Planning Partnerships and Population Health Committee

Thu 16 November 2023, 10:00 - 12:30

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

PPPH_Agenda_16Nov2023.pdf (2 pages)

1.1. Welcome and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *All*

1.3. Minutes from the previous meeting held 11 May 2023

Attached *Chair*

PPPH_1.3_Unconfirmed_Minutes_11May23.pdf (10 pages)

1.4. Planning, Partnerships and Population Health Action Log

Attached *Chair*

PPPH_1.4_Action Log 2023-24.pdf (2 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

2.1. IMTP - Draft Planning Approach 2024

Attached *Director of Planning, Performance and Commissioning*

PPPH_2.1_Plan Approach_Cover Paper.pdf (4 pages)
PPPH_2.1a_Plan Approach 081123.pdf (20 pages)

10:00 - 10:00
0 min

3. ITEMS FOR ASSURANCE

3.1. Strategic Change Report

Attached *Director of Planning and Commissioning*

PPPH_3.1_Strategic Change_Cover Paper_PPPH_November2023.pdf (4 pages)
PPPH_3.1a_Strategic Change Stocktake FINAL_PPPH_081123.pdf (32 pages)
PPPH_3.1b Annex 1 Q2 Service Change Engagement Report.pdf (14 pages)

3.2. Primary Care Cluster Planning Reporting against delivery

Attached *Director of Finance and IT*

PPPH_3.2_Cluster Plan Progress Report 161123.pdf (4 pages)
PPPH_3.2a_North Cluster IMTP 23 Appendix 1.pdf (2 pages)
PPPH_3.2b_Mid Cluster IMTP Q2 2023 Appendix 2.pdf (2 pages)

PPPH_3.2c_South Cluster IMTP 23 Appendix 3.pdf (3 pages)

3.3. NWSSP Performance (Mid - Year) Report

Attached *Director of Finance and IT*

PPPH_3.3_POW Performance Report Sep 23.pdf (20 pages)

3.4. Accelerated Sustainable Model (planning and approach)

Attached *Chief Executive Officer*

PPPH_3.4_Accelerated Sustainable Model Draft Design Report PPPH.pdf (12 pages)
PPPH_3.4a_Annex 1 Better Together Accelerated Sustainable Model.pdf (75 pages)
PPPH_3.4b_Annex 2 Example Story.pdf (2 pages)

3.5. Health Protection Summary Report

Attached *Director of Public Health*

PPPH_3.5_Health Protection Summary 20231108.pdf (11 pages)

3.6. Child Immunisation Annual Report

Attached *Director of Public Health*

PPPH_3.6_Childhood Imms Report.pdf (14 pages)

3.7. Additional Learning Needs (ALN)

Attached *Director of Therapies and Health Science*

PPPH_3.7_ALN PPPH Annual Report November'23.pdf (10 pages)

3.8. Winter respiratory Virus Plan Update 2023/24

Presentation *Director of Public Health*

PPPH_3.8_Vaccination Programme Update.pdf (7 pages)

10:00 - 10:00
0 min

4. ITEMS FOR DISCUSSION

4.1. Deep Dive proposals - determine a programme of population health focussed topics

Presentation *Director of Public Health*

PPPH_4.1_Deepdive proposal - Diabetes.pdf (4 pages)

10:00 - 10:00
0 min

5. ITEMS FOR INFORMATION

No items for Information

10:00 - 10:00
0 min

6. OTHER MATTERS

6.1. Committee Work Programme

Attached *Director of Corporate Governance*

PPPH_6.1_Work Programme 2023-24.pdf (2 pages)

6.2. Items to be Brought to the Attention of the Board and/or Other Committees

Chair

6.3. Any Other Urgent Business

Chair

6.4. Date of the Next Meeting:20 February 2024, via Microsoft Teams

POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

16 NOVEMBER 2023,
10:00– 12:30
VIA MICROSOFT TEAMS

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA				
Time	**Item**	**Title**	**Attached/Oral**	**Presenter**
	1	**PRELIMINARY MATTERS**		
10:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous meeting held, 11 May 2023	Attached	Chair
	1.4	Committee Action Log	Attached	Chair
	2	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
	2.1	IMTP - Draft Planning approach 2024	Attached	Director of Planning, Performance and Commissioning
	3	**ITEMS FOR ASSURANCE**		
	3.1	Strategic Change Report	Attached	Director of Planning, Performance and Commissioning
	3.2	Primary Care Cluster Planning Reporting against delivery	Attached	Director of Finance, Information and IT
	3.3	NWSSP Performance (Mid-Year) Report	Attached	Director of Finance, Information and IT
	3.4	Accelerated Sustainable Model (planning and approach)	Attached	Chief Executive Officer
	3.5	Health Protection Summary Report	Attached	Director of Public Health
	3.6	Child Immunisation Annual Report	Attached	Director of Public Health
	3.7	Additional Learning Needs (ALN)	Attached	Director of Therapies and Health Science
	3.8	Winter respiratory Virus Plan Update 2023/24	Presentation	Director of Public Health
	4	**ITEMS FOR DISCUSSION**		
	4.1	Deep Dive proposals- determine a programme of population health focussed topics	Presentation	Director of Public Health

	5	**ITEMS FOR INFORMATION**		
There are no items for information.				
	6	**OTHER MATTERS**		
	6.1	Committee Work Programme	Attached	Director of Corporate Governance
	6.2	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.3	Any Other Urgent Business	Oral	Chair
	6.4	Date of the Next Meeting: • 20 February 2024, via Microsoft Teams		

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.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

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

POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON THURSDAY 11 MAY 2023 VIA MICROSOFT TEAMS

Present:

Ian Phillips	Independent Member (Acting as Committee Chair)
Ronnie Alexander	Independent Member
Jennifer Owen-Adams	Independent Member
Kirsty Williams	Independent Member

In Attendance:

Mererid Bowley	Director of Public Health
Pete Hopgood	Deputy Chief Executive and Director of Finance, Information & IT
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Interim Chief Executive Officer
Helen Bushell	Director of Corporate Governance
Alison Merry	Consultant in Public Health (Joined for Item 3.1)
Claire Roche	Director of Nursing and Midwifery (Joined for Item 3.4)
Adrian Osborne	Assistant Director of Communications and Engagement (Joined for Item 3.2 and 3.3)

Observing

Carl Cooper	PTHB Chair
Andrea Blayney	Community Health Council

Apologies for absence:

Rhobert Lewis	Independent Member (Committee Chair)
Stephen Powell	Director of Performance and Commissioning
Kate Wright	Medical Director

Committee Support:

Beth Powell	Interim Corporate Governance Business Officer

PPPH/23/01	**WELCOME AND APOLOGIES FOR ABSENCE** The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.
PPPH/23/02	**DECLARATIONS OF INTERESTS** There were no Declarations of Interest made.
PPPH/23/03	**UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 19 JANUARY 2023** The Committee APPROVED the minutes of the meeting held on 19 January 2023, as being a true and accurate record.
PPPH/23/04	**MATTERS ARISING FROM PREVIOUS MEETINGS** The following comments were raised regarding minute PPPH/22/71 – Healthy Schools and Healthy Pre-Schools/Bach A Iach Schemes Assurance Report: *Is there any progress on future funding for the delivery of Health Schools and Pre Schools?* The Director of Public Health confirmed that grant funding had been made available for Powys for this financial year.
PPPH/23/05	**COMMITTEE ACTION LOG** The Committee Action Log was received, and ongoing actions were discussed. **PPPH/22/07** – Regional Partnership Board (RPB) Delivery Plan: The Director of Corporate Governance highlighted that the final draft is being considered at RPB Board and Executive Group today, however due to the sequencing of meetings this would not be available to committee members today. The report would be made available to committee members at the next meeting in August 2023. **PPPH/22/60b** – The Digital Strategic Framework: The Director of Corporate Governance advised Committee members that further work has been developed and would form part of a Board Development session ahead of formal Board consideration. This would allow Board members to be involved in the development and planning arrangements.

	Committee members queried the remit and level of scrutiny required of the committee prior to submission to the Board. The Director of Corporate Business acknowledged the sequencing of Committee's which may not align with reporting data made available. This would be reviewed in line with the work programme for 2023/2024. **PPPH/22/39** – Permanent Contracts for Vaccination Staff: Action Completed.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/23/06	There were no items for inclusion in this section.
ITEMS FOR ASSURANCE	
PPPH/23/07	**HEALTH WEIGHT HEALTH WALES: BRIEFING ON THE WHOLE SYSTEM APPROACH TO HEALTHY WEIGHT** *The Consultant in Public Health joined the meeting.* The Director of Public Health presented the report outlining the delivery of the Whole System Approach to Healthy Weight which forms part of the local delivery of the national Healthy Weight: Healthy Wales Strategy. The delivery across Powys during 2022/23 has progressed and has included: • establishing a local obesity system team; • defining and mapping the local obesity system and completing a local system narrative in line with national methodology, • delivery of two stakeholder events in October 2022 and January 2023, • identification of two sub-systems 'children and families' and 'access to healthy food' as priorities for focused local work in 2023/24, • engagement with local senior strategic leads and partnerships including the presentation of a proposal to the Powys Public Service Board for this work to form one of its priorities for 2023/24 to 2027/28. Committee members were assured that work had progressed with key strategic partners engagement. Children and families access to healthy food have been identified with local partners as the priorities for a further focused system working in Powys. A proposal had been made to the Powys Public Service Board for this work to be one of the priorities for its 2023/24 to 2027/28 work programme.

	It was highlighted that two successful Healthy Weight workshops had taken place locally with support from various stakeholder groups, recognising the importance of collaborative partnership working. *Is it anticipated that the PSB would prioritise the Whole System Approach to increase delivery and would this impact on the need to increase resources to support activity?* This work requires collective action across partners and organisations together with action across government departments. A small grant is provided which funds 1.5WTE Public Health Practitioners to lead on developing a system response. *What are the target outcomes that will drive a change in behaviour?* The Director of Public Health confirmed that the All-Wales Strategy reviews the Whole System Approach and investment of funding which leads the system and alignment of work required. The workshops have identified a local focus with the importance of leadership mobilising the system for collective action. It was agreed that the visual minutes following the two local workshops would be circulated to Committee members for information. **Action: Director of Public Health** **UPDATE ON DEVELOPMENT OF WEIGHT MANAGEMENT PATHWAYS** The Consultant in Public Health provided an update on the Health Board's progress against the delivery of weight management pathways in 2022/2023. Key highlights were noted as: • Considerable progress has been made to establish an adult weight management pathway in Powys. Services have been established at levels 1, 2 and 3. • A business case has been developed for investment to support the establishment of a pathway for children, young people, and families. Funding had not been identified or secured to introduce a service; and therefore, is not yet possible to progress the introduction of services.

	• Demand has exceeded capacity at level 3 of the adult weight management pathway. A business case had been developed for investment to further develop the adult pathway which has been considered at the Investment and Benefits Group and Executive Committee. Funding has not been secured to expand the service to date. *What is the gap analysis between the national expectancy and the current local position?* Welsh Government funding allocation of £121,000 has enabled the introduction and development of new adult weight management service. However, with increasing overweight obese rates service provision does not meet demand and there is a gap between what the Health Board provides and expectation of Welsh Government. *Is there a financial constraint impeding on the further development of the Healthy Weight Service?* The Director of Public Health confirmed that until further funding is identified, the service is unable to develop further. The Committee DISCUSSED and NOTED the Health Weight, Health Wales Report. The Committee recognised the significant progress of work undertaken and positive direction of travel in introducing and developing new adult Weight Management Pathways within the financial resource available. The Committee recognised that there is no Children and Young Peoples pathway for Weight Management services across Powys. It was NOTED that until further funding is identified that services unable to develop pathways further. *The Consultant in Public Health left the meeting.*
PPPH/23/08	**STRATEGIC CHANGE REPORT** *The Assistant Director of Communications and Engagement joined the meeting.* The Director of Therapies and Health Science introduced the Strategic Change Report highlighting the recent interim Executive portfolio changes where Strategic Change would be led by the Therapies and Health Science Directorate. It was highlighted that the plans within the report are subject

	to Welsh Government requesting changes and supplementary information at the end of May 2023. The following key programmes for engagement/consultation were noted to be under way or under consideration: Engagement under way: • EMRTS/Welsh Air Ambulance. Consultation under way: • Powys Well-being Plan; • Hywel Dda University Health Board new hospital location. Engagement planned or under consideration: • PTHB Accelerated Sustainable Model. Consultation planned or under consideration: • Hywel Dda University Health Board interim configuration of paediatric services. It was noted that a period of engagement or consultation has ended, and next steps outstanding are: • Gilwern Branch surgery; • South Wales Specialist Auditory Hearing Implant Services; and • Herefordshire and Worcestershire Stroke Services. The Assistant Director of Communications and Engagement highlighted that the health board have particularly complex arrangements due to differing operating arrangements within England and Wales. Powys are proactive and there is an expectation that the larger organisations will inform the Health Board of planned changes to services. Monthly meetings are scheduled with commissioning providers and third sector which have enabled regular updates on service and strategic change which impact upon Powys residents. The Health Board would need to consider how the proposed changes will have an impact on the residents of Powys. *In terms of the Multiple Regional Pathways, where are the process of principle vulnerabilities dealt with?* The Interim Chief Executive Officer advised that the strategic changes taking place have differing factors and consideration of the service fragility and expectations for pathways would need to be reviewed to ascertain local proportionalities. It was noted that rationale for the decisions made would be incorporated into future reporting and the added complexities of the agile process to be extracted into the cover paper going forwards.

	Action: Assistant Director of Communications and Engagement. *How does the report influence wider discussions across the organisation?* The Interim Chief Executive Officer highlighted that a focus around domain and governance is key to strategic change and provides a basis review post pandemic, of the sustainability and fluidity of current delivery of services and direction of travel for the population of Powys. The Committee DISCUSSED and NOTED the Strategic Change Report and recognised that the organisation has appropriate mechanisms in place to monitor strategic change.
PPPH/23/09	**COMMUNICATION AND ENGAGEMENT** The Director of Corporate Governance provided an overview of the high level statutory and engagement functions carried out across the Corporate Governance Directorate. The agile work supports the delivery of the Health Board strategic priorities, principles and risks against the assurance framework being delivered locally with the expectation to be rolled out nationally. It was highlighted that the quarterly Delivery Assurance Reports will form part of a process of targeted assurance reflecting the roles and responsibilities of those Heath Board committees with duties in relation to engagement and communication. This Committee lens focuses on assurance of engagement and communication in the development and delivery of the organisations strategic plan, and engagement and consultation on service change. Thanks were noted to the Corporate Governance team for the quality and engagement work across Communications portfolio in support of the Health Board's delivery against the assurance framework. *Does the action plan identify next steps?* The Assistant Director of Communications and Engagement confirmed that the delivery programme for the engagement and communication team aims to strengthen assurance against these key themes within available resources. Key risks are reflected in the team risk register which contributes to the directorate risk register and corporate risk register as appropriate in line with the Health Board's risk management framework.

	Is the Health Board satisfied with the systems in place to respond to major and critical incidents? The Assistant Director of Communications confirmed that both Gold and Silver On call systems are in place to mitigate risks and ensure tolerance is appropriately provided where systems are enacted as required. Briefings are provided to the responsible Director 'On Call' prior to weekends, Bank holidays and Out of Hours. The Interim Chief Executive Officer advised that the proposed outcome following the Structured Assessment, recognised the current systems in place and from a governance perspective, the need to review a Stakeholders Reference Group. The Director of Corporate Governance accepted the non-compliance, and the gap would be addressed to approach the delivery of the group within 2023/24. **Action: Director of Corporate Governance** The Committee DISCUSSED and NOTED the Engagement and Communication Delivery Assurance Report. *The Assistant Director of Communications and Engagement left the meeting.*
PPPH/23/10	**HEALTHY CHILD WALES PROGRAMME SCHOOL AGED SCREENING EVALUATION** The Director of Nursing and Midwifery joined the meeting. The Director of Nursing and Midwifery presented the report which provided an overview of the Health Boards progress of the Healthy Child Wales Programme to include School Aged Screening in which all screening and surveillance programmes for 2023/2024 are in place and resourced for delivery across Powys. Quarter 1 and 2 (2022/2023) national statistics have reported that Powys uptake is above Welsh average for all contacts in Quarter 1 and for 75% of contacts in Q2. The next national statistical release for Q3 2022/2023 is expected in May 2023.

	The Director of Nursing and Midwifery highlighted that recruitment remains a national challenge across the Community Specialist Nursing service, Powys have undertaken recruitment exercises to establish new recruiting teams to be able to deliver a full programme across the organisation. *What more can the Health Board do operationally, to support the Llandrindod and Newtown area?* Registered Nursing are being fully supported in terms of staff cover across various services recognising that priority areas such as screening surveillance would be a key focus. It was highlighted that opportunities across the Childrens services to enable further support into contacting service needs would be further explored. *What is the quantum of Children in deprivation which corelates with a lack of engagement with child support services?* It was highlighted that differing trends and themes have been presented relating to disengagement from families experiencing deprivation. Powys Safeguarding multi agency approach supports numerous activities for families experiencing challenges and with support from Health Visitors intervention to those individuals at early healthy starts are crucial. *Are there any Health Board comparators regarding Health Visitors and School Nurse recruitment opportunities?* The Director of Nursing and Midwifery confirmed that recruitment challenges remain a national issue with Registered Nurses currently supporting wider services across Powys. It was agreed that the Director of Nursing would seek further clarity around Health Board comparators of recruitment opportunities and would report back to Committee members. **Action: Director of Nursing and Midwifery.** The Committee DISCUSSED and NOTED the Healthy Child Wales Programme and took assurance that appropriate governance and reporting arrangements are in place locally.
ITEMS FOR DISCUSSION	
PPPH/23/11	There were no items for inclusion in this section.
ITEMS FOR INFORMATION	

PPPH/23/12	**SHARED SERVICES PERFORMANCE REPORT** The Committee RECEIVED and NOTED the Quarter 2 NHS Wales Shared Services Partnership Performance Report for information.
	OTHER MATTERS
PPPH/23/13	**COMMITTEE RISK REGISTER** The Director of Corporate Governance presented the Risk Register of risks relevant to the Committee and highlighted that in line with the Integrated Medium-Term Plan (IMTP), Executive Directors continue to review and reflect upon corporate risks on a regular basis. Given the current interim changes to Executive Director portfolio's, the risk profiles are currently under review to ensure the correct changes are implemented. The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.
PPPH/23/14	**COMMITTEE ANNUAL PROGRAMME OF BUSINESS** The Director of Corporate Governance presented the development of Committee annual programme report and key points were highlighted to committee which included: • delivery of 2022/23 Annual Programme of Business; • committee terms of reference; and • feedback from committees (discussions and performance review); The Committee DISCUSSED and NOTED the Development of Committee Annual Programme.
PPPH/23/15	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES** There were no items to be brought to the attention of the Board or other Committees.
PPPH/23/16	**ANY OTHER URGENT BUSINESS** There was no urgent business.
PPPH/23/17	**DATE OF THE NEXT MEETING** 24 August 2023 at 10:00, via Microsoft Teams.

Belinda Mills								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Planning, Partnerships and Population Health Committee								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS FOR REVIEW								
20th October 2022	PPPH/22/57b	DPP	Endoscopy Services	An update on Endoscopy Services to be provided to a future meeting	**09.05.23 update** - item added to work programme for Aug 2023 Committee meeting **16.11.2023 update -** August update circulated to PPPH Committee via email, substantive item on endioscopy added to Feb 2024 Committee meeting - **new date request**	24.08.23	20.02.2024	At risk
20th October 2022	PPPH/22/56	DPP	Evidence -based data for PTHB outcomes	Acquire evidence-based data which identifies the analysis of the bench marking outcomes of PTHB performance	**09.05.23 update** - Action in progress, being developed as part of the implementation of the revised Integrated Performance Framework. Committee asked to note change of date **16.11.2023 update -** DPP will share details of benchmarking approach during the meeting then recommendation can be closed.	01.04.23	24.08.23 meeting cancelled therefore 16.11.2023	On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (NONE)								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 16.11.2023)								
11th May 2023	PPPH/23/07	DPH	Health Weight Health Wales Whole System Approach	To circulate the visual minutes following two workshops to Committee members	Circulated to members on 11th May 2023	11.05.2023		Completed
11th May 2023	PPPH/23/08	DP&C	Strategic Change Report	The rationale for decisions made against the Multiple Regional Pathways would be incorporated into future reporting and the added complexities of the agile process to be extracted into the cover paper going forwards.	**07.06.23 update.** The Assistant Director of Communications has provided feedback to the planning team to incorporate added complexities of agile processes into the cover report going forwards.	24.08.23		Completed

Mills,Belinda 17/11/2023 10:51:41

11th May 2023	PPPH/23/10	DNM	Healthy Child Waleds Programme School aged Screening Evaluation	Seek clarity around Health Board comparators of recruitment challenges to School Nurses and report back to Committee members.	**Update 26.06.2023:** A briefing was provided to Committee members outlining he Healthy Child Wales Programme part 2 is currently in the planning stage.To lead this work Welsh Government are supporting a secondment for a senior school nurse to lead on the programme development and implementation. A national review of School Nurse establishment to include vacancy position is therefore planned and once available permission for it to be shared with the committee can be requested**.**			Completed
11th May 2023	PPPH/23/09	DCG	Communication & Engagement	To review the non-compliance against the Stakeholder reference Group and explore the approach to delivery in 2023/24	**16.11.2023 update -** The Board accepted the non compliance risk of not having the SRG when it received the Structured Assessment report in May 2023. The action is proposed to be closed on this basis.			Completed
31st January 2023	ARAC/22/104c	DSPCP	North Powys Wellbeing Programme	An update on the North Powys Wellbeing Programme to be brought to the Planning, Partnerships and Public Health Committee	Transferred from ARAC Committee. **09.05.23 update** - action has been added to the work programme for August Committee. **16.11.2023 update -** the items forms part of the Board agenda on 29 Nov so not duplicated at this Committee. Suggest a further updater is scheduled for the first Committee in 2024/25	24.08.23	24.08.23 meeting cancelled therefore 16.11.2023	No longer needed
7th April 2022	PPPH/22/07	DCG	Long Term Strategy Content	The committee to receive feedback in terms of the RPB long term strategy content and frequency to be added to the work programme	**09.05.23 update** - RPB delivery plan is in final draft and being considered by RPB Board and Executive Group 11.05.23, will then be provided to PPPH Committee along with strategy update at the next meeting. Work plan has been updated. **16.11.2023 update -** as August meeting cancelled the RPB plan 6 month report is scheduled to the Board for 29 Nov 2023. Propose the action is closed and reset to align RPB reporting to both PPPH and the Board - this will be addressed in the 29 Nov Board paper	11.05.23	24.08.23 meeting cancelled therefore 16.11.2023	No longer needed

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.1

Planning, Partnerships and Population Health Committee	**Date of Meeting: 16th November 2023**
Subject:	**Planning approach 2024 onwards**
Approved and presented by:	**Director of Performance and Commissioning**
Prepared by:	**Assistant Director of Planning, Planning Managers**
Other Committees and meetings considered at:	Board Development 9th November 2023

PURPOSE:

The attached presentation provides an update on the planning approach for 2024 onwards. This was shared at the end of the recent Board Development session at a high level and is being shared with the Committee for a fuller discussion and to provide assurance on the approach being taken.

RECOMMENDATION(S):

The Committee is asked to:

- **CONSIDER the report and approach set out to develop the next 5-year plan**
- **RECOMMEND** the approach to the Board for consideration at its meeting on the 29 November 2023.

Approval/Ratification/Decision[1]	Discussion	Information
	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The attached presentation provides an update on the planning approach for 2024 onwards. This was shared at the end of the recent Board Development session at a high level and is being shared with the Committee for a fuller discussion and to provide assurance on the approach being taken.

DETAILED BACKGROUND AND ASSESSMENT:

Please refer to attached presentation.

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

NEXT STEPS:

The attached presentation provides an indicative routemap with the key dates relating to the key planning products. This assumes a Plan Submission date of the end of March 2024 which is the current working assumption in line with advice given by Welsh Government.

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** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age					An impact assessment will be completed as the plan is developed.
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				**Statement**

	None	Low	Moderate	High	A risk assessment will be completed as the plan is developed.
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Planning Approach for 2024 onwards November 2023

Context: Recap and Reflections on this year's Plan

Recap – current year's plan

A three year Integrated Plan was submitted in March 2023 – this was not a full statutory IMTP as it was not balanced over three years.

The strategic framework was shaped by the Health and Care Strategy for Powys/ Powys Area Plan 2017 – 2027.

This has a number of 'fixed points':

- Four 'Wellbeing Objectives'
- Four 'Enabling Objectives'
- Six Guiding Principles

32 Strategic Priorities were identified within this framework which enabled:

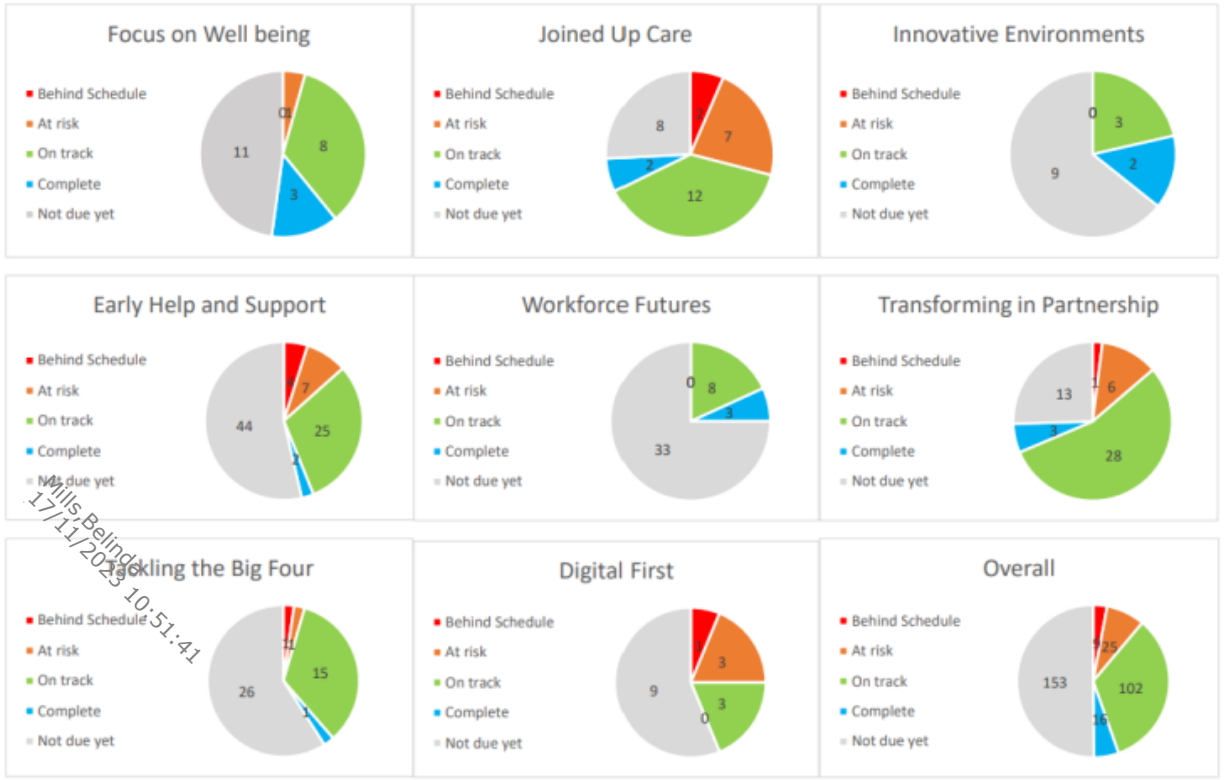
- Prioritisation in line with NHS Wales Financial Allocation for PTHB
- Alignment with NHS Wales Planning Framework; Ministerial Priorities; Partner / System Plans
- Action planning / triangulation and trajectory setting for performance/ activity/ finance/ workforce

Planning – Current Year

A three year Integrated Plan was submitted this year.

32 Strategic Priorities were identified which enabled:

- Alignment with NHS Wales Planning Framework / Ministerial Priorities.
- Prioritisation in line with NHS Wales Financial Allocation for PTHB.
- Triangulation and trajectory setting for performance/ activity/ finance/ workforce.
- Consideration of the plans and trajectories of other NHS Wales and NHS England organisations (provider plans and regional / system plans).



A detailed report of Progress against Plan in Q1 has been completed showing generally good and proportionate progress against the strategic priorities which are directly in the control of the health board.

(Summary shown to the left; full report in PTHB Board papers September 2023)

The reporting for Q2 is currently underway.

Reflections (first 6 months) / Focus for the remainder of the year

Area	Reflections	Key Focus Areas	Expected Deliverables
Finance	▪ Deficit plan set for the year. ▪ Largely on track after 6 months. ▪ Pressure in known cost driver areas.	➢ Assessing revised financial settlement. ➢ Financial Scenario Savings deployment. ➢ Pipeline of opportunities.	✓ Progress Towards Delivery of Control Total. ✓ Reduction in delivery lead time for savings. ✓ Action to deliver benefit in 24/25
Workforce	▪ Integrated plan priorities being delivered. ▪ Deep dives where necessary. ▪ Greater emphasis on listening to staff and visibility across sites.	➢ Managing the messages and relationships whilst implementing service/process changes lined to the financial scenario implementation ➢ Scaling up overseas recruitment, aspiring nurses programmes	✓ Creating an environment where staff still want to join/stay ✓ Stabilising teams and care and reducing reliance on agency staff
Activity	▪ Provider activity on plan but demand pressures in some specialties and services. ▪ Commissioned activity higher than planned for emergency activity, backlog reduction slow.	➢ Provider - Targeted use of Insourcing, adherence to INNU, ensure in-reach SLA sessions delivered. ➢ Commissioned – deep dive into emergency activity & WAST performance, pro-active winter plan & system resilience. ➢ Commissioned – detailed activity forecasts required from providers.	✓ Provider – deliver activity plan, demand & capacity planning for 24/25. ✓ Commissioned – clarity on outturn position as the basis for 24/25 planning.
Performance	▪ Provider - performance not fully compliant but benchmarks well compared to other health boards. ▪ Commissioned – performance as predicted given demand and system pressures. Improvement and recovery slow.	➢ Provider - Remedial Action Plans in place for Escalated performance concerns. ➢ Understanding the actions of other Health Boards in relation to the financial ask of the current financial year (impact on LTA performance & expenditure).	✓ Provider – likely to have some year end breaches. ✓ Commissioned – need realistic recovery trajectories.

Reflections (first 6 months) / Focus for the remainder of the year

Area	Reflections	Key Focus Areas	Expected Deliverables
Quality & Safety	• Monitoring of BAU post de-escalation of Midwifery services • Introduction of Duty of Quality and Candour • Engagement with Safe Care Collaborative • Implementation of new Incident Management Framework (IMF) • Learning from incidents Planned Care • Increased HIW unannounced visits: welcomed and supported learning • Joint Inspection of Child Protection Arrangements (JICPA)	➢ IPC Improvement Plan ➢ Clinical Leadership Planned Care ➢ Incident review Mental Health ➢ Maintaining performance with PTR and delivering effective person-centred responses ➢ Embedding IMF ➢ Strengthening Quality in our IPF through the Quality Management System ➢ Maintaining improvements in Midwifery	✓ Delivery of Year 1 Actions IPC Improvement Plan ✓ Delivery of Duty of Quality and Duty of Candour Implementation Plan
Governance	• Process of service change given financial challenges. • Some current local challenges taking longer to resolve than planned. • Greater stability and maturity – Unitary Board and executive team • Number internal developments linked to 'High Performing agenda'	➢ Work at pace with some Urgent Service change required. ➢ Board Assurance. ➢ Enhancing resilience operationally. ➢ Board performance and governance alignment. ➢ Identification and management of risks.	✓ Design and deliver an engagement and consultation process. ✓ Manage stakeholder expectations. ✓ Board Assurance Framework.
System Working	• Substantive CEO appointment in PCC and strengthening working relationships as a system. • RPB function and coherence improved. • System resilience / winter preparedness.	➢ Joint Executive meetings PTHB & PCC. ➢ Agile use of RPB funds and slippage. ➢ As per plan developed but winter period will be challenging given the current position.	✓ Quicker, joint decision making. ✓ RPB funds - Target high areas of operational need.
Planning for 24/25	• Good Board engagement, longer timeframe, MDS based 5-year plan. • Cluster and RPB alignment improvement. • Extra-ordinary complexity; busy planning context and extreme system challenges. • Achieving a sustainable, deliverable plan will require local planning supported by national policy solutions.	➢ Balancing short term and medium to long term planning. ➢ Developing an integrated aligned plan as a Health Board. ➢ Ensure alignment with Powys County Council's transformation plan (Sustainable Powys).	✓ Maintain Board oversight and engagement ✓ Target timescale to exit Enhanced Monitoring ✓ Greater local system alignment and opportunity

23/24 Partial Plan Reset

In response to the increased operational and financial challenges, in August, we worked through what a revised plan could look like.

The exercise was about freeing up capacity or increasing the prioritisation of some deliverables.

We have discussed the reset with WG colleagues with the focus very much on 'internal' reset of organisational deliverables as opposed to reset of Ministerial Measures and performance deliverables.

Next steps

1. By 15th November – meetings to be held with each Exec Lead to firm up reset proposals
2. By 17th November – check & challenge / moderation by CEO and Exec Team
3. 29th Nov – Board paper to public Board requesting partial reset using the 'plan change control' process that already exists
4. During quarter 4 – reflect on impact of reset and agree to carry forward items to 24/25 if still relevant

Plan Approach: Recap and Updates on Key Requirements and Evidence

Recap: Core Purpose (of the Plan and the Health Board)

The core purpose of the plan (and the health board) is set out in the NHS (Wales) Act 2006: to improve the health of the population of Powys; the purpose of the plan is to set out how healthcare services will be delivered to achieve this.

NHS (Wales) Act 2006 set out:

- the promotion of a comprehensive health service, to secure improvement in the physical and mental health of the people of Wales and the prevention, diagnosis and treatment of illness

"*Health Boards need to uphold organisational values and standards of behaviour; comply with all relevant regulatory, accreditation, licensing requirements, essential standards, directions and instructions; secure efficient effective and economic use of resources; safeguard and protect all assets, including its people; and ensure good governance when working in partnership with others.*"

Health Boards are subject to a range of **statutory duties** in addition the NHS (Wales) Act 2006:

- Children Acts and Measures
- Mental Health Acts and Measures; Mental Capacity Acts
- Protecting Vulnerable Groups Act 2006
- Social Services and Wellbeing Act 2014; the Well-being of Future Generations (Wales) Act 2015
- Nurse Staffing Levels (Wales) Act 2016
- Human Rights Act 1998; Equality Act 2010
- Civil Contingencies Act 2004
- Disability Discrimination Acts
- Medicines, Medical Devices, Blood, Ionising Radiation, Health and Safety at Work and employment legislation
- Data Protection Act 1998
- Freedom of Information Act 2000
- Welsh Language Acts
- New duties include the Duty of Quality, Candour and Socioeconomic Duty
- Professional Codes of Conduct and Registration requirements/ Nolan Principles for Standards in Public Life

A **cross border statement** has been agreed, recognising the differences in the respective countries' legislation and rights of patients:

- A shared commitment to delivering high quality care
- Agreement to act in the best interest of patients at all times
- Recognition that safety and well-being of patients is paramount
- Agreement that no treatment will be refused or delayed due to cross border financial ambiguity
- Agreement to adhere to the Equality Act 2010 and Public Sector Equality Duty
- Provision of emergency care without regard to the border
- Mutually supportive Emergency Planning / Preparedness, Resilience and Response
- Consideration of cross border issues in service reconfiguration including consultation

In this context we will need a planning approach that:

- Is based on a **clear understanding** of the complex and challenging environment
- Acknowledges the busy and **imperfect planning landscape** and suboptimal 'system wiring'
- **Sets boundaries** based on realistic circles of influence and control as a health board
- Delivers **clarity** on what are we trying to achieve
- Sets the '**red lines**' parameters that the Board / System / Government are not prepared or able to cross
- Is **open and transparent** – enabling **meaningful engagement** with the public(s) about the challenges faced
- Enables the health board to construct its '**best offer**' and be able to explain what **choices** are being considered and will need to be made

Recap: NHS Wales Planning Guidance 2023 – 2026

Expected to be updated for 2024-27 – Planning Framework yet to be received

Statutory requirement for **approvable plans** which comprises the duty to break even, whilst improving the health of the population for whom the organisation is responsible and provision of healthcare to those people

General Requirements
(Director General & Minister's Letters)

- ❑ Plans targeted to challenges
  - ongoing response to pandemic
  - demand pressures
- ❑ Core health care
  - universal services delivered in proportionate way
- ❑ Recovery and sustainability
  - building foundations for population health and wellbeing
- ❑ Golden threads including
  - quality of care
  - prevention
  - reducing health inequalities
  - climate change
  - health outcomes
  - regional approaches
  - reducing inequity and burden of disease longer term
- ❑ Improving efficiency, effectiveness and optimising service delivery

Recognition of volatile planning environment and external factors

Plans to include in year priorities with routemap to medium term, in 3 Year context, with longer term ambitions.

