care and support, at the right time, and in the right place.

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## 2.4 Principles of the Powys Regional Partnership

Six principles have been identified through a programme of extensive engagement. These will guide how we create a healthy, thriving future for the people and communities of Powys. Achieving the vision means finding the right balance between these principles.

- ***Do What Matters***

We will focus on what matters to people. We will work together to plan personalised care and support focusing on the outcomes that matter to the individual.

- ***Do What Works***

We will provide care and support that is focused on what works, based on evidence, evaluation and feedback. We will have honest conversations about how we use resources.

- ***Focus on Greatest Need***

We will focus resources on those with the greatest need for help and support, in a way that looks ahead to future generations.

- ***Offer Fair Access***

We will ensure that people have fair access to specialist care and to new treatments and technologies, helping to deliver a more equal Powys, and recognising rural challenges.

- ***Be Prudent***

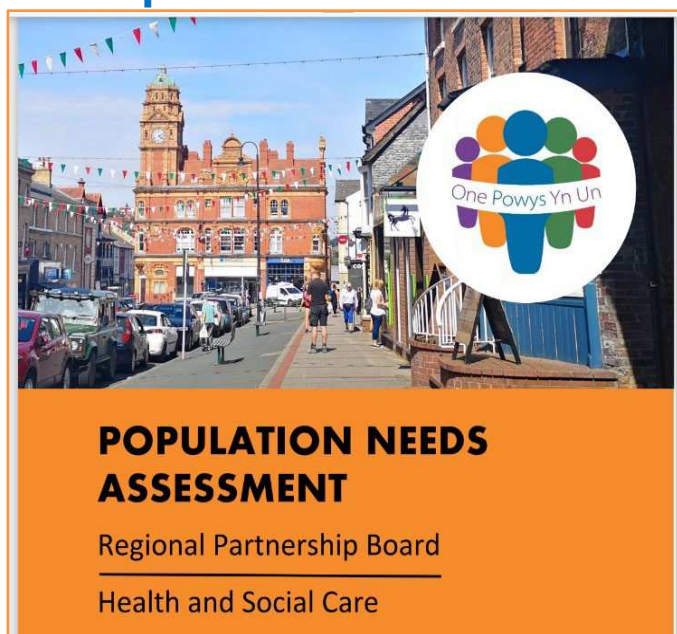
We will use public resources wisely so that health and care services only do those things that only they can and should do. Supporting people to be equal partners and take more responsibility for their health and care.

- ***Work With People and Communities***

We will work with individuals and communities to use all their strengths in a way that maximises and includes the health and care of everyone, focusing on every stage of life – ***Start Well, Live Well and Age Well.***

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### 3 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. The second assessment published for Powys is a joint exercise undertaken by Powys Teaching Health Board and Powys County Council, in partnership with the third and independent sectors. It was overseen by Powys Regional Partnership Board (RPB), whose purpose is to drive the delivery of integrated health and social care services.

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

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

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

- Children and young people
- Older people
- Health
- Physical disabilities and sensory Impairment
- Learning disability and autism
- Mental health
- Carers who need support
- 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.

### 3.1 Overview of findings from PNA

The highlights of the findings from the Population Needs Assessment – supplemented with data provided from the Wellbeing Assessment - is summarised below:

**Table 1: Categorised Summary of findings from PNA**

|                   |   |
|-------------------|---|
| <b>Population</b> | <ul style="list-style-type: none"><li>• 4,088 families live in absolute poverty (31% are lone parent households). 17% of people in Powys report feeling lonely. 12% (16,154) of population are unpaid carers, with more unpaid carers in south Powys, particularly the Ystradgynlais locality.</li><li>• Powys' population is older than both the population of Wales and the population of the UK overall and is predicted to continue to increase.</li><li>• Due to its higher 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%).</li></ul> |
| <b>Demography</b> | <ul style="list-style-type: none"><li>• Health and wellbeing risks linked to aging population and rurality of county can increase social isolation issues, access to healthcare and support services, and lack of transport.</li><li>• The average UK house price is £216,998 (Wales: £194,575) – Powys being 6th highest LA in Wales.</li></ul>  |

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|                           |   |
|---------------------------|---|
| <b>Accommodation</b>      | <ul style="list-style-type: none"> <li>• There are gaps in the capacity of home support, domiciliary care and some types of residential settings. Not only does this risk a poor experience and outcome but it is a poor use of resources.</li> <li>• The Market Position Statement (MPS) on Accommodation for Older People in Powys, identified there was a lack of appropriate accommodation options, requiring extra care housing developments, especially in Brecon, Welshpool and Montgomery.</li> <li>• The geographical distribution of Care Homes for older adults' settings, means there is frequently only limited opportunity for individuals to exercise meaningful choice in deciding their place of residence unless they are willing and able to move from their current area of residence. This is particularly apparent in respect of nursing care.</li> <li>• The Live Well Accommodation and Support Process has evidenced a need for more supported accommodation options within Powys, i.e., 72 individuals across the following areas - Welshpool, Newtown Llandrindod, Brecon and Ystradgynlais.</li> <li>• There are currently 22 Shared Lives Carer households in Powys, supporting 16 individuals with long term arrangements.</li> <li>• 170 adults with disabilities and mental health needs are supported to live as independently as possible through supported living commissioned across 6 care and support providers.</li> <li>• 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.</li> <li>• In Powys there are 2,170 sheltered housing homes.</li> </ul> |
| <b>Healthcare general</b> | <ul style="list-style-type: none"> <li>• Dementia affects 1 in 20 over the age of 65 and 1 in 5 over the age of 80. Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia. Powys' ageing population will increase the acuity of this issue.</li> <li>• Powys is the highest local authority in Wales with 22.36 people per 1,000 population registered with a sensory impairment; this can have an impact in terms of capital planning as buildings must be constructed to assist those people with sensory impairment</li> </ul>  |
| <b>Carers</b>             | <ul style="list-style-type: none"> <li>• A total of 2,390 adult carers are registered with Carers Service – a limited number of carers are accessing support they may need. Of those adult carers, 31% (742) self-reported as having a disability.</li> <li>• There are 713 recipients receiving 10,200 hours of Domiciliary care a week in Powys.</li> <li>• There have been over 600 periods of reablement completed, with 82% of these individuals aged 65 and over</li> </ul>   |

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|                              |   |
|------------------------------|---|
| <b>Children/Young People</b> | <ul style="list-style-type: none"> <li>• Young people live in small remote villages and hamlets that are served by poor public transport; this limits their opportunity to interact with their peers. 24% (32,376) are aged between 0 and 24 years this is projected to fall by 6% (to 29,634) by 2043.</li> <li>• There are 17,148 children in Powys schools.</li> <li>• 14% of all pupils in Powys secondary schools receive free school meals.</li> <li>• Poor educational attainment is likely to have an impact on children and young people's future life chances and perpetuates the cycle of poverty.</li> <li>• There are currently 233 Powys children in local authority care, some children are placed outside of Powys and others outside of Wales.</li> <li>• There are currently 81 approved foster parents on Powys' register.</li> <li>• 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.</li> <li>• 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</li> </ul> |
| <b>Mental Health</b>         | <ul style="list-style-type: none"> <li>• Loneliness and the need for home support are amongst the key reasons for seeking third sector services.</li> <li>• Depression is the most common mental health problem for older people and prevalence rises with age.</li> <li>• 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.</li> <li>• The largest number of suicides is in 2022.</li> <li>• To access counselling within community providers there is over a 1 month waiting list</li> <li>• People accessing crisis services are increasing, with emerging needs relating to eating disorders, psychosis, and complex needs (including substance misuse / homelessness).</li> <li>• 17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, higher than the national average of 14%.</li> <li>• From 6 years of data, children and young people attending counselling within Powys shows the highest peak is in 2019-20.</li> </ul>  |
| <b>Learning Disability</b>   | <ul style="list-style-type: none"> <li>• In Powys, there were 401 people with a learning disability who entered the register on 31 March 2021. Of these, 380 (94%) are living within their communities.</li> </ul>  |
| <b>Autism</b>                | <ul style="list-style-type: none"> <li>• It is estimated that autism spectrum disorders (ASD) affect 1 in 100 people in the UK (NAS, 2022) and in Powys, ASDs are the most common presentation of disability within children.</li> </ul>  |

## Workforce

- Paid carer recruitment and retention is key, so people can get the right support at the right time.
- A commissioned scoping exercise (2020), and subsequent review (2023) to better understand the employment, voluntary and paid employment opportunities available for adults of working age in Powys, specifically those being supported by local disability support providers, found that improvements needed to be made.

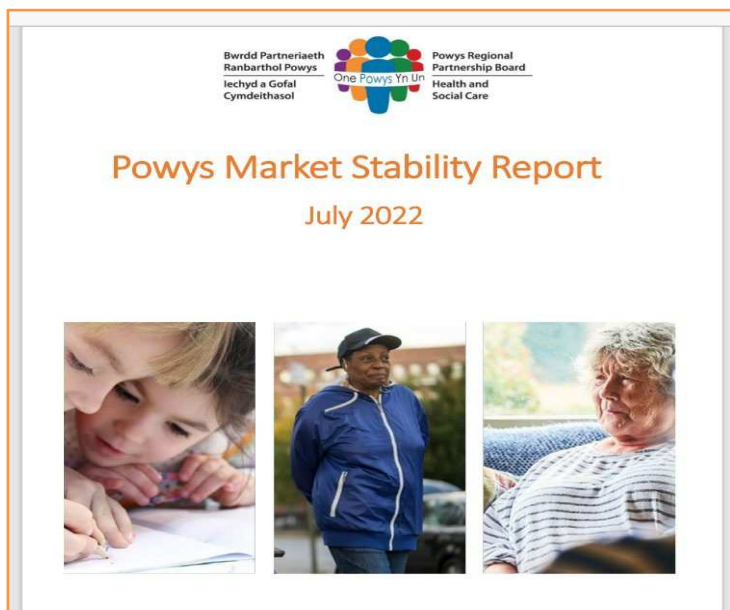
### 3.2 Summary prioritisation from findings

In summary, this means:

- The average age of the Powys population is higher than both the population of Wales and the population of the UK overall; due to this, 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 Powys population is predicted to continue to increase its average age and to increase in size in the coming years; 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.
- This dependency ratio will cause increasing pressure on future generations in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 people that may need Adult Social Care support. A total gap of 1,330 persons by 2030.
- The rural nature of Powys as a county, its low population density and its age structure all have important implications for how to deliver services; there is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales, which will have an impact on the availability and affordability of homes for existing residents in Powys.
- Powys has 58,345 households, with an average household size of 2.2 persons; in the next 10 years single-person households in Powys will increase by 4.2%, putting more pressure on the already limited single housing stock in Powys for future generations.
- 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; research shows that people in need of social housing could rise rapidly, with low-income earners twice as likely to lose their jobs.
- 48% of social housing 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.

Population 'changes and 'workforce' need to be key issues to focus on and address. If nothing is done, there will be a care crisis in the short to medium term.

## 4. Market Stability Report (MSR)



Market stability reports are a tool to assist Regional Partnership Boards (RPB's) in planning and commissioning quality care and support for their populations. The reports should help RPBs to determine the overall shape and balance of the market for care and support within the region. 2022 was the first year that market stability reports have been required.

Section 144B of the Social Services and Well-being (Wales) Act 2014 requires local authorities to prepare and publish market stability reports and make provision for regulations setting out the

form these must take.

This includes preparing and publishing a market stability report which includes:

- An assessment of the sufficiency of provision of care and support.
- Any other matter relating to the provision of regulated services, as prescribed by regulations; and
- The effect on the exercise of the local authority's social services functions, of the commissioning by the authority of any services in connection with those functions.

These matters are set out in the Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021.

In preparing their market stability reports (MSR), local authorities are required to consult with the Local Health Board. The preparation and publication of market stability reports must be carried out on a regional footprint. From the individual reports the RPB must consolidate into a Regional MSR.

The market stability reports are the next step in the development of long-term commissioning strategies for the care and support needs of local communities, including the development of accommodation that is fit for the future.

With the first Market Stability Report now produced by the Powys' Regional Partnership Board, it is envisaged that further reports will be produced every 5 years and that these subsequent iterations will build upon the data and analysis within that first report.

The Powys Regional Partnership Board (RPB) have prepared this report as required by the Social Services and Well-being (Wales) Act 2014, and in accordance with the 2021 guidance produced by Welsh

Government concerning the production of Market Stability Reports.

The report focuses upon regulated social care services in Powys; particularly:

- The sufficiency and overall quality of provision of those services,
- Current or developing trends affecting those services,
- Significant challenges facing those services, and the impact of commissioning and funding on local authority social services functions.

The report also considers the wider provision of non-regulated and community services. The report is intended to help Powys County Council and Powys Teaching Health Board to better understand the social care market within the Powys RPB area, particularly with respect to regulated services.

#### **4.1 Overview of Findings from Market Stability Report**

A combination of sustained public sector austerity and the wide-ranging impact of the pandemic is compounding pressures upon the entire system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity – increasing pressure upon market stability.

Powys has been able to provide services in a challenging environment, both in terms of its geography and demographics, funding available to the key commissioners and providers and the pressures of Covid.

The geography of Powys and its sparse population density presents a range of challenges for all forms service provision, including:

- Low tier community services are often based in the market towns with each community having its own network of provisions. This is particularly apparent in respect of third sector services.
- Higher tier services often must be accessed in out of county settings. This is particularly apparent in respect of acute healthcare needs.
- Low population numbers and population density have historically meant it was not viable to develop certain types of specialist services in-county, relying instead upon the ability to commission placements in out of county settings.
- The distribution of services means that residents often need to travel to access them (either for themselves or as visitors), however the county has a sparse public transport network and frequency of services.
- Information, advice, and support services are often centralised and county-wide, and have to be accessed remotely by telephone or on-line rather than by face-to-face interaction.

#### 4.1.1 Key Issues Identified

Consequently, there are some key issues which have been identified, requiring close observation and, where necessary, actions.

- **Demographics:** this has an impact not only on services required for older people, but also on the workforce. There is a net outflow of people of a working age from Powys and due to its geography and infrastructure, recruitment, and retention of staff, both at managerial and front-line level has been and remains challenging. This is a factor which is beyond the health and social care sector's control although steps have been and are taken to promote Powys as a county to live and work well. It is projected that the number of older people in Powys (those above 65 years of age) will have increased by almost 10,000 by the end of the decade at the same time as the working age depopulation occurs.
- **Geography:** Powys is a county with partly deep rurality. It has experienced, on several occasions, domiciliary care providers not being able to provide services in such localities and, if residents chose to live in such localities, this challenge will persist. Powys will have to consider how alternative accommodation in more suitable locations can be developed (e.g., Extra Care provision) to have viable alternatives for vulnerable people in Powys.
- **Budget pressures:** for many years funding from the Welsh Government has been a concern to elected members and budget holders and this must remain a key feature in discussions with the Welsh Government.
- **Reliance** of third sector providers on Council and Health Board funding: a considerable number of providers are heavily reliant on funding from the local public sector which, in times of budget restrictions, has an impact on their ability to deliver services to communities.
- **Care homes (Older People):** on the whole, residential care provision is sufficient, although there are at times challenges in certain localities. There is a different picture in nursing care: with an increasing number of people over the age of 80 with increased and sometimes complex (nursing) needs, the number of nursing home places is sometimes not sufficient, depending on locality.
- **Domiciliary Care:** in recent years, several providers have exited the domiciliary care market. Reasons for this include access to workforce, especially since the pandemic, and profitability of work especially in remote rural areas (e.g., North Powys). Recent developments in e.g., the introduction of the social care levy and the rapidly increasing cost of fuel are adding to the challenges providers face and overall capacity in the sector has reduced.

#### 4.1.2 Sectors

Since 2010, funding for **preventative services** had reduced over time; however, in recognition of the substantial pressure on services have experienced because of continued increases in demand on support services, and in response to the Covid 19 pandemic, funding for preventative services has increased over the past two and a half years. Many of the services which were funded through the “Supporting People” programme are now funded via the Housing Support Grant, which is an amalgamation of Supporting People Programme Grant, Homelessness Prevention Grant and Rent Smart Wales Enforcement provided by the Welsh Government.

Across **adult services**, some providers have, or are considering, handing back contracts, or stopping services, waiting lists remain and the cycle of increased demand over the Winter period continues. There is also limited access to some local specialist services – such as those focused on people with mental health issues, substance misuse, and critically, significant workforce shortages across all parts of the care and support market. The market for older people’s services, both in domiciliary and residential care, presents significant risk due to workforce pressures, which in return lead to providers in domiciliary care having handed back care packages, leading to increased waiting times for package pick-up.

In the **residential/nursing home** market, providers have at times struggled to cover weekend and night shifts to provide safe care. Staffing is a nationwide concern within the children’s workforce and childcare sector, and there is a lack of qualified staff available throughout Wales.

**Supported living / housing** has also seen significant workforce pressures with an unpredicted inability to recruit and retain staff. There is consistent feedback from across the sector about staff fatigue significantly impacting on morale and the ability to maintain services that meet people’s outcomes.

This is no different in the **non-regulated sector**. Public Sector agencies in Powys operate, grant funds and commission a wide range of non-regulated services that help deliver or support regulated services and the broader preventative agenda in social care and health. The third sector in Powys further seeks funding from a range of sources including directly from Welsh Government grant schemes and other third sector grant schemes; to build capacity in delivering preventative and early intervention wellbeing services, which play a significant role in supporting Powys residents and communities and reducing the impact on regulated services.

They often form the ‘bedrock’ of support for Powys people who require support in their daily lives. Feedback from providers of these services often point out that they have seen an increase in demand (both during and before the pandemic) without necessarily having access to the resources required to respond adequately to that demand. Funding for these services has seen a slow shift away from grants (by the Council, the Health Board and national organisations) towards Service Level Agreements and contracts, which have to be tendered for. The latter presents many community-based providers with significant capacity challenges due to complexity of the tendering process and the time scales for these processes.

### 4.1.3 Rebalancing

The overwhelming proportion of the third sector is not commissioned and does not receive funding from statutory agencies. Yet, it supports the health and care agenda and is multifaceted in its approach to the provision of support to the Powys population and in its support towards regulated services.

The third sector delivers additional benefits and 'added value' to contracts and grant funded provision. The third sector is highly motivated by the desire to deliver positive outcomes and to achieve social goals rather than being profit driven. Being close to the citizen, the third sector has an excellent understanding of the needs of service users and communities that the regulated sector needs to address. It has an ability to deliver outcomes for individuals that the public sector finds hard to deliver on its own and this should not be underestimated.

The wider national policy context is one of a long-term drive to help people to live independently in the community and reduce reliance on residential care, as described in the Welsh Government's policy paper "A Healthier Wales". This applies across population groups and has been driven by changing public expectations as well as an awareness that, with a rapidly aging population, social care services will not be sustainable without better prevention and community support. The contribution of unpaid carers is a significant aspect to regional market stability and sufficiency activity.

The strategy to rebalance care and support is a crucial factor. 'Rebalancing' includes an explicit commitment to a mixed economy of provision 'so that there is neither an over reliance on the private sector (including the voluntary and charity sector), nor a monopoly in the other direction'.

### 4.1.4 The Challenge

The MSR demonstrated that almost all provision is subject to a challenging environment, which has worsened over the past 3 – 4 years. All services described have reported their main challenges being:

- Cost pressures
- Workforce pressures
- Increased/decreased demographic demands (reduced economies of scale/provision).

The ongoing challenge for all employers in the Health and Social Care sector is an ageing population and a reduction of people at working age. It is anticipated that, in the short term, there will remain ongoing recruitment issues in certain parts of all organisations.

Powys has a relatively low level of permanent staff in regulated services compared to other localities (i.e., 78% on average in Wales, 100% in Merthyr Tydfyl and Newport, 38% in Powys).

There is anecdotal evidence that the net outflow in domiciliary and residential/nursing care is exceeding the ability of providers to recruit and fill vacancies.

The age profile of staff in the care sector also contributes to the challenges commissioned providers' experience. Just under 25% of staff are in the age bracket of 51-60. Given that this kind of work is both emotionally and physically challenging, it is not surprising that staff in that age bracket do look for less demanding work (in other sectors of the economy) or to retire.

## 4.2 Sufficiency Analysis (Current and Projected) in Regulated Service Provision

Table 2: Tabulated Sufficiency Analysis from MSR

| Regulated Sector           | Market Sufficiency  | Market Quality  | Projection of Need  | Sustainability  | Other Considerations   |
|----------------------------|---|---|---|---|--|
| Care Home Services (Adult) | The overall number of nursing care beds in Powys broadly meets current demand. However, their concentration in the North and South of the county means there is limited provision in mid Powys, which can result in residents being placed in settings some distance from their previous place of residence and family and friends. | Many homes in Powys are older purpose-built premises or converted from older, pre-existing premises. Meeting the need for regular maintenance and improvement of facilities is a recurrent issue for some settings. | <p>The expectations of older people and their families regarding the nature and quality of accommodation and care, combined with the personalisation agenda in social care strategy means that the traditional model of residential care accommodation (and the services provided within it) will need to transition to become less 'institutional' and more focused upon meeting individual residents' needs, preferences, and expectations.</p> <p>WG projections for nursing and residential care home needs (calculated on the basis of demographic change and current rates of need) show no</p> | <p>Nationally, there has been a drive towards developing extra care schemes and supporting people to live within their own communities. With a continued national focus on personalisation and more specifically, the increasing prevention agenda, Powys County Council needs to ensure the sustainability of services within this changing environment.</p> <p>Sustainability of the care home market for older people is increasingly dependent on providers being able to retain and recruit staff.</p> <p>A significant proportion of Powys' settings are in ageing or converted premises. This creates additional cost pressures of maintenance and refurbishment needs for those settings.</p> | The demographic projections for Powys' elderly population, combined with increased home support services, suggest that fewer people will need traditional residential care services, but those that do will generally have higher care needs. Measures to support people to live independently, safe, and well within their own home for longer will reduce the number of people needing to enter residential care homes. Those people who do move to residential care settings are also likely to have higher level of care needs than current residents. Existing care homes will need to increase their level of staff skills to care well for those individuals with EMI. Homes will also need refurbish or redevelop their physical infrastructure to provide appropriate |

| Regulated Sector              | Market Sufficiency  | Market Quality   | Projection of Need  | Sustainability  | Other Considerations   |
|-------------------------------|---|--|---|---|--|
|                               |   |  | requirement for any additional residential care beds by 2025, but indicates need for an additional 193 nursing care beds, increasing to 440 more by 2035. This would be offset by a reduction in the need for residential care beds.  | Additionally, some premises lack the physical space and layout to enable rooms to be upgraded to the standards expected by prospective new residents, e.g., ensuite bathrooms. The capital costs associated with refurbishment or replacement of aged or unsuitable accommodation are therefore likely to become a challenge to the settings in the future. | accommodation for residents with these conditions.<br><br>Powys is investing in Extra Care facilities. This investment will, over time, reduce the pressure on the residential care home market and potentially decrease the need for keeping the number of residential care beds at current levels.   |
| Care Home Services (Children) | Powys children/young people experiencing 3 or more placements has increased by 6% in the last 12 months as external providers are in a seller's market and are able to give notice too easily on our children and young people. | Contract monitoring processes are in place to monitor quality of individual placements and ensure that they meet children/young people's needs, in addition to general 4Cs contract monitoring. Pre-placement visits are undertaken with new providers/provisions together with 6-monthly / annual | It has already been noted that there has been an increase in demand for placements for older teenagers, those with more complex needs, parent and baby foster and residential placements and sibling groups in the last 12 months. This demand will have an impact on sufficiency and will need to be incorporated into the updated Strategy. | 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.<br><br>In terms of Children Looked After, there is an increasing need for placements for older children/young people                    | Children's Services are developing a suite of in-house Care Homes within Powys (the result of commercial market not providing sufficient capacity). These Care Homes enable Powys children and young people to be placed closer to home and will facilitate the delivery of Powys services across the multi-agency region including Health, Education and Criminal Justice Services. |

| Regulated Sector                         | Market Sufficiency   | Market Quality              | Projection of Need  | Sustainability   | Other Considerations  |
|--|--|-----------------------------|---|--|---|
|  |  | contract monitoring visits. | The most significant issue relating to the children's care home sector is the volume of the independent sector in Powys (with no Powys CLA in placement), out of county provision and limited options for people to be accommodated within the county to have their care and support needs met. |  |   |
| Secure Accommodation Services (Children) | <p>There is no secure accommodation service setting located within Powys and just one in Wales as a whole.</p> <p>Powys typically needs three or four secure placements a year.</p>  |                             |   |  |   |
| Residential Family Centre Services       | <p>There are no registered residential family centres in Powys, and this is an extremely specialist service required.</p> <p>There are only two registered residential family centres in the whole of Wales, neither is in Mid and West Wales.</p> <p>Approximately ten placements in residential family centres are required per year.</p> <p>In general, parent and child foster placements are often preferred and can provide an assessment in a more 'natural setting'.</p> |                             |   |  |   |
| Adoption Services                        |  |                             |   | The main challenge facing our Adoption Service is the insufficient numbers of adoptive families to meet the demand of the numbers of children who require adoptive placements. | An upturn in people wishing to do respite foster care is being sought. This is partly as a result of promotions earlier in the year, and also possibly as people look for the financial security that |

| Regulated Sector                          | Market Sufficiency  | Market Quality | Projection of Need   | Sustainability  | Other Considerations   |
|---|---|----------------|--|---|--|
|   |   |                |  |   | employment provides but still have a wish to help in their communities and make a difference to local young people alongside their work commitments.   |
| Fostering Services                        |   |                |  | Recruitment continues and initial visits/ assessments using Teams, Zoom and even WhatsApp when required, are undertaken. Support has been provided to carers in a variety of ways. Support, supervision and training have all been delivered virtually when in-person activities were not permitted. All foster carers have been allocated local authority email addresses to enable them to correspond securely and join training and e-learning events from the corporate hub. Support groups have continued on a monthly basis via the Teams platform. | <p>Numbers of foster carers has remained relatively stable but there is a clear increase in the demand for placements and the level of complexity those placements require.</p> <p>Recruiting and retaining a diverse, skilled, active and motivated pool of foster carers which meets the range of needs of children in care remains a challenge.</p> |
| Adult Placement ('Shared Lives') Services | The re-registration of the service has been a catalyst for a revision of service policies and operations. This, combined with the |                | The Shared Lives Powys service is in a stronger position than it has been since its establishment. The provision of additional funding in the last year has meant that | There is now capacity within the service for the recruitment of additional Shared Lives Carers and potential to offer additional person centred, outcome  | The increase in working from home, and relocation to more rural areas, may have a positive effect on the numbers of people   |

| Regulated Sector             | Market Sufficiency  | Market Quality   | Projection of Need  | Sustainability  | Other Considerations                       |
|------------------------------|---|--|---|---|--|
|                              | provision of additional resources and recruitment of additional staff, has consolidated and strengthened the position of the service.   |  | the service has been able to recruit Powys Market Stability Report 2022 v.2 Page   77 two additional operational staff. This recruitment means that the service has been able to enter a phase of active development, targeting the recruitment of new Shared Lives Carers, strengthening existing provision with the recruitment of Family Link Carers and inviting referrals to the service | Focused and cost-effective arrangements.  | considering becoming a Shared Lives Carer. |
| Advocacy Services (Children) | Generally, yes. Some 43 children and young people became eligible for the Active Offer during the period analysed. A total of 24 children and young people were referred for Active Offers. This included three looked after children and 21 children who entered | Generally, yes. 137 Issue Based Advocacy cases have been closed during the quarter and 191 issues resolved and closed with the support of an advocate. Requests for support at meetings has once again, remained high. | The blended approach to service delivery will continue as it meets the needs of children and young people.  | This service is commissioned via a cross-boundary contract and of sufficient value to allow for fluctuations in demand. |  |

| Regulated Sector          | Market Sufficiency  | Market Quality   | Projection of Need   | Sustainability   | Other Considerations |
|---------------------------|---|--|--|--|----------------------|
|                           | the child protection arena. Meetings were arranged with 19 of these children and young people and 16 accepted the Active Offer and continued to Issue Based Advocacy. | During quarter four a total of 113 meetings took place, at which a child or young person's wishes and feelings were shared |  |  |                      |
| Advocacy Services (Adult) | Generally, yes. Feedback from people using the services is positive.  | There are no concerns about the quality of provision in the county.  | Pressures in service provision elsewhere (e.g., longer waiting times for domiciliary care) may result in further requirements for advocacy of people needing these services. The current and projected ongoing cost of living pressures may add to pressures for providers (e.g., access to qualified staff, recruitment and retention). | It is expected the current trend to deliver advocacy services across the county to continue.<br>Powys' Independent Advocacy Service for adults is delivered by a single commissioned Third Sector provider. In the event of provider failure, it is likely the service would need to be recommissioned with another national or regional advocacy provider as, although there are some Powys Third Sector advocacy providers, their services operate in only a few of Powys' localities and do not offer the necessary County-wide coverage.<br>Assurances have been made by the commissioned provider that, via their |                      |

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| Regulated Sector   | Market Sufficiency  | Market Quality  | Projection of Need   | Sustainability   | Other Considerations |
|--|---|---|--|--|----------------------|
|  |   |   |  | business continuity plan, they will be able to manage any increases in demand.   |                      |
| <p>Domiciliary Care Support Services</p> <p>Patterson, Liz<br/>28/11/2023 17:15:57</p> | <p>There is a mismatch in the market which Powys needs to address. There is an increasing number of individuals with higher and more complex care needs which providers are not always able to cover. With the projected increase in the number of older people and a net outflow of people of working age this is a concern.</p> | <p>There is confidence that providers can provide the quality-of-care individuals require. This is being actively monitored and, where there are concerns, addressed through contract monitoring processes.</p> | <p>As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes. The strategic intention is that this proportion will continue to increase.</p> <p>The biggest challenges facing all service areas stem from the reduction in the working age population and the rise in demand and complexity of needs of those people requiring care and support creating, in the short term, significant pressures in the market.</p> | <p>There is an increasing number of people waiting for support in their own homes, whilst providers continue to struggle to retain and recruit staff. This trend is expected to continue for some time.</p> <p>Currently, the available market capacity in Powys struggles to always meet existing levels of demand for new care packages. It is therefore unlikely at present that commercial competition within the market will present risks to providers' sustainability.</p> <p>The availability of sufficient people in the care workforce is key to enabling the market's current sustainability, but also its scope for future growth to meet increasing demand. The projected decline in Powys' working age population will, in time, reduce the market's ability to meet demand for care packages.</p> |                      |

## 5. Development of Area Plan 2023-2028

The focus of the Powys RPB is to define and support the achievement of its key **regional priorities**, which align to the needs of the citizens and carers of Powys. These regional priorities provide a clear mandate for the RPB to follow when it makes decisions about actions to be taken.

The RPB is required to produce an Area Plan to outline how services could be delivered in an integrated way in the future. It also outlines the delivery intentions for the Health and Care Strategy.

The information from the PNA and MSR informs the development of the Area Plan.



Our regional priorities are defined in the **Powys Regional Partnership Board Area Plan 2023-2028** document. This important long-term strategic plan states how the RPB will address the requirements of the Social Services and Well-being (Wales) Act 2014 and by doing so, meet the needs of the population of Powys.

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The high-level strategic intent and priorities for the RPB are framed around the four wellbeing objectives:

- Focus on Wellbeing
- Early, Help and Support
- The 'Big Four'
- Joined Up Care and four enabling objectives:
- Workforce Futures
- Digital First
- Innovative Environments
- Transforming in Partnership

These priorities set a clear framing for the Strategic Partnerships and Programmes under the RPB to deliver on the ambition of the Health and Care Strategy through a life-course approach, which seeks to enable all people in Powys to 'Start', 'Live', and 'Age' Well.

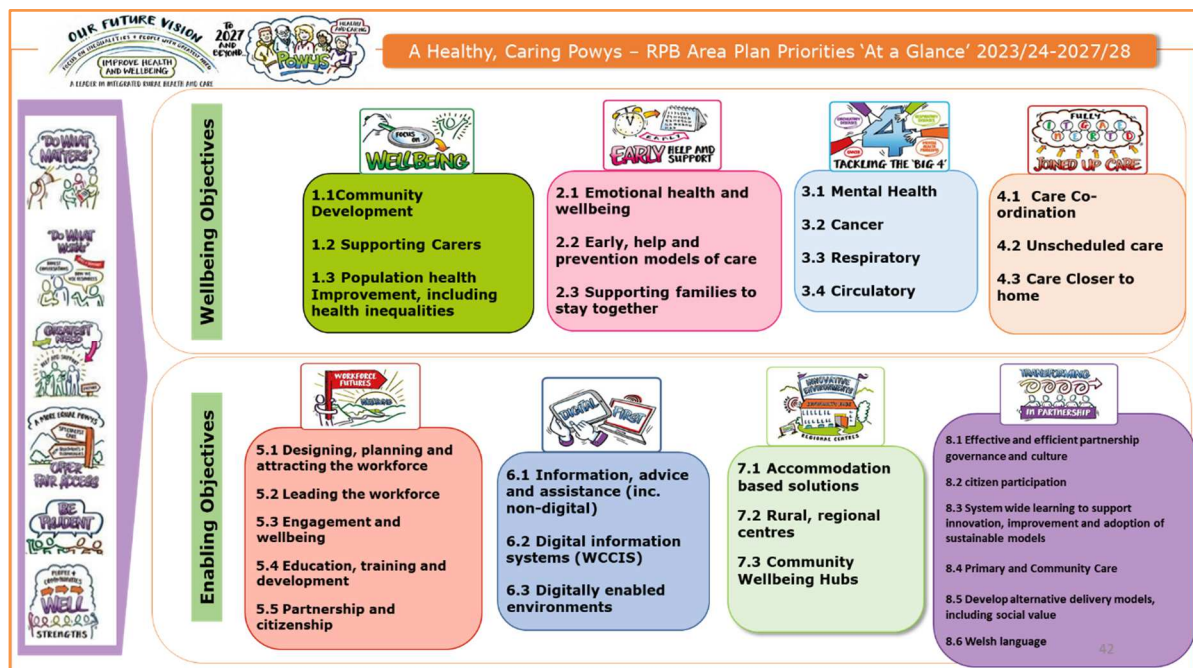
Key progress and learning under the previous Area Plan have been considered, alongside any key strategies, policies and planning alignment considerations in relation to the specific objectives. This helped establish a refreshed set of priorities that built on what had been achieved under the first Area Plan, as well as offering key areas of delivery to drive forward under the new second Area Plan via the life course approach.

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## 5.1 Key Delivery Priorities

In response to the key conclusions drawn from the Population Needs Assessment and Market Stability Reports, the Powys Regional Partnership Board has identified their priorities for the next five years.

