

Planning, Partnerships and Population Health Committee

Tue 12 October 2021, 10:00 - 13:00

via Teams

Agenda

10:00 - 10:00 **1. PRELIMINARY MATTERS**

0 min

 PPPH_Agenda_12_Oct_21.pdf (2 pages)

1.1. Welcome and Apologies

1.2. Declarations of Interest

10:00 - 10:00 **2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION**

0 min

There are no items for inclusion in this section

10:00 - 10:00 **3. ITEMS FOR DISCUSSION**

0 min

3.1. Strategic Planning: Performance and Key Planning Parameters

 PPPH_Item_3.1_Draft_PlanningFrameworkCoverPaper_PPPH_12Oct2021_061021.pdf (3 pages)

 PPPH_Item_3.1a_Draft_PowysPlanningFramework_PPPH_12Oct2021_061021.pdf (31 pages)

3.2. Overview of PTHB Population Health Priorities and Key Priorities

 PPPH_Item_3.2_12Oct21_Population Health Priorities.pdf (5 pages)

3.3. Overview of PTHB Statutory Partnerships and Joint Committees

 PPPH_Item_3.3_Partnerships Strategic Change 12Oct2021.pdf (24 pages)

3.4. North Powys Wellbeing Programme Planning Framework

 PPPH_Item_3.4_Service Planning Framework_Oct 21.pdf (4 pages)

 PPPH_Item_3.4a_Planning Framework v1.2 final Oct 21.pdf (12 pages)

3.5. Overview of Strategic Renewal Portfolio Priorities and Arrangements

 PPPH_Item_3.5_Renewal Paper 210610.pdf (23 pages)

10:00 - 10:00 **4. ITEMS FOR INFORMATION**

0 min

4.1. Committee Terms of Reference, approved by Board 29 September 2021

 PPPH_Item_4.1_Planning, Partnerships & Population Health Committee_ToR_Sept21_Final.pdf (10 pages)

Published
12/10/2021 16:01:18

4.2. Board and Committee Priorities 2020/21, approved by Board 29 September 2021

📄 PPPH_Item_4.2_Board and Committee Priorities_2021-22.pdf (15 pages)

10:00 - 10:00
0 min

5. OTHER MATTERS

5.1. Items to be brought to the attention of the Board and Other Committees

5.2. Any Other Urgent Business

5.3. Date of the Next Meeting

18 January 2022

Patterson Liz
10/06/2021 16:01:40

**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND
POPULATION HEALTH COMMITTEE**

**12 OCTOBER 2021,
10:00 – 12:00
VIA MS TEAMS**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Item	Title	Attached /Oral	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
	<i>There are no items for inclusion in this section</i>		
3	ITEMS FOR DISCUSSION		
3.1	Planning Framework and Key Planning Parameters	Attached	Director of Planning & Performance
3.2	Overview of PTHB Population Health Priorities	Attached	Director of Public Health
3.3	Partnerships and Strategic Change Report	Attached	Director of Planning & Performance
3.4	North Powys Wellbeing Programme Planning Framework	Attached	Director of Planning and Performance
3.5	Overview of Strategic Renewal Portfolio Priorities and Arrangements	Attached	Director of Planning & Performance
4	ITEMS FOR INFORMATION		
4.1	Committee Terms of Reference, approved by Board 29 September 2021		
4.2	Board and Committee Priorities 2020/21, approved by Board 29 September 2021		
5	OTHER MATTERS		
5.1	Items to be Brought to the Attention of the Board and Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: <ul style="list-style-type: none"> 18 January 2022 at 10:00, Via Microsoft Teams 		

Patterson, Liz
10/06/2021 16:01:40

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Rani Mallison, Board Secretary, rani.mallison2@wales.nhs.uk).

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

Patterson, Liz
10/06/2021 16:01:40

Agenda item: 3.1

Planning, Partnership and Public Health Committee		Date of Meeting: 12th October 2021
Subject :	Planning Framework and Key Planning Parameters IMTP Requirements and Approach	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	Executive team consideration at meeting on 6 th October 2021	

PURPOSE:

To present the Committee with a draft version of the Powys Planning Framework and Parameters which incorporates a section on IMTP requirements and approach, to consider and provide any feedback, which will be used to inform the development of the IMTP strategic framework which will be presented to PTHB Board on 26 November 2021.

RECOMMENDATION(S):

The Committee are asked to NOTE and DISCUSS the Draft Powys Planning Framework and Parameters and provide any feedback to inform the development of the IMTP strategic framework which will subsequently be presented to PTHB Board on 26 November 2021.

Approval/Ratification/Decision	Discussion	Information
	✓	✓

Patterson, Liz
10/06/2021 16:01:40

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

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

EXECUTIVE SUMMARY:

This paper provides the Committee with a draft version of the Powys Planning Framework and Parameters, incorporating a section on IMTP requirements and approach.

This is provided as part of the scoping and preparations for the production of the IMTP (Integrated Medium Term Plan) 2022/23 – 2024/25.

The Committee are presented with the Draft attached at Appendix 1, this has been considered at Executive Committee on 6th October as part of its development prior to being submitted to the Committee.

The Committee are asked to consider and provide any feedback, which will be used to inform the development of the IMTP strategic framework. and will subsequently be presented to PTHB Board on 26 November 2021.

This report and the Planning Framework attached is presented alongside two complementary reports on Population Needs being provided by the Director of Public Health and Partnerships and Strategic Change provided by the Director of Planning and Performance.

Together this suite of reports is intended to set out the key considerations for the Committee and to enable a full stocktake of the key factors which will inform the IMTP, at a time of particular complexity and uncertainty.

Patterson
10/06/2021 16:40

DETAILED BACKGROUND AND ASSESSMENT:

The development of the IMTP for the three year period ahead is set in the context of great complexity and uncertainty. Nonetheless, there remain some important fixed points which can be set out into a Planning Framework. Where there are less fixed points, variables can be identified as parameters within that framework, so that decisions are guided by as accurate and complete an understanding as possible.

This framework therefore provides a map of the 'current state' and the key parameters in relation to the external context (the macro parameters) and the organisational context (the position parameters).

It also provides a recap of the long term health and care strategy for Powys and the shared ambition of 'A Healthy Caring Powys'.

It is proposed that this strategy and ambition provides the Strategic Framework for the IMTP, with the renewal of the Well-being Objectives and Enabling Objectives, alongside the ongoing response to the by the Covid-19 pandemic.

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years, where progress is unlikely to be linear and contingency and local option planning will be necessary.

The three Rs of 'Resilience, Recovery and Renewal' are proposed as key phases in this cycle in the short, medium and long term. This will enable contingency and local options planning as part of the IMTP 2022 – 2025.

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term
- Recovery: recovery planning and action in the short and medium term
- Renewal: taking a longer term horizon to achieve sustainable transformation and renewal

This Framework is provided as a resource to support the IMTP development process which will include further work on 'micro' parameters by service area / type and activity and as part of the detailed implementation planning and subsequent review cycle noted in the final section of the attached document.

Please refer to the attached Draft Planning Framework and Parameters document for full detail.

NEXT STEPS:

Feedback will be used to inform the development of the IMTP strategic framework which will be presented to PTHB Board on 26 November 2021.

Patterson
10/06/2021 10:01:40

Planning Framework and Key Planning Parameters October 2021

Draft for Discussion

Patterson, Liz
10/06/2021 16:01:40

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Patterson, Liz
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Where are we now?

MACRO PARAMETERS

The external context

- PESTLE Analysis
- Population Health and Health Equity
- Latest Evidence
- Five Harms
- Learning and Reflections
- A Healthier Wales and the National Clinical Framework
- Legislative / Government Programme and Priorities
- IMTP Legislation and Statutory Requirements/ Escalation / intervention status and conditions

POSITION PARAMETERS

The organisational context

- Performance
- Finance
- Workforce
- Quality and Safety
- Demand and Capacity
- Activity
- Modelling
- Strategic Risk
- SWOT Analysis

Where do we want to be?

A HEALTHY CARING POWYS

- Long term shared ambition and health and care strategy
- Powys Principles
- Powys Outcomes
- Well-being Objectives
- Enabling Objectives

How will we get there?

Integrated Medium Term Plan (IMTP) 2022/25

- Strategic Framework: renewing the ambition of A Healthy Caring Powys
- Priorities to deliver against Well-being & Enabling Objectives
- The three Rs: Resilience, Recovery, Renewal
- Implementation and Review

Paterson, Liz
10/06/2021 16:01:40

Introduction

All plans set out 'where we are now', 'where we want to be' and provide a map for 'how we are going to get there'. A Planning Framework provides an overall map for this journey and planning parameters are the distinguishing features on that journey. It helps to understand the complexity of the territory and the distance to be travelled.

In a complex health and care environment, there are multiple parameters to be understood and a very complex landscape to be navigated. A robust and systematic framework, whilst it will never be a perfect route map, helps to articulate the desired end point and harness efforts across a whole system to reach it.

This Planning Framework is set in the context of the greatest complexity and uncertainty ever experienced in the NHS. Nonetheless, there remain some important fixed points and where there are less fixed points, variables can be identified and made clearer so that decisions are guided by as accurate and complete an understanding as possible.

This framework therefore provides a map of the 'current state' (where we are now) and the key parameters in relation to the external context (the macro parameters) and the organisational context (the position parameters).

It also provides a recap of the agreed long term health and care strategy for Powys (where we want to be) and the key factors in relation to the shared ambition of 'A Healthy Caring Powys'. This includes the renewal of the Well-being Objectives and Enabling Objectives, alongside the ongoing response to the by the Covid-19 pandemic.

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years, where progress is unlikely to be linear and contingency and local option planning will be necessary.

The three Rs of 'Resilience, Recovery and Renewal' are proposed as key phases in this cycle in the short, medium and long term. This will enable contingency and local options planning as part of the IMTP 2022 – 2025.

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term
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This Framework is provided as a resource to support the IMTP development process which will include further work on 'micro' parameters by service area / type and activity and as part of the detailed implementation planning and subsequent review cycle noted in the final section of this document.

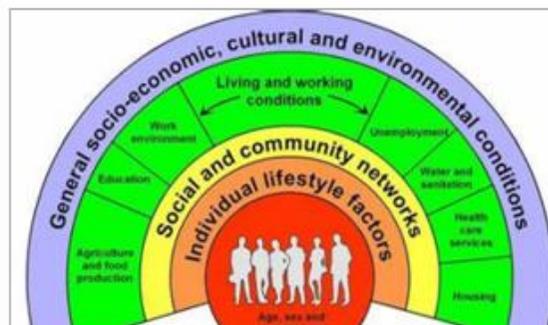
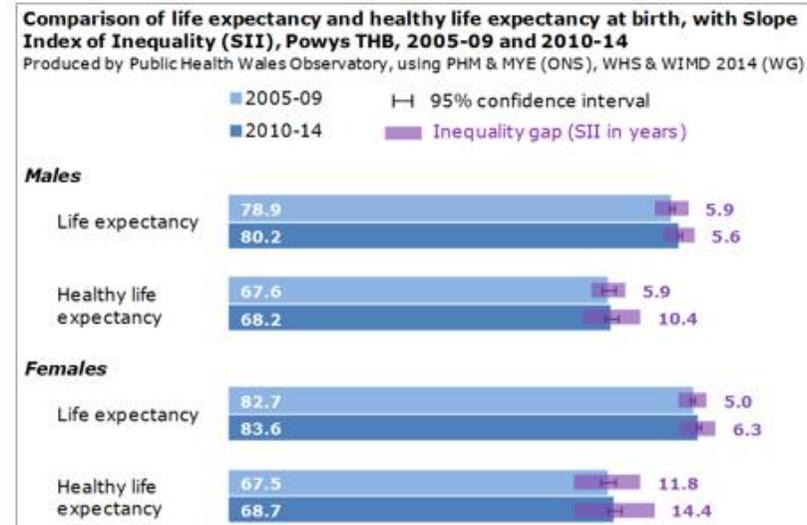
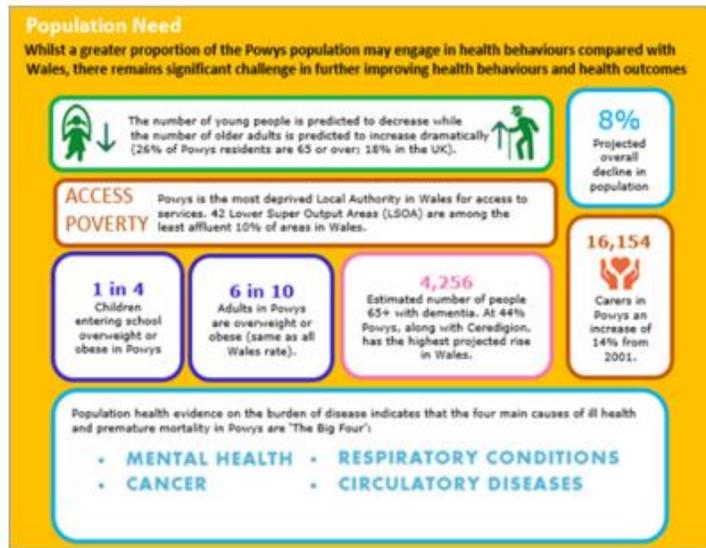
Patterson, Liz
10/06/2024 16:08:40

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

Paterson-Liz
18/10/2021 16:01:40

Population Health and Equity

Population health is about how organisations work in partnership to improve mental and physical health and reduce inequalities. Current partnership priorities for population health in Powys are captured in three documents: the Public Services Board (PSB) Wellbeing Plan, the Regional Partnership Board (RPB) Local Area Plan, and the Powys Health and Care Strategy. In reviewing each, a large number of actions are identified which make a contribution to population health. When taken together, they can be seen as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).



COVID-19 is experienced as a **syndemic**—a co-occurring, synergistic pandemic that interacts with and exacerbates their existing chronic diseases and social

Covid 19 related vulnerability: the most affected

Direct health impact – contracting infection, severe illness, death	Indirect impact – through the five essential conditions (wider determinants of health)
<ul style="list-style-type: none"> People with pre-existing chronic conditions or disability Minority ethnic groups, especially Black and Asian People living in areas of higher socio-economic deprivation People living in, and at risk of, poverty and social exclusion Self-employed, those in insecure/informal/low income employment (often key jobs) Front line health or social care workers Living or working in crowded conditions, such as meat processing plants Marginalised or transient groups, such as homeless people, refugees and migrant workers, prisoners Those who do not have basic water, sanitation or hygiene facilities 	<ul style="list-style-type: none"> Older age Men Living in a care home Children and young people Women, especially mothers Unskilled workers

Patterson, Liz
10/06/2021 16:01:40

Population Health and Equity

Health equity refers to the absence of systematic, unfair, avoidable or remedial inequalities in health between groups of people, whether these groups are defined socially, economically, geographically or demographically.

Population health parameters relate to system level drivers and mechanics and include:

- System leadership and training in system working to prioritise equity and increase the community voice.
- Health equity in terms of where the greatest need is in our communities, where people live, focusing on effective system working and meaningful outcomes.
- Services based on risk-informed mapping where different risk factors are distributed in our populations.
- Focusing on meaningful outcomes and acting on the findings of health equity audits of our services

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

- Purchasing more locally and for social benefit**
In England alone, the NHS spends £2.7bn every year on goods and services.
- Using buildings and spaces to support communities**
The NHS occupies 8,253 sites across England on 6,500 hectares of land.
- Working more closely with local partners**
The NHS can learn from others, spread good ideas and model civic responsibility.
- Widening access to quality work**
The NHS is the UK's biggest employer, with 1.6 million staff.
- Reducing its environmental impact**
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

References available at www.health.org.uk/about/anchor-institutions
© 2019 The Health Foundation.

Culture – Hearts and Minds

The National Clinical Framework isn't just about how the systems operates at a planning level. It is about embedding the principles of Prudent Healthcare into everyday practice for all staff. Five broad themes emerged from engagement and from literature during development.

- B** What are the benefits?
It's not just about acting in the patient's best interests, it's about acting in the populations' best interests
- R** What are the risks?
Shared-decision making needs to be built into pathways. Ask 'what matters to you?' and use BRAN. Pathways, not conveyor belts.
- A** What are the alternatives?
Avoid overmedicalizing, overdiagnosis and overtreatment. Think biopsychosocial.
- N** What if I do nothing?
Patient activation, community resources, prehabilitation and rehabilitation
- Be honest, be realistic, foster advance planning – it's everyone's role not just a 'specialist's'*

Patterson-Li
10/06/2021 11:40

Latest Evidence

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

There will be differing effects between groups, with both positive and negative impacts on health, behaviours and the 'wider determinants of health'. Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced. Research points to particular impacts on children and young people and other vulnerable groups. There is a clear correlation with existing inequalities of all types – across all boundaries including ethnicity, gender, age and sexuality.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) sets out the wider socio-economic impact in Wales:



Importantly, despite the catastrophic consequences of Covid, the report also emphasises the profound interdependence between population and community well-being and the window of opportunity to adopt and accelerate new approaches and solutions to achieve healthier and more resilient people, societies and economies.

A fuller account of the key references and links to all sources can be found in the PTHB Annual Plan 2021 – 2022.

Five Harms Framework

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

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

This was subsequently updated to five harms to reflect going into Winter 2021/22 alongside the releasing of COVID-19 restrictions and how the focus may need to shift from direct to indirect harms of the pandemic (Technical Advisory Group Five Harms Arising from COVID-19: Consideration of Potential Baseline Measures, 9 July 2021, Welsh Government).

1. Harm directly arising from SARS-CoV2 infections;
2. Indirect COVID-19 harms due to surge pressures on the health and social care system and changes to healthcare activity, such as cancellation or postponement of elective surgeries and other non-urgent treatments (e.g. harm from cessation of screening services) and delayed management of long-term conditions.
3. Harms arising from population based health protection measures (e.g. lockdown) such as, educational harm, psychological harm and isolation from shielding and other measures.
4. Economic harms such as unemployment and reduced business income arising both from COVID-19 directly and population control measures, like lockdown.
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society.

Source: Technical Advisory Cell, July 2021

Patterson, Liz
10/06/2021 16:01:40

Learning and Reflections

There have been great challenges over the past year and these are still continuing in relation to responding to the Covid-19 pandemic and its impacts for people in Powys. There has also been a rapid acceleration in innovation to face this challenge head on. This has included the development of new tools, techniques, skills and ways of working.

An [Evaluation of Ways of Working](#) was commissioned by the health board and a number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
 - More support for self-care, promoting independence and ownership for patients and carers
 - staff have developed skills which can be shared further and there are opportunities for further adoption and scale
- "Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."*
- The shift to remote communication has been well received, leading to easier contact and collaboration
 - Access and equipment issues can cause frustration, there is a critical role for IT support, infrastructure & systems
 - A high value is placed on staff engagement and perception of value at work
 - Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
 - Most people reported a positive experience at work, pride and feeling that they matter
 - Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
 - There is a drive for quality improvement and innovation and streamlined decision making and governance
 - Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
 - There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

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

The [NHS Staff Survey 2020](#) highlighted improvements in areas such as engagement and motivation, whilst recognising the need for improvement and a focus on culture, communication, management and team working.

There is a clear message to build on the innovation and streamlined ways of working and to build in time to recover. This requires action across the whole organisation using the [Compassionate Leadership Approach](#), [Healthy Working Relationships model](#) and [Organisational Development Framework](#).

10/16/2023, 16:01:40
Patterson, L.L.

A Healthier Wales and National Clinical Framework

A Healthier Wales

A Healthier Wales was first published by Welsh Government in 2018 and remains the overarching strategic framework for health and care. It sets out five goals:

- **The health and social care system will work together** so that people using them won't notice when they are provided by different organisations.
- We want to **shift services out of hospital to communities**, and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether.
- We will **get better at measuring what really matters** to people, so we can use that to work out which services and treatments work well, and which ones need to be improved.
- We will **make Wales a great place to work in health and social care**, and we will do more to support.
- To make our services work **as a single system, we need everyone to work together** and pull in the same direction.

National Clinical Framework

Welsh Government have published a National Clinical Framework (February 2021) which also forms an important component of the strategic context in Wales:

- The National Clinical Framework sets out a **coherent vision** for the strategic and local development of NHS clinical services.
- It is grounded in the **life course approach to service delivery** and aligned to the burden of disease facing the population.
- Its intent is to **improve patient outcomes** and support the planning and delivery of resilient clinical services.
- It builds upon the findings of the Parliamentary Review and the direction set in **A Healthier Wales** and has benefited from looking at international experience and engagement with NHS colleagues.
- The Framework will sit at the **centre of our system of planning**.



Patterson, Liz
10/06/2021 16:01:40

Well-being of Future Generations Act



A Healthier Wales responded to the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 in its desire for a high quality health and social care system and sustainable development.

This set out seven well-being goals and a duty for public bodies to consider long term solutions and take a more joined up approach.

Five Ways of Working



Long Term



Prevention



Integration



Involvement



Collaboration

Climate change and decarbonisation are key themes for the next three year planning horizon and there are ambitious targets to be achieved.

The health board adopted an **Environmental Policy Statement** at its Board meeting in September 2021 in relation to its commitment to progress as a matter of priority key actions in relation to Environment and Sustainability. It also approved a Biodiversity Action Plan addressing environmental issues on biodiversity.

The recently published **NHS Wales Decarbonisation Strategic Delivery Plan** also provides a set of guiding principles enabling the organisation to plan to achieve the demanding CO₂e reduction targets across a range of services and activities and the organisatio

Legislative / Government Programme

The key areas in relation to the Programme for Government and Legislation in Wales and England are set out below, there are a number of significant areas of development in the new Welsh Government and Ministerial Priorities for health and care. There are similarly substantial developments cross border with the progression of the Health and Social Care Bill:

Welsh Government - Programme for Government 2021 - 2026

Ten **Well-being Objectives** - broadly:

1. Healthcare
2. Vulnerable People
3. Economy
4. Greener Economy
5. Climate and Nature Emergency
6. Educational Reform
7. Diversity and Inequality
8. Welsh, tourism, sports and arts
9. Cities, towns and villages
10. Constitutional future of Wales

8 **Ministerial Priorities** Health & Social Care

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

Health and Social Care portfolio areas:

- Development of NHS National Executive
- Integrated health and social care, Social Care Framework, Chief Social Care Officer
- Cap on Social Care costs, Capital limit
- CHC and Direct payments
- Health & Social Care Centres, Community Hubs
- NHS Bursary, free prescriptions, PPE for staff, funding for Test, Trace and Protect
- End of Life Care, HIV Stigma, Carers hardship fund, respite, age friendly posts, Baby bundles, asylum seeking children / young people, national fostering scheme
- New technology and AI

Legislative Programme (Wales)

Existing Legislation of particular note:

- **Social Services and Well-being** (Wales) Act 2013 [Public Services Boards & Well-being Plans]
- **Well-being of Future Generations** (Wales) Act 2014 [Regional Partnership Boards / Wellbeing Goals/ Five Ways of Working]
- **Nurse Staffing** Levels (Wales) Act 2016
- **Welsh Language** Act 1993 also of note
- **Socio Economic Duty** created with effect from March 2021 (under powers of Equality Act 2010)

Legislation planned/ to be implemented this year:

- Quality and Engagement (Wales) Act 2020 [Quality; Citizen Voice; Duty of Candour; NHS Trust Governance in Wales]
- Rebalancing Care and Support Bill pending
- Social Partnership and Public Procurement Bill
- Education Reform (Post 16)

Legislative Programme (England)

- Health and Care Bill / Planned legislation for Integrated Care Systems (ICS) and Boards
- Delegation of some NHSE/I Functions to ICSs: letter of intent July 2021; implementation Apr 22

Patterson, Liz
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IMTP Requirements

It is a requirement that Integrated Medium Term Plans are produced to provide assurance on how services will be commissioned and provided, within available resources, to meet the needs of individuals and improve outcomes for the populations they serve.

There are a number of statutory requirements that health boards are required to demonstrate compliance against, listed below, this is not exhaustive but provided in the most recent NHS Wales Planning Framework as the key areas of focus.

- Legal duty to produce a plan and meet financial responsibilities for scrutiny by Audit Wales
- COVID-19 regulations, legislation and guidance
- Socio-economic Duty
- EU transition
- Social Services & Wellbeing (Wales) Act 2014 and the Social Care Wales hub
- Regulation and Inspection of Social Care (Wales) Act 2016
- Welsh language (Wales) Measure 2011
- Nursing Levels (Wales) Act 2016
- Wellbeing of Future Generations (Wales) Act 2016
- Public Health (Wales) Act 2017
- GP Indemnity in Wales
- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Equality Act 2010
- Health & Safety at Work etc Act 1974 and associated legislation

Health board IMTPs are subject to approval by Welsh Government and this process is used to identify the status of the health board in relation to any areas of escalation or intervention requirements. PTHB has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' August 2021 received from Welsh Government as follows:

- Restarting of commissioned services, in England and Wales, maintaining a focus on overall patient experience
- Continued challenge in managing the relationship with partner organisations, in Wales and England, particularly relevant with Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Aneurin Bevan University Health Board (ABUHB), following the opening of the Grange University Hospital
- Good communication with the local population to explain the options available in accessing services

Patterson, L.
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Partnership Landscape

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

Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board and one Public Services Board which are co-terminous with both the health board and the County Council.

It is also the smallest population of any health board (circa 133,000 compared to the next smallest Hywel Dda University Health Board at 390,000 and the largest Betsi Cadwaladr University Health Board at 703,000). Therefore Powys is also considered as a sub region, within the wider Mid Wales footprint, which is now recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

The key partnership and planning arrangements are listed below.