Ministerial Priorities for Year One
(Planning Framework)

Delayed Transfers of Care
- ➢ Closer relationship with local government; reduction of backlog; early joint discharge planning and co-ordination; monthly reporting of Pathways of Care

Primary and Community Care
- ➢ Access to GP/ Community / Dental/ Optometry and Pharmacy Services

Urgent and Emergency Care
- ➢ 24/7 Urgent Care service accessible via 111, Same Day Emergency Care (compliant with criteria), handovers

Planned Care, Recovery, Diagnostics, Pathways of Care
- ➢ Outpatients and Follow Ups and Repurposing of activity; Treatment Recovery; RTT; Capacity gaps in specialties; delivery of targets; regional diagnostic hubs; pathway redesign, straight to test and onward referral

Cancer Recovery
- ➢ Reduce backlog; cancer treatment and pathways

Mental Health and CAMH Services
- ➢ Recover waiting time performance for all age LPMHSS assessment/ intervention and specialist CAMHS; implement 111 press 2 for urgent mental health

CORE SUPPORTING FUNCTIONS & TRIANGULATION
- ➢ Digital, innovation, technology and transformation
- ➢ Workforce and wellbeing
- ➢ Financial sustainability
- ➢ Workforce, finance and activity planning: completion of Minimum Data Set (MDS) technical templates and financial returns

Further Requirements & Considerations
(Director General & Minister's Letters)

- NHS Executive Structure and Governance context
- NHS as anchor institutions including Foundational Economy; response to cost of living crisis
- Future Generations Act including Decarbonisation; Net Zero; Social Value
- Working with Regional Partnership Boards (Area plans), Public Services Boards (Wellbeing Plans) - working with Partners, Third Sector and Community Involvement
- Alignment with Cluster Planning
- Pathway development, reducing waiting lists and improving patient experience
- Prevention and improvements on healthy weight, tobacco control, vaccination, screening, disease elimination
- National Clinical Framework, Quality Statements/ Six Domains
- Specific clinical areas such as Stroke, Cardiac and maternity and cross cutting such as women's health
- Value Based Healthcare
- Duty of Candour and Duty of Quality
- Covid 19 Prevention/ National immunisation framework/ response to surges in covid
- Other communicable diseases
- Contingency and business continuity planning for threats/ incidents / seasonal demands (including winter respiratory viruses / extreme weather)
- Strategic Equality Plan and Anti Racist Wales Action Plan
- More than just words (Welsh Language)

NB. This is last year's Planning Guidance

- Welsh Government have produced a Draft Planning Framework 2024/ which was shared with the Health Minister at the end of October and it is expected to be issued shortly.
- Welsh Government have indicated that there is likely to be a higher level of expectancy of performance particularly in relation to Ministerial Measures and the outputs of the Value and Sustainability Board. Diabetes will also get a special mention.

Update: PESTLE Factors

Political

Pandemics historically are linked to periods that follow characterised by **civic change**

Changes in UK Government with new **prime minister;** and in **monarchy** with passing of Her Majesty the Queen and new King Charles III

Impact of **Russia's action in Ukraine** in particular humanitarian needs and refugee support; impact of sanctions / consequentials of the conflict on **supply chain** (in addition to changes in supply chain in relation to **European Union exit)**

Differences in approaches between UK and Wales governments in relation to Covid/ **health and care backlogs and recovery of access**

Inequalities exist where there are variations in the pace of recovery

Changes in **Powys County Council** leadership and portfolios and changes in management posts following local elections in 2022

Technological

Opportunities and challenges presented by **new technologies** and significant innovation, accelerated during the pandemic

Whole population vaccination approach; becoming more targeted **endemic response** with surge potential although it remains difficult to model health and care demand medium and longer term whilst trends are atypical

Legacy issues with **infrastructure, equipment and connectivity** with newer issues arising from increased scale of use

Plurality of digital platforms in health and care which are not inter-operable

Need to ensure **equitable and value-based** use of high cost /resource intensive technologies / medicines, for greatest benefit and improved outcomes

Syndemic impact of the pandemic will require innovative evidence and value-based responses

Economic

Global and UK **economic challenges;** inflation and associated interest rate increases; fluctuating position of sterling in response to UK Government changes and policy directions

Complex factors driving **cost of living** and energy cost increases – impacts for businesses, public sector, consumers and domestic costs

Particular impacts for **rural community** with comparatively low household incomes

Changes in the **employment** landscape, fragility and scarcity across **workforce** for all sectors in health and care

Emergence of **multiple trade union industrial actions** across health and care and other sectors such as transport

Opportunities exist in training the doctors of the future and rural health and care

Value Based Healthcare opportunities across health and care

Legislative

Existing (pre Covid) **legislative requirements** remain and require action including the Future Generations (Wales) Act; Social Services and Wellbeing (Wales) Act; Environment Act, A Healthier Wales and National Clinical Framework

Major legislative reform in England with **Integrated Care Systems** following implementation of Health and Care Act

New legislation in Wales notably the Health and Social Care (Quality and Engagement) (Wales) Act (new Citizens Voice body; Duty of Candour and Quality)

NHS Wales **ministerial priorities** include joint working and alliances across health and care

Complex **system architecture**; new NHS Executive, Regional Fora, Regional Partnership Boards and Public Service Boards, Accelerated Cluster Development

Emerging policy around **regional collaboration** (e.g., regional diagnostic centres / centres of excellence) presents opportunities and challenges for Powys

Social

Evidence of **growing inequality** arising from the impact of Covid and cost of living

Increases in **excess mortality** and reductions in **life expectancy** across Europe

Evidence **of syndemic impact** for those with existing health conditions and chronic illness

Evidence of **greater impact** for those who are already disadvantaged economically

Certain groups experiencing specific impacts such as **children, young people and families** where education and the first 1000 days were disrupted

Changing **population behaviours** in relation to Covid and associated prevention measures / transmission

Complexity of **public perception** / experience with public and healthcare sector

Changes in **media** reporting from 'heroes' to more grounded and challenging reporting

Environmental

Growing urgency on **climate change** is a key focus in UK and Wales governments

Challenging set of targets and efforts required to achieve **decarbonisation** by 2030

Opportunities in relation to **sustainability and carbon zero** approaches

Growing evidence base in relation to environmental **sustainability** and high impact changes

Infrastructural development and investment needed to support greater scale and pace of environmental changes such as electric vehicle charging

Changes to infrastructural requirements also to be taken into account in health care settings with **changing Covid response** and changes in associated funding

Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as **workplaces** are able to return to office-based working

Key developments of note for this year's plan:

- Political: significant and new global conflicts; debate on the NHS and its funding; Welsh Government providing additional funding and requiring further savings in October 2023; pre-election activity commencing and will increase
- Economic: Continued cost of living challenges; inflation stabilised in recent months but remains high; challenging public sector financial position; Powys County Council £20m deficit this year increasing to £44m over next years; launch of 'Sustainable Powys'
- Social: Impacts of the pandemic continuing to be seen with greater demand in physical and mental health services; impact of Covid inquiry; public perception of government and public life
- Technological: first AI Summit held in UK November 2023; cyber security risk in context of significant global conflicts; DHCW recently published new Data and Digital Strategy
- Legislative: no health boards meeting statutory financial / plan duties resulting in escalations in monitoring statuses; refresh of A Healthier Wales is a key policy consideration
- Environmental: Extreme weather events causing flooding and transport difficulties; challenges with aerated concrete on some NHS sites (not Powys); fiscal impact on access to capital and revenue to improve estates

Science Evidence Advice (SEA)

"NHS in 10+ Years An examination of the projected impact of Long – Term Conditions and Risk Factors in Wales"

September 2023

Llywodraeth Cymru
Welsh Government

NHS in 10+ Years

Population Projections	Long-Term Conditions (LTCs)	Risk Factors	Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty	Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities	Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37	Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time	Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs	Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
	Deprivation is a risk factor for many preventable LTCs		Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the EU prior to 2004

Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services Group on behalf of the Chief Scientific Adviser for Health

Recap: the Health and Wellbeing of the Powys Population

Economy

- 79.2% of people are economically active and 17.8% are self-employed
- Unemployment has grown in all localities, 5% of working-age people are unemployed
- Weekly full-time earnings in Powys are lower than Wales and UK at £519 (Wales £542, UK £586)
- Average household income in also lower in Powys at £33,458 (Wales £34,700, UK £40,257) and 55% of households in Powys earn *below* the Powys average
- Powys has the lowest gross value added per hour worked in the UK since 2008
- 93% (8,030) of businesses are micro-businesses (0-9 employees)
- 6% are small business, 1% medium-sized and less than 1% (10) large businesses
- Powys has the worst quality of broadband coverage in Wales, with 12% unable to receive 10mb/s

Social

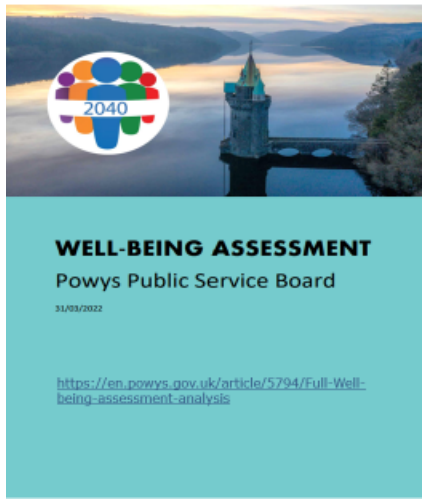
- 4,088 families live in absolute poverty, 31% (1,248) are lone parent households
- 16% increase in homelessness between 2019 and 2020 (from 527 to 621)
- 20% of people contacting Powys Association of Voluntary Organisations due to loneliness and isolation, increasing in the winter months
- There are 3,500 people on the housing demand register
- 48% of homes have a poor energy EPC rating
- 12% (16,154) are unpaid carers

Culture and Community

- 19% can speak Welsh in Powys; ranging from 54% in Machynlleth and 8.6% in Knighton and Presteigne
- Most Welsh speakers are 5-15 years old
- Most of Powys falls into the category of poor access to services; just under half is in the worst 20% in Wales
- Newtown East ranks 31st most deprived area in Wales (of 1,909 areas1 in Wales) (Welsh Gov, 2019)
- 6 areas are in the worst 20% in Wales for community safety (Llandrindod East/West, Newtown East, Newtown South, St Mary's Brecon, Welshpool Castle and Welshpool Gungrog)

Environment

- All of Powys is within 300m 'buffer area' of greenspace and half of residents live within 10km of accessible greenspace
- Climate changes are being experienced with more frequent flooding, higher temperatures and wind speeds recorded
- There are energy efficiency issues in relation to old and inefficient housing stock, reliance on solid fuel and multiple car use (linked to rurality and limitations of public transport)
- River quality issues include nutrient pollution, with two water pollution incidents per week.
- Ammonia pollution from intensive agricultural units is a key issue for air quality



Population Size and Density

- There are approximately 133,000 people living in Powys
- Powys covers a quarter of the landmass of Wales with a relatively small population of just 26 people per square km (compared to Wales 153 per km2 and Cardiff 2620 per km2)
- The highest population numbers are Welshpool and Montgomery (14%) Newtown (13%) and Brecon (11%)
- Over half of people in Powys live in villages, hamlets or smaller settlements

Population Age and Ethnicity

- The average age of the population is higher than Wales and UK, with a further growth in average age predicted
- 28% of the population is over 65 years old (compared to 21% Wales and 19% UK)
- 24% (32,376) is aged between 0 and 24 years this is projected to fall by 6% (to 29,634) by 2043 (this is an improved prediction compared to 18% in the previous population assessment in 2018)
- 94% of residents were born in the UK and latest available census data (2011) for ethnicity shows 98% (130,827) White; 0.86% (1,142) Asian/Asian British; 0.57% (760) Mixed/multiple ethnic groups; 0.1% (132) Black/African/Caribbean/Black British; 0.09% (115) are other ethnic groups

Households / Income and Deprivation

- Powys has 58, 345 households with an average size of 2.2 persons; there is a predicted rise in households in Powys to 60.034 by 2026 and additional housing units will be needed to meet social and private housing need
- The Housing Demand register indicates current unmet need for affordable housing of the right size and in geographies that people come from and wish to remain living in
- Powys has a greater proportion of single person households (20085) than the Wales average, and this is predicted to increase 4.2% over the next ten years
- 75% of areas in Powys are in the top 30% most deprived in Wales

Health

- Life expectancy for men and women is higher than the Wales average but there are variations in the County
- The UK lags behind several other developed nations and evidence is emerging of a plateau in life expectancy in Wales (which is also being seen in other countries in Western Europe and was occurring prior to the pandemic); this halting of improvement in mortality rates is mainly driven by deaths in the over 85 age range
- People in Powys live longer in good health than the population of Wales and the UK overall, however there are inequalities in life expectancy between groups
- A girl born in the least affluent parts of Powys can expect to live 5.6 years less than if born in the most affluent areas and a boy brought up in the least affluent areas can expect to live 6.5 years less in good health

Powys County Council "Sustainable Powys"

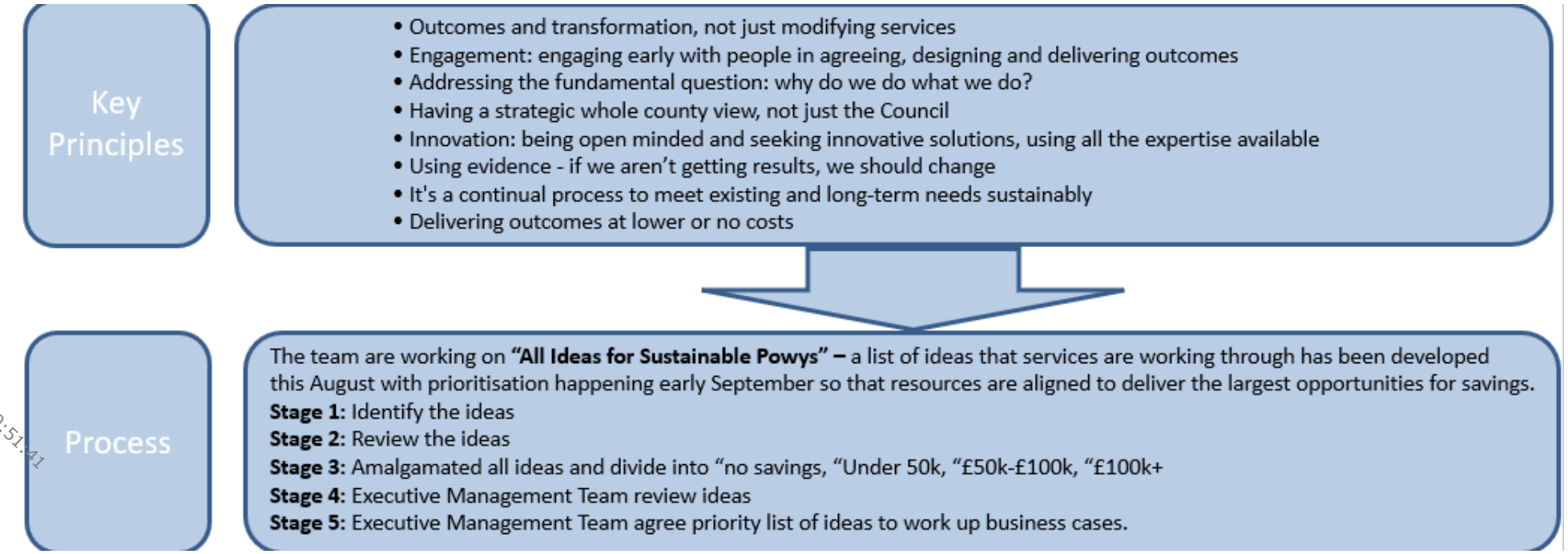
Powys County Council have communicated that they have a £17million savings requirement this year.

From 2024 over the next three years they have modelled three scenarios as below:

- 3.1% uplift: this would create a £30m Gap
- Flat cash: this would create a £50m gap
- Reduction by 2% - this would create a £67m

This is against a budget of circa £326million. This means the current service provision, as a local authority, is not affordable and cannot continue. When funding reductions have been anticipated previously, services have been reviewed to be more efficient and innovative. This is not sustainable in the long-term and more radical approaches are required.

The council have commenced an exercise called '"Sustainable Powys", reviewing what services are provided and how they are provided to meet current needs whilst ensuring innovative solutions to provide the best services adapted for our future generations. "Sustainable Powys" is about working together to design a future for the local authority that delivers stronger, fairer and greener services whilst reducing costs.



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“Better Together” - key to a sustainable approach in Powys

The increasing age of the population is driving growing needs for health and care, including in relation to conditions such as cancer, respiratory, circulatory conditions, frailty and dementia.

At a time when socio-economic pressures are impacting both the public purse and household incomes.

An increasing number of people are living with multiple conditions.

Waiting lists remain significant in the wake of the Covid-19 pandemic.

There are complex challenges to be faced in the years ahead.

Short term efficiencies are important, but the scale of the challenges will require whole-scale system transformation.

The Discovery and Design Phases of the Accelerated Model of Care are complete have identified the next steps.

A Sustainable Model of Care

- A more fundamental shift to prevention, particularly in relation to obesity and diabetes and shifting to focus on people earlier in life
- Joined up physical and mental health
- Proactive, person centred approaches, joined up physical and mental health
- North Powys Programme to deliver third Rural Regional Centre
- Adapting to working with people with multiple conditions – with joined up approaches across major long term conditions
- A tiered approach to enhanced community care in geographical footprints that enable sustainable delivery at the right level
- Treatments which are the best value for investment and outcomes

Targeted intervention and pathway improvements

- A leading edge approach to frailty (including falls)
- Efficient local theatres focused on low complexity day cases in line with ‘Getting It Right First Time’ (GIRFT)
- Community diagnostics including cardiology and tele-dermatology and access to diagnostics at home
- Same day urgent care, refocusing minor injury /illness and step-up from enhanced community care
- Home first recovery, rehabilitation and reablement ethos; development of home support workers, particularly at end of life
- New techniques within Powys such as Transnasal endoscopy

Integrated multi-professional practice

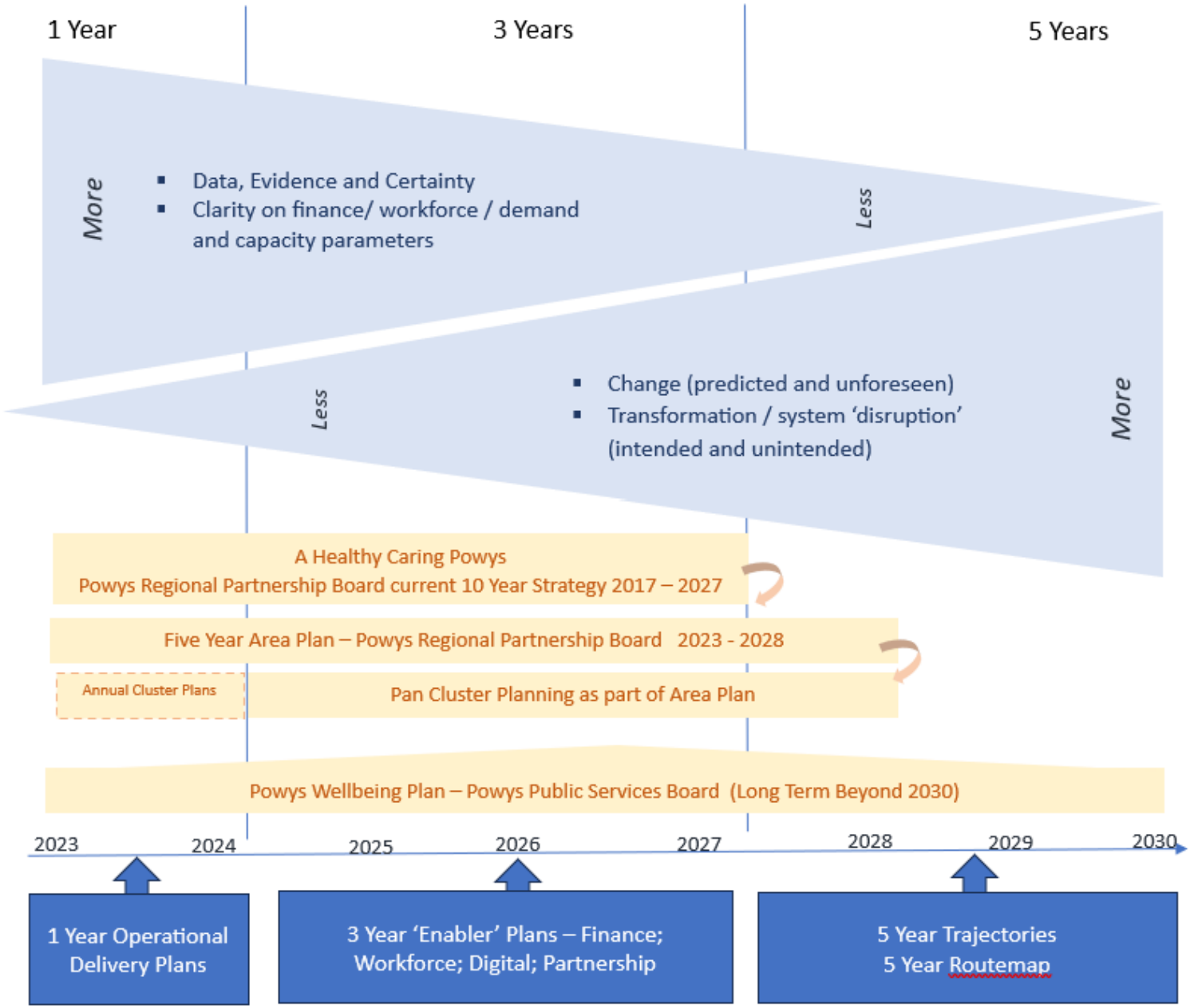
- Rebalancing care and support; integrated primary, community and social care, new and flexible support worker roles
- Prizing and developing generalists, competency and hybrid roles
- Systematic use of “what matters to me”; proactive planned care and appropriate risk taking to prevent deconditioning
- Streamlining of multiple assessments and reviews; optimising medications
- A holistic approach to patients with cognitive impairment on general wards

Collaboration

- “No wrong door” to get the help needed
- Strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions
- Cultural changes – true partnership and collaboration and trust building
- Quality as the golden thread, with proactive risk taking where appropriate
- Optimising digital and technological solutions

Plan Approach: Five Year Horizon; Process & Timeline

Plan Approach – Five Year Planning Horizon



Planning – Next Year and Beyond – Preparing a 5-year plan.

Key Strategic Planning Parameters and Assumptions
Core Purpose and Duties of Health Board/ Ministerial Priorities
Long Term Strategy – A Healthy Caring Powys (5 Year horizon)
Understanding of Powys population, demographics and needs assessment(s) (including reflection of work on 'NHS in 10 Years Time')
Understanding of the complex & challenging external environment or 'planning landscape' - 'PESTLE' factors
Understanding of the financial and performance position; informed by 'Executive Opportunities' work carried out in August / September 2023

Iterative and emergent identification of high impact strategic areas of transformation informed by:
• National 'Keystone' pieces of work
  • NHS Wales in Ten Years Time
  • Refresh of A Healthier Wales
  • Work of the NHS Wales Executive and NHS Wales Programmes (Planned Care; Six Goals; Primary Care; Accelerated Cluster Development)
  • NHS Wales Value and Sustainability Board
  • NHS England developments including Integrated Care Systems
• Partnership plans for Powys region
  • RPB Area Plan – encompassing Pan Cluster Planning
  • PSB Wellbeing Plan and strategic synergies with Powys County Council to address challenges across public sector for a 'Sustainable Powys'
  • Accelerated Sustainable Model of Care
  • North Powys Wellbeing Programme

Setting a Baseline which will enable scenario planning

➢ The start point (base year) and forecast outturn will be used to apply key planning parameters

1. **Activity**
   - Demographic growth
   - Activity growth
   - Pathway changes
   - Backlog reduction
   - Efficiency gain
   - Demand & Capacity Planning

2. **Workforce**
   - Turnover rate; age profile
   - Agency usage (and reduction plan)
   - Sustainable services and developments

3. **Finance**
   - Underlying financial position; Recurrent savings
   - Financial Allocation settlement / uplift
   - Price inflation; Known areas of annual high cost increase – prescribing, CHC

4. **Performance and Quality**
   - Setting our outcomes, what we must / should achieve

5. **Transformation & Savings**
   - Outcome focus
   - 'Safe' levels of savings as a % of Turnover (Kings Fund & Care Quality Commission Estimates)

There are strategic considerations across all of these areas that will influence decision making in relation to plan development (and plan implementation from next year onwards)

These will be factored into priority setting and associated engagement and consultation

Once parameters are identified, scenarios can be built, tested and flexed (supporting engagement internally, with the Board and with partners). Some parameters will be set on an all-Wales basis e.g. allocation growth

Plan Approach – Skeleton Plan on a Page

Long Term, Shared **Vision** – A Healthy Caring Powys

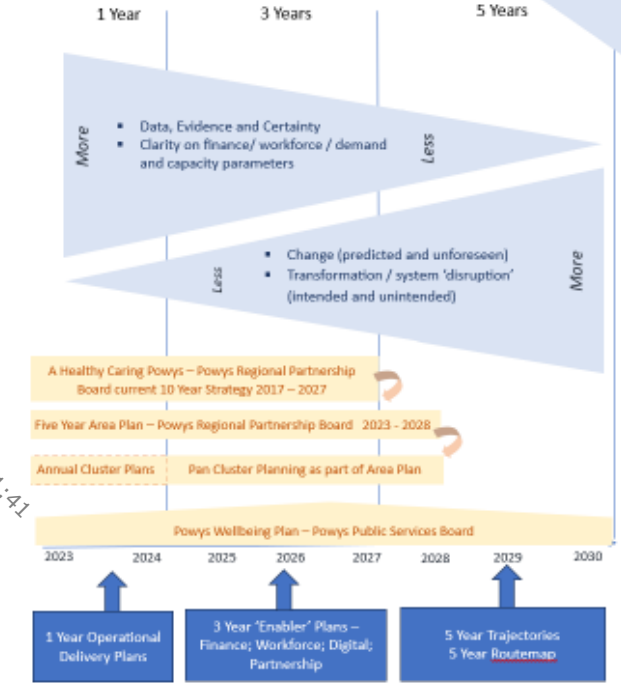
Delivered through a refreshed Five Year **Mission** 'Better Together'

FIRST SKELETON DRAFT PLAN ON A PAGE

'the problem' and 'the opportunity' - this is a plan in a time of challenge and complexity; setting out immediate and long term action

the evidence and the knowledge base - depth of research undertaken on Powys population needs and wellbeing approaches / model of care, Discover and Design Phases for 'Better Together' completed; strategic synergy being built across Powys in the face of growing fiscal and demographic challenges

the wider context, trends and influences - All Wales (and UK) analysis of the future of the NHS; refresh of A Healthier Wales; learning from GIRFT and other national programmes; Ministerial Priorities focused on recovering access to healthcare and addressing performance challenges; financial sustainability of public sector



A Strategic Plan for 2024 - 2029

A **baseline plan** informed by an analysis of activity, performance, workforce, finance, quality and transformation:

- Assumptions applied to develop trajectories in short and medium term, which can be extended up to five years
- Scenarios developed on this basis, to better deal with the complex variables and uncertainties
- A plan that can be tested, deployed and/or redesigned as the environment changes

A **5 Year 'Better Together' Routemap** with Priority Areas of high impact, high evidence and high value transformation

5 Year Strategic 'Routemap'

3 Year Integrated Enabler Plans

Detailed 1 Year Operational Plans

Indicative Routemap

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Planning, Partnerships and Population Health Committee	**Date of Meeting: 16th November 2023**
Subject:	**Strategic Change Report**
Approved and presented by:	Executive Director of Planning, Performance and Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers
Other Committees and meetings considered at:	Executive Committee 8th November 2023

PURPOSE:

This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the report and take **ASSURANCE** that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.

Approval/Ratification/Decision[1]	**Discussion**	**Information**

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

	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Committee with an updated stocktake of Strategic Change programmes which may have an impact on Powys Teaching Health Board services and patients.

Welsh Government has announced that all health boards have escalated monitoring statuses as a result of the financial challenges across NHS Wales. The Joint Escalation and Intervention Arrangements (national process by which Welsh Government works with Audit Wales and Healthcare Inspectorate Wales to review the performance of Health Boards, Trusts and Special Health Authorities in Wales) for each organisation have been included in this paper.

Health boards have received correspondence in October 2023 confirming additional funding and a request to make financial savings. This will potentially impact on the strategic change / service change programmes of each organisation – however, to date, organisations are reporting that there are no material changes to their Strategic Plans and/or Programmes. This will be kept under review and any updates will be reflected in a future Stocktake.

Therefore, this stocktake should be read with the caveat that it is based on intelligence at the time of producing the report and is subject to change.

The report is submitted alongside the Service Change Engagement Report. This provides updates on live engagement activity. These are not always directly related to Strategic Change programmes (as they are sometimes related to operational and urgent service change issues) but together these reports offer an overview of all planned and current activity known to the health board.

DETAILED BACKGROUND AND ASSESSMENT:

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

The Strategic Change Stocktake provides an overview of the key programmes, as far as information is available at the time of producing the report. Updates are gathered through various sources including Planning and Communications peer networks; Commissioning team intelligence particularly updates shared through 'CQPRM' meetings, and quarterly searches of key websites including neighbouring health board transformation programmes / key documents and board papers.

Updates have been added in red text in this version of the report, in response to a request from the Committee to highlight where changes are made.

This report is set in a complex and changing context. It should be noted that since the previous report, Welsh Government has announced that all health boards have escalated monitoring statuses as a result of the financial challenges across NHS Wales. The Joint Escalation and Intervention Arrangements (national process by which Welsh Government works with Audit Wales and Healthcare Inspectorate Wales to review the performance of Health Boards, Trusts and Special Health Authorities in Wales) for each organisation have been included in this paper.

Health Boards have also received correspondence in October 2023 confirming additional funding and a request to make financial savings. This will potentially impact on the strategic change / service change programmes of each organisation, although to date, organisations are reporting that there are no material changes to their Strategic Plans / Programmes. This will be kept under review and any updates will be reflected in a future Stocktake.

The report is submitted alongside the Service Change Engagement Report. This provides updates on live engagement activity. These are not always directly related to Strategic Change programmes (as they are sometimes related to operational and urgent service change issues) but together these reports offer an overview of all planned and current activity known to the health board.

NEXT STEPS:

- The report will be shared with key stakeholders including Welsh Government and Llais
- The report is updated on a quarterly cycle

Strategic Change Update

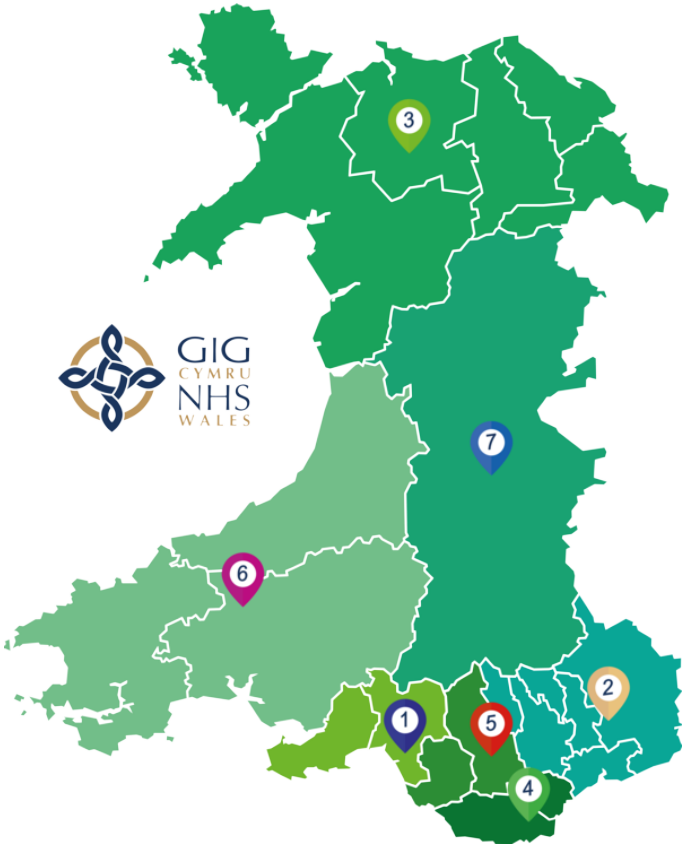
Review of Neighbouring Plans for 2023/24

October 2023

- *Entries in red are updates made since the previous quarterly report*

Purpose

- This paper presents an update of strategic change for 2023/24.
- This has been shared with colleagues with neighboring health boards to check the accuracy of content (NB This is subject to responses received)
- This provides a broad, whole system view of each area's strategic change ambitions
- This assists in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents
- These are the long term strategic changes which may be impacted by the savings instructions from Welsh Government for 2023/24



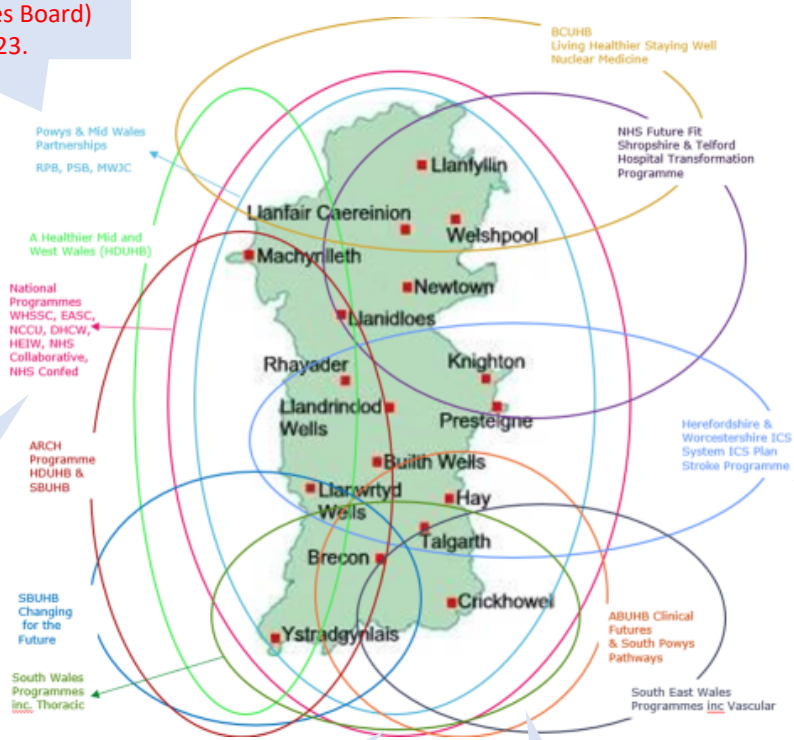
Overview – key areas of impact for Powys

The PTHB Integrated Plan 2023-2025 is aligned to the Ten Year Health and Care Strategy 'A Healthy Powys' and the Five Year Area Plan of the Powys Regional Partnership Board. This in turn is set in the wider context of the delivery of the Powys Wellbeing Plan (Public Services Board) refreshed in summer 2023.