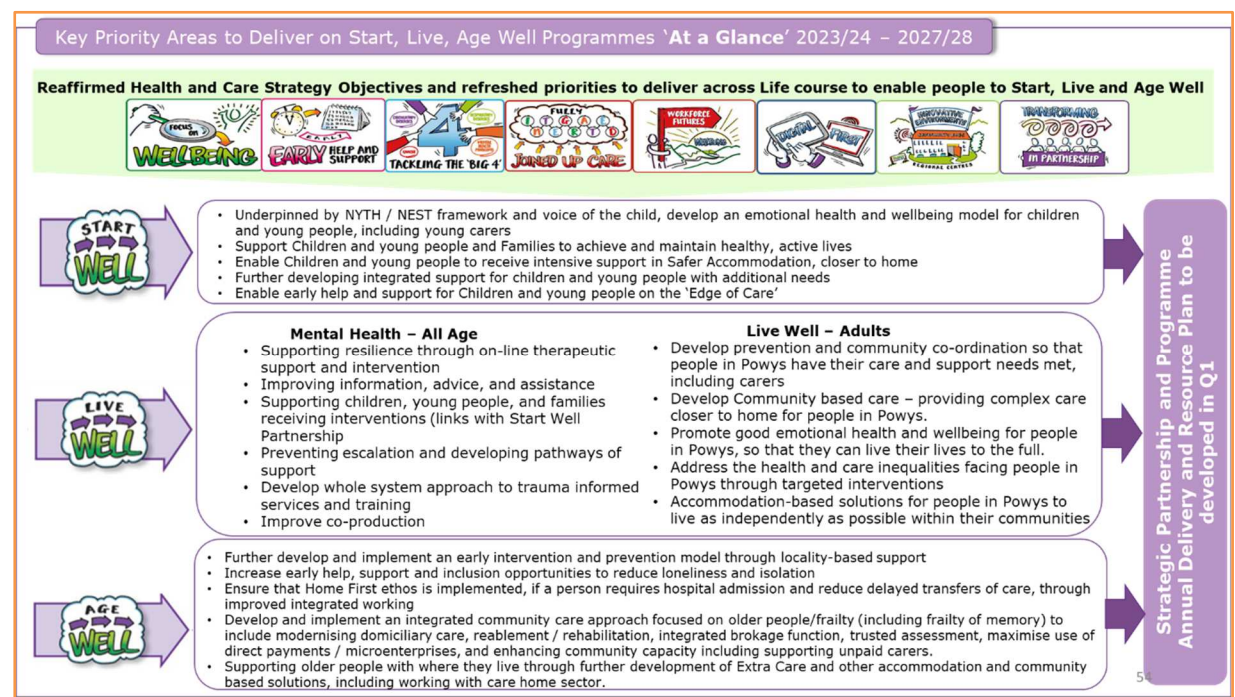
**Figure 2: RPB Area Plan Priorities**



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Key Priority Areas to Deliver on the Start, Live, Age Well Programmes ‘At a Glance’:

Figure 3: Key RPB Areas to Deliver



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## 6. Current Types of Accommodation, including definition



A full set of data pertaining to the availability of current accommodation types is contained at Appendix C, along with maps illustrating the whereabouts of key accommodation across the region.

In the meantime, Powys County Council has started to prepare its local housing market assessment and is in the process of seeking feedback. The assessment includes evidence of existing housing needs in Powys and an estimate of new housing needs arising in the next fifteen years.

This is the link to the online consultation

<https://www.haveyoursaypowys.wales/local-housing-market-assessment>

There are four questions to which an answer is sought:

- Do you agree or not agree with the proposed housing market areas, and why?
- Which housing need variant is the most realistic in your view, and why? The four variants are called “lower”, “principal”, “higher” and “15-year average migration”.
- Are you aware of any specific housing needs in Powys? If so, could you please provide evidence, such as community housing needs survey, or tell us how you know?
- Is there anything that you would like particularly to be included in the assessment?

This is an important part of the process to finalise the assessment. The consultation closed on 10 July 2023.

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## 7. Welsh Government Models of Care

*(Source RIF Fund Guidance)*

The Health and Social Care Regional Integration Fund is a five-year fund from April 2022 to March 2027. It builds on the progress made under the previous Integrated Care Fund and Transformation Fund. The fund is a major resource for the Regional Partnership Board to help integrated health and social care services.

Welsh Governments aim is that by the end of the current five-year programme, Wales will have established and mainstreamed at least six new national models of integrated care so that citizens of Wales, wherever they live, can be assured of an effective and seamless service experience in relation to health and care provision.

Regional Partnership Boards will have the flexibility to determine which projects and services align to which model of care; but, essentially, all RPBs will need to ensure that:

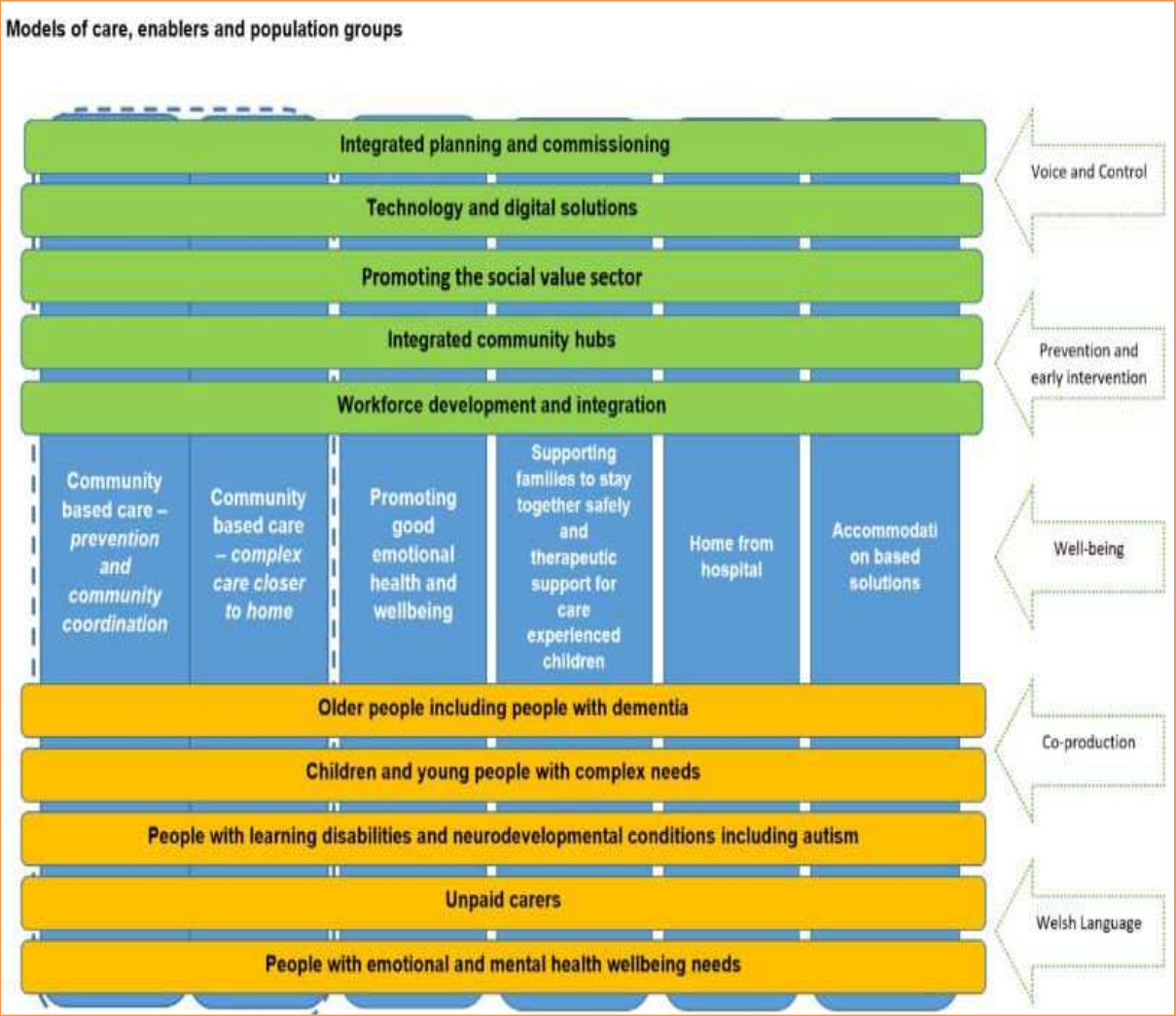
- They invest in the development and embedding of the six priority models of care (see the blue boxes in fig 4 below).
- That they can demonstrate that they are meeting the needs of all the priority population groups (see the orange boxes in fig 4) within each of the models of care (noting some priority groups will be more relevant than others for each model of care).
- That they are maximising the use of key enablers (see the green boxes in fig 4) to ensure their models of care are innovative, integrated, and transformative.
- Across all population groups every opportunity is seized to increase the 'active offer' of integrated services through the medium of Welsh. Partners can 'shift' core resources to invest as match funding to ensure sustainable long-term delivery of new models of care.

While the Regional Integrated Fund will provide opportunity to support the further creation of new models of care, it will also enable the RPBs to mainstream and embed effective models of delivery tried and tested under the ICF/TF and will also support the strategic alignment and integration of existing services.

The strategic vision and intent of the Powys Health and Care Strategy fully aligns to the new National Models of Care and wider commitments of A Healthier Wales.

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Figure 4: National Models of Care



7.1 Community based care – prevention and community coordination

There is a need to focus on prevention and early intervention to make services sustainable into the future and ensure better health and wellbeing outcomes for people. Section 15 of the SSWBA places statutory duties on local authorities to provide and arrange the provision of services to prevent or delay the development of care and support needs. Local authorities and local health boards must, when exercising their functions, consider the importance of achieving these purposes in their areas.

The RIF will help build the resilience of the Welsh health and social care system by investing in preventative community services and supporting citizens to use these services to best effect. This model of care will directly support implementation of pathway 0 of the Discharge to Recover an Assess pathway (D2RA).

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To achieve this, it is vital that people are able to access the right information, advice and support they need, as quickly as possible and in the right place at the right time. Examples of services under this model of care can include:

- Models of care that help people connect with services and wellbeing opportunities in their community that help them stay well and help prevent the need for higher level health and social care services including admission to hospital. For example, this could include:
  - social prescribing services,
  - community level wellbeing and self-care opportunities,
  - befriending,
  - information and advice,
  - community connector/navigator services.
- Community hubs that can support access to the above range of services from a single point in the community.
- Falls prevention services.
- Rapid response services to prevent conveyance to hospital.
- Community wrap-around services that prevent admission when someone has presented at the hospital 'front door'. (e.g., Emergency Department/ Medical Assessment Unit).

## **7.2 Community based care – complex care closer to home**

Similarly, to the above model of care, the 'Complex care closer to home' model should support implementation of the D2RA Pathways, helping people to have their health and social care needs met as close to home as possible in a seamless and integrated way. This may include the following:

- Models of care that maximise recovery following a period of ill health or other life events, and reduce reliance on long term care, through reablement and community rehabilitation, to maximise independence, reduce admission and long-term care dependence.
- Models of care that provide integrated coordinated care and support at home for

individuals with more complex care and support needs, for example, integrated Community Response Teams.

- Models of care that provide effective support for multiple health conditions/frailty within the community.

### **7.3 Promoting good emotional health and well-being (EH&WB)**

Regional Partnership Boards should consider their population needs assessments and determine the level of EH&WB services that they invest in across all ages of their population. Flexibility is assumed, so regions can identify new or integrated models of care to support this priority.

Complementing, but not replacing, Welsh Government investment in acute mental health services - including the child and adolescent mental health service - the RIF aims to support models of care that may include:

- Supporting individuals to take more responsibility for their own EH&WB.
- Allowing organisations to support individuals or groups with EH&WB needs.
- Supporting communications and engagement around good EH&WB.
- Supporting the implementation of the NYTH/NEST framework for children and young people.

### **7.4 Supporting families to stay together safely, and therapeutic support for care experienced children.**

In keeping with the principle of prevention and early intervention, the Regional Integration Fund should be utilised to work with families to help them stay together safely and prevent the need for children to become looked after. RPBs will be required to work within a shared strategic context which comprises of and works to achieve local authorities' children's services priorities.

Models of care should be clearly integrated across partner organisations to provide a cooperative response for the families and children.

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Successful examples may include:

- Models of care that work positively with families to help them stay safely together and prevent the need for children to enter care. This may include circumstances when children have complex health, behaviour or care needs.
- Models of care that provide an integrated health, care and educational response for care experienced children with more complex emotional and behavioural needs.

## 7.5 Home from hospital

Wherever possible, care and support should be offered to help people stay well at home, and our national models of **Community-based care** are designed to provide preventative care and, where needed, a rapid response to prevent the need for people to be conveyed to hospital.

However, recognising that some people will always require acute assessment/ treatment in a hospital environment, it is vital that we create a national model of care that helps people be discharged to recover at home as quickly and safely as possible. This will also support the generation of capacity within health and care settings, ensuring that those who do need acute care can access it in a safe and timely manner.

To build on the services funded through the ICF and the TF, the Regional Integration Fund will enable RPBs to explore new models of care to support with Home from Hospital planning, and delivery and implementation of the D2RA framework. This refers to care and support offered to patients to leave hospital for ongoing recovery, then assessment, with an aim of limiting unnecessary time in hospital settings and improving outcomes.

This may include the following:

- Models of care that provide integrated responses and pathways to allow people to return home from hospital swiftly and safely and avoid readmission.
- Models of care that maximise recovery following a hospital admission, and reduce reliance on long term care, through reablement and community rehabilitation, to reduce admission and long-term care dependence.

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## **7.6. Accommodation based solutions.**

Developing accommodation that can support people's independent living and have their care and support needs met in a domestic or residential environment, is an important part of our health and care system. Linking with housing, registered social landlords, residential care providers and other key partners, including those who can support home adaptations, will be vital to delivering this model of care.

RPBs should be considering capital opportunities alongside the RIF to ensure revenue and capital plans are aligned and that investment can be maximised.

Examples of services to be supported under this model of care may include:

- Developing independent living facilities with wrap around integrated care and support i.e., extra care/ supported living,
- Facilities for short term intermediate care and therapeutic support,
- Accommodation solutions for children with high end complex needs behavioural and emotional needs to provide integrated care and support closer to home,
- Home adaptations.

## 8. Case for Change

Let us examine this at both a macro and a micro level.

As we have already covered, the Population Needs Assessment (PNA) Report, and the Market Stability Report (MSR), evidenced the following at a macro-level:

- The average age of the Powys population is higher than both the population of Wales and the population of the UK overall; due to this, 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 Powys population is predicted to continue to increase its average age and to increase in size in the coming years; 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.
- This dependency ratio will cause increasing pressure on future generations in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 people that may need Adult Social Care support. A total gap of 1,330 persons by 2030.
- The rural nature of Powys as a county, its low population density and its age structure all have important implications for how to deliver services; there is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales, which will have an impact on the availability and affordability of homes for existing residents in Powys.
- Powys has 58,345 households, with an average household size of 2.2 persons; in the next 10 years single-person households in Powys will increase by 4.2%, putting more pressure on the already limited single housing stock in Powys for future generations.
- 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; research shows that people in need of social housing could rise rapidly, with low-income earners twice as likely to lose their jobs.
- 48% of social housing properties have a low energy EPC (Energy Performance Certificate) rating (rating D-G), this is something needed to be focused on to tackle climate change.
- Low tier community services are often based in the market towns with each community

having its own network of provisions. This is particularly apparent in respect of third sector services.

- Higher tier services often have to be accessed in out of county settings. This is particularly apparent in respect of acute healthcare needs.
- Low population numbers and population density have historically meant it was not viable to develop certain types of specialist services in-county, relying instead upon the ability to commission placements in out of county settings.
- The distribution of services means that residents often need to travel to access them (either for themselves or as visitors), however the county has a sparse public transport network and frequency of services.
- Information, advice and support services are often centralised and county-wide, and have to be accessed remotely by telephone or on-line rather than by face-to-face interaction.

So, at a micro-level, it is the following that needs to be addressed and promulgated:

- Integrate health and care services to meet holistic needs of individuals.
  - The needs of those suffering frailty, who are predominantly older people, need to be met holistically addressing both physical and memory frailty.
  - Tackle inequalities in relation to pregnancy, severe mental illness, cancer, circulatory diseases and respiratory conditions. The physical health needs of mental health people must be addressed.
  - Prevent exacerbations; meaning, reduce emergencies and prevent unnecessary referrals and admissions with more systematic case finding approaches and earlier intervention.
  - Reduce lengths of stay where hospital admissions are necessary, to avoid deconditioning; with more timely discharge, so that a full assessment can be made in the usual home.
  - Move services where safe and effective from out of county hospitals into Powys Regional Rural Centres, in line with Getting It Right First Time (GIRFT) recommendations, optimising diagnostics earlier, at more treatable stages.
  - Strengthen resilience in primary and community services, improving multidisciplinary working and skill mix, access in and out of hours; addressing the sustainability issues created by the current dispersed, small, teams.
- Provide adequate supported living accommodation and nursing homes.

- Work with communities and the third sector to help develop alternative and local networks of support, given the number of single households in Powys.
- Utilise digital technology and one stop services to create a wellbeing offer as locally as possible within Powys.
- Continue to explore the opportunity that inter-generational Community Well-being Hubs provide, as a means for alternative approaches to service delivery.
- Create an opportunity to bring communities together to enable people to address the well-being issues which matter most to them.

Most critically, it is undeniable that population ‘changes’ and workforce ‘challenges’ need to be key issues to focus on and address. They are instrumental to any potential resolution.

If nothing is done, there will be a care crisis in the short to medium term.

## 9. Programme Scope

The programme scope covers capital plans for the following population cohorts:

- Older People with Complex Needs and People with Dementia.
- Children and Young People.
- People with Learning Disabilities, including autism and neurodevelopmental disorders.
- People with Emotional Health and Mental Health Issues.
- Other Regulated Care Provision.
- Domiciliary Care and Unpaid Carers.

Capital schemes can include the following schemes:

- Local schemes
- Integrated schemes
- Regional schemes

All the above could include RSLs.

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Another key area of the programme is the development of integrated health and social care hubs and there is a separate chapter below given the hubs crosscut across all population groups.

## **10. Older People with Complex Needs and People with Dementia**

### **10.1 Strategic Drivers**

#### **10.1.1 Rebalancing the Residential Care Market**

The White Paper to rebalance care and support sets out Ministerial ambitions to rebalance the sector away from cost to quality, from outputs to outcomes and from profit towards social value. A National framework will support health and social care partners to rebalance the sector through changes to commissioning practice and developing new models of integrated care.

The Programme for Government commitment to eliminate private profit from the care of looked after children and young people is also about rebalancing the sector. However, it is recognised that capital investment is needed to support local authorities and not-for-profit organisations, including housing associations, to make this shift.

#### **10.1.2 Welsh Government Dementia Action Plan and Standards for Wales 2018 – 2022**

The aim was to create a society without stigma – where people living with dementia continue to go about their day-to-day life with the wider public who are understanding and know how to provide support. This is not something that health and social services can do alone.

The 'Action Plan was to deliver a set of outcomes, which were:

- Individuals will understand the steps they can take to reduce their risk, or delay the onset, of dementia.
- The wider population understands the challenges faced by people living with dementia and are aware of the actions they can take to support them.
- People are aware of the early signs of dementia; the importance of a timely diagnosis; and know where to go to get help.
- More people are diagnosed earlier, enabling them to plan for the future and access

early support and care if needed.

- Those diagnosed with dementia and their carers and families can receive person-centred care and support which is flexible.
- Research is supported to help better understand the causes and management of dementia and enables people living with dementia, including families and carers, to be co-researchers.
- Staff have the skills to help them identify people with dementia and to feel confident and competent in supporting individual's needs post-diagnosis.

### **10.1.3 Welsh Government Strategy for Older People in Wales 2013 - 2023**

This policy's vision was that people in Wales felt valued and supported, whatever their age. That all older people in Wales had the social, environmental, and financial resources they needed to deal with the opportunities and challenges they faced.

Well-being is a broad concept, it stated. It includes factors such as how satisfied people are with their lives as a whole, autonomy (having a sense of control over their life), and purpose (having a sense of purpose in life). Building well-being and resilience is good for individuals and society, reducing dependence and improving overall health.

The Welsh Government's challenge for the ten years to 2023 was:

- To create a Wales where full participation is within the reach of all older people and their contribution is recognised and valued.
- To develop communities that are age-friendly, while ensuring older people have the resources they need to live.
- To ensure that future generations of older people are well equipped for later life, by encouraging recognition of the changes and demands that may be faced and acting early in preparation.

### **10.1.4 Welsh Government Age friendly Wales: our strategy for an ageing society (2021)**

Age Friendly Wales: The Welsh Government's Strategy for an Ageing Society sets out the action they will take to prepare for the future. It considers the many things that influence how people grow older, like health and social care, transport and even the way they socialise, work and care for others.

The strategy aims to change the way people think about ageing. By acknowledging and valuing the contributions of all older people in Wales, society can work across generations to create an age friendly Wales.

The Strategy has four aims:

Aim 1: Enhancing well-being.

Aim 2: Improving local services and environment.

Aim 3: Building and retaining people's own capability.

Aim 4: Tackling age-related poverty.

### **10.1.5 Strategic redesign of older people's accommodation**

In 2021 Powys CC established a business case to outline how to deal with the Strategic redesign of older people's accommodation.

The rationale was the need for appropriate older persons' accommodation in Powys was changing. The rapid increase in the older population, accompanied by the mirrored rapid decrease in the working age population in Powys, required a new accommodation strategy for older people.

That work needs to be addressed in this Strategic Capital Plan.

## **10.2 Current Risks and Issues**

- In the eventuality that new facilities were to be created it seems likely that smaller, more localised, facilities might close, resulting in new residents having to relocate to a new area, away from their existing family and carer social and support networks.
- The level of turnover of care and ancillary staff, including home managers themselves
- - potentially affecting the capability of the market to adapt services to meet changing or developing needs - exacerbated by staff absences, poses a challenge for care home managers in ensuring staff training is completed and refreshed for all staff.
- The need to strengthen and maintain Infection Prevention and Control practices.

• There is limited provision of nursing care beds, which can cause difficulty with making new residential placements in individuals' home of preference, when occupancy levels

are high. This means that individuals in Mid-Powys, for example, sometimes must be placed in settings some distance from their original place of residence, distant from their family and social network.

- Over the past four years the age of older people going into nursing care has increased from 83 to 85 years, whilst nationally the trend has been a decrease from 85 to 81 years; this means that in Powys older people are on average four years older when entering nursing care than across the United Kingdom as a whole.
- Those people who do move to residential care settings are also likely to have higher level of care needs than current residents. The growth in need for specialist EMI provision to meet the needs of people living with conditions such as dementia will mean that existing care homes will need to increase their level of staff skills to care well for those individuals.
- Homes will also need to refurbish or redevelop their physical infrastructure to provide appropriate accommodation for residents with these conditions.
- There is increasing demand for dementia specialist residential care as the number of people living with dementia increases due to the increasing proportion and number of the elderly population of Powys.
- Although the financial impact upon providers caused by high vacancy rates was substantially mitigated by Welsh Government's 'Hardship Fund', it is probable that some settings will enter the post-pandemic period with significantly low occupancy: causing a shortfall in income that may jeopardise their financial viability.
- With care home residents displaying more often more complex needs, not all staff have the necessary skills to provide safe and high-quality care. The availability of sufficient, suitably skilled, staff will be a major factor in determining the operational viability of existing care home settings, but also in determining the market's ability to develop new, higher need, care provision.
- The opening of new extra care facilities in the Welshpool, Ystradgynlais, Machynlleth,
- The Brecon and Mid-Powys area will reduce demand for residential care beds in those areas over the next 5 years and may reduce placement numbers in other local residential homes, to a point where they are potentially no longer financially viable.

Nursing care demand is anticipated to grow county-wide in coming years in line with projected changes to Powys' population profile (and particularly in respect of age-

associated conditions such as dementia). Nursing care provision will need to expand to meet this increased demand, by the creation of new nursing capacity and the upgrading of residential care settings to be able to meet the needs of more EMI residents.

- A significant proportion of Powys' settings (particularly residential homes) are in ageing or converted premises. This creates additional cost pressures of maintenance and refurbishment needs for those settings. Additionally, some premises lack the physical space and layout to enable rooms to be upgraded to the standards expected by prospective new residents, e.g., ensuite bathrooms. The capital costs associated with refurbishment or replacement of aged or unsuitable accommodation are therefore likely to become a challenge to the financial viability of some settings in the future.
- There is generally little unused nursing care capacity within the Powys market. This means that in the event of the failure of a nursing or dual registered provider, it would be difficult to re-home residents in proximity to their current area of residence and might well require people to be placed in out of county settings.

### 10.3 Opportunities

- Overall, the demographic projections for Powys' elderly population, combined with increased home support services, suggest that fewer people will need traditional residential care services. Measures to support people to live independently, safely, and well within their own home for longer will reduce the number of people needing to enter residential care homes. Similarly, the planned development of further Extra Care and Extra Care – Lite provision in Powys will also reduce future demand for traditional residential care provision.
- It is anticipated that Powys County Council will need to enter into an operating agreement with a provider organisation to manage and operate the new settings. This would create a new contractual opportunity for an appropriate provider (or providers).
- The current impetus to provide care at home to allow people to live at home for longer will continue to reduce demand for residential care placements. This will continue to reduce the need for current levels of residential care provision. However, given the existing pressures in the domiciliary care market, this will require some changes to the current model of care. This trend potentially creates opportunities for diversification of services offered by older people's care homes, to meet the growing need for at home

services and associated demands such as short-term respite care or day care. At the same time, the “Modernisation of Care at Home” workstream will seek to identify opportunities that will respond to this challenge.

- The ongoing moves towards meeting a national living wage within Powys’ economy (as well as the Welsh economy as a whole) will act to boost wage rates in the care sector and may aid recruitment and retention. Similarly, any future revision of the ‘Powys Rate’ for care fees is likely to include provision to support this trend.
- It is anticipated that the creation of Powys’ Health & Social Care Academy will help. grow the size of Powys’ care workforce, as well as meeting needs for the upskilling of the existing workforce to meet higher levels of care needs.
- The additional premium to the standard care home rate is intended to support providers’ investment into care home environments and infrastructure and thereby improve their capability for income generation; but also help drive forward an overall improvement in resident accommodation within the Market.
- There is an anecdotal experience within Powys’ market that when a new, purpose-built facility with high quality accommodation is established it will attract prospective people in preference to pre-existing settings in the locality. This suggests there is some latent commercial scope within the market to develop new provision.
- The Closer to Home strategic project has sought to rebalance provision and shift resources towards a locality model and outcomes focused supported housing, which encourages people to achieve optimum level of independence.
- Powys County Council and Powys Teaching Health Board developed a ‘care homes. dashboard’ during the first pandemic lockdown. As a result, the Multidisciplinary Team (MDT) for older people’s care homes was able to monitor and target interventions at an early stage including infection control, staffing problems and Covid outbreaks. This dashboard has been further developed and is now a mainstay of the joint work to support care homes.

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#### **10.4. Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan):**

- There is a net out-flow of people of working age from Powys and, due to its geography and infrastructure, recruitment, and retention of staff, both at managerial and front-line level, has been and remains challenging. This is a factor which is beyond the health and social care sector's control (although steps have been and are taken to promote Powys as a county to live and work well); but it remains arguably the most critical dimension to any strategic approach.
- Consequently, projects such as the creation of Powys' Health & Social Care Academy, which will help grow the size of Powys' care workforce, as well as meeting needs for the upskilling of the existing workforce to meet higher levels of care needs, is critical to solving this issue.
- The Market Position Statement (MPS) on Accommodation for Older People in Powys, identified there was a lack of appropriate accommodation options, requiring extra care housing developments, especially in Brecon, Welshpool and Montgomery. Explore options to advance the availability of appropriate accommodation.
- Dementia affects 1 in 20 over the age of 65 and 1 in 5 over the age of 80. Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia. Powys' ageing population will increase the acuity of this issue and, therefore, needs to be tackled.
- Advance measures to support people to live independently, safe, and well within their own home for longer, which will reduce the number of people needing to enter residential care homes ('Closer to Home' strategy).
- The traditional model of residential care accommodation will need to transition to become less 'institutional' and more focused upon meeting individual residents' needs, preferences, and expectations regarding the nature and quality of accommodation and care.
- Develop a sustainability strategy to enable existing care homes to increase their level of staff skills to care well for those individuals with EMI. Homes will also need to refurbish or redevelop their physical infrastructure to provide appropriate accommodation for residents with these conditions. In addition, work to enhance the physical space and

layout to enable rooms to be upgraded to the standards expected by prospective new residents.

- Powys is investing in Extra Care facilities. With a continued national focus on personalisation and more specifically, the increasing prevention agenda, there is a need to ensure the sustainability of services within this changing environment.
- This investment will, over time, reduce the pressure on the residential care home market and potentially decrease the need for keeping the number of residential care beds at current levels. Explore options to convert any of those homes to dual registration, to begin to address the potential increase in demand for nursing beds WG projections for nursing and residential care home needs (calculated on the basis of demographic change and current rates of need) show no requirement for any additional residential care beds by 2025 but indicates need for an additional 193 nursing care beds, increasing to 440 more by 2035. This would be offset by a reduction in the need for residential care beds.
- In nursing care - with an increasing number of people over the age of 80 with increased and sometimes complex (nursing) needs - the number of nursing home places is sometimes not sufficient. Find a solution to this problem.
- The geographical distribution of Care Homes for older adults settings, means there is frequently only limited opportunity for individuals to exercise meaningful choice in deciding their place of residence unless they are willing and able to move from their current area of residence. This is particularly apparent in respect of nursing care and a solution also needs to be found for this.
- Many homes in Powys are older purpose-built premises or converted from older, preexisting premises. Consider how support can be offered and provided to meet the need for regular maintenance and improvement of facilities. This is also an instrumental element in any ambition to decarbonise and meet the NetZero 2030 aims.
- Find a methodology to strengthen and maintain Infection Prevention and Control practices across the care sector.

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# 11. Children and Young People

## 11.1 Strategic Drivers

### 11.1.1 Rebalancing the Residential Care Market

The White Paper to rebalance care and support sets out Ministerial ambitions to rebalance the sector away from cost to quality, from outputs to outcomes and from profit towards social value. A National framework will support health and social care partners to rebalance the sector through changes to commissioning practice and developing new models of integrated care.

More than 80% of care homes for children and young people in Wales are run by the private sector. In July 2022 there were 223 private sector care home services for children, providing a total of 908 places, and 37 public or not-for profit services, providing 160 places. Nine Welsh local authorities are wholly reliant on the private sector for their children's care home provision.

Looked after children are high on the political agenda following the First Minister's personal commitment to reduce the number of children in care. The Welsh Government's Programme for Government includes a series of relevant and far-reaching commitments, including to "Explore radical reform of current services for children looked after and care leavers."

### 11.1.2 Eliminate Agenda

The First Minister and the Deputy Minister for Social Services made clear that the 'Eliminate private profit from the care of looked after children' Programme for Government commitment is a top priority for delivery during this Senedd term.

The Programme is also about rebalancing the sector and requires all Authorities to refresh and update their Placement Commissioning Strategies considering what will be a fundamental shift from an open market to a restricted market by business model. It is an explicit expectation of policy that local Authorities upscale their internal service provision and the market rebalances.

However, it is recognised that capital investment is needed to support local authorities and not-for-profit organisations, including housing associations, to make this shift.

The Welsh Government are currently out to consultation on legislative proposals on

‘eliminating profit from the care of children looked after, focusing on those young people in private residential care and independent foster care’.

Welsh Ministers are seeking to bring any primary legislation into effect so that:

- New providers registering with CIW will have to have not-for-profit status from 1 April 2026
- Any current ‘for profit’ providers will need to transition to, and register with CIW, as not for profit status by 1 April 2027

The Senedd’s Children Young People and Education Committee is currently looking at what Welsh Government is doing to deliver its Programme for Government commitment to ‘explore radical reform for care experienced children’. The Committee is considering priorities for radical reform in the following three stages of the care system:

- Before care: Safely reducing the number of children in the care system.
- In care: Quality services and support children in care.
- After care: On-going support when young people leave care.

### **11.1.2 Safe Accommodation**

It is acknowledged that a whole system approach to planning and provision for safe and suitable accommodation is required, given the various levels of services are so interdependent. Changes need to focus on co-ordinated early support and intervention to ensure that children and young people with complex needs are supported before their needs escalate to the point where they require residential care.

A key principle, in line with the Regional Integration Fund National Model of Care, is about helping families to stay together and supporting them to be able to look after their children in a safe, healthy, and independent way.

If children and young people do require support away from their families, we need to ensure that services are developed based on the insights of service users to meet their needs; once children and young people are in the service, the aim should be to help them to exit the service as safely and efficiently as possible.

Some children and young people in our population have extremely complex needs – including those impacting their emotional, behavioural, and mental well-being – which require specialist

care and support. It is estimated that around 200 children across Wales require residential care arrangements supported by intensive therapeutic interventions. This kind of support service provides safe, secure accommodation primarily for children and young people who:

- Are in a welfare placement (i.e., a 'looked after child' is approved for placement under Section 119 of the Social Services and Well-being Act).
- Are placed through the youth justice system (i.e., subject to a Detention Training Order under the Crime and Disorder Act 1998 or sentenced under The Powers of the Criminal Courts (Sentencing) Act 2000).

Secure children's homes [SCH] have an important role to play amongst the range of residential services and facilities provided by local authorities and can sometimes be the most appropriate, or the only way, of responding to a child's needs. However, restricting the liberty of a child is a serious step which should only be taken where it is necessary and where other alternatives have been considered.

At present, the only dedicated secure accommodation facility in Wales is Hillside Secure Children's Home in Neath. It provides 14 placements with dedicated specialist staff and help residents to develop their skills and behaviours to help them exit the service.

### **11.1.3 Early Years Transformation Programme**

The Early Years Transformation Programme is delivered by Public Service Boards (PSBs) working on a Health Board footprint. It is funded by the Welsh Government (£6m in 2022/23 and 23/24). The Programme enables PSBs to take a strategic approach to planning and delivering Early Years services, working in partnership with multiple agencies.

Each PSB is testing approaches to meet the needs of children in the early years (0-7) and their families drawing on 'what works' in programmes like Flying Start, Families First and the Healthy Child Wales Programme. They are also testing the core components of an early years system as a means of delivering services in a more coordinated and joined up way.

Learning from the work being undertaken by the PSBs will help inform the development of a national framework to support the transformation of early years services in Wales. RPBs should draw on learning at a local / regional level to support an integrated approach to service provision.

Capital funding for Flying Start and childcare sits within the wider Sustainable Communities for Learning programme. A budget of £70m is available for investment in these services over this budget period, with a desire to see greater co-location of services including with wider

early years and family services such as Families First.

## 11.2 Current Risks and Issues

- Insufficient numbers of adoptive families to meet the demand of the numbers of children who require adoptive placements.
- The shortage of children's placements to meet children's needs together with the National increasing numbers of children in local authority care will place significant future demand on the market. Welsh Government's aim to eliminate private profit from the care of children looked after will transform the market across Wales.
- Despite foster carer recruitment campaigns, the establishment of an in-house Children's Home, an increase in the number of beds at the established children's home and new Springboard/Training Flat and 16+ Accommodation and Support provision, there is insufficient supply of in-house and external foster, residential and 16+ placements in Powys to meet existing demand in Powys.
- There has been an increase in demand for placements for older teenagers, those with more complex needs, parent and baby foster and residential placements and sibling groups in the last 12 months. This demand will have an impact on sufficiency and will need to be incorporated into this updated Strategic Capital Plan.
- There are concerns about a shortage of appropriate places and high prices which may contribute to poor outcomes for children and local authorities. It seems clear that the placements market overall is not providing sufficient appropriate places to ensure that children consistently receive placements that fully meet their needs, when and where they require them. This is resulting in some children being placed in accommodation that, for example, is too far from their home base, does not provide the therapy or facilities they need, or separates them from their siblings. Given the impact that poor placement matches have on the well-being of children, this is a significant concern.
- There are concerns that a range of other barriers, including access to staff, recruitment and retention of foster carers, and property acquisition and planning processes may be restricting the ability of providers to provide more placements where they are needed.
- Access to staff, recruitment and retention of carers, and property acquisition and planning processes is restricting the ability of Children's Services to provide more in-house residential placements as per Strategic Framework.

- There is no secure accommodation service for children located within Powys and just one in Wales as a whole.

### **11.3 Opportunities**

- The Closer to Home Strategy has brought several children/young people back into placements in Powys and continues to bring children and young people closer to home and their families, friends and home communities and services.

### **11.4 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan):**

- Develop a strategy for enabling young people in the 'care system', who live in small remote villages and hamlets that are served by poor public transport; to offer opportunity to interact with their peers.
- To increase sufficiency of suitable fostering or adoption placements, able to meet the varying needs of children and young people. The volume of providers is often 'at the edge', so an increase is sought, particularly those able to offer respite fostering.
- Develop a communication 'vehicle', capable of ensuring information is accessible and available to young people, who may not know about services that are available to them.
- To grow inhouse residential provision for children and young people, in pursuance of the WG's drive to rebalance the care provision sector; because, at present, there are 18 Children's Residential Care Homes in Powys registered with Care Inspectorate Wales (CIW), 3 of which are Council owned and run in-house and the remainder independent Homes run by 12 external providers.
- More children and young people are able to live closer to home when they need to be looked after; there are currently 240 Powys children in the local authority's care, some children are placed outside of Powys and others outside of Wales.
- Respond to the increase in demand for placements for older teenagers and those with more complex needs, ensuring that there is a cohesive plan to achieve sufficiency including placements for children aged 16 plus and care leavers.