Regional Arrangements

- Powys Regional Partnership Board
- Powys Public Services Board
- Powys Joint Partnership Board
- Mid Wales Joint Committee for Health and Social Care
- Other Regional Fora (Wales)
- Integrated Care systems (England)

National Arrangements

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulances Services Committee (EASC)
- NHS Wales National Collaborative Commissioning Unit (NCCU)
- NHS Wales Health Collaborative
- NHS Wales National Programmes spanning Planned Care, Unscheduled Care, Primary Care, Climate Change and Decarbonisation, Value Based Healthcare, Health Technology, Digital, Workforce and Theme / Profession specific workstreams, Academic Partnerships
- NHS England / Improvement arrangements including the planned progression of the Health and Care Bill

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Strategic Programmes

In addition, there are a number of programmes at regional and national levels that impact on health and care provision and pathways for residents of Powys.

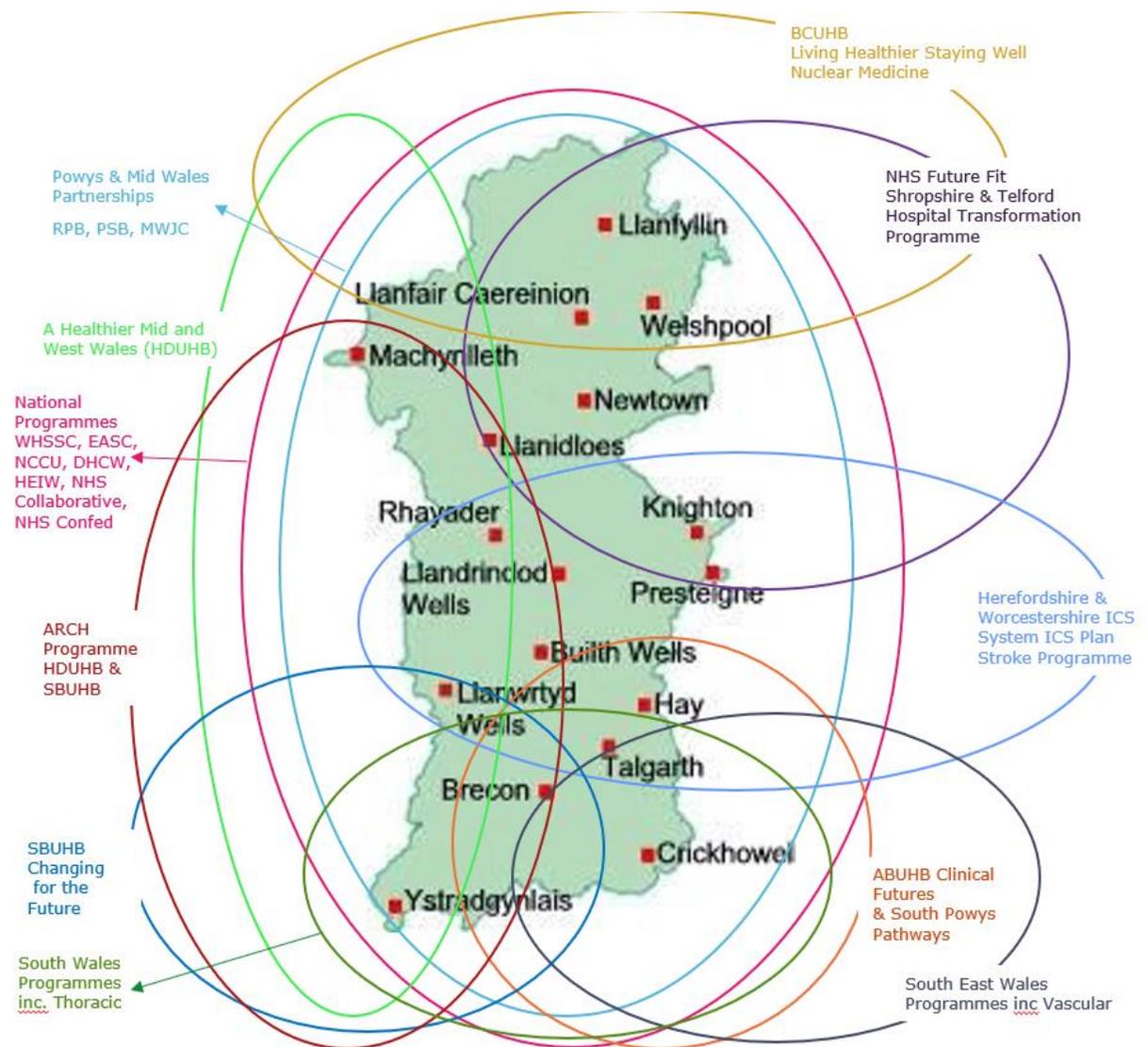
These are sometimes referred to as 'strategic change programmes' and in most cases were in train prior to the onset of the Covid-19 pandemic.

These were suspended during the initial phases of response to the pandemic in line with the public health emergency response.

These have been gradually revisited during 2021, as part of the planning process for each provider and/or partnership, in the context of the wider recovery efforts in Wales and England.

The diagram shown here has been refreshed in September 2021, to show the current major programmes of work at a national and regional level.

There are a range of other arrangements which are specific to service areas and will be included as part of Directorate considerations for the next three years. These include the National programmes for Recovery, Planned Care, Primary Care, Cluster Development, Climate change, Value Based health care, Digital, Workforce, Academic Partnerships, clinical and professional networks, working groups and bodies.



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Performance Position

The scale of the challenge in relation to people waiting for diagnostics, treatment and care and the backlog created by the pandemic is a critical new parameter. It is a challenge which will not be met by existing approaches or existing resources, it will require radical new solutions founded in a value based healthcare approach, nationally, regionally and locally. This is a change of currency from 'waiting times' to experience and outcomes for those waiting. This will build on existing prioritisation based on risk and potential harm.

The health board has commenced important work on renewal, led by Clinical Executives, as part of the Annual Plan, with priorities informed by the evolving learning and evidence.

The response will adapt as the phases of the pandemic change, responding not only to the immediate short term problems of longer waiting times and backlogs in healthcare, but also to the experiences and concerns of those waiting for care.

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

The Minimum Dataset submitted with the IMTP sets out key trajectories for the year in relation to:

- Test, Trace and Protect
- The PTHB Provided Bed Model (Community and Mental Health)
- Core Activity across Primary and Community Care
- Planned Care Trajectories by speciality
- Workforce
- Financial Plan

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and progress on this will be tracked alongside the development of the IMTP although the final outputs are not expected to align with the IMTP submission timeline.

Prepared by Liz
18/04/2021 16:01:40

Finance

The health board financial strategy is designed around a core principle of ensuring Powys residents have access to good quality health services that meet their needs whilst achieving the target of containing expenditure to within the resources available. The health board has established a succession of financially balanced plans and consistently achieves a routine monitoring status.

There are however continuing economic pressures and these are further complicated by the impacts that are expected as a result of the pandemic and the potential pressure on public spending and recovery in the NHS in particular.

Ensuring that the health board remains in a balanced financial position will be a very significant challenge for the next three years and the key financial parameters in this context include:

- A Value Based Health Care approach supported by Investment Benefits discipline
- Excellent Financial and Service Planning with strong control in all budget areas
- Excellent financial interaction and alignment internally and externally
- Strong alignment across financial, workforce and operational plans
- Leadership, ownership and buy in across the organisation
- New approach to the delivery of reducing costs to support longer term sustainability

This is supported by more detailed assumptions or 'micro' parameters which will be worked up during the IMTP Development process and on receipt of the letter from Welsh Government regarding financial allocation which is expected in December 2021. These micro parameters will cover:

- Detailed percentages of changes in Long Term Agreements for English and Welsh providers
- Detailed percentages of changes in NHS Wales pay agreements
- Any changes to other nationally agreed cost frameworks including primary care and nursing homes
- Saving and cost containment requirements
- Allocations for depreciations and impairments and capital charges
- Strategic support where issued as direct funding
- Recovery cost funding and covid related expenditure

Patterson, Liz
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Workforce

Workforce planning for immediate health board priorities of covid response and resilience remains a significant focus, alongside building the capacity required for recovery and renewal work, in line with national and regional plans and investment.

Key workforce parameters include:

- The complex and changing nature of work and the employment landscape
- Set in an increasingly competitive workforce market over the three year planning horizon
- Constraints in relation to sector specific employment which limit the ability to modify the workforce at a local and regional level and the challenge of redesigning roles in the existing workforce
- The ongoing response to the pandemic and the well-being and welfare of staff in this challenging context



- A Workforce Futures Strategic Framework has been developed working in partnership as a Powys region with significant schemes including the Health and Care Academy
- Collaboration on a Mid Wales footprint to grow and retain workforce including strategic academic partnerships
- A growing 'social partnership' with Trade Unions
- Building on the learning and innovation and links with the community, voluntary sector and the experience of working closely with new partners including military colleagues

Wales' 10-year workforce strategy, 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' was launched by Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) on 22 October 2020.

It sets out the vision, ambition and approaches that put wellbeing at the heart of plans for the NHS and social care workforce in Wales. It reflects a core element of the Parliamentary Review and A Healthier Wales' 'Quadruple Aim' to deliver an inclusive, engaged, sustainable, flexible and responsive workforce to deliver excellent health and social care services.



Presented by Liz
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Quality and Safety

The Health Board has developed a Clinical Quality Framework and is committed to ensuring high quality, safe and effective services and quality assurance, planning and improvement as a core principle underpins everything, from day to day delivery through to transformational schemes and commissioned services.

Key Quality and Safety parameters include:

- Implementing Welsh Government's Quality and Safety Framework, enabling preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act, which includes duties of quality and candour, and in force from April 2023
- Recommendations from the Wales Audit Review of Quality Governance (Sept 2021 – final report awaited)
- The Clinical Quality Framework encompasses the fundamental pre-determinants of the delivery of high-quality clinical care
- Commissioning Assurance Framework, to ensure that providers deliver services of the highest possible standards continuous monitoring of quality and safety of care and treatment provided
- Risk based planning and priority setting
- Revised Putting Things Right policy, complimented by implementation of the new Wales Patient Safety Framework
- Reset of the committee structure as part of Board Assurance Framework
- Infection prevention and control including implementation of the national Framework for managing patient safety incidents following nosocomial Covid-19
- Safeguarding and vulnerable groups, this is an important area of partnership working locally and regionally.
- Maternity Neonatal Services are a high priority nationally and locally, the whole system approach to services is a key quality governance priority.
- Strong **stakeholder engagement** has also been key throughout the year and an important part of the learning and reflections for the organisation and partners.



Improvement Cymru have recently launched its Quality and Safety Framework and new Improvement Cymru Strategy 2021 – 2026 to enable everyone to work together with health and care systems in Wales to ensure that everyone has access to safe, effective and efficient care in the right place, at the right time.

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Demand, Capacity and Activity

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

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

Significant changes in demand were seen in 2020 across Wales and the rest of the UK as a result of the pandemic. Communications were developed nationally and locally to promote access and demand is restoring.

Waiting times have increased due to the changes in healthcare to respond to the pandemic. The waiting times position is critical across directly managed and commissioned services.

Health board directly provided essential services have been maintained throughout the pandemic, albeit with a reduction in the capacity available, due to infection prevention and control measures. Alternative means of delivery such as digital have helped to keep services available to patients, although the means of access has changed.

Surge Planning

To date surge capacity has been planned and delivered in Powys through the existing health board infrastructure. This has proved to be sufficient, during both non peak and peak times in 2020/21. Preliminary plans were also drawn up for additional capacity which remain available if at any point it becomes necessary to revisit those, although that is not currently considered to be a likely scenario in line with the modelling intelligence.

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Modelling Assumptions

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

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

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

Local modelling utilises the nationally available intelligence, underpinned by:

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

*The Minimum Data Set is a spreadsheet that is required to be completed as part of the Annual Plan submission to Welsh Government and provides an assessment of our demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

Further information on the role of TAC and the most recent updates are available at <https://gov.wales/technical-advisory-cell>.

An updated modelling report is expected in Autumn 2021.

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Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. The need to continue to respond to the public health emergency of the pandemic alongside growing system pressures, seasonal factors and the need to recover healthcare services presents multiple and interrelated risk factors.

The modelling of the presentation of the Covid-19 pandemic is described in more detail earlier in this document. A responsive approach is necessary and the Technical Advisory Cell have added a 'fifth harm' of inequalities to the 'four harms' in relation to the impact of Covid, in recognition of the increasingly syndemic impact of the pandemic.

In this context, there are delivery challenges not solely in relation to access to services and waiting times but at a population health system level. The impact of this on patient and community well-being and experience is a growing area of risk.

The response is similarly complex across partnerships and cross border in relation to the pathways for the Powys population. Alignment will be a key delivery challenge across and between service areas, organisations, partnerships and geographies.

There are constraints and innovations in delivery which also form part of the understanding and management of risk in the IMTP approach for this period. These key strategic risks are set out in the diagram on the right.



Patricia
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SWOT Analysis

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

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Long Term Vision and Strategy

THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...



To 2027 AND BEYOND...



WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS...



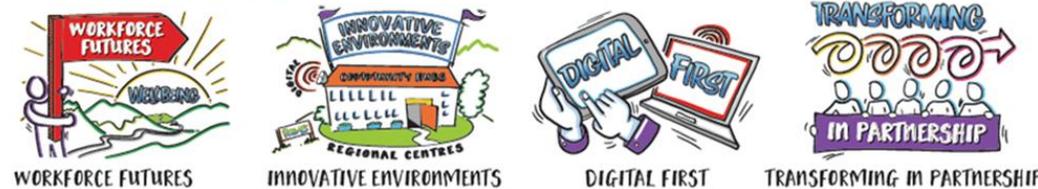
WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...



OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...



THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...



Patterson, Liz
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Guiding Principles

A set of principles have been developed with staff, partners, patients, carers and stakeholders as part of the long term Health and Care Strategy. During the development of the Annual Plan, these came to the fore, setting the parameters for the agreement of meaningful priorities and they will be used to test and refine our approaches as the plan is implemented.



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.



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



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.



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



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.



We will work with individuals and communities to use all of their strength 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.

Patterson, Liz
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Powys Outcomes

Co-produced outcomes informed by stakeholder feedback, national outcomes and the Powys Well-being Assessment:

Focus on Well-being

- I am responsible for my own health and well-being
- I am able to lead a fulfilled life
- I am able and supported to make healthy lifestyle choices about my mental and physical health, and well-being, for myself and my family
- I have life opportunities wherever I am and wherever I live in Powys
- My environment/community supports me to be connected and maintain health and well-being
- As a carer I am able to live a fulfilled life and feel supported

Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

Proposed Strategic Framework

The framework for the IMTP 2022/23 – 2024/25 is based on the appraisal of the parameters set out in this document, and will respond to the NHS Wales Planning Framework when that is published, this is expected later in the Autumn 2021. The organisation is responding to much greater complexity, difficulty and risk than ever before in its history. But it is also set in the context of accelerated innovation and a pivotal moment in history.

The key components of the IMTP 2022/23 – 2024/25 will continue to build on the annual plan. Our shared long term Health and care strategy 'A Healthy, Caring Powys', still stands the people of Powys in good stead moving forward and all partners have agreed that it will continue to provide the anchor strategy going forward.

The IMTP will be set in years 6 to 8 of this ten year strategy and therefore takes a medium and longer term view as it passes the mid-point of delivery against the ambition of 'A Healthy Caring Powys'.

The proposed strategic framework for the IMTP 2022/23 to 2024/25 will therefore be framed around this renewed ambition. Strategic and Directorate priorities will be set against:

- The four Well-being Objectives: Focus on Well-being; Early Help and Support; Tackling the Big Four and Joined Up Care
- The four Enabling Objectives: Workforce Futures; Digital First; Innovative Environments and Transforming in Partnership

This will be set in the context of continued phasing of the 'three Rs'

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term
- Recovery: recovery planning and action in the short and medium term to address the impact of the pandemic
- Renewal: taking a longer term horizon to achieve sustainable transformation and renewal

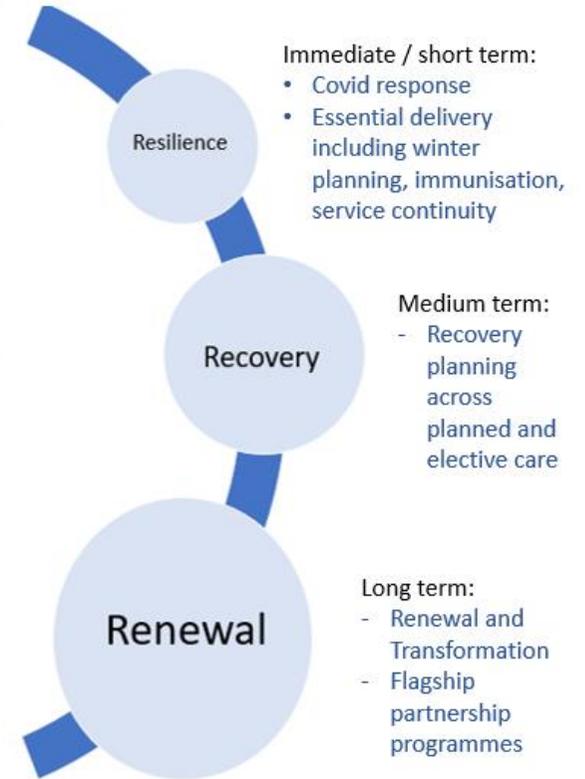
Micro planning parameters will be set as part of the IMTP development between October and December 2021 and will cover:

- Detailed Modelling and Planning Assumptions
- Financial parameters and strategy
- Workforce parameters and strategy
- Agreed assumptions across key delivery areas
 - o Bed Model (MDS)
 - o Trajectories for TTP (MDS)
 - o Core Service and Planned Care Trajectories (MDS)

Alignment of micro planning parameters internally and across partners locally including Clusters and key statutory partnerships regionally and nationally including cross border systems will be critical for this plan.

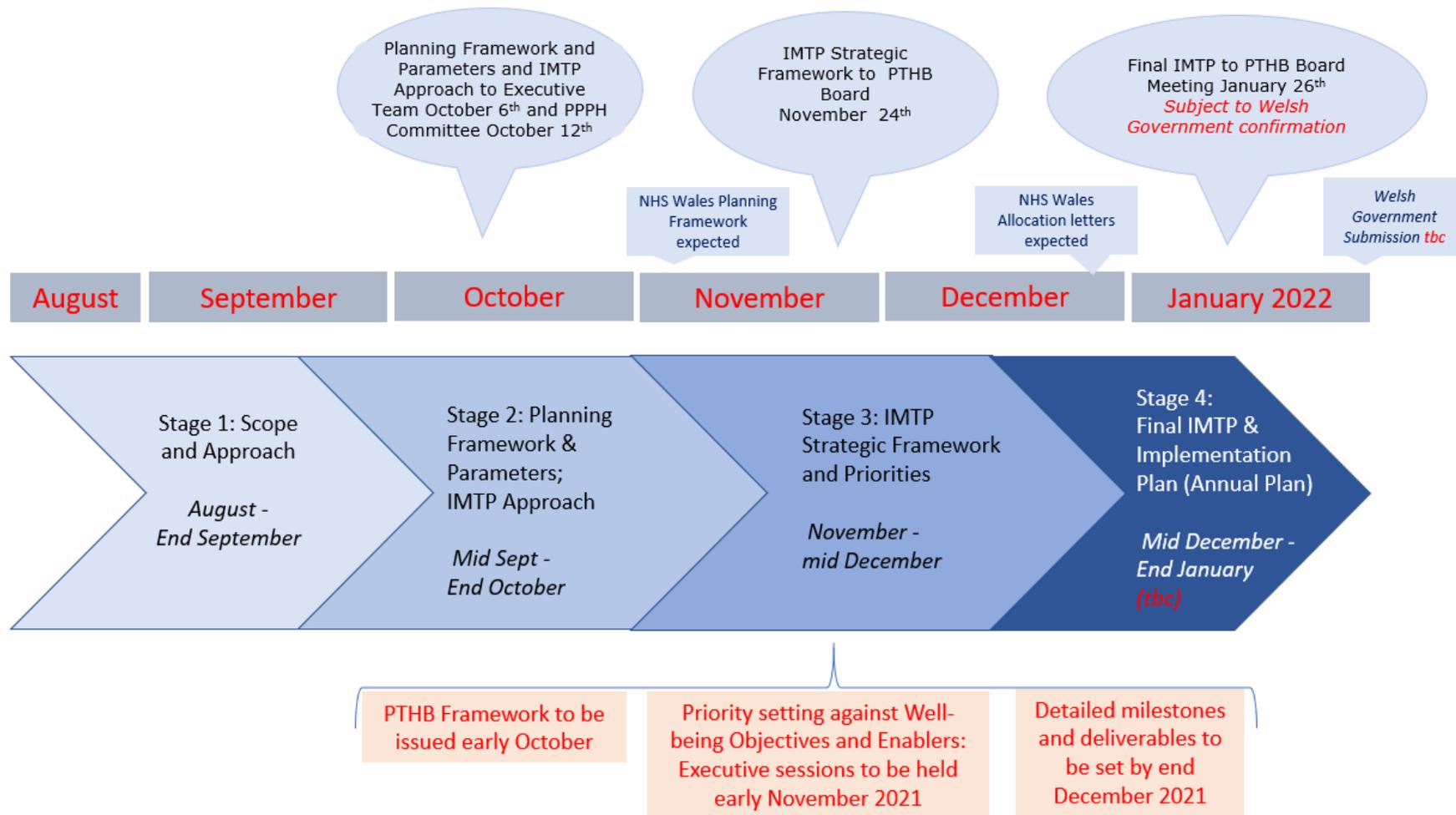
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Draft Strategic Framework
2022/23 - 2024/25



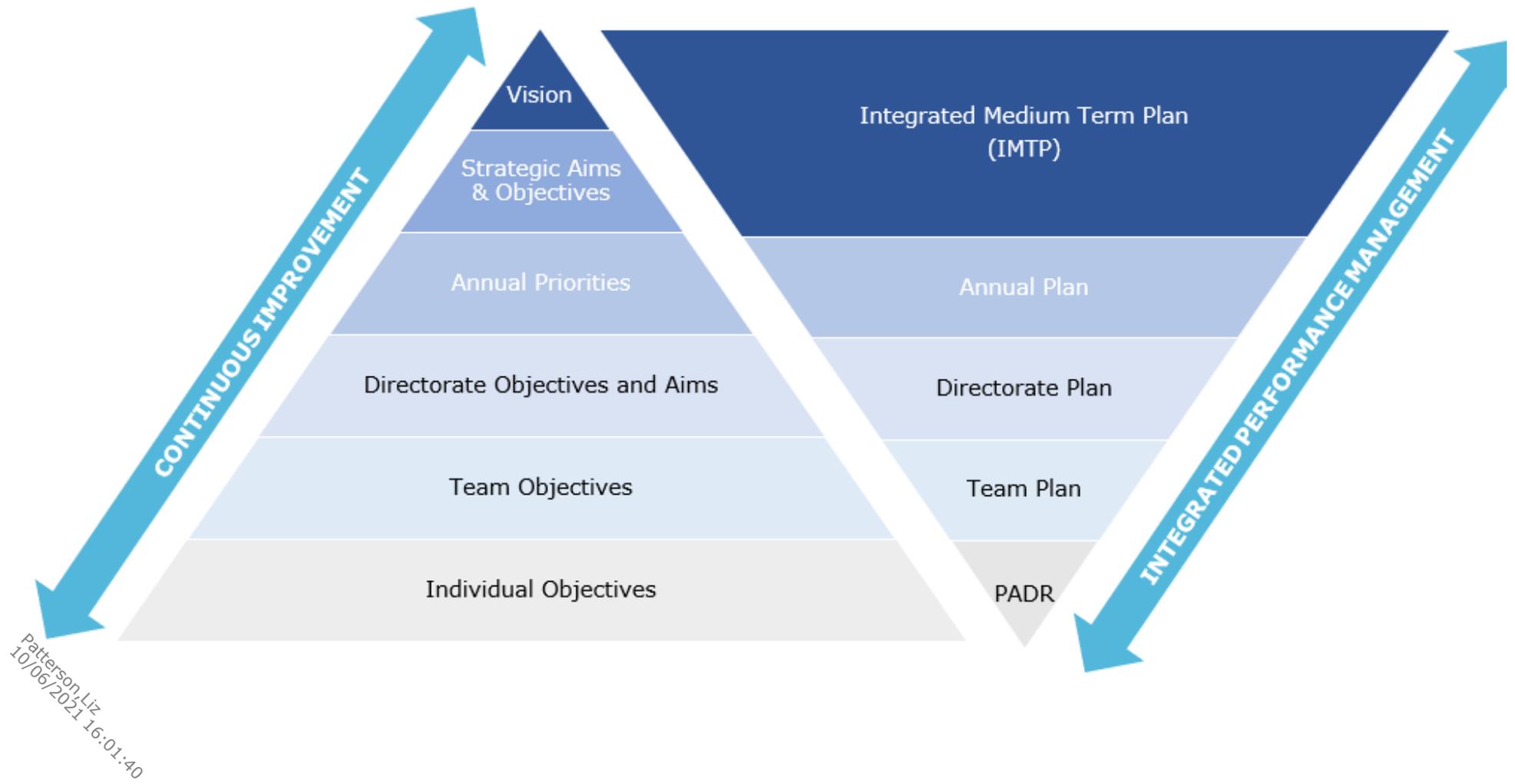
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Draft Timeline



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Implementation and Review



Agenda item: 3.2

Planning, Partnerships and Population Health Committee		Date of Meeting: 12 October 2021
Subject :	Overview of Population Health Priorities in Powys	
Approved and Presented by:	Director of Public Health	
Prepared by:	Director of Public Health	
Other Committees and meetings considered at:	Executive Committee (06/10/21)	

PURPOSE:		
This paper has been written to help clarify the term 'population health', and to provide an overview of the current population health priorities for Powys.		
RECOMMENDATION(S):		
PPPH Committee is asked to NOTE and DISCUSS the content of this paper.		
Approval/Ratification/Decision	Discussion	Information
X	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓

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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:

Population health is about how organisations work in partnership to improve mental and physical health and reduce inequalities. Current partnership priorities for population health in Powys are captured in three documents: the Public Services Board (PSB) Wellbeing Plan, the Regional Partnership Board (RPB) Local Area Plan, and the Powys Health and Care Strategy. In reviewing each, a large number of actions are identified which make a contribution to population health. When taken together, they can be seen as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).