BCUHB submitted an annual plan which sets out the population needs, priorities and enablers, in the context of their long term strategy 'Living Healthier, Staying Well'

All areas in Wales have developed plans for 2023 - 2024; responding to the NHS Wales Planning Framework which includes refreshed Ministerial Priorities. Further planning is underway to deliver required financial savings and accelerated recovery.

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent



Shropshire and Telford & Wrekin Integrated Care System have produced an Integrated Care Strategy; Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation

HDUHB have produced an Annual Plan 2023- 24, in the longer term context of 'A Healthier Mid and West Wales'

Hereford & Worcestershire Integrated Care System have produced an Integrated Care Strategy Stroke Programme ongoing; work continuing on detailed clinical models and pathways, further engagement / consultation expected in 2024

ARCH programme includes regional centre of excellence / regional services

South West Wales Cancer Centre programme in place

ABUHB have developed a three year plan which follows up on major transformation in recent years, and are planning a further review of their strategy in the Autumn

SBUHB have produced a Recovery and Sustainability Plan in context of 'Changing for the Future' long term strategy

CTMUHB and CAVUHB are engaging on Stroke services in South Central Wales (as part of wider National Stroke Programme)

CTMUHB produced a Three Year Plan in the context of a Clinical Services Strategy

South East Wales Regional Portfolio Board in place; update included in this Stocktake

Velindre 'Transforming Cancer Services' in South East Wales Programme includes Radiotherapy Satellite Centre

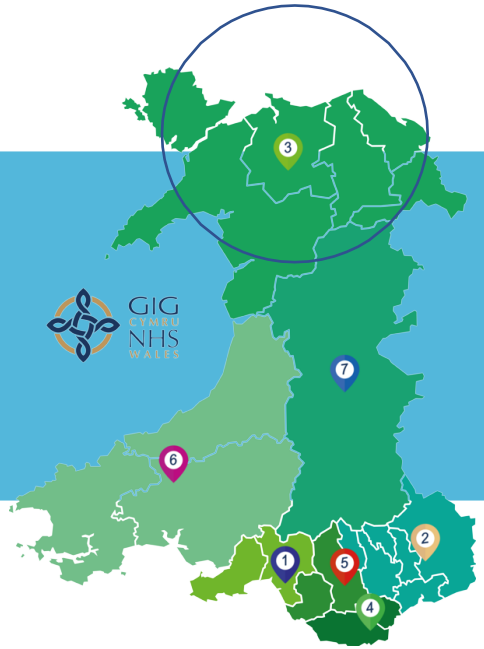
Changes in Health Board Escalation Statuses

Welsh Government has announced that Powys Teaching Health Board has moved from “routine arrangements” to “enhanced monitoring for planning & finance” in the national Joint Escalation and Intervention Arrangements. The Joint Escalation and Intervention Arrangements are a national process by which Welsh Government works with Audit Wales and Healthcare Inspectorate Wales to review the performance of Health Boards, Trusts and Special Health Authorities in Wales, and to allocate an escalation status in four bands:
Routine Arrangements (lowest level), Enhanced Monitoring, Targeted Intervention, Special Measures (highest level)

Health Board	Previous Status (September 2022)	Current Status (July 2023)
Aneurin Bevan UHB	• Routine arrangements	• Enhanced monitoring for planning and finance
Betsi Cadwaladr UHB	• Targeted Intervention but escalated to Special Measures in February 2023	• Special measures
Cardiff and Vale UHB	• Enhanced monitoring for planning and finance	• Enhanced monitoring for planning and finance
Cwm Taf Morgannwg UHB	• Enhanced monitoring for planning and finance • Targeted intervention for maternity and neonatal • Targeted intervention for quality and governance, leadership and culture, trust and confidence • Targeted intervention for quality issues relating to performance	• Enhanced monitoring for planning and finance • Enhanced monitoring for maternity and neonatal • Enhanced monitoring for quality and governance, leadership and culture, trust and confidence • Targeted intervention for quality issues relating to performance
Hywel Dda UHB	• Targeted intervention for planning and finance • Enhanced monitoring for performance and quality	• Targeted intervention for planning and finance • Enhanced monitoring for performance and quality
Powys tHB	• Routine arrangements	• Enhanced monitoring for planning and finance
Swansea Bay UHB	• Enhanced monitoring for performance and quality	• Enhanced monitoring for planning and finance • Enhanced monitoring for performance and quality

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

North Wales



Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

Strategy / Plan	Key Points
Annual Plan 2023 – 2024	BCUHB have an annual plan for the current year, which summarises the population profile and health need of North Wales and sets the context for the longer term whilst also focusing on stabilisation, special measures and recovery in year. The plan has 9 strategic priorities : • Prevention and Health Protection • Primary Care • Planned Care • Urgent and Emergency Care • Cancer • Mental Health, Substance Misuse and Learning Disability • Women's Services • Children • Wider Delivery There are also a set of areas that are enabling effective delivery which are workforce, digital, estates and capital, partnership, governance, organisational development, quality, innovation and improvement, finance and value, social responsibility. In 2018 the long term plan for health, well-being and healthcare was published called “Living Healthier, staying well”. The strategy is aligned to Welsh Government’s “ A Healthier Wales: our Plan for Health and Social Care ambition for health and social care services to work more closely together. There are a number of goals which make up the plan: • Improve physical, emotional and mental health and well-being for all • target our resources to people who have the greatest needs and reduce inequalities • Support children to have the best start in life • work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being • Improve the safety and quality of all services • Respect people and their dignity • Listen to people and learn from their experiences The health board approved a Clinical Services Strategy approved in August 2022. This provides a framework to help shape the future direction, strategic clinical intentions and priorities of the board by setting out a ‘blue print for large scale-service redesign. Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mid and West Wales

Powys

Powys has a 'co-terminous' health board and local authority, with one Powys Regional Partnership Board (and one Area Plan) and one Public Services Board (with one Wellbeing Plan).

Strategy / Plan	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	• Overseen by the Powys Regional Partnership Board (RPB) • Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 and reviewed 2021/2022 to inform the refresh of the Area Plan • Area Plan submitted April 2023
The Powys Well-being Plan – Towards 2040	• Overseen by the Powys Public Services Board (PSB); sets out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys • Wellbeing Assessment updated Spring 2022 • Engagement carried out to gather insights from residents and stakeholders to inform the refresh of the plan • Wellbeing Plan finalised in Quarter 1
PTHB Integrated Plan 2023 - 2026	• PTHB approved the Integrated Plan 2023 – 2026 at the Board meeting on 29 March 2023 • The plan does not set out a financially balanced plan meeting the duty to break even, however it has been submitted as an Integrated Plan retaining a three year outlook which continues to be framed by the shared long term health and care strategy 'A Healthy Caring Powys', aligned with the RPB Area Plan and PSB Wellbeing Plan
Powys County Council – Corporate Plan 'Stronger Fairer Greener'	• The County Council have published 'Stronger Fairer Greener' which brings together their Corporate and Strategic Equality plan • This is available at https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan
Powys County Council – 'Sustainable Powys'	• 'Sustainable Powys' is an approach which has been developed by the Council to review what services are provided and how, whilst working with communities to explore innovative solutions. This is in the context of a forecast deficit of £20 million for the 2024/25 financial year. This is expected to increase to £44 million or more over the next four years.
North Powys Wellbeing	• As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown • Strategic Outline Case submitted to Welsh Government in 2022; Work under way to develop Outline Business Case for submission to Welsh Government in 2024 • For further detail on engagement please refer to PTHB Service Change Engagement Report (appended).
Accelerated Sustainable Model of Care (ASM Programme) – Better together	• The discovery and design phases are now complete. • The full detail is reported through the ASM programme Board and a separate paper is being presented to PPPH Committee in November 2023

Mid Wales Joint Committee for Health and Social Care (MWJC)

Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).

Strategy / Plan	Key Points
Mid Wales Strategic Intent	• Strategic Intent and Work Programme published annually; with five overarching aims • Aim 1: Health, Wellbeing and Prevention • Aim 2: Care Closer to Home • Aim 3: Rural Health and Care Workforce • Aim 4: Hospital Based Care and Treatment • Aim 5: Communications, Involvement and Engagement
Priorities for 2023/2024	Supporting these aims are a set of annually agreed priority areas. The Priorities for 2023 / 2024 were developed taking into account current priorities, clinical priorities identified by the Clinical Advisory Group, themes and issues identified by the Mid Wales Social Care Group, Commissioning Group and Growing Mid Wales Partnership and feedback from the public: - Urology - Ophthalmology - Cancer - Dental - Clinical Strategy for Hospital Based Care and Treatment and Regional Solutions - Cross Border Workforce It was also agreed that Extra Care provision; Community Care; Residential Children's Accommodation and Innovative ways of working in Primary Care would be included in workplans of sub groups. There are sub groups which consist of the Mid Wales Planning and Delivery Executive Group; Mid Wales Social Care Group; Mid Wales Clinical Advisory Group; Rural Health and Care Wales Stakeholder Group, Mid Wales Joint Scrutiny Group; Mid Wales Strategic Commissioning Group. There is also a Mid Wales Leadership Team and a Support Team for the Joint Committee.
Rural Health and Care Wales	MWJC also established Rural Health and Care Wales, working in collaboration with Universities as a centre for excellence in rural health and social care.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

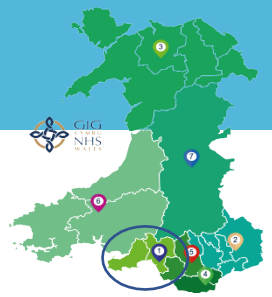
Mid and South West Wales

Hywel Dda University Health Board

HDUHB has a footprint spanning the three Local Authority areas of Ceredigion, Carmarthenshire and Pembrokeshire in Mid West and West Wales.

Strategy / Plan	Key Points
Annual Plan 2023 / 24	HDUHB were not in a position to produce a balanced financial plan for 2023/2024 and therefore submitted an Annual Plan. The plan set out four domains of Our People, Our Patients, Our Future and Our Communities. The plan was structured around 8 goals: • Grow and Train our Workforce • Support and Retain our Workforce • Safe and High-Quality Care • Accessible and Kind Care • World-class Infrastructure • Sustainable Services • Healthier Communities • Positive Impact Beyond Health This continues to be framed by the longer term strategy '**A Healthier Mid and West Wales**' with a future service • model designed around a new Urgent and Planned Care Hospital and hub for specialist children and adult services, supported by a network of hospitals and community hubs provided locality based care. Consultation on the location of the new hospital has concluded, information on next steps are awaited. HDUHB is developing a Clinical Services Plan to bridge operational challenges and plans for a new hospital network. In August 2023 HDUHB declared an internal major incident at Withybush Hospital as it seeks to identify the scale and impact of the Reinforced Autoclaved Aerated Concrete (RAAC) found in the hospital building. RAAC is a material that was commonly used in the construction of buildings between the 1960s and 1990s. Its presence has been confirmed at Withybush Hospital and at a limited part of Bronglais Hospital. The health board is working with a Welsh Government approved external contractor to identify the scale of the issue – this involves surveying each of the RAAC planks on site. Where structural issues are identified, the extent of the remedial work is also being assessed. Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

Swansea Bay University Health Board



Swansea Bay University Health Board was created on 1 April 2019 after responsibility for healthcare in the Bridgend County Borough Council area passed to the new Cwm Taf Morgannwg University Health Board; it spans the Local Authority areas of Swansea and Neath Port Talbot.

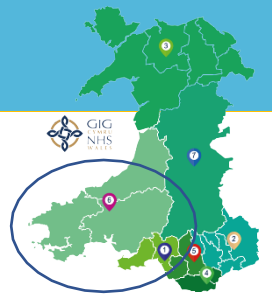
Strategy / Plan	Key Points
Recovery and Sustainability Plan 2023/24 – 2025/26	SBUHB have submitted a Recovery and Sustainability Plan, following the approach taken in 2022/2023. The key areas are: • An Integrated and Partnership Approach • Commissioning Quality and Outcomes Driven Care • Becoming a Population Health Focused Organisation • Ministerial Priorities • Planning Approach • Deliverables • Key Service Change Critical Path 22/23 • Demand and Capacity Assumptions and Modelling • Improving Efficiency • Minimum Data Set 22/23 • Service Change and Improvement • Quality and Safety • Population Health • Primary and Community Care • Pan Cluster Planning • Urgent and Emergency Care • Planned Care • Cancer • Mental Health and Learning Disabilities • Children, Young People and Maternity • Regional and Tertiary Services: ARCH & RSSPP • Resources • Workforce • Digital • Capital and Estates • Sustainability and Decarbonisation • Finance • Delivery and Execution The plan follows on from significant transformation work already undertaken including centralization of acute medicine at Morriston Hospital, with next steps to include centralization of elective orthopaedic surgery and rehabilitation at Neath Port Talbot Hospital, increase surgical capacity at Singleton - 3 x modular theatres, Modernisation of Adult Mental Health Services, Learning Disability Service Redesign and the development of the South West Wales Cancer Centre (SWWCC) in Singleton Hospital. SBUHB are also progressing with a population health strategy. Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

South West Wales Cancer Centre

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe | Swansea Bay University Health Board

ARCH A Regional Collaboration for Health Cydweithrediad Rhanbarthol dros Iechyd

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



- South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDUHB).
- SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology continue to flow into the SWWCC for treatment rather than into the Velindre Centre.
- The SWWCC serves a small catchment area on the South West Powys border, due to geographical location.

Programme	Key Points
South West Wales Cancer Centre (SWWCC) Regional Strategic Programme	SWWCC Strategic Programme Case (SPC) being developed to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34). A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. The strategic objectives are: ✓ To provide a fit for purpose SWWCC service for the South West Wales population ✓ To improve the quality of the SWWCC and local cancer services ✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes ✓ To improve the economy of the SWWCC and local cancer services ✓ To improve the efficiency of the SWWCC and local cancer services ✓ To improve the effectiveness of the SWWCC and local cancer services Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients. Strategic Programme Case shared with Welsh Government July 2023 – no changes impacting Powys residents in short / medium term. In longer term, South Powys residents currently using Singleton Hospital may have the option of receiving radiotherapy from a site in the Hywel Dda area. There is an Oncology Outpatients Working Group and a Radiotherapy Modernisation Group as part of this programme updates are being provided to PTHB as part of regular Contract Quality Performance Review Meetings (CQPRM).

ARCH Programme

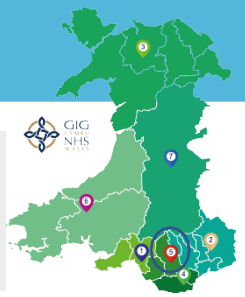
ARCH is a regional collaboration for health between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea.

Programme	Key Points
ARCH A Regional Collaboration for Health Cydweithrediad Rhanbarthol dros Iechyd	**Service Transformation** ▪ Regional Pathology and Genomics Centre of Excellence Project – development of an Operations Delivery Network for Pathology to create a single hub and management / leadership structure; will not change service delivery ▪ Regional Eye Care Services ▪ Regional Dermatology Services ▪ South West Wales Cancer Centre (SWWCC) - see next page for further detail ▪ Neurological Conditions Regional Services ▪ Cardiology Regional Services ▪ Stroke Regional Services – development of Comprehensive Regional Stroke Centres; Powys catchment is included in South West Wales Region footprint **Service Transformation – Pipeline** Develop regionally agreed approaches including scope, programme delivery and governance, regional service models, resourcing and management for: ▪ Oral & Maxillofacial Surgery ▪ Radiology Services ▪ Orthopaedics ▪ Endoscopy ▪ Children's Services **Other Regional Projects/Programmes** Sexual Assault Recovery Centre (SARC): Established a regional programme to work with the National Programme to deliver the agreed national workforce and service model, establish a Regional Children's Hub, and ISO accredited services for Adults. Transforming Access to Medicines (TRAMS)

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

South / South East Wales

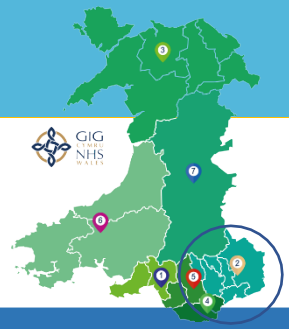
Cwm Taf Morgannwg University Health Board



Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

Strategy / Plan	Key Points
Three Year Plan 2023 – 2026	CTMUHB have submitted a Three Year Plan which sets out the context, drivers, major projects which will deliver transformation and the implementation of the Clinical Services Strategy 'CTM 2030 Our Health Our Future'. Four strategic goals have been identified: • Creating Health • Sustaining Our Future • Improving Care • Inspiring People Five major projects are noted: - Regional Diagnostic and Treatment Centre for South East Wales - Redevelopment of Maesteg Community Hospital as an Integrated Health and Care Hub - Acute site utilisation – review and mapping - Building Healthier Communities - Integrated primary and community services
Stroke	Each region is engaged in their part of the National Stroke Review. CTMUHB and CAVUHB are currently engaging as the South Central region on the future shape of stroke services. For further detail please refer to PTHB Service Change Engagement Report (appended to this report).
Service disaggregation in relation to Bridgend Boundary transfer	Swansea Bay UHB and Cwm Taf Morgannwg UHB have been working together since the Bridgend Boundary Change on 1*st* April 2019 to review the contractual arrangements and jointly plan the disaggregation of the services. CTMUHB report that during 2023/24 no disaggregations have directly impacted Powys residents.

Aneurin Bevan University Health Board



ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

Strategy / Plan	Key Points
Three Year Plan 2023 - 2026	ABUHB developed and submitted a three year plan. The plan has three core themes of quality, efficiency and workforce. It builds on the plan submitted last year particularly the life course approach and role as a population health organisation. ABUHB is now a 'Marmot region' and this is reflected in the plan. They will be undertaking a full review of our overall health board strategy this autumn. There are 5 priorities: Every child has the best start in life, Getting it right for children and young adults, Adults in Gwent live healthily, and age well, Older adults are supported to live well and independently, Dying well as part of life • Focus from Clinical Futures Programme : Stroke Rehabilitation, Minor Injuries, Maternity Led Units, Role of Enhanced Local General Hospitals, Range of Pathway Redesign Programmes. • ABUHB is undertaking a period of engagement on future opening times of Minor Injury Unit services provided by the health board. The proposals include reducing the hours for the 24-hour nurse-led minor injury unit at Nevill Hall Hospital. This facility is used by south east Powys residents and was previously a consultant-led A&E until November 2020 when the Clinical Futures programme was accelerated in the context of COVID. Considerable feedback has been received. For further detail refer to PTHB Service Change Engagement Report (appended to this report). • Free-standing midwifery-led units across the health board, engagement complete / final configuration approved by Board. • Development of a new satellite radiotherapy unit on the Nevill Hall Hospital site, to enhance overall capacity and local accessibility - all progressing. No other issues currently reported by ABUHB. • Each region is engaged in their part of the National Stroke Review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

Cardiff & Vale University Health Board

CVUHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPB) footprint.

Strategy / Plan	Key Points
Annual Plan 2023 – 24	CVUHB have produced an Annual Plan 2023 – 24 and confirmed that as for the previous year, they are unable to deliver a financially balanced plan. CVUHB have therefore submitted a one year plan with key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term. The key areas in the Plan are: • Overview of delivering our priorities • Urgent and Emergency Care • Planned Care, Cancer and Diagnostics • Specialist Services • Mental Health • Regional Priorities This continues to be set in the context of their long term strategy 'Shaping our Future Wellbeing'. Developed prior to the pandemic and currently being refreshed this sets out goals for population health and wellbeing: • Baseline and Horizon Scanning • Model of Care and Pathways This includes increasing clinical service delivery closer to home, increasing unplanned and emergency and specialised delivery at University Hospital Wales and increasing planned, elective, non acute protected service delivery at University Hospital Llandough.
Stroke	Each region is engaged in their part of the National Stroke Review. CTMUHB and CAVUHB are currently engaging as the South Central region on the future shape of stroke services. For further detail please refer to PTHB Service Change Engagement Report (appended to this report).

South East Wales Region

A Portfolio Board is in place for the South East Wales region, the sponsor organisations for regional schemes are CTMUHB, ABUHB and CVUHB and PTHB is an attendee in recognition of the Powys resident flows into the South East Wales footprint.

Strategy / Plan	

South East Wales Regional Portfolio	The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises several programmes of work, current statuses and headline notes provided below (further detail available in Delivery Board papers):
	
	- Orthopaedics – Rescoping of the regional clinical services plan/ review of waiting list and backlog by specialty
	- Diagnostics – first draft Business Case due at Programme Board 30 November
	  - Radiology –Regional programme arrangements being finalised
	  - Endoscopy – model option appraisal and site feasibility testing commenced
	  - Pathology –PID to be finalised and endorsed
	  - Opthalmology – clinical lead appointed; cataracts workstream progressing with outsourcing contract process underway, go live expected December
	- Stroke – gap analysis completed of current services against 2023 National Stroke Clinical Guidelines, Demand and Capacity modelling completed, Phase 1 of Communication and Engagement Plan completed and Findings Report being produced, Outline Business Case due November 2023
	- Cancer – scoping and programme stand up to commence
	
	• Regional Planning workshop due to be held in October 2023 rescheduled for 6 December; recognition of need to deep dive into portfolio 'strategic roadmap' / risks and issues
	• Regional Digital Planning Conference held and agreement to develop regional Digital Steering Group
	• Governance being reviewed between Local and Regional programmes and agreement in principle to establishing a Steering Group
	• Regional Head of Communications and Engagement post not recruited and risk escalated; options to mitigate being explored including recasting the role / readvertising

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Powys Teaching Health Board

All Wales

NHS Executive (from 1st April 2023)

Strategy	Key Points
	The NHS Wales Executive is a new, national support function, operational from 1 April, 2023. Key purpose is to: • Drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health. • The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing NHS Wales to transform clinical services in line with national priorities and standards. The NHS Executive is a hybrid function bringing together Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative. Improvement Cymru will retain their name and brand for now. From 1 April 2023, the Improvement Cymru brand will be used alongside the NHS Wales Executive brand where relevant.
National Clinical Framework Implementation Programme	An update has been provided in October 2023 following the conclusion of staff consultation on the implementation of National Strategic Clinical Networks within NHS Wales. The following National Strategic Clinical Networks are being established: National Strategic Clinical Network for Cancer (Live 01 October 23) National Strategic Clinical Network for Cardiovascular Conditions (Live 01 October 23) National Strategic Clinical Network for Child Health National Strategic Clinical Network for Critical Care, Trauma, and Emergency Medicine (Live 01 October 23) National Strategic Clinical Network for Diabetes (Live 01 October 23) National Strategic Clinical Network for Gastrointestinal Conditions National Strategic Clinical Network for Maternity and Neonatal Services National Strategic Clinical Network for Musculoskeletal Conditions and Orthopaedics National Strategic Clinical Network for Neurological Conditions National Strategic Clinical Network for Respiratory Conditions National Strategic Clinical Network for Women's Health These networks will go live in phases, with the first set starting as of 1st October 2023 and the others following as leadership teams are established. Further timing details will be provided, with legacy arrangements remaining in place in the meantime. Existing funding has been repurposed to establish these networks. Previous Planned Care Specialty Boards transition into Implementation Networks These are supported by Operational Delivery Networks and Communities of Practice Link for further information: Home - NHS Wales Executive

NHS Wales Strategic Programmes (Key Areas)

Programme	Key Points
GIRFT and NHS Wales Summits	Getting It Right First Time (GIRFT) is designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. PTHB has been involved in reviews for Orthopaedics, Ophthalmology, General Surgery, Gynaecology and more are in the pipeline. Further information on the context and history can be found at https://gettingitrightfirsttime.co.uk/. A number of Summits have been held www.gov.wales/ministerial-health-and-social-care-summits-reports
Strategic Programme for Primary Care / Accelerated Cluster Development	This Programme aims to bring together primary care strategy, whilst addressing emerging priorities within A Healthier Wales. It comprises six streams: Prevention and Wellbeing; 24/7 Model; Data and Digital Technology; Workforce and Organisational Development; Communication and Engagement; Transformation and the Vision for Clusters. An 'Accelerated Cluster Development Toolkit' has also been developed. Clusters are required to submit Annual Plans and have a role in longer term RPB Area Plans as part of Pan Cluster Planning Arrangements. Further information at https://primarycareone.nhs.wales/
Planned Care Programme – Five Goals	The NHS Wales Programme for Planned Care focuses on: Transforming Outpatient Services; Prioritising Diagnostic Services; Early diagnosis and treatment of suspected cancer patients; Patient prioritisation to minimise health inequalities; Those waiting a long time; Building sustainable planned care capacity; Improving communication and support. The Five Goals are: • Effective referral / Advice and guidance/ Treat accordingly/ Follow up prudently/ Measure what's important Further information at www.gov.wales/transforming-and-modernising-planned-care-and-reducing-nhs-waiting-lists
Six Goals for Urgent and Emergency Care	The Six goals span the Urgent and Emergency Care pathway and reflect the priorities in the Programme for 2012-2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The Six Goals are: • Co-ordination planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in a physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and the reduce the risk of readmission Further information https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026
Other NHS Wales	National Commissioning Implementation Programme - established to progress the National Commissioning Joint Committee, following an independent review in early 2023. The new body is due to be established by 1 April 2024 and will bring together WHSSC, EASC and NCCU. NHS Wales Value and Sustainability Board - focused on pathways of care; estates; resilience and fragile services; innovation and technology. There are four programmes: Workforce; CHC and high-cost placements; medicines management and procurement.
Wider Socio-Economic/ Environment / Population Programmes	Range of national Steering Groups / Projects / Programmes in relation to - Climate Change and Decarbonisation - Foundational Economy - Public Health Programmes such as Healthy Weights, Healthy Child Wales, Building a Healthier Wales etc - Enabling programmes such as Digital, Workforce etc - Professional Bodies/ Professional Disciplines also have programmes / projects and steering groups / forums

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales.

Strategy/ Plan	Key Points
Integrated Commissioning Plan (ICP) 2024/5 (DRAFT)	The Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan for 2024/5 sets out how WHSSC will continue to commission high quality specialist services to improving outcomes and reducing inequalities; adding further value to the NHS system in Wales; strengthening and streamlining of commissioning functions and associated decision making; building on evidence of good practice; supporting the development of commissioning expertise within the NHS in Wales; maximisation of national commissioning capacity and capabilities; minimal disruption to the system. Priorities identified include Cancer & Blood; Cardiac; Mental Health; Neurosciences; Vulnerable Groups; Women & Children; Commissioned/commissioning networks. The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value, through a focus on improved outcomes, experience and cost. This includes equitable access and reducing unwarranted variation for the Powys population; reviewing Parenteral Nutrition pathways; Improving Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation of out of area placements; reviewing specialised psychology services; reviewing efficiency including comparative cost and contracting mechanisms; evaluating investments from the last 3 years.
Specialised Services Commissioning Strategy 2023-2033	Sets out the vision and priorities for commissioning of Specialised Services for Welsh population between 2023-33 and context for all other Specialised Services strategic developments. Strategic Aims: 1. To ensure the provision of safe, high-quality services for the people of Wales 2. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change 3. To provide an expert approach to national healthcare commissioning 4. To be an effective partner, supporting service and system transformation 5. To maximise value and outcomes within available resources Further information: Specialised Services Strategy 2022 – 2032 (nhs.wales)

Emergency Ambulance Services Committee (EASC) and National Collaborative Commissioning Unit (NCCU)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
EASC Integrated Medium Term Plan 2023 / 26 https://easc.nhs.wales	EASC submitted an IMTP which is described as an iterative development of the existing plan, which recognises the significant challenges that NHS Wales has faced over the previous 12 months and as such takes a pragmatic approach to breadth and scale of change and delivery that can take place over the timeline of this plan. The plan covers 3 broad areas: 1. Commissioning approach and work plan; 2. Priorities for commissioned services 3. Wider system requirements and expectations. The Commissioning priorities for 2023/6 are: - Quality and Safety - Performance Improvement - Performance Enablers - Financial sustainability and efficiency - Commissioning intentions for commissioned services (2023/24) - Informatics and Ambulance - Quality Indicators with an increased focus on outcome measures - Maximising the impact of Six Goals for Urgent and Emergency Care Programme outputs - Transfer, Repatriation and Discharge Services - NHS 111 Wales - EASC's role as an integral part of national commissioning - Value based approaches to commissioned services
EMRTS / Air Ambulance Service Mills Belinda 17/11/2023 10:51:41	Air Ambulance Services are provided by the Wales Air Ambulance Charitable Trust and commissioned by EASC. EASC is leading a service development process which includes a two phase engagement looking at how EMERTS operates and options for the future: Phase 1 (complete): Constraints and options with investment objectives / benefits and weights Phase 2 (underway): updated options with benefits and risks, seeking views It is anticipated that recommendations will be made to a meeting of EASC in December 2023. For further detail on the associated engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

Welsh Ambulance Services Trust (WAST)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 – 2026	WAST have submitted an Integrated Medium Term Plan (IMTP) for a three year period, set in the context of the NHS Wales Planning Framework and the EASC Commissioning Intentions for 2023/24. It continues to be framed by WAST's long term strategy 'Delivering Excellence' published in 2019 which sets strategic objectives for the period up to 2030 and describes the ambition, enablers and fundamentals which continue to shape the WAST IMTP. There are three priorities set out: - A focus on improving outcomes and experience for **our patients** and reducing harm, by providing the right advice and care, in the right place, every time - A focus on improving **our people**'s workplace experience, enabling them to be the best they can be - A focus on delivering a balanced and transformational plan, by delivering exceptional **value** Key service areas set out in the plan: - NHS Wales 111 including digital first vision and platforms, extension to urgent dental care, strengthened leadership and career pathways, remote clinical assessment capacity in the wider healthcare community - Working with health boards on Same Day Emergency Care, pathways for fallers, chest pain, breathing problems and those with mental health needs - EMS Operational and Clinical Transformation to balance urban and rural areas and performance whilst continuing to 'invert the triangle' with specific actions on red performance, use of data to stratify responses, maximising the Clinical Support Desk, consult and close rates and case management through a new Amber Virtual Ward, alternatives to conveyance, Advanced Paramedic roles etc - Ambulance Care encompassing re-rostering in Non Emergency Patient Transport, the move of Urgent Care Service to Ambulance Care, transfer and discharge services - The case for further change through formal engagement, demand and capacity review and independent scrutiny of evidence - 'Our People' application of Kings Fund 3Cs framework – culture, capability and capacity - Financial Plan – WAST are submitting a balanced revenue position

Digital Health and Care Wales (DHCW)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 – 26	DHCW have confirmed that they are unable to submit a financially balanced plan. They have submitted an Integrated Medium Term Plan 2023 – 26. This sets out Five Missions each with a set of Digital Deliverables and Outcomes: • Be the Trusted strategic partner and a high quality, inclusive and ambitious organisation • Drive better values and outcomes through innovation • Expand the digital health and care record and the use of digital to improve health and care • Deliver high quality digital products and services • Provide a platform for enabling digital transformation The plan also highlights that DHCW runs over 100 live services and integrates with many more. They deliver major national digital transformation programmes, some of which will reach significant milestones in this period: - Digital Services for Patients and the Public: NHS Wales App and Website - National Data Resource: transition to live cloud platform and national API management platform - Digital Medicines: proof of concept for primary care transfer to community pharmacies; electronic prescribing; shared medicines record and NHS Wales App/website - Diagnostics systems for radiology and laboratory information management Roadmaps are also provided in the IMTP for key national services: - New National Critical Care system - Welsh Patient Administration System: expanding the digital health and care record, particularly through the Welsh Clinical Portal and Welsh Nursing Care Record Digital Health and Care Wales (DHCW) has welcomed the publication of the Welsh Government's refreshed **Digital and Data Strategy for Health and Social Care.** The updated strategy provides a national direction for digital and data to improve the experience of health and social care staff and users, tackle key strategic challenges facing the sectors and help people to lead happier, healthier and longer lives. It places a focus on inclusive and user-centred digital and data services and how the use of innovative new technologies can empower people to manage their own health and prevent illness. The core aims of the Digital and Data Strategy for Health and Social Care are to: • transform our digital skills and partnerships • build digital platforms that meet the needs of Wales • focus on making services digital-first

Health Education and Improvement Wales (HEIW)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 - 26	HEIW have published a three year Integrated Medium Term Plan. The plan builds on the previous year with newly identified and simplified strategic aims. A number of strategic objectives relate to the National Workforce Implementation Plan launched by Welsh Government and the Education and Training Plan approved in January 2023.

Public Health Wales

Strategy/ Plan	Key Points – from review of recently published Plan(s)
Strategic Plan 2023 - 26	PHW have published a Strategic Plan 2023 – 2026, this sets out the following Strategic Priorities:

PHW note that they will deliver four statutory functions and core public health services as part of the delivery of this plan - this includes the delivery of our national screening programmes, infection service, health protection, data, knowledge and research. A number of strategic developments and improvements in relation to these service and functions are set out within the plan. PHW also note that during 2023/24, Improvement Cymru will be working closely with the newly established NHS Executive in advance of transferring by no later than April 2024. As a result, the strategic objectives that relate to Improvement Cymru included will be subject to ongoing review and are likely to change into year 2.

Public Health Wales has updated its 2017 International Health Strategy to better reflect the significant changes in the global landscape and to enable Public Health Wales' new Long-Term Strategy. Public Health Wales' International Health Strategy sets out how the organisation will work with partners such as public health institutes, Welsh Government and others to enable learning and partnership working for example, by providing an International Health Community of Practice.
The new strategy aims to:

- Maximise benefits for the health and well-being of people in Wales.
- Develop globally responsible people and organisations.
- Respond to global health threats and benefit from international opportunities.

International health working can range from research partnerships, sharing of mutual knowledge via digital meetings to joint training and collaboration on projects. This learning can then be implemented in Wales to improve population health and reduce inequalities.

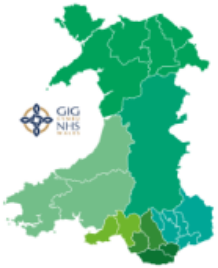
NHS Wales Shared Services Partnership

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 - 26	NWSSP agreed its Provisional IMTP at its January Board meeting and at that point were intending to submit a financially balanced plan (no subsequent changes known at time of producing this report so that is the latest position known). NWSSP have set out a smaller number of key organisational priorities and a Strategy Map as shown below.

Key Priorities for 2023-24

1. **Good financial governance -** We are committed to a balanced budget, compliance with our breakeven duty and a targeted re-investment plan for those NWSSP services that directly support NHS recovery and Ministerial Priorities.

2. **Decarbonisation and Climate Change –** We will provide whole system leadership to the NHS in Wales through the provision of expert guidance to others in delivering their local Decarbonisation Action Plans and support to the national Health and Social Care Climate Emergency Programme.



3. **Implementation of our new Digital Strategy -** With digital as a critical enabler, we will drive innovation, adopt new technologies and ensure secure ways of working that enhance the digital workplace for our staff. We will be more data driven, automate more and improve system performance and reliability, in partnership with Digital Health and Care Wales.