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## 12 Adults with Learning Disabilities, Autism and Neurodevelopmental Disorders

### 12.1 Strategic Drivers:

#### 12.1.1 Learning Disabilities Improving Lives Programme

The Welsh Government undertook a review which informed the development of the Learning Disability Improving Lives Report in June 2018. Updated 2020.

One of the key 5 issues included was around accommodation:

*The ability to have access to a decent home should be everyone's right as it is a key part of having a good quality of life. The impact of vacancy led placements through commissioning can lead to a negative impact on the individual and may result in the breakdown of the placement. People can be living in NHS assessment and treatment centres for over a year and be in effect homeless. There are still people being placed out of country due to a lack of accommodation and services in Wales.*

The report referenced the following points:

“3.5.2 A common concern was about having nothing meaningful to do in the day and a lack of employment opportunities. Sometime there were issues with housing support and particularly the challenge of living with others in more traditional forms of supported accommodation. An aspiration for having your own front door, living as independently as possible and being able to access flexible, targeted support came over as a strong desire for many adults with a learning disability.”

The outcome focused recommendations for housing were:

**Table 3: Learning Disabilities Improving Lives Programme Outcome Focused recommendations for Housing.**

| Desired Outcome   | Recommendation  |
|---|---|
| To ensure there is choice of appropriate housing solutions integrated in communities for young people as well adults to ensure everyone has access to a decent, sustainable home, wherever possible.          | To increase new supported housing options in the community across the lifespan through the targeted 20,000 homes agenda, working with LAs and RSLs.   |
| To provide accessible and integrated social care, health and housing options and services for vulnerable people especially those with a learning disability   | To develop integrated housing, health, social care models & guidance learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilising part of the potentially expanded Integrated capital and revenue care fund. |
| Build capacity within local services and preventative approaches to ensure people are housed in their community and to progress the repatriation agenda for those with complex needs.                         | Increasing accommodation options closer to home, in one place, through working collaboratively with health boards, LAs, housing providers and Third sector social care providers.   |
| To ensure housing funding solutions to sustain housing tenancy support and to reduce the number of homeless people with a learning disability through the prevention agenda to ensure a good quality of life. | Commission research on homelessness and learning disability and then take appropriate actions including housing options for those people who are living in assessment and treatment centres, in the criminal justice system and other inappropriate housing settings.                         |

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### **12.1.2 Learning Disabilities Strategic Action Plan 2022-26**

This action plan sets out the Welsh Government's overarching strategic agenda for the development and implementation of learning disability policy for the remainder of the current term of government to 2026.

Co-produced with Welsh Government policy leads, the Learning Disability Ministerial Advisory Group (LDMAG) and key stakeholder partners during a targeted stakeholder engagement exercise in early 2022, this action plan identifies and prioritises the key areas, actions and outcomes that will be pursued over this period.

Building on the success and the momentum of the Improving Lives programme, the action plan aligns fully with the Welsh Government Programme for Government commitments and the principles and objectives set out in the Wellbeing of Future Generations (Wales) Act. It incorporates Improving Lives legacy actions.

Key issues identified by the LDMAG in their Policy Priorities report submitted to the Welsh Government in May 2021 and priority actions focusing on helping services and people with learning disabilities, as we continue to emerge from ongoing pandemic restrictions, are clear.

### **12.1.3 National Implementation and Assurance Group (NIAG) Learning Disability Specialist Services**

The NIAG steering group has been established by the Welsh Government and reports to the office of Chief Nursing and Social Care Officers. The priorities in the action plan are:

- Early intervention and crisis response – to ensure people have access to prudent specialist learning disability healthcare closer to home.
- High quality specialist care – to ensure people have access to care that is reflective of current best practice and values.
- Timely transition – to ensure people receiving specialist hospital care have access to community or the appropriate hospital care that best meets their needs.

Ensuring individuals with a Learning Disability have the correct type of support and accommodation to support discharge has been identified as a clear strategic direction by the Welsh Government.

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#### **12.1.4 Code of Practice on the Delivery of Autism Services 2022**

This Statutory Code, and accompanying guidance, was issued to local health boards, NHS trusts, local authorities and their partners to ensure they understand their existing responsibilities with regard to providing needs-based autism services.

These include support for carers and raising awareness amongst autistic people about the support which is available to them.

The Code also requires Regional Partnership Boards to make sure they consider the needs of autistic people when planning for the future. They will need to take account of all aspects of public service delivery including assessing how charities and the third sector can help.

The duties and responsibilities in this Code sit alongside other aspects of government policy which can have a significant impact on autistic people. It has been written in the full knowledge that it must dovetail with the work being carried out in relation to additional learning needs and mental health support.

The Code also takes account of the requirements of The Well-being of Future Generations (Wales) Act (2015), and the Equality Act (2010). This Code of Practice is the next step in the development of autism services, but it is recognised that there is still more to do.

Through the work being undertaken it will identify, through provision and work with partners, how to deliver the neurodevelopmental services that those in need of support deserve and ensure they are equipped to address future challenges.

### **12.2 Current Risks and Issues**

- Insufficient planning for later life living arrangements
- Increasing demand for specialist housing to support those with a learning disability/autism.
- Sufficient respite opportunities where people are living with parents.
- Person-centred approach offering better choice of accommodation in the locations.
- Sufficient housing with care for those with complex needs

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## 12.3 Opportunities

- Work more collaboratively across regions, to maximise funding allocation:
  - Between LAs and other sectors (e.g., third sector, housing associations, private sector, etc.).
  - Between LAs and neighbouring / adjoining LAs.
- Digital service transformation and modernizing services through its wider implementation, including use of artificial intelligence.
- Utilising digital technology more thoroughly could move the capital expenditure programme away from an emphasis upon physical accommodation and services reliant upon it, for example through use of telecare/telehealth, reflecting global industry trends in Health and Social Care.

## 12.4 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan):

- Ensure that the current 170 adults with disabilities and mental health needs are supported to live as independently as possible through supported living commissioned across appropriate care and support providers.
- Powys is the highest local authority in Wales with 22.36 people per 1,000 population registered with a sensory impairment – develop effective strategies to ensure that appropriate capital planning is undertaken to facilitate buildings being constructed to assist those people.
- Ensure that 94% of people with a learning disability and living within their communities are supported to continue doing so.
- In Powys, ASDs are the most common presentation of disability within children. Formulate a strategy to determine how best to support them to Start Well, Live Well and Age Well.
- The forecasted 15% rise in the elderly population of Powys implies a need for an additional 1,050 persons that may need Adult Social Care support – some of which will have learning and physical disabilities - a total gap of 1,330 persons by 2030. Ensure that an effective strategy is in place to tackle that.

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# 13 People with Emotional Health and Mental Health Issues

## 13.1 Strategic Drivers:

### 13.1.1 Welsh Government Together for Mental Health 2019 – 2022

Welsh Government Together for Mental Health 2019 – 2022 referenced the following:

Table 4: WG Together for Mental Health Outcomes & Recommendations

| Desired Outcome  | Recommendation  |
|--|---|
| The mental health and well-being of the entire population is improved.   | People who experience mental illness should have all possible support to ensure they live in a safe and secure environment  |
| The impact of mental health problems and/or mental illness is better recognised and reduced.                     | Safe, efficient, and effective services is required to provide value for money, including through the NHS Quality Delivery Plan and social care and housing outcomes.<br><br>Measured by no. of supported housing placements for people with mental health problems |
| Inequalities, stigma, and discrimination are reduced.  | Reduction in no. of homeless households which include dependent children  |
| Individuals have a better experience of the support and treatment they receive and feel in control of decisions. | Provide housing-related support to help vulnerable people to live as independently as possible through the Supporting People Programme.   |
| Improved quality and access to preventative measures and early intervention to promote recovery.                 | Reducing rough sleeping and end the need for people to sleep rough through the Rough Sleeping Action Plan and supporting those that have complex, co-occurring housing, and mental health issues.   |

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| Desired Outcome   | Recommendation   |
|---|--|
| Improved values, attitudes, and skills of those supporting individuals of all ages with mental health problems. | Welsh Government (Education and Public Services & Health and Social Services) to support the delivery and evaluation of the Housing First Pilots to enable tailored mental health and substance misuse support for individuals to manage tenancies independently |

### 13.1.2 Housing with Care Fund (HCF)

The primary objective of the HCF is to increase the stock of housing to meet the needs of people with care and support needs.

The purpose of the HCF is to support independent living in the community for people with care and support needs, and to provide intermediate care settings in the community, so that people who need care, support and rehabilitation can return to living independently or maintain their existing independence.

A key driver for the HCF is 'care closer to home' and to ensure the accommodation and care needs of particularly vulnerable groups who are not able to live fully independently are met as close to home as possible.

Out of area placements are costly, they reduce local control over the person's health and care management, have a severe impact on family contact and relationships, and are detrimental to the long-term well-being and outcomes of the individual.

There are challenges in relation to placements of adults with moderate to severe learning disabilities and/or autism. HCF can help ensure adequate provision of local accommodation with care, but this must be accompanied by changes to models of care which in turn may require building local workforce capacity and capability to provide specialist care. These skills may have become diminished in the workforce due to prevailing circumstances previously.

Another key driver for HCF is **intermediate health and care services in the community** and is to ensure there are adequate facilities to provide step up/step down, reablement and rehabilitation in the community. Helping people to maintain their independence at home means it is essential to keep hospital stays as brief as possible and avoid the use of residential or nursing care unless necessary. Provision of appropriate bedded facilities in the community prevents escalation to hospital, residential care, or safe accommodation (step up) and facilitates return to independence at home following a stay in hospital or care (step down).

Community facilities which reflect home environments, supported by appropriate care and rehabilitation services, encourage the maintenance and strengthening of independence which might otherwise be lost in step up/step down facilities in hospitals or residential care.

### 13.1.3. Current Risks and Issues

It is evident this limited capability means homes cannot always accept new placements with higher care needs. In these situation people can end up being placed in nursing care settings even though their overall physical health would not have otherwise required this.

## 13.2 Opportunities

- Work more collaboratively across regions, to maximise funding allocation:
  - Between LAs and other sectors (e.g., third sector, housing associations, private sector, etc.).
  - Between LAs and neighbouring / adjoining LAs.
- Digital service transformation and modernising services through its wider implementation, including use of artificial intelligence.
- Utilising digital technology more thoroughly could move the capital expenditure programme away from an emphasis upon physical accommodation and services reliant upon it, for example through use of telecare/telehealth, reflecting global industry trends in Health and Social Care.

## 13.3 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan)

- The physical health needs of mental health people must be addressed; therefore, it is essential that inequalities are tackled in relation to pregnancy, severe mental illness, cancer, circulatory diseases, and respiratory conditions.
- Although most residential care settings have some level of staff skills and some suitable accommodation to appropriately care for people with these needs, such provision is limited. This needs to be addressed to enable greater care in this sector which will, in turn, free up more nursing beds that are otherwise being used to cater for this demand.
- The needs of those suffering frailty - predominantly older people - need to be met. holistically, addressing both physical and memory frailty.
- 17% of children (aged 10 or over) receiving care and support were reported to have a mental

health issue – this needs to be tackled as a priority in the short-term, as it could lead to escalating longer-term issues, placing greater demand on the ‘system’.

- Consider ‘Mental Health’ specific models of care with 24-hour support - to provide step down from residential placements or step up from community to avoid residential care.
  - across the region, to increase independence where support can be flexed as required.
- Consider some form of crisis-response, especially the ability to provide counselling rapidly, to tackle the 3-pronged issues of loneliness, depression, and suicide, as these all place an ever-increasing demand on the ‘system’. It is evident that the rurality of the county can increase social isolation issues.

## 14 Regulated Care Provision

### 14.1 Strategic Drivers

#### 14.1.1 Regional Integration Fund

The Regional Integration Fund (RIF) is a revenue fund which will be delivered over 5 years (2022-27). It builds on key successes and learning from the Integrated Care Fund and the Transformation Fund and aligns several funding streams into a streamlined, focused investment programme.

All activity funded by the RIF must directly support the development and delivery of the six national models of integrated care and, worthy of note, it is expected that any investment issued through the IRCF will consider the wider regional strategic vision around these models of care.

- Community based care – prevention and community coordination.
- Community based care – complex care closer to home.
- Promoting good emotional health and well-being.
- Supporting families to stay together safely, and therapeutic support for care experienced children.
- Home from hospital services.
- Accommodation based solutions.

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Some aspects of these integrated models of care can or should be co-located and/or delivered through health and social care hubs/centres or through integrated accommodation and residential based solutions. Regional Partnership Boards will be required to ensure that both capital and revenue investment plans are aligned to provide an optimal opportunity to strategically target investment in creating genuine system change to deliver seamless services.

## **14.2 Current Risks and Issues**

- Pressures in service provision elsewhere (e.g., longer waiting times for domiciliary care) may result in further requirements for advocacy of people needing these services.
- The main challenges are current and projected ongoing cost of living pressures, budgetary pressures and also the demographic patterns, which may add to pressures for providers (e.g., access to qualified staff, recruitment and retention).
- In the event of provider failure, it is likely the service would need to be recommissioned with another national or regional advocacy provider as, although there are some Powys Third Sector advocacy providers, their services operate in only a few of Powys' localities and do not offer the necessary County-wide coverage.

## **14.3 Opportunities**

- Opportunities will be explored for joint commissioning of provision, especially in the CHC environment.
- Approved carers and the Shared Lives service are members of Shared Lives Plus, a national organisation providing support, guidance and representing the interests of those in the Shared Lives sector.
- Many Shared Lives Carers choose to become involved with the service as a semi-retirement option. An ageing population presents an opportunity for further recruitment.

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#### **14.4 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan):**

- Provision of adequate supported living and sheltered housing accommodation options, to ensure that supply is always ahead of demand.
- There are currently 22 Shared Lives Carer households in Powys, supporting 16 individuals with long term arrangements – continue to utilise the facility offered by Shared Lives Plus.
- Explore how to best use the opportunity that an aging population presents for further recruitment into Shared Lives Carers might provide.
- Powys will have to consider how alternative accommodation in more suitable locations can be developed (e.g., Extra Care provision) to have viable alternatives for vulnerable people in Powys.
- Look to expand the provision of Multi Agency Early Help Family Centers across Powys building on the success of the centers in North Powys.
- Develop a contingency plan to address the possibility of provider failure, in light of added cost of living and budgetary factors at play.

## **15 Domiciliary Care and Unpaid Carers**

### **15.1 Strategic Drivers:**

#### **15.1.1. Strategy for Unpaid Carers 2021**

The Social Services and Well-being (Wales) Act 2014, defines a carer as someone who provides unpaid care to an adult or disabled child.

The Welsh Government has acted consistently to improve the lives of unpaid carers. The first Carers' Strategy for Wales was published in 2000, the Carers Strategies (Wales) Measure was published in 2010, and the refreshed Carers' Strategy for Wales and the Delivery Plan 2013-2016 were published in 2013.

This new Strategy for Unpaid Carers represents a renewed commitment to improving the recognition of and support to unpaid carers in Wales. It sets out our revised national priorities

for unpaid carers, including the addition of a new priority on education and employment. It also notes priority areas for action, aligning with A Healthier Wales.

The strategy is the result of engagement with unpaid carers of all ages and their representatives via the Ministerial Advisory Group for Unpaid Carers and its supporting engagement group, facilitated by Carers Trust Wales.

In November 2017, WG announced 3 national priorities to support the delivery of the enhanced rights for unpaid carers under the Social Services and Well-being (Wales) Act 2014. Following the public consultation, these priorities have been refreshed and a fourth has been added relating to unpaid carers in employment and education. These four priorities will provide a cross governmental focus for the delivery of this strategy in collaboration with unpaid carers, their representatives and service providers.

- Valuing unpaid carers
- Raising awareness of ways to access information, advice, and assistance.
- Improving access to short breaks and respite
- Encouraging local authorities to support state funded schools to identify young carers.

## 15.2 Current Risks and Issues

- There is an emerging challenge of staff retention and recruitment (which is not unique to Powys). Powys, due to its rurality, presents some unique challenges where individuals live in remote areas. The availability of staff is often a major constraint on the ability of Providers to meet demand for new care packages.
- The financial stability of services is challenging, exacerbated by the cost-of-living crisis,
- with providers reporting financial vulnerabilities and this is impacting on workforce recruitment and retention.
- Third sector funding via Service Level Agreements and grants have generally not grown in value for the past 8-9 years. This has resulted in organisations operating at a financial loss and third sector recruitment becoming less and less competitive within the employment market.
- Workforce capacity is challenging, with the service unable to meet current demand in some localities. Challenges emanate from the lack of recognition for working in the care sector (which applies to all sectors), the relatively low level of pay, long working hours and

increasing travel costs for carers.

- There are an increasing number of individuals with higher and more complex care needs which providers are not always able to cover.
- Risks exist in the supply of care in the market. Several providers have left the Powys market, adding further pressure to an already challenging environment.
- A further risk is the dual commissioning approach by both Powys Teaching Health Board and the Council in contracting with the same providers for additional provision.
- Lengthy journey times between some peoples' homes due to Powys' rurality means some care packages can be difficult to efficiently accommodate within existing staff rotas. This, together with considerations of cost incurred and fees earned, can make some packages unattractive for Providers to bid for.
- There is generally little spare capacity within the market. This means that in the event.
- of provider failure it would be difficult to rapidly transfer any existing care packages to new providers as they would need to recruit additional staff to do so, and that Powys County Council's in-house service would need to pick-up many packages, at least temporarily.
- The lack of sufficient domiciliary care in Powys (in certain localities and at certain times) has not only renewed concern over longer waiting times for packages in the community, but also a delay in transferring people from a district general or a community hospital back into their own home with a package of care.
- Non-regulation and the non-funded aspect inevitably result in a degree of financial fragility in the sector and means that the continuation of existing services (and creation of new ones) is largely dependent upon insecure short-term funding streams.
- It is understood, by social workers and individuals, that the biggest barriers are identifying support via Personal Assistants or Community Micro Enterprises – the supply is not always as good as would be wanted.
- The demand for Personal Assistants outstrips the supply of such individuals.

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### 15.3 Opportunities

- Powys has introduced its Powys Pledge, investing in a Health and Care Academy and segmenting fee structures to take account of the differing levels of travel costs.
- “Home Support” provision has gone through a three-year pilot and is now being rolled out across Powys, reducing the need for traditional domiciliary care provision.
- Reducing ‘double handed’ care packages has proven successful and, combined with the ongoing and expanding use of Technology Enabled Care (TEC), they are further approaches to manage and potentially reduce the pressure on the market.
- The development of social care micro-enterprises is developing some additional domiciliary care service capacity in those areas to help mitigate challenges and will be further expanded.
- Powys County Council and Powys Teaching Health Board have established mechanisms to manage the closure of a care home or domiciliary care service and ensure the continuation of care for the residents affected.
- Currently, the available market capacity in Powys struggles to always meet existing levels of demand for new care packages. It is, therefore, unlikely at present that commercial competition within the market will present risks to providers’ sustainability.
- In order to increase access to both Community Micro Enterprises and Personal Assistants a ‘marketplace’ (Care and Support Finder tool) has been developed, with a separate commissioned provider, where those seeking care and support can advertise their needs, locality etc. and providers (Personal Assistants and Community Micro Enterprises) can advertise their care and support offer.
- The Powys Care & Support Finder is an online service which connects people seeking care and support with people who are, or want to be, Personal Assistants or micro-enterprises. The website provides information about working as, or employing, a Personal Assistant, or using a self-employed Personal Assistant, care agency or micro- enterprise, and identifies ways for Personal Assistants to find suitable vacancies and for employers to find suitable Personal Assistants, plus links to training courses and other information.

### 15.4 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan)

- Affirm, enhance and invest in ensuring further development and usage of the new tools that have become available. Namely:

- Powys Pledge, investing in a Health and Care Academy.
- Home Support.
- TEC (Technology Enabled Care) + reduced double-handling.
- Powys Care & Support Finder, promoting Community Micro-enterprises.
- Address the capacity gaps in home support and domiciliary care. To enhance use of resources and improve user experience.
- Invest in the continued use of reablement.
- Explore how Powys, a county with partly deep rurality can improve and enhance provision of domiciliary care services in such localities.
- Prioritise rebalancing of the sector, to overcome the reliance of third sector providers and on Council and Health Board funding.
- Tackle the continued difficulty in recruitment and retention in the care sector workforce.
- Examine how to tackle the projected decline in Powys' working age population, which will, in time, reduce the market's ability to meet demand for care packages.

## 16 Integrated Health and Social Care Hubs

### 16.1. Strategic Drivers

#### 16.1.1 Integration and Rebalancing Capital Fund Guidance

The Welsh Government has provided Health and Social Care Integration and Rebalancing Capital Fund (IRCF) which directly supports the Programme for Government (PfG) commitment of developing 50 integrated health and social care hubs.

The IRCF has been established to support a coherent approach to planning the co-location and integration of health and social care services within the community across Wales. Such hubs are seen as an opportunity to support the delivery of seamless services through creating a local single point of access and co-location of staff and services delivering integrated care pathways, which offer a more joined up holistic service for people.

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## Key principles within the IRCF guidance

The following seven key principles underpin all investments.

**Table 5: IRCF Investment Principles**

|   |  |
|---|--|
| <b>Co-location</b>                          | To enable seamless service delivery, services should be physically located in one place; thus, providing greater benefits to the service user.   |
| <b>‘Hub and Spoke’</b>                      | Welsh Government recognise that every hub will not have every service in it. Facilities will need to be clearly networked to ensure they offer an integrated health and social care service offer across a locality.   |
| <b>‘No wrong door’</b>                      | Although a service or support required by the service user may not be available on that site, no one should ever be turned away. Service users should be actively supported to access the service they need, wherever they first enter the door, and increasing the number of direct access services should be a priority. |
| <b>Graduated response</b>                   | It is important that hubs can provide support on a wide range of subjects from information, advice and assistance on key life matters through to more complex health and social care services.   |
| <b>Town Centres First</b>                   | Hub and spoke developments in town centres would align with the Welsh Government's regeneration policy, and such locations should be considered for the delivery of integrated services. This will ensure that new services are accessible, on public transport routes and close to other services.                        |
| <b>Proportionate and planned investment</b> | RPBs are responsible for carefully planning their investment priorities, securing best value and impact. This is particularly important with the recognition that investments under this priority will vary greatly from refurbishing and repurposing existing community-based settings to redevelopment and new builds.   |
| <b>Decarbonisation</b>                      | All investments should detail how it intends to support Net Zero Wales. This should be considered for both the build and service delivery environments and encompass aspects such as low carbon energy use and energy efficiency measures.   |

### 16.1.2 Primary Care Model for Wales

Primary Care Model for Wales Projects for Integrated Health and Social Care Hubs / Centres must be fully aligned to the principles of the Primary Care Model for Wales and A Healthier Wales: Long Term Plan for Health and Social Care (2019), in providing a whole system approach that demonstrates integration of health, social care, local authority and voluntary sector services, and has facilitated collaboration and consultation to reach a consensus on the type of primary care provision that patients and staff would like to see, that gives the best support to people, gives easy access to local services for care when needed and technological solutions to improve access to support self-care.

The principles seek to explain how the direction of travel for primary and community care services in Wales should be provided at a range of primary care facilities.

The vision is focused on flexible functions and adaptable design that supports changing service provision. The following key principles that are the elements of the future development of the primary care estate in Wales:

- The importance of establishing new facilities as a focus for the wider community.
- The need to move away from single partner pure General Medical Services models. in favour of more sustainable, collaborative, co-located multi-disciplinary services.
- The need to optimise the use of the wider public estate (e.g., libraries and community halls).
- Recognition that separation of unscheduled / urgent primary and community care pathways may require different facilities.
- No one size fits all design approach, must be flexible and able to respond to local needs.
- The importance of equity for all patients in terms of access, service offer, and environment is of critical importance.

The IRCF fund supports the strategic programme for primary care to reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector.

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### 16.1.3 Regeneration and Town Centre First

Future Wales (the National Development Framework) requires that significant new commercial, retail, education, health, leisure, and public service facilities must be located within town and city centres. They should have good access by active and public transport to and from the whole town or city and, where appropriate, the wider region.

A sequential approach must be used to inform the identification of the best location for these developments, and they should be identified in strategic plans. Town centres first principles should be considered as a priority by RPBs and if the preferred solution is not aligned then Welsh Government will require clear rationale as part of any business case.

### 16.2 Current risks and issues

- Failure to secure funding / affordability.
- Delays in business case process.
- Stakeholder support.
- Scope may not be agreed.
- Potential changes in WG / local policy.
- Increase in cost/timescales.
- Insufficient Operational resource available to support the delivery of any programme.
- Digital connectivity, data requirements and IT Infrastructure may not be adequate to deliver any programme.
- Inability to ensure the right workforce is in the right place, at the right time.
- Issues relating to access, highways, planning permission or planning constraints.
- Response to requirements as part of the 'climate-change' agenda results in the build scheme becoming unaffordable.
- General market 'instability' results in the build scheme becoming unaffordable or unachievable.

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## 16.3 Opportunities

- From 1st April 2022 a hospital social work team was established. The remit of the team is the transfer of patients cross-border. As Powys does not have a District General Hospital, there are a significant number of patients in hospital across borders, both within Wales and in England. This is a particular pressure point and complex to manage, especially in English hospitals where they have different policies and procedures.
- The Reablement Service provides short term support interventions to individuals to retain or regain their independence, at times of change and transition, which promotes health, wellbeing, independence, dignity, and social inclusion.
- Powys Integrated Disability Service (IDS) is a multi-agency service where professionals from health, education, children's social care services and voluntary agencies work together to provide support for children and young people with disabilities and their families.

## 16.4 Potential Strategic Focus for investment (as supported by PNA, MSR and Area Plan)

- Step-on the progress already made by the Powys Integrated Disability Service (IDS), The Reablement Service and the hospital social work team, and optimise the advantages that all three provide.
- Provide integrated health and care services to meet holistic needs of individuals.
- Reduce emergencies and prevent unnecessary referrals and admissions with systematic case finding approaches and earlier intervention.
- Reduction in lengths of stay where hospital admission is necessary, to avoid deconditioning and timely discharge so that a full assessment can be made in the usual home.
- Moving services where safe and effective from out of county hospitals into Powys
- Regional Rural Centres in line with Getting It Right First Time (GIRFT) recommendations, optimising diagnostics earlier, more treatable stages.
- Strengthen resilience in primary and community services, improving multidisciplinary working and skill mix, access in and out of hours; addressing the sustainability issues created by the current dispersed, small, teams.
- Work with communities and the third sector to help develop alternative and local networks of support, given the number of single households in Powys.

- Utilising digital technology and one stop services to create a wellbeing offer as locally as possible within Powys.
- Inter-generational Community Well-being Hubs provide a means for alternative approaches to service delivery.
- Creating an opportunity to bring communities together to enable people to address the well-being issues which matter most to them.

## 16.5. Hub Developments

The strategic vision for an Integrated Model of Care and Wellbeing in Powys is embedded within the longer-term vision of Powys Health and Care Strategy, which seeks to identify opportunities for people to improve their health and wellbeing.

The North Powys Wellbeing Programme was initiated prior to the Covid19 pandemic, to accelerate the transformation needed to deliver against the shared long-term Health and Care Strategy, 'A Healthy Caring Powys'.

The Integrated Model of Health and Wellbeing seeks to identify opportunities to transform health and care services, in part, by focusing on delivering more services in-county and bringing care closer to home.

It offers a once in a lifetime opportunity to transform health and care services for the population in the rural heart of Wales, as well as harnessing and accelerating the opportunities for digital advances that Covid-19 has presented. To enable residents in Powys to live longer, healthier and happier lives, services need to shift the focus of the model of health and care away from delivery in acute and specialist hospital settings and towards a more holistic, integrated approach with a heightened focus on wellbeing, prevention and early help services delivered closer to people's homes and communities.

The model forms part of a Wales-wide response to the increasing demands and new challenges facing the NHS and social care. These include an ageing population, lifestyle changes, public expectations, and emerging medical technologies as articulated and

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evidenced within the updated Powys RPB Population Needs Assessment and other emerging evidence.

**The key ambitions are to:**

- Strengthen people's ability to manage their own health and wellbeing to make healthier choices,
- Increased focus on prevention and health promotion,
- Increased independence and participation within communities,
- Increased emotional and behavioural 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 meets the needs of the population,
- Improved the opportunity for people to access education, training and learning opportunities.

The programme was suspended during the initial response to the pandemic, to enable resources to be diverted into delivering core services to support the public health emergency. It has been recommended and is progressing several accelerated areas of change, in addition to longer term work in relation to the campus model for North Powys, which is the least developed of the three Rural Regional Centres in Powys.

The Welsh Government endorsed the Programme Business Case for the campus model and a Strategic Outline Case has been submitted to Welsh Government, followed by the Business Justification Case for Infrastructure.

This programme has been co-produced from the outset and has adapted to respond to changing circumstances, most notably the impact of the pandemic. The work on the Accelerated Sustainable Model has built on the innovations already achieved through this programme. The synergy between the Pan Powys whole system work and the new campus model in the North Powys area will be key to leveraging the change needed to sustain health and care services for the Powys population.

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# 17 Conclusion: Strategic Priorities

## 17.1 Conclusion

In summary, sections 10 to 16 above have identified 54 ideas for strategic focus. These have now been distilled and categorised as follows:

Table 6: Categorised Ideas for Strategic Focus

| Category                    | No of specific ideas |
|-----------------------------|----------------------|
| Accommodation related       | 10                   |
| Availability related        | 8                    |
| Demography related          | 5                    |
| Healthcare specific         | 5                    |
| Integration related         | 7                    |
| Refurbishment related       | 2                    |
| Related to Supported Living | 7                    |
| System related              | 6                    |
| Workforce related           | 4                    |

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## 17.2 Strategic Priorities

As a result of this process, the following 9 items were identified as potential strategic aims for the RPB.

**Table 7: Potential Strategic Aims for Powys RPB to Address**

| Category                 | Strategic Aim   |
|--------------------------|---|
| 1. Accommodation related | <p><b>Prioritise rebalancing of the sector, in line with WG aims and requirements under the IRCF, and address inadequacy.</b></p> <ul style="list-style-type: none"> <li>• The traditional model of residential care accommodation will need to transition to become less 'institutional' and more focused upon meeting individual residents' needs.</li> <li>• The Market Position Statement (MPS) on Accommodation for Older People in Powys identified there was a lack of appropriate accommodation options, both in terms of type and location.</li> <li>• There is: <ul style="list-style-type: none"> <li>○ inadequate supported living and sheltered housing accommodation options,</li> <li>○ insufficient accommodation for those with disabilities, notably sensory impairment,</li> <li>○ insufficient in county placements for children in care,</li> <li>○ sometimes an insufficient number of nursing home places.</li> </ul> </li> </ul> <p>and a need to explore whether increased dual registration could help to alleviate all this.</p> |
| 2. Availability related  | <p><b>Address the likelihood of an additional 1,050 people that may need Adult Social Care support, due to market projections.</b></p> <ul style="list-style-type: none"> <li>• This will include growing in-house residential provision for children and young people, in pursuance of the 'rebalancing' agenda.</li> <li>• increasing sufficiency of suitable fostering or adoption placement.</li> <li>• responding to the increase in demand for 16+ accommodation placements and those with more complex needs.</li> <li>• tackling capacity gaps in home support and domiciliary care and,</li> <li>• a crisis-response, especially the ability to provide counselling rapidly, to tackle the 3-pronged issues of loneliness, depression, and suicide.</li> </ul>   |

| Category                       | Strategic Aim  |
|--------------------------------|--|
| 3. Related to Supported Living | <p><b>Advance measures to support people to live independently, safe, and well within their own home for longer, which is aligned with the requirements of the RIF.</b></p> <ul style="list-style-type: none"> <li>• This includes maintaining the 'Closer to Home' strategy.</li> <li>• sustained investment in Extra Care facilities.</li> <li>• continued use of reablement.</li> <li>• all in promoting <b>"Start Well, Live Well and Age Well"</b>.</li> </ul>  |
| 4. Integration related         | <p><b>Provide integrated health and care services to meet holistic needs of individuals - Inter-generational Community Well-being Hubs - underlining requirements under the IRCF.</b></p> <ul style="list-style-type: none"> <li>• Projects exemplified by Powys' Health &amp; Social Care Academy are critical to this.</li> <li>• Developing Multi-agency Early Help Family Centers across Powys.</li> <li>• Moving services where safe and effective from out of county into Powys Regional Rural Centres, in line with Getting It Right First Time (GIRFT) recommendations, is instrumental to this.</li> </ul>  |
| 5. System related              | <p><b>Utilise digital and various technology to create a 'quality' wellbeing service within Powys.</b></p> <ul style="list-style-type: none"> <li>• This will include: <ul style="list-style-type: none"> <li>○ promoting Community micro-enterprises.</li> <li>○ Shared Lives Plus.</li> <li>○ Powys Pledge.</li> <li>○ Home Support.</li> <li>○ Technology Enabled Care (TEC).</li> <li>○ Care &amp; Support Finder; Integrated Disability Service (IDS);</li> <li>○ The Reablement Service.</li> <li>○ the hospital social work team; and</li> <li>○ Systematic Case-finding.</li> </ul> </li> <li>• Communicating and promoting their availability, and their advantages, will be instrumental in optimising these tools.</li> </ul> |
| 6. Demography related          | <p><b>Examine how to tackle the projected decline in Powys' working age population and its partly deep rurality.</b></p> <ul style="list-style-type: none"> <li>• These factors will, in time, reduce the market's ability to match demand and supply for appropriate care; especially domiciliary care, dementia-impacted care and the ability to enable young people in the care system to be catered for adequately.</li> </ul>   |

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| Category                 | Strategic Aim  |
|--------------------------|--|
| 7. Healthcare specific   | <p><b>Endeavour to reduce lengths of stay, where hospital admission is necessary.</b></p> <p>Do this by:</p> <ul style="list-style-type: none"> <li>• finding a methodology to strengthen and maintain Infection Prevention and Control practices across the care sector,</li> <li>• tackle increasing frailty in the elderly,</li> <li>• matching physical health with mental health, and</li> <li>• determine how to tackle the increasing prevalence of mental health issues in the young.</li> </ul>   |
| 8. Workforce related     | <p><b>Tackle the continued difficulty in recruitment and retention in the care sector workforce.</b></p> <ul style="list-style-type: none"> <li>• There is a net out-flow of people of working age from Powys and, due to its geography and infrastructure, recruitment, and retention of staff, both at managerial and front-line level, has been and remains challenging.</li> </ul> <p><b>It remains, arguably, the most critical dimension to any strategic approach and, yet is predominantly outside of the control of the RPB.</b></p>                              |
| 9. Refurbishment related | <p><b>Develop a sustainability strategy to enable existing care homes to refurbish or redevelop their physical infrastructure.</b></p> <ul style="list-style-type: none"> <li>• Many homes in Powys are older, purpose-built, premises or converted from older, pre-existing premises.</li> <li>• Work is needed to enhance the physical space and layout, enabling rooms to be upgraded to the standards expected by prospective new residents.</li> <li>• This is also an instrumental element in any ambition to decarbonise and meet the NetZero 2030 aims.</li> </ul> |

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However, on further reflection it is evident that items 5, 6 & 8 involve issues that would be mostly outside of the control of the RPB and, therefore, inappropriate for consideration under any conditional IRCF Funding.

Consequently, the remaining items (1, 2, 3, 4, 7 & 9) have been further distilled into the following five Strategic Priorities for Powys RPB.

1. Supporting people to live independently, safe, and well within their own home for longer, through supported living and sheltered accommodation.
2. Provision of integrated family support centres to support assessments and therapeutic interventions for families.
3. Developing Integrated Health and Care Hubs, including mental health support, aspiring to meet individual need more holistically.
4. Increased care provision / nursing bed capacity to meet projected increased demand.
5. Refurbishment and development of extra care and care home facilities, to meet the need by enhancing existing physical space and layout.