DETAILED BACKGROUND AND ASSESSMENT:

Population health is about improving the health and wellbeing of an entire population. It is about improving the physical and mental health of people within a defined population, while also reducing health inequalities. It is focused on action to prevent ill health occurring, as well as action on the wider determinants of health. It is about system working, and creating a collective sense of responsibility across organisations and individuals, rather than just being seen as the responsibility of a single institution or specialism. Within Public Health, it is linked to, but distinct from, health protection, i.e. the control of communicable disease, and healthcare public health, i.e. the planning of healthcare services.

Taking this definition of population health, in particular the role of the collective or system view, the current population health priorities for Powys are described in three places: the Public Services Board Wellbeing Plan, the Regional Partnership Board Joint Area Plan and the Powys Health and Care Strategy. Informing each is the partnership process of both wellbeing and population assessments which seek to objectively identify and record the population health needs of the Powys population. For further detail on the assessments, the Powys Wellbeing Assessment is available at: [Full Well-being assessment analysis - Powys County Council](#), and the Powys Population Assessment is available at: [Powys Population Assessment Summary V5.pdf \(moderngov.co.uk\)](#)

Reviewing all three of the partnership documents together results in a list of the following population health priorities for Powys:

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Table 1: Population health priorities for Powys based on the Powys Wellbeing Plan, Joint Area Plan and Powys Health and Care Strategy.

Wellbeing Plan	Joint Area Plan	Health & Care Strategy
Work with and influence others to improve our transport infrastructure, our existing transport links and develop a sustainable and integrated approach for planning and delivery	Undertake a review of community development , working closely with Third Sector provision to assess and develop opportunities to increase well-being.	We will provide integrated community hubs with education, communities and voluntary sector, ensuring local accessible services.
Develop a joint approach to community resilience by co-ordinating existing support and building the skills and capacity within communities helping them do the things they can do for themselves	Develop Day Time Activities for Older People in line with the new model of care linking with the community development work to ensure we have a co-ordinated and accessible range of services for older people, including those with dementia, and their carers.	We will develop a holistic programme with communities to support play, mental and physical activity , utilising outdoor green space.
Develop a holistic approach to skills and lifelong learning , which offers a range of formal and informal opportunities, including apprenticeships and traineeships	Create an Integrated Youth Support and Skills Service for young people to ensure that they are able to fulfil their potential, make good life choices, maintain healthy relationships, and enter further training or employment successfully.	We will invest in emotional and behavioural support for families, children and young people to build resilience and support transition to adulthood.
Develop a carbon positive strategy that maximises green energy production	Review and update the Powys Carers Joint Commissioning Strategy to ensure Carers are supported, and their caring role does not impact negatively on their health and well-being, and for young Carers their educational attainment .	We will make the maximum positive impact within the first 1000 days of a child's life, focusing on preventing adverse childhood experiences.
Develop a sustainable environment strategy	Deliver the prevention and health improvement programmes set out within the Health Board's IMTP delivering a focus on well-being.	We will support children and families to create the foundations of good health throughout their life. This includes healthy weights, positive diet and activity, personal resilience and relationships and other steps that will reduce the risk of developing the main four causes of ill health and premature mortality in their later life.
Implement more effective structures and processes that enable multiagency	Develop a Powys multi-agency ACE plan as part of the start well agenda,	We will ensure health and care work closely with education providers to

community focused response to wellbeing, early help and support	promoting early detection, intervention and prompt action to ensure happy, nurturing environments for all Powys children.	support young people and develop healthy behaviours.
Develop our organisations' capacity to improve emotional health and well-being within all our communities	Develop service models for people living with long term conditions linked to improved health and well-being outcomes with broader use of resources across the whole community rather than just statutory providers i.e. Community Connectors.	We will empower people to make informed choices based on tailored information that enables them to manage their own health and wellbeing, and focus on creating an environment that makes the healthier choice an easier choice.
	Working with our partners, develop wellbeing and early help and support services which promote emotional and mental health and wellbeing for adults.	We will make best use of community strengths and the physical environment to support people to maintain their health and wellbeing.
	Review existing services in East Radnorshire and Ystradgynlais and develop case to secure funding to establish Community Well-being Hubs. Agree other areas for Community Well-being Hub development.	We will develop services that fit around peoples' busy lives – providing choice, accessible and equitable services more locally.
	Further integrate primary care with community based services to ensure equity, early help and support and sustainability of services.	We will support older people to be as active as possible , through volunteering, physical and mental exercise.

As table 1 demonstrates, there are a number of priority actions in Powys' partnership plans that align to the definition of population health. When taken together, there are probably five recurring themes:

- **Place:** Both improving physical infrastructure (e.g. low carbon, transport) but also building strong social capital and community resilience, e.g. North Powys Wellbeing Programme;
- **Behaviours:** Greater delivery and better access to ill health prevention programmes;
- **Early years:** Providing the necessary support to enable all children to have the opportunity to develop and grow;
- **Education and skills:** Providing opportunities for education and training;
- **Equity (of access):** Providing access to services based on need.

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The Health and Care Strategy is a ten year plan, agreed in 2017. The Joint Area Plan and the Wellbeing Plan were both published in 2018, and will be reviewed and re-set in 2022.

Although not a partnership plan, the PTHB Annual Plan is an important statement of population health priorities for the Health Board. This year's plan is necessarily focused on in-year actions, but the plan does recognise behavioural programmes, e.g. smoking and healthy weight, and early years actions under the headings 'healthy growth and development' and 'emotional health and wellbeing'. For PTHB staff, there is a commitment to develop an updated plan for staff wellbeing in 2021/22.

Providing a commentary on whether the priorities in table 1 are the correct population health priorities is difficult. Each document has been agreed collectively by the local partnership(s), based on a process of needs assessment. They are focused on prevention and they do recognise the wider determinants of health and health inequality. Benchmarking against some of the standard prioritisation lists for population health, the issues are similar¹:

- Income security
- Good employment
- Education
- Equitable access to healthcare
- Good housing
- Strong communities
- Child development
- Mental wellbeing
- Accelerated ill health prevention

With the exception of housing, the majority of the priorities above are referenced in the partnership plans. If there is an assurance gap, it is perhaps in relation to the specificity of the actions, confidence that they will drive a change in outcomes, and the degree to which they provide a consistent narrative of population health priorities in Powys.

1. Michael Marmot, Peter Goldblatt, Jessica Allen, et al. (2010) *Fair Society Healthy Lives (The Marmot Review)*. Available at: [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealththequity.org\)](https://www.instituteofhealththequity.org/)

NEXT STEPS:

Assurance will need to be sought about the recognition of population health priorities as part of forthcoming IMTP development. Looking further ahead, PPPH Committee will want to be assured about PTHB's contribution to PSB Wellbeing Plan development in 2022.

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Planning, Partnership and Population Health Committee		Date of Meeting: 12 October 2021
Subject :	Partnerships and Strategic Change	
Approved and Presented by:	Director of Planning and Performance	
Prepared by:	Assistant Director of Planning	
Other Committees and meetings considered at:	<p>A presentation was given at PTHB Board Development session on 1 September 2021.</p> <p>Consideration at Executive Committee was held on 6th October prior to this item progressing to Planning, Partnership and Population Health Committee on 12 October 2021.</p>	

PURPOSE:

This report provides the Committee with a follow up report after the recent Board Development session held on 1st September 2021, on partnership and planning arrangements.

RECOMMENDATION(S):

The Committee are asked to NOTE and DISCUSS the report.

Approval/Ratification/Decision¹	Discussion	Information
	✓	✓

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

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

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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:

A presentation was given at the recent Board Development session on 1st September 2021 which provided a stocktake of the key partnerships and planning arrangements. This paper provides further detail, to enable a follow up discussion. It is presented alongside two complementary reports on the Planning Framework and Approach for the development of the Integrated Medium Term Plan 2022-2025 and Powys Population Needs being provided by the Director of Public Health.

Together this suite of reports is intended to set out the key contextual considerations for the Committee as part of the development of the IMTP (Integrated Medium Term Plan).

It should be noted that this is a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer term recovery efforts which are re-shaping the plans of both our own health board and neighbouring partners.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 Partnership Landscape

Committee members will be aware that there is a complex partnership landscape for health and care, particularly in Powys, with several important interdependences across NHS Wales and across the border into England. There are a number of statutory and non-statutory arrangements across varying and frequently overlapping geographies locally, regionally and nationally including cross border. The following report sets out the key national, regional and local considerations.

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2.0 National Partnerships and Planning (Wales)

2.1 A Healthier Wales

A Healthier Wales was first published by Welsh Government in 2018 and remains the overarching strategic framework for health and care. It sets out five goals:

In each part of Wales:

- The health and social care system will work together so that people using them won't notice when they are provided by different organisations.
- We want to shift services out of hospital to communities, and we want more services which stop people getting ill by detecting things earlier, or preventing them altogether.
- We will get better at measuring what really matters to people, so we can use that to work out which services and treatments work well, and which ones need to be improved.
- We will make Wales a great place to work in health and social care, and we will do more to support.
- To make our services work as a single system, we need everyone to work together and pull in the same direction.

A Healthier Wales responded to the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 in its desire for a high quality health and social care system and sustainable development.

This set out seven well-being goals and a duty for public bodies to consider long term solutions and take a more joined up approach.



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2.2 National Clinical Framework

Welsh Government have published a National Clinical Framework (February 2021) which also forms an important component of the strategic context in Wales:

- The National Clinical Framework sets out a coherent vision for the strategic and local development of NHS clinical services.
- It is grounded in the life course approach to service delivery and aligned to the burden of disease facing the population.
- Its intent is to improve patient outcomes and support the planning and delivery of resilient clinical services.
- It builds upon the findings of the Parliamentary Review and the direction set in A Healthier Wales and has benefited from looking at international experience and engagement with NHS colleagues.
- The Framework will sit at the centre of our system of planning.

2.3 NHS Wales Recovery Approach

Building on this, Welsh Government have also proposed a national approach to recovery from the Covid-19 pandemic.

The intention is to increase the contribution of a range of national groups to support system and organisational recovery, existing groups will be asked to review their Terms of Reference, membership and work programmes.

Proposed areas for national focus are:

- Inequalities
- Primary and community care
- Unscheduled care
- Mental health
- Planned care
- Cancer
- Endoscopy
- Diagnostics and imaging
- Children and young people
- Digital
- Workforce
- Resources
- Engagement and communication

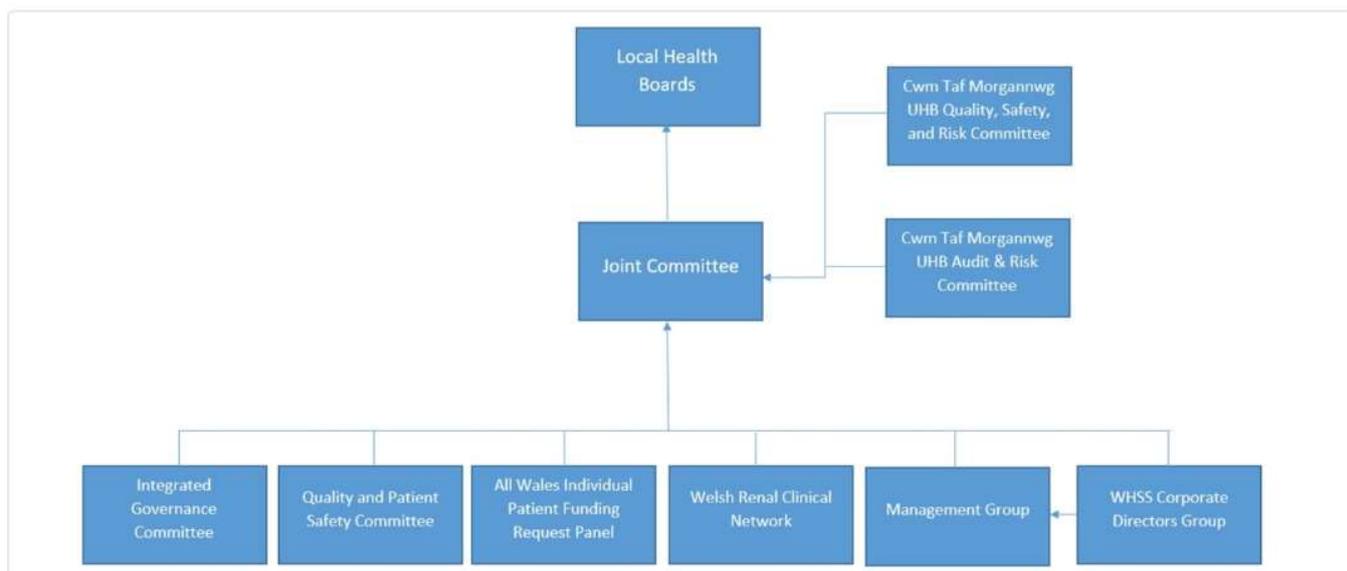
It is proposed that these groups will be accountable to the NHS Leadership Board and provide advice, service models, pathways and practical tools which individual NHS organisations will use as they shape their services.

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2.4 Welsh Health Specialised Services Committee (WHSSC)

Established in 2010 under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). The Joint Committee brings seven local health boards in Wales together to plan and commission specialised and tertiary services for the population of Wales.

The WHSSC annual budget is approximately £714m in this current financial year and the contribution from Powys Teaching Health Board is approximately £30m.



The Welsh Health Specialised Services Committee (WHSSC) is a joint committee of each Local Health Board in Wales and is made up of:

- An Independent Chair (Public health Wales), Three independent members, Chief Executive Officers of health boards, Associate Members

Priorities:

- ❑ Overarching priority: "on behalf of the Health Boards, to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible, within available resources".
- ❑ Delivery Teams organised in Five Directorates:
 - Cancer and Blood
 - Cardiac Services
 - Mental Health and Vulnerable Groups
 - Neurosciences and Long Term Conditions
 - Women and Children's Services

WHSSC also host the Welsh Renal Clinical Network

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The WHSSC Integrated Commissioning Plan 2021/22 sets out the Strategic Priorities for the year and the areas of development in addition to existing work programmes.

These include Thoracic Surgery; Major Trauma, Cardiac Surgery; Advanced Therapeutic Medicinal Products (ATMPs); Children and Adolescents Mental Health Services (CAMHS); specialist Adult Mental Health services; Neonatal services and a set of workforce priorities.

Additional services for investment in year are determined based on risk, new NICE evidence and clinical prioritisation.

These include further PET (Positron Emission Tomography) indications, neuropsychiatry and paediatric specialist services (including neurology, gastroenterology, rheumatology).

It should be noted that Powys residents also access specialised care through providers in England, notably the West Midlands, Stoke and North West England and South West England.

The health board also links into arrangements for specialised services in England. These are managed through NHS England/ Improvement at a National level with regional delivery teams supporting commissioning systems and provider networks on sub-regional / local footprints.



2.5 Emergency Ambulance Services Committee (EASC)

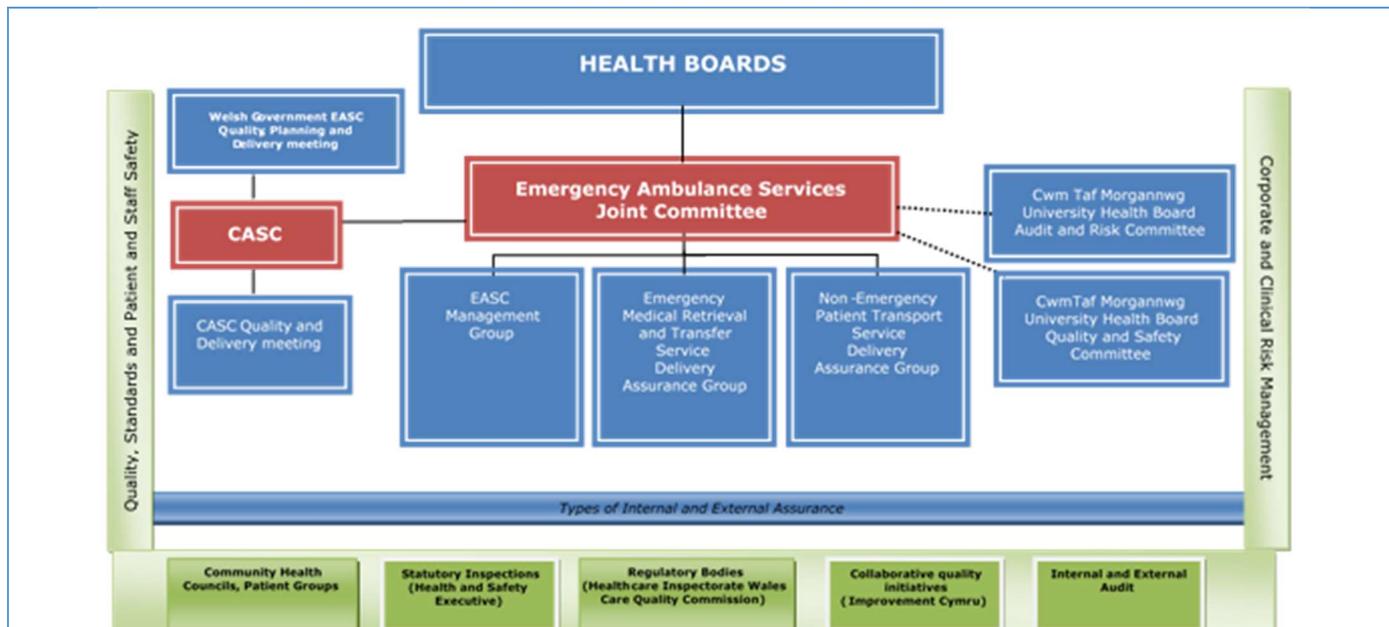
Established in 2014 under the Emergency Ambulance Services Committee (Wales) Directions 2014.

It brings seven local health boards in Wales together to jointly exercise functions relating to the planning and securing of emergency ambulance services for the population of Wales.

EASC is responsible through the Chief Ambulance Services Commissioner (CASC) for the commissioning, quality assurance and improvement of EASC commissioned services.

The Emergency Ambulance Services Committee (EASC) is a joint committee of Local Health Board in Wales and is made up of an Independent Chair; Chief Executive Officers of health boards and Three associate members (Public Health Wales, Velindre University NHS Trust, Welsh Ambulance Services NHS Trust), Secretariat and Governance Support.

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EASC Annual Plan 2021/2022 Priorities

- Priorities for Commissioned Services
 - Emergency Medical Services
 - Non-Emergency Patient Transport Service (NEPTS)
 - Emergency Medical Retrieval and Transfer Service (EMRTS)
- Transformational Work Programmes
 - Ministerial Ambulance Availability Taskforce
 - South Wales Major Trauma Network Services
 - Critical Care Transfer Service
 - National Transfer and Discharge Services
- Alignment with re-setting of NHS and Social Care post Covid-19 pandemic
- Development of the Commissioning cycle
 - 2021/22 Transitional Year with a focus on delivery and consolidation
 - Framework development and refresh
 - Commissioning Intention cycle
 - Finance and resource planning

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2.6 NHS Wales National Collaborative Commissioning Unit (NCCU)

Established as the collaborative commissioning service of NHS Wales with the vision “Leading quality assurance and improvement for NHS Wales through collaborative commissioning”. Delivers national commissioning programmes on behalf of a wide range of customers.

The purpose of the National Collaborative Commissioning Unit is to improve patient outcomes and experience through the services it delivers.

The NCCU is set up as an organisation rather than a membership.

The objectives of the National Collaborative Commissioning Unit are:

- Improve patient outcomes and experience
- From a patient’s perspective understand and articulate what good looks like
- Embed national policy into local practice
- Benefit from collaborative relationships
- Deliver value
- Change behaviour in order to embed innovation

Priorities:

- Urgent and Emergency Care Programme
 - ❑ Experimental Emergency Department Measures
 - ❑ Quality and Delivery Framework
 - ❑ Welsh Access Model
 - ❑ Think 111
 - ❑ Emergency Care Project 2021
- NHS Wales Mental Health Services
 - ❑ Mental Health Act
 - ❑ Mental Health and Learning Disability Coordinating Centre
- Quality Assurance Improvement Service
 - ❑ National Reviews
 - ❑ Position Statements
- Pandemic Support
 - ❑ Bed Occupancy, Capacity and Vaccination Dashboard
 - ❑ General patient numbers dashboard

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2.7 NHS Wales Health Collaborative

The NHS Wales Health Collaborative was established in 2015 as a national organisation, working on behalf of NHS Wales and in support of Welsh Government. It has a purpose to plan, shape and make recommendations on NHS Services across Wales for service transformation and improvement.

This is achieved through facilitating engagement, networking and collaboration to support the improvement of services across organisational boundaries and improve the quality of care for patients.

The Collaborative is set up as an organisation rather than a membership.

- Lead Chair - ABUHB Chair
- Lead Chief Executive - ABUHB CEO
- Hosted by Public Health Wales and supported by corporate teams within Public Health Wales
- Collaborative Leadership Forum (Chairs and Chief Executives) acts as responsible governance group
- Collaborative Executive Group (Chief Executives) is a formal sub group providing executive guidance and oversight to the Collaborative team
- Internal organisational arrangements eg. Planning Group; Staff Forum
- Representation from health boards / Trusts and Special Bodies on the networks, groups and programmes.
- There are cross cutting / thematic priorities including the response to Covid-19; technology/ intelligence; Quality; Pathways/ enablers and functions.

In the main, the work of the Collaborative is transacted through Networks, Implementation Groups and Programmes as shown below:

Networks

National clinical networks in NHS Wales bring together clinicians and other health professionals across Wales, supported by relevant specialist expertise, to improve services and patient outcomes through influencing the commissioning, planning, delivery and development of services.



Mental Health



Maternity and Neonatal



Cardiac



Cancer



Critical Care and Trauma

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Implementation Groups

The Collaborative provides managerial and administrative support to a number of major conditions implementation groups within NHS Wales.

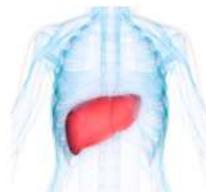
These major conditions implementation groups were established under the Welsh Government's Together for Health (2011) strategy to support the development, review and implementation of national condition specific delivery plans:



Diabetes



End of Life Care



Liver Diseases



Neurological Conditions



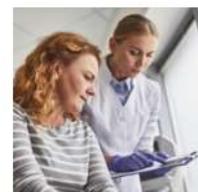
Rare Diseases



Respiratory Health



Stroke



Women's Health

Programmes

We deliver a portfolio of all-Wales programmes, led by our teams working collaboratively with NHS Wales partners and other stakeholders.

Through these programmes, we embed an all-Wales approach to priority areas for improvement that benefit healthcare staff and outcomes for patients.



Endoscopy



Pathology



Laboratory
Information Network
Cymru



Imaging



Radiology Informatics
System Procurement

+ Sexual Assault Referral Services programme added to 2021/22 Work Plan

2.8 Other National Partnerships and Programmes

There are a range of other national programme arrangements which have also developed to progress specific work areas or themes.

Many of these consist of Programme Board / Programme teams which require representation from health boards and other partners. Examples include:

- National Commissioning Board for Health, Social Care and Wellbeing and the National Commissioning Group / National Commissioning Units
- National Planned Care / Outpatient Programme

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- ❑ National Strategic Programme for Primary Care
- ❑ Accelerated Cluster Development Implementation Programme
- ❑ Climate Change and Decarbonisation National Programme
- ❑ Value Based Health Care Programme
- ❑ NHS Confederation Policy Sub Group
- ❑ Health Technology Wales Appraisal Panel
- ❑ Diagnostic Programmes in specific areas such as the National Imaging Board and Academy; National Pathology Board
- ❑ National Digital Programme/ National Data Repository Group
- ❑ Workforce Programmes including HEIW Workforce Planning Group / Leads Groups
- ❑ Academic partnerships including University of South Wales (Intensive Learning Academies) and Aberystwyth University Nurse Degree Programme Board
- ❑ Health professional arrangements including Health Professional Management Association for Wales / Professional Leads Groups / Royal Colleges/ All Wales Medical Education Group
- ❑ National Agile Working Groups/ Flexible Working Group (Wales and UK)
- ❑ Peer Networks - Directors / Assistant Directors / Heads of Service etc

3.0 National Partnerships and Planning (England)

3.1 Health and Care Bill (England)

The healthcare landscape is also evolving in England, with significant structural and organisational changes which impact on the way care is planned, delivered and overseen. Some of these changes apply and/or have implications across a UK wide footprint.

There is a strong direction of travel towards integrated care systems, as set out in 'Integrating Care: Next steps to building strong and effective integrated care systems across England' published by NHS England / Improvement in November 2020.

This was followed by a White Paper 'Integration and innovation: Working together to improve health and social care for all' published in February 2021.

The UK Government programme for this year includes the progression of the Health and Care Bill (England), with implementation from next year (2022).