4. **Employee Wellbeing –** We will continue to provide support to all our staff to support their physical, mental, and financial wellbeing. We will continue to adopt a strong partnership approach with our Trades Unions as we navigate future change, to ensure the voices of our staff are heard and acted upon.

We are determined to optimise opportunities to further improve our standards of quality, and ensure consistency, across the full range of services we provide. Delivery of our plan will be challenging, with continued uncertainty around the wider economic environment and the ensuing level of risk to the assumptions in our financial plan particularly. However, we feel there remains sufficient stretch in our plan to delivery innovation and excellence in the services we provide.

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England

Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin was created on 1 July 2022, replacing NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), as part of Shropshire Telford and Wrekin (STW) Integrated Care System.

Strategy	Key Points
Integrated Care System	Integrated Care Systems (ICS) are required to produce an Integrated Care Strategy and a Joint Forward Plan. The Integrated Care Partnership (ICP) is responsible for the development of the strategy, against which the Integrated Care Board (ICB) will reflect and respond. Shropshire, Telford and Wrekin ICS have produced an interim Care Partnership Strategy for 22/23 with 6 focus areas: People First; Prevention and inequalities; Subsidiarity; Joint working; Empowerment; Innovation, evidence and research Further information is available at Integrated Care Strategy and Joint Forward Plan - STWICS
Programme	**Key Points**
Hospital Transformation Programme (HTP)	• The Hospital Transformation Programme is implementing the outcome of the NHS Future Fit consultation. • The HTP Board includes senior level membership from the health and care system across Shropshire, Telford and Wrekin • Shrewsbury and Telford Hospitals NHS Trust (SaTH) have taken a prime provider responsibility to lead the delivery of the HTP on behalf of the Integrated Care System • The Strategic Outline Case (SOC) has been approved, by the Department of Health and Social Care and NHS England, with certain conditions, focusing on additional analysis/ information including workforce, demand planning, timescales, delivery sensitivities, contracting and capital. The Programme Board and leads are working with Regional and National teams in NHS England, seeking clarification and responding on these. • The Outline Business Case (OBC) followed by the Full Business Case is now in development and will include further detail on clinical models and the design of hospital buildings. • A Local Care Programme Board has been established to accelerate delivery of the local care services within the health and care system to align with the HTP • The Independent Reconfiguration panel (IRP) in England is currently undertaking a review of the HTP. (The IRP is a body which provides advice to Ministers about reconfigurations in NHS England). The Health Board has received a request for information to contribute to this review.

Herefordshire and Worcestershire

Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions transferred to a statutory Integrated Care Board (ICB).

Strategy	Key Points
Integrated Care System	An Integrated Care Partnership Assembly has been established, bringing together the NHS, Local authorities, and other partners; a draft integrated care strategy has been published (see below):

Further information is available at [Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)]

Programme	Key Points
Stroke Programme	Herefordshire and Worcestershire Stroke Programme is now undertaking detailed work on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment. It is anticipated that consultation on options for the future may take place from 2024. For further detail on engagement relating to this programme, please refer to PTHB Service Change Engagement Report (appended to this report).

NHS Service Change Engagement and Consultation Log

Last updated 9 November 2023

Quarterly Update to Executive Committee and Planning, Performance and Population Health Committee

Engagement and Consultation Exception and Highlight Reports

Engagement Under Way:	• Minor Injury Unit Services in ABUHB	11 Sep to 1 Dec
	• Bevan Commission Conversation – Future of Health and Care	Ongoing
	• South Central Wales Stroke Services [temporarily paused]	To 27 Nov
	• EMRTS / Welsh Air Ambulance Phase 2	9 Oct to 12 Nov
Consultation Under Way:	• None	
Engagement Planned or Under Consideration:	• North Powys Wellbeing – Newtown Campus OBC ongoing engagement next phase	From Dec TBC
	• Hepatopancreatobiliary Services in South Wales	TBC
	• National Stroke Review	TBC
Consultation Planned or Under Consideration:	• South Wales Specialist Auditory Hearing Implant Services	During 2024 TBC
	• Herefordshire and Worcestershire Stroke Services	During 2024 TBC
Outcome awaited:	• None	
Watch List:	• BCUHB PET CT, ABUHB Stroke Rehabilitation, South Wales Oesophagogastric Cancer Surgery, SaTH fetal medicine, CAVUHB allergy services, WVT haematology services	
Implementation (decision made following engagement or consultation, moved to implementation):	• Belmont Branch Surgery in Gilwern (task and finish group in place) • Hywel Dda University Health Board new hospital location (shortlist chosen, await next steps)	
Closed:	The following engagement processes do not require further action by PTHB and have been closed in this report: • ABUHB midwife-led birth centres (no direct impact for PTHB) • Bishop's Castle community hospital (service is not commissioned by PTHB) • Hywel Dda University Health Board interim configuration of paediatric services (no direct impact for PTHB and consultation has ended) • Child Protection Medicals in South Powys (working towards implementation)	

Engagement Under Way	MIU Services in ABUHB
Current Status	• Under way: A period of public and stakeholder engagement is under way from 11 September to 1 December
Lead Body	• ABUHB
Overview	• ABUHB is undertaking a period of engagement on future opening times of Minor Injury Unit services provided by the health board. • The proposals include reducing the hours for the 24-hour nurse-led minor injury unit at Nevill Hall Hospital. This facility is used by south east Powys residents and was previously a consultant-led A&E until November 2020 when the Clinical Futures programme was accelerated in the context of COVID. • PTHB was not notified ahead by ABUHB ahead of the launch of engagement on 11 September
Impact and interdependency	• Nevill Hall Hospital is the main Minor Injury Unit for residents of south-east Powys including the Crickhowell area. • There are legacy issues linked to the decision made through Clinical Futures to change from a 24-hour consultant-led A&E service at Nevill Hall hospital to 24-hour nurse-led minor injury service
Key Dates	• 11 September to 1 December (NB engagement period was initially 8 weeks but subsequently extended to 12 weeks) • Two events have taken place in Abergavenny, with the first taking place too early to enable us to publicise to Powys residents. A further event has been agreed in Abergavenny on Monday 27 November at the Lecture Theatre, in the Education Centre at Nevill Hall Hospital.
Key Materials	• Further information is available from the ABUHB website at Provision of Minor Injury Unit Services 12-week Engagement - Aneurin Bevan University Health Board (nhs.wales) including a briefing document, FAQs and survey • Information has been shared by PTHB through our website, social media channels *including the final drop in date and intranet and also through direct email to key stakeholders
Engagement Planning	• ABUHB did not engage with PTHB in planning for this period of engagement and we were informed by 12 September • Since then, we have worked with ABUHB to ensure that information is shared with Powys stakeholders, including through PTHB participation in the mid-term review meeting.
Llais Liaison	• We informed Llais Powys region as soon as we became aware of this engagement. • We understand that Llais Gwent region had been involved in planning for this engagement but had not communicated with Llais Powys region. • We have held two dedicated meetings with Llais Powys representatives to discuss plans for engagement with Powys stakeholders and continue to use our fortnightly touchpoint meetings.
Last Updated	• 1 November 2023

Engagement Under Way	Bevan Commission Future of Health and Care
Current Status	• Under way: A national period of engagement is under way led by the Bevan Commission and endorsed by Welsh Government to gather views from the public about the future of health and care
Lead Body	• Bevan Commission
Overview	• The Bevan Commission says "In light of the challenges faced in the Welsh health and social care sector, the Bevan Commission are hosting a series of public conversations in each Welsh Health Board's locality, supported by Llais, NHS Health Boards and Trusts. During these events, we will talk through the challenges that the health and social care sector is facing, and discussing how things could be improved and sustained in the future with attendees. Everyone is welcome to this informal and interactive event, including those who work in health and social care. Refreshments will be provided." • We anticipate that a report on the first phase of this work will be produced during November, and alongside this decisions will be made regarding a further phase of engagement
Impact and interdependency	• Linked to a Senedd debate on the future of the NHS, the Minister of Health and Social Services has urged people to take part: Call for everyone to play part in future of Wales' health and social care services | GOV.WALES • On behalf of NHS organisations in Wales, NHS Confederation Wales has reiterated its call for an open and honest conversation with the public: Response to the Welsh Government's call for everyone to play their part in future of Wales' health and social care services | NHS Confederation
Key Dates	• The Powys event took place in Brecon on Tuesday 3 October. Approximately 20 people attended to contribute views around challenges facing the NHS and their solutions. Mix of residents, third sector and reps from Llais also in attendance. • An online event is taking place on 7 November.
Key Materials	• More information is available from A Conversation with the Public - Bevan Commission • This also includes an online survey to gather views from people unable to attend the events • PTHB has shared information through our digital, social and stakeholder channels to raise awareness of the Brecon event, the national online event and to promote the survey.
Engagement Planning	• The Bevan Commission held a number of national workshop sessions with health board and wider representatives to help shape their programme of work
Llais Liaison	• Llais representation was engaged at a national level by the Bevan Commission in the national workshops • Llais representatives were in attendance at the Brecon event. • We have used our regular fortnightly touchpoint sessions to provide updates on this work
Last Updated	• 1 November 2023

Engagement Under Way	South Central Wales Stroke Services
Current Status	• Under way: On 16 October we became aware that engagement is under way in South Central Wales on the future shape of stroke services. CAVUHB and CTMUHB have confirmed that an initial period of engagement is under way until 27 November 2023. • On 8 November it was confirmed that this work would be temporarily paused to enable the programme to reflect on the feedback received so far, and as a result "it is likely that Phase 3, formal public consultation, will no longer begin in mid December".
Lead Body	• CAVUHB and CTMUHB
Overview	• Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) • See also national stroke review
Impact and interdependency	• PCH is the main provider of hyperacute and acute stroke services for many communities in south Powys • A review is also under way on the future shape of stroke services in Herefordshire and Worcestershire (qv) and through the national stroke review for Wales
Key Dates	• Further information was requested from CAVUHB and CTMUHB and a meeting took place to discuss a Powys online engagement event. This was agreed and was due to take place on Tuesday 21 November, but has subsequently been stood down following the decision to pause the current phase of engagement.
Key Materials	• Information is available from Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) and on our website too https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1/ where we've provided an expression of interest form for residents who may wish to take part in the online engagement event. • PTHB has shared information through our digital, social and stakeholder channels to raise awareness of both the survey and the online engagement event (including updates to confirm that this has now been paused).
Engagement Planning	• Information has been circulated to local stakeholders within the PCH hospital catchment.
Llais Liaison	• PTHB shared information with Llais Powys at the touchpoint meetings held on 17 October 2023 and discussed our approach to engagement at a meeting on 1 November 2023. Llais Powys have been updated on the decision to pause the current phase of engagement.
Last Updated	• 8 November 2023

Engagement under way	EMRTS / Welsh Air Ambulance Phase 2
Current Status	• Under way: Phase 2 formal engagement is under way from 9 October 2023 to 12 November 2023.
Lead Body	• EASC with EMRTS and Welsh Air Ambulance Charity
Overview	• EASC is now leading a service development process which includes a two-phase engagement process which is currently under way. The first phase focused on: Describing how EMRTS works now; Discussing what must be in place and what are the must haves (constraints); Discussing how we measure the benefits and risks of each option (investment objectives); Discussing how the process reflects that some benefits are most important than others (weightings). • The second phase sets out updated options for the future shape of services, including their benefits and risks, and seek views. • Following this it is anticipated that the Chief Ambulance Services Commissioner will make a recommendation to a meeting of EASC in December 2023
Impact and interdependency	• These proposals potentially affect all residents of Wales including all residents of Powys. • There are interdependencies with public experience and perception of the wider emergency care system including emergency ambulance services, emergency department services etc.
Key Dates	• Phase 2 was originally taking place from 9 October 2023 to 5 November 2023 but has been extended by a week until 12 Nov. • This has included public drop-in events and public meetings in Welshpool (12 October), Newtown (13 October) and Machynlleth (16 October)
Key Materials	• Engagement information is available from the EASC website at EMRTS Service Review - Emergency Ambulance Services Committee (nhs.wales) • Information is also available from the PTHB website at https://pthb.nhs.wales/air-ambulance • Social media posts promoting each of the Powys events were published on Facebook, X and Next Door.
Engagement Planning	• The latest information is available from https://pthb.nhs.wales/air-ambulance • Fortnightly touchpoints are in place between HB engagement leads, EASC, EMRTS and WAA Charity.
Llais Liaison	• Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison • Llais representatives have attended public meetings in Powys during October. • We understand that EASC has liaised with Llais nationally regarding the overall approach to engagement.
Last Updated	• 1 November 2023

Planning under way	North Powys Wellbeing – Newtown Campus
Current Status	• A period of engagement is planned from December 2023 to support the development of the Outline Business Case for submission to Welsh Government
Lead Body	• PTHB / RPB
Overview	• As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Plans for the health and wellbeing campus include a new hospital building for Newtown (including an Urgent Care Centre, in-patient beds, a midwife-led birthing unit, more planned care services as well as improved diagnostic equipment), social care and well-being facilities (working in hand with the voluntary sector), a new Health and Care Academy - working closely with the town's library. • The site will also be an innovative partnership as the location for the new Ysgol Calon y Dderwen building replacing the current primary school facilities on the site.
Impact and interdependency	• The aim is to replace and expand on the service currently provided within Newtown, and specifically to transfer services from the current Montgomeryshire County Infirmary site. • There are no plans as part of this scheme to transfer services from other community hospital sites in Powys. • The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford & Wrekin through the Hospitals Transformation Programme. The Outline Business Case for this scheme is being submitted in Summer 2023 with the aim of establishing Royal Shrewsbury Hospital as the main Emergency Care Centre within The Shrewsbury and Telford Hospital NHS Trust, with Princess Royal Hospital as the main Planned Care Centre. This will bring more emergency care services closer to North Powys but some planned care services for North Powys residents will transfer from RSH to PRH. The North Powys Wellbeing Newtown campus aims to provide more planned care services within the county.
Key Dates	• Strategic Outline Case submitted to Welsh Government in 2022. • Work under way to develop Outline Business Case for submission to Welsh Government in 2024.
Key Materials	• Regular Programme Bulletins are issued to stakeholders, most recently in summer 2023: POWYS WELLBEING | WELLBEING | HEALTH.
Engagement Planning	• Work is currently under way to develop an engagement plan to support the work to develop and submit the Outline Business Case in 2024. A period of engagement from December 2023 is expected.
Llais Liaison	• Regular fortnightly touchpoint meetings provide an opportunity to engage with the Llais regional director, with a more detailed focused planning meeting on 1 November 2023 to discuss next steps on engagement.
Last Updated	• 2 November 2023

Planning under way

Hepatopancreatobiliary Services in South Wales

Current Status	• PLANNED: A period of engagement on the future service model is expected in 2024
Lead Body	• Cardiff and Vale University Health Board and Swansea Bay University Health Board
Overview	• A number of factors affect the clinical sustainability of these services and a programme of work is under way to identify options for a sustainable future.
Impact and interdependency	• These are highly specialist service pathways for which Powys residents are referred to the most appropriate centre, which normally involves significant travel from Powys.
Key Dates	• Further information awaited
Key Materials	• Further information awaited.
Engagement Planning	• Service user engagement is expected later in 2023 ahead of a wider programme of public and stakeholder engagement in 2024.
Llais Liaison	• Regular liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	• 2 November 2023

Planning under way

National Stroke Review in Wales

Current Status	• UNDER CONSIDERATION: Updated draft communication and engagement framework shared at NHS Wales National Stroke Programme Communications and Engagement workstream meeting on 18 October 2023.
Lead Body	• NHS Wales Executive (National Stroke Programme Board) with four regions: North (BCUHB), South West (HDdUHB and SBUHB), South Central (CAVUHB & CTMUHB) South East (ABUHB) and all seven health boards
Overview	• A number of factors affect the clinical sustainability of these services and there is an opportunity to review the overall model of service delivery to ensure the best outcomes for the people of Wales. A programme of work is under way to identify options for a sustainable future.
Impact and interdependency	• Changes to stroke services in any of the four regions may have an impact on pathways for Powys residents. There is a need at a national level to ensure that there is a co-ordinated approach across all four regions consider impact and interdependency of regional proposals for Powys and also interface with change programmes in England (Shropshire and Telford & Wrekin Hospital Transformation Programme, Herefordshire and Worcestershire Stroke Review)

Key Dates	• Whilst a coordinated national period of engagement on an initial issues paper was originally mooted from Q2 2023/24 as the first phase of longer term programme of engagement, individual regions are undertaking a more local approach to engagement each with potential interdependency for Powys:
	  • North: questionnaire issued to recent stroke patients to gather experience, work under way to plan phase of wider service user and stakeholder experience
	  • South Central: questionnaire issued to recent stroke patients, period of engagement under way to 27 November (qv)
	  • South West: planning under way to issue questionnaire to recent stroke patients
	  • South East: planning under way to issue questionnaire to recent stroke patients, current focus on stroke rehabilitation model

Key Materials	• A questionnaire is being issued across Wales to recent stroke service patients to gather their experience of stroke services. • A further phase of engagement has commenced for the South Central Region (qv).
Engagement Planning	• A national engagement and communication workstream group has been developed and has met on 25 August 2023 and 18 October 2023. Llais representation is via the Regional Director for Gwent
Llais Liaison	• Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work, including most recently on 1 November 2023
Last Updated	• 2 November 2023

Consultation expected	South Wales Specialist Auditory Hearing Implant Devices
Current Status	• Formal consultation expected: Formal engagement took place from 4 January 2023 to 14 February 2023. A period of formal consultation is anticipated in 2024 subject to review and approval through WHSSC governance including implementation of a designated provider process
Lead Body	• WHSSC
Overview	• Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unavailable. A commitment was made to undertake engagement in line with NHS Wales guidance on the temporary change and future service model. • Cochlear Implant services in South Wales are currently only provided in Cardiff following this temporary change, but historically South Powys patients would have been referred to Cardiff or Princess of Wales depending on needs/pathway. Bone Conduction Hearing Implant services are currently located at Royal Gwent, Cardiff and Neath Port Talbot. South Powys patients are normally referred to Cardiff or Neath Port Talbot. • Following engagement, WHSSC Joint Committee met on 16 May 2023 and agree the preferred commissioning model of a single implantable device hub for Cochlear Implants and Bone Conduction Hearing Implants for both adults and children with an outreach support model. The intended benefits include a more reliable service that can maintain appropriate staffing and skills, offering a higher number of procedures which is associated with improved outcomes, and with a greater critical mass of patients there is greater scope for adoption of new technological advances to bring more treatment options for more people. • A Designated provider process is anticipated which would then identify options for formal consultation. An update on this process is being presented to a meeting of PTHB Board on 25 July 2023
Impact and interdependency	• These proposals affect people in south Powys who access specialist auditory services in South Wales. If the preferred option is implemented then some patients would need to travel further for implant but could continue to receive outreach support closer to home in hub sites. • Between 2017 and 2021 there was an average 56 adult and 20 paediatric cochlear implant referrals in South Wales per year leading to 28 adult implants and 16 paediatric implants per year. Between 2017 and 2021 there was an average 42 adult and 2.5 paediatric BCHI referrals in South Wales per year, leading to 17 adult implants and 0 paediatric implants per year. South Powys activity is typically less than 5 referrals per year. Pathways for patients in north and mid Powys to BCUHB and England are not affected.
Key Dates	• An update to PTHB Board on 25 July 2023 secured support for a designated provider process followed by formal consultation.
Key Materials	• Further information will be added once details of formal consultation are confirmed.
Engagement Planning	• WHSSC and partner health boards will work together to plan future consultation in liaison with Llais as appropriate.
Llais Liaison	• WHSSC continue to liaise nationally with Llais Tîm Arwain. • Regular local liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	• 2 November 2023

Consultation expected Q4

Herefordshire & Worcestershire Stroke Services

Current Status	• Consultation Awaited: Formal engagement took place from 20 September 2022 to 11 November 2022. Formal consultation is expected during 2024 subject to development and refinement of formal proposals through the Clinical Senate process in England.
Lead Body	• Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Llais Powys region as observers.
Overview	• A review of stroke services in Herefordshire and Worcestershire is currently under way. This includes the stroke services provided at County Hospital in Hereford. They are looking at the best way to deliver quality stroke services, including for the patients they serve in Powys. A key driver is the challenge in recruiting and retaining sufficient specialist staff including specialist stroke consultants to meet national clinical standards for hyperacute and acute stroke services on two sites. • Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions. • A formal period of engagement took place from 20 September 2022 to 11 November 2022. Following engagement, refined proposals are being developed for review through the Clinical Senate process in England. • It is currently anticipated that formal consultation on options for the future may take place during 2024 TBC.
Impact and interdependency	• These proposals affect people in mid and east Powys for whom Hereford County Hospital is their main acute hospital for hyperacute and acute stroke services. Under the proposals, County Hospital would no longer provide hyperacute and acute stroke services which would be centralised to Worcester. A pathway would be in place for triage, assessment and diagnostics at County Hospital including provision of thrombolysis as needed. • Local rehabilitation and community services in Powys are not directly affected, and nor are stroke pathways for residents of other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, Morriston Hospital, Prince Charles Hospital). However, a review of stroke services in South and West Wales is being established, with a National Stroke Programme Board now established. • Interrelationship with proposals for the future shape of stroke services in Wales (q.v.)
Key Dates	• Further details awaited on the next steps
Key Materials	• Website for engagement period: https://pthb.nhs.wales/hereford-stroke
Engagement Planning	• A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders.
Llais Liaison	• There has been ongoing liaison with Llais and previously with the CHC. Llais Powys region has observer status on the Herefordshire & Worcestershire Stroke Programme Board. Regular touchpoints between PTHB and Llais provide an opportunity to review the current position including on 1 November 2023.
Last updated	• 2 November 2023

Watch List

- ABUHB Stroke Rehabilitation – ABUHB is considering urgent temporary closure of inpatient stroke rehabilitation at NHH (used by estimated 1 Powys patient every three months during last 15 months)
- South Wales Oesophagogastric Cancer Surgery – potential for future engagement and/or consultation on sustainable clinical model
- BCUHB Nuclear Medicine / PET CT – clarification requested from WHSSC regarding mitigation action if decision is made to locate future PET CT in permanent location in Glan Clwyd rather than current mobile location in Wrexham Maelor
- SaTH fetal medicine – Level 1 pro forma sent to Llais on 27 July 2023
- CAVUHB – potential changes to allergy services
- WVT haematology service arrangements

Implementation Under Way	Belmont Branch Surgery, Gilwern
Current Status	• IMPLEMENTATION: Formal engagement took place from 10 January 2023 to 6 March 2023. Decision taken at meeting in public of PTHB Board on 24 May to endorse the recommendation of the Branch Practice Review Panel and accept the closure application.
Lead Body	• PTHB with Crickhowell Group Practice
Overview	• Crickhowell Group Practice has submitted an application to close their premises at Belmont Branch Surgery in Gilwern and consolidate their services at their premises in Crickhowell. • Powys Teaching Health Board considers such requests in accordance with its "Branch Surgery Closure Process". • In accordance with this policy, a period of engagement took place from 10 January 2023 to 6 March 2023 to inform a decision by health board in response to the application.
Impact and interdependency	• 9300 patients are registered with Crickhowell Group Practice. Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located. • These proposals directly affect residents of the Gilwern area in Monmouthshire for home the Gilwern Branch Surgery is their most local GP surgery branch. GP primary care services will continue to be available from War Memorial Health Centre in Crickhowell. • War Memorial Health Centre is 3.2 miles from Gilwern. The nearest alternative five GP practices are between 3.5 and 7 miles from Gilwern and are accepting new patients.
Key Dates	• Engagement plan discussed at Executive Committee on 14 December 2022. • A period of formal engagement took place from 10 January 2023 to 6 March 2023. • A meeting of the Branch Practice Review Panel took place on 28 April with a meeting of the board on 24 May. • Community event to promote wellbeing services for residents will take place on 2nd November at Gilwern Community Centre.
Key Materials	• Letter to household, FAQs, online and printed questionnaire, alternative formats (BSL, Easy Read, Audio), draft Equality Impact Assessment, engagement website at www.pthb.nhs.wales/gilwern and www.biap.gig.cymru/gilwern
Engagement Planning	• A detailed engagement plan was developed and delivered to raise awareness of the proposals and enable people to have their say. • Planning for the community event is underway, led by MCC but with PTHB input. PTHB Eng Mgr will attend on the day.
Llais Liaison	• Powys CHC has been formally notified in line with the Branch Practice Review Process, with the CHC Chief Officer having observer status on the Branch Practice Review Panel. The application was discussed in Part B of the Services Planning Committee on 22 November. • An update was provided to SPC on 17 January and to R&B Local Committee on 26 January. • A mid-term review took place with Powys CHC and Aneurin Bevan CHC on 31 January. • A report on engagement has been developed and shared with Llais (Powys region and Gwent region). • Llais was represented on the Branch Practice Review Panel and had observer status at the meeting of the Board. • A task and finish group is in place to take forward further development and delivery of the mitigation plan which includes Llais representation, with two-monthly updates to meetings of PTHB Board (next due on 29 November 2023)
Last updated	• 2 November 2023

Next Steps Awaited	HDdUHB new hospital location
Current Status	• CONSULTATION ENDED: A period of formal consultation on the new hospital location took place from 23 February to 19 May. The the outcome of the consultation was presented to a meeting of HDdUHB Board in September 2023 where the shortlist of sites was reduced to two (Ty Newydd Whitland, St Clears site)
Lead Body	• Hywel Dda University Health Board
Overview	• As part of the Healthier Mid and West Wales strategy, Hywel Dda University Health Board has agreed to develop a new Emergency and Planned Care hospital, bringing together many of the services currently provided at Glangwili Hospital in Carmarthen and Withybush Hospital in Haverfordwest. • Consultation on the location of the new hospital has concluded.
Impact and interdependency	• Glangwili is the main acute hospital for some communities in mid-west Powys. Following this reconfiguration, these communities will be closer to alternatives (e.g. Morriston or Prince Charles). This consultation was an opportunity to continue to raise awareness of the forthcoming changes and to discuss the impacts and mitigation. • Glangwili also provides a level of step-up care for Bronglais Hospital patients which includes residents of North West Powys. This consultation is an opportunity to raise awareness of the ways in which onward pathways may change in future. • PTHB will need to continue to maintain awareness in affected communities that future changes to acute hospital services in Carmarthen should be expected and to signpost them to alternative services as changes are implemented.
Key Dates	• Consultation from 23 February to 19 May • Outcome of public consultation was presented to a meeting of the Board of HDdUHB in September (Extraordinary Board Agenda and Papers 14 September 2023 - Hywel Dda University Health Board (nhs.wales))
Key Materials	• Consultation materials were available from the HDdUHB website at https://hduhb.nhs.wales/new-hospital-site • HDdUHB were contacted on 27 February to request clearer localised messages for communities affected in Powys. A localised message for Powys was received on 10 April and was issued through our local channels to key stakeholders in mid west and north west Powys.
Engagement Planning	• PTHB Engagement and Communication team has undertaken targeted engagement and communication to inform key stakeholders in mid west and north west Powys of the consultation, raise awareness of the direct and indirect impact, and promote opportunities to get involved.
Llais Liaison	• Regular touchpoints with the Llais Regional Director have been used to share the current position and expected next steps.
Last Updated	• 16 October 2023

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item 3.2

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE	**Date of Meeting: 16 November 2023**
Subject :	**Primary Care Cluster IMTP Plan Update**
Approved and Presented by:	Deputy Chief Executive & Executive Director Finance, Information & IT (with responsibility for Primary Care).
Prepared by:	Assistant Director Primary Care
Other Committees and meetings considered at:	Executive Committee – 1 November 2023

PURPOSE:

The purpose of this paper is to provide the Committee with an overview and update on the Primary Care Cluster Planning Progress against delivery 2023/24.

RECOMMENDATION(S):

The Committee are asked to:

- **RECEIVE** the paper and take **ASSURANCE** that the Primary Care Cluster Planning process is in place and reporting against progress.
-

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✖	✓	✖

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

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Committee with an update on the Primary Care Cluster Planning Progress against delivery 2023/24.

DETAILED BACKGROUND AND ASSESSMENT:

Clusters were originally established in 2014 with a view to gather local intelligence and encourage the testing of new models of care to meet local needs more effectively. Whilst significant progress has been made, there is variation between clusters in relation to the maturity of collaborative working and the impact for patients and communities across Powys and Wales.

The Primary Care Model for Wales which supports the vision in A Healthier Wales, contains key components required for transforming services across health and social care. These include effective collaboration at community level to assess population needs, to both plan and deliver seamless care and support to meet that assessed need.

It recognises the local workforce across the Health and Social care landscapes continues to be best placed to understand the needs and experience of local communities and to inform and influence the delivery and development of wider public service plans.

ACD recognises Cluster as the most local level of service planning and coordination, responsible for:

- Planning of services best delivered at the cluster level.
- Integrating primary and community-based services between health, social and voluntary sectors, physical and mental health services, with partners.
- Providing innovative and effective alternatives to traditional models of care.
- Understanding and responding to the full spectrum of health and social care needs of the population serviced by the Cluster with a particular focus on the needs of vulnerable groups.
- Focus on preventing ill health, and promoting wellbeing, enabling people to self-manage where appropriate.
- Providing oversight of the work programme of the cluster to translate national strategic direction into action.

Nationally a 'light touch' planning arrangement was agreed for the development of the 2023/2024 cluster plans, whilst cluster planning and coordination transitioned to the new interface arrangements with the emergent Professional Collaboratives, PCPGs and established RPBs. 2023/2024 provides the foundation year to fully establish and start to mature the integrated collaborative planning arrangements with the RPB Area Plans published in April 2023, for future years.

The requirement for cluster planning for 2023/24, was to build on the 2022/23 IMTP plans, reflecting on Ministerial priorities, with the ambition to build capacity and sustainability across primary and community care at a cluster level.

The cluster plans refreshed for 2023/24 identified key priorities including:

- Resilience of the workforce and resources
- Essential service provision and business continuity
- Releasing value through Pathway Service development and redesign
- Frailty - whole system approach
- Mental health - prevention and wellbeing
- Urgent care and Same day Care - 6 goals
- Access and provision to Community and Primary Care Services

Progress on cluster priorities and projects have continued to progress through Q1, Q2 and Q3, with the continuation, extension and introduction of new projects across all clusters.

14 existing projects have entered year 2 of their pilot planned implementation.

2 projects, the antimicrobial resistance LRTI CRP testing pilot in the South Cluster and the Health Promotions Facilitator Role pilot in the Mid cluster, have been extended to March 2024, to support the delivery of services over winter 2023/24.

1 project, using learnings from a previous project, supported by the Bevan Commission has been developed by the South Cluster to pilot an Early Intervention Persistent Pain Management Practitioner Role, providing an early intervention, support, and medication optimisation service through a Primary Care.

The First Contact Mental Health Service, successfully piloted in the South Cluster for 18months, has been replaced with the launch of the National 111 press 2 service.

New projects are being developed across the Clusters, with the South Cluster implementing a new First Contact MSK service in partnership with the Health Board. A Mid Cluster Pre–Registered Optometrist recruitment project for has been developed and delayed until 2024/2025. The South Cluster is in the early stages of implementing a Frailty project, with a Frailty and Winter Resilience Project being developed in the Noth Cluster.

Progress on projects for 2023/24 are included in:

Appendix 1 – North Cluster IMTP Priority projects
Appendix 2 – Mid Cluster IMTP Priority projects
Appendix 3 – South Cluster IMTP Priority Projects

Review and Governance

Clusters are supported with the delivery of the IMTP projects, by the Head of Primary Care, the Cluster Development Manager and Cluster Team who provide support with the development of the project proposal documentation, defining value-based outcomes, budgetary planning, and monthly progress reviews.

NEXT STEPS:

- To continue to support Clusters in the delivery of their 2023/24 IMTPs.
- To support Clusters in the planning cycle and development of plans for 24/25.
- To support and strengthen the service development role of the Clusters within the Regional Partnership Board and Pan Cluster Planning Groups.
- To support and continue to facilitate collaboration between all cluster members.