## 18 Co-Production and Engagement

### 18.1 Co-Production

The respective partners are all involved in the production of this Strategic Capital Plan and are committed to the values and requirements of co-production.

Content has been supplied by and 'workshopped' with members of the partners to the Regional Partnership Board - Powys Teaching Health Board and Powys County Council.

In addition, as described in paragraph 18.2 below, specific engagement sessions have been held with senior staff within those organisations, as well as with key figures such as the PAVO representative and the RPB Co-ordinator.

Looking forward, we will build on this foundation of engagement to embed a clear and consistent approach to citizen involvement. One that actively seeks the views and involvement of seldom heard groups and people of Powys meaningful opportunities to contribute to plans, proposals, and decisions about services.

There will be a focus on embedding best practice methods such as those established by the

[Coproducton Network for Wales](#)

There is work to be done to enable opportunities for co-production – doing 'with' local communities and not doing to'. Building more equal relationships of shared power and shared

responsibility with our communities, based on understanding and respect'.

## **18.2 Engagement**

As part of the exercise to draw together all the strands of activity that need to be included and articulated within this plan, it is essential that the subject matter experts are consulted with and have sufficient input into the process.

This began with a series of 'engagement sessions' with those subject matter experts, during July 2023.

Whilst it is inevitable that the drafting of this plan is iterative – affirmed by the fact that outcomes from these sessions will more likely inform later phases of this programme (see paragraph 19.2) - for the time being, here is a summary of those engagement sessions and brief indication of the outcomes and feedback from the sessions.

### **Wednesday 12<sup>th</sup> July 2023**

Participants: Powys Association of Voluntary Organisations (PAVO)

Outcomes: PAVO representatives confirmed their wish and commitment to remain involved in the engagement and progress of this programme. The principal outcome was that PAVO would provide appropriate data on their assets across the region, which would allow that to be considered in further optioneering.

### **Thursday 13<sup>th</sup> July 2023**

Participants: Partnership Co-ordinator, Powys RPB

Outcomes:

- a)** It was acknowledged that, given the nature of the funding criteria, most of the opportunities identified in phase 2 (see para 19.2 below) are more health orientated.
- b)** Some potential opportunities were identified in the PAVO engagement the day before this session and will be considered at phase 3.
- c)** It was suggested that we ought to look further at opportunities for children's residential (safer) care homes (acknowledging that some are included in phase 1)
- d)** It was suggested that there is some land in Brecon that may present an opportunity for some kind of development (for phase 3)
- e)** For future engagement sessions, it was suggested that a slide that offers some kind of 'road map' would be useful, i.e., steps so far and where do we go next.

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- f) A significant suggestion was to look closely at cross-border opportunities, i.e. are there any potential developments just outside of Powys borders in both Wales and England, that may either obviate the need in Powys, or present opportunity to collaborate (this will be added into phase 3 opportunities).

### **Tuesday 18<sup>th</sup> July 2023**

Participants: Senior Manager Library & Museums, Powys CC; Property Lead, Powys CC; Strategic Programme Manager, Powys CC; Project Manager, Leisure Review, Powys CC

Outcomes:

- a) It was acknowledged that, given the nature of the funding criteria, most of the opportunities identified in phase 2 (see para 19.2 below) are more health orientated.
- b) Whilst closer examination does not necessarily bear this out, it was observed that most of the opportunities seemed office repurposing type options.
- c) Maybe more could be considered in terms of 'preventative measures', as a vehicle for reducing pressure on healthcare services? (Will be in phase 3).
- d) Does the ongoing Leisure Review provide any opportunities to improve wellbeing, as an integral part of the Area Plan? (Given the review is ongoing, this will be added into phase 3).
- e) Do any of the Town Plans offer any potential opportunities? (Will be looked at in phase 3).
- f) Do Theatres offer any scope for greater utilisation of space? (Will be looked at in phase 3).
- g) A couple of potential opportunities in Builth (one at the Arts Centre) were raised and then dismissed, as they had previously been discussed in another arena and deemed not suitable.

### **Tuesday 25<sup>th</sup> July 2023**

Participants: Head of Adult Commissioning, Powys CC; Childrens Services Manager, Powys CC; Head of Childrens Services, Powys CC; Housing Services Manager, Powys CC.

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Outcomes:

- a) Healthy discussion around the Strategic Priorities (as articulated at that time) was had – this was centred on the wording of SP2 and whether they went far enough in terms of defining some issues such as ‘Closer to Home’ and ‘16+ accommodation’ (this resulted in the definitions and content in Table 7, paragraph 17.2, being re-emphasised and SPs being redrafted to reflect stakeholder feedback)
- b) The ongoing Leisure Review was mentioned and whether it provides any opportunities to improve wellbeing, as an integral part of the Area Plan? (Given the review is ongoing, this will be added into phase 3).
- c) Are there any potential opportunities for Early Help Hubs in South Powys, in relation to the Start Well arena? (Will be looked at in phase 3)
- d) Do the Powys CC Integrated Business Plans offer any scope for greater utilisation of space? (Will be looked at in phase 3).

**Wednesday 26<sup>th</sup> July 2023**

Participants: Director of Planning, AD Capital, Estates & Property, PTHB.

Outcomes:

- a) One question that arose was around the assets that had been considered as part of the optioneering (see Appendix C). It was determined that, as part of drafting a Business Case for those opportunities that are progressed, ownership would form part of the considerations that must be addressed by individual business cases.
- b) Those business cases need to align with the ongoing Revenues Plans, to ensure there is no disconnect.
- c) In the optioneering exercises - which will need to be done periodically - should ‘sustainability’ be a CSF? (Whilst this, perhaps, should be a given, because if any project doesn’t offer sustainability, WG funding will not be obtained, it could be applied to the tool suggested for use on paragraph 19.4 below)
- d) The articulation of SP 4 (as it then was) was queried. Consequently, the description has now been refined to better reflect the issue at hand.

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# 19 Delivering the Capital Plan

## 19.1 Strategic Capital Planning Group Governance

There is an expectation from Welsh Government that RPBs develop and submit a capital plan which describes the regional planning and governance architecture and will further enable better alignment between various revenue and capital programmes, ensuring engagement of wider partners and stakeholders with the necessary expertise to support the development of integrated hubs and accommodation-based solutions.

This architecture should ensure a joined-up approach across key partners in health, social care, early years, housing and education creating capacity to maximise resources, skills and opportunities.

This will be accomplished through Powys RPBs 'Innovative Environment' Capital Planning and Oversight Group (CPOG), who's overarching objective, as captured within the Health and Care Strategy and Joint Area Plan, is to *'develop innovative environments across Powys in order to deliver safe, effective and sustainable services for our staff, the public and our partners.'*

### CPOG's Purpose:

- Based on existing organisational strategic capital plans and in line with the Health and Care Strategy /Joint Area Plan, develop a Powys RPB Innovative Environments Strategic Plan that enables the delivery of priority areas across the life course so that people in Powys can Start, Live and Age Well.
- Develop and maintain a 4 year '*Programme Plan and Objectives*' for Housing with Care Fund Develop a Powys RPB Capital Investment Plan across the life course that identifies priority projects for investment 10-year capital plan.
- Offer oversight and management of all RPB capital funding and related streams – including Housing with Care Fund (£2.8mil per year for 4 years), Integrated Rebalancing Capital Fund (IRCF) and Strategic Capital Planning Revenue monies (£200k per year for 3 years).
- Offer oversight and management of the RPB capital programme.
- Oversee the live partnership capital pipeline, contributed to by all partners.
- To review the existing pipeline and make recommendations to CCROG / RPB on schemes

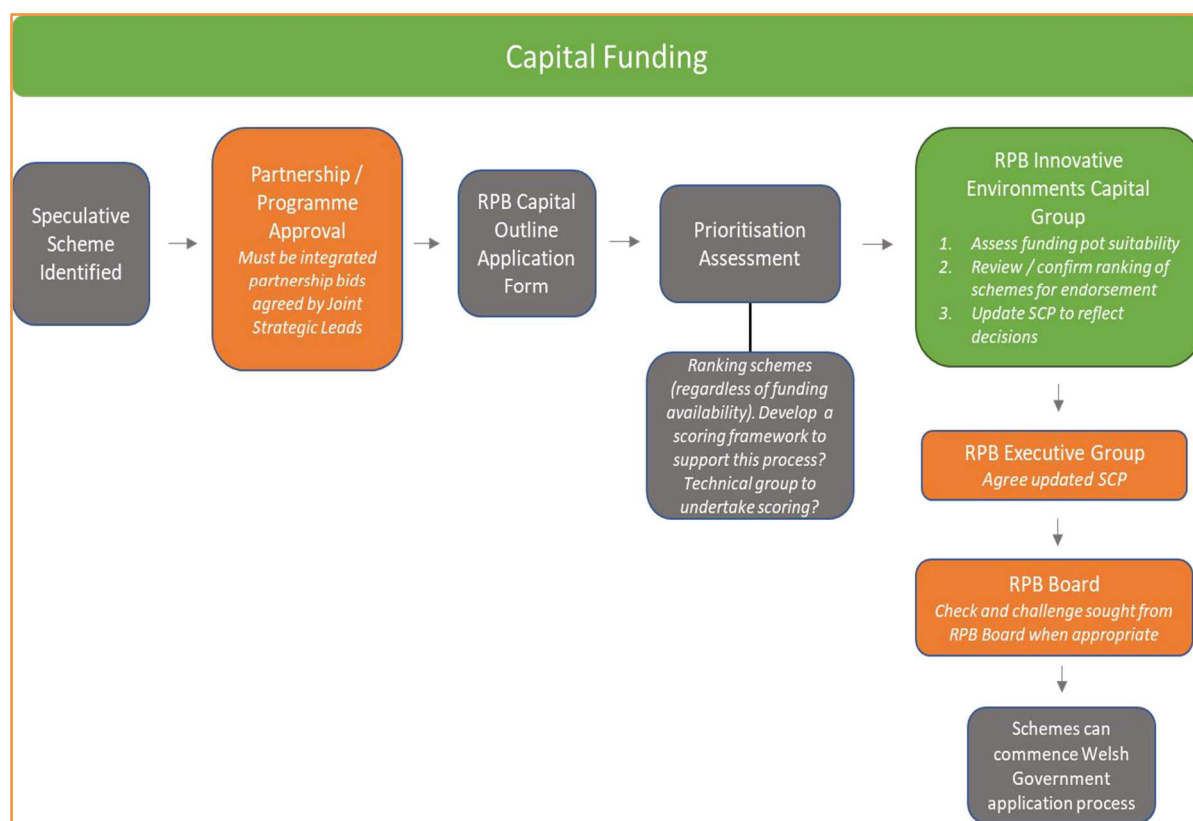
to be put forward to the Welsh Government.

- Work collectively and engage with PAVO, and third sector within partnership arrangements, to ensure strong engagement into developments of innovative environments.
- Alignment with relevant capital programmes in each of the partner organisations.
- Optimising the use of available RPB capital funding in association with other funding streams.
- Ensure that the RPB meets the Welsh Government capital funding stream policy, guidance, and reporting requirements.
- Identify and mitigate risks associated with the RPB capital programme.

The Capital Planning and Oversight Group is accountable to the 'RPB Executive Group' and will send regular reports. The RPB Executive Group is the decision-maker body, with endorsement and check and challenge being sought from RPB as and when appropriate, to ensure in line with strategic direction of Health and Care Strategy. CPOG will ensure strong linkages across all relevant partnerships and programmes of work, specifically North Powys Wellbeing Programme, Workforce Futures and Start, Live and Age Well.

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**Figure 5: RPB Capital Funding Governance Process Map**



The capital group has considered the internal governance arrangements and has sought to strengthen both the application process and monitoring / reporting element.

The group has agreed the application / governance process for new schemes. Here is a summarised outline of the agreed process.

- Alignment to Health and Care Strategy Area Plan / emerging Strategic Capital Plan
- Partnership / Programme approval of scheme
- Completion of RPB Capital Outline Application Form / Checklist
- Prioritisation Assessment
- RPB Innovative Environments Capital Group
  - assessment of funding pot suitability
  - review/confirm ranking of schemes for endorsement.
- RPB Executive Group to agree (alignment with Area Plan / SCP).
- Check and challenge sought from RPB Board when appropriate.
- Project can follow WG approval process – e.g., HCF or IRCF.

The group has stepped up to monthly meetings for the foreseeable whilst it continues to embed learning and the new capital programme.

The group also agreed to a monitoring and reporting process for schemes. This will look at monitor schemes against, time, quality, and budget. It will also capture project accomplishments, critical issues, major risks and next steps in order that the deliverability of schemes can be identified and tracked. This will be accomplished by utilising the Capital Reporting Template (see Appendix B)

Importantly, in addition to this, mechanisms to escalate emerging urgent issues / risks will also be available to support an agile and flexible approach to managing the capital programme.

## **19.2 Capital Projects Priority Differentiation**

By its very nature, a 10-year plan will be subject to constant review and, therefore, will be iterative. However, we can articulate some differentiation of projects that fall distinctly into three phases, as described here.

### **19.2.1 Phase One**

These are the capital projects that are currently ongoing, but commenced before they could reasonably be included in this plan. But, by virtue of being ‘ongoing’ they are relevant and pertinent to this planning process and could, conceivably, have a bearing on funding streams and, consequently, impact on projects in subsequent phases.

Projects in this phase are detailed more in paragraph 20.1 and summarised in Appendix A.

### **19.2.2 Phase Two**

This phase includes projects that will emerge from the opportunities identified in the optioneering work, undertaken with partner representatives, in July 2023.

That work is described more fully in Appendix C and the potential opportunities are detailed in paragraph 20.2.

### **19.2.3 Phase Three**

This phase will include those projects that emerge from all the work identified as next steps, in paragraph 21. As yet, they are unknown, but paragraph 21 gives some indication of where these projects could potentially emerge from.

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## 14.3 Processes and Procedures

In order to ensure that projects will be delivered successfully to time, cost and quality, the Powys RPB verifies that it will adopt a methodology that is based on standards of best practice and quality management principles.

Therefore, projects will be managed in accordance with the general principles of PRINCE2 methodology. Project management teams will comprise of Project Boards, Project Teams, Project Managers and Team Managers. These “teams” will be responsible for the day-to-day management and implementation of each project and periodic reports on progress will be completed.

### 19.3.1 Lessons Learnt

Even though work has progressed on a variety of capital projects, which is documented in a little more detail at paragraph 20.1, this is a fledgling programme and, therefore, it is important that we take on-board lessons learnt from previous experience.

The RPB is determined to be a learning organisation and, through various partnership forums, including the RPB capital group, partners have reflected on lessons learnt from previous years’ capital programmes. Key themes from these discussions can be summarised around the following areas:

- Develop a clear Joint Strategy – via the Strategic Capital Plan (SCP)
- Service to lead capital (Area Plan / delivery plan will need to drive capital works)
- Process for prioritisation and agreement of schemes (within organisations, and within RPB).
- Joint ownership and development of schemes from initiation through to completion
- More robust spend and performance assurances / tracking, and contingency arrangements.
- Robust Governance and accountability arrangements – ensure these are clear and understood.
- Ensure right level of capital programme and technical expertise and capacity to support.
- Consider programming spend across multiple years and use alternative funds more flexible to support contingency arrangements and maximise in-year allocations.

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Partners are pleased to reflect that they have already started to implement many of the lessons learnt to support the capital programme from this year. These will be used to continue to shape the capital arrangements going forward.

### **19.3.2 Benefits**

Benefits realisation plans will be developed for each individual project, detailing the management and delivery of benefits. These will be aligned with the Regional Integration Fund National Outcome and Measures Framework, ensuring appropriate baseline and monitoring underpins programme delivery and will be linked with the evaluation process.

The category of each benefit (in economic terms), how they will be measured and quantified, and who is responsible for their realisation will also be outlined. These plans are a management tool which addresses the specific benefits derived from the project. An action plan will be developed to deliver the benefits, the results of which will be validated by Project Boards.

### **19.3.3 Risks**

All projects will have an element of risk and there will be a proactive approach to risk management, to balance risks against the potential rewards, and a plan to minimise or avoid them. It is also acknowledged that taking some amount of risk will be inevitable to the success of projects.

The process for dealing with the management of risk will follow the Health Board Risk Management Framework, as this is signed up to by the partnership and supported by a Programme Risk Appetite Framework.

Each project will have a separate Risk Register with an escalation process feeding into the overarching partnership risk registers, accordingly.

Project Risk Registers will be 'living documents', which will be actively managed. Risks will be identified, monitored, updated, mitigated and escalated accordingly. The framework and plan of the risk register will involve a rated table format. The risk will be described, and the date of its identification noted. An initial risk rating will be made, and the probability and impact of the risk evaluated, followed by a current and target risk rating column. The effects and impact of risk can involve elements such as environment, time, quality, cost, resource, function or safety.

Within the format there will also be the facility for proposals to mitigate and manage, identifying the control strategy, risk owner and the current risk status. Risks will be actively managed via project meetings and workshops to review all aspects and escalated/endorsed accordingly.

Risk identification can occur at all levels of a project, whether from within project teams or the project manager. Initial risks will be identified through structured workshops attended by relevant experts and these risks will be captured in a formal project risk register document.

When a risk is identified, the project manager will be responsible for the day-to-day monitoring of those in the Risk Register.

## 14.4 Capital Planning

By virtue of this being a 10-year look forward, it is inevitable that the landscape will change and render the plan subject to review during that 10-year period. As part of the Capital Planning process, it is suggested that we revisit potential opportunities that emerge from exiting capital assets, as well as identifying emerging needs from, for example, changing policy of Partnership members. Consequently, the use of a tool such as the following can be instrumental in determining which opportunities or needs could be taken forward. The use of this tool is illustrated in Appendix C, where assessment of potential opportunities with existing assets are measured against identified strategic priorities and critical success factors.

The example provided here is completed as an illustration of how it works. Along the top can be listed either existing assets that could be repurposed or identified emerging needs. So, in the example below, along the top line, 'Primary School' has been used as an illustration of an existing asset; while, in the row below, 'Integrated Family Centre' has been used as an illustration of an identified need.

On the y-axis (left) are the strategic priorities and the critical success factors, against which the existing opportunities or identified need can be measured. It then, visually, enables clarity as to which of those can best be taken forward.

Figure 6: Example Opportunity Evaluation Tool

|   |                |                          |   |   |   |   |   |   |   |   |   |   |
|---|----------------|--------------------------|---|---|---|---|---|---|---|---|---|---|
| Examples of existing capital assets which could be repurposed.<br>(Example added)   | Primary School |                          |   |   |   |   |   |   |   |   |   |   |
| Identified need not satisfied by existing capital assets.<br>(Example added)  |                | Integrated Family Centre |   |   |   |   |   |   |   |   |   |   |
| Strategic Priorities  |                |                          |   |   |   |   |   |   |   |   |   |   |
| Supporting people to live independently, safe, and well within their own home for longer, through supported living and sheltered accommodation; | x              | x                        | x | x | x | x | ✓ | x | x | x | x | x |
| Provision of integrated family support centres to support assessments and therapeutic interventions for families;                               | x              | x                        | x | x | x | x | x | x | x | x | x | x |
| Developing Integrated Health and Care Hubs, including mental health support, aspiring to meet individual need more holistically;                | ✓              | ✓                        | ✓ | ✓ | x | ✓ | x | ✓ | ✓ | x | x | ✓ |
| Increased Nursing care provision and nursing bed capacity to meet projected increased demand;   | ✓              | x                        | x | x | ✓ | x | x | x | x | x | x | ✓ |

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|   |          |           |           |           |           |           |           |           |           |           |           |           |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Refurbishment and development of extra care and care home facilities, to meet need by enhancing existing physical space and layout. | x        | x         | x         | x         | x         | x         | x         | x         | x         | x         | x         | x         |
| <b>Critical Success Factors</b>   |          |           |           |           |           |           |           |           |           |           |           |           |
| Business Need   | ✓        | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ?         | ✓         | ✓         | x         | ✓         |
| Achievability   | ✓        | ?         | ✓         | ?         | ?         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ?         |
| Supply Side Capacity  | ✓        | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         |
| Benefits Optimisation   | ✓        | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ?         | ✓         | ✓         | x         | ✓         |
| <b>Summary Rank</b>   | <b>1</b> | <b>=7</b> | <b>=2</b> | <b>=7</b> | <b>=7</b> | <b>=2</b> | <b>=2</b> | <b>11</b> | <b>=2</b> | <b>10</b> | <b>12</b> | <b>=2</b> |

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#### 14.4.1 Short/Medium/Long Term Capital Plan

The development of the Powys RPB's Capital Plan is still in its infancy. As such, it is far too early to be specific about which initiatives will be sub-divided into the medium and longer-term plans.

Paragraph 19.4.2, below, provides some indication as to what may be expected to fall within those sub-divisions and it is clear that the phase one projects should be construed as the 'Short-term Capital Plan'.

But to be clearer about the Medium and Longer-term plans, there is much work still to be done. Even in addition to the optioneering, stakeholder engagement and scoping as mere starting points, all projects to be taken forward and developed will need effective business cases drafting and then signed-off by the Innovative Environments Capital Group, as well as the partner's respective Executives.

#### 19.4.2 Capital Pipeline

In paragraph 19.2 above, the prioritisation of capital projects was within three distinct phases and comprises the capital project continuum for the next ten years.

**Phase One** are the capital projects that are currently ongoing, but commenced before they could reasonably be included in this plan. Projects in this phase are listed here, but detailed more and summarised in Appendix A.

**Table 8: Ongoing Capital Projects**

| Name                                | Description  |
|-------------------------------------|--|
| Children's Residential Developments | The project is an accommodation-based solution for children and young people who require residential provision. This project is a suite of residential placements provided in-house by the Local Authority that are cost effective, sustainable, and high quality within county to meet the varying residential needs of children and young people in our care. The project seeks to create homely environments that respond to the cultural and social needs of the children, creating indoor and outdoor space(s) to improve mental and physical wellbeing within a typical community setting. |
| Safer Accommodation Development     |  |
| 16 plus accommodation – Brecon      | Provide and support up to 15 young people in 16+ Semi-Independent Accommodation. The aim of the service is to provide “Supported Accommodation” and “Support” for Young People aged 16-18+ (up to a maximum age of 25 by exception).   |
| Woodlands Way                       | Complete: This scheme is a new-build house in Newtown which First Choice Housing Association (FCHA) purchased for Powys County Council (PCC) use. This scheme allows three young people to live together in a shared tenancy. environment, giving them independence and an appropriate level of support from dedicated support workers who can support all three tenants.  |
| Garth Owen Phase 2 - Newtown        | To meet the needs of current citizens in Newtown, as well as those wishing to return to Newtown, the project sets out to develop 14 flats of supported independent accommodation on the outskirts of Newtown. This development would provide self-contained tenancies in a cluster configuration with targeted support to meet the personal outcomes of people. This configuration gives tenants the benefit of sharing with others but with flexibility to be able to meet the needs of people who would not necessarily choose to live together.   |

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|                                      |   |
|--------------------------------------|---|
| Core and Cluster schemes county-wide | A need has been identified for more core and cluster accommodation schemes for smaller groups of people i.e. 3 - 6 tenants per site. Brecon, Newtown and Welshpool have been identified as areas with a need for accommodation developments for people with supported living needs who have community and/or family ties to those areas. This scheme will develop accommodation in line with need across the county and provide support for people with disabilities, mental health needs and learning disabilities.  |
| Carno semi-independent living        | Two people with learning disabilities have lived together in Carno for years; they require a more suitable property for their needs, to include a bedroom for a staff member  |
| Llandrindod Multi-agency campus      | The Health Board has secured (through WG capital funding) the purchase of the former WG building in Spa Road, Llandrindod Wells. The building has the potential to support additional clinical services within the county by moving any nonclinical services off the LWMH site and freeing up space for clinical services. The building can also offer potential for integrated community services across RPB partners. Also the building has the potential (either directly or through accommodating from other sites) to support a new health and care academy hub for Radnorshire.   |
| Mental Health Facility               | This project will create a much-needed step-down service for people leaving Psychiatric hospital (under s117 aftercare arrangements).   |
| Extra Care Brecon                    | <p>The project seeks to address the needs of the ageing population of Brecon by:</p> <ul style="list-style-type: none"> <li>• Establishing supported communities in which independence is nurtured and supported for as long as possible, enabling older people to remain within their communities of choice.</li> <li>• Reducing the need for residential care by providing core and cluster style of support and care services both within the schemes themselves and their surrounding communities.</li> <li>• Addressing the issue of dementia care and the provision of sustainable support and care for people at all stages of the disease's progression.</li> </ul> |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>Allowing the delivery of services for daytime opportunities on the premises for residents of Brecon and surrounding areas. This will provide increased opportunity for social interaction and activities whilst also providing an element of respite care for the unpaid carers of service users.</li> </ul> |
| Extra Care Ystradgynlais               | This project is the ongoing extra care development in Ystradgynlais. Pont Aur is currently a sheltered housing scheme that is being extended and modernised and developed into an extra care scheme, consisting of 41 independent living units.   |
| Extra Care Machynlleth                 | Extra Care development in Machynlleth   |
| Extra Care Builth Wells                | Extra Care development in Builth Wells  |
| Specialist Equipment                   | Provide individuals of any age with specialist equipment to enable care for them in their own home.   |
| North Powys Campus Development         | Development of new multi-agency wellbeing campus in Newtown - a key part of the North Powys Wellbeing Programme (NPWP)  |
| DFG schemes / programme management HCF | Complete: Disabled Facilities Grants funding  |

**Phase Two** includes projects that will emerge from the opportunities identified in the optioneering work, undertaken with partner representatives, in June 2023. That work is described more fully in Appendix C.

However, in summary, the workshop examined the ten areas that the Powys region was subdivided into, discussed potential opportunities that existed to repurpose existing assets and then evaluated those opportunities, utilising the tool offered at Figure 6, in paragraph 19.4.

Table 9, below, summarises the outcome from that workshop and represents the proposed second phase of capital projects.

**Table 9: Phase 2 Options Identified at Optioneering Workshop**

| Opportunity # | Area | Details   | Evaluation Ranking |
|---------------|------|---|--------------------|
| 1             | 1    | Ardwyn Primary School is a vacant building owned by PCC. It is a grade II listed building originally designed as a TB hospital. The building has the potential to be repurposed as a Mental Health Centre. This would free up more space at Brynterion for potentially additional community beds and generic clinical space   | 1                  |
| 2             | 1    | Potential for asset exchange between Town Council and PCC for the Westward Day Centre and Youth Centre. This would give PTHB additional space near existing Welshpool Hospital Site. The exchange would likely incur additional capital expenditure by PTHB in order to facilitate it   | =7                 |
| 3             | 1    | Small scheme opportunity at Llanfyllin Library which could become a multi-agency hub within the town. It would require some remodelling and refurbishment   | =2                 |
| 4             | 3    | Purchase of either Afon House or St Davids (adjacent to Ladywell House) to support the North Powys Campus model   | =7                 |
| 5             | 4    | Scope for increasing community beds at Knighton Hospital, however this is dependent on a decision and community consultation to not re-open the ward. Would require potentially a seven-figure investment to deal with asset compliance issues and to modernise facilities such as Maternity services. Longer term there is the potential for the Hospital to become an integrated hub accommodating, for example, hot desking facilities for PCC staff | =7                 |
| 6             | 5    | Development of an integrated Hub at Spa Road, that includes Children and Mental Health Services   | =2                 |
| 7             | 5    | Hazel Terrace potential for conversion into either staff accommodation or sheltered housing   | =2                 |

|    |    |   |    |
|----|----|---|----|
| 8  | 5  | Gwalia building is grade II listed and in need of substantial reinvestment. PCC don't currently need the building, but could renovate it to host the library, social care and third sector organisations                      | 11 |
| 9  | 8  | Land acquisition by PTHB from PCC of old High School Site, and acquisition from College of old college building. Demolition of college building and new build development of a Mental Health Hub                              | =2 |
| 10 | 8  | Relocate Brecon Ambulance Station to the High School Site/College site  | 10 |
| 11 | 8  | Potential for repurposing of Ty Illtyd site for staff accommodation, or potential disposal if High School/College site; footprint is large enough to accommodate both the Mental Health Hub and space for staff accommodation | 12 |
| 12 | 10 | Potential for revising original design for additional wing at Ystradgynlais Community Hospital, which could accommodate integrated health and care services and/or a birth centre   | =2 |

**Phase Three** will include those projects that emerge from all the work identified as next steps, in paragraph 21, below. As yet, they only offer the possibility of *potential* projects and, as such, they are unscoped, not yet validated and not yet evaluated.

- Third sector assets, when integrated, may present additional opportunities.
- Look at opportunities in the arena of children's residential (safer) care homes.
- Content of both the Powys CC Accommodation & Support Live Well Delivery Plan and the Powys Housing Support and Homelessness Needs Assessment may present opportunities.
- Some land in Brecon was identified as having potential for development opportunities.
- Potential developments just outside of Powys borders (in both Wales and England) may present an opportunity for collaboration.
- Look at opportunities in the arena of 'preventative measures', as a vehicle for reducing pressure on healthcare services
- Upon completion of the Leisure Review, facilities may provide opportunities to

improve wellbeing aspects.

- Consider the content of relevant Town Plans in the area, and the Powys CC Integrated Business Plans to see if they offer any potential opportunities.
- Theatres in the area may offer scope for greater benefits from better space utilisation.
- Potential opportunities for Early Help Hubs in South Powys, particularly in relation to the Start Well arena.
- A couple of cottages in Welshpool could provide much needed nursing accommodation.

### 19.4.3 Commitment and approach to decarbonisation

Welsh Governments Net Zero Strategic Plan sets out the way forward for responding to the climate emergency and aligning with Welsh Ministers' ambition for the public sector to be collectively net zero by 2030. It also demonstrates delivery against the requirements of the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

Further opportunities will continue to be explored across the health, care and wider system around how climate and nature can support people's health and wellbeing, such as green spaces, particularly in relation to health inequalities. This Strategic Capital Plan is aligned, wherever possible, with the ambitions of the Net Zero 2030 Policy, and its agenda.

Figure 7: A Route Map for Decarbonisation

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| <b>Achieving our goal 2026–2030</b><br><br><b>Well on our way 2022–2026</b><br><br><b>Moving up a gear 2021–2022</b> | We embed value over cost. By doing so, society understands, accepts and expects that sustainability and climate action is integral to public services.                  | Staff and citizens demand zero tolerance of unsustainable behaviour as it is socially unacceptable.  | Self regulate and feedback processes across the public sector. Sustainability is part of life.                                   | Value all resources including people's time and the natural environment. Account and profile all resources for a no waste approach.         | Tailor citizen-centred, low carbon services. The public sector, society and the individual work together to reduce inequalities & improve well-being. | Require and expect low carbon technologies to be incorporated in all public sector services and products.          |
|  | We integrate action on climate change into our public facing engagement. We show how we appreciate the value of low carbon products, services and places.               | Staff and citizens expect to be able to make choices based on sustainability and well-being criteria when considering services and products. | Account for climate change future impacts in all decision making processes. Life cycle costing is the norm in the public sector. | Model business decisions so entire resource impact is accounted for. All resources need to include full life cycle carbon costings.         | Collaborate with cross sector partners to prevent disadvantage, promote well-being and develop sustainable joint service plans.                       | Enable and support technology to allow the empowerment, equality and well-being of individuals.                    |
|  | We engage with the climate change debate. The public sector explains its case for taking sustainability seriously and considers how it can impact on the wider society. | Staff and citizens understand what you can do. You know you should act. You know you can make a difference.                                  | Agree on responsibilities, mechanisms and measures including legislation, regulation and public reporting of progress.           | Research how to use all types of resources better to enhance health and minimise waste. Identify, prioritise and address gaps in knowledge. | Explore sustainable models. Increase investment to prevent disadvantage and improve well-being. Optimise benefit from nature.                         | Adopt and invest in sustainable technologies. Reduce the risk of investment in new technology. Welcome innovation. |
|  | <b>Society</b>  | <b>Individual</b>  | <b>System governance</b>   | <b>Use of resources</b>   | <b>Models of service delivery</b>   | <b>Technology</b>  |
|  | <b>Behaviours</b>   |  | <b>Standards</b>   |   | <b>Innovation</b>   |  |

## 20 Capital Funding

Funding for the capital projects identified in this Strategic Capital Plan will be potentially sourced through three main Welsh Government Schemes. Consequently, the strategic priorities in paragraph 17.2 and the opportunities described in paragraph 20.2 must satisfy the criteria as outlined briefly here.

The first (IRCF) is the updated over-arching fund, whilst the other two (RIF and HCF) are to work in conjunction with, and analogous to, the overarching IRCF.

- The Health and Social Care Integration and Rebalancing Capital Fund (IRCF). This will focus on delivering 3 priorities...
  - The delivery of Integrated Health and Social Care Hubs
  - Rebalancing the adult residential social care market
  - Eliminating profit from the provision of children's residential care.
- The Health and Social Care Regional Integration Fund (RIF), which is described more fully in Section 7 above. This supports development and delivery of the 6 national models of integrated care...
  - Community based care – prevention and community coordination.
  - Community based care – complex care closer to home.
  - Promoting good emotional health and well-being.
  - Supporting families to stay together safely, and therapeutic support for the care of experienced children.
    - Home from hospital services.
    - Accommodation based solutions.
  - The Housing with Care Fund (HCF). This has objectives to... “increase the stock of housing to meet the needs of people with care and support needs and provide temporary accommodation with care and intermediate care settings in the community”.

## 20.1 Forecast Capital Expenditure

In paragraph 19.2.1 it was stated that there are several capital projects that are ongoing at the time of this first draft (July 2023). They had commenced before they could reasonably be included in this plan; but, by virtue of being 'ongoing', they are relevant and pertinent to this planning process.

In Appendix A we include a spreadsheet summary of those ongoing projects and illustrate both the incurred and forecast capital expenditure anticipated to bring those to completion.

## 20.2 Early Identified Schemes

This phase includes projects that will emerge from the opportunities identified in the optioneering work, undertaken with partner representatives, in July 2023.

That optioneering work is described more fully in Appendix C and the potential opportunities which were derived from that will now be fully evaluated and decisions taken as to which projects will be moved forward.

Those that are will be costed for integration into this 10-year plan, and full business cases developed for each. That will, of course, enable understanding of potential funding streams and forecast capital expenditure.

In due course, the steps outlined in paragraph 21, below, will begin to expose further potential projects to this process.

## 21 Next Steps

The development of the Strategic Capital Plan is inevitably going to be an iterative process. Having established a 'first draft', there are some clear requirements to move the plan onto a second draft and beyond. These are identified below at paragraph 21.1.

Given that the Plan spans a 10-year period, it is inescapable that the political, economic, sociological, technical, legal and environmental landscapes will change in that time. Therefore, in paragraph 21.2 below, we explain how we visualise the plan may be maintained and reviewed during that timeframe.

### 21.1 Shorter-term steps

Due to some of the Stakeholder Engagement sessions occurring just before the completion of the first draft of this SCP, several of the suggestions coming out of those will ultimately have to form part of the identified next short-term steps. So, those include (in no order):

- Secure asset details from the third sector to ensure that they are fully integrated in identifying any opportunities that exist.
- Although some are contained within phase 1, look more closely at any further opportunities in the arena of children's residential (safer) care homes.
- Consider the content of both the Powys CC Accommodation & Support Live Well Delivery Plan and the Powys Housing Support and Homelessness Needs Assessment to capture any opportunities that may support delivery of those, recognising the existing strict guidelines around which projects can secure funding.
- Look at the potential that may exist around some land in Brecon that may present an opportunity for development opportunities.
- Look closely at cross-border opportunities, i.e., are there any potential developments just outside of Powys borders (in both Wales and England) that may either obviate the need in Powys, or present opportunity for collaboration – duplication of activity will not help to secure funding from WG.
- More should be considered in terms of 'preventative measures', as a vehicle for reducing pressure on healthcare services.
- The ongoing Leisure Review in Powys means it is not feasible to determine

opportunities that may emerge from potential repurposing of leisure accommodation until that is complete, but in the future, it may provide opportunities to improve wellbeing aspects, which is an integral part of the Powys Health & Care Strategy.