It includes some elements which have implications for devolved nations. This will include neighbouring systems with cross border Powys catchments and organisations with UK wide remits:

Devolution of functions to Integrated Care Systems

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- New duty to co-operate and ability to form Joint Committees
- Changes to quality assurance regime
- Changes to procurement regime
- Plans to reform professional regulation
- Change in mergers function of Competition and Markets Authority

3.2 Integrated Care Systems (ICS)

The NHS England/ Improvement Operational Planning Guidance 2021/2022 reaffirmed the commitment to Integrated Care Systems and some developments have already been implemented, in areas of operation where legislative change is not required such as the creation of joint management structures across existing Clinical Commissioning Groups (CCGs).

This includes changes in geographical footprints on the border of Powys – they key areas are noted below.

3.3 Shropshire and Telford

Shropshire & Telford CCGs have already joined as a single management structure and are operating under the name of Shropshire & Telford ICS (Integrated Care System)

The priorities for this ICS are wide ranging reflecting the remit of these integrated systems to respond to population need:

- Population health
- Prevention and place based care
- Acute care
- Covid response and vaccination
- Mental health, learning disability and autism
- Supporting services and enablers (workforce, digital, estates, volunteering, ICS development)

3.4 Herefordshire and Worcestershire

Herefordshire CCG and the separate Worcestershire CCGs have come together to form 'Herefordshire and Worcestershire CCG', effectively establishing an Integrated Care System for this footprint, with the following core priority areas:

- Integrated primary and community services, urgent care, elective care, cancer care and mental health

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- Key programmes including children and young people, learning disabilities and autism, GP and PCN development, local maternity services, disease specific including stroke, diabetes, respiratory and cardiovascular disease.
- Supporting services and enablers (clinical leadership, workforce, digital, personalisation, prevention, population health, service sustainability, quality improvement).
- Communications and Engagement

In both cases, this builds on plans already in place as reported previously to Strategy & Planning Committee and PTHB Board, notably the NHS Future Fit Programme in Shropshire, Telford and Wrekin and the Herefordshire and Worcestershire 'STP' Plan which includes the Stroke Programme (STP is the name previously given to the systems in NHS England and is an acronym for Sustainability and Transformation Partnership).

4.0 Regional Partnerships and Programmes

4.1 The Powys Region

Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size.

It is also unusual in terms of the comparative population size for a regional planning footprint, with the smallest population of any health board (circa 133,000 compared to the next smallest HDUHB at 390,000 and the largest BCUHB at 703,000).

Powys is therefore unique in Wales for having one Regional Partnership Board and one Public Services Board which are co-terminous with both the health board and the County Council.

The small population size and sparse coverage across the geography, combined with the complex set of commissioning arrangements for acute and planned care make for a unique set of circumstances in relation to planning, commissioning and care pathways.

Therefore Powys is also considered as a sub region, within the wider Mid Wales footprint, with collaboration between health care organisations through the Mid Wales Joint Committee for Health and Care (formerly the Mid Wales Collaborative).

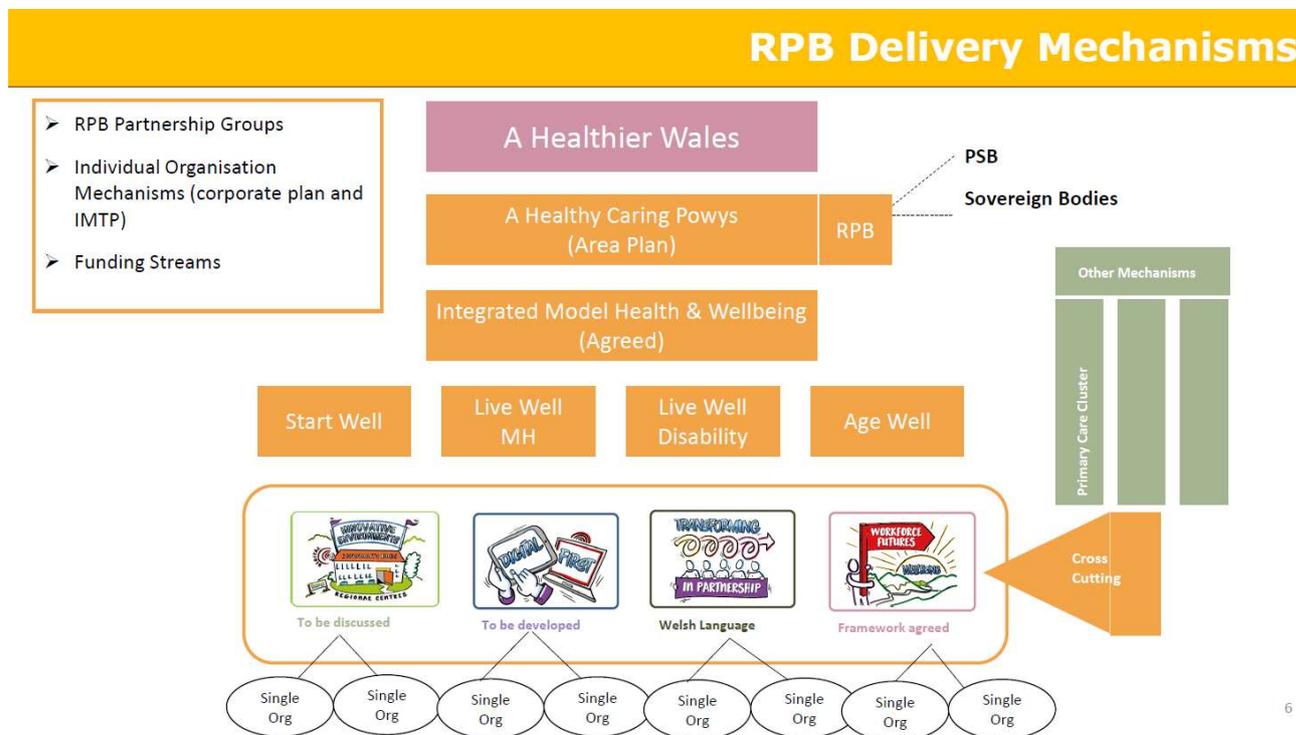
This is recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales (the latter divided further into East and South/West regions).

Further detail on each of these regional partnerships is provided to follow.

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4.2 Powys Regional Partnership Board

Established in April 2016 as a statutory partnership as part of the implementation of the Social Services and Well-being (Wales) Act 2014, to deliver the intention of the Act of 'putting people and what's important in their lives at the centre of health and care services'.



Membership:

- Powys County Council (Officers, Cabinet Members and Leader),
- Powys Teaching Health Board (Officers and Independent Member),
- Third Sector organisations (PAVO, Action for Children, Pobl Group)
- People who use social services (Citizen Representatives)
- Carers (Citizen Representatives, Care Forum Wales)

Priorities:

- Delivery of the Area Plan, A Healthy Caring Powys – the shared long term health and care strategy for Powys 2017 - 2027
- Thematic priorities: Start Well, Live Well, Age Well, Cross Cutting
- Delivery of Population Needs / Market Stability Assessments
- Partnership Transformation programmes and plans including:
 - North Powys Well-being Programme

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- Workforce Futures
 - Health and Care Academy
 - Winter / Unscheduled Care Plan
- Integrated Care Fund (ICF) Investment Plan agreed annually. This is in the final year of the current tranche of funding which is provided by Welsh Government. From next year there is a 5 year funding stream being provided by Welsh Government and guidance on accessing and utilising this funding is expected in the Autumn.

Powys RPB (ICF) Revenue Investment Plan Overview 2021 – 22 (By RPB Start, Live, Age Well, Cross Cutting Partnerships)			
Partnership Group	Project Name	Project Budget Holder	Allocated Budget 21 - 22
Start Well	Newtown Together Project / Newtown Children's Zone for Families with Complex Needs	Local Authority	£28,000
	Children on the Edge of Care Project	Local Authority	£610,000
	Post Adoption Psychological Support Service – <i>New Project</i>	Local Authority	£75,000
	Emotional Health and Wellbeing Support for CYP – <i>New Project</i>	Local Authority	£202,071
	Missing Middle Support for C&YP with emotional health needs – Non ICF	Local Authority	£200,000
Live Well	Closer to Home	Local Authority	£103,000
	Home Support	Local Authority	£250,000
	Community Connectors	Third Sector/ Social Value	£508,036
	Integrated Autism Service	Third Sector / Social Value	£337,000
	Transition	Local Authority	£83,288
	Dementia Home Treatment Team	Health Board	£267,800
Age Well	Befriending	Third Sector / Social Value	£152,470
	Enhanced Brokerage	Local Authority	£67,249
	Right Size Care Packages – OT/Social Worker (Reducing DC Packages)	Local Authority	£114,000
	Developing Integrated Commissioning Practice (Residential Care)	Local Authority	£51,020
	Health & Care Co-ordination Hub / Patient Flow Co-ordination Unit	Health Board	£127,208
	Virtual Ward & Integrated Team	Health Board	£75,000
	Digital Social Care (Ask Sara/Digital Wallet)	Local Authority	£90,773
	Micro-Enterprise development for Social Care	Local Authority	£112,421
Cross Cutting	Assistive Technology	Local Authority	£100,00
	Workforce	Health Board	£147,000
	Carers	Local Authority	£166,000
	Engagement PAVO	Third Sector / Social Value	£20,400
	RPB Operational / Infrastructure Support	Local Authority	£359,326
	Welsh Language	Third Sector / Social Value	£37,568
	Social Value Forum – Community Development	Third Sector / Social Value	£224,370

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A Cross Cutting Resources and Oversight Group (CCROG) has been established as part of the Powys Regional Partnership Board to provide a mechanism for oversight, review and planning with regards to the partnership investment plan and the areas of cross cutting work in the RPB work programme.

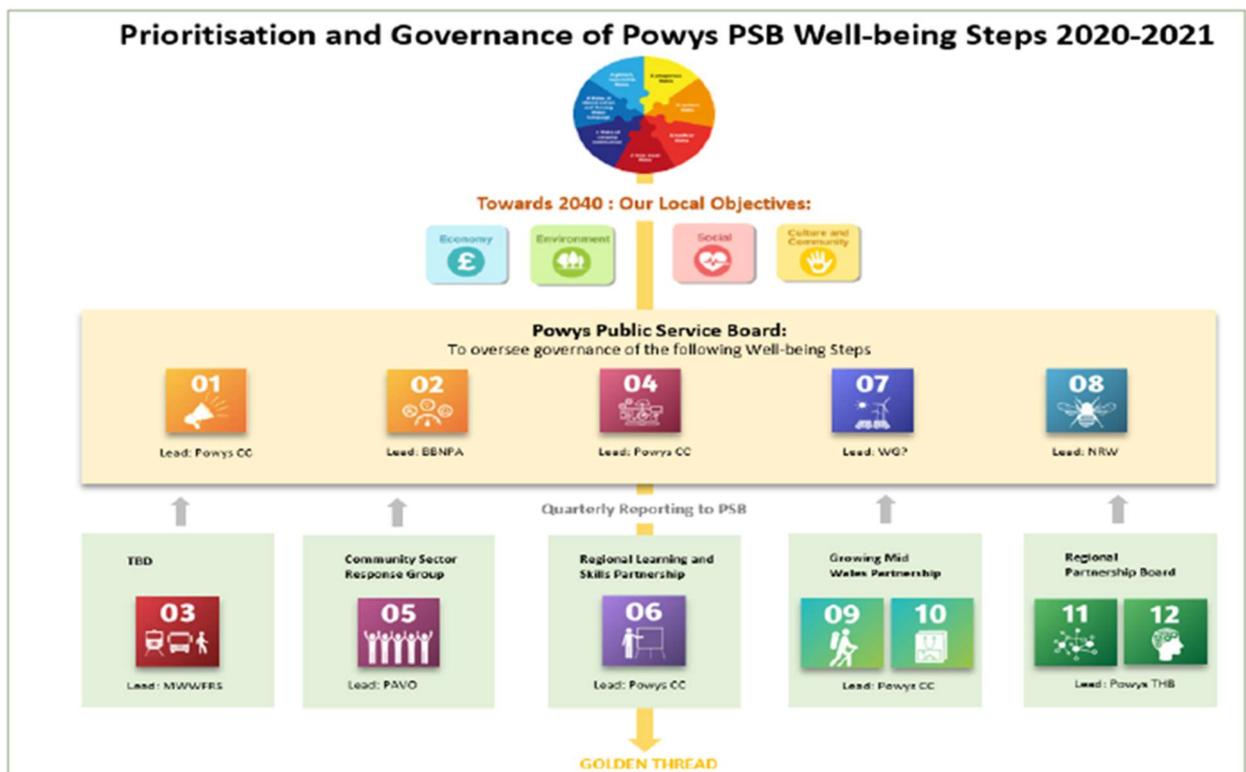
4.3 Powys Public Services Board

Established as a statutory partnership as part of the implementation of the Well-being of Future Generations (Wales) Act 2015 to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services.

Membership:

Statutory membership is Powys County Council, Powys Teaching Health Board, Mid and West Wales Fire and Rescue Service, Natural Resources Wales

PSBs must also invite other agencies to participate - these include Dyfed-Powys Police, PAVO, Probation Service, Welsh Ministers, Brecon Beacons National Park.



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The PSB has statutory duties which shape its priorities:

- Duty to assess the economic, social, environmental and cultural well-being of the area - delivered through the Powys Well-being Assessment
- Duty to set objectives that contribute to the well-being goals in the Future Generations Act – delivered through the Powys Well-being Plan
- Duty to consult widely – there has been significant consultation on the development of the plan 'Towards 2040' and continuous engagement
- Duty to carry out yearly review – this is discharged through the production of an Annual Report which sets out progress against the plan



People in Powys will experience a stable and thriving economy

People in Powys will be healthy, socially motivated and responsible

People in Powys will enjoy a sustainable and productive environment

People in Powys will be connected by strong communities and a vibrant culture

Well-being 12 steps

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

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

4.10 Joint Partnership Board

Established locally under Section 33 of the NHS (Wales) Act 2006 - National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000.

To enable Powys Teaching Health Board and Powys County Council to work together in an integrated way to improve the quality, efficiency and effectiveness of services for the people of Powys.

To provide strategic leadership and make key decisions in accordance with a scheme of delegation agreed by both bodies to ensure effective partnership working.

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Membership:

Nominated strategic leaders from Powys County Council and Powys Teaching Health Board. Other individuals may be nominated to attend as necessary.

PTHB: Chair, Chief Executive and Two members of the Board. The Director of Finance and Director of Planning and performance can also attend in an advisory capacity

Powys County Council: Leader, Portfolio Holders for Adult Services, Finance, Commissioning and Procurement. The Chief Executive (or a nominated deputy) and Director for Social Services can attend in an advisory capacity.

Priorities:

Integrated working between Powys County Council and Powys Teaching Health Board, including the review and sign off for Section 33 agreements:

- Oversee the integration of health and social services, together with related enabling services
- Assist in the development of a health and social care system that delivers co-ordinated care in the community to enable people to live longer and live better
- Ensure that NHS and Local Authority resources are directed to support integration as required
- Oversee organisational development and a culture change to deliver integration, innovation and transformation
- Work to the following principles, as reflected in the Powys Integration Plan as approved from time to time:
 - ❑ Make a positive difference for the people of Powys
 - ❑ Always consider integration as the default position
 - ❑ Adding value not cost whilst diverting demand/cost avoidance
 - ❑ Design and deliver through dialogue with staff and the people of Powys
 - ❑ Challenge the status quo through supportive enquiry
 - ❑ Working to common frameworks and systems e.g. project management
 - ❑ Share learning and use evidence based approaches and standards

4.11 Mid Wales Joint Committee for Health and Care

Established in 2015 (as the Mid Wales Healthcare Collaborative), to ensure that healthcare services in Mid Wales are effective for its population. Subsequently renamed in March 2018 following recognition by Welsh Government of Mid Wales as a designated planning area.

PTHB contributes to the running costs of the Committee and Rural Health and Care Wales (total £87,500 pa).

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Membership:

- Lead Chair - PTHB Chair
- Lead Chief Executive - HDUHB CEO
- Lead Director of Planning - PTHB DPP
- Lead Clinical Executive Director - PTHB MD
- Programme Lead - HDUHB County Director

Four Sub Groups:

- Mid Wales Clinical Advisory Group
- Mid Wales Public and Patient Engagement and Involvement Forum
- Mid Wales Planning and Delivery Executive Group
- Rural Health and Care Wales Management Group

Priorities:

Strategic Intent and Aims to ensure a joined up approach to the planning and delivery of health and care services across Mid Wales

Annual Work Programme 2021/22:

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

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4.12 Rural Health and Care Wales programme:

Rural Health and Care Wales (RHCW) was formerly known as the Centre for Excellence in Rural Health and Social Care (CfERH) and was established in March 2016.

This followed the publication of the Mid Wales Healthcare Study by Marcus Longley in October 2014 which explored the challenges of rural health care including the cross border factors.

The report recommended that the health boards covering the Mid Wales area should develop a centre of excellence in rural healthcare, working with the local universities and other partners. It was renamed Rural Health and Care Wales in March 2017.

Membership includes Hywel Dda University Health Board, Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Welsh Ambulance Services NHS Trust, working in collaboration with the Universities of Aberystwyth, Bangor, Cardiff, Swansea, Trinity Saint David and Coleg Cymraeg Cenedlaethol, and Ceredigion, Powys and Gwynedd local authorities.

Rural Health and Care Wales' prime aims are to:

- provide a focal point for the development and collation of high quality research pertinent to rural health and wellbeing
- improve the training, recruitment and retention of a professional workforce within rural communities
- be recognised as an exemplar in rural health and wellbeing on the international stage

Its objectives are to:

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1. Establish a network of individuals and groups that support research, innovation and development in rural health and social care
2. Work collaboratively with international partners on rural health and social care research projects and the development of best practice models
3. Influence and instigate the practical application of research findings and innovative practices that will positively impact rural health and well being
4. Work with professional bodies and Higher Education Institutions (HEIs) to ensure that relevant education, training and CPD programmes are available to equip health and social care professionals with the skills and knowledge required to deliver high quality care in rural areas
5. Collate and undertake research that informs models of prevention, treatment and care that will improve the health and wellbeing of rural communities
6. Engage proactively with the public and local communities in the development of rural health and social care initiatives and research
7. Advise on the development and delivery of accessible services, based on informed patient choice, prevention, diagnosis and self-care
8. Support decision-makers and policy colleagues to be fully cognisant of the scope, opportunities, issues and challenges in implementing prudent health and social care in a rural environment

Priorities:

There are three main areas of work:

- Research and academic contribution
- Workforce and professional development
- Public and staff engagement

This is delivered through the following:

- Scoping and initiation of training, education and research
- Facilitate research and evaluation studies and engagement
- Influencing new service models and delivery of existing models

4.13 Other Regional Programmes

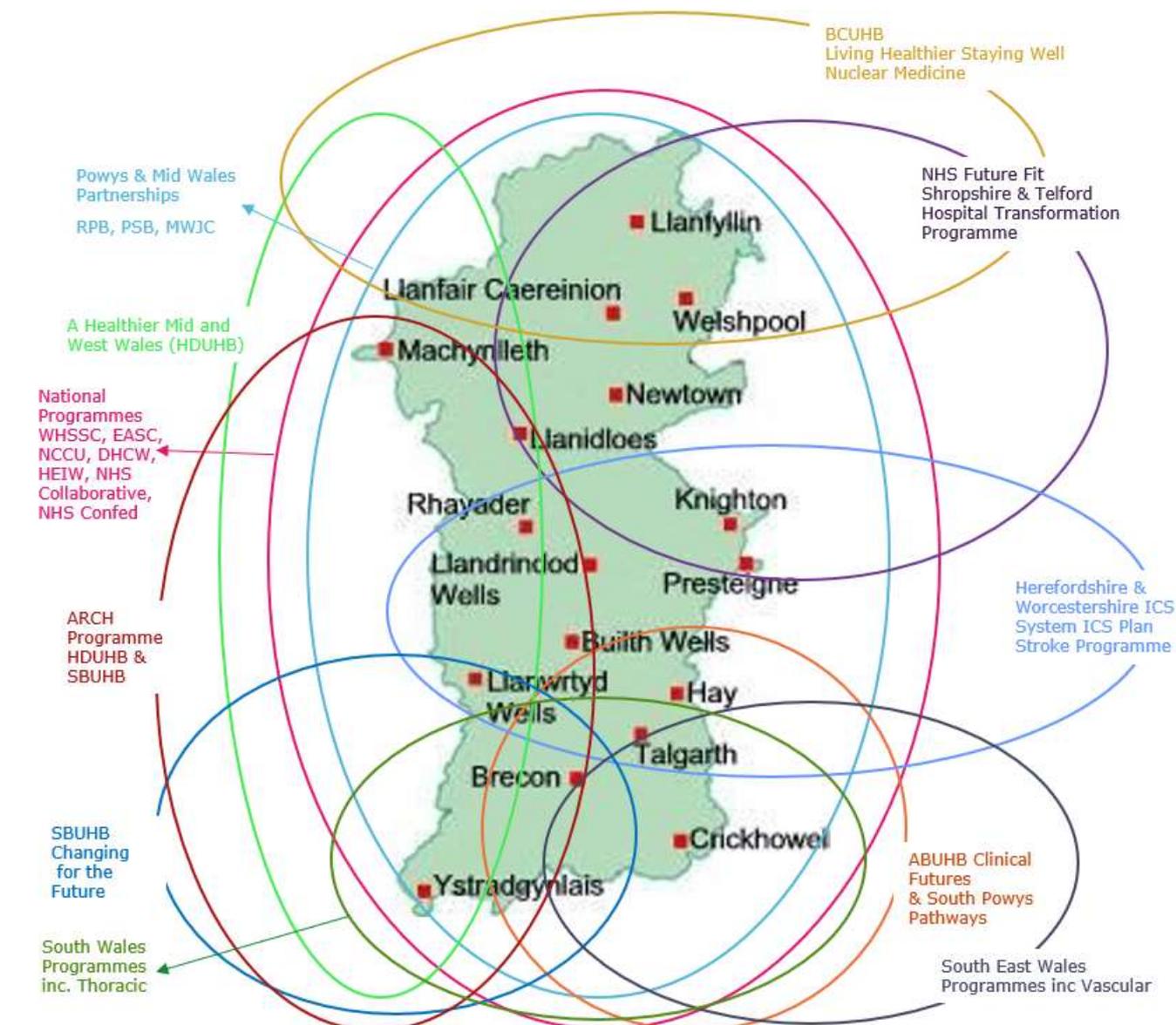
In addition, there are a number of strategic programmes at regional and national levels that impact on health and care provision and pathways for residents of Powys. In some cases these apply to the whole of the county, and in some cases they apply to particular geographies within Powys, depending on the programmes' remit and the relevant provider's catchment areas.

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These are sometimes referred to as 'strategic change programmes' and in most cases were in train prior to the onset of the Covid-19 pandemic. These were suspended during the initial phases of response to the pandemic in line with the public health emergency response. At this time, medium and long term planning and programmes were suspended to enable the implementation of Gold command and response arrangements.

These have been gradually revisited during 2021, as part of the planning process for each provider and/or partnership, in the context of the wider recovery efforts in Wales and England.

The diagram that follows has been refreshed in September 2021, to show the current major programmes of work at a national and regional level:



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NEXT STEPS:

This paper is one of three reports being presented at Committee which can be read as a suite of information which provides the key contextual considerations for planning and partnership.

The Committee are asked to note the information provided as an update on the current partnership and planning arrangements and the emerging but still changing picture with regards to strategic changes and recovery plans.

This ongoing scanning of the external environment is a key part of the development for the Integrated Medium Term Plan (IMTP) 2022 – 2025.

The next steps with regards to the IMTP are set out in the paper provided to the Committee on the Planning Framework and IMTP Approach.

Further information on the areas outlined in this report is available at:

Source	Link
A Healthier Wales	https://gov.wales/healthier-wales-long-term-plan-health-and-social-care
National Clinical Framework	https://gov.wales/national-clinical-framework-learning-health-and-care-system
Welsh Health Specialised Services Committee (WHSSC)	https://whssc.nhs.wales/
Emergency Ambulances Services Committee (EASC)	https://easc.nhs.wales/
NHS Wales National Collaborative Commissioning Unit	https://nccu.nhs.wales/
NHS Wales Health Collaborative	https://collaborative.nhs.wales/
Health and Care Bill (England)	https://www.gov.uk/government/publications/health-and-care-bill-factsheets
NHS England - Integrated Care Systems (ICS) information	https://www.england.nhs.uk/system-and-organisational-oversight/
Shropshire & Telford ICS	https://www.stwics.org.uk/about-us/our-ics
Herefordshire & Worcestershire CCG	https://herefordshireandworcestershireccg.nhs.uk/
Powys Regional Partnership Board	https://www.powysrpb.org/

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Powys Public Services Board	https://en.powys.gov.uk/sustainability
Mid Wales Joint Committee for Health and Social Care	www.midwalesjointcommittee.wales.nhs.uk/home
Rural Health and Care Wales	https://ruralhealthandcare.wales/

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	<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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Agenda item: 3.4

PLANNING, PARTNERSHIPS & POPULATION HEALTH COMMITTEE		Date of Meeting: 12 October 2021
Subject :	North Powys Wellbeing Planning Framework	
Approved and Presented by:	Director of Planning and Performance (North Powys Wellbeing Programme Senior Responsible Officer)	
Prepared by:	Sali Campbell-Tate, Service Planning Manager	
Other Committees and meetings considered at:	North Powys Wellbeing Programme Delivery Team North Powys Wellbeing Programme Board	

PURPOSE:

The paper provides a planning framework to support partnership working for the development of a Multi-agency Wellbeing Campus under the North Powys Wellbeing Programme. It sets out the strategic context, provide principles and definitions informing the service planning and design processes and articulates the key focus for the service design work, required to ensure robust planning for the campus development.