North Cluster IMTP 23/24 Q2 Progress Summary

Activity/ project title	New or existing activity	**Brief** activity/ project description	Results/ benefits expected by end March 2023	**Strategic alignment**: Ministerial priorities	**Strategic alignment**: SPPC key programme priorities	Activity/ project budget	Planned Delivery	Q1 Status	BRAG
Provision of Pharmacy services to North Cluster Practices	Existing (2022-23 plan) *2 year pilot*	Introduction of dedicated Pharmacy professionals into 6 of the North Cluster Practices. Working as part of the practices multi-disciplinary team.	*Working as part of the practices multi-disciplinary team, pharmacy input will improve patient care, reduce incidents of medicines related harm, reduce cost of prescribing and drug errors, whilst reducing the daily acute demand around all areas of medicines management.*	A Healthier Wales	Accelerated cluster Development	£250,000	Q1-Q4	*Project has been scoped, with formal agreement awaited from Cluster members. Delay to implementation from Q1 to Q2.*	
Health & Wellbeing Officer	Existing (2022-23 plan) *2 year pilot*	Recruitment and employment of a Health Promotion Officer to support and expand the role of Third Sector, increasing use of practice apps and information readily available to patients.	*Improved engagement with 3rd Sector & Cluster population. Consistent & timely messages to whole cluster population, which will lead to improved health outcomes.*	Supporting the health and care workforce	Community Infrastructure	£40,000	Q1-Q4	*Working in partnership with 3rd sector organisation, with agreement sort from Cluster members in July*	
Digitisation, Apps, and IT innovation	Existing (2022-23) *2-year pilot*	To support alternative access routes to Primary Care services and collation of data, through the introduction of new technology advances and innovative apps, such as	*Alternative routes of access for patients, reduction in footfall to sites, improved accuracy of information and messages, efficiencies in delivery of services.*	Population health	Accelerated Cluster Development	£15,000	Q1-Q4	*An App has been identified, supported by all Cluster members, formal agreement is sort from Cluster members in July.*	
Training and Development	Reoccurring	Training and development funding accessible to cluster membership for development of both clinical and non-clinical team members	*Increased skills across all areas all cluster members.*	Supporting the health and care workforce	Accelerated Cluster Development	£10,000	Q1-Q4	On going	
Facilitating Student nurse placements	Existing (ongoing from 22/23)	Develop mutually beneficial links with universities, to proactively facilitate workforce placements of student	*Establish placements, future proofing Practice Nurse Recruitment*	Supporting the health and care workforce	None	0	Q1-Q4	*Started on track – with presentations from Training facilitators, and links to individual practices*	

		nurses into Primary care, whilst exploring and developing Primary Care modules to be incorporated into the Universities nurse training course.						*generated. Links with Glyndwr, Bangor and Swansea being explored.*	
Project Scoping and development	Existing (2022-23 plan)	Creation of cluster subgroups, for General Practice, Pharmacy, Optometry and Dental, for the scoping, development & implementation of Cluster vision/proposal/projects.	*Successful implementation of cluster plans, embedding of collaborative cluster working.*	None	Accelerated Cluster Development	£10,000	Q1-Q4	*Started & on track*	
Secondary Care Collaboration	Existing (2022-23 plan)	To build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through quarterly meetings with senior managers.	*Improved pathways of care for patients*	Population health	Accelerated Cluster Development	£5,000	Q1-Q4	*Project leads to be established, with Pthb leads, meeting dates to be confirmed.*	
Provision of GPwSi educational sessions to Independant contractors	Existing (ongoing from 2022-23 plan)	Provision of GPwSi educational skills sessions on Dermatology, ENT, common Ailments, Care Navigation.	Increase knowledge within community professional Improved access to early help and support for patients, increasing skills across the cluster	Population Health	*Accelerated Cluster Development*	£5,000		Started on track – session delivered to Community Optometry and Pharmacy in Q1	

Mid Cluster IMTP Q2 2023/24 Project Summary

Activity/ project title	New or existing activity	**Brief** activity/ project description	Results/ benefits expected by end March 2023	**Strategic alignment**: Ministerial priorities	**Strategic alignment**: SPPC key programme priorities	Activity/ project budget	Planned Delivery	Project Status	BRAG
Health & Wellbeing facilitator	Existing from 2022-23	*To act as a conduit between primary care services and the public, relating to health promotion. To support Practices and other primary care partners to engage with the Cluster population on targeted health outcomes*	*Proactive engagement with Cluster population, consistency of messages to educate and inform patients about local, national and 3rd sector health campaigns, to improve aware of services and access to the right care, right place.* *Increased collaborative working with the 3rd Sector.*	A Healthier Wales	Community Infrastructure	£30,000	Q1-Q4	*On going – project has been extended to Q4*	
Cluster wide MSK First Contact Practitioners	Existing from 2022-23	*Introduction of a First contact MSK service, into all practices.*	*Improved access to the Right Care, Right place, right time for patients presenting with MSK symptoms. Improved access to MSK clinicians, and services, improving care for patients.*	A Healthier Wales	Accelerated Cluster Development	£70,000	Q1 – Q4	*On-going service provided by PTHB*	
Developing a Training and Development Budget for Cluster	Existing from 2022-23	*Development of new and existing roles, upskilling of primary care health professionals, to support and improve the resilience of the practice teams,*	*Development of cluster staff in line with the vision for primary care to enable the continued enhancement and introduction of extended services to patients.*	Supporting the health and care workforce	Accelerated Cluster Development	£10,000	Q1- Q4	*On-going*	
My Surgery App	Existing from 2022-23 Existing	*Introduction of a dedicated Patient App, offering 24/7 virtual access to appointments, repeat prescription requests, and access to current*	*Improved access for patients. Improved communication with patient population from Primary care & 3rd Sector Organisations. 24hr access to Health information, NHS direct*	Population Health	Community infrastructure	£9,840	Q1-Q3	*On-going*	

		news and health information.	*and recognised symptom checkers.*						
Pre-Registered Optometrist Recruitment	New (2023-24 plan)	Development of a new Optometry recruitment model for Powys	Strengthening and attracting a new work force to Powys into a new diverse role across Primary and secondary Care	A Healthier Wales	*Accelerated Cluster Development*	£40,218	Q3- Q4	*Delayed until 2024/2025*	

South Cluster IMTP 23/24 Q2 Progress Summary

Activity/ project title	New or existing activity	**Brief** activity/ project description	Results/ benefits expected by end March 2023	Ministerial priorities	SPPC key programme priorities	Activity/ project budget	Planned Delivery	Q1 status	BRAG
Cluster Pharmacy Team	*Existing*	*Cluster contribution to extend the provision of the Red Kite Pharmaceutical APMS contract.*	*Continuation of the Primary Care Pharmaceutical service in South Powys to deliver safe, high-quality advice and services to patients. Including medicines reconciliation, reducing waste and safer prescribing.*	*Healthier Wales*	*Accelerated cluster development*	*£31,000*	*Q1 to Q4*	*Ongoing*	
Primary Care Transformation Training	*Existing*	*Development of new and existing roles in line with WG priorities*	*Development of cluster staff in line with the vision for primary care to enable the continued enhancement and introduction of extended services to patients.*	*Supporting the health and care workforce*	*Accelerated Cluster Development*	*£45,000*	*Q1 to Q4*	*Ongoing*	
Pain Management Practitioner	*Existing*	*Continuation of 2-year Pain Management pilot to support opioid and gabapentinoid misuse/risk (Year 2 of pilot) Early Intervention Persistent Pain*	*Improved health and wellbeing of patients who are/at risk of opioid and gabapentinoid reliance. Clinical education around pain improvements. Appropriate and reduced medication*	*A Healthier Wales*	*Mental Wellbeing*	*£63,655*	*Q1 – Q4*	*Service previously funded to Q4 22/23 - 18mth extension agreed April 23. Project supported by Bevan Commision for 23/24*	

		Management Practitioner Role- Primary Care Based	*regimes implemented.*						
Cluster Website	*Existing*	*Development and management of a cluster interactive website*	*Increased used of a Cluster wide website to deliver and improve access to services, clinics and advice for patients.*	*A Healthier Wales*	*Accelerated Cluster Development*	*£11,800*	*Q1 – Q4*	*Ongoing*	
AF programme	*Existing*	*Opportunistic community AF diagnosis, through provision of pulse checks during the influenza vaccination programme*	*An increase in the opportunistic diagnoses of atrial fibrillation in the public. Appropriate pathway and treatments completed.*	*Population Health*	*Accelerated Cluster Development*	*£7,000*	*Q3 -Q4*	*Planned winter 2023*	
Antimicrobial resistance LRTI CRP testing	*Existing*	*Antimicrobial Stewardship to continue to provide POC testing in the treatment of LRTI'S and support antibiotic prescribing – enhance proactive service to previous year*	*Improved shared decision making with patients. Improved patient experience and satisfaction Appropriate/reduced antibiotic prescribing*.	*Population Health*	*Accelerated Cluster Development*	*£26,000*	*Q1 – Q4*	*Ongoing – enhanced service to previous year.*	
Collaborative Project Reporting and Administration	*Existing*	*Contribution towards the administration costs and project management work carried out*	*Completion of administration tasks, including writing up of business plan proposals, management of*	*Supporting the health and care workforce*	*Accelerated Cluster Development*	*£12,000*	*Q1 – Q4*	*Ongoing*	

		on behalf of the cluster	*budget lines and work resulting from meetings*						
Pre –Diabetes AWDPP	*New*	*Implementation of an enhanced pre-diabetes monitoring and patient education service, reflective of the AWDPP.*	*Through the introduction of this service reduction in HBA1c, reduced incidents of Diabetes, improved long term lifestyle and wellbeing.*	*Population Health*	*Accelerated Cluster Development*	*£78,000*	*Q1- Q4*	*The service is part funded through the SPPC, and Cluster funds. Service is live in 2 practices, with remaining practices going live in Q3*	
First Contact Practitioner MSK	*New (2023 - 24 plan)*	*Direct access to a Musculoskeletal professional within Primary Care*	*Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home*	*A Healthier Wales*	*Accelerated Cluster Development*	£243,648	*Q1-Q4*	*Project delivery led by PtHB – recruitment currently underway*	

Projects Closed

Mental Health	*Existing*	*Pilot the introduction of a dedicated Mental Health Out of hours 111 practitioner in partnership with Pthb*	*Increased Mental Health Service provision, to support increased access to Powys Community Mental Health Teams OOH.*	*Mental health and emotional well-being*	*Mental well-being*		*Q3-Q4*	*Project was funded as part of SPPC 6 Goals – cluster service replaced by the launch of 111 press 2.*	

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

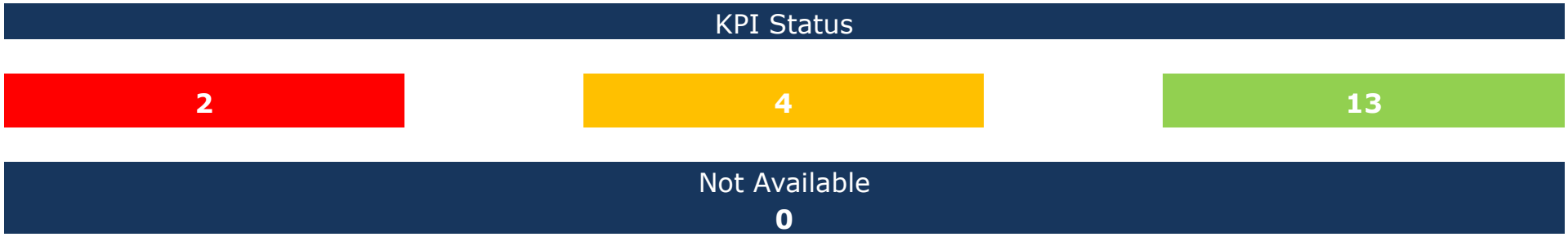
NHS WALES SHARED SERVICES PARTNERSHIP

SUMMARY PERFORMANCE REPORT

POWYS TEACHING HEALTH BOARD

Period 1st July 2023 – 30th September 2023

Overview



Points of Contact
Alison Ramsey – Director of Planning, Performance & Informatics (Alison.ramsey@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th September 2023.

As part of the approval of our Year 1 of our IMTP for 2023-24, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 2 performance for the organisation was generally on target with 13 out of 19 KPIs showing as green.

Further action will continue to be taken forward into 2023-24 to address the performance in areas of underperformance.

Of the 6 KPIs that did not achieve the targets

- 2 are a combination of both NWSSP and our customers processes.
- 2 are the responsibility of NWSSP solely.
- 2 are the responsibility of the health organisation.

In relation to recruitment performance NWSSP continue to work with the organisation to cleanse older records which continues to affect the overall time to hire performance.

In September, the Shared Services Partnership Committee received an update on the Recruitment Modernisation Programme.

Procurement colleagues are working closely with Health organisation staff including finance staff to develop and identify further savings.

Professional Influence Benefits

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance within the health organisations.

- **Legal Services** – Settled Claims savings, damages and cost savings.
- **Procurement Services** – Cost reduction, catalogue management etc. (Heads of Procurement discuss directly with Finance colleagues in the of Health Orgs)
- **Specialist Estates Services** – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- **Counter Fraud Services** – Financial Recoveries.
- **Accounts Payable** - statement reconciliation, priority supplier programme and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – June 2023 for the organisation is £118K.

Service	YTD Benefit £m
Specialist Estates Services	0.05
Procurement Services	0.04
Legal & Risk Services	0.02
Accounts Payable	0.02
Counter Fraud Services*	-
Total	**0.1**

* Counter Fraud services only contains April - June

Welsh Government Policy Assurance Assessments

NWSSP were requested to complete Policy Assurance assessments on Embedding Foundational Economy Principles, Learning Disabilities Strategic Action Plan and Embedding Value Based Health and Care for a progress update to the end of September. Below is a summary of the key actions/achievements during the reporting period April to September.

- **Embedding Foundational Economy Principles**
  - **Procurement Services** - £483m of expenditure for the 1st quarter with Welsh Head Quartered suppliers for 23/24, 42% of overall spend. For the 1st quarter 23/24 NWSSP reported £4.2 million of new contracts awarded to Welsh Businesses.
  - **Medicines Value Unit** - This activity has identified a top 15 items procured from outsourced suppliers to create All Wales technical specifications for contract tendering.
  - **Network 75** - New cohort of Network 75 students recruited into the organisation in an initiative which provides affordable degrees alongside real work placements to increase the prospect of academic achievement and employability.

- **Learning Disabilities Strategic Action Plan**
  - The Medical Examiner Service (MES) as part of reviewing deaths of individuals reviews the care and treatment as part of the mortality review system and part of this review learning disability is considered and information is shared appropriately.
  - MES provides an Information leaflet in relation to the service it provides. The information leaflet is currently in the process of being developed into an easy read guide that can be used by the bereaved if they have learning disabilities. The easy read guide is awaiting sign off and discussions have been held with the NHS Executive and Improvement Cymru colleagues.

- **Embedding Value Based Health and Care**
  - Procurement Services to identify suitable contracts or opportunities where a Value Based Procurement (VBP) approach would further support reduction of adverse clinical outcomes.
  - Open competition for an All Wales PROMS collection contract to support a consistent approach in the capture of data.
  - All Wales award of the patient pathway contract to support standardised pathways across all HBs/Trusts.

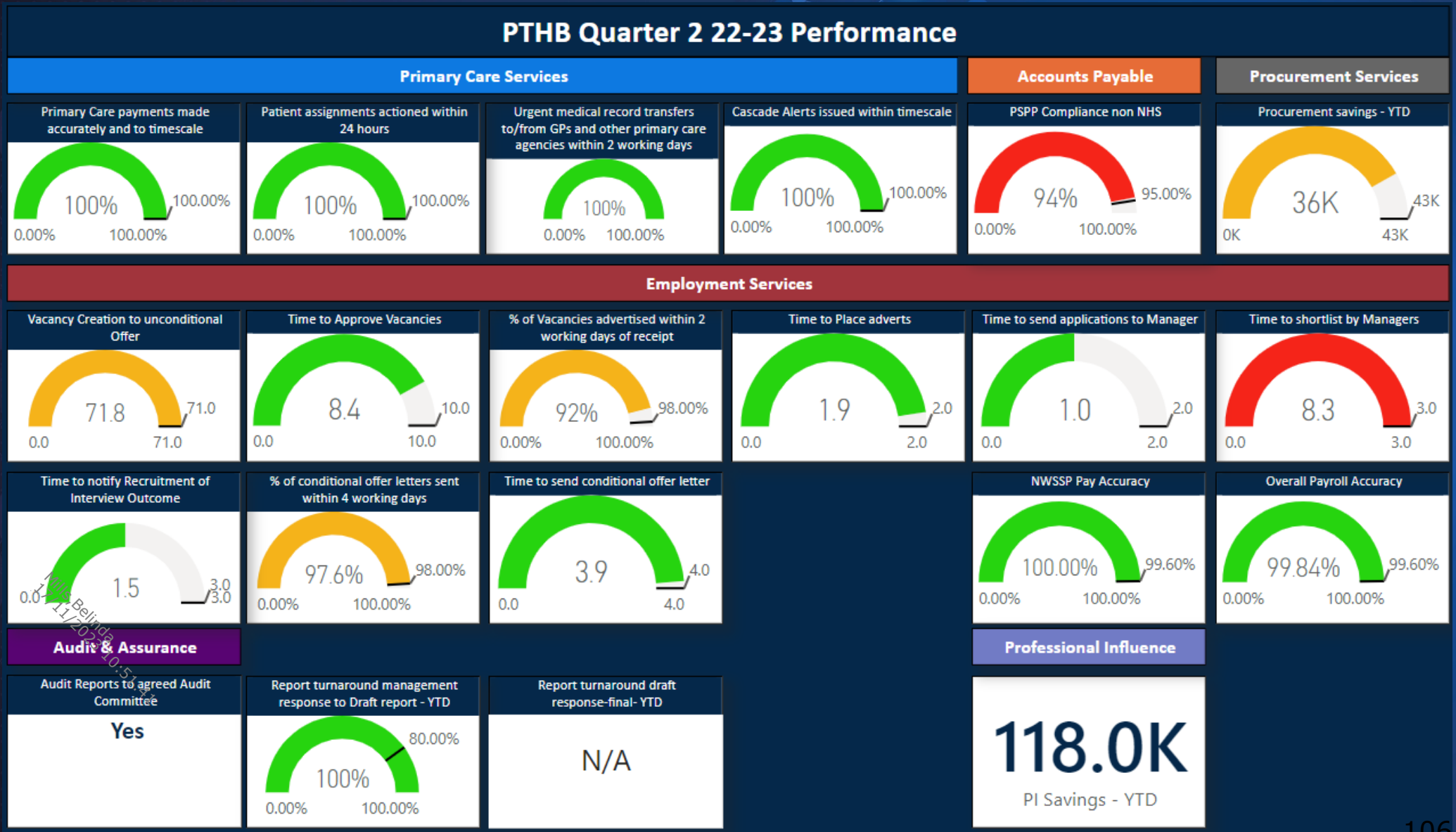
Explanation of Appendices

Appendix 1 to this report provides Quarter 2 performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st August 2023. Some indicators are new and only reported from April 2022.

Appendix 2 provides Quarter 2 performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th September 2023. Some indicators are new and only reported from April 2022.

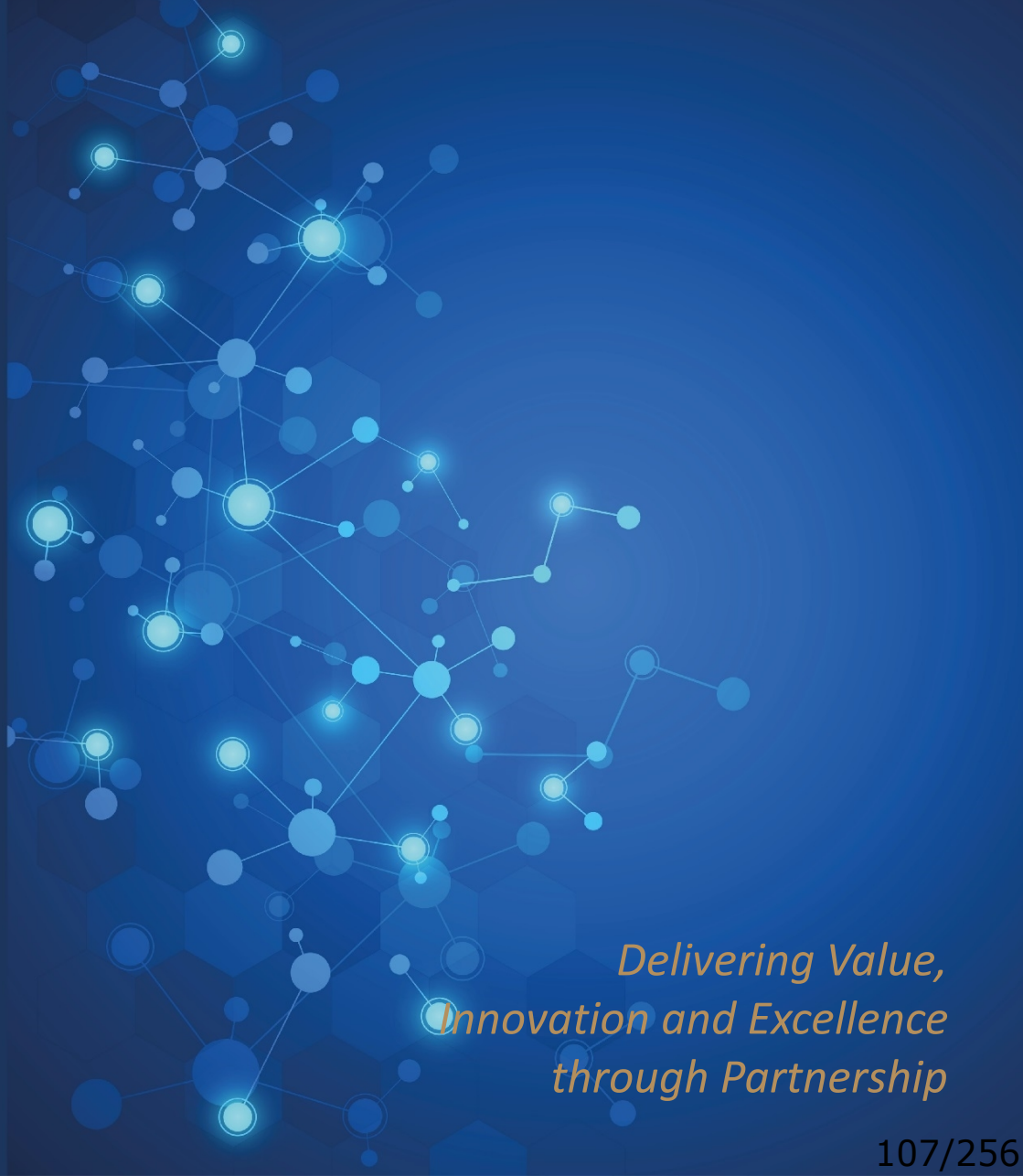
Appendix 3 then highlights the position for all health organisations at the end of September 2023.

Summary Position



Action Plan for Lead Indicators

There were one KPI showing as red for the in-month September position.



Delivering Value, Innovation and Excellence through Partnership

Employment Services – Recruitment

PTHB High Level - KPIs Sep 2023	Target	31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
		Employment Services				
		Organisation KPIs Recruitment				
% of vacancies shortlisted within 3 working days		40.0%	59.0%	47.2%	46.7%	
Time to Shortlist by Managers	3 days	19.6	6.4	10.9	8.3	

What is happening?
Time to shortlist by managers is taking on average 8.3 days against the 3-day target. The organisation has relatively small volumes of vacancies and any processed over the target will have an adverse effect on the performance.
This Indicator is dependent on the health organisation although recruitment are working to modernise processes.

What are we doing about it?
Recruitment continue to work with managers in relation to their responsibilities as part of the recruitment journey, to reduce the time to hire and ensure their applicant is engaged in the process.

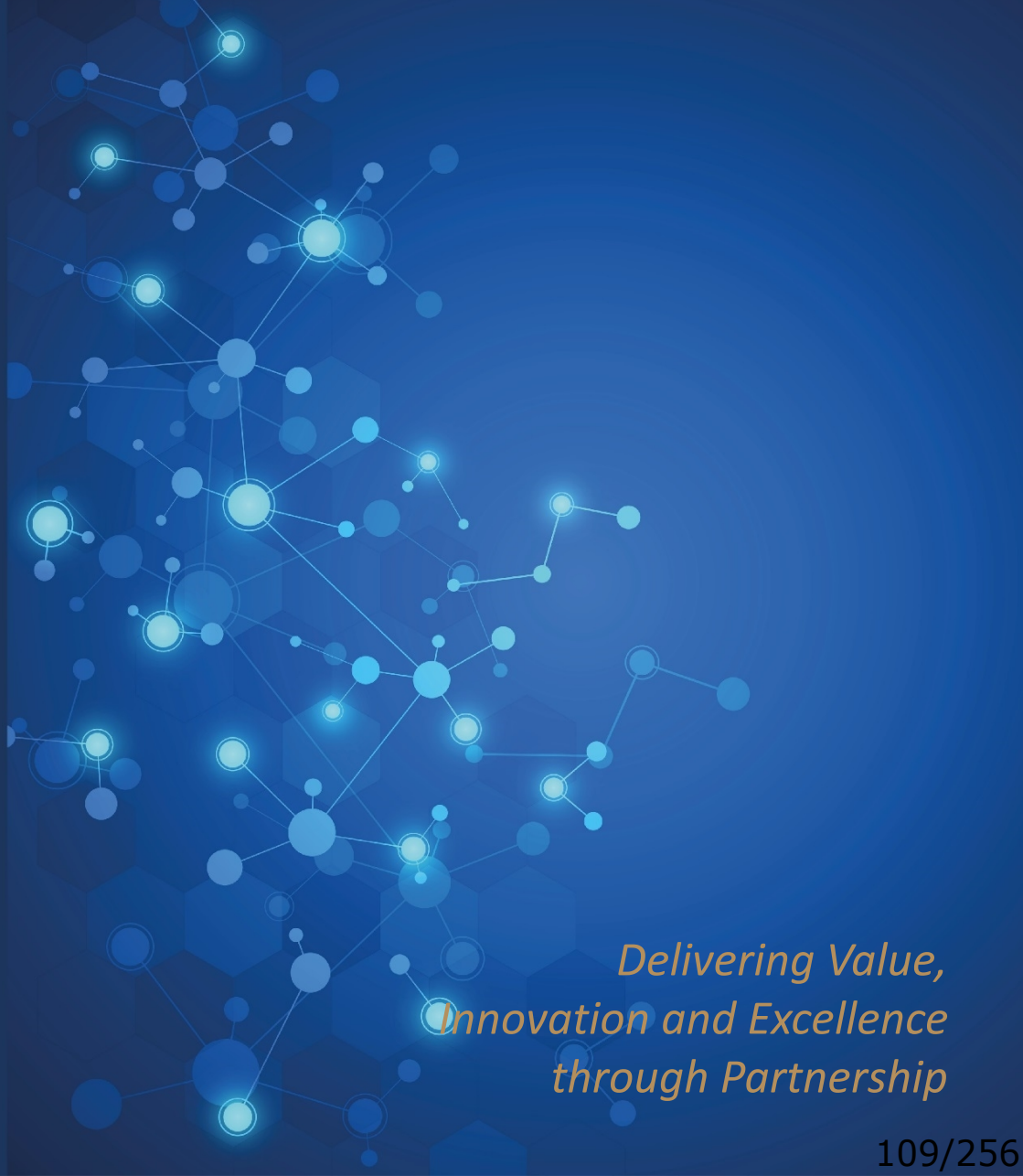
Accounts Payable

PTHB High Level - KPIs Sep 2023	Target	31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
		Accounts Payable				
PSPP Compliance non NHS	95%	81.3%	92.9%	93.4%	93.8%	

What is happening?
The Non – NHS PSPP target of 95% has been missed reporting 93.8% for the year to date. The PSPP has been impacted by delays in processing Nursing and Care homes invoices within the health org.

What are we doing about it?
Accounts Payable regularly provide a suite of information to finance colleagues to keep them informed of the volume and value of invoice on hold and work with them to resolve any issues.

Other areas where action is planned



Delivering Value, Innovation and Excellence through Partnership

Employment Services – Recruitment

PTHB High Level - KPIs Sep 2023	Target	31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
Employment Services Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		74.5%	56.9%	75.0%	61.2%	
Vacancy creation to unconditional offer	71 days	72.1	71.7	69.6	71.8	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	98.00%	100.0%	100.0%	93.3%	97.6%	
Time to Place Adverts	2 days	1.9	1.5	1.7	1.9	
% of conditional offer letters sent within 4 working days	98.00%	100.0%	100.0%	97.9%	92.1%	
Time to send Conditional Offer Letter	4 days	3.3	2.8	2.9	3.9	

What is happening?
Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process. Organisations have started to implement more scrutiny via vacancy approval panels, which adds another stage into the Recruitment Process and can delay time to hire.

Vacation creation to unconditional offer narrowly missed the 71-day target reporting 71.8 days during Quarter 2.
These Indicator is dependent on the health organisation although recruitment are working to modernise processes and regular communication.
% of vacancies advertised within 2 working days missed the 98% target reporting 97.6%, a decline in performance on the previous reported figure.
% of Conditional offer letters sent within 4 working days reported a 92.1% missed the 98% target.
These two are dependent on NWSSP recruitment.

What are we doing about it?
The older records in the system have a detrimental impact on the Time to Hire, therefore organisations have been asked to look at these older records, which are shared via the Managers Update Report in order that they can be closed. This activity has been further supported via a commitment from the NWSSP Partnership Committee members for work to be completed on these older records as they skew the time to hire.

Employment Services – Recruitment

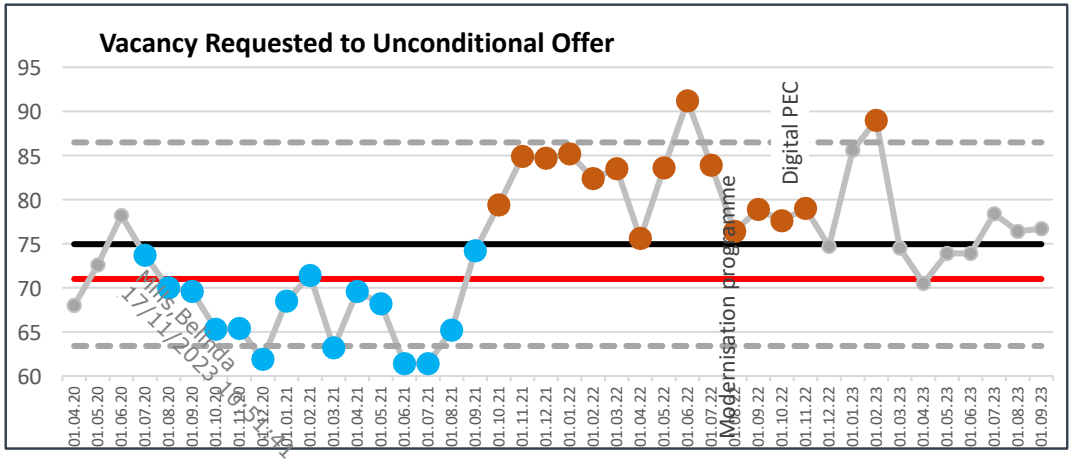
All Wales

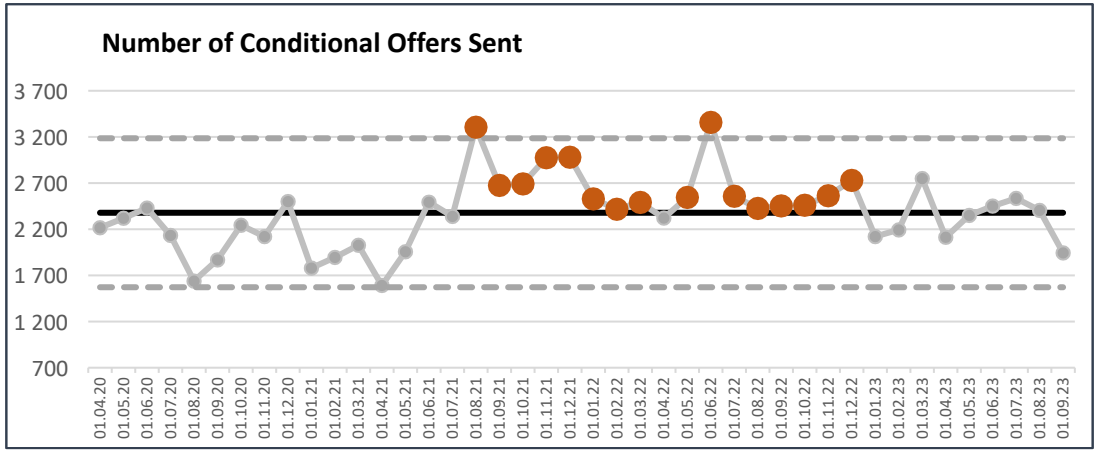
What is happening?

The target of creation to unconditional offer within the 71 days has narrowly missed the target with an average of 71.8 days. 61% of the records were within the 71 days target. In broad terms the 71 days can be attributed to as follows:

Responsibility	Days
NWSSP	14
Organisation (Approval)	10
Recruiting Manager	33
Candidate/Occ Health (These can overlap)	14
	71

The charts below demonstrate that the increased activity seen with the number of Conditional offers sent has now stabilised and is now within normal variation and The peak seen in the vacancy requested to conditional offer average days in January/February 23 is where the processing of incomplete records started and had a negative affect on the average days reported



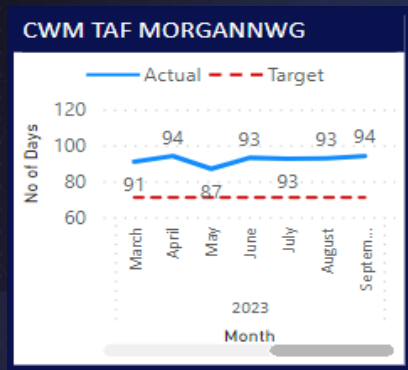


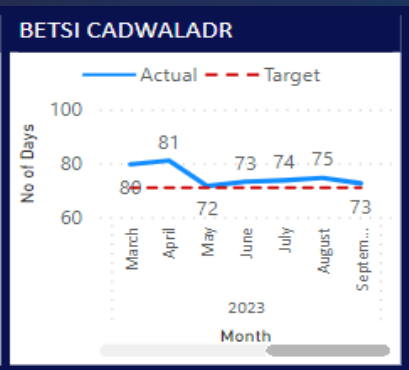
What are we doing about it?

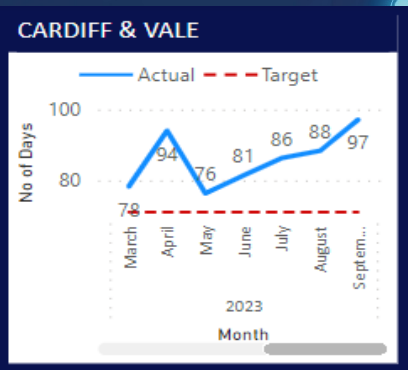
As previously mentioned in relation to records processing.

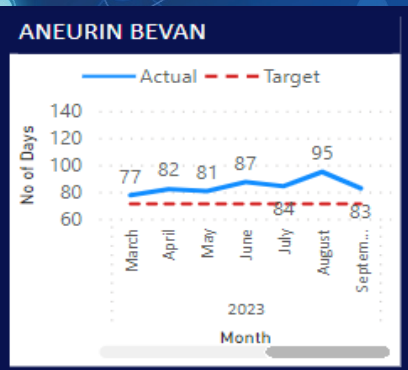
Employment Services – Recruitment

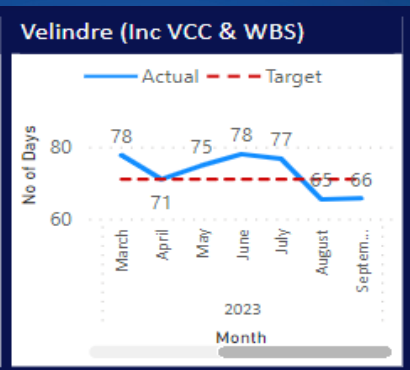
The Recruitment Modernisation Process changes were implemented for CTM in August 2022 and BCU in September 2022, with implementation for C&V, AB, Vel, VCC, WBS, NWSSP, DHCW and HEIW in October 2022. HD, SB, PHW, WAST and Powys went live in December 2022. The charts below show the Vacancy creation to unconditional offer for the individual organisations March – September 23.

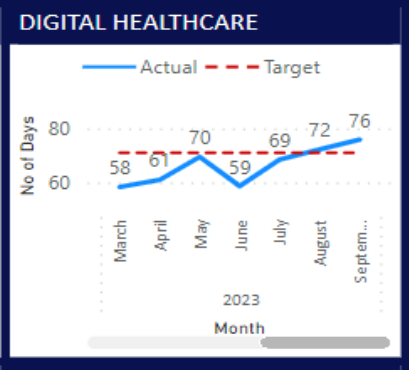


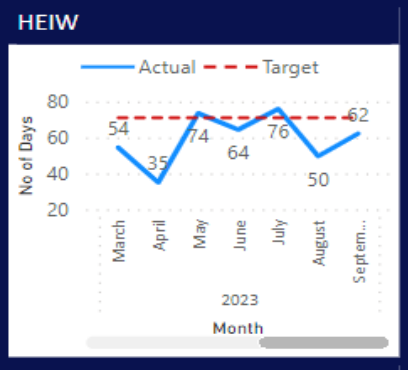


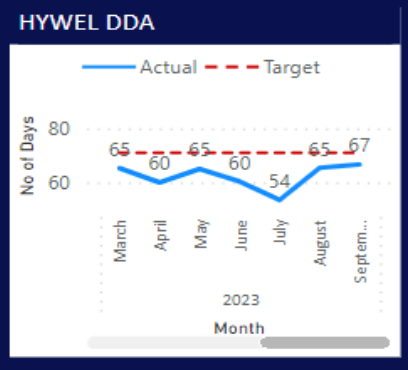


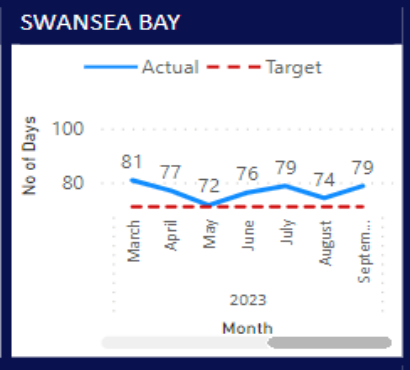


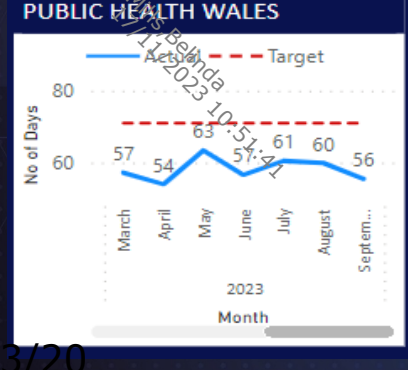


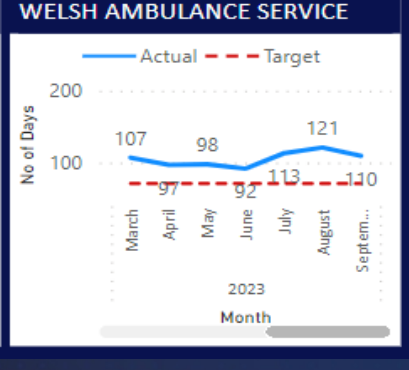


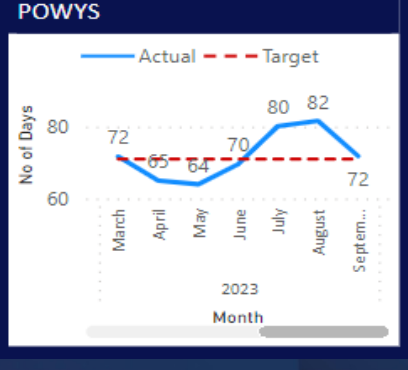


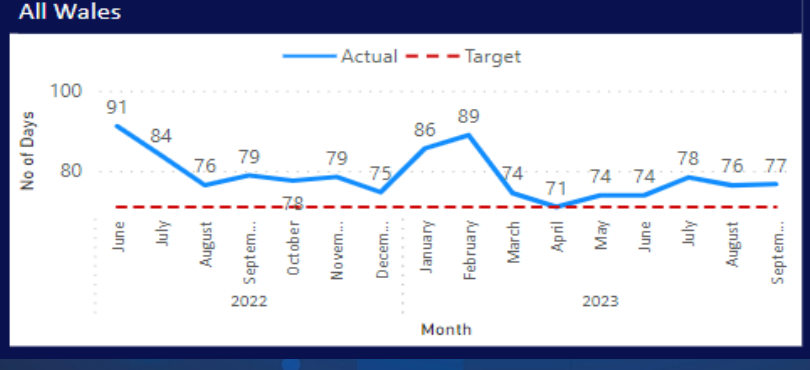












Vacancy Creation to unconditional offer

Procurement

PTHB High Level – KPIs Sep 2023	Target	31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
		Procurement Services				
Procurement savings - YTD	£0.043m	Target £0.112m Actual £0.137m	Target £0.174m Actual £0.682m	Target £0.001m Actual £0.114m	Target £0.043m Actual £0.036m	

What is happening?
The Procurement Savings is tracking behind the target reporting £36k against a target of £43k at the end of quarter 2.