- Consider the content of relevant Town Plans in the area, to see if they offer any potential opportunities.
- Consider whether, for example, Theatres in the area may offer any scope for greater benefits from better space utilisation.
- Business cases for opportunities that are evaluated as to take forward need to align with the ongoing Revenues Plans, to ensure there is no disconnect.
- Consider whether, in any future optioneering exercises - which will need to be done periodically - 'sustainability' be a CSF? If so, it could be applied to the tool suggested for use in paragraph 19.4.
- Consider whether there are any potential opportunities for Early Help Hubs in South Powys, in particular in relation to the Start Well arena?
- Ascertain whether the Powys CC Integrated Business Plans offer any scope for greater utilisation of space?

## 21.2 Medium/longer-term steps

An ongoing review process is proposed, to ensure that the pipeline of projects in the plan:

- Reflects the priorities of the Welsh Government, as these continue to evolve.
- Reflects the post project evaluations and learning from prior projects, for example in terms of benefits realisation.

This will be realised as follows.

- Annually
  - Review strategic context.
  - Update prioritisation criteria (if required).
  - Review RPB Terms of Reference.
- Quarterly
  - Assessment of new schemes for inclusion in SCP.
  - SCP updates (based on quarterly progress reports).
- As required.
  - Changes brought about by (PESTLE) landscapes.
  - Post-project evaluations.

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Appendix A: Existing RPB Capital Project Summary

Powys RPB Capital Programme - LIVE Summary 2022-26

|                       |                                      |   |                                |                               |                                     |                          |                  |  |  | HCF (potential spend profile) |                |                |                | SHG (potential spend profile) |                |                |                | IRCF (potential spend profile) |                |                |                | Other (potential spend profile) |                |                |                |                             |
|-----------------------|--------------------------------------|---|--------------------------------|-------------------------------|-------------------------------------|--------------------------|------------------|--|--|-------------------------------|----------------|----------------|----------------|-------------------------------|----------------|----------------|----------------|--------------------------------|----------------|----------------|----------------|---------------------------------|----------------|----------------|----------------|-----------------------------|
| Partnership/Programme | Scheme name                          | Short description / beneficiary population group  | Project Type                   | Suggested fund source         | Project Total Grant Requirement (£) | Governance Status        | Project Status   | Capital Project Stage                                    | Current position / next steps  | 2022-23 Year 1                | 2023-24 Year 2 | 2024-25 Year 3 | 2025-26 Year 4 | 2022-23 Year 1                | 2023-24 Year 2 | 2024-25 Year 3 | 2025-26 Year 4 | 2022-23 Year 1                 | 2023-24 Year 2 | 2024-25 Year 3 | 2025-26 Year 4 | 2022-23 Year 1                  | 2023-24 Year 2 | 2024-25 Year 3 | 2025-26 Year 4 | Project Total Grant Funding |
| Start Well            | Children's Residential Developments  | The project is an accommodation-based solution for children and young people who require residential provision. This project is a suite of residential placements provided in-house by the Local Authority that are   | Capital Project                | HCF Objective 2               | £420k                               | RPB Approved             | In progress      | Refurbishment  | Project underspent by £88k in 22/23 plus request for £40k in 23/24. WG agreed - can be taken from other regions underspent in 23/24. Monitoring of progress through capital group. | £293,931.97                   | £126,068.03    |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £420,000.00                 |
|                       | Safer Accommodation Development      |   | Capital Project                | HCF Objective 2               | £25k                                | RPB Approved             | In Progress      | Acquisition Refurbishment                                | Project was agreed by RPB last year but could not proceed with purchase as tenants hadn't moved out. Project   |                               | £412,644.50    | £412,644.50    |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £825,289.00                 |
|                       | Games Hospital Brecon                | Powys County Council awarded a contract to Ullamau (Autumn 2021) to provide and support up to 15 Powys  | Capital Project                | HCF Objective 2               |                                     |                          |                  |  |  | £ 293,931.97                  | £ 538,712.53   | £ 412,644.50   | £ -            | £ -                           | £ -            | £ -            | £ -            | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ 1,245,289.00              |
| Live Well             | Woodlands Way                        | This scheme is a new-build house in Newtown which First Choice Housing Association (FCHA) are purchasing  | Capital Project                | HCF Objective 1/ SHG mix      | £287k                               | RPB Approved             | Complete         | Acquisition Construction Refurbishment                   | Project complete   | £286,920.00                   |                |                |                |                               | ?              |                |                |                                |                |                |                |                                 |                |                |                | £286,920.00                 |
|                       | Garth Owen Phase 2 - Newtown         | To meet the needs of current citizens in Newtown as well as those wishing to return back to Newtown, the  | Capital Project                | HCF Objective 1/ SHG mix      | £2.5m                               | RPB Approved             | In progress      | Acquisition Construction                                 | Acquisition completed in 23/23. Pl spoken with Louise Webster from Wales and West Housing on 02/06/23  | £333,000.00                   | £584,824.00    | £584,824.00    |                |                               | £500,882.67    | £500,882.67    |                |                                |                |                |                |                                 |                |                | £2,504,413.34  |                             |
|                       | Core and Cluster schemes county-wide | A need has been identified for more core and cluster accommodation schemes for smaller groups of people i.e. 3-6 tenants per site   | Capital Project                | HCF Objective 1/SHG/developer | £900k                               | Not yet agreed           | Initial idea     |  | Further info required via application form if proceeding   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £0.00                       |
|                       | Carno semi-independent living        | There are two people with learning disabilities who have lived together in Carno for many years; they require a more suitable residence for   | Capital Project                | HCF Objective 1/SHG/developer | £234k                               | Not yet agreed           | Initial idea     |  | Further info required via application form if proceeding   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £0.00                       |
| Live Well MH          |                                      |   |                                |                               |                                     |                          |                  |  |  | £619,920.00                   | £584,824.00    | £584,824.00    | £ -            | £ -                           | £ -            | £500,882.67    | £500,882.67    | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ 2,791,333.34              |
|                       | Ullandford Multi-agency campus       | The MH has secured (through WG capital funding) the purchase of the former WG building in Spa Road, Ullandford, Powys. The building has this project will create a much needed step down service for people leaving Psychiatric hospital (under s17 aftercare arrangements). We | Capital Project                | IRCF Revenue                  | £80k                                | Not yet agreed           | Forming Proposal |  | Application form received. Confirmation of Lead and next steps required  |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                | £80,000.00     | £ 80,000.00    |                             |
|                       | Mental Health Facility               |   | Capital Project                | HCF Objective 2               |                                     | Not yet agreed           | Forming Proposal |  | RPB Form shared with project lead for completion in order to underspend project and funding requirements   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £ -                         |
| Age Well              |                                      |   |                                |                               |                                     |                          |                  |  |  | £ -                           | £ -            | £ -            | £ -            | £ -                           | £ -            | £ -            | £ -            | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ 80,000.00                 |
|                       | Extra Care Brecon                    | The project seeks to address the needs of the ageing population of Brecon by establishing supported living project in the existing extra care development in Ystradgynlais. Pont Aur is currently a sheltered housing scheme that is being extended and                         | Strategically agreed programme | HCF Objective 1/ SHG mix      | £7.8m                               | RPB Approved             | In progress      | Acquisition Construction                                 | Building / Planning to be submitted in May 2023 and expected approval by end of the year and to be in contract   |                               | £1,946,716.67  | £1,946,716.67  | £1,946,716.67  |                               | £1,546,666.67  | £1,546,666.67  | £1,546,666.67  |                                |                |                |                |                                 |                |                | £10,480,150.02 |                             |
|                       | Extra Care Ystradgynlais             | This project is the existing extra care development in Ystradgynlais. Pont Aur is currently a sheltered housing scheme that is being extended and   | Strategically agreed programme | HCF Objective 1/SHG/Pool mix  | £1m                                 | RPB Approved             | In progress      | Planning/Permission Part Construction Part Refurbishment | In October 2022 the building Contractor went into administration. New contractor in place, but with increased cost for completion in light   |                               | £202,039.67    | £202,039.67    | £202,039.67    |                               | £134,693.11    | £134,693.11    | £134,693.11    |                                |                |                |                |                                 |                |                | £1,010,198.33  |                             |
|                       | Extra Care Machynlleth               | Extra Care development in Machynlleth   | Strategically agreed programme | HCF / SHG mix                 |                                     | Not yet agreed           | Forming Proposal |  | Further info required via application form if proceeding   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £ -                         |
|                       | Extra Care Builth Wells              | Extra Care development in Builth Wells  | Strategically agreed programme | HCF / SHG mix                 |                                     | Not yet agreed           | Forming Proposal |  | Further info required via application form if proceeding   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £ -                         |
|                       | Specialist Equipment                 | To provide individuals of any age in Powys with specialist equipment to enable them to be cared for in  | Capital Project                | HCF Objective 3               | £100k+                              | RPB Approved             | In progress      | W1-5 equipment purchased W2 equipment purchased          | Project complete for year 1, seeking £100k for year 2  | £100,000.00                   | £100,000.00    |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £200,000.00                 |
| North Powys           | PCC Warehouse Roof                   |   | Capital Project                | TBC                           |                                     | Not yet agreed           | Initial idea     |  | Further info required via application form if proceeding   |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £ -                         |
|                       |                                      |   |                                |                               |                                     |                          |                  |  |  | £ 100,000.00                  | £ 2,248,756.34 | £ 2,148,756.34 | £ 2,148,756.34 | £ -                           | £ 1,681,359.78 | £ 1,681,359.78 | £ 1,681,359.78 | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ 11,690,348.35             |
| Other                 | North Powys Campus Development       |   | Strategically agreed programme |                               |                                     | RPB agreement on the SOC | In progress      | SOC OBC Construction                                     | Mott MacDonald consultants commissioned to support development of OBC & funding  |                               |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £ -                         |
|                       |                                      |   |                                |                               |                                     |                          |                  |  |  | £ -                           | £ -            | £ -            | £ -            | £ -                           | £ -            | £ -            | £ -            | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ -                         |
|                       | DFG schemes / programme manage HCF   | Disabled Facilities Grants funding - to be returned to HCF in 23/24.  |                                | HCF Objective 3               | £142k                               | RPB Approved             | Complete         | Funding returned to 23/24                                | Funding returned to 23/24  | £142,600.00                   |                |                |                |                               |                |                |                |                                |                |                |                |                                 |                |                |                | £142,600.00                 |
|                       |                                      |   |                                |                               |                                     |                          |                  |  |  | £ 142,600.00                  | £ -            | £ -            | £ -            | £ -                           | £ -            | £ -            | £ -            | £ -                            | £ -            | £ -            | £ -            | £ -                             | £ -            | £ -            | £ -            | £ 142,600.00                |

|                       |                      |                |                |                |
|-----------------------|----------------------|----------------|----------------|----------------|
| Total                 | £ 1,156,451.97       | £ 3,372,292.87 | £ 3,146,224.94 | £ 2,148,756.34 |
| Over/under allocation | £1,695,548.03        | £377,882.87    | £294,214.94    | £703,243.86    |
|                       | (£2.85m + £142k DFG) |                |                |                |

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# Appendix B: RPB Capital Reporting Template

## RPB Capital Project Reporting Template

Please submit returns at least 1 week ahead of capital meeting.

|   |   |                                |  |
|---|---|--------------------------------|--|
| Project:  |   |                                |  |
| Date:   |   |                                |  |
| Written by:   |   |                                |  |
|   |   |                                |  |
| Overall Status / General Update:                                |   |                                |  |
| Project Milestones  | Key project milestones  | Progress against key milestone |  |
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |
|   |   |                                |  |
| Time:<br><i>Is the project meeting expected milestones?</i>     | Please RAG rate if project is on time / meeting milestones and provide further comment in this box. |                                |  |
| Spend/budget: <i>Is project spend on track / within budget?</i> | Please RAG rate against project spend/budget and provide further comment in this box.               |                                |  |
| Accomplishments:  |   |                                |  |
| Critical Issues:  |   |                                |  |
| Major Risks:  |   |                                |  |
| Next Steps:   |   |                                |  |
| Any decisions for escalation to RPB Capital Group               |   |                                |  |

RAG Key

|       |   |
|-------|---|
| Green | Successful delivery (against timeframe / budget) highly likely with no major outstanding issues               |
| Amber | Successful delivery (against timeframe / budget) probable, although some issues exist which require attention |
| Red   | Successful delivery (against timeframe / budget) unlikely, with major risks and issues outstanding            |

## Appendix C: Existing Health and Care Infrastructure

In line with the Health and Care Strategy /Joint Area Plan, a 10 Year '**Powys RPB Innovative Environments Strategic Plan**' was developed, which enabled the delivery of priority areas across the life course.

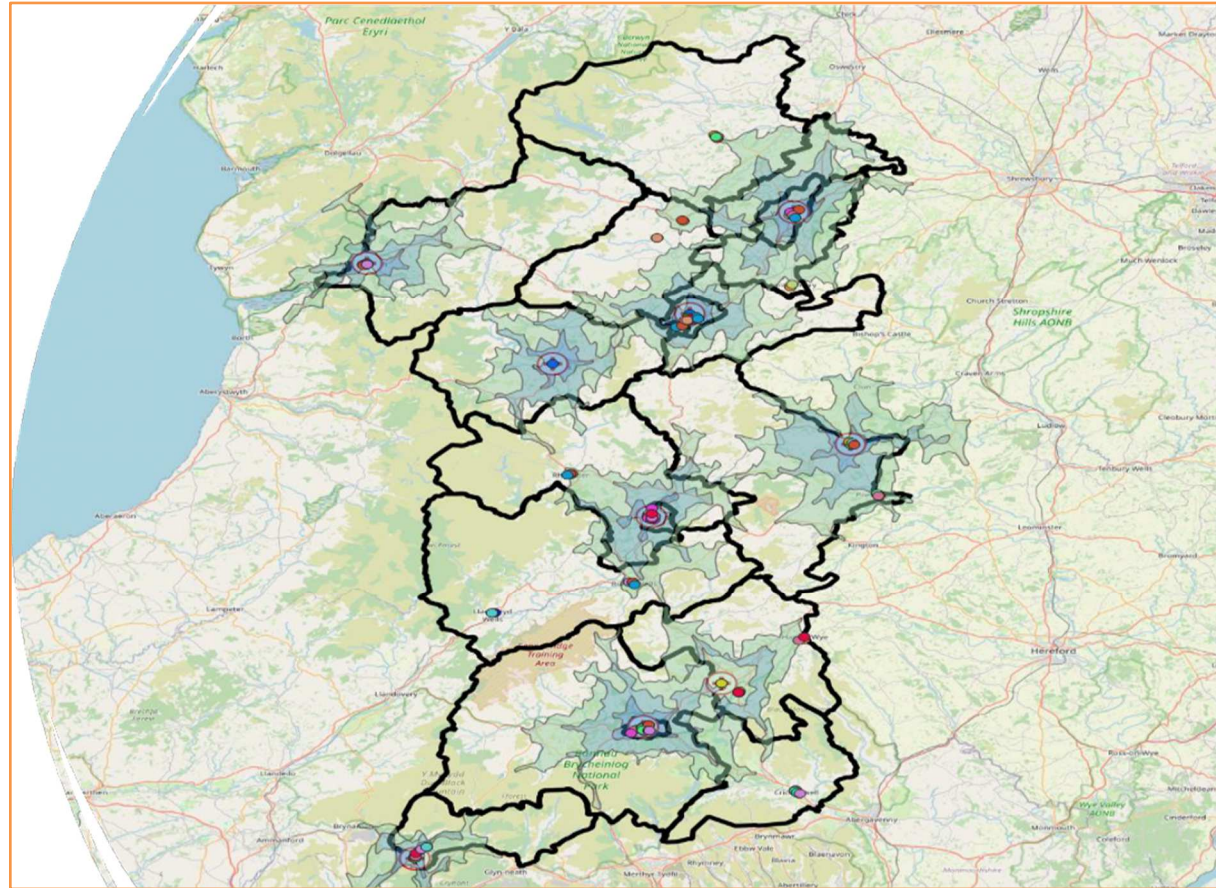
The Plan supports a collective review of capital assets across health and care to develop a joint asset register, in which to build the integrated partnership plan.

The following stages have been enacted:

- **Stage 1:** Rapid assessment and intelligence gathering on the state of the estate.
- **Stage 2a:** PTHB asset review
- **Stage 2b:** PCC asset review
- **Stage 3:** Analysis and assessment of integrated space potential

Whilst the process has reached stage 3, it should be noted that third sector assets are still to be integrated into this work. However, the preceding work has enabled an 'Optioneering' workshop with partner representatives in July 2023. The following slide-deck encapsulates the above steps and the opportunities identified in the workshop.

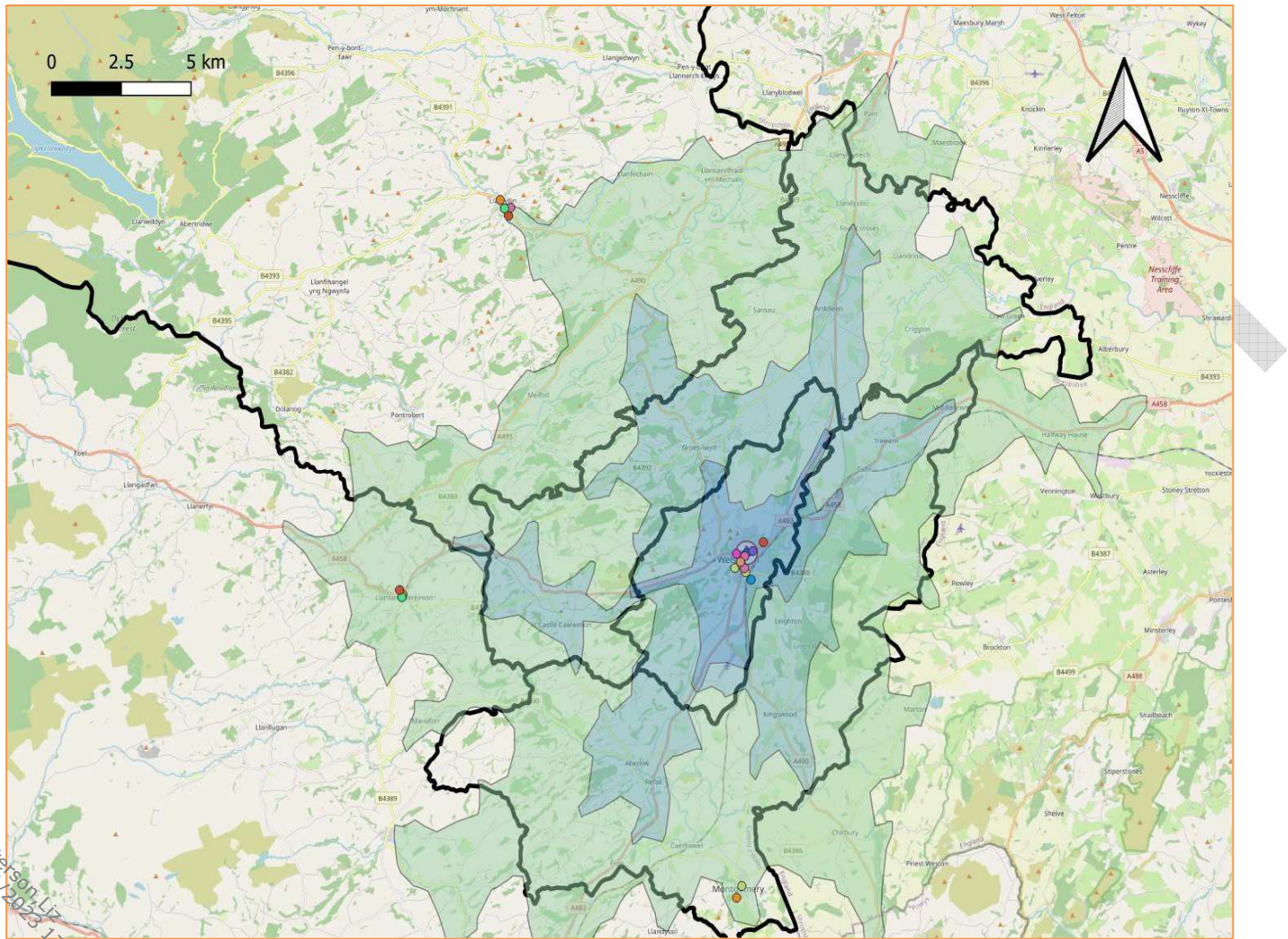
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**Powys Regional Partnership Board  
Strategic Capital Plan  
Area maps + availability of current accommodation types**

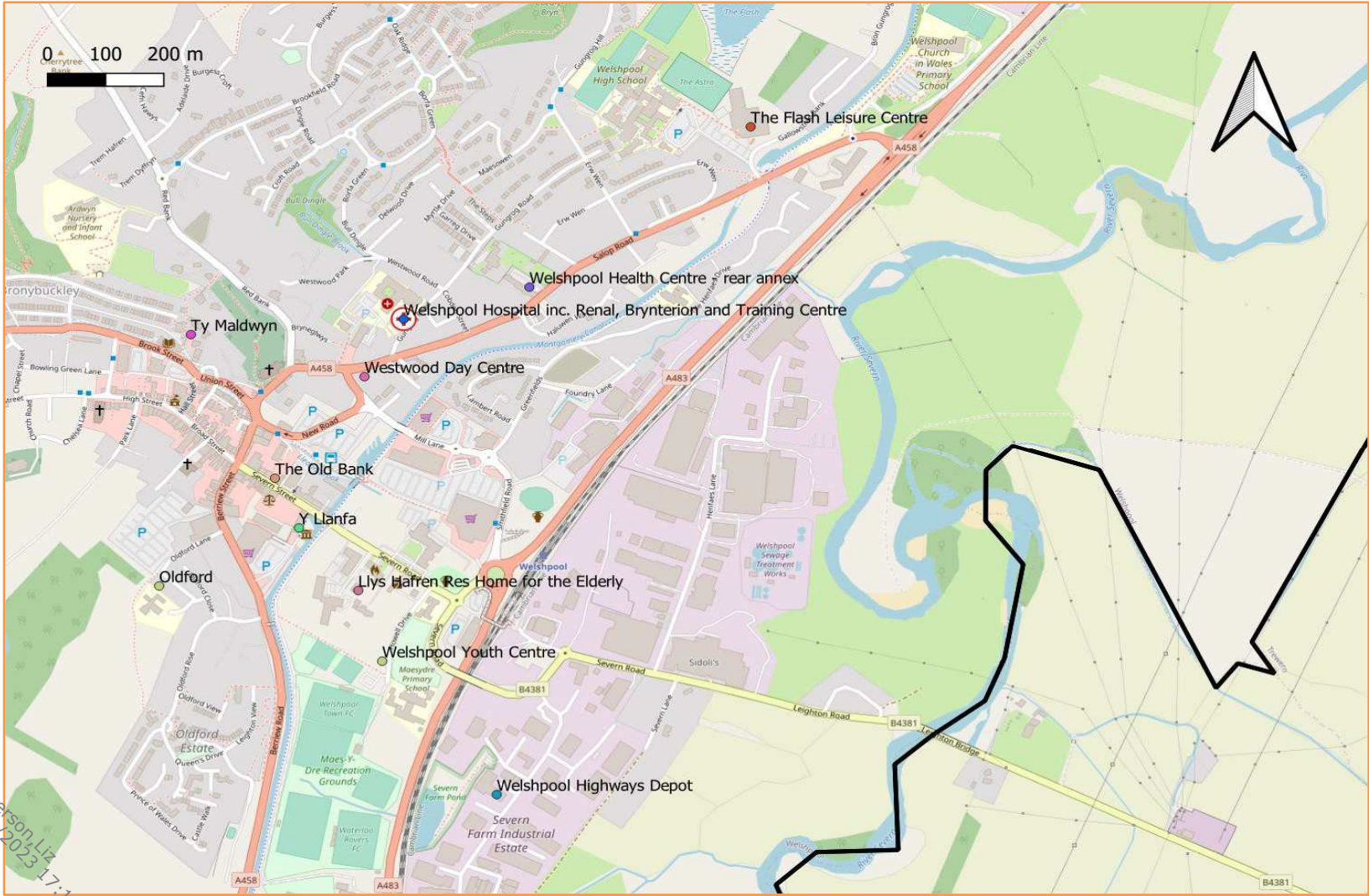
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Area 1



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Welshpool Town Centre Map



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Llanfyllin Town Centre Map



## Montgomery Town Centre Map



Llanfair Caereinion Town Centre Map



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## Welshpool, Montgomery + Llanfair Caereinion Asset Summary

| Organisation | Name of Asset   | Postcode | Key Type     | Listed | Tenure   | GIA     | No of Floors | No of Car Parking spaces |
|--------------|---|----------|--------------|--------|----------|---------|--------------|--------------------------|
| PTHB         | Welshpool Hospital inc. Renal, Brynterion and Training Centre | SY21 7DU | Hospital     |        | Freehold | 2570    | 2            | 80                       |
| PTHB         | Welshpool Health Centre - rear annex                          | SY21 7ER | Clinic       |        | Freehold | 184     | 1            | 12                       |
| PTHB         | Oldford   | SY21 7TE | Youth Centre |        | License  |         | 1            |                          |
| PTHB         | Westwood Day Centre   | SY21 7EA | offices      |        | License  | 56      | 1            | 11                       |
| PCC          | Ysgol Gymraeg Y Trallwng                                      | SY21 7PW | School       | Yes    |          | 2075    | 3            |                          |
| PCC          | Oldford Infants School  | SY21 7SX | School       | No     |          | 733     | 1            |                          |
| PCC          | Welshpool C in W Primary School Salop Rd Site                 | SY21 7FA | School       | No     |          | No data | No data      |                          |

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|      |                                      |          |                    |     |         |         |         |  |
|------|--------------------------------------|----------|--------------------|-----|---------|---------|---------|--|
| PCC  | Welshpool Youth Centre               | SY21 7AT | Youth Centre       | No  |         | 374     | 1       |  |
| PCC  | Welshpool High School                | SY21 7RE | School             | No  |         | 10537   | 3       |  |
| PCC  | Y Llanfa                             | SY21 7AQ | Library            | Yes |         | 389     | 2       |  |
| PCC  | Ty Maldwyn                           | SY21 7PH | Offices            | No  |         | 482     | 2       |  |
| PCC  | The Flash Leisure Centre             | SY21 7DH | Leisure Centre     | No  |         | 3936    | 2       |  |
| PCC  | Llys Hafren Res Home for the Elderly | SY21 7AR | Residential Home   | No  |         | 1625    | 2       |  |
| PCC  | The Old Bank                         | SY21     | 0                  | Yes |         | No data | No data |  |
| PCC  | Welshpool Highways Depot             | SY21 7DF | Maintenance Depots | No  |         | 633     | 1       |  |
| PTHB | Montgomery Medical Centre            | SY15 6PF | GP Surgery         |     | License | 16      | 2       |  |

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|     |                          |          |              |     |  |     |   |  |
|-----|--------------------------|----------|--------------|-----|--|-----|---|--|
| PCC | Montgomery C in W School | SY15 6QA | School       | Yes |  | 727 | 1 |  |
| PCC | Montgomery Youth Centre  | SY15 6QA | Youth Centre | No  |  | 191 | 1 |  |

### Llanfyllin Asset Summary

| Organisation | Name of Asset   | Postcode | Key Type     | Listed | Tenure   | GIA  | No of Floors | No of Car Parking spaces |
|--------------|---|----------|--------------|--------|----------|------|--------------|--------------------------|
| PTHB         | Welshpool Hospital inc. Renal, Brynterion and Training Centre | SY21 7DU | Hospital     |        | Freehold | 2570 | 2            | 80                       |
| PTHB         | Welshpool Health Centre - rear annex                          | SY21 7ER | Clinic       |        | Freehold | 184  | 1            | 12                       |
| PTHB         | Oldford   | SY21 7TE | Youth Centre |        | License  |      | 1            |                          |
| PTHB         | Westwood Day Centre   | SY21 7EA | offices      |        | License  | 56   | 1            | 11                       |

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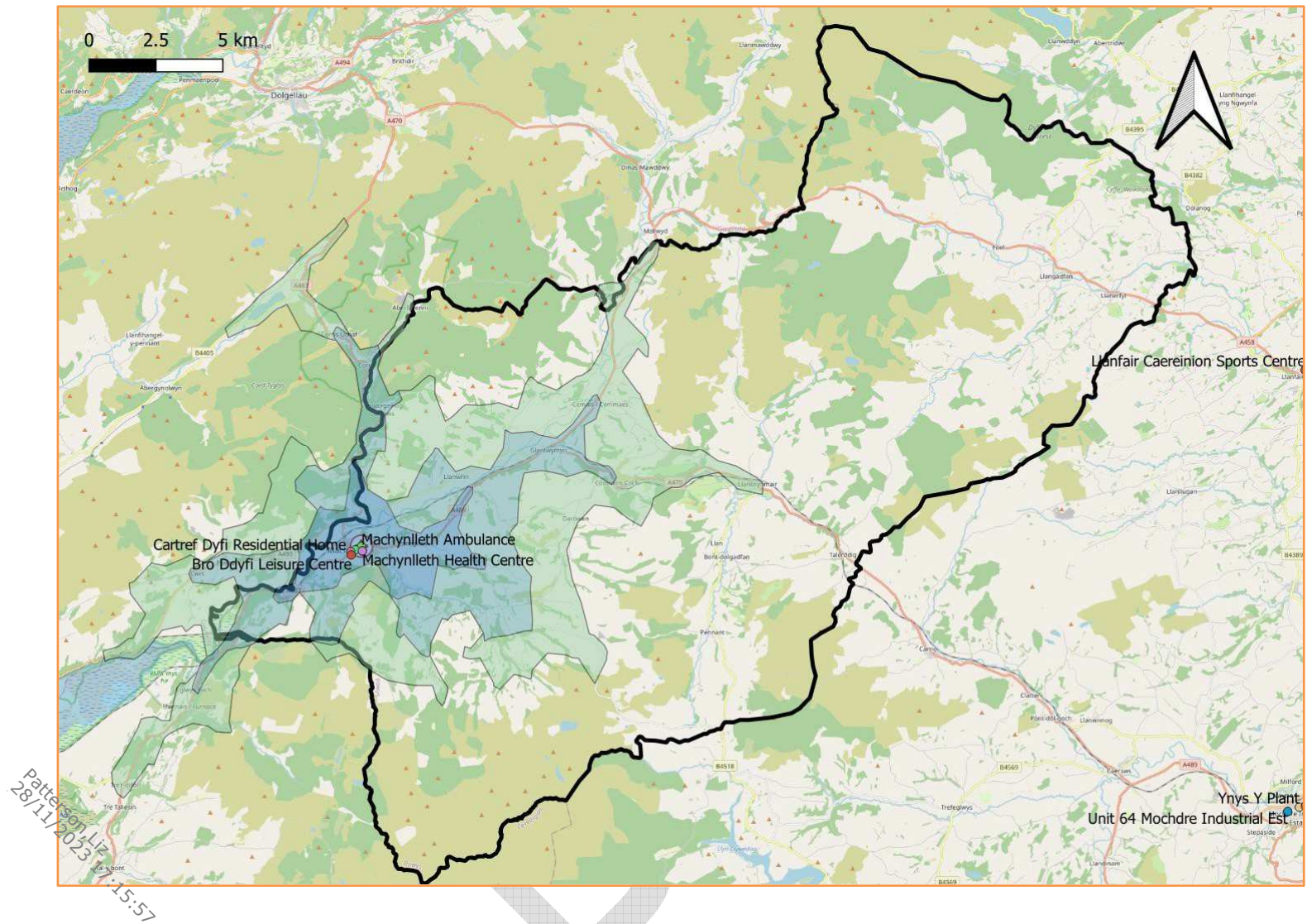
|     |  |             |                     |     |  |            |            |  |
|-----|--|-------------|---------------------|-----|--|------------|------------|--|
| PCC | Ysgol Gymraeg Y Trallwng                         | SY21<br>7PW | School              | Yes |  | 2075       | 3          |  |
| PCC | Oldford Infants School                           | SY21 7SX    | School              | No  |  | 733        | 1          |  |
| PCC | Welshpool C in W Primary<br>School Salop Rd Site | SY21 7FA    | School              | No  |  | No<br>data | No<br>data |  |
| PCC | Welshpool Youth Centre                           | SY21 7AT    | Youth Centre        | No  |  | 374        | 1          |  |
| PCC | Welshpool High School                            | SY21<br>7RE | School              | No  |  | 10537      | 3          |  |
| PCC | Y Llanfa   | SY21<br>7AQ | Library             | Yes |  | 389        | 2          |  |
| PCC | Ty Maldwyn                                       | SY21<br>7PH | Offices             | No  |  | 482        | 2          |  |
| PCC | The Flash Leisure Centre                         | SY21<br>7DH | Leisure Centre      | No  |  | 3936       | 2          |  |
| PCC | Llys Hafren Res Home for<br>the Elderly          | SY21<br>7AR | Residential<br>Home | No  |  | 1625       | 2          |  |

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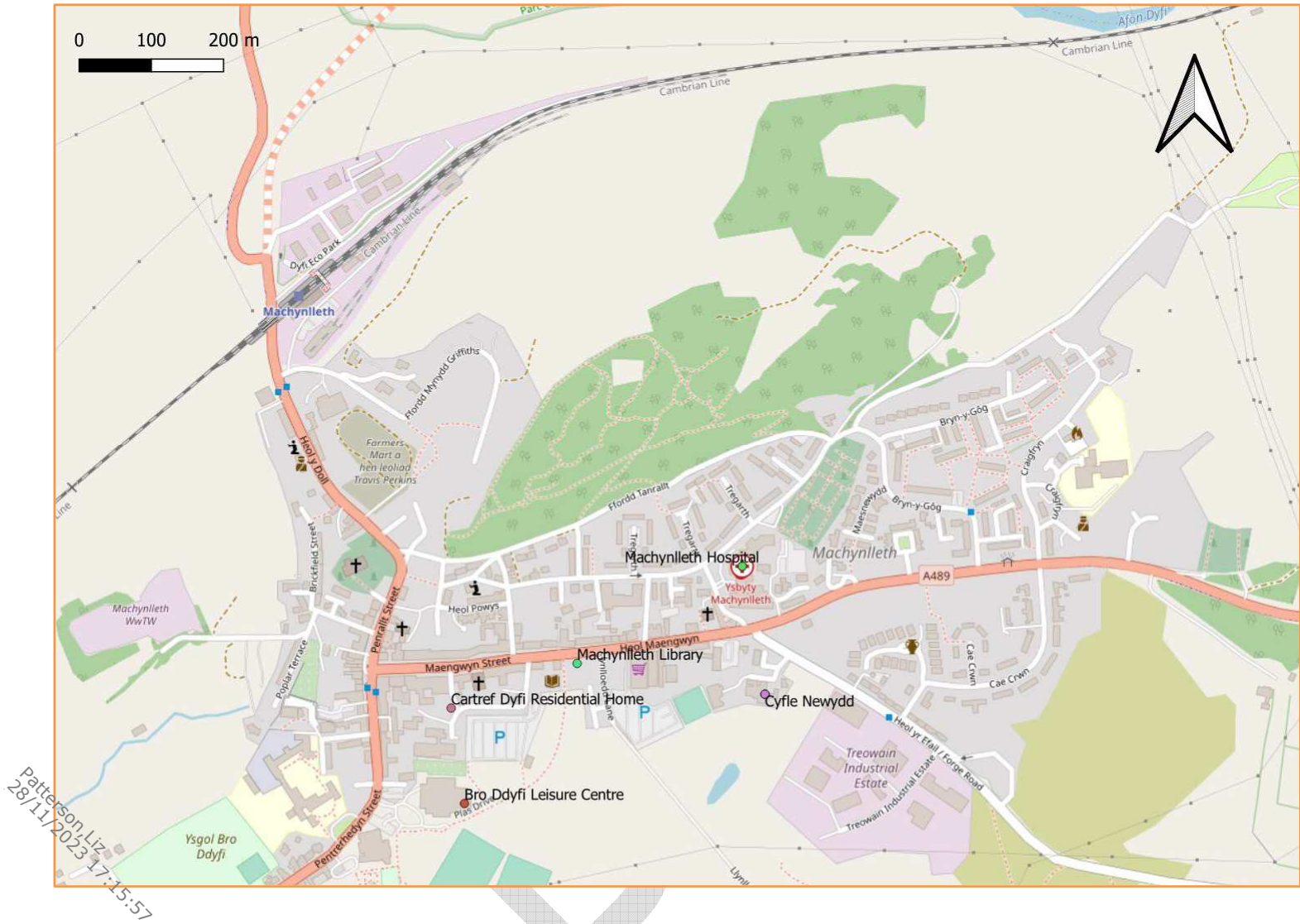
|      |                           |          |                    |     |         |         |         |  |
|------|---------------------------|----------|--------------------|-----|---------|---------|---------|--|
| PCC  | The Old Bank              | SY21     | 0                  | Yes |         | No data | No data |  |
| PCC  | Welshpool Highways Depot  | SY21 7DF | Maintenance Depots | No  |         | 633     | 1       |  |
| PTHB | Montgomery Medical Centre | SY15 6PF | GP Surgery         |     | License | 16      | 2       |  |
| PCC  | Montgomery C in W School  | SY15 6QA | School             | Yes |         | 727     | 1       |  |
| PCC  | Montgomery Youth Centre   | SY15 6QA | Youth Centre       | No  |         | 191     | 1       |  |