RECOMMENDATION(S):

The Committee is asked to discuss and note the content of the framework, recognising that this is a live document that will be continually updated.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

EXECUTIVE SUMMARY:

A Service Planning Framework has been developed to support the service design required to develop the Strategic Outline Case (SOC) and beyond, and will be applied based on the following national policy drivers:

- ❖ A Healthier Wales
- ❖ Social Services and Wellbeing Act
- ❖ Wellbeing of Future Generations Act
- ❖ National Clinical Framework

It's a working internal document which helps to set a framework to support partners working on the programme. The proposed multi-agency wellbeing campus development in the centre of Newtown will include a number of settings on the same site, and the naming of each of these settings has come under scrutiny and review by a range of different audiences. Though the framework sets out the proposed terminology and definitions, there will need to be a period of public engagement around the naming of facilities.

DETAILED BACKGROUND AND ASSESSMENT:

The framework will support the partnership to deliver the intended pan-Powys outcomes. It is a live document that will be continually updated as the detail becomes clearer.

The Health and Care Strategy set out the development of a Rural Regional Centre and Community Wellbeing Hub. To support the SOC definition work

commenced on these concepts and quickly it became apparent there was confusion across partners around the use of the language. The framework articulates the definitions of each of the different settings to be located on the multi-agency wellbeing campus

Community Wellbeing Hubs

The framework includes a definition of the concept of a Community Wellbeing Hub. There have been numerous conversations recently with a range of people about the naming of the settings on the campus, with concerns being raised in particular about the term 'Community Wellbeing Hub'. It is evident that people envisage a Community Wellbeing Hub as being community-led and with a focus on wellbeing/preventative services with little statutory presence, and people do not see Community Wellbeing Hubs as a new model for the existing Community Hospitals. This confusion was also raised during the extensive staff and public engagement undertaken in 2019.

The initial proposal was that there would be a statutory-led Community Wellbeing Hub with a community-led hub within it, however it is difficult to articulate the differentiation as the language is similar but they appear to have very different purposes.

If the intention behind Community Wellbeing Hubs is a more future orientated community hospital with a greater emphasis on a social model for health. It is proposed (for internal clarification) that the terminology is changed to term them Integrated Health and Care Centres, making them distinct from Community Hubs which would not necessarily always have a clinical or statutory social care component. This change would fall in line with the recently released Welsh Government Programme for Government, in which they have made a commitment to "investing in a new generation of Integrated Health and Social Care Centres across Wales". The Programme Team have been undertaking research on similar models working well in other areas, a number of these are also called Integrated Health and Care Centres. The language is clear, precise and cements the statutory component.

Rural Regional Centres

The framework includes a definition of the concept of a Rural Regional Centre. Similarly, to the Community Wellbeing Hubs, the title Rural Regional Centre is a term not easily understood. Our engagement findings from 2019 told us that people did not know what to expect from a Rural Regional Centre.

Rural Regional Centres will give us an opportunity to deliver more services locally in Powys that are currently provided out of county, this could include some pre and post-operative care, day case procedures, diagnostics, outpatients and rehabilitation services. Based on the enhanced service offer, it is suggested there is a change to name them Regional Diagnostic and

Treatment Centre's which would help to articulate the clinical nature of these settings and what people can expect to find there.

It is important to note the service offering contained within the conceptual models is greater than the offer currently available, but that there is a risk associated with the shift away from using the current terminology of the community hospitals and that decision and timing of such change will be important. Having clarity on the service offering will be key in any such communication.

Consideration of a name (on the signs) when the campus opens warrants further discussion, as to whether this should be considered earlier on in the process to create a 'brand' and ownership within the local community. This would require further work with communities to create a local name which had a sense of recognition to the local community and culture of the area.

Further discussion is also required on the broader impact of the naming and definitions across Powys. Acknowledging communication of these changes would need take place on a Pan Powys footprint at a point in time.

The framework also sets out a good practice approach to service planning and pathway re-design. Given the scope and complexity of the programme, it is essential resource is focused in areas that have the greatest impact. Five transformation change areas have been identified across the partnership and are contained within the framework – 1) children, 2) social model for health, 3) mental health and wellbeing, 4) Integrated Community Model and 5) Planned care. The focus for north Powys will be on improving population health outcomes in the longer term by levelling up and reducing health inequalities through better access to services and focusing on activities which improve wellbeing across partners.

The framework will be used as a guide and the programme team will actively deliver against best practice subject to capacity and available timescales.

NEXT STEPS:

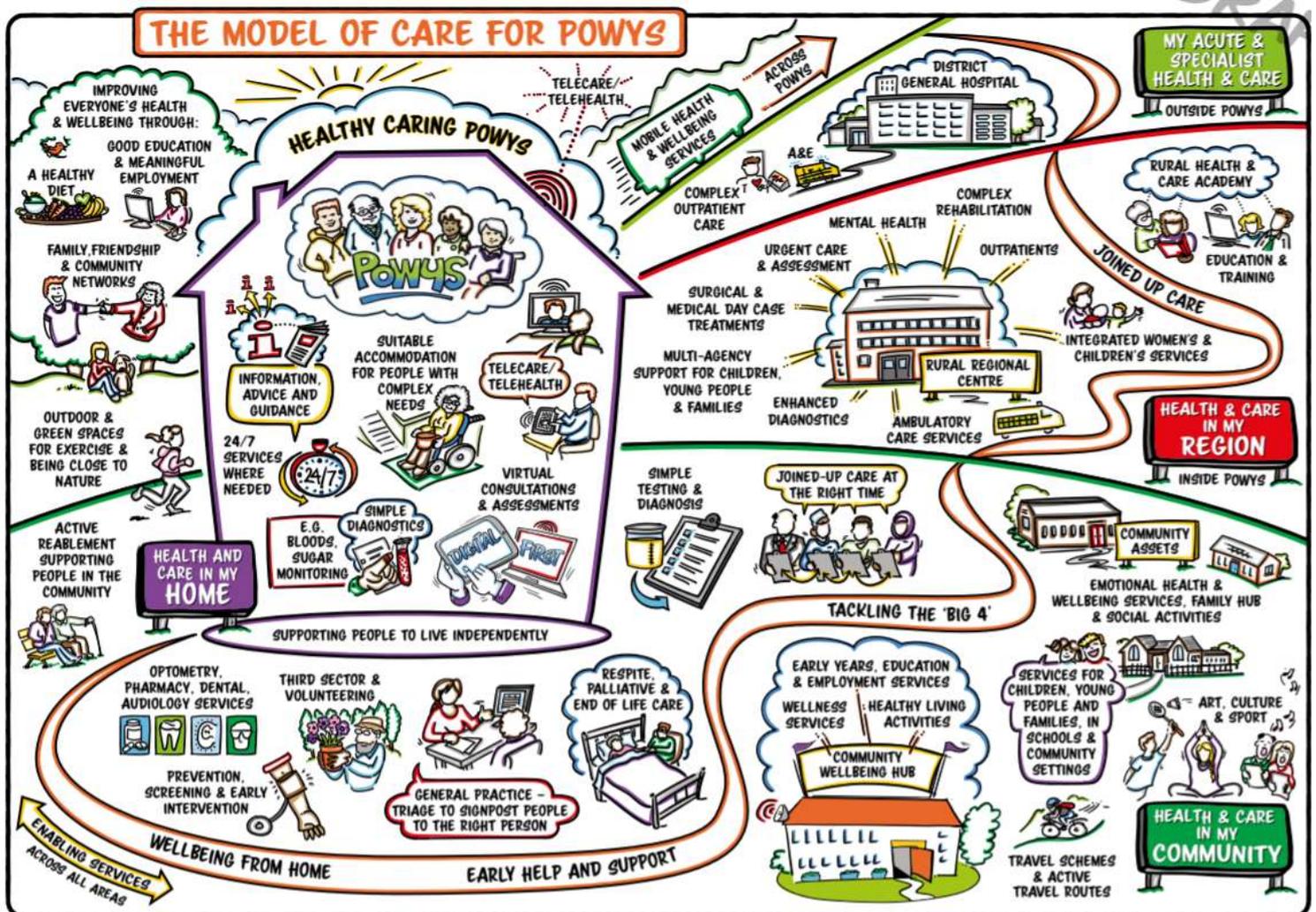
To use the planning framework as an internal partnership working document to support service planning and design discussions. Subject to agreement, this includes amending the definitions within the framework for use internally only to aid greater clarification across partners during the early design phase.

To review and update the planning framework post submission of the SOC and to ensure alignment with the renewals programme.

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North Powys Wellbeing Programme

Planning Framework 'The Golden Thread'



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1. Purpose

To provide an agreed framework for working across the Regional Partnership Board to deliver the service design work required for the North Powys Wellbeing Programme. This will enable a Pan Powys approach in relation to development of new models of care and pathways. It confirms:

- Definitions for Community Hub, Community Wellbeing Hubs and Rural Regional Centres and articulates what we mean by 'integration' during the early planning phase.
- Five key areas / models of care for transformational change.
- Service planning requirements in line with the capital business case process to support clinicians and professionals in understanding what is required by when.
- Approach to pathway development.

2. Context

Service planning is a process that appraises the overall health needs of a geographic area or population and determines how these needs can be met in the most effective manner through the allocation of existing and anticipated future resources. Understanding the 'what' and the 'how', and utilising robust evidence to demonstrate the shift from the 'now' to the future' should be at the heart of any service planning activity. This will be particularly important in the recovery from Covid-19 and in creating a more resilient health and care system, as well as to capitalise on the learning from new practices that have emerged during the response to the pandemic.

This framework will be applied in the context of a number of national policy drivers, including:

- A Healthier Wales and the **Quadruple Aim**
- Social Services and Wellbeing (Wales) Act – '**what matters to individuals**'
- Wellbeing of Future Generations Act – **Sustainable Development Principle**
- National Clinical Framework

There is an expectation that **all service plans and specifications** will be **aligned** to NICE guidance (where applicable), **national clinical plans** and the **Sustainable Development Principle - Five Ways of Working**, as well as the relatively modern notions of the role of the **NHS as an anchor institution** and development of **social models of health**.

The local policy context includes alignment and supporting delivery of:

- Powys Health and Care Strategy
- PTHB Annual Plan
- PCC Vision 2025
- Integrated Model of Care and Wellbeing (reference appendix one)
- RPB Strategic Outcomes Framework (Reference appendix two)

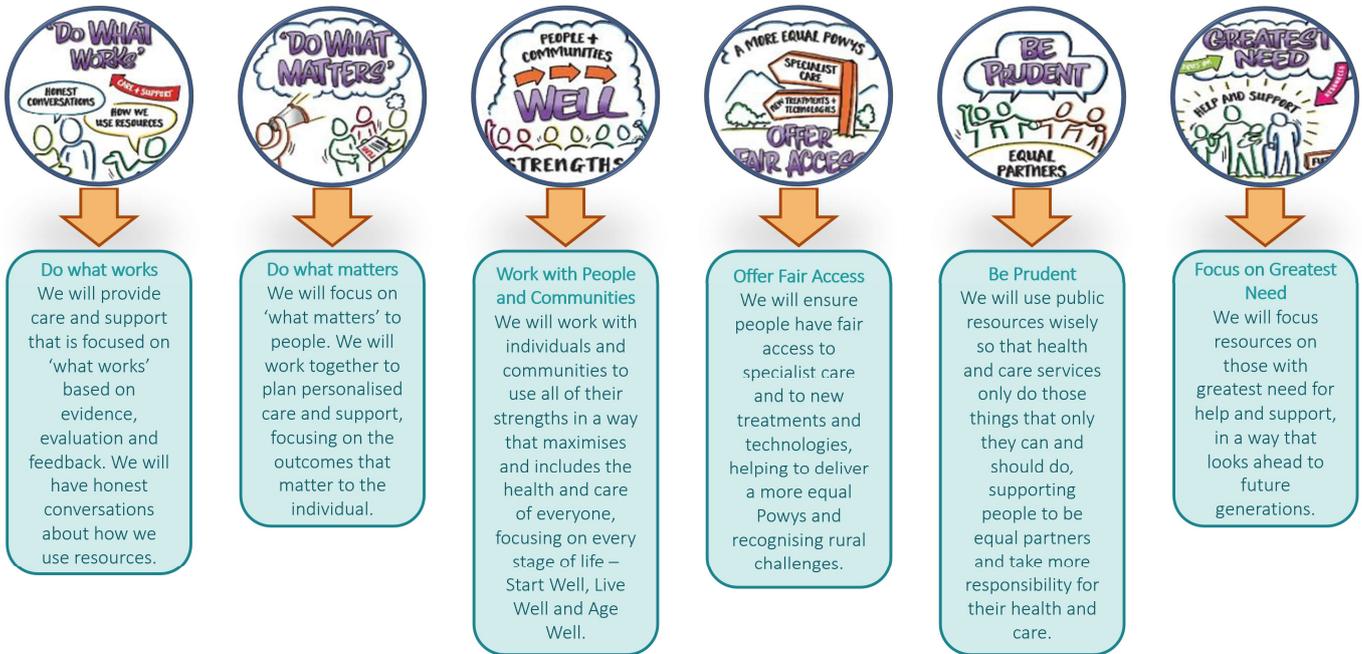
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3. Health and Care Strategy

All service planning will be developed in line with the Health and Care Strategy:



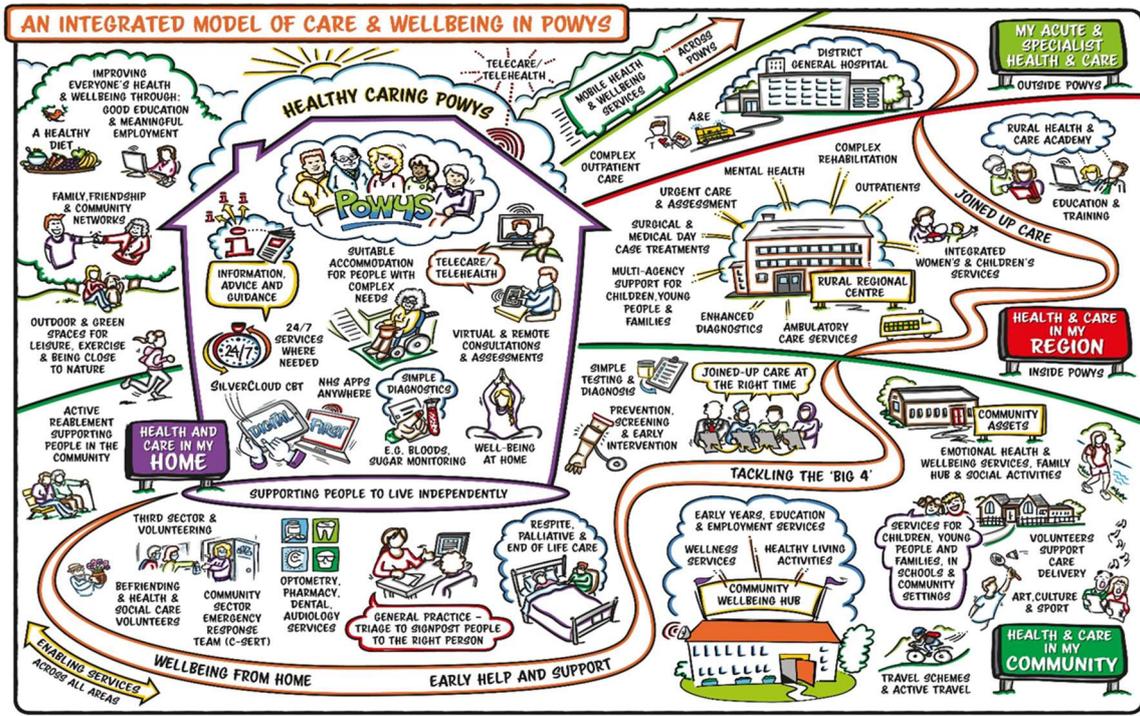
It will be tested and underpinned by the principles in the Health and Care Strategy:



4. Integrated Model of Care and Wellbeing

The new Integrated Model of Care and Wellbeing builds on the Health and Care Strategy and is 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. The model is also part of a Wales-wide response to the increasing demand and new challenges facing the NHS and Social Care.

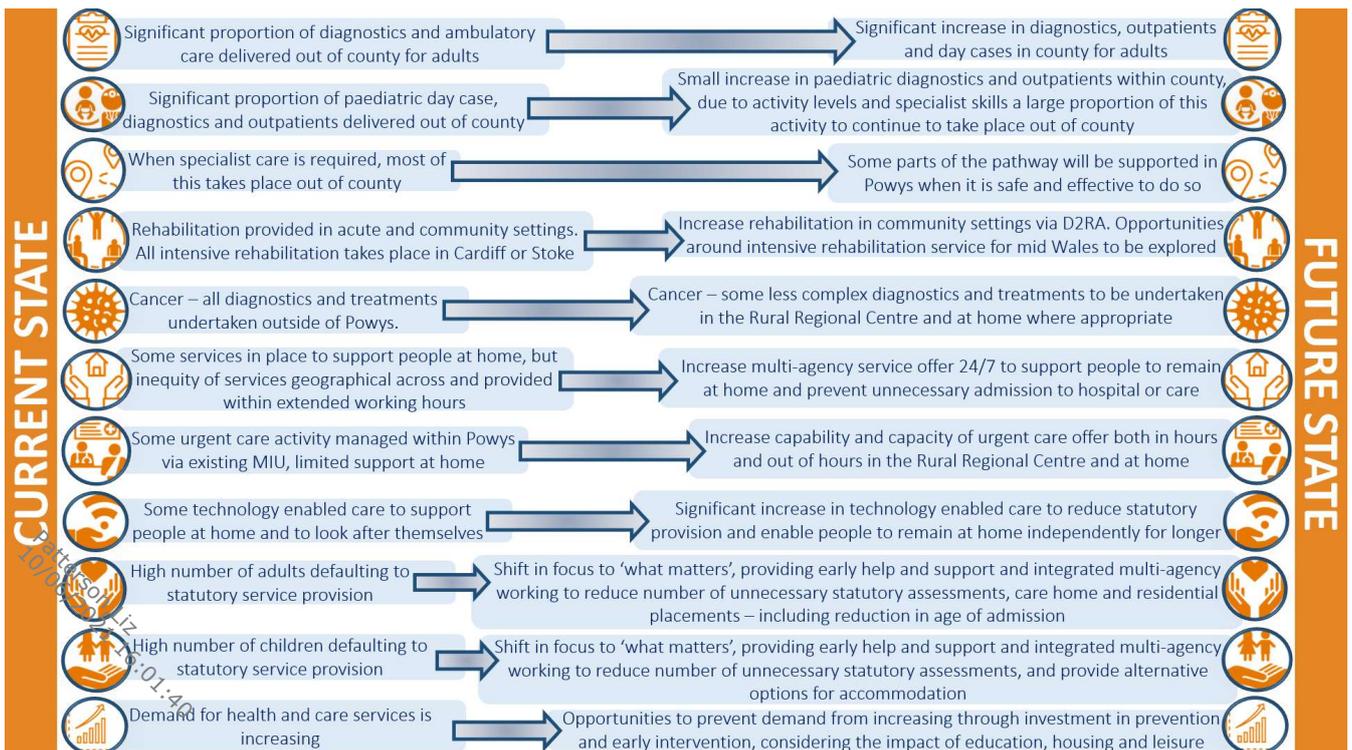
In developing the Integrated Model of Care and Wellbeing, care was taken to keep a balance between ambition and reality. This model provides a framework for all future plans and service change across Powys.



The Integrated Model of Care and Wellbeing, will be delivered across the following places:



Broadly we can describe the changes we would like to see in relation to activity as:



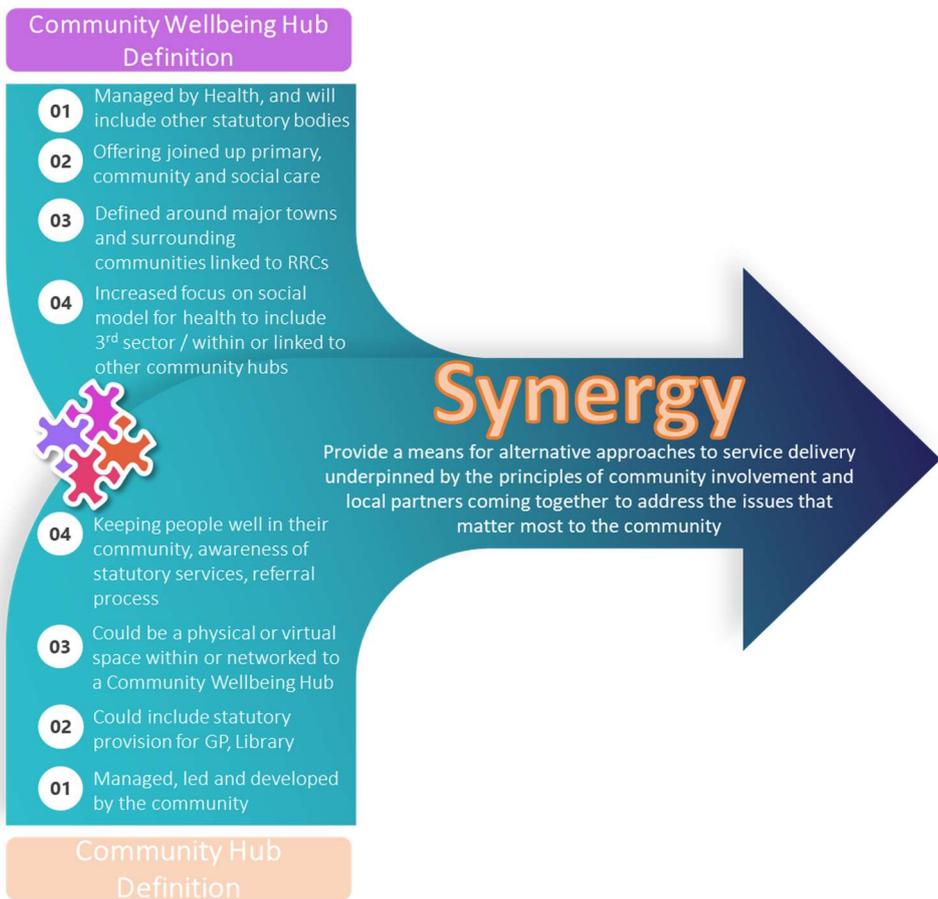
5. Clear Definitions for Internal Use

The Health and Care Strategy set out a change in the way services would be provided in the future, introducing and distinguishing between different levels of services provision for the future, to be provided from home, Community Wellbeing Hubs and Rural Regional Centres.



- There will be three Rural Regional Centres located in the following areas of strategic importance:
- Newtown
 - Llandrindod Wells
 - Brecon
- Community Wellbeing Hubs can:
- Provide a means for alternative approaches to service delivery underpinned by the principles of community involvement and partnership, linked to RRCs
 - Provide services for the community, but also by the community
 - Be run and managed by a dedicated community organisation or can be owned or managed by a public agency such as health, local authority or a housing authority but still retains substantial input and influence from the community
 - Operate out of buildings, from which multi-purpose, community-led services are delivered
 - Host other partners and access to public services, of which co-location can be an efficient and effective use of resources
- Rural Regional Centres can:
- Provide some of the services currently provided separately in facilities, as well as some secondary care services from within our neighbouring District General Hospitals
 - Include strong relationships with providers of services that cannot be delivered currently in Powys
 - Provide additional services to Community Wellbeing Hubs and provide the opportunity of delivering more services e.g. some day case surgical services and/or advanced physiotherapy and rehabilitation services

There has been a huge focus on the development of 'hubs' since the inception of the Health and Care Strategy and further work has been undertaken through the North Powys Wellbeing Programme to help define the difference between an Community Wellbeing Hub and a Community Hub. The diagram below sets out these differences and provides definition.

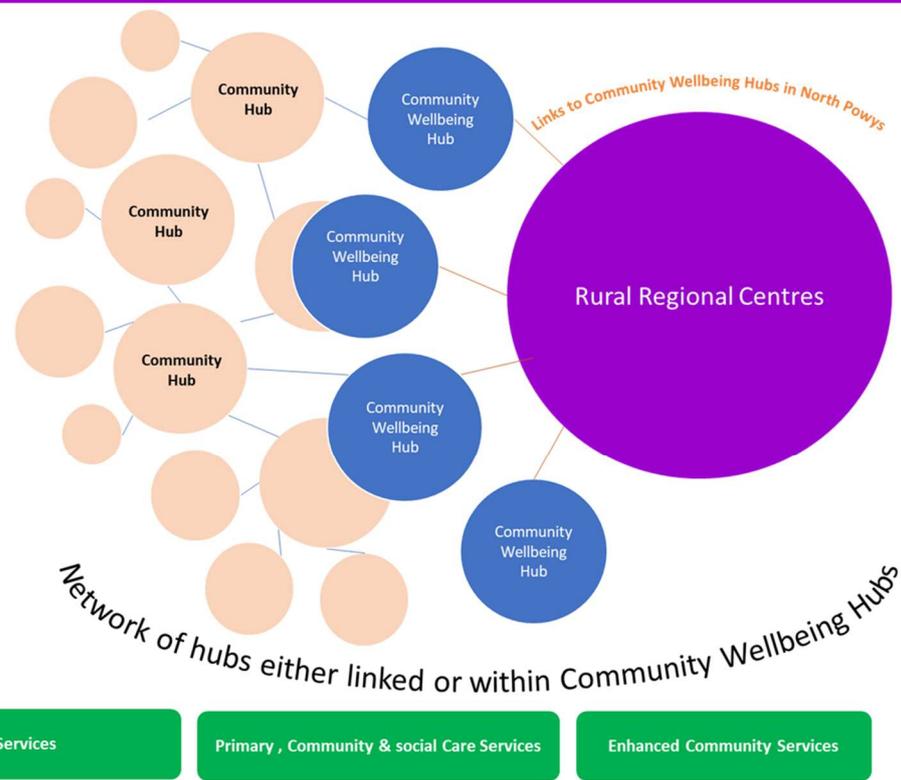


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The Rural Regional Centre will serve a population of between 25,000 to 60,000. It will serve a broader network of linked Community Wellbeing Hubs and Community Hubs.