What are we doing about it?
Savings plans and associated work programmes are under constant review. Procurement colleagues are working closely with the Health org finance and key health organisation staff to develop and
identify further savings.

Mills Belinda
17/11/2023 10:51:41

All Wales Performance – Action Planned

Delivering Value, Innovation and Excellence through Partnership

All Wales – Student Awards

ALL WALES KPIs		31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
		Student Awards				
Student Awards % Calls Handled	95%	95.6%	98.6%	96.5%	93.3%	

What is happening?
The calls handled for September was 93% against the target of 95%. The underperformance can be attributed to the large increase in calls from 1,668 to 2,368 and some sickness within the team.

What are we doing about it?
September is known to be a busy period for the service and the performance is consistent with the same period last year albeit the team has dealt with 41% additional calls when comparing the same period. The 95% target is set to be achieved in October.

Mills Belinda
17/11/2023 10:51:41

Appendix 1 – Performance for the rolling twelve-month period to 30th September 2023

PTHB High Level - KPIs Sep 2023	Target	31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
Financial Information						
Professional Influence Savings - YTD		£0.250m	£1.090m	£0.144m	£0.118m	
Employment Services Payroll services						
NWSSP Pay Accuracy	99.6%	99.9%	100.0%	99.9%	100.0%	
Overall Pay Accuracy	99.6%	99.7%	99.0%	99.8%	99.8%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		74.5%	56.9%	75.0%	61.2%	
Vacancy creation to unconditional offer	71 days	72.1	71.7	69.6	71.8	
% of vacancies approved within 10 working days		70.0%	78.3%	42.5%	84.1%	
Time to Approve Vacancies	10 days	11.3	7.6	14.9	8.4	
% of vacancies shortlisted within 3 working days		40.0%	59.0%	47.2%	46.7%	
Time to Shortlist by Managers	3 days	19.6	6.4	10.9	8.3	
% of interview outcomes notified within 3 working days		69.8%	83.1%	55.6%	86.5%	
Time to notify Recruitment of Interview Outcome	3 days	3.3	3.5	4.8	1.5	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	98.00%	100.0%	100.0%	93.3%	97.6%	
Time to Place Adverts	2 days	1.9	1.5	1.7	1.9	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	100.0%	100.0%	98.6%	
Time to Send Applications to Manager	2 days	0.9	1.0	1.3	1.0	
% of conditional offer letters sent within 4 working days	98.00%	100.0%	100.0%	97.9%	92.1%	
Time to send Conditional Offer Letter	4 days	3.3	2.8	2.9	3.9	
Procurement Services						
Procurement savings - YTD	£0.043m	Target £0.112m Actual £0.137m	Target £0.174m Actual £0.682m	Target £0.001m Actual £0.114m	Target £0.043m Actual £0.036m	
Accounts Payable						
Invoices older than 30 days not discputed				211	413	
% Invoices on hold not disputed over 30 days				19%	35%	
PSPP Compliance non NHS	95%	81.3%	92.9%	93.4%	93.8%	
Primary Care Services						
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%	
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%	
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%	
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%	
Internal audit						
Audits reported to agreed Audit Committee	Y/N	N	N	Y	Y	
% of audit outputs in progress		20%	23%	16%	16%	
Report turnaround management response to Draft report - YTD	80%	83%	82%	N/A	100%	
Report turnaround draft response-final- YTD	80%	100%	100%	N/A	N/A	

Appendix 2 – All Wales Performance for the rolling twelve-month period to 30th September

ALL WALES KPIs		31/12/2022	31/03/2023	30/06/2023	30/09/2023	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.72%	99.73%	99.73%	99.74%	
Prescriptions processed	27.92m	42.1m	71.4m	70.0m	28.9m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	95.6%	98.6%	96.5%	93.3%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	99%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	96.20%	96.20%	98.67%	90.30%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	100%	100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	100%	100%	
% delivery of audited reports on time (NHS)	87%	NA	NA	100%	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	4	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	110%	102%	93%	91%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	95%	94%	100%	96%	
Inappropriate items returned to the laundry including Clinical Waste items	<5	0	0	0	0	

Appendix 3 – Health Org Performance comparison 30th September 2023

KPIs Sep 2023	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs														
Financial Information														
Professional Influence Savings- YTD	Value for Money	£110m	£15.889m	£24.750m	£17.965m	£4.757m	£3.787m	£3.740m	£0.651m	£0.118m	£0.330m	£1.049m	£0.022m	£0.109m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Excellence	99.6%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	100.0%	100.0%	99.8%	99.9%	100.0%	99.7%
Overall Pay Accuracy	Excellence	99.6%	99.8%	99.9%	99.9%	99.7%	99.8%	99.9%	99.6%	99.8%	99.7%	99.9%	99.40%	99.6%
Calls Handling % Quarterly Average	Customers	95%							98.4%					
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Excellence	71 days	78.7	82.6	72.6	97.1	94.1	66.7	55.5	71.8	64.5	109.7	62.2	75.9
Time to Approve Vacancies	Excellence	10 days	7.3	11.1	4.0	16.4	20.8	5.8	4.0	8.4	4.8	13.5	20.5	0.4
Time to Shortlist by Managers	Excellence	3 days	8.3	9.7	8.5	9.1	9.7	2.0	6.0	8.3	12.8	7.7	6.5	6.4
Time to notify Recruitment of Interview Outcome	Excellence	3 days	2.9	4.8	3.0	4.4	4.8	1.8	3.3	1.5	7.3	6.2	9.0	2.3
NWSSP KPIs Recruitment														
Time to Place Adverts	Excellence	2 days	1.9	1.7	1.6	1.7	1.9	1.7	1.9	1.9	1.7	1.5	2.0	1.5
Time to Send Applications to Manager	Excellence	2 days	1.0	0.9	2.2	1.0	1.0	1.0	1.0	1.0	1.0	0.9	1.0	1.0
Time to send Conditional Offer Letter	Excellence	4 days	4.4	3.7	3.7	3.0	3.9	3.9	3.7	3.9	3.9	3.3	3.7	3.6
Calls Handling % Quarterly Average	Customers	95%							99.2%					
Procurement Services														
Procurement savings- YTD	Value for Money		Target £0.713m Actual £1.373m	Target £0.776m Actual £0.835m	Target £2.808m Actual £1.230m	Target £2.406m Actual £2.432m	Target £1.004m Actual £0.751m	Target £0.603m Actual £0.917m	Target £0.362m Actual £0.001m	Target £0.043m Actual £0.036m	Target £0.077m Actual £0.088m	Target £0.024m Actual £0.001m	Target £0.002m Actual £0.016m	Target £0.000m Actual £0.000m
Accounts Payable														
Savings and Successes	Value for Money								£1,639,930					
Invoices older than 30 days not discputed	Customers		4,236	2,783	2,625	2,799	3,645	1,214	1,294	413	787	441	363	89
% Invoices on hold not disputed over 30 days	Customers		52%	36%	29%	37%	48%	33%	65%	35%	31%	51%	58%	48%
Call Handling % - Quarterly Average	Customers	95%												
PSPP Compliance non NHS	Excellence	95%	96.2%	96.8%	93.8%	97.5%	96.8%	96.5%	96.9%	93.8%	98.0%	95.8%	94.6%	98.0%
Audit & Assurance														
Audits reported to Agreed Audit Committee	Excellence	Y/N	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y
% of audit outputs in progress	Excellence		23%	19%	50%	30%	8%	20%	0%	16%	25%	20%	25%	29%
Report turnaround (15 days) management response to Draft report - YTD	Excellence	80%	100%	100%	100%	100%	50%	86%	N/A	100%	N/A	80%	100%	100%
Report turnaround (10 days) draft response-final- YTD	Excellence	80%	100%	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Excellence	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Customers	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

Mills Belinda
17/11/2023 10:51:41

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Shared Services Partnership

Delivering Value, Innovation and Excellence through Partnership

Agenda item: 3.4

Planning, Partnerships and Population Health Committee	**Date of Meeting: 16 November 2023**
Subject:	**Accelerated Sustainable Model (planning and approach)**
Approved and Presented by:	Chief Executive Officer
Prepared by:	Assistant Director Transformation Transformation Programme Manager
Other Committees and meetings considered at:	Accelerated Sustainable Model Programme Board (subgroup of Executive Committee) – 25 October 2023

PURPOSE:

The purpose of this report is to provide an update on the emerging work in relation to a sustainable model for health and care in Powys.

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** the "Better Together" report and **ENDORSE** the next steps set out in this paper.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
	✓	

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

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓

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

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

EXECUTIVE SUMMARY:

This report provides an update on the emerging work in relation to a sustainable model for health and care in Powys.

Work is underway using a three-stage approach of: Discover, Design and Deliver. An analysis of the significant challenges, complexity and opportunity was compiled during the "Discover" phase. This has helped to shape the key characteristics of a sustainable approach in the Design phase. Next steps include more detailed demand and capacity work to inform prioritisation, phasing and delivery.

Due to the acceleration needed and external requirements it has not been possible to work in a neatly sequential way. As set out in the Health Board's Integrated Plan, work in relation to people living with frailty and the community model; planned care including diagnostics; and mental health was accelerated in 2023/2024 following the initial assessment in the Discover phase.

Annex 1 is "Better Together" – the draft sustainable model Design report:

- The first section of the report summarises key messages from the Discover phase.
- The second section summarises the emerging solutions and how people are continuing to help to shape them.
- The third section sets out the principles, co-designed outcomes and long-term health and care strategy which underpin the work, together with what is meant by sustainability.

- The fourth section recommends what should be available at home, through joined up solutions in the community and in Rural Regional Centres.

As part of the communication approach short stories are also being prepared explaining how things are now and how they would be in the future. **Annex 2** is an example story named "Siân".

Through the next steps described it is hoped that the challenges and potential solutions set out in Better Together will continue to be explained and refined through engagement and communication, enabling a shared and sustainable approach in Powys to be embedded in plans for the next 5 years; further supporting work on demand and capacity undertaken; and the acceleration of work in relation to frailty, planned care and mental health continued.

DETAILED BACKGROUND AND ASSESSMENT

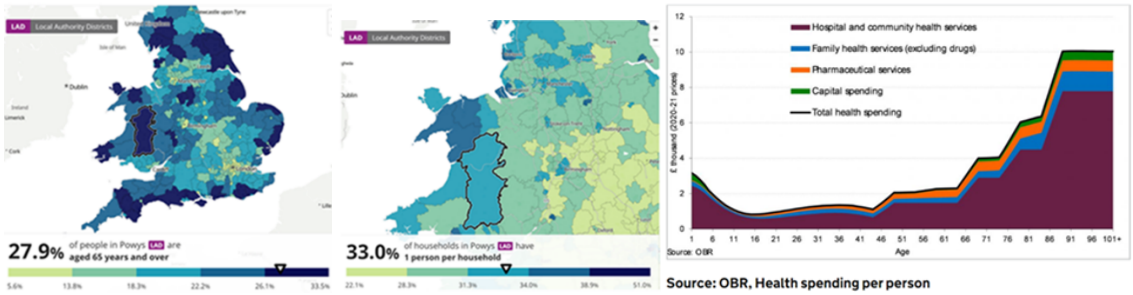
There is an urgent need to ensure health and care in Powys is sustainable due to unprecedented pressures. There are significant opportunities to improve outcomes and the experience of local people, using resources wisely. This is a shared challenge, building upon the strengths here, to make long lasting beneficial changes now and for future generations in Powys.

The impact of an aging population together with significant external shocks, including earlier waves of the once-in-a-century pandemic immediately followed by the invasion of Ukraine and an economic crisis with rising inflation, have resulted in backlogs in treatment, pressures on ambulances and emergency departments, people delayed in hospital, growing gaps in the workforce including support at home, and major budget deficits.

There is a need to balance work on immediate pressures, with longer term work to ensure sustainable solutions. An analysis of the significant challenges, complexity and opportunity was compiled during the "Discover phase" to help inform future service design, prioritisation, phasing and delivery. The key messages are summarised below.

- Powys is at the forefront of the aging population, with around 28% already over the age of 65 years, with a third of the population living alone, in one of the most sparsely populated areas of England and Wales, in a county spanning about 100 miles from north to south; with 5 areas in the top 20% for deprivation.

- The increasing age of the population is driving growing needs for health and care, including in relation to respiratory and circulatory conditions, cancer, frailty and dementia. An increasing number of people are living longer with multiple conditions.



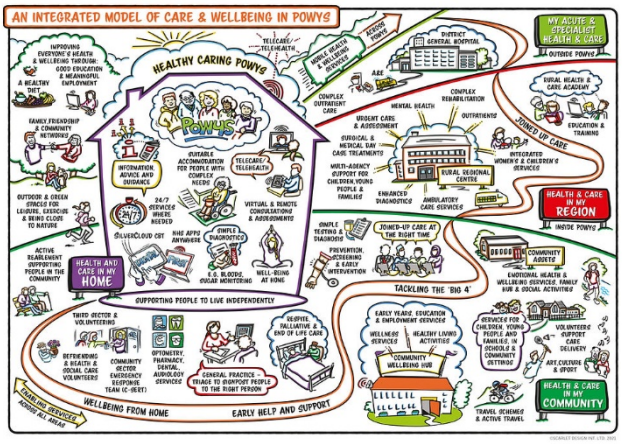
Source: OBR, Health spending per person

- Home support and loneliness were the top two reasons for people seeking to be connected to voluntary services in Powys when 3,500 referrals were analysed.

- There is a reducing working age population and the existing health, care and third sector workforce is aging. Vacancies are driving use of agency and locum staff. Growing workforce gaps have already resulted in temporary service changes and challenges to service sustainability. This includes some community hospital wards, including mental health, provision. There are gaps in support services at home – especially domiciliary care and a need to rebalance care and support.

- For people delayed in hospital there is a risk of "deconditioning" (losing muscle strength and becoming confused). It also becomes more difficult to admit other patients, which leads to acute pressures including overcrowded Emergency Departments and ambulance delays. The majority of Powys deaths take place in hospital and mainly out of county.

(More of the messages from the Discover phase are summarised in Annex 1.)

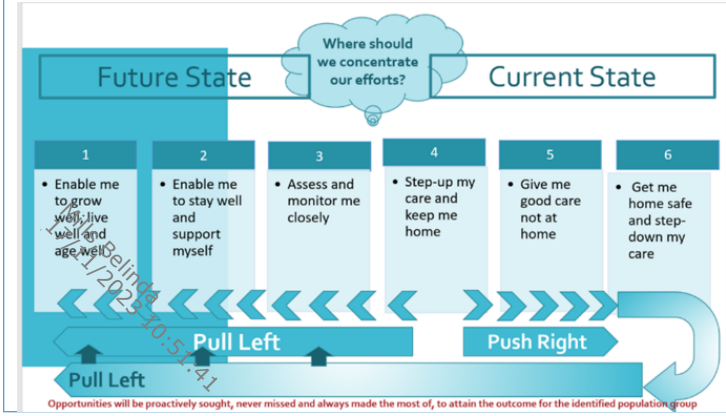


The high level design follows, in broad terms, the Powys Health and Care Strategy by describing what should be available:

*__at home__

*through __joined up solutions in the community__

*and in __Rural Regional Centres.__

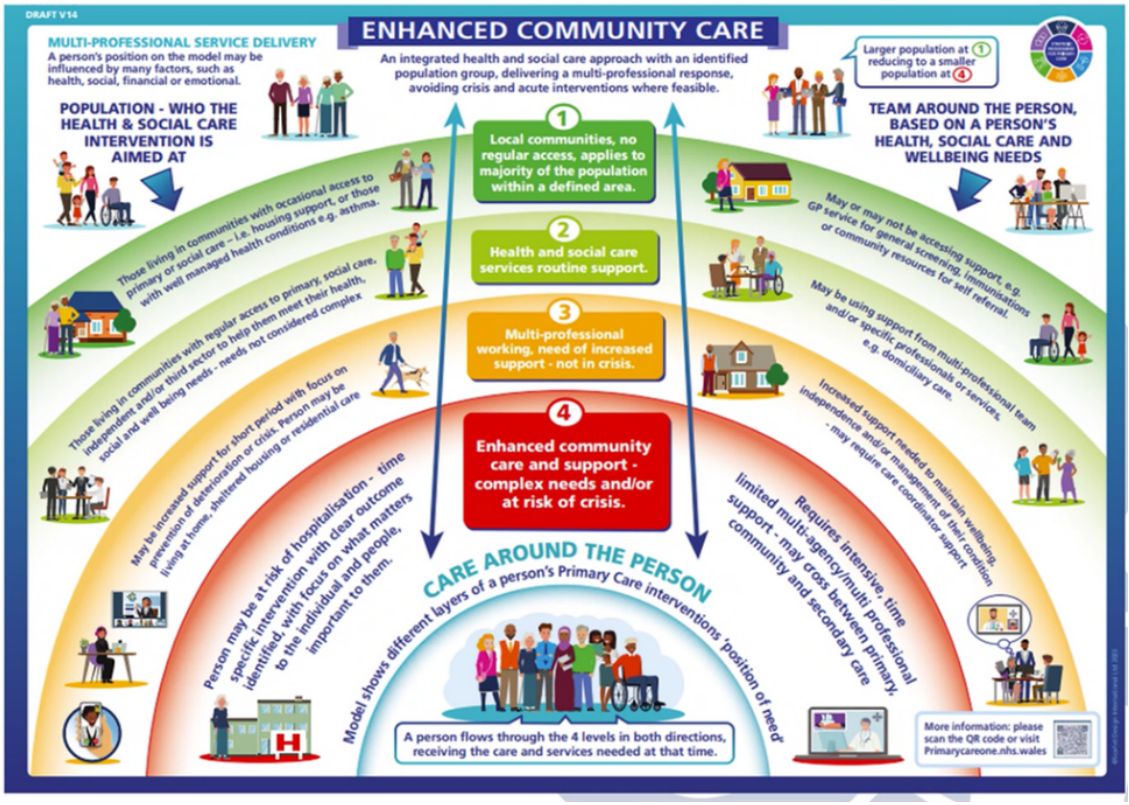


The approach seeks to drive a shift towards improving people's chances of living their "best life" at home in their community, connected to the things which matter most to them. At its core is the concept that we can make things better together – the strength of

people, communities and services collaborating to improve the wellbeing and care of themselves and others.

It reorientates public services to a different way of working alongside people, families and communities. It is prevention and early intervention focused, proactively tackling inequalities, and expanding the ways people can link to a range of community solutions where they live. The Powys model continually works towards wellbeing and preventing difficulties escalating to a crisis.

The model requires a tiered approach to ensure sustainability. It takes into account the intensity, frequency and complexity of the response needed together with the underlying population and geography. It enhances delivery at home and in the community, including when there is a risk of a crisis, in order to prevent prolonged hospitalisation or care away from home.



Key to a sustainable approach in Powys is:

- A leading edge approach to frailty (including falls)

- Adapting to working with people with multiple conditions – with joined up approaches across major long term conditions
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes – and earlier in life
- Joined-up physical and mental health
- Proactive, person centred, co-ordinated approaches based on what matters to people
- Strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions
- "No wrong door" to get the help needed
- Strengthened, primary and community care (including the join up with social care)
- Better access to diagnostics at home, through primary care and in the community
- Proactive planned care
- Same Day Urgent Care as part of a tiered approach locally including step up from enhanced community care and enhanced minor injury and illness provision in Rural Regional Centres
- A "home first", recovery, rehabiliation and reablement ethos across the system
- Rebalancing care and support
- Improved co-ordination in the last year of life
- Efficient local theatres and diagnostics in Rural Regional Centres, focused on low complexity day cases
- Treatments which are the best value in terms of investment and outcomes
- A tiered, shared geographical footprint so that services can be offered sustainably at the right level
- Optimisation of digital and technological solutions
- Cultural changes – true partnership, collaboration, maintaining quality as the golden thread throughout, with proactive risk taking where appropriate
- Intergenerational solutions
- New flexible support workers, particularly for those in the last year of life
- Prizing and developing generalists, competency and hybrid roles
- Understanding of how best to retain and support older workers

How people have been shaping the emerging solution

From the outset of the work, the PTHB Chief Executive Officer and others have regularly shared information about the challenges being faced, explained the need for accelerated work, sought contributions and checked and discussed emerging information and findings.

The Discovery phase drew together many existing reports, surveys and statistics as well as compiling other information. (The areas covered and references are set out in the attached report). This included national surveys and statistics from the Office of

National Statistics; research and evidence from organisations such as the National Institute for Health and Care Excellence; Welsh Government publications; Powys partnership and wellbeing assessments; local reports where available from bodies such as the (then) Community Health Council; Powys Teaching Health Board reports (such as on workforce and performance); information about people's experience and outcomes where available; local and national dashboards; and analysis of anonymised information such as referrals to voluntary sector services and to domiciliary services.

The first Programme Board meeting (about taking forward work on a sustainable model) in late November 2022, was closely followed with discussions with local authority partners and a development session with Board Members of Powys Teaching Health Board in early December 2022 (with subsequent Board development sessions in January and February 2023). There was an initial CEO briefing to all staff in December 2022; presentations and discussions with the Regional Partnership Board Executive Group from early January 2023 onwards; presentations and discussions with the multidisciplinary and multiagency meetings of each Cluster in January 2023; an initial presentation to the Planning, Partnerships and Population Health Committee in January 2023; a staff briefing and Q&A session with the CEO in February 2023; PTHB briefing of Members of Parliament (MPs) & Members of Senedd (MSs) in February 2023; a presentation and discussion at a Joint PTHB Board and Powys Community Health Council (CHC) Board meeting February 2023; presentations and discussions with the Joint Partnership Board (PTHB and Powys County Council) in March and June 2023; the information was also shared with Council members considering initial work on sustainability in March 2023; presentations to and discussions with the Powys Local Partnership Forum in April and July 2023; a meeting with staff side representatives in May 2023 and a meeting and discussion with Powys County Council senior leaders in May 2023.

Multiagency workshops took place in April and May 2023 which are covered separately below. There was a meeting with representatives of PTHB, Powys County Council, the Powys Regional Partnership Board and the third sector in June 2023; there were regular updates at programme boards which were reset to focus on the accelerated sustainable model which included representatives from Clusters, the Welsh Ambulance Service, the local authority and Powys Association of Voluntary Councils; as well as regular updates, discussions, and invitations to comment to the Executive Committee Programme Board including local authority representatives; and a presentation to the Board of PAVO in September 2023.

A workshop was held on the 21st April 2023, jointly chaired by the Powys Teaching Health Board Chief Executive and the Interim Director of Social Services & Housing, Powys County Council, involving a mix of front line staff in primary and community health services, social care, the third sector, domiciliary care, emergency services, people from local communities, including those using services, and key strategic counterparts, together with the Welsh Government policy lead and independent national authors and researchers on sustainable health and care (with some presentations involving a wider audience over the internet).

The purpose was to share and discuss the findings from the Discover phase and to take time to think differently about solutions. This included exploring together the idea of what "integrated care communities" could be.

On the 4th May 2023, a second workshop took place involving primary care, community health services, corporate functions, the Welsh Ambulance NHS Trust, the local authority and third sector, in order to consider matters related to "enabling" the approach needed such as a culture which builds trust, collaboration and proactive risk-taking in the interests of patients.

Helpful discussions with the staff-side representatives recognised the need to work together better with local communities and partners to develop long-lasting solutions but highlighted the need to think carefully about the language due to previous associations with the word "integrated".

Updated prevalence projections

During the Discover phase prevalence rates for common conditions in Powys were calculated, derived from information in GP registers. However, it was explained that whilst these were a "good enough" starting point in the absence of other information there was a risk of under-reporting. Forecasts over 5 and 10 years were given, but again it was recognised that, at the time, there was not a robust way of doing this for Wales or locally. Since the initial Discovery phase, further work has been underway in Wales and England on this issue.

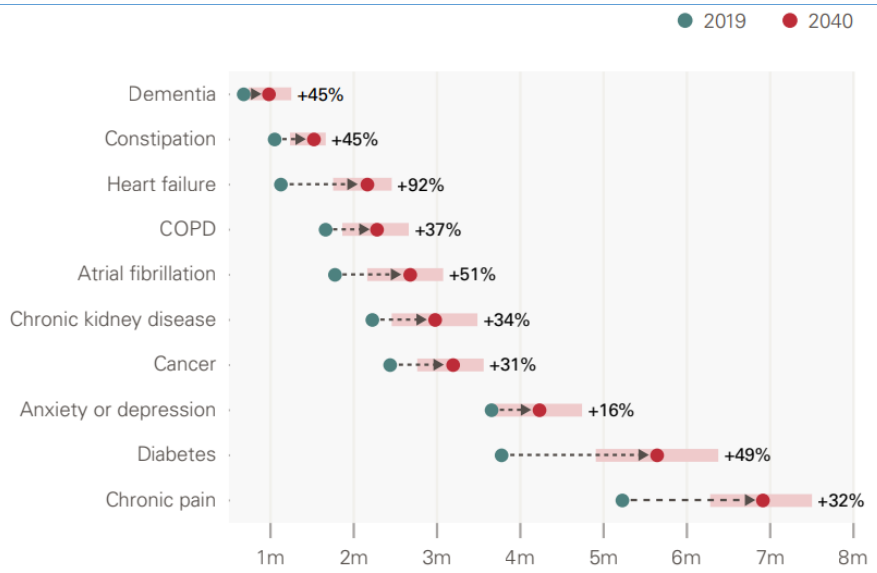
In October 2023 Welsh Government published its "*Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years"*. This re-enforces many of the messages identified in Powys during the Discover phase:

- Think about the future not just the immediate pressures
- Understand what is coming down the track
- As people live longer into old age, so will the prevalence of certain conditions increase
- Multi-morbidity is key, rather than condition based silos
- Focus on interventions that demonstrate value in terms of investment and outcomes
- Allocate resources to areas which maximise benefit relative to population need
- Prevention is often more cost effective than treatment
- Shift focus to the "health of the public", prevention and modifiable risk factors (particularly obesity)
- Do as much as can be done outside secondary care
- Reductions in time spent in hospital are likely to require additional capacity in general practice, community care and adult social care
- Improve primary care access to diagnostics
- Conditions with greatest increases across all adults are likely to be for stroke, heart conditions and neurological conditions including dementia
- Some long-term conditions will rise faster than demographic effects alone (Atrial Fibrillation; Dementia; Heart Failure; COPD; osteoporosis; inflammatory

bowel disease; peripheral vascular disease; asthma; hypertension; anxiety disorders; diabetes).
- Focus on frailty, reablement, rehabilitation
- Inequalities are key
- Support workers to enjoy a longer healthy work-life
- New technology and treatments will likely reduce time in hospital for care, but there will still be significant increases in future needs for full-time equivalent NHS staff to provide existing levels of care
- Ensure social care is well joined up with health care and meeting individual needs
- Ensure approaches are collaborative, integrated and outcome focused
- Addressing waiting times for elective treatments would likely result in increased productivity and reduce future consumption of medical care
- Invest in digital upskilling
- Address gaps in data
- Further work to understand unique impacts of rural/urban and high/low deprivation.

Work by the REAL Centre and the University of Liverpool shows the projected increases in conditions including cancer, respiratory, circulatory and dementia between 2019 and 2040. The biggest rates of increase are expected to be in chronic pain and diabetes. In most cases these are driven by the population aging rather than a rise in age-specific rates or earlier onset. Rates of illness rise with age, for example 1 in 5 people aged 80 to 84 has type 2 diabetes, more than double the rate of those aged 55-59. (Of the 20 conditions examined only asthma is projected to increase in incidence).

Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England 2019 and projected for 2040



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

Note: Red shaded bars represent uncertainty intervals. COPD is chronic obstructive pulmonary disease.

In terms of the work that was accelerated within the health board in 2023/2024 progress is included in quarterly updates for the Integrated Plan. The overarching model for frailty has been clarified and funding is being aligned to this including from the primary care clusters; for Allied Health Professionals; and for medical leadership. There has been significant progress strengthening access to diagnostics locally. For example, out of the 340 patients seen to date by the new community cardiology service, only 15 required onward referral to a consultant in secondary care. 264 patients received an echocardiogram in Powys and 172 patients have a treatment plan in place locally. In relation to mental health the work to implement NHS 111press 2 was completed. Work has been initiated in relation to the transformational work set out in the Integrated Plan, but the support infrastructure needs to be secured.

The Way Forward

Partnership will be key and there will need to be clarity about which actions are best taken forward within:

- a shared approach with Powys County Council on "sustainable Powys"
- the Regional Partnership Board and Public Service Board
- and in collaboration with other parts of the NHS.

There will be continuous engagement, recognising that any significant service changes may require consultation. The work on the sustainable model will need to be embedded in the next iteration of the Integrated Plan, focused on phased delivery. The "road map" to delivery will include more detailed work on demand and capacity, sequencing, engagement, options appraisal, impact assessment, pathway and business case development.

NEXT STEPS:

Work already prioritised for acceleration in the 2023/2024 annual plan will continue to be implemented in relation to frailty and the community model; diagnostics and planned care; and mental health. There will be further work on demand and capacity to enable a focus on delivery. The challenges and potential solutions set out in Better Together will continue to be explained and refined through engagement and communication, enabling a shared and sustainable approach in Powys to be embedded in plans for the next 5 years. There will be work with the local authority and with other partners through the Regional Partnership Board and Public Service Board to agree the work to be taken forward in partnership (for example, engagement with communities in relation to "Sustainable Powys" and unlocking solutions in domiciliary care) and those issues which are best taken forward in collaboration with other NHS bodies (for example, theatre efficiency and ensuring that the assets in Powys are seen as part of system solutions for low complexity patients).

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	
Age				x	The work on the sustainable model will help to address inequalities.
Disability				x	
Gender reassignment				x	
Pregnancy and maternity				x	
Race				x	
Religion/ Belief				x	
Sex				x	
Sexual Orientation				x	
Marriage and civil partnership				x	
Welsh Language				x	

x

Risk Assessment:

	Level of risk identified				
	None	Low	Moderate	High	This work has been accelerated to help reduce risks which are clinical, financial, operational and reputational. The report explains the need to balance work on immediate pressures with longer term work on achieving a sustainable solution.

Clinical			x		
Financial			x		
Corporate			x		
Operational			x		
Reputational			x		




Designing a sustainable approach for Powys

BETTER TOGETHER

Contents

Version Control

Working draft V1. (01.06.23)	Considered at Transformation and Value Executive Group 19.O6.23 (further comments received by 27th June)
Working Draft V2	Circulated on 29th August 2023, considered at the Accelerated Sustainable Model Executive Programme Board 1st September 2023, further comments received by 8th September 2023.
Draft V3	Circulated on 20th October 2023 and considered at the Accelerated Sustainable Model Executive Programme Board on 25th October 2023.

Purpose, background and summary

There is an urgent need to ensure health and care in Powys is sustainable due to unprecedented pressures. There are significant opportunities to improve outcomes, the experience of local people and the use of resources. This is a shared challenge, building upon the strengths here, to make long lasting beneficial changes now and for future generations in Powys.

The impact of an aging population together with significant external shocks, including earlier waves of the once-in-a-century pandemic immediately followed by the invasion of Ukraine and an economic crisis with rising inflation, have resulted in backlogs in treatment, pressures on ambulances and emergency departments, people delayed in hospital, growing gaps in the workforce, including support at home, and major budget deficits.

There is a need to balance work on immediate pressures, with longer term work to ensure sustainable solutions. Work is underway using a three-stage approach of: Discover, Design and Deliver. An analysis of the significant challenges, complexity and opportunity was compiled during the "Discover phase". The Design Phase has helped to shape the key characteristics of a sustainable approach to, in turn, help inform prioritisation, phasing and delivery.

- The **first section** summarises key messages from the Discover phase.
- The **second section** summarises the emerging solutions and how people are continuing to help to shape them.
- The **third section** sets out the principles, co-designed outcomes and long-term health and care strategy which underpin the work, together with what is meant by sustainability.
- The **fourth section** describes what should be available **at home**, through **joined up solutions in the community** and in **Rural Regional Centres**.

The approach seeks to drive a shift towards improving people's chances of living their "best life" at home in their community, connected to the things which matter most to them. At its core is the concept that we can make things better together.

It is prevention and early intervention focused, proactively tackling inequalities, and expanding the ways people can link to a range of community solutions where they live. The approach continually works towards wellbeing and preventing difficulties escalating to a crisis.

It requires a tiered approach to ensure sustainability. It enhances delivery at home and in the community, including when there is a risk of a crisis, in order to prevent

prolonged hospitalisation or care away from home. Key to a sustainable approach in Powys is:

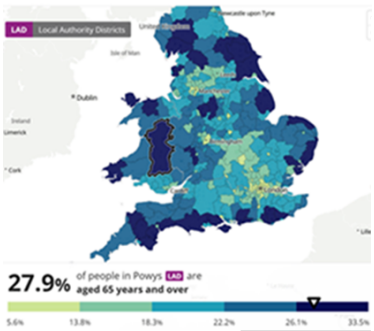
- A leading edge approach to frailty (including falls)
- Adapting to working with people with multiple conditions – with joined up approaches across major long term conditions
- A more fundamental shift to prevention, particularly in relation to obesity and diabetes – and earlier in life
- Joined-up physical and mental health
- Proactive, person centred, co-ordinated approaches based on what matters to people
- Strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions
- "No wrong door" to get the help needed
- Strengthened, primary and community care (including the join up with social care)
- Better access to diagnostics at home, through primary care and in the community
- Proactive planned care
- Same Day Urgent Care as part of a tiered approach locally including step up from enhanced community care and enhanced minor injury and illness provision in Rural Regional Centres
- A "home first", recovery, rehabiliation and reablement ethos across the system
- Rebalancing care and support
- Improved co-ordination in the last year of life
- Efficient local theatres and diagnostics in Rural Regional Centres, focused on low complexity day cases
- Treatments which are the best value in terms of investment and outcomes
- A tiered, shared geographical footprint so that services can be offered sustainably at the right level
- Optimisation of digital and technological solutions
- Cultural changes – true partnership, collaboration, maintaining quality as the golden thread throughout, with proactive risk taking where appropriate
- Intergenerational solutions
- New flexible support workers, particularly for those in the last year of life
- Prizing and developing generalists, competency and hybrid roles
- Understanding of how best to retain and support older workers

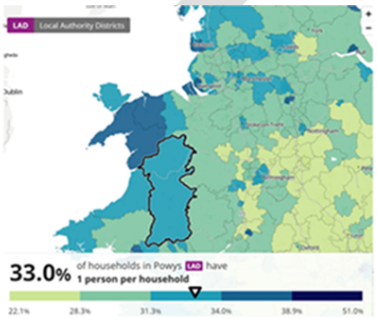
Due to the acceleration needed and external requirements it has not been possible to work in a neatly sequential way. As set out in the Health Board's Integrated Plan work on: people living with frailty and the community model; planned care including diagnostics; and mental health was accelerated in 2023/2024 following the initial assessment in the Discover Phase.