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## Area 2



Machynlleth Town Centre Map



## Machynlleth Asset Summary

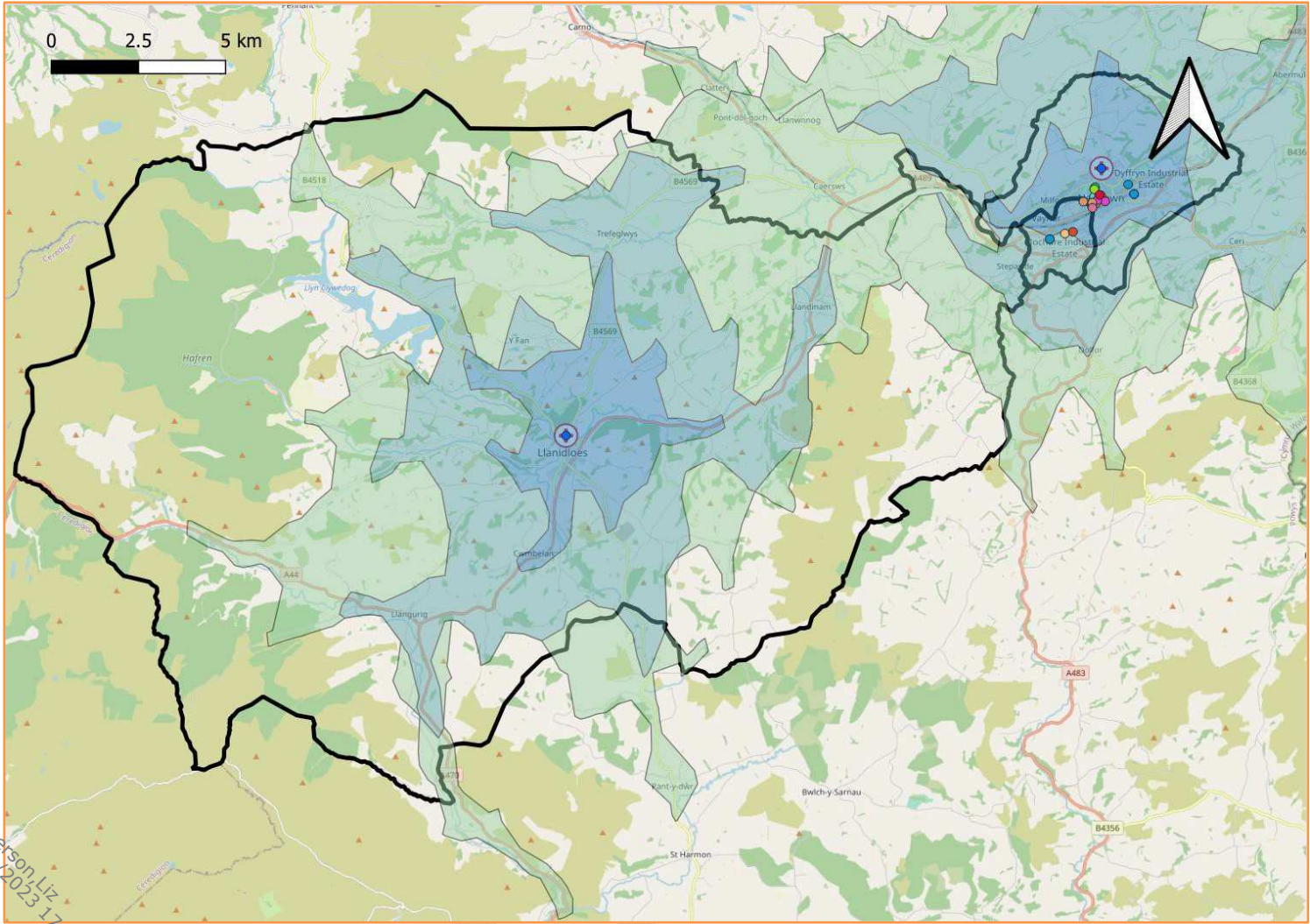
| Organisation | Name of Asset                 | Postcode | Key Type          | Listed | Tenure   | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|-------------------------------|----------|-------------------|--------|----------|------|--------------|------------------------|
| PTHB         | Machynlleth Hospital          | SY20 8AD | Hospital          |        | Freehold | 3654 | 2            | 82                     |
| PTHB         | Machynlleth Ambulance         | SY20 8AD | Ambulance Station |        | Freehold | 140  | 1            | 2                      |
| PTHB         | Machynlleth Health Centre     | SY20 8EQ | GP Surgery        |        | License  | 605  | 2            |                        |
| PCC          | Machynlleth Library           | SY20 8DY | Library           | No     |          | 187  | 1            |                        |
| PCC          | Ysogl Uwchradd Bro Hyddgen    | SY20 8DR | School            | No     |          | 3632 | 2            |                        |
| PCC          | Ysgol Gynradd Bro Hyddgen     | SY20 8HE | School            | No     |          | 1623 | 1            |                        |
| PCC          | Cartref Dyfi Residential Home | SY20 8EL | Residential Home  | No     |          | 1313 | 2            |                        |

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|     |                                  |             |                 |    |  |      |   |  |
|-----|----------------------------------|-------------|-----------------|----|--|------|---|--|
| PCC | Canolfan Hyddgen<br>(Pathfinder) | SY20<br>8DR | School          | No |  | 420  | 2 |  |
| PCC | Bro Ddyfi Leisure Centre         | SY20<br>8ER | Leisure Centre  | No |  | 3621 | 3 |  |
| PCC | Y Bocs                           | SY20<br>8EQ | Day care centre | No |  | 55   | 1 |  |
| PCC | Cyfle Newydd                     | SY20<br>8EQ | Day care centre | No |  | 126  | 1 |  |

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Area 3



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Newtown Town Centre Map



## Newtown Asset Summary

| Organisation | Name of Asset                    | Postcode | Key Type                         | Listed | Tenure   | GIA   | No of Floors | No. of Car Park Spaces |
|--------------|----------------------------------|----------|----------------------------------|--------|----------|-------|--------------|------------------------|
| PTHB         | Newtown Hospital                 | SY16 2DW | Hospital                         |        | Freehold | 27973 | 3            | 108                    |
| PTHB         | Ynys Y Plant                     | SY16 1LQ | Children's Contact Centre        |        | Freehold | 476   | 2            | 16                     |
| PTHB         | Park Street Clinic               | SY16 1EG | Dentist, Mental Health, Podiatry |        | Freehold | 503   | 2            | 12                     |
| PTHB         | Brohafren                        | SY16 2NG | Unoccupied - storage             |        | Freehold | 354   | 2            | 0                      |
| PTHB         | Ladywell Surgery                 | SY16 1AF | GP Surgery                       |        | License  | 20    | 1            |                        |
| PTHB         | Unit 11 Vastre Industrial Estate | SY16 1DZ | Storage                          |        | License  |       | 1            | 2                      |
| PTHB         | Old College                      | SY16 1BE | Clinics and Offices              |        | License  | 703   | 2            | 45                     |

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|             |   |                 |                           |  |                  |              |          |           |
|-------------|---|-----------------|---------------------------|--|------------------|--------------|----------|-----------|
| <b>PTHB</b> | <b>Park Street Day Centre</b>           | <b>SY16 1EG</b> | <b>Vaccination Centre</b> |  | <b>License</b>   | <b>400</b>   | <b>1</b> | <b>8</b>  |
| <b>PTHB</b> | <b>Ladywell House</b>                   | <b>SY16 1JB</b> | <b>Offices</b>            |  | <b>License</b>   | <b>93</b>    | <b>3</b> |           |
| <b>PTHB</b> | <b>Severn Hospice</b>                   | <b>SY16 2NH</b> | <b>offices</b>            |  | <b>License</b>   | <b>133</b>   | <b>1</b> | <b>0</b>  |
| <b>PTHB</b> | <b>Newtown Integrated Family Centre</b> | <b>SY16 1EF</b> | <b>offices</b>            |  | <b>License</b>   | <b>708</b>   | <b>1</b> | <b>14</b> |
| <b>PTHB</b> | <b>Llanidloes Hospital</b>              | <b>SY18 6HF</b> | <b>Hospital</b>           |  | <b>Freehold</b>  | <b>19192</b> |          | <b>29</b> |
| <b>PTHB</b> | <b>Unit L Mochdre Industrial Estate</b> | <b>SY16 4LE</b> | <b>Maintenance Depots</b> |  | <b>Leasehold</b> | <b>193</b>   | <b>1</b> | <b>4</b>  |

| <b>Organisation</b> | <b>Name of Asset</b>     | <b>Postcode</b> | <b>Key Type</b>           | <b>Listed</b> | <b>Tenure</b> | <b>GIA</b> | <b>No of Floors</b> | <b>No. of Car Park Spaces</b> |
|---------------------|--------------------------|-----------------|---------------------------|---------------|---------------|------------|---------------------|-------------------------------|
| <b>PCC</b>          | <b>Heol Vastre Depot</b> | <b>SY16 1DZ</b> | <b>Maintenance Depots</b> | <b>No</b>     |               | <b>220</b> | <b>2</b>            |                               |

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|     |                                 |             |                    |     |  |       |   |    |
|-----|---------------------------------|-------------|--------------------|-----|--|-------|---|----|
| PCC | The Park Day Centre             | SY16<br>1EG | Day care centre    | No  |  | 399   | 1 |    |
| PCC | The Park Council Offices        | SY16<br>2NZ | Offices            | No  |  | 10383 |   | 32 |
| PCC | St Mary's Catholic School       | SY16<br>2EH | School             | No  |  | 610   | 2 |    |
| PCC | Treowen C.P. School             | SY16 1NJ    | School             | No  |  | 10391 |   |    |
| PCC | Memorial Gallery - Oriel Davies | SY16<br>2NZ | Art Gallery        | No  |  | 493   | 1 |    |
| PCC | Newtown Pupil Referral Unit     | SY16 1BE    | School             | No  |  | 468   | 2 |    |
| PCC | Newtown Market Hall             | SY16<br>2PD | Commercial         | Yes |  | 760   | 1 |    |
| PCC | Newtown Highways Depot          | SY16<br>3AF | Maintenance Depots | No  |  | 21643 |   |    |
| PCC | Newtown Old College Offices     | SY16 1BE    | Offices            | No  |  | 703   | 2 | 35 |

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|     |   |          |                            |     |  |       |  |  |
|-----|---|----------|----------------------------|-----|--|-------|--|--|
| PCC | Ladywell House                          | SY16 1JB | Offices                    | No  |  | 51574 |  |  |
| PCC | Newtown Library                         | SY16 1EJ | Library                    | No  |  | 12231 |  |  |
| PCC | Penygloddfa C.P. School                 | SY16 2DF | School                     | No  |  | 17542 |  |  |
| PCC | Newtown TIC Offices                     | SY16 2NH | Tourist Information Centre | No  |  | 141 1 |  |  |
| PCC | Market Vaults                           | SY16 2PD | Commercial                 | Yes |  | 61 2  |  |  |
| PCC | Ysgol Calon Y Dderwen (Ladywell Campus) | SY16 1EG | School                     | No  |  | 51571 |  |  |
| PCC | Newtown Integrated                      | SY16 1EG | 0                          | No  |  | 302 1 |  |  |
| PCC | Vastre Recycling Centre                 | SY16 1DZ | Maintenance Depots         | No  |  | 220 1 |  |  |
| PCC | Ysgol Dafydd Llwyd                      | SY16 1JE | School                     | No  |  | 21921 |  |  |

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|     |  |          |                    |    |  |       |  |  |
|-----|--|----------|--------------------|----|--|-------|--|--|
| PCC | Plas Cae Crwn Res Home for the Elderly | SY16 1EW | Residential Home   | No |  | 13133 |  |  |
| PCC | Unit 64 Mochdre Industrial Est         | SY16 4LE | Maintenance Depots | No |  | 479 1 |  |  |
| PCC | Newtown High School - Newtown Campus   | Sy16 1JE | School             | No |  | 54852 |  |  |
| PCC | Maldwyn Leisure Centre                 | SY16 1LH | Leisure Centre     | No |  | 27002 |  |  |
| PCC | Maldwyn Nursery & Family Centre        | SY16 1DE | 0                  | No |  | 380 1 |  |  |
| PCC | Maesyrhandir C.P. School               | SY16 1LH | School             | No |  | 17901 |  |  |
| PCC | Ysgol Cedewain                         | SY16 1LH | School             | No |  | 19501 |  |  |

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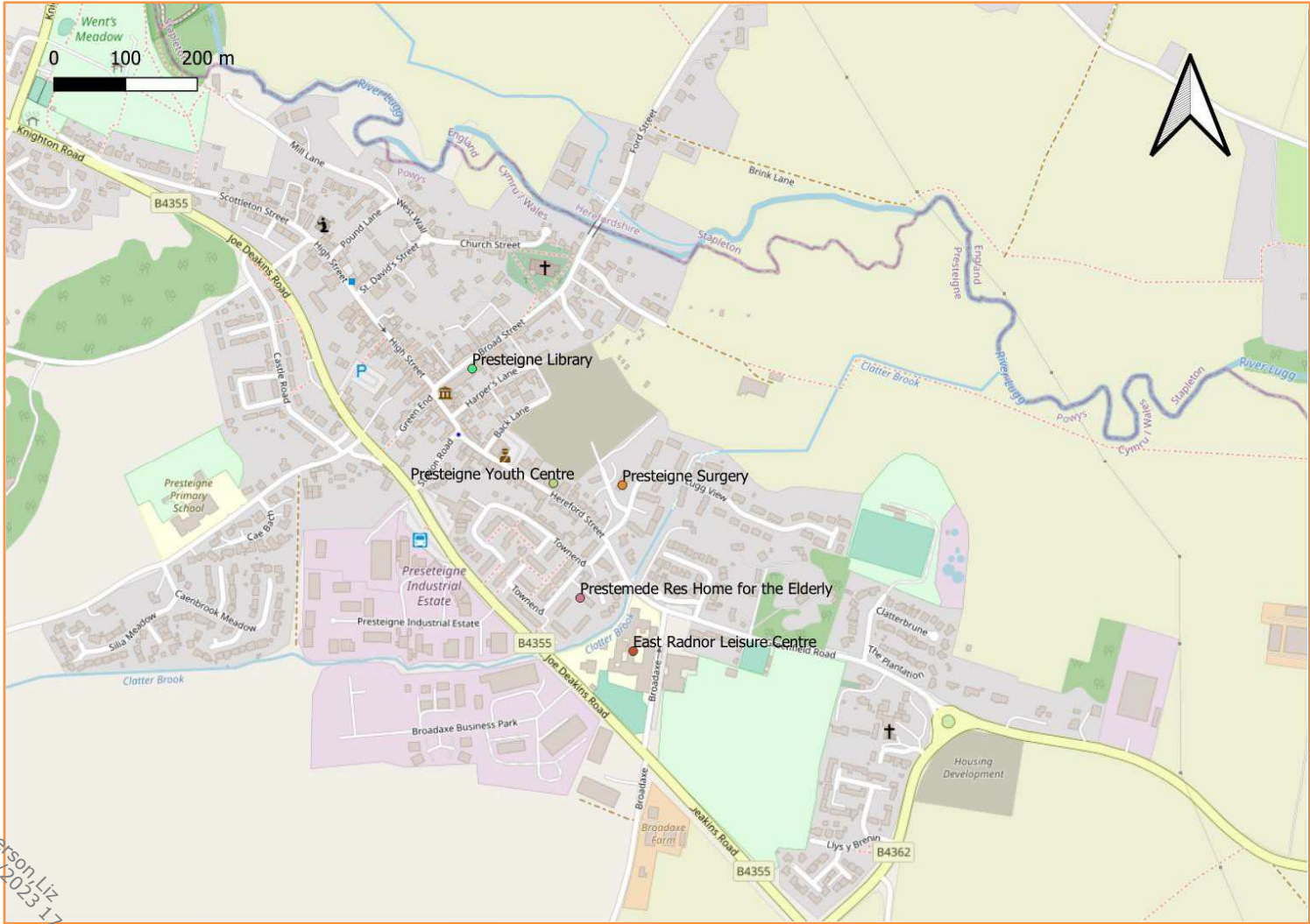
A detailed map of the Knighton area in Powys, Wales. The map shows the Knighton Community Centre (marked with a red dot) and several other facilities: Offa's Dyke Heritage Centre, Knighton Hospital inc Cottage View Care Home, Knighton Sports Centre, Presteigne Library, Presteigne Youth Centre, Prestemede Res Home for the Elderly, East Radnor Leisure Centre, Llandrindod Wells Archives and Information Management, Waterloo Road, Trefonnen School, Wylesfield Residential Home, The Gwalla, and Llandrindod Wells County Hall. The map includes a scale bar (0 to 5 km) and a north arrow. The Knighton area is highlighted in blue, and the surrounding area is green. The map also shows various roads, including the A483, A44, and A48, and several rivers and streams.

Knighton Town Centre Map



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Presteigne Town Centre Map



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## Knighton + Presteigne Asset Summary

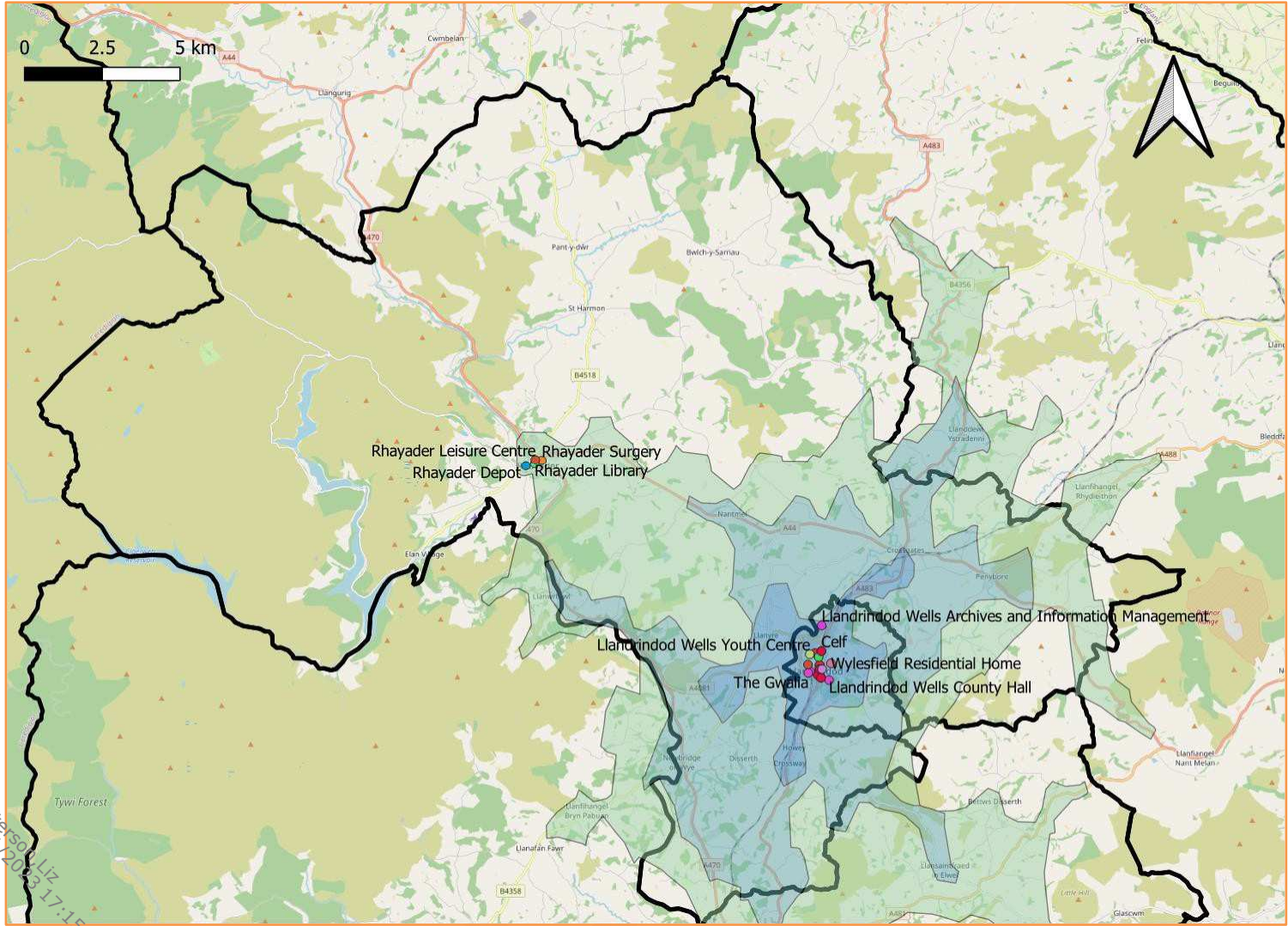
| Organisation | Name of Asset                                | Postcode | Key Type          | Listed | Tenure   | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|--|----------|-------------------|--------|----------|------|--------------|------------------------|
| PTHB         | Knighton Hospital inc Cottage View Care Home | LD7 1DF  | Hospital          |        | Freehold | 1773 | 2            | 37                     |
| PTHB         | Knighton Ambulance Station                   | LD7 1DF  | Ambulance Station |        | Freehold | 84   | 2            | 2                      |
| PTHB         | Presteigne Surgery                           | LD8 2RJ  | GP Surgery        |        | License  | 391  | 2            |                        |
| PCC          | Presteigne Youth Centre                      | LD8 2AR  | Youth Centre      | No     |          | 135  | 1            |                        |
| PCC          | Presteigne Library                           | LD8 2AD  | Library           | Yes    |          | 368  | 2            |                        |
| PCC          | Presteigne C.P School                        | LD8 2NH  | School            | No     |          | 1781 | 1            |                        |
| PCC          | Newtown High School - John Beddoes Campus    | LD8 2AY  | School            | No     |          | 5485 | 5            |                        |
| PCC          | East Radnor Leisure Centre                   | LD8 2YT  | Leisure Centre    | No     |          | 1443 | 2            |                        |

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|     |                                      |         |                  |    |  |      |   |  |
|-----|--------------------------------------|---------|------------------|----|--|------|---|--|
| PCC | Prestemedde Res Home for the Elderly | LD8 2DE | Residential Home | No |  | 426  | 2 |  |
| PCC | Offa's Dyke Heritage Centre          | LD7 1EN | Heritage Centre  | No |  | 481  | 2 |  |
| PCC | Knighton Community Centre            | LD7 1DS | Community Centre | No |  | 175  | 2 |  |
| PCC | Knighton C in W School               | LD7 1HP | School           | No |  | 2261 | 1 |  |
| PCC | Knighton Sports Centre               | LD7 1HP | Leisure Centre   | No |  | 1340 | 2 |  |

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Area 5



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Rhayader Town Centre Map



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## Llandrindod + Rhayader Asset Summary

| Organisation | Name of Asset   | Postcode | Key Type           | Listed | Tenure    | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|---|----------|--------------------|--------|-----------|------|--------------|------------------------|
| PTHB         | Rhayader Surgery  | LD6 5ED  | GP Surgery         |        | Leasehold |      |              |                        |
| PCC          | Rhayader Library  | LD6 5AB  | Library            | No     |           | 176  | 1            |                        |
| PCC          | Rhayader Leisure Centre                                       | LD6 5BU  | Leisure Centre     | No     |           | 2382 | 2            |                        |
| PCC          | Rhayader C in W Controlled School                             | LD6 5LT  | School             | No     |           | 1566 | 3            |                        |
| PCC          | Rhayader Depot  | LD6 5AW  | Maintenance Depots | No     |           | 1215 | 1            |                        |
| PTHB         | Llandrindod Wells War Memorial Hospital inc Llandrindod Renal | LD7 1DF  | Hospital           |        | Freehold  | 4216 | 3            | 60                     |
| PTHB         | Llandrindod Ambulance   | LD7 1DF  | Ambulance Station  |        | Freehold  | 78   | 1            | 2                      |

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|             |   |                |                          |           |                 |             |          |            |
|-------------|---|----------------|--------------------------|-----------|-----------------|-------------|----------|------------|
| <b>PTHB</b> | <b>Hazels Terrace</b>                                       | <b>LD1 5HF</b> | <b>Office and Clinic</b> |           | <b>Freehold</b> | <b>714</b>  | <b>3</b> | <b>2</b>   |
| <b>PTHB</b> | <b>Waterloo Road</b>  | <b>LD1 6BH</b> | <b>Office and Clinic</b> |           | <b>Freehold</b> | <b>567</b>  | <b>2</b> | <b>16</b>  |
| <b>PTHB</b> | <b>Station Crescent Car Park</b>                            | <b>LD1 5BE</b> | <b>Car Parks</b>         |           | <b>Freehold</b> |             | <b>0</b> | <b>72</b>  |
| <b>PTHB</b> | <b>Spa Road</b>   | <b>LD1 5ES</b> | <b>Office and Clinic</b> |           | <b>Freehold</b> | <b>3970</b> | <b>3</b> | <b>75</b>  |
| <b>PTHB</b> | <b>Talgarth Surgery</b>                                     | <b>LD3 0AW</b> | <b>GP Surgery</b>        |           | <b>License</b>  |             | <b>2</b> |            |
| <b>PTHB</b> | <b>Trefonnen School</b>                                     | <b>LD1 5EB</b> | <b>Offices</b>           |           | <b>License</b>  |             | <b>2</b> |            |
| <b>PTHB</b> | <b>Gwalia</b>   | <b>LD1 6AB</b> | <b>Offices</b>           |           | <b>License</b>  | <b>53</b>   | <b>4</b> | <b>5</b>   |
| <b>PCC</b>  | <b>Llandrindod Wells C in W Controlled School Trefonnen</b> | <b>LD1 5EB</b> | <b>School</b>            | <b>No</b> |                 | <b>1871</b> | <b>2</b> |            |
| <b>PCC</b>  | <b>Llandrindod Wells County Hall</b>                        | <b>LD1 5LG</b> | <b>Offices</b>           | <b>No</b> |                 | <b>7759</b> | <b>5</b> | <b>309</b> |
| <b>PCC</b>  | <b>Llandrindod Wells Lakeside Café &amp; Boathouse</b>      | <b>LD1 5HU</b> | <b>Commercial</b>        | <b>No</b> |                 | <b>430</b>  | <b>2</b> |            |

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|     |   |         |                  |     |  |      |   |    |
|-----|---|---------|------------------|-----|--|------|---|----|
| PCC | Wylesfield Residential Home                           | LD1 5EH | Residential Home | No  |  | 1138 | 2 |    |
| PCC | Llandrindod Wells Archives and Information Management | LD1 6DF | Archives         | No  |  | 904  | 1 |    |
| PCC | Llandrindod Wells Radnorshire Museum                  | LD1 5DL | Museum           | No  |  | 442  | 2 |    |
| PCC | Llandrindod Wells Grand Pavilion                      | LD1 5EY | Commercial       | No  |  | 1510 | 3 |    |
| PCC | Town Hall Craft Workshops                             | LD1 5DL | Commercial       | No  |  | 242  | 1 |    |
| PCC | Llandrindod Wells Youth Centre                        | LD1 6BJ | Youth Centre     | No  |  | 572  | 1 |    |
| PCC | Llandrindod Wells Sports Centre                       | LD1 6AN | Leisure Centre   | No  |  | 1489 | 2 |    |
| PCC | Ysgol Calon Cymru - Llandrindod Wells Campus          | LD1 6AW | School           | No  |  | 6014 | 2 |    |
| PCC | The Gwalia  | LD1 6AA | Offices          | Yes |  | 3980 | 6 | 14 |

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|     |  |         |                 |     |  |      |   |  |
|-----|--|---------|-----------------|-----|--|------|---|--|
| PCC | The Automobile Palace                      | LD1 5HU | Commercial      | Yes |  | 365  | 1 |  |
| PCC | Arlais Day Centre                          | LD1 5EE | Day care centre | No  |  | 411  | 1 |  |
| PCC | Llandrindod Wells C.P.<br>School Cefnlllys | LD1 5WA | School          | No  |  | 2002 | 2 |  |
| PCC | Celf                                       | LD1 5EB | Commercial      | No  |  | 546  | 1 |  |

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Builth Town Centre Map



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Llanwrtyd Wells Town Centre Map



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## Builth + Llanwrtyd Wells Asset Summary

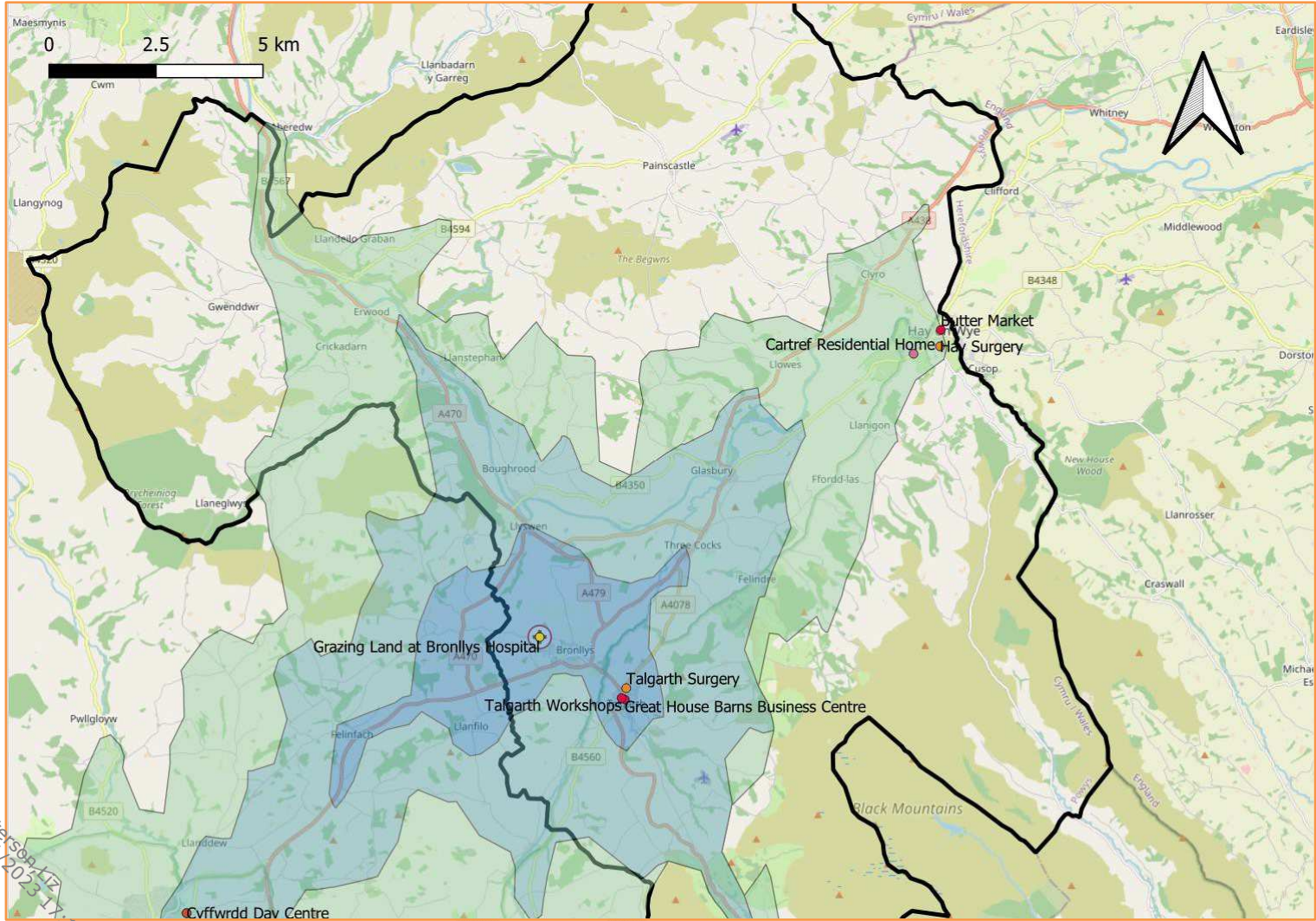
| Organisation | Name of Asset                           | Postcode | Key Type                         | Listed | Tenure   | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|---|----------|----------------------------------|--------|----------|------|--------------|------------------------|
| PTHB         | Antur Gwy First Floor and Ground Floor  | LD2 3BA  | offices                          |        | License  | 141  | 2            |                        |
| PTHB         | Glanirfon                               | LD2 3DG  | 0                                |        | License  | 563  | 2            |                        |
| PTHB         | Llanwrtyd Wells Health Centre           | LD54RG   | Pharmacy, GP Practice and Clinic |        | Freehold | 206  | 2            | 12                     |
| PCC          | Antur Gwy                               | LD2 3BA  | Library                          | No     |          | 1043 | 2            |                        |
| PCC          | Builth Wells C.P. School                | LD2 3GA  | School                           | No     |          | 1713 | 2            |                        |
| PCC          | Glan Irfon                              | LD2 3DG  | Day care centre                  | No     |          | 3341 | 2            |                        |
| PCC          | Builth Wells Sports Hall                | LD2 3BW  | Leisure Centre                   | No     |          | 1231 | 2            |                        |
| PCC          | Ysgol Calon Cymru - Builth Wells Campus | LD2 3BW  | School                           | No     |          | 5812 | 2            |                        |

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|     |   |          |                    |    |  |     |   |  |
|-----|---|----------|--------------------|----|--|-----|---|--|
| PCC | Builth Wells Swimming Pool                  | LD2 3BU  | Leisure Centre     | No |  | 652 | 1 |  |
| PCC | Builth Wells Highways Depot                 | LD2 3AN  | Maintenance Depots | No |  | 369 | 1 |  |
| PCC | Ysgol Dolafon                               | LD5 4RA  | School             | No |  | 562 | 1 |  |
| PCC | Llanwrtyd Wells Branch Library              | LD5 4 RA | Library            | No |  | 56  | 1 |  |
| PCC | Llanwrtyd wells Bromsgrove Community Centre | LD5 4 RA | Community Centre   | No |  | 347 | 1 |  |