Rural Regional Centre Definition

- Enhanced community services that need to be provided on a centralised regional footprint to ensure sustainability. This will include services currently provided by secondary care from within our neighbouring District General Hospitals e.g. day case surgical services, diagnostics and/or advanced physiotherapy and rehabilitation.
- This would be the centre of a network connecting to community wellbeing hubs, community hubs and secondary care providers.



There have been numerous discussions around definitions and terminology, and feedback has been that the terms 'Community Wellbeing Hub', 'Community Hub' and 'Rural Regional Centre' are confusing for people. Firstly, people have found it difficult to differentiate between Community Wellbeing Hubs and Community Hubs, and have assumed that they are the same thing. It is clear that people do not see a Community Wellbeing Hub as becoming the new terminology for our existing Community Hospitals, this is due to other hubs that have been developed elsewhere with similar names that are not statutory led and have a focus on non-statutory provision, being led and shaped by the community. This feedback has come via clinicians and professionals through recent Clinical and Professional Reference Group meetings as well as members of the public through the engagement work undertaken in 2019. It is proposed that the terminology is changed for internal purposes to replace Community Wellbeing Hub with Integrated Health and Care Centre, it is felt that this better reflects what the offer is. It is also proposed that the Integrated Health and Care Centre has a Community Hub situated within it.

The term Rural Regional Centre is also causing confusion amongst the same groups of people, with people suggesting the name doesn't reflect the provision or offer. It has been proposed that this term is changed to Rural Diagnostics and Treatment Centre.

Communication of the change externally needs to be managed separately. It is important to note that whilst the service offering contained within the conceptual models is greater than the offer currently available, there is a risk associated with the shift away from using the current terminology of the 'community hospital' and as such a decision and the timing of such change will be important. Having clarity on the service offering will be key in any such communication.

Consideration of a name (on the signs) when the campus opens warrants further discussion, as to whether this should be considered earlier on in the process to create a 'brand' and ownership within the local community. This would require further work with communities to create a local name which had a sense of recognition to the local community and culture of the area.

Further discussion is also required on the broader impact of the naming and definitions across Powys. Acknowledging communication of these changes would need take place on a Pan Powys footprint at some point in time.

6. What we mean by Integration



Effective partnership working between the NHS, local authority and third sector is widely recognised as a prerequisite for achieving good health and social care outcomes.

Integrated approaches that seek to address fragmentation of care are common across many health and social care systems, and the need to do so is increasing as more people are living longer and with complex co-morbidities and increased reliance on statutory health and care services. Integrated care means different things to different people; however, one common principle is that it is centred around the needs of users.

"The patient's perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to impose the patient's perspective as the organising principle of service delivery" (Shaw et al 2011, after Lloyd and Wait 2005).

There are a number of key forms of integrated care, the most prominent to the North Powys Wellbeing Programme are:

- **Horizontal integration:** integrated care between health services, social services and other care providers (e.g. third sector)
- **Vertical integration:** integrated care across primary, community, hospital and tertiary care services
- **Service integration:** different services provided are integrated at an organisational level, such as through teams of multi-disciplinary professionals.

- **Integration between preventative and curative services**
- **Integrated care between providers and citizens** to support shared decision-making and encourage/enhance self-care and self-management

During the development of the Health and Care Strategy in 2017, citizens and staff told us **that joined up care** was one of the key things that was important to them. Working together to get it right at first point of contact or at the earliest resolution with minimal handovers should be a key principle in relation to how we work across the partnership. This will enable us to do what matters for individuals and enable us to take the service to the person (and minimise referrals). **This will be the operating principle for 'integration' under the North Powys Wellbeing Programme.**

Integral to the success of the multi-agency wellbeing campus will be our culture and values; a set of jointly developed principles and values for how we work together will be a strong foundation to deliver the integrated model of care and wellbeing and in improving outcomes for our population

7. Multi-Agency Wellbeing Campus Concept

The development of a multi-agency wellbeing campus in the centre of Newtown is a key enabler to delivering the integrated model of care and wellbeing. The Campus will:



- Community first approach focusing on improving wellbeing.
- Fit-for-purpose estate, making best use of space and resources
- Zero carbon emissions.
- Integrated digitally enabled services in the home or as close to as possible
- Ensure children and young people get the best start in life

Synergy is a critical success factor and has been highlighted by Welsh Government as a core requirement of the investment. **Synergy** is defined as 'the interaction or co-operation of two or more organisations to produce a combined effect greater than the sum of their separate'

There is an expectation that **all service plans and specifications** will **evidence synergies**.

The **concept of the Multi-agency Wellbeing Campus** is to support a **community first** approach by bringing together the community, local partners and statutory organisations to

work together to provide a **more social model for health** which **addresses and prevents needs both now and in the future.**

8. Service Planning Context

Currently we have a number of disparate services operating across the area from a range of buildings in poor conditions with significant backlog maintenance costs associated with them. The healthcare planning and design process needs to be broad enough to include not only the issues surrounding the treatment of disease but also the promotion of health and prevention of disease, the creation of a safe and therapeutic care environment.

For successful service planning, we will need to be able to translate the rapidly changing national policy and context and understand the needs assessment, disease prevalence, existing and potential future demands for services (demand and capacity modelling), as well understand any future commissioning intentions, and what impact these will have in relation to future service provision within the new development.

We need to ensure services are provided in a sustainable way, so they are efficient and effective, and improve outcomes for individuals. This means we need to look at models of care across the system and ensure they are developed at a Pan Powys level, where they don't already exist or are not fit for purpose in the longer term.

All services currently provided within the existing buildings will be considered in the context of the north Powys (see appendix three for service list). Some of these services might be relocated within the new development with minor changes, and some may experience major changes to ensure they are fit for the future. There will also be new services that could be provided from within the building in line with national and local policy changes to improve outcomes for individuals. There are five key areas where we need to put our focus in relation to transformational change across Powys:

1. Children and Young People
2. Wellbeing and Mental Health
3. Planned Care (including diagnostics, outpatients and day cases)
4. Integrated Community Model
5. Social Model of Health

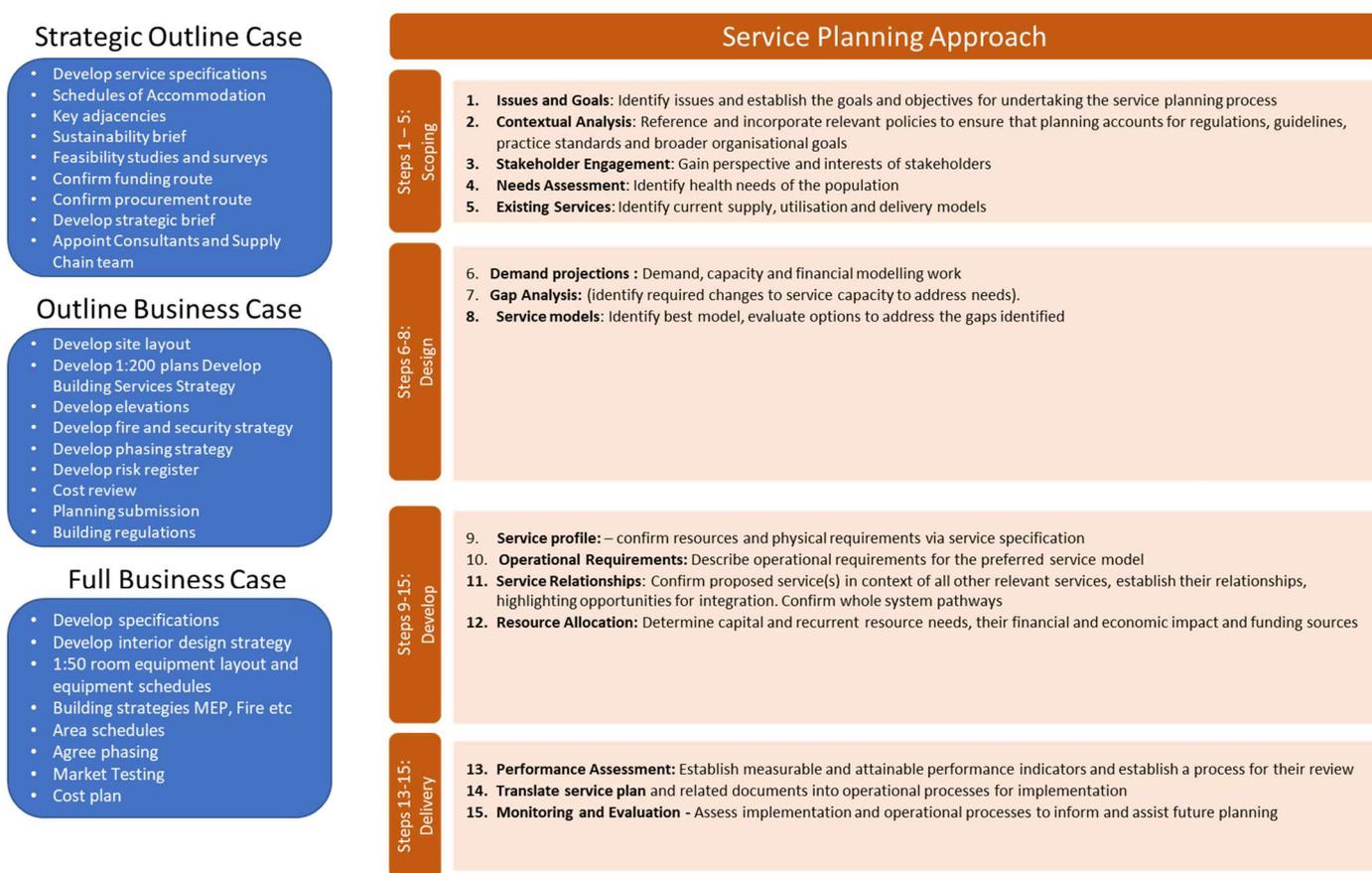
For the new development, there is a need to justify the capacity in relation to beds, inpatients and theatres etc. To be able to do this we need to ensure that we have looked ahead to what the future service models might look like for each of the above areas; articulating where we are now, the future changes we need to achieve (10 years plus) and the current workforce gaps and implications. Alongside this we will need to look at current and future demand for services and how we can reduce demand in the future or work differently to support that demand. Workforce is our key challenge but also our key asset and we will need to understand how workforce changes could help us to provide more sustainable services locally in Powys in the future. There is further work to align the North Powys Wellbeing Programme with the Resilience, Recovery and Renewals Programme across the partnership to ensure a joined up approach.

The service planning process will allow the opportunity to embrace new ways of working, and will provide a vehicle by which spatial and environmental requirements can be reconfigured in order to achieve optimised efficiency. The process allows for new models of care to be translated into detailed service specifications, suggesting the way in which services could be configured for optimal performance and efficiency.

9. Service Planning Approach

The diagram below provides a summary of a best practice approach to service planning which will be adopted where possible, this has been linked to the capital business case development process to outline when this work is required to be undertaken.

For more detailed information on each of the stages, refer to appendix four.

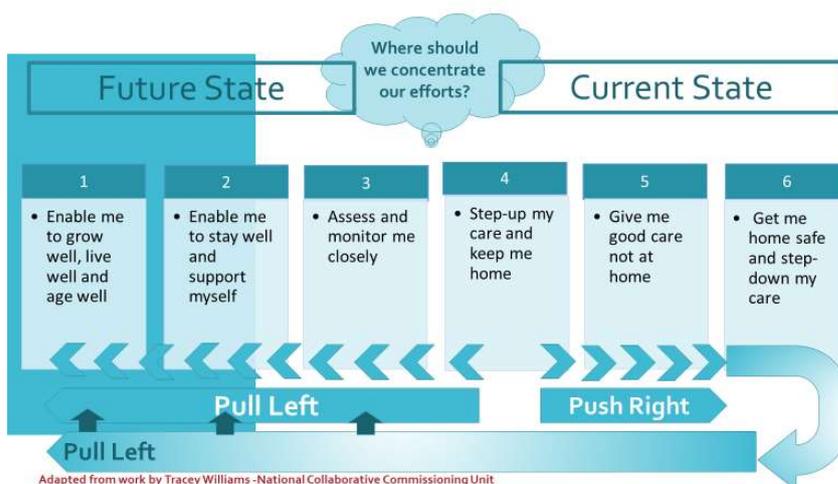


10. Pathways Approach

Pathway development will support service redesign to **improve outcomes and efficiencies**, it will adhere to National Frameworks and Policies to capture evidence-based practices and innovative ways of working. It will **put workforce centre** stage with possible **creation of new roles, embed digital change** to optimise care and consider the most equitable, sustainable and transparent **use of the available resources to achieve better outcomes** and experiences for every person. The people of Powys will be listened to; their opinions will

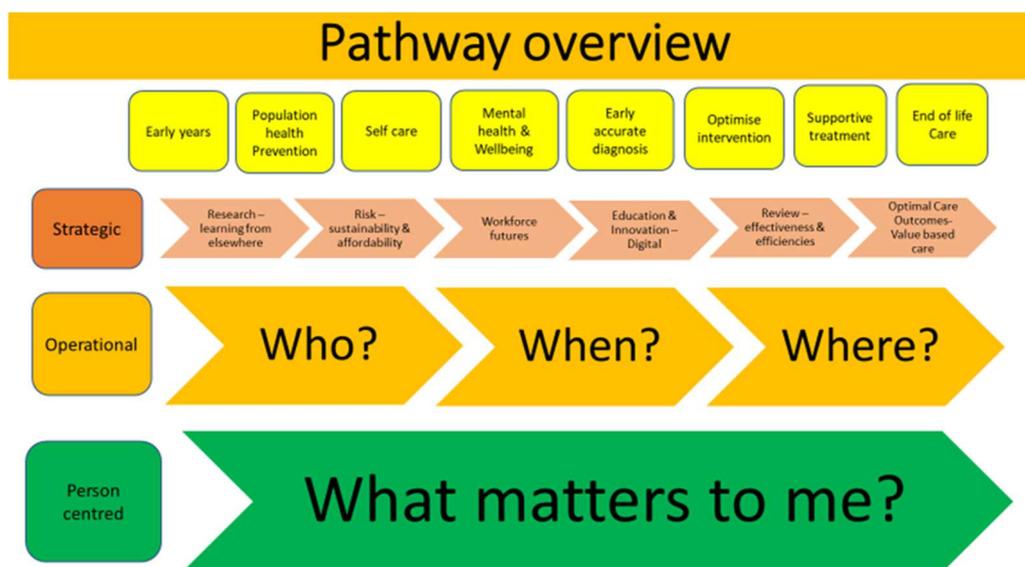
be respected and the focus will be on 'what matters' to our population. **Citizen involvement will be at the heart of the pathway development.**

The multi-agency approach to pathway redesign will have a greater emphasis on prevention and wellbeing and focus on all elements of the six components model. **The pathways approach needs to be whole system.** This approach will shift the balance from our 'current state' which focuses on hospital-based care and statutory intervention, towards the 'future state' to focus on prevention, wellbeing and early help and support.



Pathways are a way of describing and organising activities for a defined group of people, service or conditions, during a defined period to get the best outcomes for the individuals. They **enhance teamwork by promoting coordination, collaboration, communication and decision making to achieve optimal care outcomes.**

Pathways need to provide assurance to people that they have **access to the right advice** and information, are **able to have timely care** and receive **appropriate interventions** in a systematic way, while still ensuring that those with the greatest needs are cared for promptly and appropriately. The following will be considered when developing pathways:



Example pathway templates are provided in the appendix five. This will help to articulate current and future pathways highlighting changes in flows and location, focusing on value added activities doing 'what matters' for individuals.

11. Service Design Outputs

Outputs
1. Demand, Capacity and Financial modelling undertaken to support the business case process and transfer of skills in place to support local ongoing modelling work
2. Service specifications developed and approved to support the design of the multi-agency wellbeing campus.
3. New models of care (in line with five focus areas) demonstrating a level of transformation change to support national policy and improve outcomes for the population.
4. Clinically and professionally led Health and Social Care pathways aligned to deliver the multi-agency wellbeing campus outlining digital and workforce implications.
5. Detailed design and revenue business cases for major development areas i.e. outpatients and day cases, intensive rehabilitation, diagnostics.
6. Commissioning intentions and plans for future services including opportunities for integrated approach.
7. Evidence base demonstrating research, good practice and sharing of learning.

Co-production and involvement of staff, service users, individual and communities will be core to the delivery of the above outputs. The above outputs will be reviewed a regular basis.

Appendices

Appendix	Page ref.	Document
Appendix One: Integrated Model of Care and Wellbeing	2	Attached separately
Appendix Two: RPB Strategic Outcomes Framework	2	 Draft RPB Outcome Framework single slid
Appendix Three: Service List	8	 Copy of Service List RRC and CWH.xlsx
Appendix Four: Service Planning Process	9	 Service Planning Approach.pdf
Appendix Five: Example Pathway Templates	11	 Pathway Templates.pptx

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INSERT NAME OF COMMITTEE/BOARD:		Date of Meeting:	
POWYS TEACHING HEALTH BOARD PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		12 OCTOBER 2021	
Subject:	Overview of Strategic Renewal Portfolio Priorities and Arrangements		
Approved and Presented by:	Director of Planning & Performance		
Prepared by:	Transformation Programme Manager		
Other Committees and meetings considered at:	The elements comprising this paper have been considered and approved by the Renewal Strategic Portfolio Board between June 2021 and August 2021. An overview of the Renewal Portfolio approach was provided to the PTHB Board Strategic Planning Session on 21st September 21. The final was approved at the Strategic Portfolio Board on 6th October 21.		

PURPOSE:

The purpose of this paper is to provide the Planning, Partnerships and Population Health Committee with an overview of the Strategic Renewal Portfolio priorities and arrangements.

RECOMMENDATION(S):

The Committee is asked to note and discuss the Renewal Strategic Portfolio arrangements.

Approval/Ratification/Decision¹	Discussion	Information
x	✓	x

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

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

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

EXECUTIVE SUMMARY:

The PTHB renewal priorities were identified following a review of the evidence base and learning from COVID. Significant progress has been made in Q1 and Q2 to progress arrangements to deliver renewal alongside other organisational priorities:

- The CEO-led Renewal Strategic Portfolio Board has been established (with approved Portfolio Initiation Document);
- Lead Directors have been confirmed for each Renewal Priority area;
- Each programme within the portfolio has an approved Programme Initiation Document;
- The CEO-led Renewal Core Group is meeting weekly;
- £2.5M non-recurrent revenue funding has been secured from Welsh Government, plus £550k capital for phase 1 (2021/22 financial year);
- The Renewal Set Up Co-Ordination Team has been established;
- Recruitment is underway to renewal posts, with WOD support secured to fast-track the process.

Key risks and pressures to the renewal portfolio include:

- Non-recurrent funding at present (likely to be further funding);
- Ability to recruit to posts;
- Pace versus staff wellbeing;
- Ongoing response to COVID-19 pandemic – harm from delayed care is equally part of the challenge.

DETAILED BACKGROUND AND ASSESSMENT:

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PURPOSE OF THE RENEWAL PORTFOLIO

A number renewal priorities have emerged from a full appraisal of the impact of the pandemic. The renewal priorities focus on the things which will matter most to the wellbeing of the population of Powys and those things which will work best to address the critical challenges ahead.

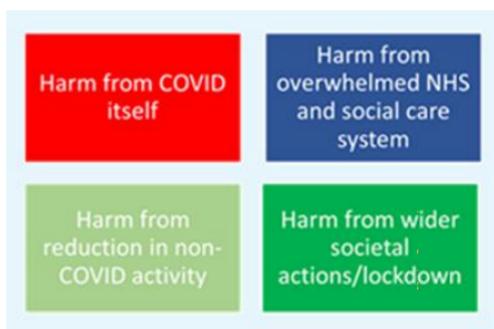
We cannot go back to the way things were before COVID. The Renewal Strategic Portfolio Board (RSPB) has been established to drive forward the portfolio of renewal work needed across priority areas to transform services. The portfolio will work at pace across boundaries, but recognising that true transformation is a long term process.

Thus, our challenge is now renewal. With our staff, partners and communities we will take forward the vision for A Healthy, Caring Powys and ensure our guiding principles, including doing what matters and doing what works, lies at the heart of the transformation needed.

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

BACKGROUND

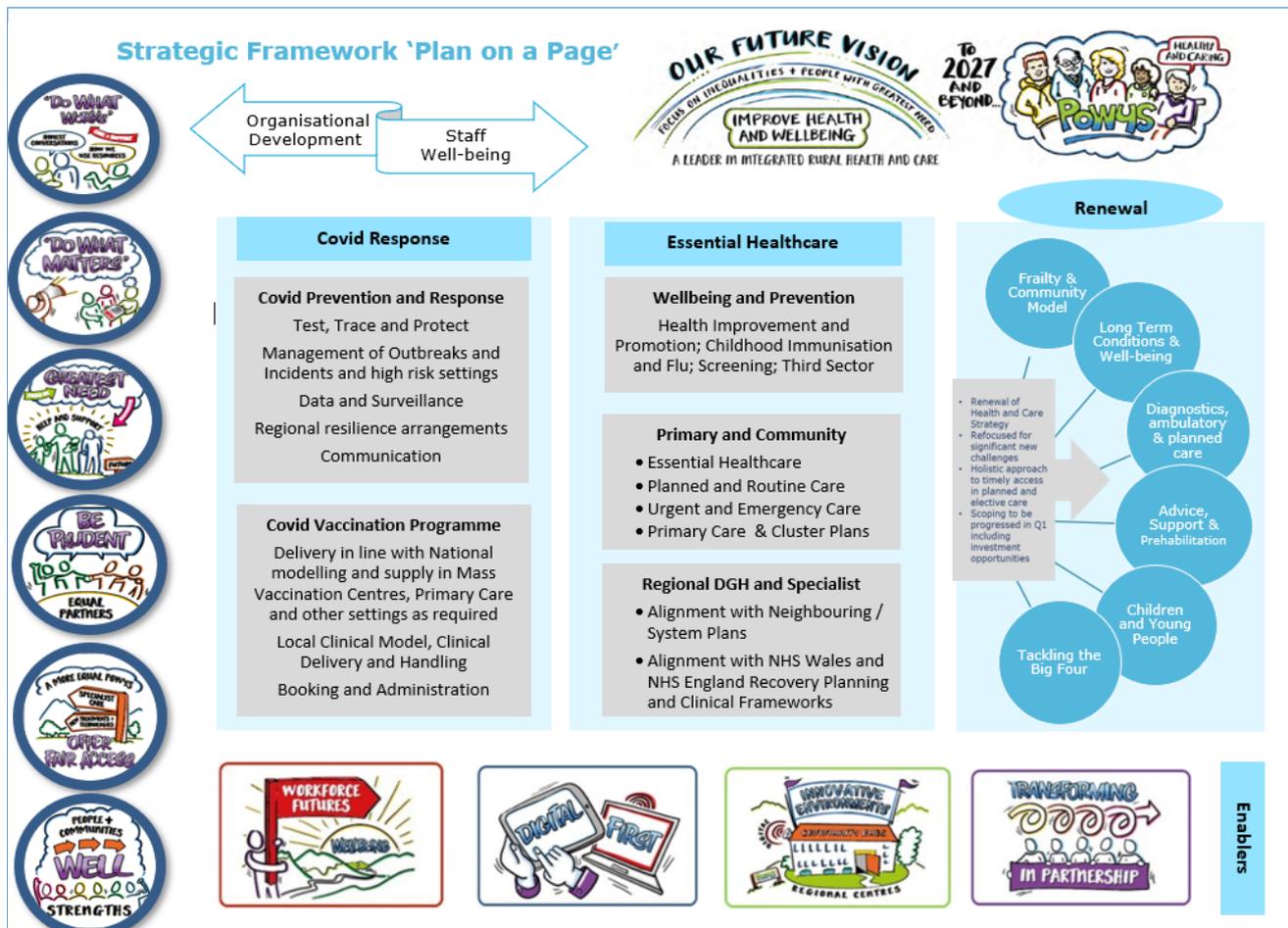
Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-COVID NHS activity and wider societal actions. Central to PTHB's approach is reducing the potential for harm from this. Based on July 2021 data the waiting list for elective treatment is now over 19,000, for services needed in and out of county, (equating to about 14% of the Powys population). Over 2,800 waits are already longer than a year.



However, the impacts are wider and not restricted to waiting times but include, for example, the effect on children's health and development.

The priority areas identified are: frailty and community model; long term conditions and wellbeing; diagnostics, ambulatory and planned care; advice, support and pre-rehabilitation; children and young people; and tackling the Big 4 (respiratory, cancer, circulatory and mental health).

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The renewal priorities and proposals were emergent, informed by the evolving learning and evidence. The response will need to continue to adapt as the phases of the pandemic change. It will need to respond not only to the immediate short term problems of visibly longer waiting times and backlogs in healthcare, but to understand people’s experience and the most effective ways of working together to meet those needs now and in the future.