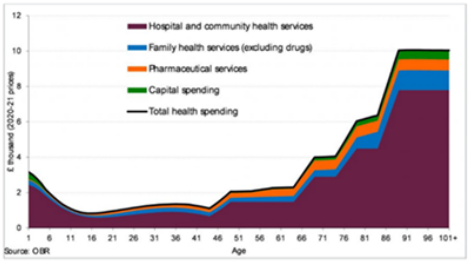
Section 1: Discovery phase – key messages

Annex 1 lists the information which was gathered and analysed during the Discover phase. A high-level summary of key findings is given below:

- Powys is at the forefront of the aging population, with 28% already over the age of 65 years, with a third of the population living alone, in one of the most sparsely populated areas of England and Wales, in a county spanning about 100 miles from north to south; with 5 areas in the top 20% for deprivation. (The first two maps below from the Office of National Statistics show the proportion of the population over the age of 65 and the number of people per household.)







Source: OBR, Health spending per person

- The increasing age of the population is driving growing needs for health and care, including in relation to conditions such as cancer, respiratory, circulatory conditions, frailty and dementia. An increasing number of people are living longer with multiple conditions.

- The age of the population and the last year of life are key determinants in terms of health spending (as the graph from the Office of Budget Responsibility above shows).

- Over 3,500 referrals for people seeking to be connected to voluntary service support in Powys were analysed, showing that home support and loneliness were the top two reasons.

- The working age population is reducing and the existing health, care and third sector workforce is aging. Vacancies are driving agency and locum costs. Growing workforce gaps have already resulted in temporary service changes and challenges to basic service sustainability. This includes some community hospital wards, including mental health, provision.

- There are gaps in support services at home – especially domiciliary care and a need to rebalance care and support. In the Discover phase there was a

significant shortage of domiciliary care with around 3,000 hours unfilled within Powys, together with a backlog in assessments. (Some further work to help estimate the further demand for domiciliary care in the backlog showed a conversation rate of 43% from assessment to domiciliary care). Gaps in the services provided to people in their own home and community are having a system wide impact.

- There are significant pressures in primary care and gaps, such as out of hours pharmacy, but stronger collaboration is also forging the potential for new solutions.

- Approximately 10% of people over the age of 65 and 25-50% of those over the age of 85 are living with frailty. There can be adverse consequences if frailty goes unrecognised. There are gaps in frailty services in the community and in the join-up with dementia services.

- There is variation within community and community hospital services across Powys. Services are unevenly spread across the county with inequity of access, with some small, fragile teams. There is not enough join-up of services in the community and there is a need for improved care co-ordination.

- There are extended waiting times for some diagnostics and planned care. At the time information was being gathered in the Discover phase, the equivalent of 1 in 5 of the population of Powys were on a waiting list for planned care, including diagnostics, in or out of county.

- Ambulances are being delayed in reaching new patients, due to prolonged waits outside Emergency Departments. Emergency Departments are overcrowded as new patients cannot be admitted to wards swiftly. Admitted patients are delayed in hospital, including community hospitals, for assessments which should take place outside hospital. Older people are at risk of harm from deconditioning (losing muscle strength and becoming confused) when delayed in hospital and not being able to maintain or return to living at home.

- Research shows that 42% of people over the age of 70 who had an unplanned hospital admission have dementia. Research also shows one in three patients admitted to hospital as an emergency has five or more conditions, up from one in ten patients a decade ago. Approximately 40% of patients in Powys community hospitals have some form of cognitive impairment.

- Most Powys people are still dying in hospital (and mainly in out of county District General Hospitals). The last year of life is not coordinated well for some patients.

- There are growing health inequalities meaning some people are suffering avoidable, unfair and systematic differences in outcomes and this requires close attention.

- Processes are complex and information is spread across multiple systems.

- The cost of continuing health care is growing, with too many people in nursing homes and residential settings.

- The health board's expenditure on District General Hospitals and specialised services is growing at a faster rate than areas such as primary care, making it harder to balance needs and priorities across the whole system. There is a need to shift to a greater focus on prevention particularly in relation to obesity and diabetes.

- Health and local authority deficits of over £30 million are forecast for 2023/24.

The initial work indicated key issues which would need to be addressed and emerging aspects of the design solution.

- Effective frailty services in place (including prevention and early identification and a joined-up approach to physical frailty and frailty of memory).
- Communities and local community services form a tighter web of support to help support people where they live where possible, including promoting and protecting wellbeing.
- More resilient primary and community teams with the right mix of competencies, right sized for the population and area served.
- Sufficient domiciliary care to meet needs and the right balance of care and support.
- Strengthening of same day and rapid responses in the community.
- Improved co-ordination of care, particularly for children and young people, vulnerable groups and those in the last year of life.
- Low complexity theatre activity provided efficiently (in line with "Getting it Right First Time" recommendations) within Powys.
- Timely and effective use of evidenced based diagnostics within Powys to identify key conditions earlier.
- Sustainable mental health services where people live, helping to prevent admissions with a better join up across physical and mental health.
- Simplified key strategic relationships with District General Hospital providers to strengthen services locally.

- An effective approach for tackling health inequalities and prevention embedded.
- Services comply with essential quality and statutory requirements, are sustainable and demonstrate value in terms of improved outcomes, experience and cost.

During the "Discover Phase" prevalence rates for common conditions in Powys were calculated, derived from information in GP registers. However, it was explained that whilst these were a "good enough" starting point in the absence of other information there was a risk of under-reporting. Forecasts over 5 and 10 years were given, but again it was recognised that, at the time, there was not a robust way of doing this for Wales or locally. Since the initial Discover Phase further work has been underway in Wales and England on this issue.

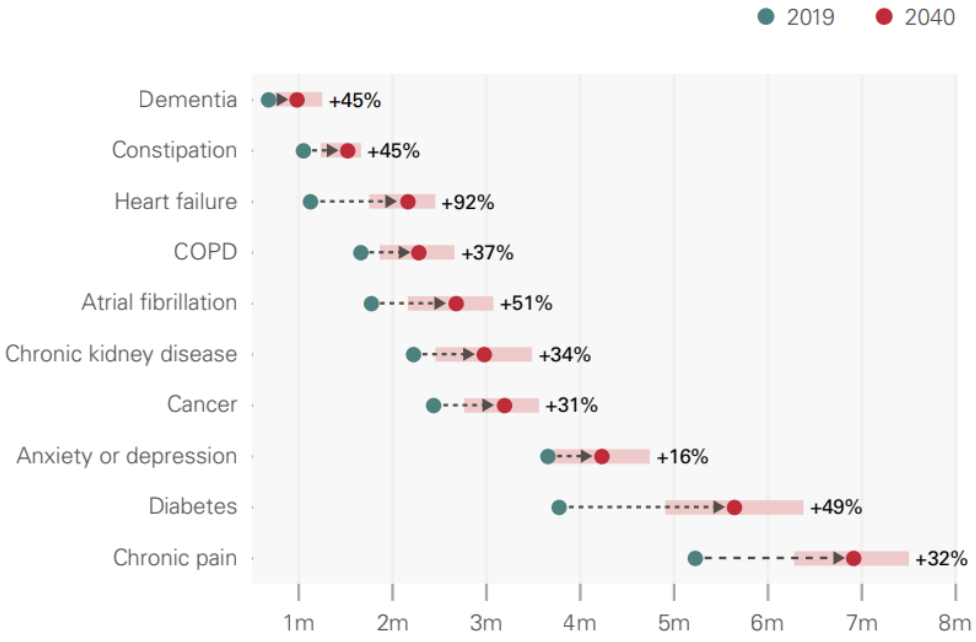
In October 2023 Welsh Government published its "Report of the Projections, Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years". This re-enforces many of the messages identified in Powys during the Discovery phase:

- Think about the future not just the immediate pressures
- Understand what is coming down the track
- As people live longer into old age, so will the prevalence of certain conditions increase
- Multi-morbidity is key, rather than conditions based silos
- Focus on interventions that demonstrate value in terms of investment and outcomes.
- Allocate resources to areas which maximise benefit relative to population need
- Prevention is often more cost effective than treatment
- Shift focus to the "health of the public", prevention and modifiable risk factors (particularly obesity)
- Do as much as can be done outside secondary care
- Reductions in time spent in hospital are likely to require additional capacity in general practice, community care and adult social care
- Improve primary care access to diagnostics
- Conditions with greatest increases across all adults are likely to be for stroke, heart conditions and neurological conditions including dementia
- Some long-term conditions will rise faster than demographic effects alone (Atrial Fibrillation; Dementia; Heart Failure; COPD; osteoporosis; inflammatory bowel disease; peripheral vascular disease; asthma; hypertension; anxiety disorders; diabetes).
- Focus on frailty, reablement, rehabilitation
- Inequalities are key
- Support workers to enjoy a longer healthy work-life
- New technology and treatments will likely reduce time in hospital for care, but there will still be significant increases in future needs for full-time equivalent NHS staff to provide existing levels of care

- Ensure social care is well joined up with health care and meeting individual needs
- Ensure approaches are collaborative, integrated and outcome focused
- Addressing waiting times for elective treatments would likely result in increased productivity and reduce future consumption of medical care
- Invest in digital upskilling
- Address gaps in data
- Further work to understand unique impacts of rural/urban and high/low deprivation.

Work by the REAL Centre and the University of Liverpool shows the projected increases in conditions including cancer, respiratory, circulatory and dementia between 2019 and 2040. The biggest rates of increase are expected to be in chronic pain and diabetes. In most cases these are driven by the population aging rather than a rise in age-specific rates or earlier onset. Rates of illness rise with age, for example 1 in 5 people aged 80 to 84 has type 2 diabetes, more than double the rate of those aged 55-59. (Of the 20 conditions examined only asthma is projected to increase in incidence.)

Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England 2019 and projected for 2040



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

Note: Red shaded bars represent uncertainty intervals. COPD is chronic obstructive pulmonary disease.

Section 2: How people are helping to shape the emerging solution

From the beginning the PTHB Chief Executive and others regularly shared information about the challenges being faced, explained the need for accelerated work, sought contributions and checked and discussed emerging information and findings.

The Discovery Phase drew together many existing reports, surveys and statistics as well as compiling other information. (The areas it covered and references are set out in Annex 1.) This included national surveys and statistics from the Office of National Statistics; research and evidence from organisations such as the National Institute for Health and Care Excellence; Welsh Government publications; Powys partnership and wellbeing assessments; local reports where available from bodies such as the (then) Community Health Council; Powys Teaching Health Board reports (such as on workforce and performance); information about people's experience and outcomes where available; local and national dashboards; and analysis of anonymised information such as referrals to voluntary sector services and to domiciliary services.

The first programme board meeting about taking forward work on a sustainable model in late November 2022, was closely followed with discussions with local authority partners and a development session with Board Members of Powys Teaching Health Board in early December 2022 (with subsequent Board development sessions in January and February 2023); there was an initial CEO briefing to all staff in December 2022; presentations and discussions with the Regional Partnership Board Executive Group from early January 2023 onwards; presentations and discussions with the multidisciplinary and multiagency meetings of each Cluster in January 2023; an initial presentation to the Planning, Partnerships and Population Health Committee in January 2023; a staff briefing and Q&A session with the CEO in February 2023; PTHB briefing with Members of Parliament (MPs) & Members of Senedd (MSs) in February 2023; a presentation and discussion at a Joint PTHB Board and Powys Community Health Council (CHC) Board meeting February 2023; presentations and discussions with the Joint Partnership Board (PTHB and Powys County Council) in March and June 2023; and the information was also shared with Council members considering initial work on sustainability in March 2023.

The work in relation to the sustainable model was set out in the health board's integrated plan, including the areas where accelerated work would be taken forward in relation to frailty and the community model, planned care including diagnostics and mental health. Presentations and discussions were held with the Powys Local Partnership Forum in April and July 2023; a meeting with staff side representatives took place in May 2023; there was a meeting and discussion with

Powys County Council senior leaders in May 2023; (multiagency workshops took place in April and May 2023 which are covered separately below); there was a meeting with representatives of PTHB, PCC, the Powys Regional Partnership Board and the third sector in June 2023; key programme boards were reset to focus on the accelerated sustainable model (which included representatives from Clusters, the Welsh Ambulance Service, the local authority and Powys Association of Voluntary Councils); the Executive Committee Programme Board has met regularly as the approach has been developed including local authority representatives; and a presentation was given and a discussion held at the Board of PAVO in September 2023.

A workshop was held on the 21st April, 2023, jointly chaired by the Powys Teaching Health Board Chief Executive and the Director of Social Services & Housing, Powys County Council, involving a mix of front line staff in primary and community health services, social care, the third sector, domiciliary care, emergency services, people from local communities, including those using services, and key strategic counterparts, together with the Welsh Government policy lead and independent national authors and researchers on sustainable health and care (with some presentations involving a wider audience over the internet).

The purpose was to share and discuss the findings from the Discover Phase and to take time to think differently about solutions. This included exploring together the idea of what "integrated care communities" could be.

On the 4th May 2023 a second workshop took place involving primary care, community health services, corporate functions, the Welsh Ambulance NHS Trust, the local authority and third sector, in order to consider matters related to "enabling" the approach needed such as a culture which builds trust, collaboration and supports proactive risk-taking.

Helpful discussions with the staff-side representatives recognised the need to work together better with local communities and partners to develop long-lasting solutions but highlighted the need to think carefully about the language due to previous associations with the word "integrated".

The concepts and priorities which emerged from these workshops and meetings are summarised below (which are not formally prioritised) and are reflected in following sections.

SUMMARY KEY CHARACTERISTCS FROM WORKSHOPS
➢ Develop **true partnership and co-operation** between the people involved, communities, third sector, health and care, ➢ People, families and communities **co-produce solutions**, particularly in tackling issues such as loneliness,

- Approaches should help people to remain in control of their own lives; enhance their wellbeing through connection to the things which matter to them; focus on the individual's strengths and interests; be person centred and holistic,
- **Build on what is there already**: weaving together what is available and understand what might be missing,
- **Proactive approach to prevention, early intervention and reducing inequalities**: promotes and protects physical and mental health, independence, resilience and connection,
- **Provide equitable access across Powys**: clear information about care pathways, with help with care navigation,
- **Risk Enabling**: Ethos of supporting people at home where possible; enables positive risk taking (with safety nets),
- **Build public understanding**: Honest and open conversations are needed with the public about the challenges and the need to work together on the solutions, including providing the information people need for planning and decision making in their own lives. This includes developing the public understanding about the risks of "deconditioning",
- **Collaborative leadership**: build trust and relationships; empowering; innovative; whole system view; can do; and compassionate,
- **Right size**: There should be clear, tiered geographical footprints to help sustainability and join-up, with linkage to the key cross-border DGHs/health economies to develop understanding of what can be provided in the places where people live,
- **Sustainable teams with the right mix of competencies**: people valued equally, competency based, flexible roles, multi-disciplinary including volunteers; people (e.g. new support worker roles) work across the home, in the community and on wards – including the use of "pop-up" services and "home from home" (like maternity); development of professional generic health and social care roles; career progression from non-qualified entry points; Powys wide training accessible regardless of employer and for volunteers and carers; develop and prize "generalists"; use of co-location including care and primary services,
- **Sustainable care and support at home**: the work of those providing domiciliary care valued equally; career progression locally, with access to shared training across agencies; salaries reflect responsibilities; the development of new types of support worker roles which can move across settings; home care; night sitting; residential care enabled to diversify; care and support rebalanced,
- "**No wrong door**": concepts first developed for children and young people could help people of all ages to get the right help, in the right way, in the right time, in a way which is right for them. Also "Team around the

Person/Family" – with services coming together in a "listening" and adaptive way,

- **Joined-up response to physical and cognitive frailty,**
- **Reduction in duplication** of assessments, care plans and services,
- **Rapid response**/same day services in the community,
- **24/7**: there needs to be broad equity across Powys in relation to opening and availability of services, including out of hours, with focus about where extended opening or 7-day provision will have the greatest impact on improving outcomes. There also needs to be clarity about the other services those working out of hours can refer to,
- The **span** should also include: services to meet psychological, social and cultural needs; primary care and community services such as District Nursing; reablement and intermediate care; day care; respite; advice and information; counselling; rehabilitation; carer support; equipment and assistive technology; accommodation options; flexible community transport,
- Other key characteristics were: **Modernised and meeting essential quality standards; appropriate information sharing; use of evidence based tools showing outcomes;** a **co-ordination mechanism** which bring things together; **funding systems which enables money to shift to the sustainable solution** (Longer term funding, with outcomes regularly reviewed; enables redesign; opportunities for new funding structures; multiagency proposals); and ensures **value** (collective use of resources wisely to improve the experience and outcomes of individuals and the population).

Other key messages and concepts shared at the workshop were:

10 Lessons from Evidence and Experience

- Focus on population needs as well as individual care,
- Balance elective recovery and short-term pressures with longer term transformative shifts towards prevention and health improvement,
- Look out as well as up – community power and co-production,
- Uphold subsidiarity – the best solutions are usually local,
- Base partnership working on interdependency not altruism,
- Be clear about what you are trying to achieve and realistic about how long it will take,
- Cultivate system leadership,
- **"Progress happens at the speed of trust,"**
- "The soft stuff is the hard stuff,"
- Remember it is very hard.

Richard Humphries

With the help of Hilary Cottam, the first workshop offered an opportunity to think about root causes, shifting away from the management of individual problems to growth in capability; new solutions founded upon people's relationships; connecting multiple forms of resource; which help grow a "good life"; and which are open (as opposed to restricted). **Four Capabilities for the Good Life** were described as:

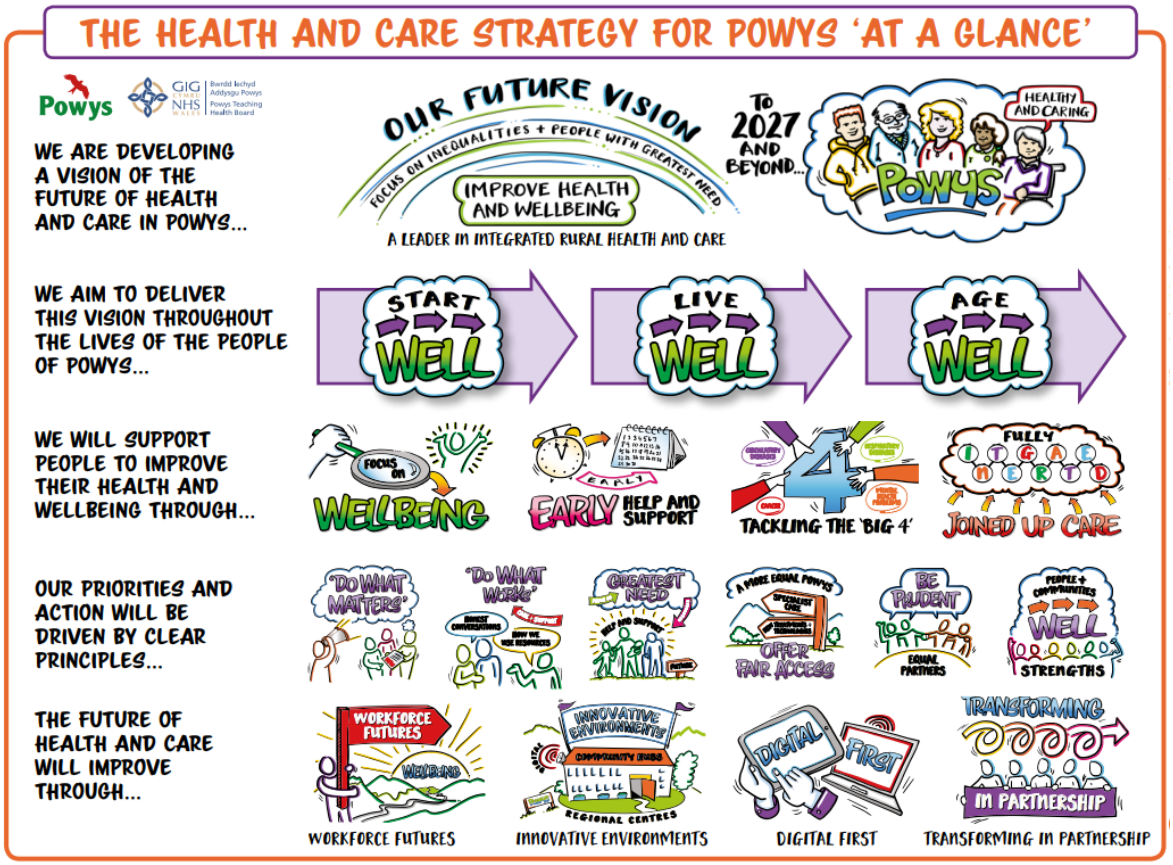
- Work/Learning
- Health/Vitality
- Community
- Relationships

Such approaches would involve different ways to engage, to design things and work alongside communities. They would also involve developing new forms of trust to enable systems to shift and move forward. The scale of the challenges cannot be addressed by simply driving more improvement out of existing approaches – more radical solutions are needed. This is covered further in the next section.

Welsh Government is committed to developing community capacity by growing the responses in the communities where people live. This will involve a graduated model of care and support, which is stronger at the base, activating and supporting people in their communities to maintain or enhance their own and their neighbours' health and wellbeing.

Section 3: The health and care strategy

The ten year vision for health and care in Powys is set out in the Health and Care Strategy, which was published in March 2017. The long-term vision identified the importance of enabling people to "Start Well", "Live Well" and "Age Well" through focusing on wellbeing, early help and support, the "big four" health challenges (Mental Health, Cancer, Circulatory diseases and Respiratory conditions) joined up care, supported by four enabling areas of workforce futures, innovative environments, digital first and transforming in partnership. This is summarised "at a glance" below.



Following extensive consultation and engagement, it also embedded key guiding principles and co-produced outcomes to be achieved for the people of Powys.

Powys Outcomes

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

Focus on Well-being

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

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

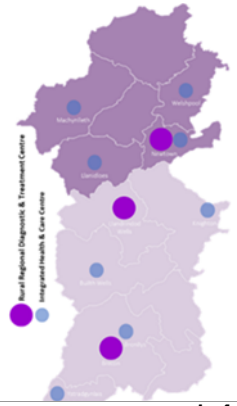
Transforming in Partnership

- 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

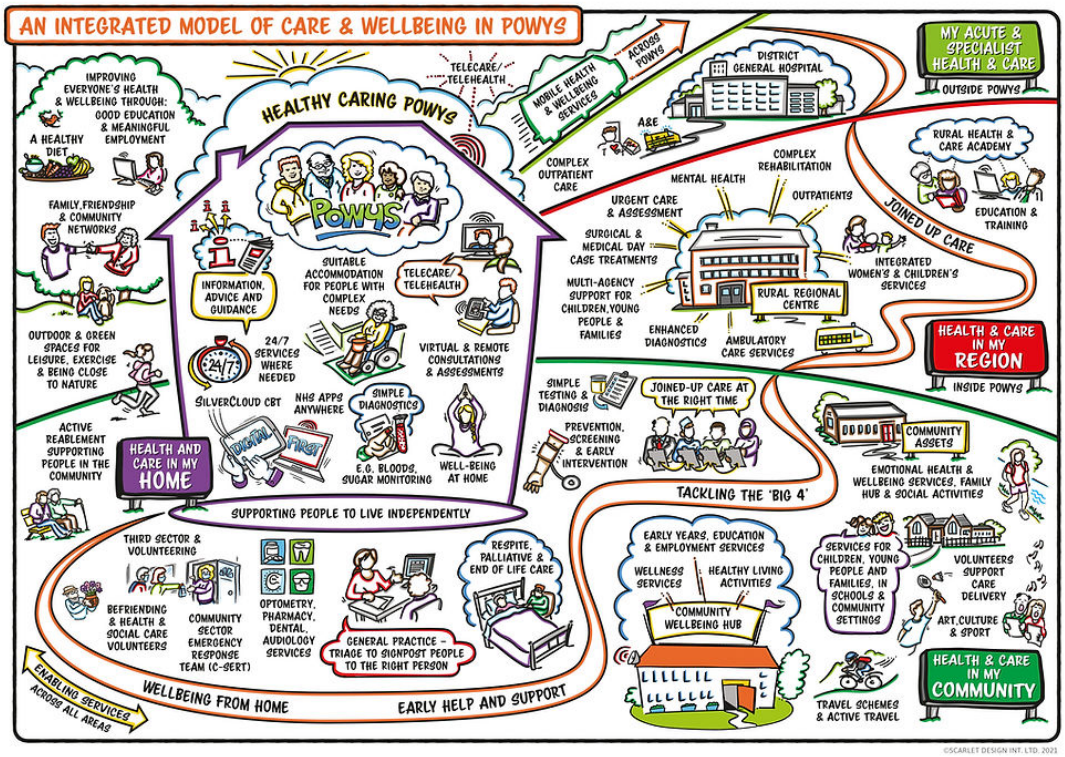
Core to the model of care is:

- Home
- Neighbourhood/community
- Rural Regional Centres

- Integrated health and care services to meet holistic needs of individuals,
- Moving services (where safe and effective) from secondary care out of county hospitals into Powys Rural Regional Centres. (A spine of three Rural Regional Centres in Brecon, Llandrindod Wells and Newtown was envisaged.),
- Utilising digital technology to provide virtual clinics accessing secondary care professionals,



- Linkage to and provision of adequate supported living accommodation,
- Community development and stakeholder involvement to deliver wider community benefits,
- Offering one stop services and delivering as much of the care pathway as locally as possible within Powys,
- Inter-generational Community Well-being Hubs providing a means for alternative approaches to service delivery,
- Creating an opportunity to bring communities together to enable people to address the well-being issues which matter most to them.



The work of the Discover phase and discussions in workshops re-enforced that the Health and Care Strategy, upon which there had been previous extensive engagement, remained the guiderails, using its co-produced principles and outcomes, together with the ways of working set out in the Wellbeing and Future Generations (Wales) Act (2015) to ensure sustainable development supported by a value-based approach to improve outcomes, experience and cost. The importance of Welsh Government's commitment to safe, effective and person-centred health services through the duty of quality in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 was also recognised.

The sustainability test

The Wellbeing of Future Generations (Wales) Act 2015 requires that a public body must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. Public bodies must:

- **Think more about the long term,**
- **Work better with people, communities and each other,**
- **Look to prevent problems,**
- **And take a more joined up approach.**

Achieving a More Equal Wales is one of the seven goals set out in the Wellbeing of Future Generations (Wales) Act 2015. The Welsh Government's Socio-economic Duty came into force in 2021 and aims to deliver better outcomes for those who experience socio-economic disadvantage.

Learning from the pandemic, balancing demand and difficult decisions need to be considered within overarching ethical principles:

- **Everyone matters,**
- **Everyone matters equally – but this does not mean that everyone is treated the same,**
- **The interests of each person are the concern of all of us, and of society,**
- **The harm that might be suffered by every person matters.**

The Sustainability Test

A sustainable model for health and care in Powys needs to ensure that:

1. Access to services is fair for people of equal need,
2. The response can attain and maintain the necessary quality and essential standards,
3. The response uses resources wisely to improves outcomes and experience,
4. The response serves an appropriate population,
5. Services are resilient and not so fragile that there is risk of the response needed failing or giving way,
6. The response is as environmentally sustainable as possible,
7. Solutions work across the whole system.

The development of the more detailed elements of the model will be subject to being able to comply with the sustainability tests.

Section 4: Design overview - better together

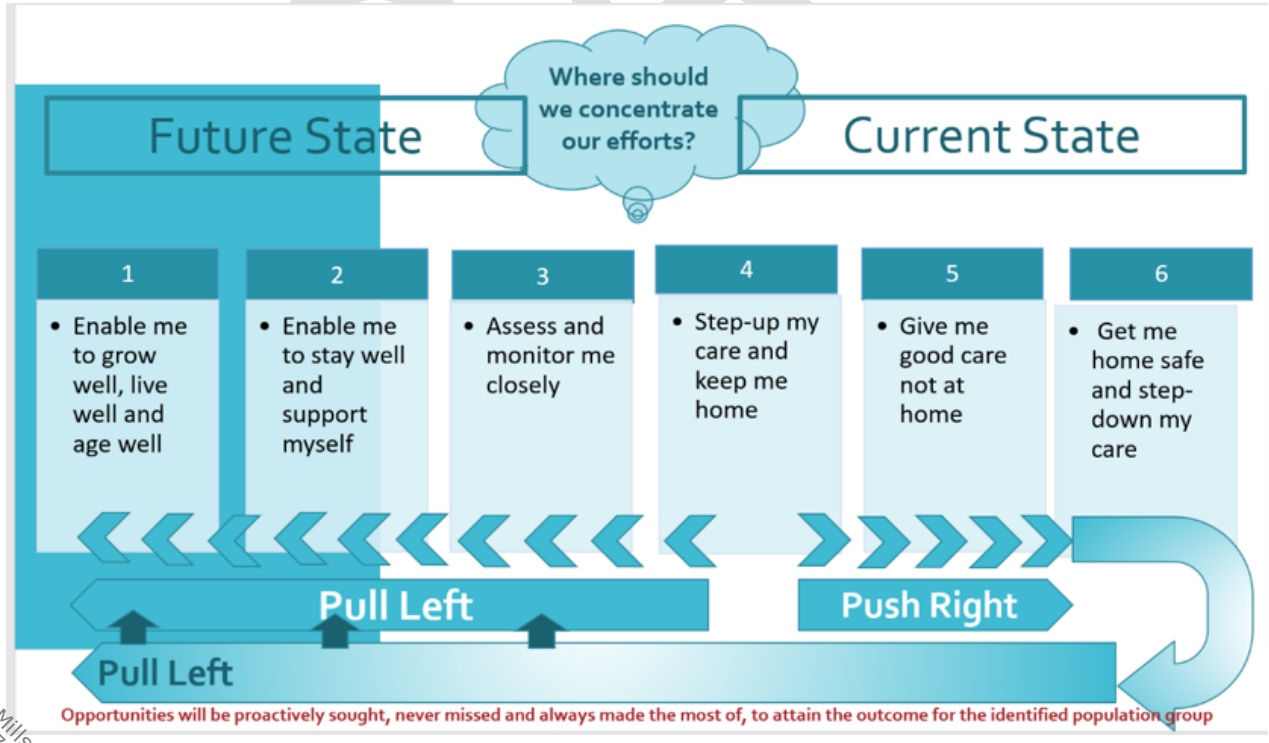
The high level design follows, in broad terms, the Powys Health and Care Strategy by describing what should be available **at home**, through **joined up solutions in the community** and in **Rural Regional Centres**.

However, drawing from the findings of the Discover phase it also highlights the importance of a focus, in the first stage of design, on particular **pathways**; **age-groups**; and the **timing** and **intensity** of the response needed.

The overarching model seeks to drive a shift towards improving people's chances of living their "best life" at home in their community, connected to the things which matter most to them. At its core is the concept that we can make things **better together** – the strength of people, communities and services collaborating to improve the wellbeing and care of themselves and others.

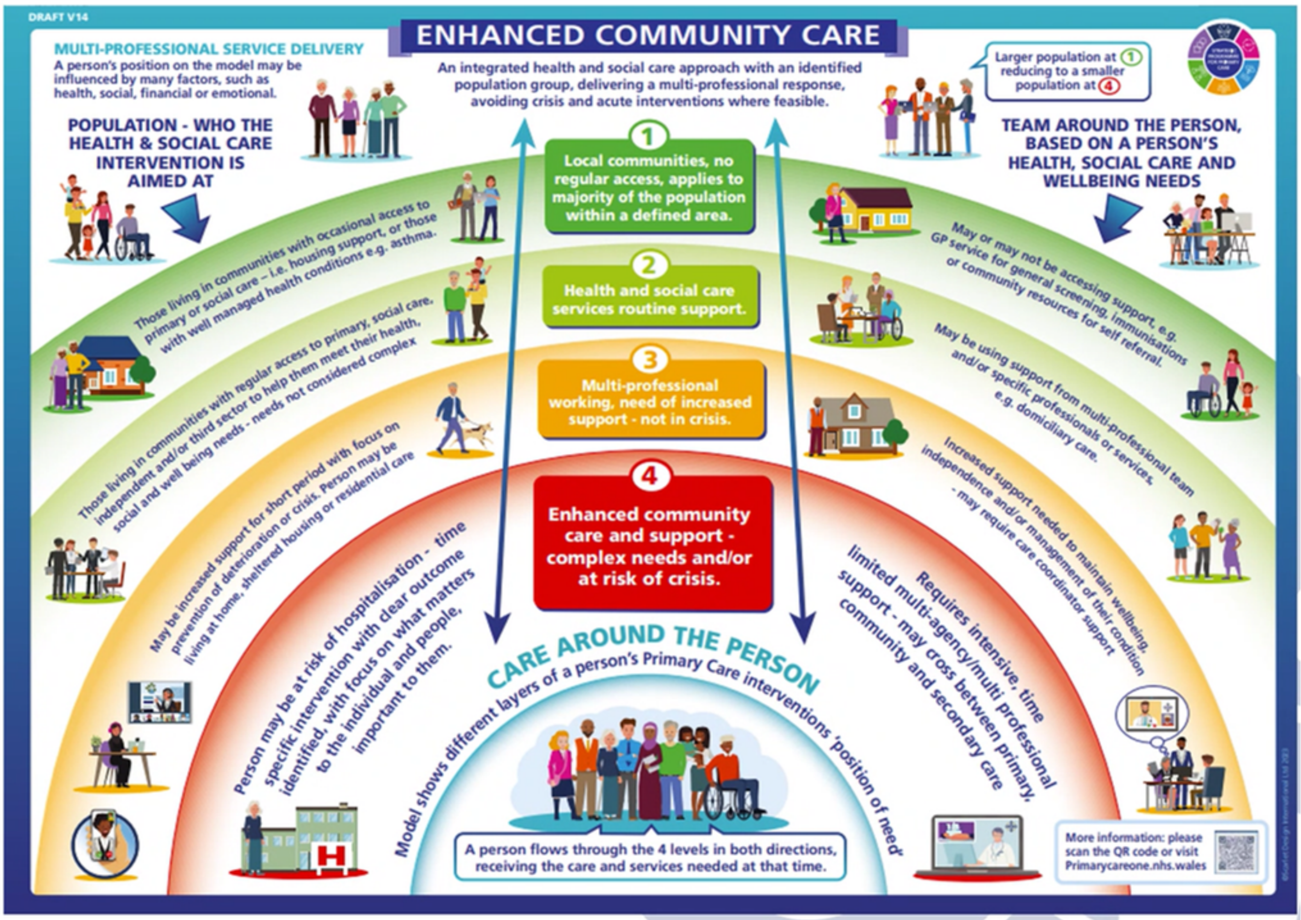
It reorientates public services to a different way of working alongside people, families and communities. It is **prevention and early intervention focused**, **proactively tackling inequalities**, and expanding the ways people can link to a range of community solutions where they live.