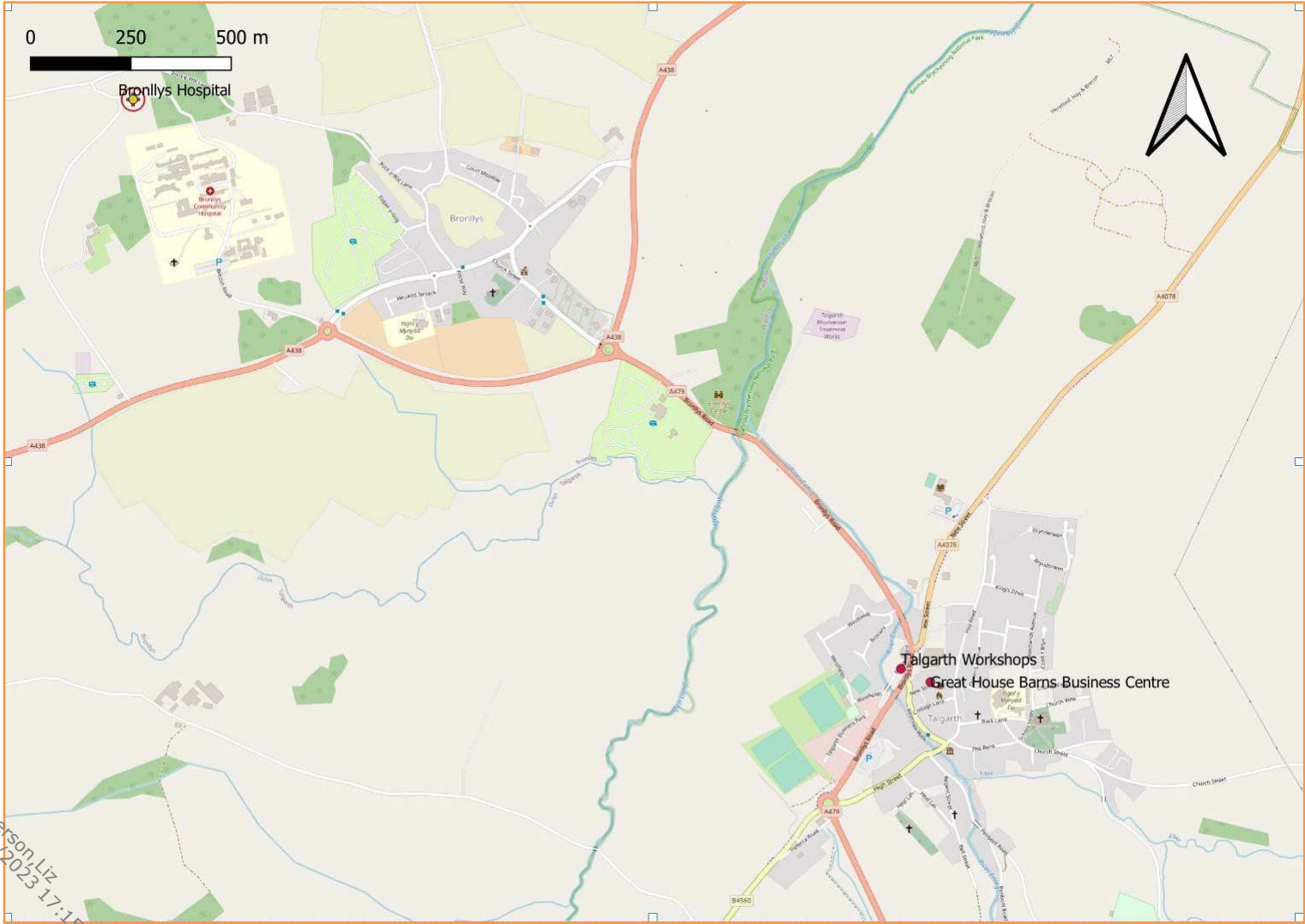
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Area 7



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Bronllys + Talgarth Villages Map



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Hay-on-Wye Town Centre Map



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## Hay-on-Wye, Bronllys + Talgarth Asset Summary

| Organisation | Name of Asset                     | Postcode | Key Type          | Listed                                  | Tenure   | GIA    | No of Floors | No. of Car Park Spaces |
|--------------|-----------------------------------|----------|-------------------|---|----------|--------|--------------|------------------------|
| PTHB         | Bronllys Hospital                 | LD3 0LS  | Hospital          | Chapel, Grounds, Gardens and Basil Webb | Freehold | 121402 | 2            | 217                    |
| PTHB         | Bronllys Ambulance Station        | LD3 0LS  | Ambulance Station |   | Freehold | 68     | 1            | 2                      |
| PTHB         | Grazing Land at Bronllys Hospital | LD3 0LS  | Land              |   | Freehold | 0      | 0            | 0                      |
| PTHB         | Hay Surgery                       | HR3 5DS  | GP Surgery        |   | License  |        | 2            |                        |
| PCC          | Ysgol Y Mynydd Du                 | LD3 0DQ  | School            | No                                      |          | 1324   | 1            |                        |
| PCC          | Great House Barns Business Centre | LD3 0AH  | Commercial        | Yes                                     |          | 436    | 2            |                        |

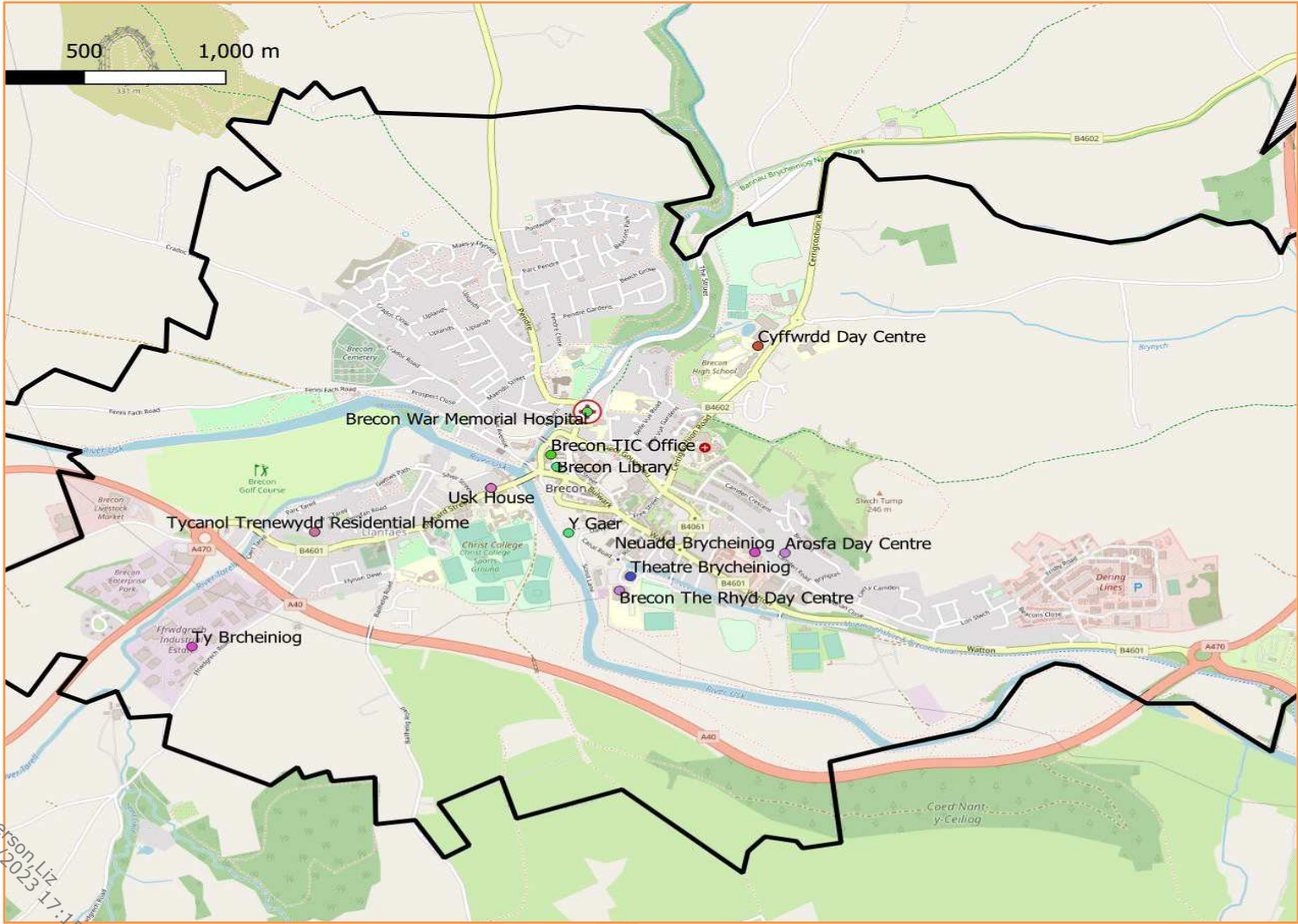
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|     |                          |         |                  |     |  |     |   |  |
|-----|--------------------------|---------|------------------|-----|--|-----|---|--|
| PCC | Talgarth Workshops       | LD3 0AA | Commercial       | No  |  | 245 | 2 |  |
| PCC | Cartref Residential Home | HR3 5PJ | Residential Home | No  |  | 984 | 2 |  |
| PCC | Butter Market            | HR3 5AE | Commercial       | Yes |  | 123 | 1 |  |

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Area 8



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Brecon Town Centre Map



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## Brecon Asset Summary

| Organisation | Name of Asset                           | Postcode | Key Type                      | Listed | Tenure   | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|---|----------|-------------------------------|--------|----------|------|--------------|------------------------|
| PTHB         | Brecon War Memorial Hospital            | LD3 7NB  | Hospital                      |        | Freehold | 6610 | 2            | 198                    |
| PTHB         | Brecon Ambulance Station                | LD3 7NB  | Ambulance Station             |        | Freehold | 224  | 1            | 6                      |
| PTHB         | Ty Illtyd Mental Health Resource Centre | LD3 8AH  | Mental Health Resource Centre | Yes    | Freehold | 399  | 3            | 9                      |
| PTHB         | Brecon GP Surgery                       | LD3 8AH  | GP Surgery                    |        | License  |      | 2            |                        |
| PTHB         | Neaudd Brycheiniog                      | LD3 7HR  | Offices                       |        | License  | 177  | 2            |                        |
| PTHB         | Usk House                               | LD3 8AH  | Staff Room and Storage        |        | License  | 30   | 2            |                        |
| PCC          | Theatre Brycheiniog                     | LD3 7EW  | Theatre                       | No     |          | 409  | 2            | 5                      |
| PCC          | Cyffwrdd Day Centre                     | LD3 9SR  | Day care centre               | No     |          | 620  | 6            | 1                      |

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|     |                                    |         |                  |     |  |      |   |     |
|-----|------------------------------------|---------|------------------|-----|--|------|---|-----|
| PCC | Tycanol Trenewydd Residential Home | LD3 8DE | Residential Home | No  |  | 138  | 1 |     |
| PCC | Ysgol y Bannau                     | LD3 9SR | School           | No  |  | 1321 | 2 |     |
| PCC | Brecon High School                 | LD3 9SR | School           | No  |  | 9248 | 1 |     |
| PCC | Brecon TIC Office                  | LD3 9DA | TIC              | No  |  | 359  | 2 |     |
| PCC | Brecon Library                     | LD3 9AE | Library          | Yes |  | 1588 | 3 |     |
| PCC | Brecon Leisure Centre              | LD3 9SR | Leisure Centre   | No  |  | 6206 | 5 |     |
| PCC | Brecon The Rhyd Day Centre         | LD3 7HL | Day care centre  | No  |  | 118  | 1 |     |
| PCC | Priory C in W (Aided) School       | LD3 9EU | School           | No  |  | 1239 | 1 |     |
| PCC | Ysgol Penmaes                      | LD3 7HL | School           | No  |  | 2692 | 2 |     |
| PCC | Brecon Pupil Referral Unit         | LD3 8BL | School           | No  |  | 558  | 2 |     |
| PCC | Y Gaer                             | LD3 7DS | Library          | No  |  | 1524 | 4 |     |
| PCC | Neuadd Brycheiniog                 | LD3 7HR | Offices          | No  |  | 97   | 2 | 168 |

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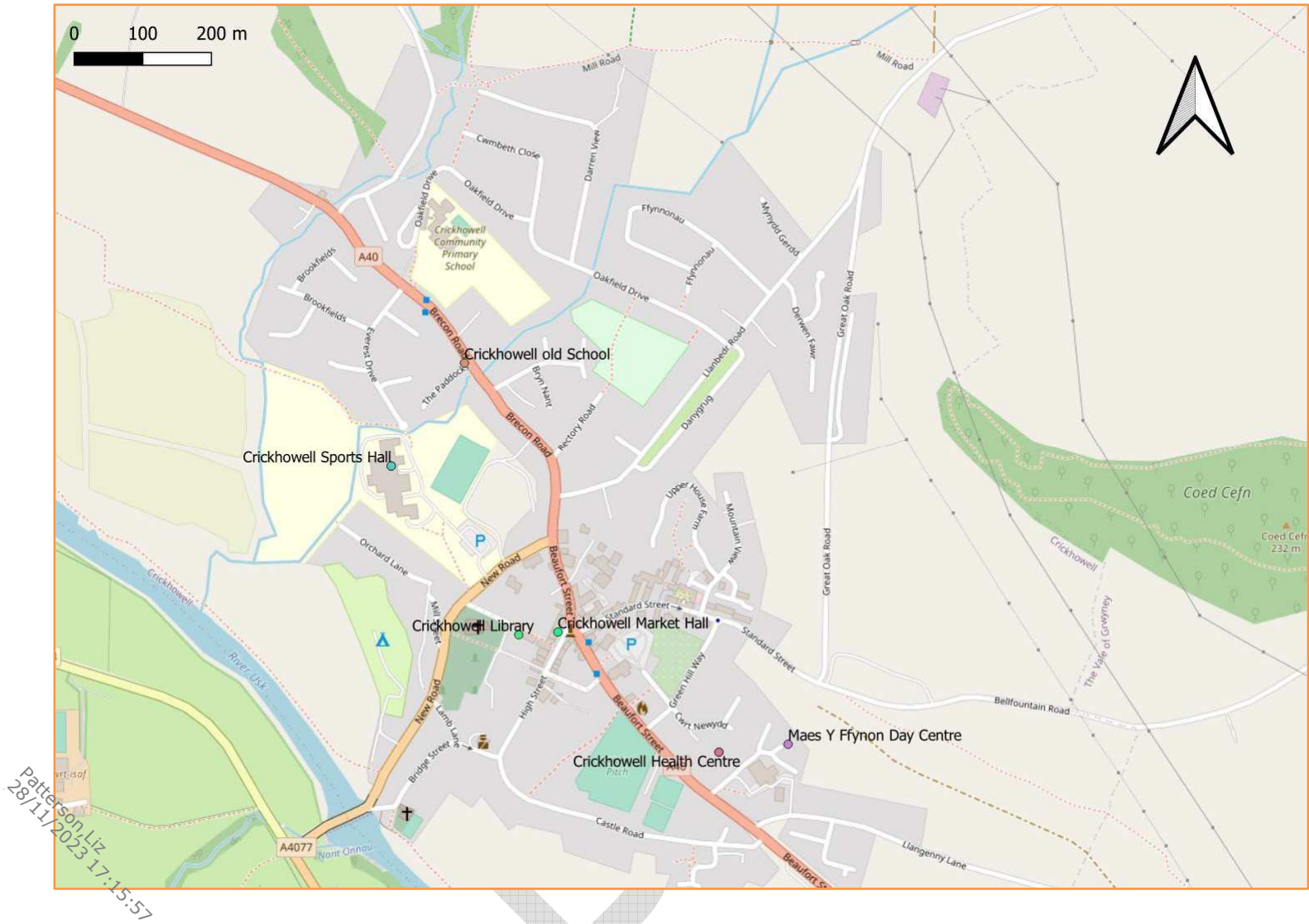
|     |                                 |         |                 |    |  |         |         |  |
|-----|---------------------------------|---------|-----------------|----|--|---------|---------|--|
| PCC | Ty Brcheiniog                   | LD3 8LA | Offices         | No |  | No data | No data |  |
| PCC | Arosfa Day Centre               | LD3 7RT | Day care centre | No |  | 386     | 1       |  |
| PCC | Mount Street C.P. Junior School | LD3 7NG | School          | No |  | 1366    | 2       |  |
| PCC | Llanfaes C.P. School            | LD3 8EB | School          | No |  | 1620    | 1       |  |

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Crickhowell Town Centre Map



## Crickhowell Asset Summary

| Organisation | Name of Asset                        | Postcode | Key Type         | Listed | Tenure  | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|--------------------------------------|----------|------------------|--------|---------|------|--------------|------------------------|
| PTHB         | Crickhowell Health Centre            | NP8 1AG  | GP Surgery       |        | License |      | 2            |                        |
| PCC          | Crickhowell Library                  | NP8 1BJ  | Library          | No     |         | 172  | 1            |                        |
| PCC          | Crickhowell High School              | NP8 1AW  | Sports Hall      | No     |         | 6039 | 4            |                        |
| PCC          | Greenhill Residential Home           | NP8 1AG  | Residential Home | No     |         | 801  | 2            |                        |
| PCC          | Crickhowell C.P School               | NP8 1DH  | School           | No     |         | 2124 | 2            |                        |
| PCC          | Crickhowell old School               | NP8 1DG  |                  | No     |         | 205  | 1            |                        |
| PCC          | Crickhowell Sports Hall              | NP8 1AW  | Sports Hall      | No     |         | 6039 | 2            |                        |
| PCC          | Crickhowell Youth & Community Centre | NP8 1AW  | Community Centre | No     |         | 6039 | 1            |                        |

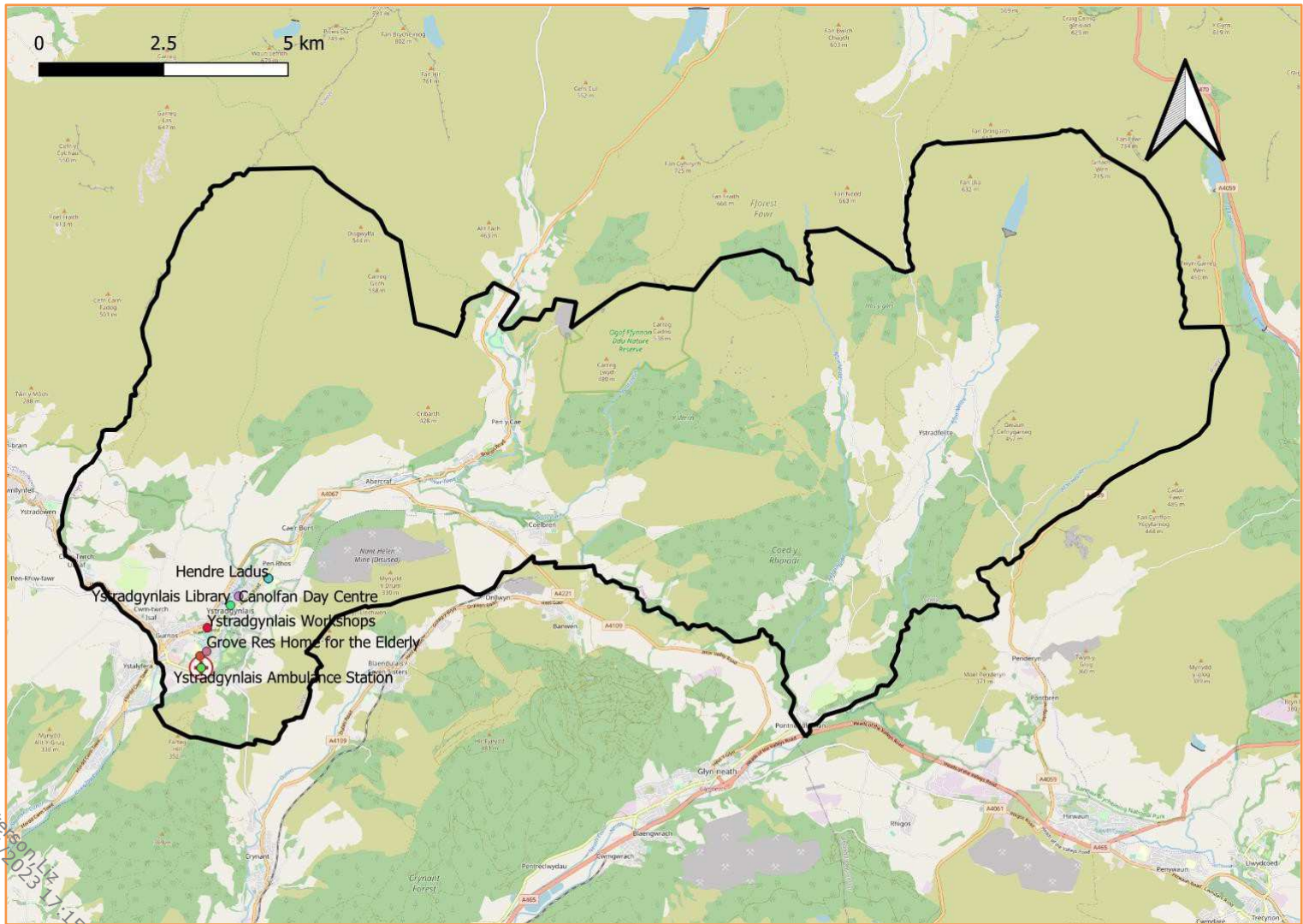
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|     |                          |         |                 |    |  |     |   |  |
|-----|--------------------------|---------|-----------------|----|--|-----|---|--|
| PCC | Crickhowell Market Hall  | NP8 1BD | Market Hall     | No |  | 248 | 2 |  |
| PCC | Maes Y Ffynon Day Centre | NP8 1AJ | Day care centre | No |  | 141 | 1 |  |

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Area 10



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Ystradgynlais Town Centre Map



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## Ystradgynlais Asset Summary

| Organisation | Name of Asset                     | Postcode | Key Type          | Listed | Tenure   | GIA  | No of Floors | No. of Car Park Spaces |
|--------------|-----------------------------------|----------|-------------------|--------|----------|------|--------------|------------------------|
| PTHB         | Ystradgynlais Community Hospital  | SA9 1AU  | Hospital          |        | Freehold | 4568 | 1            | 109                    |
| PTHB         | Ystradgynlais Ambulance Station   | SA9 1AU  | Ambulance Station |        | Freehold | 196  | 1            | 4                      |
| PTHB         | Ysgol Golwg y Cwm                 | SA9 1SE  | offices           |        | License  |      |              |                        |
| PCC          | Maesydderwen Sports Centre & Pool | SA9 1AP  | Leisure Centre    | No     |          | 1080 | 2            |                        |
| PCC          | Ystradgynlais Library             | SA9 1JP  | Library           | No     |          | 433  | 1            |                        |
| PCC          | Grove Res Home for the Elderly    | SA9 1BE  | Residential Home  | No     |          | 1217 | 2            |                        |
| PCC          | Hendre Ladus                      | SA9 1SE  | Offices           | No     |          | 700  | 2            | 27                     |
| PCC          | Penrhos Day Service               | SA9 1SE  | Day care centre   | No     |          | 104  | 1            |                        |

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|     |                                  |         |                  |    |  |      |   |  |
|-----|----------------------------------|---------|------------------|----|--|------|---|--|
| PCC | Ysgol Golwg Y Cwm                | SA9 1SE | School           | No |  | 2184 | 1 |  |
| PCC | Ysgol Bro Tawe                   | SA9 1BU | School           | No |  | 1864 | 1 |  |
| PCC | Ysgol Maesydderwen               | SA9 1AP | School           | No |  | 7683 | 2 |  |
| PCC | Ystradgynlais Workshops          | SA9 1BS | Commercial       | No |  | 4786 | 2 |  |
| PCC | Canolfan Day Centre              | SA9 1HL | Day care centre  | No |  | 401  | 2 |  |
| PCC | Penrhos Youth & Community Centre | SA9 1SE | Community Centre | No |  | 800  | 2 |  |

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## Agenda Item: 3.7

| BOARD MEETING   |  | DATE OF MEETING:<br>29 November 2023 |             |
|---|--|--------------------------------------|-------------|
| Subject:  | SUMMARY OF JOINT COMMITTEE ACTIVITY  |                                      |             |
| Approved and Presented by:  | Hayley Thomas, Interim Chief Executive   |                                      |             |
| Prepared by:  | Interim Head of Corporate Governance   |                                      |             |
| Considered by Executive Committee on:   | Various aspects covered in Executive Committee business  |                                      |             |
| 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"><li>▪ Welsh Health Specialised Services Committee (WHSSC); and</li><li>▪ Emergency Ambulance Service Committee (EASC); and</li></ul> <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"><li>▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li></ul>  |  |                                      |             |
| Approval/Ratification/Decision  |  | Discussion                           | Information |
| x   |  | ✓                                    | x           |

Patterson, Liz  
28/11/2023 17:39:58

## 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 virtual meetings on 19 September. The papers for this meeting are available at: [2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

The briefing report from this meeting is attached at **APPENDIX 1**.

The briefing report from the confidential meeting of the WHSSC Joint Committee held on 19 September 2023 will be included in Confidential Papers to Members of the Board.

### **Emergency Ambulance Services Joint Committee (EASC)**

The EAS Committee held a virtual meeting on 19 September 2023. The papers for the meetings are available at: [Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#) The Chair's Report from 19 September 2023 is attached at **APPENDIX 2**.

### **Mid Wales Joint Committee for Health and Social Care**

The Chair and Interim Chief Executive attended the Rural Health and Care Wales Conference was held on 14 November 2023 and was followed by a meeting of the Mid Wales Joint Committee. An oral update will be given at the meeting.

### **NEXT STEPS:**

Updates will continue to be brought to each scheduled meeting the Board.

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28/11/2023 17:40:18

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 19 SEPTEMBER 2023**

The Welsh Health Specialised Services Committee held its latest public meeting on 19 September 2023. 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 using the link below:  
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

### **1. Minutes of Previous Meetings**

The minutes of the meetings held on the 18 July 2023 & 1 August 2023 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 Update**

Members received a presentation on how the All Wales Medical Genomics Service (AWMGS) is leading the way in many areas of genomics (Rare Disease, Cancer, Pharmacogenomics, and Mental Health) covering prevention, diagnosis and targeted treatments where was clinically needed and cost effective.

Members noted the Genomics Delivery Plan for Wales 2022-2025, how genomics was transforming cancer diagnostics and drug prescriptions; and how the AWMGS was delivering equitable genomic testing for improved outcomes in cancer and rare disease enabling precision medicine and reducing adverse drug reactions.

Members **noted** the presentation.

### **4. Chair's Report**

Members received the Chair's Report and **noted**:

- **Appointment of a Vice Chair** - To ensure effective business continuity for WHSSC and the Joint Committee it was proposed that Chantal Patel, Independent Member (IM), WHSSC is appointed to the unremunerated role of Vice Chair for the Joint Committee, in accordance with the WHSSC Standing Orders (SOs),
- **Establishment of WHSSC/EASC Vacancy Control Panel** – Following receipt of a letter to WHSSC on behalf of the CEOs,

WHSSC and EASC have established a joint Vacancy Control Panel, aligned with that of CTMUHB but responsive to the needs of both functions,

- **Chair of the Individual Patient Funding Request (IPFR) Panel**  
Further to the Extraordinary Joint Committee meeting held on 1 August 2023, which supported the request to take forward the urgent recruitment of the WHSSC Individual Patient Funding Request (IPFR) panel Chair and approved the proposed remuneration package, the post has now been advertised following earlier delays. The aim is to appoint a substantive IPFR Chair by the end of October 2023. **Interim arrangements have been put in place to cover October;** and
- Key meetings attended.

Members (1) **Noted** the report, (2) **Noted** the update on the recruitment of the Chair of the Independent Patient Funding Request (IPFR) Panel; (3) **Noted** the establishment of the WHSSC/EASC Vacancy Control Panel and (4) **Approved** the appointment of Chantal Patel as Vice Chair of the WHSSC Joint Committee.

## 5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Progress on South Wales Neonatal ODN** - Funding for the South Wales Neonatal Transport Operational Delivery Network (ODN) was agreed at the 14 March 2023 Joint Committee meeting and funding has been released. However, the recruitment process has not yet taken place and therefore in line with our approach for other, as yet uncommitted investments, we have suspended implementation for this financial year. We will review the need and/or different options for delivering the scheme in 2024-2025. This scheme will now be considered within our process for prioritisation of all uncommitted expenditure and we have requested further information from Swansea Bay UHB (SBUHB), the provider Health Board (HB) to inform this evaluation,
- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** - The WHSSC team met with Llais on 31 August 2023 to discuss the next steps regarding the policy development. WHSSC informed Llais that because of the uncertainty surrounding the budget impact of any policy changes, the current financial challenges for the NHS in Wales meant that policy development has been halted. Colleagues in Llais understood the financial challenge and the difficult choices faced by WHSSC and HBs. A further update meeting is planned for late September 2023; and
- **South Wales Spinal Network (SWSN)** - Following discussion at the NHS Wales Health Collaborative Executive Group (CEG), the

Cardiff and Vale UHB (CVUHB) and SBUHB Regional and Specialised Services Provider Planning Partnership (RSSPPP) set up a project to develop a new service model, to clarify the regional model for South East and South West Wales respectively, as well as the supra-regional model for South Wales, West Wales and South Powys. The project was launched in October 2020, with the aim of developing recommendations for delivering a safe, effective and sustainable model for spinal surgery in South and West Wales.

The final report was presented to the NHS Wales Health CEG on the 6 April 2021. The recommendation was accepted by the CEG, and the responsibility for commissioning the ODN was delegated to the Welsh Health Specialised Services Committee (WHSSC).

Members (1) **Noted** the report; and (2) **Noted** that the South Wales Spinal Network (SWSN) will go live on 25 September 2023.

## **6. Development of the Integrated Commissioning Plan (ICP) 2024/25**

Members received a report offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within wider NHS Wales situational context.

Members (1) **Noted** the report (2) Received assurance on the planning process to date which is in line with timeline received by the Joint Committee in May 2023; and (3) **Noted** the approach being taken to respond to the NHS Wales situational context, including an enhanced risk assessment.

## **7. South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper**

Members received a report providing an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, which proposed that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and which requested that the Joint Committee give final approval for Phase 1 implementation of the Programme.

Members (1) **Noted** the report, (2) **Approved** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HBs for final approval, (3) **Considered** and **approved** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme with immediate effect, prior to a report being issued to the seven HBs for final approval, (4) **Recommended to HBs for approval of** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme, prior to a report being issued to the seven HB's for final approval; and (5)

**Recommended to HBs for approval of** a continuation of funding for Phase 2 at the current level prior to a report being issued to the seven HBs for final approval.

A separate note will follow to HBs clarifying the financial arrangements for Phase 1.

## **8. Welsh Government National Commissioning Review Update**

Members received a verbal update on progress with the Welsh Government national commissioning programme commissioned by the Minister for Health & Social Services.

Members noted that the National Commissioning Review Implementation Board meeting was taking place immediately after the WHSSC Joint Committee meeting.

Members **noted** the verbal update.

## **9. Single Commissioner for Secure Mental Health Service Project Initiation Document (PID)**

Members received a report presenting the Project Initiation Document (PID) for the Single Commissioner Model for Secure Mental Health Services.

Members (1) **Noted** the report; and (2) **Supported** the recommendation to initiate the project to develop a Single Commissioner Model for Secure Mental Health Services.

## **10. Revision to Financial Delegated Limits**

Members received a report requesting changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

Members (1) **Noted** the report, and (2) **Approved** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals.

## **11. WHSSC Model Standing Orders – Governance and Accountability Framework**

Members received a report providing an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.

Members (1) **Noted** the report, (2) **Approved** the proposed changes to the WHSSC Standing Orders (SOs), prior to being issued to the seven HB's for approval and inclusion as schedule 4.1 within their respective HB SOs, (3) **Approved** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) prior to being issued to the seven HBs for approval and inclusion as schedule 4.1 Annex 2.1 within their respective HB SOs; and (4) **Noted** that there are no changes to the Memorandum of Agreement (MoA).

## **12. WHSSC Performance Report Month**

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

## **13. Financial Performance Report – Month 4 2023-2024**

Members received the financial performance report setting out the financial position for WHSSC for month 4 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 4 for WHSSC was a forecast overspend of £2.164m against the ICP financial plan and a forecast year-end underspend of £4.202m.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

## **14. South Wales Neonatal Transport Delivery Assurance Group Report (April 2023 - June 2023)**

Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) quarterly report for 1 April 2023 – 30 June 2023.

Members (1) **Noted** the highlights of the Q1 Neonatal Transport DAG report, (2) **Noted** that the full report was being shared In-Committee due to potential patient identifiable data; and (3) **Received** assurance that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

## **15. South Wales Trauma Network Delivery Assurance Group Report (Q1)**

Members received a report providing a summary of the Quarter 1 2023/24 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the full South Wales Major Trauma Network (SWTN) DAG Report and highlights contained in the cover report.

## **16. Specialised Paediatric Services Strategy – Implementation Board Highlight Report**

Members received a report providing a progress update on the implementation of the Specialised Paediatric Services Strategy.

Members **noted** the report and the progress made.

### **17. All Wales PET Programme Progress Report**

Members received a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams.

### **18. 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.

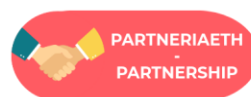
### **19. Other reports**

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC); and
- Quality & Patient Safety Committee (QPSC);

### **20. Any Other Business**

- **Cheshire & Wirral Mother and Baby Unit (MBU)** – Members noted that a contractor had been identified and a start on site was expected before Christmas. Recruitment to the posts was expected to start in April 2024 with view to new unit being operational by 1 October 2024; and
- **WHSSC Annual Report** – members noted that the WHSSC Annual Report would be circulated via email for approval and brought back to the November meeting for ratification.



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**GIG**  
CYMRU  
**NHS**  
WALES

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. | <a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a> |
| Date of last meeting        | 19 September 2023  |

**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:

<https://easc.nhs.wales/the-committee/meetings-and-papers/september-2023/>

The minutes of the EASC meeting held on 18 July 2023 were approved.

**PERFORMANCE REPORT**

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Stephen Harrhy highlighted a number of key areas.

Members noted that:

- 999 call volumes were approximately 12% lower than the same period last year although more patients were attending Emergency Departments
- 10.3% reduction in incidents in July 2023 compared to July 2022
- Hear and Treat rates were 2.3% (460 incidents) higher in July 2023 compared to July 2022
- Despite the issues above the volume of incidents (patients) transported to a Tier 1 site (Major ED) had increased, 20% higher in July 2023 compared to July 2022 and the delivery of red performance remained challenging and not where it needed to be
- In specific health board areas:
  - Swansea Bay (SBUHB), impacts included increasing pressures of handover delays for 4hour and 10hour delays now implementing the Continuous Flow Model to improve patient care
  - Hywel Dda (HDUHB), issue of the reinforced autoclaved aerated concrete (RAAC) on capacity and the impact on services for the population of West Wales.
  - Cwm Taf Morgannwg (CTMUHB), variation remained from site to site and day to day but overall improvements seen
  - Cardiff and Vale (CVUHB), continued to deliver excellent performance and were meeting their predicted trends as per the Integrated Commissioning Action Plan (ICAP)
  - Aneurin Bevan (ABUHB), remained to have variable performance but some signs of improvement seen
  - Betsi Cadwaladr (BCUHB), stabilisation underway although variation between hospital sites and ongoing learning.

The ICAP plans for SBUHB and HDUHB appeared to be focusing on the right areas but these remained challenging areas

#### Members noted:

- The mixed view in terms of the impact of handover delays which was leading to improvements to Amber patients. However, this would need to translate into impacting on improving red performance.
- Ongoing work with WAST (by the EASC Team) to plan the trajectory of improvements required which would be shared with Members (Action Log) and Welsh Government officials; the ICAP process would monitor the impact
- Need to better understand utilisation and what a good level would be for all resources to be at the right level
- Amber, median, 65<sup>th</sup>, 95<sup>th</sup> and the longest Amber waits remained lower than 2022
- Ambulance handover times were stabilizing on a number of metrics, including total lost hours, % handed over in 15 min and handovers over 4 hours.

#### Members raised and noted:

- Their support for the approach in relation to the current position and the level of red response performance which was very concerning and remained at a deteriorating position despite local efforts
- That the unseasonal weather had also impacted adversely on the performance
- That actions had been agreed in the ICAPs but the resulting improvement was not always being seen in terms of impacting positively on handover delays
- In some areas, the tolerance remained that 4hour waits were acceptable as a large number of patients were breaching the 4hour target on a daily basis.
- The variability of the WAST ambulance unit hour production (UHP)
- The impact of 'overtime bans' (which were outside of the those identified within the Integrated Medium-Term Plan)
- The importance of getting back to the basics of delivering a responsive ambulance service and the ultimate aim to return to no handovers over 15 mins in line with the statutory targets.