The more transformative work needed will shift the balance of provision to Powys where possible by embedding new ways of working, helping to increase available capacity in DGHs. Whilst PTHB is seeking to provide services for its residents within county or virtually, wherever safe and possible to do so, residents must travel to the closest DGHs in England and Wales for some DGH services. Recovery planning is taking place at different speeds across our multiple providers. Recovery for Powys residents does not just involve services directly provided within the county, but recovery of cross-border flows within Wales and England. Accelerating recovery for the PTHB population will require this triple action.

PORTFOLIO DEFINITION AND SCOPE

The Portfolio of programmes and projects will deliver the renewal priorities as set out in the overarching plan for PTHB.

The renewal priorities and lead executives are summarised below. These are leadership roles of renewal priority areas, as opposed to management roles or management structures.

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Executive Director Leads	Renewal Priority
Director of Finance and Medical Director	Value Based Healthcare
Medical Director	Frailty and Community Model
Director of Therapies and Health Science	Long Term Conditions & Wellbeing
Director of Primary, Community and Mental Health	Diagnostics, Ambulatory and Planned Care
Director of Planning and Performance	Advice, Support and Pre-rehabilitation
Director of Nursing and Midwifery	Children and Young People
Medical Director	Big 4 Cancer
Director of Therapies and Health Science	Big 4 Respiratory
Director of Public Health	Big 4 Circulatory
Director of Primary, Community and Mental Health	Big 4 Mental Health

Excluded from scope:

The scope of the Portfolio is whole system and transformative, which may include redesign of current activity. However, it does not include:

- Business as Usual once the transformation is complete or if it is not subject to the transformation process. Operational management will remain with the relevant service areas.
- The COVID response including the mass vaccination programme; Test Trace and Protect and Outbreak Management.
- The maintenance and assurance of Essential Services
- External strategic change programmes in other health boards and systems such as Future Fit.

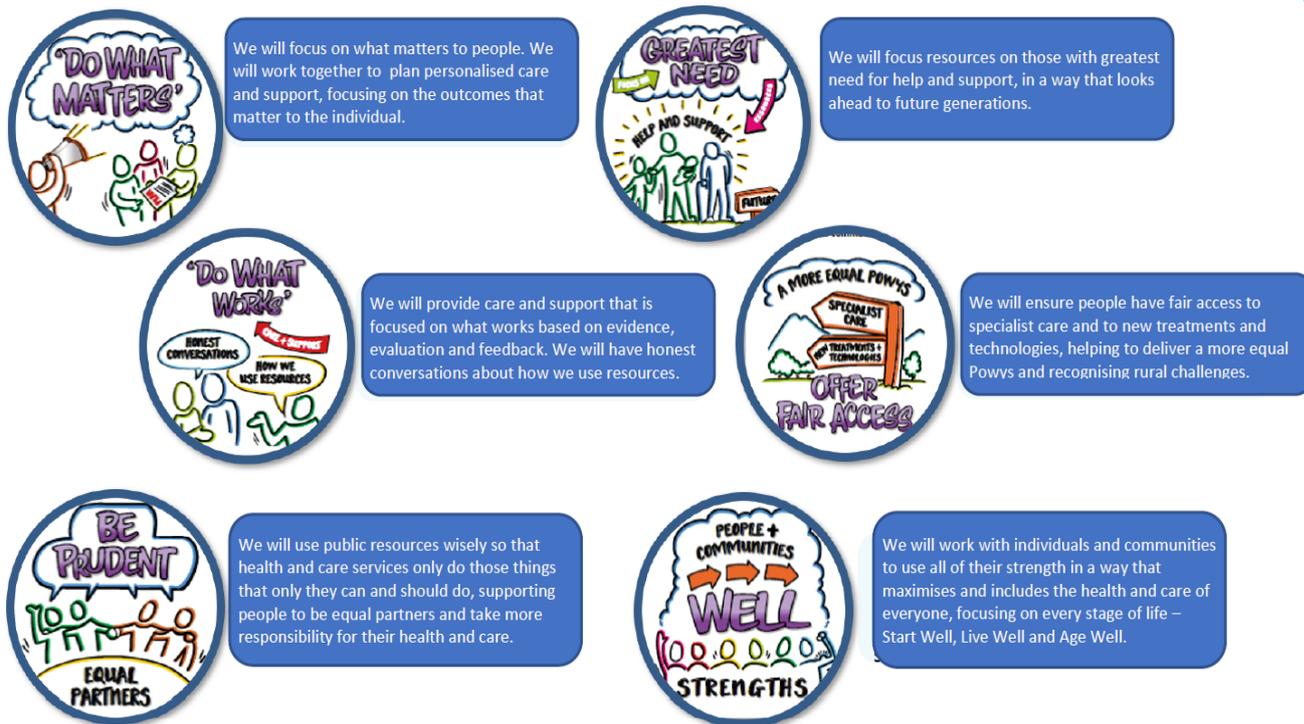
PROGRAMME APPROACH

PRINCIPLES

The renewal priorities have been developed taking the approach of 'value based health care' which resonates with the Powys principles of 'do what matters' and 'do what works', considering in depth the outcomes for the

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patients, their carers and families and the evidence base on effective pathways and interventions in each case.



Key to this ambition is working with clinical networks and national bodies to secure clinical outcome data for Powys residents which will help us to plan, implement, review and refine our approach.

Recovery and renewal will involve whole-pathway transformation. PTHB will need to link into the recovery planning of two main neighbouring English systems (Shropshire, Telford and Wrekin and Hereford and Worcester). It will also work through regional and national arrangements within Wales. The multiagency interface will be via membership at the Programme level.

VALUE-BASED HEALTH CARE

The value-based health care ethos will be embedded across the work on the priority areas and organisation. There will be a focus on doing what matters and what works, to ensure that resources achieve the best outcomes for patients at the best cost. Work will be undertaken through a Value Based Healthcare Programme sitting within the renewal portfolio to help ensure that the right people and skills, processes, structures and culture is in place. Work will include clinical leadership, prioritisation and shared decision making. The RSPB will keep under review the further resource requirements needed, for example, in relation to informatics.



EQUITY

The programmes in the priority areas will include a focus on addressing inequalities, which has been key to the learning from the pandemic. Work in

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relation to tackling inequalities will be rooted in the principles of the Health and Care Strategy, such as ensuring fair access. All programmes and projects will be developed with due regard of the Equality Act, 2010. Equality Impact assessments will be completed at appropriate times within the programme/project lifecycle.

PORTFOLIO STRUCTURE, GOVERNANCE AND REPORTING

A Chief Executive-led Renewal Strategic Portfolio Board has been established, as a formal part of the Board's Executive Committee. This will be used as the mechanism to drive, govern and co-ordinate the work required. The Executive Committee is responsible for ensuring the effective operational co-ordination of all functions of the organisation and delivery of the Strategic Objectives set by the Board. The Executive Committee reports directly into the Board and provides assurance through to the Board's Assurance Committees, as set out in the Board's Standing Orders and Scheme of Delegation and Reservation of Powers.

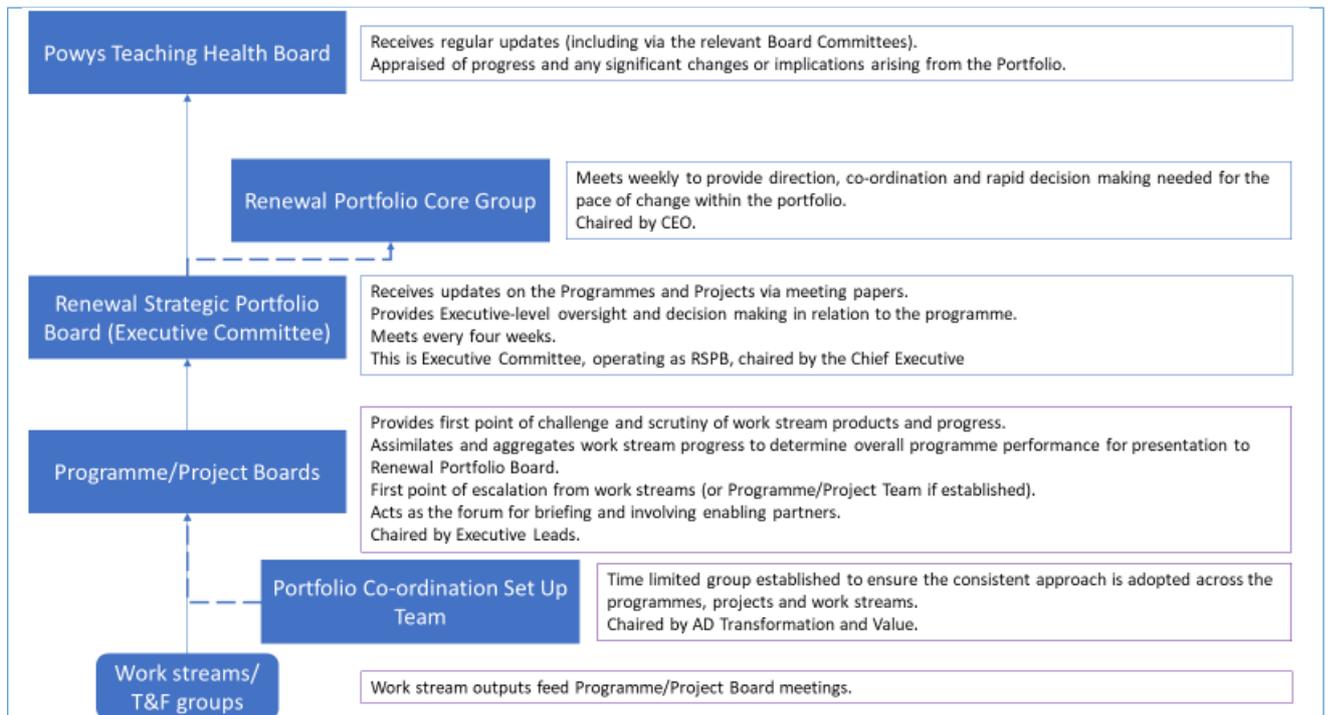
A dedicated meeting of the Executive Committee will be held every four weeks, operating as the Renewal Strategic Portfolio Board, with those Powers Delegated by the Board to the Executive Committee (as set out in the Executive Committee Terms of Reference and Operating Arrangements).

There will continue to be weekly meetings of the Chief Executive-led Portfolio Core Group, which will provide direction, co-ordination and rapid decision making needed for the pace of change within the portfolio.

The Renewal Strategic Portfolio Board has designated membership of the Portfolio Co-ordination Set Up Team, which will be a time limited group established to ensure the consistent approach is adopted across the programmes, projects and work streams.

Each Executive Lead will establish the Programme, Project, work streams, task and finish group or other arrangements necessary to complete the work in the plan approved by the RSPB. Each programme will have approved detailed plan and risk register, and will submit regular highlight reports to the Renewal Strategic Portfolio Board. This will include confirmation of clear handover arrangements to business as usual. All documentation used will be on agreed templates to enable information from all the Programmes and Projects to be assimilated for use by the Renewal Strategic Portfolio Board.

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PORTFOLIO LEADERSHIP AND MEMBERSHIP

The Renewal Portfolio Core Group will include:

- Chief Executive (Chair)
- Director of Planning and Performance
- Director of Finance

In attendance:

- Assistant Director Transformation and Value
- Transformation Programme Manager (administrative support, if required)

Meetings will be quorate if attended by either the Chair or Vice Chair plus one other member.

The Renewal Strategic Portfolio Board will include:

- Chief Executive (Chair)
- Executive Director of Planning and Performance (Advice, Support and Prehabilitation)
- Executive Director of Finance (Value Based Healthcare)
- Medical Director (Value Based Healthcare; Frailty and Community model; Big 4 Cancer)
- Executive Director of Therapies (LTC and Wellbeing; Big 4 Respiratory)
- Executive Director of Community and Mental Health (Diagnostics, Ambulatory and Planned Care; Big 4 Mental Health)
- Executive Director of Nursing and Midwifery (Children and Young People)
- Executive Director of Public Health (Big 4 Circulatory)
- Executive Director of Workforce, OD and Support Services

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Board Secretary

In attendance:

Director of Clinical Strategy
Assistant Director Transformation and Value
Transformation Programme Manager
Administrative Support

Meetings will be quorate if attended by either the Chair or Vice Chair plus four other members.

The individual programmes may have multi-agency involvement, programme board and programme teams. This may include Cluster representation. The RSPB will keep under review whether further strengthening of Cluster and clinical involvement is needed.

PORTFOLIO CO-ORDINATION SET UP TEAM

The Renewal Portfolio Co-ordination Set Up Team will include:

Assistant Director Transformation and Value (Chair)
Frailty and community model - TBC
LTC and wellbeing - Head of Pain and Fatigue Management
Diagnostics, Ambulatory and Planned Care – Assistant Director
Community Service Group
Advice, Support and Prehabilitation - TBC
Children and Young People – Assistant Director of Women and
Childrens
Respiratory – Transformation Programme Manager
Cancer - TBC
Circulatory – Planning Manager
Mental Health – Assistant Director of Mental Health and Project
Manager (when appointed)
Finance Business Partner
WOD Resourcing and Operations Manager
Transformation Programme Manager (Renewal Portfolio) – Vice
Chair

In attendance:

Administrative Support

Meetings will be quorate if attended by either the Chair or Vice Chair plus two other members.

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DELEGATED DECISION MAKING

Decisions will be made in-line with the Board's Scheme of Delegation and Reservation of Powers, and in particular include:

Decisions reserved for the Board of PTHB:	As set out in the Board's Scheme of Delegation and Reservation of Powers, which includes: <ul style="list-style-type: none">• approving the introduction or discontinuance of any significant activity or operation;• approving individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive in accordance with the scheme of delegation linked to Standing Financial Instructions• approving the health board's partnership and stakeholder engagement and involvement strategies
Decisions reserved for the Renewal Portfolio Board (Executive Committee):	As set out in Executive Committee Terms of Reference and Operating Arrangements, including: <ul style="list-style-type: none">• Approving Programme/Project plans• Approving the application of the OCP• Approving Financial Commitments and Business Cases (that do not meet the financial threshold for Board approval)• Approving Organisational Policies, which are not reserved for the Board• Approving Strategic Change Plans and supporting Engagement Plans, prior to Board approval

BUDGET AND RESOURCES

Work across the priority areas within the portfolio will ensure that a value based healthcare approach is applied to existing resources. The focus will be on doing what matters and what works to improve outcomes for patients at the best cost. However, given the pace and scale of change required, targeted resources from Welsh Government have also be secured.

In Phase 1 the resources secured from Welsh Government (£2.5M revenue, and £550k capital) are non-recurrent. It has been clear that where plans have recurrent implications, it is expected local governance processes are fully aware of any commitments and endorse them.

It will be for PTHB to manage the position in respect of approved proposals in 2022/23 onwards where there are recurrent costs. Welsh Government expects PTHB to maximise direct benefits to patients with the funding provided.

As a large organisation with a substantial budget, Welsh Government expects PTHB to make risk-based judgements. This might include, for example, commencing plans at risk, or re-phasing until later in the financial year when the picture should be clearer. Welsh Government funding has been provided to

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the NHS to deliver outcomes, and Welsh Government expects PTHB to deliver proposals as indicated. Ministers will wish to see this funding deliver the stated benefits, and will hold organisations to account against the commitments made.

There will be alignment with the Investment Benefits Group process and a documented approach where decisions need to be taken at risk at CEO Core Group or Executive RSPB level.

A) Programmes, projects, work streams and other arrangements

Any decisions needed in relation to recurrent funding at risk will be made by the CEO Core Group or the Portfolio Board following completion of the agreed template by the priority area/programme seeking funding.

Where investment is being made there will need to be baseline activity, and trajectories showing expected recovery performance with or without investment.

The Renewal Strategic Portfolio Board will agree programme/project plans on the agreed template.

All programme/project expenditure will be called down rather than allocated.

B) Renewal Portfolio Support

The Core Group will ensure that support arrangements are in place to take forward the work of the Renewal Strategic Portfolio Board at the pace required.

C) Financial control

Programmes/projects will draw down funding for approved activity including appointment to posts and purchase of equipment. There will be central financial monitoring of expenditure against the Welsh Government renewal funding and an expectation that programmes/projects will include narrative in the highlight report to where expenditure related to the approved plan is not on course.

All programmes/projects will liaise with appropriate colleagues in finance and ensure standing financial instructions and agreed processes are adhered to, for revenue and capital expenditure.

INDICATIVE TIMESCALES

Each renewal area has developed a milestone plan. These inform the high level Portfolio Plan. The renewal area milestone plan is underpinned by a detailed plan which must make any impact on estates, accommodation and support services clear.

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Reporting on progress against the agreed milestones is undertaken quarterly, in alignment with the Annual Plan reporting cycle, through the RSPB governance arrangements.

KEY ACTIONS AND MILESTONES

The high level actions and milestones for the portfolio will be:

Ensure understanding and focus on the scale and pace of renewal needed, including addressing inequalities:

Q1: Establish CEO led Renewal Portfolio Board and support arrangements - complete

Q2: Renewal Portfolio Board ensuring sufficient progress on Phase 1 and forward planning - complete

Q3: Ensure clear plans for next phase of renewal – not yet due

Q4: Portfolio Board reports progress on Phase 1 and ensures arrangements in place for next Phase – not yet due.

PHASING

The priority areas will make long lasting changes, some of which will take more than one year to implement. Work across priority areas will be phased.

Powys Teaching Health Board's immediate recovery proposals were submitted to Welsh Government in April 2021. Further Phases of renewal activity will be scoped and developed alongside implementation of Phase 1.

Processes will be developed to ensure limited organisational resources are directed to delivery against priority areas of work.

COMMUNICATION AND ENGAGEMENT

There will be a continuous process of communication and engagement with stakeholders which will be identified in programme/project plans. Programme and projects will identify and manage appropriately any requirements for statutory engagement and consultation arising from significant service changes for patients or staff. Programme/project plans will set out communication and engagement requirements, including a stakeholder map.

EXTERNAL

The whole pathway approach will include externally commissioned services. Programmes/projects will ensure appropriate engagement and written notice, if required, is included in detailed plans.

HIGHLIGHT REPORTING AND TRACKING

A highlight report template has been developed and will be used by all programmes/projects within the portfolio. This will enable to Renewal Strategic Portfolio Board to be assured of progress against the agreed plan, achievements, high scoring risks and performance trajectory.

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LEVELS OF ESCALATION

All programmes/projects will adopt the following levels of escalation and include in highlight reports:

Level 1	Delivery of approved plan on course
Level 2	Delivery of approved plan off course but satisfactory remedial actions in place providing confidence.
Level 3	Significant risk to delivery and limited confidence remedial actions will resolve matters.

RESOURCE REQUIREMENTS

PROGRAMMES/PROJECTS

The programmes/projects sitting under the Renewal Portfolio will develop resource plans to enable their programme/project to develop in line with the detailed plan approved by the Renewal Strategic Portfolio Board.

The Core Group will continue to ensure that support arrangements are in place to take forward the work of the Renewal Strategic Portfolio Board at the pace required.

QUALITY MANAGEMENT

Programmes and projects will ensure outputs are aligned with the PTHB Clinical Quality Framework, which is centred on five goals and focuses on:

1. Safety, effectiveness, experience;
2. Organisational culture;
3. Clinical leadership;
4. Improvement methodology;
5. Intelligence.

RISK REGISTER AND ISSUE MANAGEMENT

Programmes and projects will have risk registers on the agreed format and arrangements in place to regularly review and update entries. Risks with a current risk score of 15 and over will be reported to the Renewal Strategic Portfolio Board, using the agreed highlight report template.

The portfolio will have a risk register, documenting risks to delivery of the portfolio and also risks of harm which resulted in the priorities and emergent cross-cutting risks from the programmes.

The COVID pandemic remains a live situation. Further waves or future uncertainty, especially in winter, may affect the delivery of the Portfolio.

BENEFITS REALISATION

Programmes and projects will ensure benefits realisation using the agreed portfolio approach. All programmes/projects will set up benefits tracking and realisation mechanisms.

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Outcomes and Quality Benefits

What is Benefit	How & What will it be Measured	What is the current baseline	What is your Target Value	When will benefits start?

Savings Benefits (£)

What is Benefit	How will this be reflected in the Ledger?	What is the value of the savings? £	When will the savings commence?

All programmes and projects will identify dis-benefits (disadvantage) arising from their work.

OVERVIEW OF THE RENEWAL PROGRAMMES

An overview of the purpose, scope and risks of each of the renewal priorities is provided below.

Value Based Healthcare (VBHC) Programme

Leads: DoF and MD

Purpose:

This Programme Board has been established to embed Value Based Health Care (VBHC) approaches within the organisation's operating framework and, in particular, the Health Board's Renewal Priority areas. The PTHB Board has approved and supported the adoption of a VBHC approach as included in the 2021/22 Annual Plan. It is important that the renewal is focused on improving outcomes by doing what matters and what works through embedding the use of VBHC.

Scope:

Embedding VBHC within the organisational operating model (strategy; people and skills; culture; processes; structures.)

VBHC Medicines subgroup

Links to all Wales Groups - Delivery Value in Rural Wales

Priorities: Eye care; Frailty and community model; Orthopaedics; INNU policy

Risks:

Programme unable to progress at the pace needed due to insufficient support arrangements

Recruitment to new posts is not successful

Inefficient use of resources

Lack of coherence across Powys

Delayed services (including diagnosis, routine referrals and follow-up)

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Frailty and Community Programme

Lead: MD

The **purpose** of the Frailty and Community Programme is to:

- learn from the modified approaches implemented during the pandemic in order to successfully maintain many more people within their own homes;
- to develop a revised frailty and community model to improve outcomes for people through more intensive community and home based care;
- to develop and implement a renewed frailty pathway, including for those at risk of falls. With a clear prevention and home first ethos, it will work to ensure equity of access across Powys and will work across boundaries with system partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

Scope:

Frailty assessment: Frailty scoring; Complex Geriatric Assessment

Treatment Escalation Plan Services responses: Support overnight and out of hours; Virtual ward; Reablement; Discharge to Assess; Care home In-reach/out-reach; 2hr response in the community; Integrated hub

Streamline assessment process for people in hospital (health and social care): Review process for DGH social services assessment; Community hospital in-pat; Care Transfer Co-ordination; DGH understanding of Powys

System Intelligence: Dashboard; Review; Escalation; Focus on patient outcomes (including frail people "deconditioning")

Culture and Champions: Clinical decision making; Understanding of risk and support in decision making; Shared goals, systems and decision making (transferable skills); Goals focused on keeping people at home; Safety netting

Risks:

Harm as frailty is not recognised early enough;

Deconditioning in hospital due to inappropriate admissions and delayed transfer of care.

Resources are spent on inappropriate or low value activity, including inappropriate admission; delayed discharge and use of out of county community hospitals for frail older people

Insufficient capacity to lead and manage the frailty and community transformation effectively.

Insufficient progress addressing potential harm due to conflicting priorities and lack of co-ordination, clarity and ownership across N Powys/RSPB/Age Well;

Insufficient estates capacity for the service model;

Services for frail people cannot be staffed safely and sustainably;

Delayed secondary and tertiary care for frail people;

Fragmented frailty and community services;

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Health inequalities in relation to frail people are not identified and addressed leading to poorer outcomes for some patients;
There are delays in accessing primary and community services for frail people;
Risk to the continuity of delivery of services for frail people

Long Term Conditions and Wellbeing

(delivery mechanism via Breathe Well (Respiratory) Programme and Advice, Support and Prehabilitation Programme)

Lead: DoTH

Purpose

The Long term conditions and wellbeing priority is one of the major renewal priorities to have emerged following an assessment of learning and evidence through the annual planning process including the impacts of the pandemic. The purpose is to achieve fully integrated and scaled services to support people with long term conditions using bio-psycho-social and psycho-social approaches.

Scope

It will span psycho-social support, prevention, self-care and patient initiation; a refreshed offer to provide targeted support and equitable access for those with long term conditions, examples include Long COVID and the Healthy Weights Obesity pathway, with multi-disciplinary team working, rehabilitation and pain management. It will take forward an approach that is patient and carer centred, utilising digital, group and shared care models, promoting access, early help and self-care, for those who are most at risk of harm including the impacts of the pandemic. This priority will also incorporate cultural changes, notably self-care and shared decision making.

The programme will build on several models already in place within the Health Board, including the Pain and Fatigue Management Service.

Risks

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

Diagnostics, Ambulatory and Planned Care Programme

Lead: DPCCMH

Purpose:

The purpose of this programme is to ensure the recovery and renewal of planned care, diagnostics and ambulatory care services within Powys. As articulated in health board plans the programme will: Establish increased diagnostic capability at home, within primary care practice and diagnostic hubs; establish ambulatory care centres supporting care such as medical day case interventions; establish priority repatriation and expansion in directly provided services, scoping opportunities for in reach and joint workforce.

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Recovery must be based on creating the sustainable services we will need for the future alongside dealing with the backlog of patients already in the system.

Scope:

Planned Care: Powys residents (accessing services in Powys); Effective referral (evidence base, alternatives); Advice and Guidance (Consultant Connect); Regional solutions; OP modernisation; Attend anywhere; Risk stratification; Evidenced based interventions; Capacity (including recruitment and incentivisation); Insourcing & Outsourcing; Pathway redesign; FU (SoS/PIFU); Orth/Opth/ENT/Ur/Derm

Diagnostics Modernisation: Overarching model for Powys; Phlebotomy & Pathology; Physiological Measures; Imaging; Endoscopy; Genomics

Ambulatory Care

Risks:

Recruitment within Powys
Ability to manage backlog of planned care activity in a timely manner due to recruitment challenges, procurement expertise and capacity and availability of suitable alternative clinical capacity;
Managing renewal priority alongside challenging BAU context;
The COVID pandemic remains a live situation. Further waves or future uncertainty, especially in winter, may affect the delivery of the programme.

Advice, Support and Prehabilitation

Lead: DoPP

The **purpose** of this programme is to ensure that Powys citizens will be offered structured advice, support and 'prehabilitation'. This will specifically include the creation of a Patient Liaison Service. It will also include pathway redesign focusing initially on Orthopaedics.

Scope:

Prehab (focusing on modifiable risk factors);
Patient Liaison Service to ensure Powys residents are provided with advice and support;
Orthopaedics Pathway Redesign.
Prehab and Liaison over-arching model: (Targeted service- but not limited to post diagnosis/or waiting list); Optimisation bundle (core offer and extended);
Links to sources of wellbeing information and support; Psychosocial model;
Access to diagnostics; Medicines optimisation; Use of "teachable" moments;
Virtual where appropriate; Link between primary care records and waiting lists; Patient able to look up position on waiting lists.

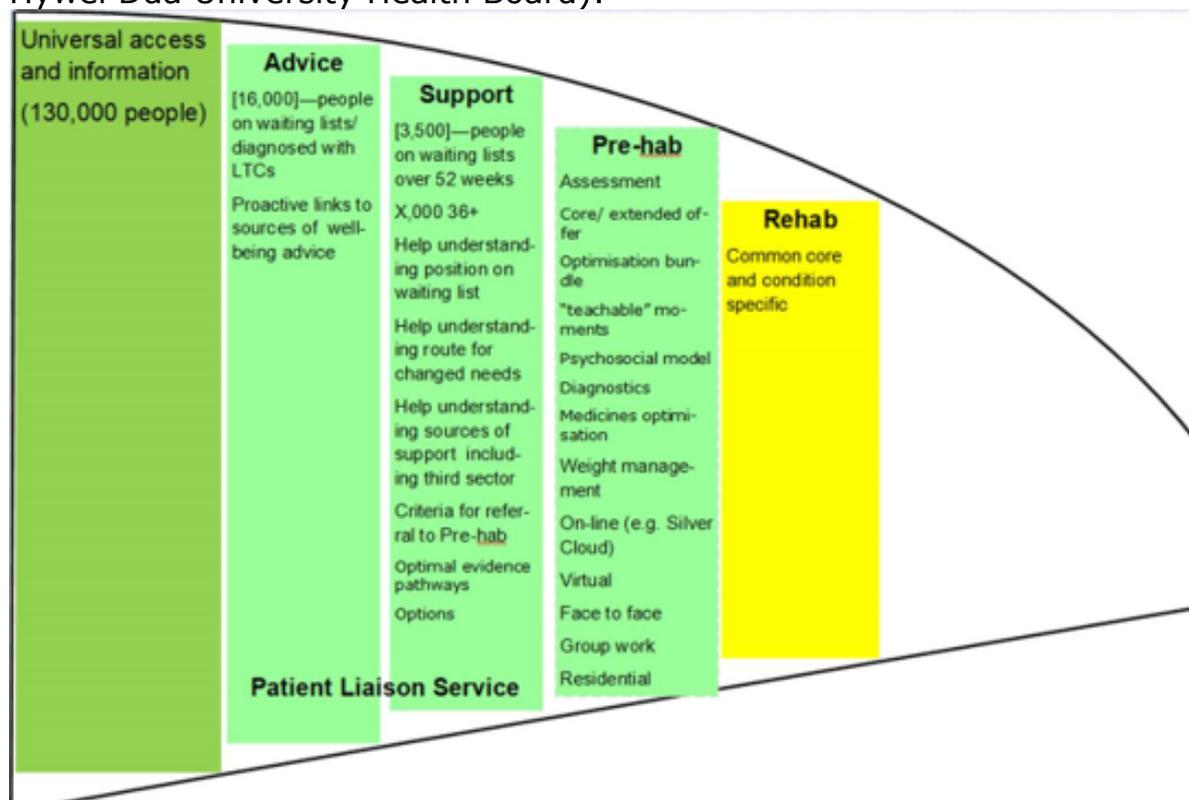
Link to Weight Management
(Transforming Invest in Your Health)

Risks:

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Provider HBs may step down planned care
 Recruitment to roles
 Insufficient workforce capacity
 Non-recurrent funding ends 31/3/22
 Delays resulting in harm to patients
 Access to data (cross-border data flows)
 Lack of digital literacy or poor infrastructure (connectivity) limits take up of digital offer
 Duplication of service for PTHB patients (are we replicating some of what the DGHS will have advised our patients)
 Cluster/GP representation

The Advice, Support and Prehabilitation continuum (based on experience in Hywel Dda University Health Board):



Children, Young People and Families

Lead: DoNM

Purpose

The focus of this priority is informed by the emerging evidence base related to the effects on children and young people of the covid-19 pandemic, aspects which will matter most to the wellbeing of the population of Powys, and interventions which will work best to address the need identified.

Scope:

Healthy growth and development.
 Emotional health and wellbeing.
 Immunisation and vaccination.

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Neurodevelopmental services remodel - WG renewal funding secured.
Children looked after.
Children receiving complex care.
Healthy weights care pathway.

Risks:

Service change/development in isolation with unintended undesirable consequences.
Existing backlog resulting in increased need, existing priorities unmet, staff fatigue.
Annual plan short term vs longer term renewal – scope, breadth, complexity.
Lack of data and intelligence.
Limited partnerships in and out of health.
Accessing the voice of children and young people.
Redirection of some existing staff resource.

Cancer Renewal Programme

Lead: MD

The **purpose** of the Cancer Renewal Programme is to improve the quality of services and outcomes for the people of Powys. Focusing on the different needs of children and adults, it will apply a whole system value-based approach to improve cancer pathways. It will focus upon ensuring cases of cancer are detected earlier, through timely access to diagnostics, closer to home wherever possible, and ensuring access to effective interventions at more treatable stages.

Scope:

Optimal pathways
Links to diagnostics (FIT etc)
Access to Rapid Diagnostic Centres
Approach to harm reviews in SCJ– given limited provision within Powys and complexity of PTHB pathways for DGH and specialised are covering England and Wales
Sub-regional networks – Velindre business case; Satellite Radiotherapy Centre; acute oncology.

Emergent high level **risks** include risk of patient harm or death due to:
Delayed screening, diagnosis and treatment
Complexity of tracking process for Powys
Complexity of the harm review process for Powys
Non-recurrent funding – risk to recruitment, retention and sustainability
Complexity of out of county flows involving multiple secondary care and tertiary teams.

Unknown variation in practice and outcomes

Inequity

Dependency on external services for diagnostics and treatment where capacity cannot be maintained

Unidentified and unmet need

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Lack of clarity about the roles, responsibilities, and accountabilities of different departments and organisations
Patients having to travel to out of county services unnecessarily
Ability to decipher Powys patient position within amalgamated provider organisation data sets – e.g. clinical audit data.
Partial outcome information due to focus on Welsh providers (therefore missing residents that receive services in England)
Fragmented approach to pathway development for cancer services
Ability to recruit suitably qualified clinical staff.

Mental Health Renewal Programme

Lead: DPCCMH

Purpose:

This programme will deliver Powys Hearts and Mind, Together for Mental Health Strategy, and mental health service improvement projects funded by Welsh Government.

Scope:

Crisis Care: single point of contact for mental health crisis - access for the public to contact a mental health professional 24/7 via 111 and alternatives to hospital admission by providing sanctuary style safe space out of hours
Eating disorders: met the expectations that health boards continue to deliver activity in relation to the independent review of eating disorders undertaken in 2018.

Perinatal mental health: support compliance with the standards laid out in the Royal College of Psychiatrists' Perinatal Community Standards and expectation to see each health board have a specialist perinatal mental health midwife.

Early intervention in psychosis: meet recommendations outlined within the National Clinical Audit of Psychosis and compliance with the standards laid out in the Royal College of Psychiatrist's Early Intervention in Psychosis Standards by strengthening clinical management with a full time team lead post.

Increased access to psychological services: strengthen the skill mix in LPMHSS to offer more specialist therapy in primary care to reduce the demand on secondary services with the expectation that PTHB will meet the 26 week target for specialist psychological therapies

Specialist CAMHS: build on implementation of recommendations made by the NHS Delivery Unit, following the assurance review of primary care CAMHS, and aim to achieve waiting time targets for primary and secondary care CAMHS on a sustainable basis.

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Schools in-reach: build on the pilot programme to enhance skills and confidence amongst school staff around mental health; provide schools with timely access to specialist advice, liaison and consultation (from mental health professionals) and, by doing so, improve school pupil and staff mental health and well-being.

Memory Assessment Service: implement the first stage of a project to improve the integrated leadership of teams across dementia services by investing in additional clinical capacity.

The main **risk** at present relates to recruitment of clinical staff (notably psychology)

Breathe Well (Respiratory) Renewal Programme

Lead: DoTH

Purpose:

The Breathe Well Programme will:

Transform the wellbeing, primary and community services model, within a whole system approach;

Improve respiratory clinical outcomes, symptom management and experience for the people of Powys.

Scope:

Adults and Children

Whole system

Overarching respiratory model for Powys (including diagnostics- spirometry, oximetry, sleep; MDT; medical model; & repatriation including outpatients)

CoPD and Asthma pathways

Sleep Clinics

Specialised services including CF

Long COVID

Host for cross-cutting group on generic elements of Rehabilitation

Risks:

No "buy-in" from other providers or clinicians within a whole system approach.

Lack of clarity about interface with other programmes.

Inefficient use of resources.

Services inequitable

Lack of coherence across Powys

Delayed services (including diagnosis, routine referrals and follow-up)

Recruitment to new posts is not successful

Circulatory Renewal Programme

Lead: DPH

Purpose:

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There will be three key work streams (diabetes, cardiac and stroke) sitting under the programme that will be seeking to transform the clinical model for wellbeing, primary and community services, within a whole system approach spanning all ages.

Scope:

Adults and Children

Whole system

Overarching models for the whole of Powys for:

Cardiac (community cardiology model for Powys)

Stroke

Diabetes

Risks:

Recruitment of staff to fulfil new or adjusted roles in line with the new model

Secondary care support and provision to develop clinics/provide mentoring

Complexity of current patient flows to multiple DGH providers for services and onward referral pathways

Increasing referrals into the service in addition to addressing existing backlog

Access to timely diagnostics

Engagement of clinicians to develop service whilst working in an overwhelmed primary care system

Need to coordinate with neighbouring health boards renewal priorities in relation to circulatory.

NEXT STEPS:

The Renewal Portfolio will continue to develop and work towards delivery of the outcomes described to Welsh Government in April 2021, alongside the development of further Phases of renewal work, rooted in value based healthcare and what matters to the people of Powys.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
Age					
Disability					

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Gender reassignment					<i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i>
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical					<i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i>
Financial					
Corporate					
Operational					
Reputational					

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Planning, Partnerships & Population Health Committee

Terms of Reference &
Operating Arrangements

September 2021

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1. INTRODUCTION

- 1.1 Section 2 of the Standing Orders of the Powys Teaching Health Board (referred to throughout this document as 'PTHB', the Board' or the 'Health Board') provides that:

"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees".

- 1.2 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Planning, Partnerships and Population Health Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The scope of the Committee extends to all areas of Planning, Partnership Working and Population Health, across the full breadth of the Health Board's responsibilities.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

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2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of the Health Board's responsibilities (directly provided and commissioned);
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
- c. that partnership governance and partnership working is effective and successful; and
- d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in the development of the Health Board's aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the health board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board's arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;

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- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
- d. seek assurance on the work of the Health Board to reduce health inequalities.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

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3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair Independent member of the Board

Vice Chair Independent member of the Board

Members Independent member of the Board x3

The Committee may also co-opt additional independent 'external' members from outside the

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organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning & Performance (Joint Officer Lead)
- Director of Public Health (Joint Officer Lead)
- Director of Finance and IT
- Director of Therapies and Health Sciences
- Director of Primary, Community Care and Mental Health

4.3 By invitation:

The Committee Chair extends an invitation to the PTHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Board Secretary will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of PTHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of PTHB.

Support to Committee Members

- 4.8 The Board Secretary, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.
- 5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

- 5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.
- 5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs

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sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

- 5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public 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 in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business;
 - sharing of appropriate information; and
 - applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are

incorporated into the Board's overall risk and assurance framework.

- 6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Chair of PTHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.
- 7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in PTHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

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9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.
- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.
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BOARD MEETING		DATE OF MEETING: 29 July 2020
Subject:	COMMITTEE ARRANGEMENTS: ANNUAL PRIORITIES 2020-21	
Approved and Presented by:	Rani Mallison, Board Secretary	
Prepared by:	Rani Mallison, Board Secretary	
Other Committees and meetings considered at:	Annual Plan approved by Board, June 2021 Corporate Risk Register presented routinely to Board and Executive Committee	

PURPOSE:

The purpose of this paper is to provide the Board with an overview of its priorities, based on its agreed Annual Plan, for its assurance committees and to outline where these priorities will be delegated to for oversight in the remainder of 2021/22.

This paper focusses on the business of the Board and its assurance committees only:

- a) Audit, Risk and Assurance Committee;
- b) Patient Experience, Quality & Safety Committee;
- c) Workforce & Culture Committee;
- d) Delivery & Performance Committee;
- e) Planning, Partnership and Public Health Committee.

RECOMMENDATION(S):

The Board is asked to APPROVE the approve the workplans for itself and Committee for 2020/21, as appended to this report.

Approval/Ratification/Decision	Discussion	Information
✓	x	x

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

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

EXECUTIVE SUMMARY:

Good governance practice dictates that Boards and Committees should be supported by an annual programme of business that sets out a coherent overall programme for meetings. The forward plan is a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that doesn't place an onerous burden on those in executive roles and create unnecessary or bureaucratic governance processes.

Throughout the COVID-19 pandemic, the Board has continued to review its governance arrangements to ensure that they remain appropriate whilst agile enough to meet the demands placed upon the organisation. As we move into Quarters 3 & 4 of 2021/22, the Board is aware of the increasing pressures that have been placed on the health and social care system over the last few months. It is therefore essential that the Board's business, and that of its committees, remains focussed on its key priorities and strategic risks.

In June 2021, the Board approved its Annual Plan for the financial year. The approach and priorities were developed in the context of a thorough review of reflections, learning and evidence base and an assessment of the current position in relation to both the COVID-19 pandemic response and its wider impacts. The Annual Plan therefore reflects the ongoing need to respond to the Covid-19 pandemic, the delivery and recovery of healthcare and the ambition for renewal which has at its heart the well-being of our staff and our population.

This paper therefore provides the workplan for the Board based on its agreed Annual Plan, which is inclusive of its committees, and outlines where these priorities will be delegated to for oversight in the remainder of 2021/22. The role of the Board's committees will be key in providing assurance to the Board that its priorities and actions are being progressed and associated risks are being mitigated effectively.

The workplan of the Board (inclusive of its committees) will need to remain under review as the year progresses to ensure that it remains proportionate and appropriate.

In addition to providing assurance in respect of strategic priorities and strategic risks, as the two key assurance committees of the Board, the Audit, Risk and Assurance Committee and the Patient Experience, Quality and Safety Committee will need to provide assurance to the Board on matters of its core business, as set out within respective terms of reference (board agenda item 2.6a).

The table below provides an overview of the Board's business for Quarters 3 and 4, for 2021/22, based on the Annual Plan 2021/22 and the Corporate Risk Register as at August 2021.

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
1.1 Covid-19 Prevention and Response Plan	Reviewed and Updated Civil Contingencies and Business Continuity Plans	Q3 (Nov)	✓	✗	✓	DPH
	Reviewed and Updated PTHB Pandemic Framework & Mass Vaccination Plan	Q4 (March)	✓	✗	✓	DPH
2.1 Well-being, Prevention and Tackling Inequalities	Smoking Cessation System Framework	Q3	✓	✗	✗	DPH
	Smoke Free Premises & Vehicles (Wales) Regulations 2018, Compliance Report	Q4	✓	PPPH	✗	DPH
	Weight Management Pathway, Levels 1-4, Overview Report	Q4	✓	PPPH	✗	DPH
	Healthy Weights Action Plan for approval	Q3	✓	✗	✗	DPH
	Powys Vaccination Group Action Plan for approval	Q3	✓	✗	✗	DPH
2.2 Primary and Community	Pharmacy & Medicines Management Assurance Report	Q3	✓	PEQS	✗	MD
	HCWP School Aged Screening	Q4	✓	PPPH	✗	DNM

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
Care	Programme Evaluation					
	Pharmaceutical Needs Assessment	Q3 (Nov)	✓	x	✓	MD
	Ophthalmology Services Update	Q3	✓	D&P	x	DPCCMH
2.3 Unscheduled Care and Out of Hours	Unscheduled Care & Out of Hours Update	Q4	✓	D&P	x	DPCCMH
2.4 Planned Care	Planned Care Update	Q4	✓	D&P	x	DPCCMH
2.5 Regional DGH and Specialist	WHSSC Update – Implementation of ICP & Service Developments	Q4	✓	D&P	x	DPP
	Update on Safe Accommodation Developments	Q4	✓	PPPH	x	DNM
	NEPTS Performance Report	Q4	✓	D&P	x	DWOD
	South Powys Programme: Consultant-	Q3	✓	x	✓	DNM

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	led Maternity & Neonatal Care	(September)				
3.0 Renewal	Overview of Renewal Strategic Portfolio developments, including progress & risks	Q3 & 4	✓	D&P	✗	DPP
3.1 Renewal Priority 1	Frailty & Community Model	Q3 (November)	✓ (via Renewal Strategic Portfolio Board)	✗	✓	MD
3.2 Renewal Priority 2	Long Term Conditions & Wellbeing	Q4 (January)		✗	✓	DTHS
3.3 Renewal Priority 3	Diagnostics, Ambulatory & Planned Care	Q3 (November)		✗	✓	DPCCMH
3.4 Renewal Priority 4	Advice, Support & Prehabilitation	Q4 (January)		✗	✓	DPP
3.5 Renewal	Children & Young People	Q4 (March)		✗	✓	DNM

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
Priority 5						
3.6 Renewal Priority 6	Tackling the Big 4: <ul style="list-style-type: none"> Breathe Well Cancer Circulatory Mental Health 	Q4 (March)		x	✓	MD DTHS DPCCMH
3.7 Renewal Enabler	Update on the implementation of a Value Based Healthcare Approach	Q4	✓	D&P	x	MD
4.1 Workforce Futures	Staff Wellbeing Update	Q4	✓	W&C	x	DWOD
	Implementation of Agile Working & New Ways of Working	Q4	✓	W&C	x	DWOD
	Workforce Planning Update	Q4	✓	W&C	x	DWOD
	Workforce Futures Strategic Framework Update, including Health & Care Academy Update	Q4	✓	W&C	x	DWOD

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	Implementation of Organisational Development Strategic Framework	Q4	✓	W&C	✘	DWOD
	Welsh Language Standards Monitoring Report	Q4	✓	W&C	✘	DTHS
	Equalities, Diversity & Inclusion Report	Q4	✓	W&C	✘	DTHS
4.2 Digital First	Digital First Update	Q4	✓	D&P	✘	DFIT
4.3 Innovative Environments	Innovative Environments Strategic Framework	Q4	✓	✘	✓	DPP
	North Powys Wellbeing Programme Strategic Outline Case	Q3	✓	✘	✓	DPP
	Llandrindod Wells Hospital Business Justification Case	Q3	✓	✘	✓	DPP
	Capital Developments Update	Q3 & 4	✓	✓	✘	DPP
	Estates & Support Services Update	Q4	✓	✓	✘	DPP/DWOD

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	Research, Innovation & Improvement Plan	Q4	✓	W&C	x	MD
4.4 Transforming in Partnership	Regional Partnership Board Programmes Reporting: <ul style="list-style-type: none"> • North Powys WBP • Start Well • Live Well • Age Well 	Q4	✓	PPPH	x	<ul style="list-style-type: none"> • DPP • DNM • DTHS • DPCCMH
	Public Services Board Update	Q4	✓	PPPH	x	MD
	Population Health & Wellbeing Assessments	Q4	✓	x	✓	DPH
	Communications and Engagement Activity Report	Q4	✓	W&C	x	DPP
	Improving Performance Framework (refresh)	Q4	✓	x	✓	DPP
	Strategic Commissioning Framework (refresh)	Q4	✓	x	✓	DPP

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Annual Plan Ref.	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
	Overview of Strategic Priorities, the Next Three Years	Q3	✓	x	✓	DPP
	Integrated Medium-Term Plan (Draft & Final)	Q3 & 4	✓	x	✓	DPP
4.7 Finance	Delivery of Financial Strategy and Plan	Q3 & 4	✓	D&P	✓	DFIT
5.1 Annual Governance Programme	Annual Governance Programme Reporting	Q3 & 4	✓	ARAC	x	BS
	Policy Management Framework	Q3	✓	x	✓	BS
	Scheme of Delegation & Reservation of Powers	Q4	✓	x	✓	BS
	Partnership Governance Framework	Q4	✓	x	✓	BS
	Board Advisory Fora Proposals (SRG/HPF)	Q4	✓	x	✓	BS

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Strategic Risk (Corporate Risk Register)	Item	Timeframe	Executive Committee	Assurance Committee	Board	Executive Sponsor
			(with reporting up to Board)			
001: There is a risk that: Once accessed, residents in Powys may receive poor quality of care	Quality Performance reporting	Q3 & 4	✓	PEQS	✗	DNM/ DPCCMH
002: There is a risk that: The health board does not meet its statutory duty to achieve a breakeven position in 2021/22	Financial Performance reporting	Q3 & 4	✓	D&P	✓	DFIT
003: There is a risk that: The health board has insufficient capacity to lead and manage change effectively	Renewal Portfolio Reporting	Q3 & 4	✓	D&P	✗	DPP
004: There is a risk that: There is ineffective partnership working and partnership governance	Reporting of Partnership Activity	Q3 & 4	✓	PPPH	✗	DPP
005: There is a risk that:	Estates Compliance	Q4	✓	D&P	✗	DPP

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The care provided in some areas is compromised due to the health board's estate being non-compliant and not fit for purpose	Reporting					
006: There is a risk that: The health board is unable to sustain an adequate workforce	Workforce Performance Reporting	Q3 & 4	✓	W&C	✘	DWOD
007: There is a risk that: There are delays in accessing treatment in Secondary and Specialised care services, in excess of 36 and 52 weeks	Provider and Commissioning Performance reporting	Q3 & 4	✓	D&P	✓	DPP/ DPCCMH
008: There is a risk that: Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	Strategic Change Report	Q3 & 4	✓	PPPH	✘	DPP

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012: There is a risk that: The health board does not comply with the Welsh Language standards, as outlined in the compliance notice	Welsh Language Standards Monitoring Report	Q3	✓	W&C	✘	DTHS
013: There is a risk that: There are delays in accessing treatment in for Primary and Community Care Services in excess of 36 and 52 weeks, and a reduction in levels of enhanced services provided by General Practices under the GMS Contract	Provider and Commissioning Performance reporting	Q3 & 4	✓	D&P	✘	DPP/ DPCCMH
014: There is a risk that: Potential adverse impact on business continuity and service delivery arising from a pandemic outbreak of an infectious disease (COVID-19)	Mass Vaccination & TTP Reporting Performance Reporting (via performance dashboard)	Q3 & 4	✓	D&P	✘	DPP/ DPH
016: There is a risk that: The health board is non-	Health & Safety Policy and Action	Q4	✓	D&P	✓	DWOD

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compliant with legal obligations in respect of Health and Safety due to a lack of identification and management of health and safety related risks across the organisation	Plan					
017 There is a risk that: A fire incident occurring within health board premises is not effectively managed	Fire Safety Policy (Risk re compliance with Fire Code)	Q3	✓	D&P	✓	DWOD

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Board/Committee	Dates		Exec Sponsor
	Q3	Q4	
Board	<ul style="list-style-type: none"> • 29/10/21 • 24/11/21 	<ul style="list-style-type: none"> • 26/01/21 • 30/03/21 	<ul style="list-style-type: none"> • Director of Finance & IT (DFIT) • Medical Director (MD) • Director of Nursing & Midwifery (DNM) • Director of Planning & Performance (DPP) • Director of Primary, Community Care & Mental Health (DPCCMH) • Director of Public Health (DPH) • Director of Therapies & Health Sciences (DTHS) • Director of Workforce & OD (DWOD) • Board Secretary (BS)
Audit, Risk & Assurance Committee (ARAC)	<ul style="list-style-type: none"> • 14/09/21 • 16/11/21 	<ul style="list-style-type: none"> • 20/02/22 • 02/03/22 	
Planning, Partnerships & Population Health (PPPH)	<ul style="list-style-type: none"> • 12/11/21 	<ul style="list-style-type: none"> • 18/01/22 	
Workforce & Culture (W&C)	<ul style="list-style-type: none"> • 05/10/21 • 14/12/21 	<ul style="list-style-type: none"> • 15/03/21 	
Delivery & Performance (D&P)	<ul style="list-style-type: none"> • 02/09/21 • 01/11/21 • 20/12/21 	<ul style="list-style-type: none"> • 28/02/22 	
Patient Experience, Quality & Safety (PEQS)	<ul style="list-style-type: none"> • 07/10/21 • 02/12/21 	<ul style="list-style-type: none"> • 03/02/22 	
Executive Committee	<ul style="list-style-type: none"> • 08/09/21 • 15/09/21 • 22/09/21 • 06/10/21 • 18/10/21 • 03/11/21 • 17/11/21 • 01/12/21 • 15/12/21 • 29/12/21 	<ul style="list-style-type: none"> • 12/01/22 • 27/01/22 • 09/02/22 • 23/02/22 • 09/03/22 • 23/03/22 	

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