In response, Jason Killens explained that an overtime ban was not in place, although the WAST financial plan had aimed to target areas to control spend. Additional resources had been provided to aid WAST management in a difficult and unanticipated period of demand.

#### Members noted:

- A deliberate choice had been made to develop the Cymru High Acuity Response Units (CHARU) and this had led to a marginally better performance. The quality of services received by patients had improved including an improvement in the rates of return of spontaneous circulation (ROSC) used as one indicator of patient outcomes
- The current WAST planning model for resources and geographical location was based on up to 6,000 lost hours; the current rate at 18,000+ was impacting adversely on ambulance performance
- Returning to a more traditional (dual crewed ambulance) would not improve performance and it would be more costly and would not be efficient or effective for patients
- WAST answering around 100 calls every day of red calls (which was a small number) and reiterated the need to focus attention on a relatively small number of calls.

- That the impact of the CHARU service had not led to improving performance and it was asked whether this had been the right action for the service. However, although the performance percentages had not increased the quality of the service had improved for patients.

Members welcomed the additional work to target frequent callers and asked how the additional 100WTE staff funding had translated into improvements in health board areas and its impact. Further information was requested about capacity and constraints for the next provider report (Action Log).

Members noted:

- The difficulties in recruiting staff in areas across Wales
- Potential issue looming if no improvements in handover delays and the likelihood of difficult conversations where change was not seen
- Improvements expected in performance in line with reducing handover delays
- Increased sickness levels at WAST in August and not yet clear if this was a blip or recurring trend
- Ongoing work in providing different crews to attend incidents where different needs identified (not one size fits all)
- Improvement event planned with WAST in October and further work to do in supporting non-conveyance and alternatives to conveyance to EDs
- The need to have the alternate blended approaches and help to manage variation and note the risk management approach by WAST
- The importance of maintaining the ICAP process and holding each other to account; and the cross-reference to the national work such as the Six Goals for Urgent and Emergency Care Programme.

## QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Stephen Harrhy highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted:

- The importance of the quality of services being paramount
- National Reportable Incidents (NRIs) key themes continued to be community response and calls categorisation
- Coroner requests have remained higher than pre pandemic levels; was 244 then and 450 in the last year; growing concerns for patient care
- High numbers of patients receiving 'no send' although not as high as previously but had remained at around 900
- 195 people presented at Emergency Departments who were categorised at Category 1 – immediately life threatening which was concerning; could have benefited from earlier treatment interventions by skilled well trained WAST staff
- Actions to be taken in relation to the Ambulance Service Indicators (ASIs) and work underway to review in line with the Duty of Quality and therefore provide evidence how compliance is assured through the commissioning lens
- Importance of patient story for the next meeting.

## **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update Report was received.

- EASC Commissioning Frameworks - in line with the Commissioning Cycle and the discussion at the previous meeting work had commenced to review the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework, this included the development of a long-term strategy for the service. Further updates would be provided at future meetings.
- An update on Integrated Commissioning Action Plans (ICAP)
  - the on-going commitment from health boards and WAST to the process
  - an outline of the work undertaken by health boards was provided in an appendix which included the impact of the ongoing work
  - further work plans included the validation of data relating to immediate release requests and the further development of remote clinical triage and signposting opportunities.
- EASC Integrated Medium Term Plan (IMTP) – Formal approval by Welsh Government was awaited. Members noted the IMTP Tracker which reflected the progress made against the agreed performance ambitions. The IMTP Tracker would be updated monthly and updates would be provided at future meetings.
- EASC Commissioning Intentions 2023-24 – Members noted that the Quarter 2 update would be presented the EASC Management Group in October.

Members noted that WAST had not committed to achieving the ambition set within the EASC IMTP that sickness levels should be maintained below 5.5% (WASTs internal target was noted at 6% at the end of the year). It was also noted that the trajectories within the IMTP were multi-factorial, some actions for WAST, some for health boards and some joint actions across WAST and health boards.

The CASC also suggested that the approach towards developing the legacy statement for the IMTP would continue as in previous years despite the work to create a new Joint Committee for national commissioning. The plan going forward would be clear for WAST and would dovetail into the new arrangements.

## **UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW**

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:

- Previous information shared at the 'Focus on' session
- In 2<sup>nd</sup> Phase and seeking public and stakeholder comments on the work started afresh following the EASC decision on 8 November 2022
- The approach adopted was previously outlined at EASC
- Emerging themes identified in Phase 1
- External supplier stakeholder and representative sample feedback
- Remit of the external supplier and highlighted key areas received
- Note that the work of the CASC and External Supplier (Picker Institute) was independent of each other to capture as much public feedback as possible

- Themes identified to date to be part of the core engagement materials for Phase 2
- Data modelling planned in addition to the issues raised in Phase 1 and detail for the approach taken.
- Phase 1 listened to comments and Phase 2 would present the independent review but would also continue to listen to stakeholders and the public in order to arrive at a recommendation for presentation to EASC
- Phase 2 in person / face to face meetings taking place between 12 Oct to 20 Oct and the timetable developed
- Window to respond for the public allowing 4 weeks until 5 November 2023
- Focused listening opportunity for the Commissioner – based on the learning from Phase 1
- Plan to arrive at a recommendation and potentially a preferred option by the Chief Ambulance Services Commissioner to present to EASC
- Concerns remain highest for the members of the public who live closest to the affected bases.

Members thanked the CASC and the EASC Team for the work undertaken to date and noted:

- the 4week public engagement window – 9 October to 5 November 2023 (subsequently increased to 12 November)
- Llais and the interface to check that they are content with the continuing approach
- The rapid opportunity to work through the modelling work and early heads up for HBs to be alongside for any events and be fully apprised of the work to date.

Members also noted

- A meeting took place with Llais in July which generally accepted the extent and the nature of Phase 1. The initial advice from the then Community Health Councils had been to undertake formal engagement for 6-8 weeks followed by a break and then a further 2 weeks and this timescale had been extended based on the public response and the need for sufficient time to consider the complex work involved.
- Ongoing dialogue across NHS Wales and with key stakeholders
- Information would be shared with Members before it was made public
- At the time, some areas of modelling were still outstanding.

The CASC thanked Members and welcomed that all HBs were supportive of the approach taken to date but particularly of Powys and BCU health boards.

The Chair explained that he had deliberately not engaged in the process to maintain an impartial approach for the Joint Committee. The important matter for the work was to provide an improved EMRTS service across Wales utilising the highly specialist critical care service.

## **WELSH AMBULANCE SERVICES NHS TRUST REPORTS**

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- the work undertaken by WAST to maximise opportunities to improve response to red calls

- Sickness trajectory had been on a downward trend except for August which was being analysed further to identify key reasons
- As part of the Demand and Capacity work and the Roster Review utilising the Cymru High Acuity Resource Units (CHARUs) to improve outcomes, Members noted that WAST was starting to see a month on month improvement particularly in the return of spontaneous circulation (ROSC) as an important outcome measure for patients and last month was the highest ever recorded. Initially only half of the CHARU was 'funded' but WAST had assessed the available resources to get the best response, mindful of the quality and performance issues. Members noted that this was an overall improvement in quality outcomes for patients
- The revised overtime profile and the capacity for the coming winter
- Although not contained within the report, as provider of the 111 service Members noted the ongoing work with the 'new' software provider SALUS and that the contract would soon be terminated by the Programme. Jason Killens raised the question of who would own the re-procurement required for the new call handling system and this would be raised at a future meeting as this was time sensitive (Action Log).

Members noted (in relation to 111)

- the impact on 999 call handling (or call taking) and the need for EASC to be aware
- Resilience would be an issue, although WAST did not feel this would be a significant matter in the first instance
- The opportunity emerging to bring 111 and 999 together particularly in the clinical advice area
- The importance of agreeing the approach and where the 111 work would be best dealt with until the new Joint Committee was in operation
- The importance of the provider procuring the right software to support service delivery
- WAST would want to procure the right software/system as part of the provision of the service but this had not yet been finalised by the programme.

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT**

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:

- Meetings with Welsh Ambulance Services NHS Trust (WAST)
- Meeting with Health Boards
- Review of remote clinical support
- Six Goals for Urgent and Emergency Care Programme
- Connected Support Cymru (previously known as Night Sitting Service)
- Transfer, Discharge and Repatriations
- Review of National Commissioning
- Data linking.

Members noted:

- The report by Healthcare Inspectorate Wales (HIW) on system flow and the impact on WAST and on the EASC Team who would be leading the work to respond
- The continuous flow model and the ongoing work with three health boards to implement; Aneurin Bevan, Betsi Cadwaladr and Swansea Bay University Health Boards

- That the Escalation Policy had been approved by the NHS Leadership Board a while ago and it would need to be updated to get the right balance for the ask between urgent and emergency care, cancer and scheduled care
- New normal to be described to update to the current position
- The link to Goal 5 in the Six Goals for Urgent and Emergency Care Programme and bring together
- Visits to health boards undertaken with a focus on local matters and performance within a more bespoke session
- Regular meetings with WAST; the Review of the Clinical Support Desk which would be presented at a future meeting (Action Log)
- The Six Goals for Urgent and Emergency Care Programme in particular Goal 4 – work with ED colleagues and out of ED; 'what does a good ED look like?' and frailty at the front door
- In relation to Connected Support Cymru, how to better use IT and remote IT; noted that some patients presented when the service they needed was not available and the work on how to support the patient until the service they needed was available; an evaluation report had just been finalised and would be circulated to Members (Action Log)
- Transfer, discharge and repatriation – a holding response had been sent to the Deputy Chief Medical Officer (DCMO) and work was continuing by the EASC Team to plan how to progress and identify the potential resource implementation
- Data linking; consultant paramedic would be identifying better links to the data within the Emergency Communication Nurse System (ECNS) and an update would be provided
- Fire Service – potential for fire services to respond to some red calls and act as the first responder, analysis undertaken (to be shared – Action Log) utilisation of fire services at 15% could link to work with volunteers. Fire Service staff are already trained and have access to defibrillators which could improve red response by 5% (approx.) this could have a big impact in rural areas and could also support non-injury falls.

#### Members highlighted

- Opportunities within the report;
- Additional information and create an eco-structure of out of hospital services and build a system from the start to cross cover and increase system resilience
- Describing inverting the triangle and what could be done within commissioning intentions
- Opportunity to discuss further what the WAST offer could be in terms of rapid response, remote clinical assessment and 24/7 urgent response to help keep patients at home – consider for a 'focus on' session (Action Log).

### **EASC FINANCIAL PERFORMANCE REPORT MONTH 4 2023/24**

The EASC Financial Performance Report at month 4 in 2023/24 was received. James Leaves presented the report and Members noted no variances within the plan. Discussion had taken place earlier in the meeting in relation to the 100wte staff. All additional funding was being utilised to support the additional overtime costs.

## **SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD IN AUGUST 2023**

The meeting had been cancelled due to the number of apologies and the meeting would not have been quorate.

### **EASC SUB-GROUPS CONFIRMED MINUTES**

Approved:

- Non-Emergency Patient Transport Services Delivery Assurance Group notes 1 June 2023

### **EASC GOVERNANCE**

The report on EASC Governance was received which included the:

- EASC Risk Register
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice
- Letter to host in relation to the statutory Duty of Quality and Candour.

Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework.
- The updated Model Standing Orders were received, Members noted the changes in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 which included working with 'Llais Cymru', previously known as Community Health Councils. Once approved the Standing Orders would form part of the schedule for Health Boards.
- Work remained ongoing in relation to the investigation by the Welsh Language Commissioner, supported by the host Cwm Taf University Health Board. The work involved changes to the website software and involved Digital Health and Care Wales. Further updates would be provided at future meetings
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- There were no governance concerns to raise in relation to the Annual Reports prepared by the Emergency Medical Retrieval and Transfer Service (EMRTS) Delivery Assurance Group or the Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group.
- The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 16 August 2023

### **FORWARD LOOK AND ANNUAL BUSINESS PLAN**

The Forward Look and Annual Business Plan was received and approved.

### **Key risks and issues/matters of concern and any mitigating actions**

- Red and amber performance

- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, the closure of Phase 2 and the potential recommendation to the December meeting of EASC.

#### **Matters requiring Board level consideration**

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

#### **Forward Work Programme and Annual Business Plan**

Considered and agreed by the Committee.

|                             |                         |  |    |   |
|-----------------------------|-------------------------|--|----|---|
| Committee minutes submitted | Yes                     |  | No | ✓ |
| <b>Date of next meeting</b> | <b>21 November 2023</b> |  |    |   |

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## AGENDA ITEM: 3.8

| BOARD MEETING                                       |   | DATE OF MEETING:<br>29 NOVEMBER 2023 |
|---|---|--------------------------------------|
| <b>Subject:</b>                                     | <b>Summary of Activity of the Board's Local Partnership Forum</b> |                                      |
| <b>Approved and Presented by:</b>                   | Director of Workforce & Organisational Development                |                                      |
| <b>Prepared by:</b>                                 | Corporate Governance Manager                                      |                                      |
| <b>Other Committees and meetings considered at:</b> | N/A   |                                      |

### 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           |

## 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 02 October 2023. A copy of the Chair's Report is attached at **Appendix A**.

## NEXT STEPS:

The next update will be presented to the Board on 29 November 2023.

|                       |                                      |
|-----------------------|--------------------------------------|
| Reporting Committee:  | <b>Local Partnership Forum</b>       |
| Committee Chair       | Pete Hopgood                         |
| Date of last meeting: | 2 October 2023                       |
| Paper prepared by:    | Interim Head of Corporate Governance |

### **KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The Board is asked to note that at the meeting of LPF on 2 October 2023 the following matters were discussed:

- Financial Performance Month 05
- Scenario Planning Update
- Integrated Plan (Focus on workforce – link to Director of WOD report)
- January development Session

The following matters were received for information:

- Director of Workforce and OD summary report including Workforce analysis report
- Chief Executives Report from Board July and September 2023

A summary of key issues discussed on 2 October 2023 is provided below.

### **Financial Performance Month 05**

The Director of Finance and IT presented the detailed finance report, as of the end of month 5. The current monitoring against the deficit plan of £33.5m, is broadly in line with that plan, with a slight overspend of £329k.

The message throughout the organisation is 'Do whatever is possible to reduce the financial pressure'.

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## Scenario Planning Update

The Forum heard of the current financial challenges on the public sector, and the request that every public sector organisation reduce the expenditure run rate in every area possible. All public sector organisations are subject to the same level of scrutiny regardless of speciality within the organisation.

Assurance was given that conversations would be had with Managers regarding the retention of staff and optimising the use of the workforce to maximise patient safety and service delivery.

All information collected in the staff survey is in the process of being collated for submission to the Opportunities Group, then on to Executive Committee.

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## Integrated Plan (Focus on workforce – link to DWOD report)

This plan is linked to the Director Report and was a reminder of which workforce priorities have been included in the Integrated Plan. There has been considerable investment in retesting and resetting the Workforce Plan under the Workforce Futures Board, for submission to the Regional Partnership Board in November 2023.

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## January Development Session Focus

It was proposed that the January development session could include the non-pay elements of the pay deal, which are important areas of work locally. Working groups are being set up, and there is a timetable in place.

Under the non-payment element, every staff member is entitled to job evaluation. This part of the national approach, if implemented it could bring the whole organisation to a standstill.

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## Information Items

LPF received updates for information on:

- Director of Workforce and OD summary report including Workforce analysis report
- Chief Executives Report from Board – July and September 2023

## NEXT MEETING

The next meeting of LPF will be held on 18<sup>th</sup> January 2024 – this will be an extended development session.

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**rhanbarth powys region**

|                        |  |
|------------------------|--|
| <b>Report:</b>         | <b>Regional Directors Report</b>                                 |
| <b>Period Covered:</b> | <b>21<sup>st</sup> September – 17<sup>th</sup> November 2023</b> |
| <b>Author:</b>         | <b>Katie Blackburn</b>   |
| <b>Status:</b>         | <b>For Information</b>   |
| <b>Date:</b>           | <b>20<sup>th</sup> November 2023</b>                             |

**Health and Social Care Advocacy Team Update**

|                             | <b>NHS<br/>related<br/>concerns</b> | <b>Social Care<br/>related<br/>concerns</b> |
|-----------------------------|-------------------------------------|---|
| <b>Powys Hospital Sites</b> |                                     |   |
| Newtown Hospital            | 1                                   |   |
| Bronllys Hospital           | 2                                   |   |
| Brecon Hospital             | 2                                   |   |
| Llanidloes Hospital         | 2                                   |   |
| Llandrindod Wells Hospital  | 1                                   |   |
| <b>GP Practices</b>         |                                     |   |
| Newtown Practice            | 1                                   |   |
| Haygarth Practice           | 2                                   |   |
| Dyfi Valley Practice        | 4                                   |   |
| Brecon Practice             | 3                                   |   |
| Builth Wells Practice       | 1                                   |   |
| Wylcwm Street Practice      | 1                                   |   |
| <b>SaTH</b>                 |                                     |   |
| Royal Shrewsbury Hospital   | 4                                   |   |
| Telford Hospital            | 2                                   |   |

|  |           |          |
|--|-----------|----------|
| Wye Valley Trust   |           |          |
| Hereford Hospital  | 3         |          |
| Hywel Dda University Health Board                        |           |          |
| Bronglais Hospital                                       | 1         |          |
| Cwm Taf University Health Board                          |           |          |
| Prince Charles Hospital                                  | 2         |          |
| Anuerin Bevan University Health Board                    |           |          |
| Nevill Hall Hospital                                     | 1         |          |
| Others   |           |          |
| Velindre Cancer Centre                                   | 1         |          |
| Robert Jones & Agnes Hunt                                | 2         |          |
| Retrospective Continuing Health Care Funding Reviews     | 3         |          |
| Palliative Care  | 1         |          |
| Commissioning  | 1         |          |
| WAST 111   | 1         |          |
| Social Services  |           |          |
| Local Authority Stage 1                                  |           | 6        |
| Local Authority Stage 2                                  |           | 1        |
| Other Llais Cases<br>(not included in above information) |           |          |
| Swansea Bay Llais  | 1         |          |
| Cardiff & Vale Llais                                     | 3         |          |
| West Wales Llais   | 6         |          |
|  | <b>53</b> | <b>7</b> |

## Themes

Dental services: Mis- information/confusion re NHS or Private Care

GP services: Concerns re behaviour contract  
Difficulty in getting an appointment and getting though via telephone to surgeries

Services for Deaf patients/carers: Difficulty in accessing services.

Retrospective CHC Reviews: Delays from request to Panel  
(example 2019-2023)

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## Who we've met and what we've heard.....

We have continued to raise awareness of Llais, handing out flyers, encouraging people to complete our surveys and engaging with people in face-to-face conversations to gather their views.

We carried out the locality focused engagement in Ystradgynlais area during September and in Builth Wells & Llanwrtyd Wells during November. In addition to the engagement being conducted in those localities, we have been carrying out a programme of engagement across the rest of the county.

We have made excellent links with other organisations who agreed to help raise profile of Llais and help to gather feedback from people who use services eg Builth Wells Home Support will take our generic survey to their service users; Builth Wells Community Support will include survey in prescription bags, food bank and shop deliveries. We have been invited to join Police Community Support Officer sessions.

| Date         | Activity   |
|--------------|--|
| 21 September | Engagement Day in Ystradgynlais  |
| 21 September | Meeting – Welshpool, Montgomery & Llanfair Caereinion Community Network Meeting  |
| 25 September | Engagement Day in Ystradgynlais <ul style="list-style-type: none"><li>▪ Ystradgynlais Group Practice, Pengorof Surgery</li><li>▪ Tesco</li></ul> |
| 26 September | Meeting – Mental Health Planning & Development Partnership   |
| 27 September | Presentation to Welshpool Town Council   |
| 28 September | Engagement at Ystradgynlais Youth Centre   |
| 2 October    | ABUHB Online Public Engagement Session re. Provision of Minor Injury Unit Services   |
| 3 October    | Visit to Rhayader Surgery  |

|             |   |
|-------------|---|
| 3 October   | Bevan Commission 'Conversation with the Public',<br>Theatr Brycheiniog, Brecon          |
| 12 October  | EASC EMRTS Service Review Public Meeting,<br>Welshpool High School                      |
| 13 October  | EASC EMRTS Service Review Public Meeting,<br>Newtown High School                        |
| 16 October  | EASC EMRTS Service Review Public Meeting, Ysgol<br>Bro Hyddgen, Machynlleth             |
| 18 October  | Builth Wells Community Information Fair   |
| 19 October  | Hay & Brecon Farmers Store in Llandrindod Wells   |
| 19 October  | Café Express in Crossgates  |
| 19 October  | EASC EMRTS Service Review Virtual Public Meeting  |
| 20 October  | EASC EMRTS Service Review Virtual Public Meeting  |
| 24 October  | Visit to Primrose Pharmacy, Talgarth  |
| 26 October  | Visit to Wylcwm Street Surgery, Knighton  |
| 26 October  | 'Get Ready for Winter' Community Information Fair at<br>Knighton Community Café         |
| 1 November  | Visit to Builth Wells Medical Practice  |
| 2 November  | Gilwern Community Wellbeing Event   |
| 3 November  | Visit to Llanwrtyd Wells Surgery  |
| 3 November  | Visit to Llanwrtyd Wells Pharmacy   |
| 8 November  | Age Cymru Drop-in Event, Builth Wells   |
| 8 November  | Co-Op, Builth Wells   |
| 9 November  | Neighbourhood Policing Community Safety Day,<br>Welshpool                               |
| 9 November  | 'Cuppa with a Copper', Builth Wells Library   |
| 9 November  | MIND, Builth Wells  |
| 13 November | Powys County Council Day Services Engagement<br>Drop-in, Coed Isaf Day Centre, Leighton |

|                  |   |
|------------------|---|
| 13 November      | Powys County Council Day Services Engagement Drop-in, Ysgol Gymraeg y Trallwng  |
| 14 & 15 November | Rural Health & Care Conference, Royal Welsh Showground, Builth Wells            |
| 16 November      | Powys County Council Day Services Engagement Drop-in, Maes y Wennol, Llanidloes |
| 16 November      | Advocacy Session in Builth Wells Library  |
| 17 November      | Builth Wells Livestock Market   |
| 21 November      | Meeting with Wellbeing Ambassadors at Builth Wells High School                  |
| 24 November      | Builth Wells Community Support Lunch Club                                       |

### What we've heard.....key themes:

Key themes from general engagement:

#### NHS

- Positive experiences reported – including cardiology (Hereford Hospital), cancer care (Macmillan Unit at Prince Charles Hospital and Velindre Cancer Centre), orthopaedic services (Hereford Hospital), A&E, maternity services (Bronglais Hospital), stroke care, nursing care in hospital (Glangwili Hospital), Llandrindod Wells Hospital.
- Mixed views about access to GP services. The main issues reported were difficulty getting through on the phone, dissatisfaction with waiting time for appointments, unable to get face-to-face appointments, under-use of the local surgery in Sennybridge and having to travel to Brecon, concerns that diagnosis over telephone inadequate.
- Lack of NHS dentists. People having to travel out of area to access dentists.

- Waiting times following referral for secondary care – people do not know how long they should expect to wait for appointments / treatment. There is poor communication once a referral is made. Some people reported multiple cancellation of surgery dates.
- A couple spoke about the maternity unit at Bronglais Hospital and said they had been told by the midwives that there was a possibility that the unit would be changed to become a midwife-led unit. This would mean women who required more specialist care during birth, such as caesarean section, would have to travel to Carmarthen. Having experienced birth by emergency c-section, this was very worrying for them because of the distance to travel from Aberystwyth (which was where they lived). This has been raised with Llais West Wales and Hywel Dda UHB have confirmed there are no plans to make the existing maternity unit into a midwifery-led-unit at Bronglais.
- Distance to travel to services when out of county and difficulty getting to appointments. Appointments not always at suitable time to coincide with transport options (example given of someone who was required to be in Birmingham for a surgical procedure early morning, unable to obtain patient/community transport because of time).
- Some issues raised in respect of Covid vaccination, particularly in respect of transport to vaccination centres. Community transport providers not given advance notice of additional outreach clinics set (Glan Irfon and Llandrindod Wells) and lack of understanding about priority categorisation for those clinics.
- Some issues raised in respect of continence service – delay in receiving incontinence products, lack of patient understanding of request to weigh pads if higher absorbency requested, concerns about waste disposal.

## Social Care

- Lack of carers – in relation to people needing care in their own homes, particularly difficult in rural areas due to distance involved and low mileage allowance.

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- Need for better recruitment of people into carer role. Needs to become more professional service with better pay and conditions and better opportunities for gaining qualifications.
- Concerns that Social Services unwilling to take referrals from relatives.

#### Key themes from Ystradgynlais locality:

- GP Services – Mixed feedback. Several people praised Ystradgynlais Practice for pleasant staff, ease of appointments and care provided. Seven Sisters Medical Practice received compliments with people commenting that they were seen quickly. Issues – not wishing to explain to receptionist reason for call, length of wait for call back, difficulty getting through on phone, lack of available appointment when do get through, appointment system difficult for older people, concerns about prescribing medication over the phone without seeing patient.
- Dentistry – Mix of satisfaction and frustration with dental care locally. Complaints about long waiting lists, appointment cancellations and limited availability NHS dentists, private dental care costly.
- Ystradgynlais Hospital – Appreciation for all the services provided at the hospital with praise for MIU, IBS nurse service, Audiology, caring and supportive during COVID.
- Ystradgynlais Hospital – Concerns about under-utilisation. Day hospital closure seen as having significant negative impact on community and calls for it to be re-opened.
- Long waiting times for planned care – people quoted 5-8 year waits. Some people had resorted to private healthcare.
- Praise for ambulance crews but concerns about queuing outside ED leading to inadequate coverage in Powys.
- Elderly Care – Positive experiences with day centres and hospice services. Concerns about availability of social workers for older people, need for more community-based care options, better support needed for people living with dementia, reluctance of older people to complain about services.

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- Distance to Services – Difficulties in accessing health care due to distance and transport issues.
- Pharmacy Services – difficulties experienced with supply of some medicines, community pharmacy not providing expected service, difficulty finding pharmacy open on a Sunday.
- Discussions with Young People – spoke about positive experiences of various services. Reported that doctors and nurses spoke directly to them in a way they could understand. Limited knowledge of ChatHealth.

### **Llais Powys priorities to 31 March 2024**

- Carers – partnership with Third Sector
- Access/ Service inequities
- Care Closer to home
- Rural communities – targeted approach
- Ghurka community – targeted approach
- Focused outreach – Llanidloes, February 2024
- Review of focused outreach/ engagement pilots

Katie Blackburn

Regional Director – Llais Powys

20 November 2023

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| Board 2023-24          |  |                |                  |                 |               |            |            |            |            |
|------------------------|--|----------------|------------------|-----------------|---------------|------------|------------|------------|------------|
| Theme                  | Item Title   | Public/Private | Exec Lead        | Duration (mins) | Role of Board | 27/09/2023 | 29/11/2023 | 31/01/2024 | 20/03/2024 |
| Governance             | Minutes of previous meeting  | Public         | Chair            |                 | Approval      | ✓          | ✓          | ✓          | ✓          |
| Governance             | Declaration of Interests   | Public         | Chair            |                 | Compliance    | ✓          | ✓          | ✓          | ✓          |
| Listening and Learning | Patient Experience Story   | Public         | DoNM             |                 |               | ☒          | ✓          | ✓          | ✓          |
| Listening and Learning | Staff Experience Story   | Public         | DWOD             |                 |               | ☒          | ✓          | ✓          | ✓          |
| Governance             | Update from Chair  | Public         | Chair            |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Update from Vice-Chair   | Public         | Vice-Chair       |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Update from Chief Executive  | Public         | CEO              |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Assurance Reports of Board Committees                                  | Public         | Committee Chairs |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Minutes  | Public         | Chair            |                 | Approval      | ✓          | ✓          | ✓          | ✓          |
| Governance             | Board Action Log   | Public         | DCG              |                 | Approval      | ✓          | ✓          | ✓          | ✓          |
| Risk                   | Corporate Risk Register  | Public         | DCG              |                 | Assurance     | ✓          | ☒          | ✓          | ✓          |
| Risk                   | Risk Appetite  | Public         | DCG              |                 | Approval      |            |            |            | ✓          |
| Risk                   | Review of Risk Management arrangements                                 | Public         | DCG              |                 | Approval      |            |            | ✓          |            |
| Governance             | Assurance Reports of Board Partnership Arrangements                    | Public         | CEO              |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Assurance Reports of Joint Committees                                  | Public         | CEO              |                 | Assurance     | ✓          | ✓          | ✓          | ✓          |
| Governance             | Assurance Report of Local Partnership Forum                            | Public         | Chair of LPF     |                 | Assurance     |            | ✓          | ✓          | ✓          |
| Governance             | Committee Terms of Reference   | Public         | DCG              |                 | Approval      |            |            |            | ✓          |
| Governance             | Committee Work Plans   | Public         | DCG              |                 | Approval      |            |            |            | ✓          |
| Governance             | Board Work Programme   | Public         | DCG              |                 | Approval      | ✓          |            |            |            |
| Governance             | Standing Orders  | Public         | DCG              |                 | Approval      |            |            | ✓          |            |
| Governance             | Standing Orders re Capital authorisations                              | Public         | DCG              |                 | Approval      |            | ☒          |            |            |
| Governance             | Scheme of Delegation   | Public         | DCG              |                 | Approval      |            |            |            |            |
| Governance             | Common Seal  | Public         | DCG              |                 | Assurance     |            |            |            |            |
| Governance             | Committee Membership   | Public         | DCG              |                 | Approval      |            |            |            |            |
| Governance             | Annual Assessment of Committee and Board Effectiveness                 | Public         | DCG              |                 | Approval      | ☒          |            |            | ✓          |
| Governance             | Committee Annual Reports   | Public         | DCG              |                 | Approval      |            |            |            | ✓          |
| Governance             | WHSSC Standing Orders  | Public         | DCG              |                 | Approval      |            |            |            |            |
| Governance             | Socio-economic duty assurance report                                   | Public         | DPH              |                 | Assurance     |            |            |            | ✓          |
| Governance             | Register of Interests  | Public         | DCG              |                 | Assurance     |            |            | ✓          |            |
| Governance             | Speaking Up Safely and Raising Concerns Report                         | Public         | DCG              |                 | Assurance     |            |            |            | ✓          |
| Governance             | Structured Assessment  | Public         | DCG              |                 | Assurance     |            |            | ✓          |            |
| Primary Care           | Belmont Branch Surgery Application for closure                         | Public         | CEO/MD           |                 | Decision      | ✓          |            |            |            |
| Planning               | Integrated Plan 2023-24 Supplementary Submission                       | Public         | CEO              |                 | Approval      |            |            |            |            |
| Planning               | IMTP Approach to development   | Public         | CEO              |                 | Approval      | ☒          | ✓          |            |            |
| Planning               | IMTP Draft Plan  | Public         | CEO              |                 | Approval      |            | ☒          | ✓          |            |
| Planning               | Integrated Plan 2024-25  | Public         | CEO              |                 | Approval      |            |            |            | ✓          |
| Planning & Finance     | Annual Delivery Plan 2023-24 including budget allocation and framework | Public         | CEO              |                 | Approval      |            |            |            | ✓          |
| Planning               | Primary Care Cluster Planning Reporting against delivery               | Public         | DFIT             |                 | Approval      | ☒          | ☒          |            |            |
| Planning               | Winter Planning/Resilience   | Public         | DPH              |                 | Approval      | ☒          | ✓          |            |            |
| Partnerships           | RPB Delivery Plan  | Public         | CEO              |                 | Approval      | ☒          | ☒          |            |            |
| Partnerships           | RPB Delivery (6 monthly)   | Public         | CEO              |                 | Assurance     | ☒          | ✓          |            | ✓          |
| Partnerships           | PSB Wellbeing Plan (Future Generations Act)                            | Public         | DPH              |                 | Approval      |            |            |            |            |
| Partnerships           | Partnership Governance Framework                                       | Public         | CEO/DCG          |                 | Assurance     |            | ☒          | ✓          |            |

|                                 |   |                |               |  |           |   |   |   |   |
|---------------------------------|---|----------------|---------------|--|-----------|---|---|---|---|
| Population Health               | Annual Report of Director of Public Health          | Public         | DPH           |  | Assurance |   |   |   | ✓ |
| Performance                     | Integrated Performance Report                       | Public         | DP&C          |  | Assurance | ✓ | ✓ | ✓ | ✓ |
| Performance                     | Integrated Quality Report - incorporated into IPR   |                |               |  |           |   | ✗ |   |   |
| Finance                         | Approach to the Annual Accounts                     | Public         | DFIT          |  | Assurance |   |   |   | ✓ |
| Finance                         | Annual Report and Financial Statements              | Public         | CEO/DFIT      |  | Approval  |   |   |   |   |
| Finance                         | Financial Performance                               | Public         | DFIT          |  | Assurance | ✓ | ✓ | ✓ | ✓ |
| Finance                         | Finance Savings Report                              |                |               |  |           | ✓ |   |   | ✓ |
| Finance                         | Charitable Funds Annual Accounts and Report         | Public         | DFIT/DCG      |  | Approval  |   |   | ✓ |   |
| Finance                         | Approve contracts and financial delegations above t | Public/Private | Lead Director |  | Approval  |   |   |   |   |
| Governance                      | Community Health Council transfer to Llais          | Public         | DWOD          |  | Assurance |   |   |   |   |
| Partnerships                    | Llais Regional Director Report                      | Public         | RD Llais      |  | Assurance | ✓ | ✓ | ✓ |   |
| Compliance                      | Anti Racism Plan                                    | Public         | DWOD          |  | Approval  |   |   |   |   |
| Equality, Diversity & Inclusion | Equality, Diversity and Inclusion Annual Report     | Public         | DWOD          |  | Approval  |   |   |   |   |
| Equality, Diversity & Inclusion | Strategic Equality Plan 2023-27                     | Public         | DWOD          |  | Approval  |   |   |   | ✓ |
| Equality, Diversity & Inclusion | Welsh Language Annual Report                        | Public         | DWOD          |  | Approval  |   |   |   |   |
| Compliance                      | Safeguarding Annual Report                          | Public         |               |  | Approval  |   |   |   |   |
| Quality                         | IPC Assurance Report                                | Public         | DoNM          |  | Assurance |   |   |   |   |
| Listening and Learning          | Patient Experience Approach                         | Public         | DoNM          |  | Assurance |   |   |   |   |
| Compliance                      | Wellbeing of Future Generations Act Report          | Public         | DWOD          |  | Assurance |   |   |   | ✓ |
| Civil Contingencies             | Major Incident and Emergency Response Plan          | Public         | DPH           |  | Approval  |   |   |   |   |
| Planning                        | Corporate Business Continuity Plan                  | Public         | DPH           |  | Approval  |   |   |   |   |
| Capital and Estates             | Health and Safety Annual Report                     | Public         | DoTH          |  | Approval  |   |   |   | ✓ |
| Capital and Estates             | Capital Strategy                                    | Public         | AD Estates    |  | Approval  |   |   |   | ✓ |
| Capital and Estates             | Llandrindod Wells Hospital Phase 2                  | Public         | AD Estates    |  | Approval  | ✗ | ✓ |   |   |
|                                 | PSOW Annual Letter                                  |                |               |  |           | ✓ |   |   |   |
|                                 | Independent Patient Funding Requests (IFPR) from    | Public         |               |  | Approval  |   |   | ✓ |   |
|                                 | Winter Respiratory Vaccination Programme            | Public         | DPH           |  | Assurance | ✓ |   |   |   |
| Capital and Estates             | North Powys Programme                               | Public         | AD Estates    |  | Approval  |   | ✓ |   |   |
|                                 | EMERTS  | Public         | CEO           |  |           |   |   |   | ✓ |

Patterson Liz  
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