The approach is seeking to shift the response from a system at present dominated by "beds" and the response to "emergencies" to one focused on prevention and sustainable solutions at an earlier stage.



The Powys model continually works towards wellbeing and preventing difficulties escalating to crisis.

The model requires a tiered approach to ensure sustainability. It takes into account the intensity, frequency and complexity of response needed together with the underlying population and geography. It enhances delivery at home and in the community, including when there is a risk of a crisis, in order to prevent prolonged hospitalisation or care away from home.



DRAFT V14
ENHANCED COMMUNITY CARE
An integrated health and social care approach with an identified population group, delivering a multi-professional response, avoiding crisis and acute interventions where feasible.
MULTI-PROFESSIONAL SERVICE DELIVERY
A person's position on the model may be influenced by many factors, such as health, social, financial or emotional.
POPULATION - WHO THE HEALTH & SOCIAL CARE INTERVENTION IS AIMED AT
Larger population at 1 reducing to a smaller population at 4
TEAM AROUND THE PERSON, BASED ON A PERSON'S HEALTH, SOCIAL CARE AND WELLBEING NEEDS
1 Local communities, no regular access, applies to majority of the population within a defined area.
2 Health and social care services routine support.
3 Multi-professional working, need of increased support - not in crisis.
4 Enhanced community care and support - complex needs and/or at risk of crisis.
Those living in communities with occasional access to primary or social care – i.e. housing support, or those with well managed health conditions e.g. asthma.
Those living in communities with regular access to primary, social care, independent and/or third sector to help them meet their health, social and well being needs - needs not considered complex
May be increased support for short period with focus on prevention of deterioration or crisis. Person may be living at home, sheltered housing or residential care
Person may be at risk of hospitalisation - time specific intervention with clear outcome identified, with focus on what matters to the individual and people, important to them.
May or may not be accessing support, e.g. GP service for general screening, immunisations or community resources for self referral.
May be using support from multi-professional team and/or specific professionals or services, e.g. domiciliary care.
Increased support needed to maintain wellbeing, independence and/or management of their condition - may require care coordinator support
Requires intensive, time limited multi-agency/multi professional support - may cross between primary, community and secondary care
CARE AROUND THE PERSON
Model shows different layers of a person's Primary Care interventions 'position of need'
A person flows through the 4 levels in both directions, receiving the care and services needed at that time.
More information: please scan the QR code or visit Primarycareone.nhs.wales

There is a need to understand the "pathways" which need to be in place for particular conditions such as "cancer", "respiratory", "mental health" or "circulatory" conditions. **Optimal pathways** set out what research evidence shows is most effective, for example pathways published through the National Institute for Health and Care Execellence. Pathways set out what should happen at each stage of treatment and care, starting with what matters to the person, quality and what works best. Within the Powys model the aim is to keep focused on maintaining or restoring wellbeing; to try and ensure early help and support to prevent problems

escalating, so that there can be a response at a less complex – more treatable - stage with a better chance of a good outcome; and to try and join up the response so there is a better experience, without duplication or gaps, and the wise use of resources.

However, an area which has been changing rapidly since the development of the Health and Care Strategy is the extent to which people are living with **multiple conditions**. One in three patients admitted to hospital as an emergency has five or more conditions, up from one in ten patients a decade ago. Thus, the model has to develop approaches suited for those with multiple conditions.

The model also has to then look across multiple pathways to work out what this adds up to in terms of the provision which needs to be available e.g. in terms of community teams, and Rural Regional Centres.

The lens of the "Lifecourse" is used where there needs to be a focus on a particular age group, or the actions needed in one age range to prevent problems arising later. A child is legally someone below their 18th birthday. However, the model seeks to shift responses to being "**needs-led**". For example, whilst frailty is more common in older people it also involves some younger people.

The "Better Together" table overleaf sets out what should be available within Powys at home; in the community (including local community hospitals); in Powys Rural Regional Centres; and indicates what needs to be accessed cross-border and within regional approaches. The response within Powys is **tiered based on severity and urgency** ranging from helping to maintain wellbeing through to people who are severely and urgently unwell who may need a crisis or emergency response.


Better Together: Joined-Up Community Solutions (Draft)
Person at home
Me—where possible:
◊ Maintaining control of my life
◊ Wellbeing aware
◊ Connected
◊ Active
◊ Learning
◊ Planning for the future
My home:
Personal home/ Extra care/ Care home/ Foster care/ Placement
Accessible at home:
◊ Information , advice & assistance
◊Apps , telephone , virtual and tech enabled
◊In person services de-pending on need:
◊Maternity
◊Home based assessment Prevention, diagnosis and treatment
◊Home support
◊Personal care, Reablement
◊Rehabilitation
◊Respite
◊Equipment and adaptions
◊Community transport
◊Same day & rapid response
◊Virtual ward/enhanced community care
◊Crisis resolution home treat-ment
◊Emergency response
◊Palliative and end of life care at home
Personal & Community Networks
◊Family, carers
◊Friends
◊Neighbours
◊Networks of interest
◊School
◊College
◊Work
◊ Leisure, Culture, Libraries & Art
◊ Community & voluntary organisations Community develop-ment and connect-ors - including be-friending
Better Together Community Solution Teams & Hubs
◊ Screening
◊ Primary prevention
◊ General Practice
◊ General Dental Services
◊ Pharmacy
◊ Optometry
◊ Audiology
◊ Diagnostics and treatment closer to home—including point of care testing
◊ Proactive case find-ing & approach to inequalities
◊ Primary Mental Health Services
◊Maternity
◊Child Health
◊Holistic Frailty Team (physical frailty & frailty of memory)
◊Palliative Care
◊Multiple competency teams including third sector
◊Virtual & actual MDTs including triage, assess-ment, planning (including crisis plan)
◊Rapid Response (same day)
◊Community Dental
◊Disability Teams
◊Mental Health & shared care
◊111P2
◊Sanctuary
◊Team around the Per-son/Family approaches (adult and children)
◊Circle approaches
◊ Prehab & rehab
◊Modernised Outpa-tients including follow-
◊Home from home maternity services
◊Other home from home services e.g. end of life
◊Outpatients includ-ing virtual & mod-ernised follow-up
◊Admission avoid-ance & day case
◊MIU
◊Rehab culture
◊Deconditioning identified and pre-vented
◊In-patient Optimisa-tion through step-up and step-down
◊ < 6 weeks rehabili-tation
◊ Shared care for frail patients with cogni-tive impairment
◊In-reach connectors
◊PTHB in-reach
◊Discharge liaison including DGH
Rural Regional Cen-
◊Modernised Outpatients including virtual
◊Diagnostics (Endoscopy; X-ray; ultrasound; non-obstetric ultrasound; sleep 1-3; lung function; image sharing; mobile platforms; Memory assessment)
◊ Surgical & Medical Low Complexity Day Case & including virtual pre-op (Orthopaedic; Ophthalmology; General Surgery;)
◊Speciality Community Teams e.g. Respiratory, Community Cardiology; Paediatrics & Children's team
◊Complex Reha-bilitation
◊Primary Care Out of Hours incl pharm
◊Enhanced Minor Injury Illness Unit—Same Day Urgent Care
◊ Step-Up Assess / Treat— inclu back-up for virtual wards
Rural Regional Centre for Mental Health
◊In-patient assessment and treatment centre
◊S136
◊Support for step-down, crisis and com-munity teams
◊Shared care model for the physical health needs of men-tal health pa-tients
External Acute DGH & Specialist
Emergency
Complex Outpatient
Complex Diagnostics
Complex surgery - but planned increasingly as day case
Admission <21 days
Outreach
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Home and joined up community solutions

This section sets out the joined-up services which should be available at home and in the community in Powys, which is summarised in the "Better Together" table above. It describes the more holistic, person and community centred approach needed. It then focuses on the priority areas of:

- The Frailty Pathway
- Enhanced Community Care

The concept of an "integrated care community" in broad terms is where health and social care professionals, GPs, the voluntary and third sector along with the community work as one team to support the health and wellbeing of local people.

The existing public service model often treats people as passive recipients of help rather than **active participants** in their own lives. This approach fails to address the complex and interconnected challenges faced by individuals and communities. A paradigm shift towards a **more holistic, person and community-centred approach** is needed. This approach should **foster strong social connections, that combat isolation, empowering individuals, and building resilience**.

Relationships are core to the way complex problems are tackled and collaborative solutions found. This way of working requires **strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions**. This requires significant cultural change within public bodies and relationship building.

The individual's voice and experience should be central to decision-making, so **people can remain in control of their own lives** as far as possible; enhance their wellbeing through connection to the things which matter to them; and **build on strengths and interests**.

The overall approach has been called "**Better Together**" to convey that it involves partnership, is holistic across physical and mental health, is focused on working to make things better today and in the future and for individuals and the population. The phrase "**Joined Up Community Solutions**" has been used, as the word "integration" can limit thinking to the line management arrangements within public services, rather than opening up thinking about different ways to engage and work alongside communities to create health and care.

This is consistent with the policy direction and intention of Welsh Government, which emphasises the need to think beyond statutory

services to strengthen community capacity, recognising the wider determinants of health and well-being. Based on its strategy of "A Healthier Wales", Welsh Government wishes to go "further, faster", together to strengthen community capacity by developing an **integrated community care system** for Wales. This should fully deliver outstanding whole-system place-based care with and for people, ensuring they remain connected to their communities while preventing avoidable hospital admissions.

Whilst there is more to do, in previous decades there has been radical and transformative work to move from institutional to more empowering and community-based forms of support for people with learning disabilities, people with mental health conditions and in relation to children and young people, so people can live at home, as part of the local community, wherever possible. However, for older people there is still a significant reliance on hospitals and long-term care settings and diversification to create more options is needed. More older people are also living with multiple long-term conditions requiring better join up in response to physical health, mental health and care needs.

Work is needed to understand how drawing together local authority, health board, voluntary and community organisations could be further strengthened (building on what is in place) to develop networks of community support to help people remain connected to the things which matter to them. "Ground up" conversations with communities, awareness raising, training, the use of co-location, and collaborative and trust building leadership have been shown elsewhere to be instrumental to success.

FRAILTY

It is essential that Powys has in place a **leading-edge frailty service and evidenced based pathway**.

What's Happening Now? Gaps	How should it be in the future?
• Older people with frailty suffering avoidable admissions; delayed transfer of care with deconditioning putting at risk their health and chance of being able to live at home again • No coordinated messaging around awareness of frailty and frailty prevention to the Powys population	• Consistent messaging around awareness of frailty and frailty prevention • Frailty approach encompassing physical frailty and frailty of memory • Proactive case finding with consistent scoring and frailty registers within primary care

• Limited join up between the response to cognitive frailty and physical frailty • Inconsistent frailty registers within primary care with limited information on severity of frailty • Limited consistent assessment of frail patients and often only taking place in secondary care following a crisis • Separate services in place without sufficient coordination • Advanced Care Planning well established for patients with cancer but less so for people with frailty	• Comprehensive Geriatric Assessment embedded within primary and community care • A frailty MDT established and operational in Powys with a single point of access • An individualised management plan including care coordination and how to access urgent care • Enhanced Community Care and Same Day Step-up within Powys to prevent DGH admission • Advanced Care Planning in place including End of Life and the Last Year of Life

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. In practice being frail means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long-term impact on someone's health and wellbeing. Frailty is a multi-dimensional syndrome which may include physical, psychological, cognitive, and social impairment. Five recognised frailty symptoms are:

1. Falls
2. Immobility
3. Delirium
4. Incontinence
5. Susceptibility to side effects of medication.

Welsh Government's "Further Faster" vision is outstanding whole-system place-based care that enables older people and people living with frailty to live their best life in their community.

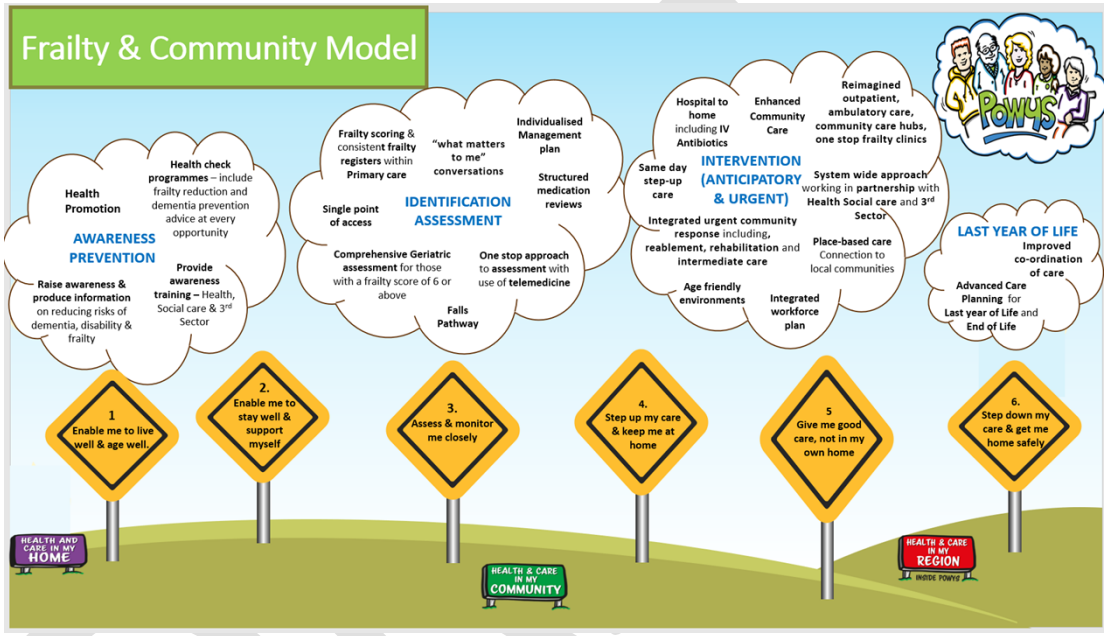
The Government has set out a "mission" to support an increasingly older and frail population by rebalancing the system to focus on: prevention and early intervention in the community; "what matters" to individuals; a graduated model of care and support stronger at the base activating and supporting people in their communities; working in partnership beyond statutory services; improved co-ordination; reducing complexity and improving synergy; extending reablement and tech enabled care; enhanced community care (including the role of paramedics); the prevention of deconditioning in hospital; and improved palliative and end of life care at home.

The approach will be "twin track" with work in Lane 1 on what can be delivered in-year and Lane 2 working now on the shape of things to come (including potentially a national community care system).

The evidenced based model set out here is rooted in early recognition and a proactive approach spanning:

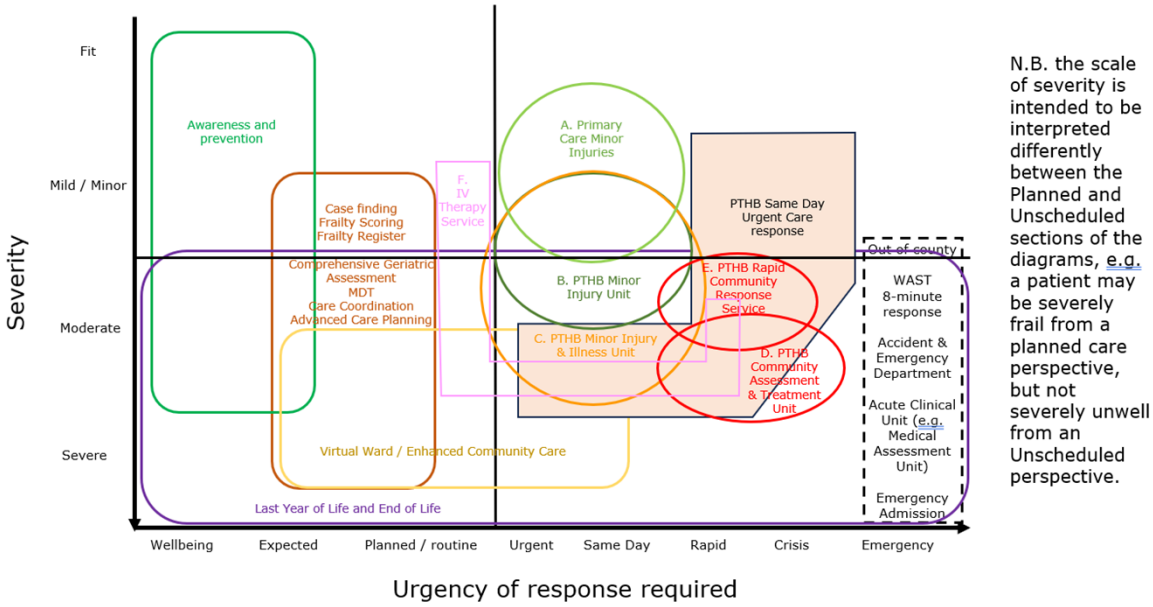
- Awareness & prevention
- Identification & Assessment
- Intervention (anticipatory and urgent)
- And the last year & end of life

The model is summarised below and described in the next section.



The whole system pathway in Powys needs to encompass awareness, prevention, falls pathway, frailty scoring and registers, a tiered community response based on severity and urgency, one stop multidisciplinary assessment, geriatric assessment for those with more severe needs, co-ordinated anticipatory care planning, including the response to deterioration or a crisis. Intervention is aimed at improving physical, mental and social functioning to avoid adverse events, for example, injury, hospitalisation, institutionalisation.

The diagram overleaf summarises the model in terms of increasing severity from "fit" through to "severe frailty" and in terms of urgency (from "wellbeing" through to "emergency").



N.B. the scale of severity is intended to be interpreted differently between the Planned and Unscheduled sections of the diagrams, e.g. a patient may be severely frail from a planned care perspective, but not severely unwell from an Unscheduled perspective.

Awareness and Prevention

Awareness and prevention needs to be at a population and relevant individual level. The public may not be as aware of "frailty" as conditions such as cancer, heart disease and diabetes. It is important that there is general awareness raising as there are positive steps people can take earlier in their life to help prevent or reduce the risk of developing frailty and to "age well". Frailty is not an inevitable part of aging; its onset and progression can be slowed; and is potentially reversible, especially in early stages.

It is also important for loved ones, communities and professionals to be able to identify when someone may be at risk of developing frailty. Public information also helps individuals, families, communities and organisations to plan ahead. The key messages in relation to prevention from NICE guidance are:

- encourage healthy behaviour,
- integrate dementia risk reduction,
- raise awareness and produce information on reducing risks of dementia, disability and frailty,
- prevent tobacco use,
- promote physical activity and provide opportunities,
- reduce alcohol related risk,
- support healthy eating,
- deliver services to promote behaviour change: include dementia prevention advice during health checks, develop health check programmes,
- services should be accessible: time, place, language, digital etc,
- provide frailty reduction advice at every opportunity - use brief intervention,
- provide training: health, social care and third sector,

- lead by example in the public sector,
- provide support in the workplace.

Identification and Assessment

There should be proactive case finding through use of frailty scoring and indexes. There should be consideration of assessing frailty in people identified with multimorbidity. Where there is opportunistic identification there should be clear routes to a single point of access.

Using scoring tools, it should be possible to risk stratify into four population groups:

- **Fit**: population intervention with information and advice on aging,
- **Mildly Frail**: Personalised advice on aging (exercise / nutrition),
- **Moderately Frail**: As above, plus holistic care planning, structured medication review and Comprehensive Geriatric Assessment by a Multidisciplinary Team,
- **Severely Frail**: as above, plus case management and end of life support.

Research indicates that, of those aged 65+ years, approximately 52% will be fit; 33% will have mild frailty; 12% will have moderate frailty; 3% will have severe frailty. The table estimates the prevalence of the different levels of severity within the Powys population for those aged 65 years and above:

Total Powys Population aged 65+ years (Census 2021)	Proportion of 65+ year olds estimated to be:			
	Fit (not frail) 52%	Mildly frail 33%	Moderately frail 12%	Severely frail 3%
37,030	19,255	12,220	4,444	1,111

GP practices maintain a Community Resource Team Frailty Register. (This is in effect the existing enhanced service providing virtual wards.) However, there is significant unexplained variation and overall, the totals are significantly lower than would be expected. The model described below should help to ensure a more consistent approach to early identification.

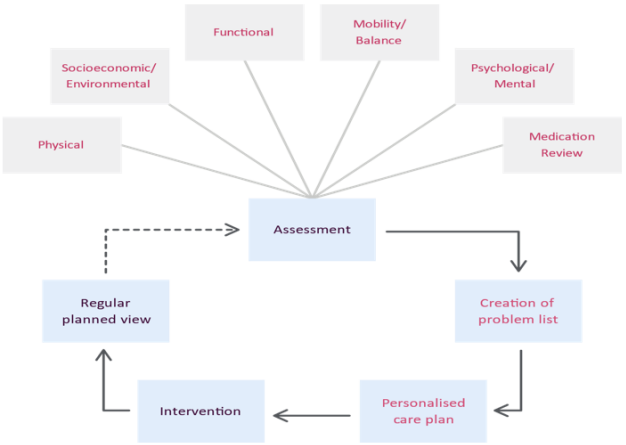
A focus of assessment, particularly for those with multi-morbidity, should be "what matters to me" conversations; aiming to reduce treatment burden, adverse events and unplanned care; the discussion of mental health and wellbeing; coordination across services (using combined appointments and information sharing);

structured medication reviews; and consideration of non-pharmacological treatments.

An individualised management plan should be agreed including: goals and plans for future care; who is responsible for care co-ordination; how the plan is communicated to all agencies; the timing of follow-up; and how to access urgent care.

Frailty scoring can also be used as a triage tool. **A Comprehensive Geriatric Assessment** should be carried out for those with a frailty score of 6 or above (Outcomes Cochrane review 2011) to reduce death or functional decline at six months and help more people to live at home for longer. The service in Powys will seek to be more rooted in primary and community care than some other models which are secondary care driven. An MDT is needed to provide realistic care planning and Comprehensive Geriatric Assessment.

Comprehensive Geriatric Assessment



Shown to increase patients' likelihood of being alive and in their own homes after an emergency admission to hospital.

Numbers Needed to Treat (NNT) to avoid one long-term care placement is 20 (compared with NNT of 120 people who take an aspirin each day to prevent stroke).

A one-stop shop approach to assessment and the use of telemedicine can be transformative in the approach to CGA.

Intervention

Evidence highlights the importance of:

- Enabling independence and promoting well-being, including age friendly environments to encourage activity and to reduce falls,
- Population based proactive anticipatory care to improve continuity / co-ordination of care, reduce admissions,
- Proactive anticipatory care including structured medication reviews,
- Development of integrated urgent community response including, reablement, rehabilitation and intermediate care,

- Same day step-up care when needed which allows return home the same day,
- Fracture liaison service,
- Optimal perioperative pathways when required,
- Reimagined outpatient, ambulatory care, community care hubs, one stop frailty clinics,
- Enhanced health care support for care at home and care homes,
- Improved co-ordination of care in the last year of life and at the end of life.

A systematic review of primary care interventions to delay and reverse frailty highlighted significant improvements in 71% of interventions. The most effective interventions were strength exercise based programmes (25mins at home, four times per week) using resistance and balance training. Exercise, especially strength and balance training has been evidenced to reduce falls, reverse/slow progression of frailty. Poor nutrition has adverse outcomes and is a modifiable risk factor.

Ensuring an effective approach to frailty requires a system wide approach involving primary, community and secondary health services, the local authority, the third sector and people using services; strong leadership, with a vision for healthy aging; people using services helping to design and improve the quality of provision; a joined up approach in relation to dementia; a focus on falls; multi-professional education and upskilling; building capacity for comprehensive geriatric assessment; an integrated workforce plan to build a multi-disciplinary team with the right mix of competencies; a culture and practice of rehabilitation; a focus on equity and inequalities.

Loneliness and social isolation increase the risk of poorer health and early mortality. Connection to local communities as set out earlier is a key part of the response needed.

There is a significant evidence base that development of **frailty services both improves outcomes and is a better use of resources**. A later section explains the development of enhanced community care in Wales (formerly virtual wards). Evidence also shows the potential benefits of developing hospital at home approaches, which includes IV antibiotics. Being cared for at home is a good alternative to hospital for many older people. Research in relation to "Hospital at Home" showed no more deaths after 6 months or 1 year than among people admitted to hospital. It included a complete geriatric assessment along with care from different NHS specialists. All participants had access to hospital-based services when needed (including admissions), and primary care.

People receiving hospital at home were less likely to be admitted to a care home (a sign they are not coping at home), and it costs less than hospital care. The researchers took into account NHS, personal social care, and informal care costs. It was not suitable for all older people, such as those who are most seriously unwell. The study estimated that the service could save £3,071 per patient. In addition, people and their carers preferred hospital at home over hospital care.

LIVING WITH MULTIPLE CONDITIONS

Frailty and multimorbidity are not the same but are overlapping. The extent to which people are living with multiple conditions has been changing rapidly. One in three patients admitted to hospital as an emergency has five or more conditions, up from one in ten patients a decade ago. Some combinations of mental and physical diseases are associated with especially poor outcomes. People with multiple conditions may have reduced mobility, chronic pain, shrinking social networks and lower mental wellbeing.

There is a need to develop holistic approaches; reduce the treatment burden (multiple appointments, assessments, tests, admissions and reviews) through improved co-ordination and information sharing. (Those with four Long Term Conditions average 1 Out Patient appointment per month, which is two thirds higher than those with one Long Term Condition).

The **duality of physical and mental health needs** should be recognised and addressed from the outset. Irrespective of people's age, multiple conditions drive increased healthcare costs. People with multiple conditions may be on multiple medications which is associated with a range of adverse health outcomes. There are higher rates of multiple conditions in older people. Better understanding is needed to drive risk stratification and preventative strategies.

Evidence shows the importance of "whole person" and psychosocial approaches that promote independence and well-being and which bring services together.

Improved intelligence on outcomes, experience and cost is key to ensuring a value-based approach. This will also involve cultural development such as home first ethos and proactive risk taking (with safety nets).

This is an area where more research is being undertaken. As summarised by the National Institute for Health and Care Research, there is growing evidence that having multiple conditions is a more important driver of costs in the health and care system than other factors such as age alone.

ENHANCED COMMUNITY CARE

What's Happening Now? Gaps	How should it be in the future?
• Elements of prevention and early intervention in place; but inequalities remain • Complex and uncoordinated pathways, especially for those with multiple conditions • Sixteen virtual wards, commissioned through a Community Resource Team Enhanced Service specification managed by GP practices, each operating differently • Backlogs in assessments, including for domiciliary care • No consistent community based rapid response service across Powys • Significant gaps in home support • Mental health crisis resolution home treatment teams in place • Lack of a join up between community services for physical health needs and community for mental health needs • Dementia home treatment teams partially in place • Over-reliance on residential care • Some Extra Care schemes in place, and others being developed • Those on waiting lists at risk of deterioration resulting in the need for urgent care	• Tiered support in the community based on differing levels of severity and urgency of need, spanning wellbeing and prevention through to crisis responses for those who are severely unwell to help them remain at home where possible • Person centred, holistic care and improved co-ordination (especially for those with multiple conditions) • Development of generalists • Right sized teams with the right mix of competencies • Joined up physical and mental health • A consistent pan-Powys approach to Enhanced Community Care, aligned to national approaches (a multi-professional response to a person where there live, focusing on what matters to the individual, to avoid a crisis and escalation where feasible) • Stronger community services enabling people to remain and recover safely and comfortably at home, preventing admission • New flexible support roles, particularly for those requiring palliative care, that can move across people's homes, the community and hospitals. • Individuals have access to graduated advice, support and prehabilitation • There is a culture of rehabilitation and reablement

	• Rehabilitation increasingly takes place in the patient's own home and virtually • Rebalancing of care and support to enable more individuals to continue to live at home whenever possible, with a greater variety of different accommodation options for those who need additional support • Improved Advanced Care Planning in the Last Year of Life, for those with multiple conditions

Person Centred Co-ordination
As set out in the discovery report pathways for people in Powys are particularly complex where they involve out of county District General Hospital care, added to this is the increasing number of people, particularly older people, who have multiple conditions.

Co-ordinating mechanisms for the model include Team Around the Person/Family; Single Points of Access – with "No Wrong Door"; clear and transparent care pathways and care navigation if needed.

Team Around the Person/Family: The Team Around the Person/Family approach draws together a range of sectors that can help with preventative and early intervention approaches where difficulties are emerging, listens to the person/family and helps to build on their strengths. Whilst it was developed in relation to children and young people, it could be used for other groups.

"No Wrong Door", Pathways and Care Navigation: Some of those in greatest need are faced with navigating a very complex system and may fall through gaps where there are no services to meet their needs or may be on a waiting list for a very long time -only to be told they have been in the wrong queue. A "No Wrong Door" approach helps to ensure people can access the care they need, no matter where the first point of contact is.

Transparent, up to date and easily available information about "care pathways" is also part of the solution – including care navigation where needed. This is particularly important in Powys as understanding whole-system pathways can be complex, as in a highly rural area some use of

cross-border services remains essential. A critical challenge can be ensuring people, including those in external bodies, are up to date about what can be provided within Powys to help people where they live or to return home swiftly.

Place-based care within a whole system approach should be focused on what matters to the individual, coordinated and enabled by local organisations and become easier to understand/ navigate for the population as a whole. People and carers should have similar expectations about, and experiences of, the standard of their care and/ or support.

Circles of support can be a powerful tool for building meaningful relationships and addressing social challenges. Circle work involves bringing individuals together in a structured and inclusive setting to foster dialogue, understanding, and collective problem-solving.

ENHANCED COMMUNITY CARE – VIRTUAL WARDS

There is significant variation locally and nationally in what is meant by the term "virtual ward". Work had been undertaken across Wales through the Strategic Programme for Primary Care's Community Infrastructure Programme to agree a common definition and standards. In Powys there are 16 virtual wards, commissioned through primary care which each operate differently.

The Definition of Enhanced Community Care which has been developed nationally is:

An integrated health and social care approach with an identified population group, delivering a multi-professional and/or cross sector response avoiding crisis and escalation of health and care needs where feasible. This may include step up support to prevent hospital admission or step-down support to enable people to leave hospital early, while still receiving the treatment, care and support the person requires.

Supporting people to be cared for in their own homes or usual place of residence, with focus on what matters to the individual and those people important to them, and the actions required to support this.

Using a mixture of technology and face-to-face support, remote consultation, and possibly remote monitoring and/or remote intervention.

A set of standards for Enhanced Community Care has been developed with an underpinning series of quality statements.

Standards					
Safe  Recognising we are part of a bigger team – improving safely the health and wellbeing of the communities we serve	**Effective**  Work together to do the right thing for the person	**Person-Centered**  People at the heart of everything we do	**Timely**  Right skillset, right place, right time	**Efficient**  We are responsive, open and straightforward	**Equitable**  Supporting our people – promoting an inclusive culture that supports everyone to fulfil their potential
Underpinning Quality Statements					
Clear definition of population group, model is flexible to respond to requirement of needs with agreed inclusion and exclusion criterion Common IT interface for standardised and systematic reporting, supported with data sharing agreements and digital solutions Resources working with the right skill mix, at the right level and at the right capacity A learning system, tested and evidenced based Quality & Safety at the core; clear risk management, governance and escalation processes Development of trusted relationships & agreed communication links between services	Continuous monitoring, measurement and evaluation; utilising the Multi-professional Framework for Integrated Working's Development Matrix (an evaluation tool for multi-professional integrated working) Wide ranging multi-professional team working with the person and their goals, central to support Support new workforce models & wider workforce training & education opportunities Working to maximum level of competency	Continual co production of care with the person being supported Anticipatory and holistic care planning with the person being supported Involvement of the wider support network of the person (kinship carers) Measures and goals based on the persons', not the system. 'What matters to me' conversations Clear communication between professionals and the person/family being supported - team around the person Person centered approach based on needs	Clear point of access Clear timescales for response and duration of support Access to information at the right time to enable informed decisions Triage once, triage well - with maximum focus on supporting and signposting well at first contact Resourced to the right capacity to ensure response times can be met, 24/7 Appropriate use of technology to support virtual triage, telehealth devices &/or F2F consultations	Compliments & aligns with other service offers Shared access to information and appropriate use of technology Reduced duplication through prudent working and streamlined collection of data The right level of interaction for the needs of the person – no more no less Value demonstrated through evidence-based outcomes and cost effectiveness Clear governance for audit and assurance	Fair & equitable access offer to whole population regardless of geography Person is at the core of support provided, with person related experience and outcome measures integral to delivery Equitable outcomes regardless of characteristics, such as age, gender, ethnicity, morbidities and socioeconomic status. Equitable service and assessment process regardless of profession and means of assessment, with consideration of local demographics and identified care needs.

REBALANCING CARE AND SUPPORT

There is currently a clear imbalance in the health and social care system. Specifically, there are missed opportunities for prevention and early intervention in the community, and people stranded in acute hospital and care home settings. This is leading to people being disadvantaged and 'what matters to them' not being achieved, including at the end of life.

Residential care is often seen as a more cost-effective option, as it allows for economies of scale and centralised provision of care. However, the consequences of the overreliance on residential care are significant such as the loss of independence and autonomy experienced by individuals when they are removed from familiar environments. Residential care can disrupt social connections, reduce quality of life, and contribute to feelings of isolation and loneliness.

The UK is an outlier compared to other European countries, for example in England 90% of care services are provided by private sector and voluntary organisations. The strain on the residential care sector results in workforce challenges, limited choice for individuals, and a fragmented care system. In many countries the pandemic has highlighted long-standing weaknesses in how care services are funded, organised and

staffed. There is a need to work in partnership to enable **diversification** and a rebalancing of this vitally important sector.

The approach in Powys needs to recognise the value of supporting individuals to remain in their own homes and communities, promoting independence and preserving social connections and the circumstances where a residential option is optimal. Alongside this, there needs to be **creative** thinking about a range of group living options, extra care, retirement housing, co-housing and supported living schemes. The aim should be to expand options and choices, not reducing the issue to a binary one. There are also models of intergenerational solutions where accommodation can meet the housing needs of young people and the care and sense of belonging for older people.

There needs to be a shift towards a more balanced and person-centred approach, with investment in home care and community-based services that enable individuals to remain in their own homes and maintain social connections. This requires shifts in funding approaches, workforce development, and integrated care models. Crucially important within this is strengthening support for **carers**.

Where a hospital stay is needed, stronger community services will enable that stay to be as short as possible by enabling people to recover safely and comfortably at home.

Key to redesigning the way forward is **domiciliary care**. A snapshot of domiciliary care within the Discovery Report showed a gap equivalent to 89 whole time staff within existing packages (3,000 hours), together with an unknown gap in the backlog of assessments to take place.

Pay and status are factors. Those providing domiciliary care need to feel **valued**, there needs to be training and **development** from non-qualified entry points, with access to training across Powys regardless of employer. There needs to be the development of **new support roles in partnership** which can move across settings in people's homes, the community and hospitals. There is a particular need to consider the development of **home support for those at the end of life**. There are innovative examples from other countries which address recruitment and retention for example in partnership with the UN Refugee Agency (UNHR) and through providing accommodation solutions.

There will need to be a "**twin track**" of short term pragmatic measures to help fill the domiciliary care gaps and long term redesign, rebalancing and diversification.

PREHABILITATION & REHABILITATION

Prehabilitation is part of the continuum of rehabilitation. Patients should be given prehabilitation advice and support to enable them to optimise their response and recovery to any planned treatment which has the potential to disrupt function. Multi-modal prehabilitation considers the set of complex interactions between the physical and psychological health of a patient, which must be addressed and individualised to maximise the outcomes of the treatment.

It is essential that a culture of **rehabilitation** and **reablement** is developed across the tiers of the model.

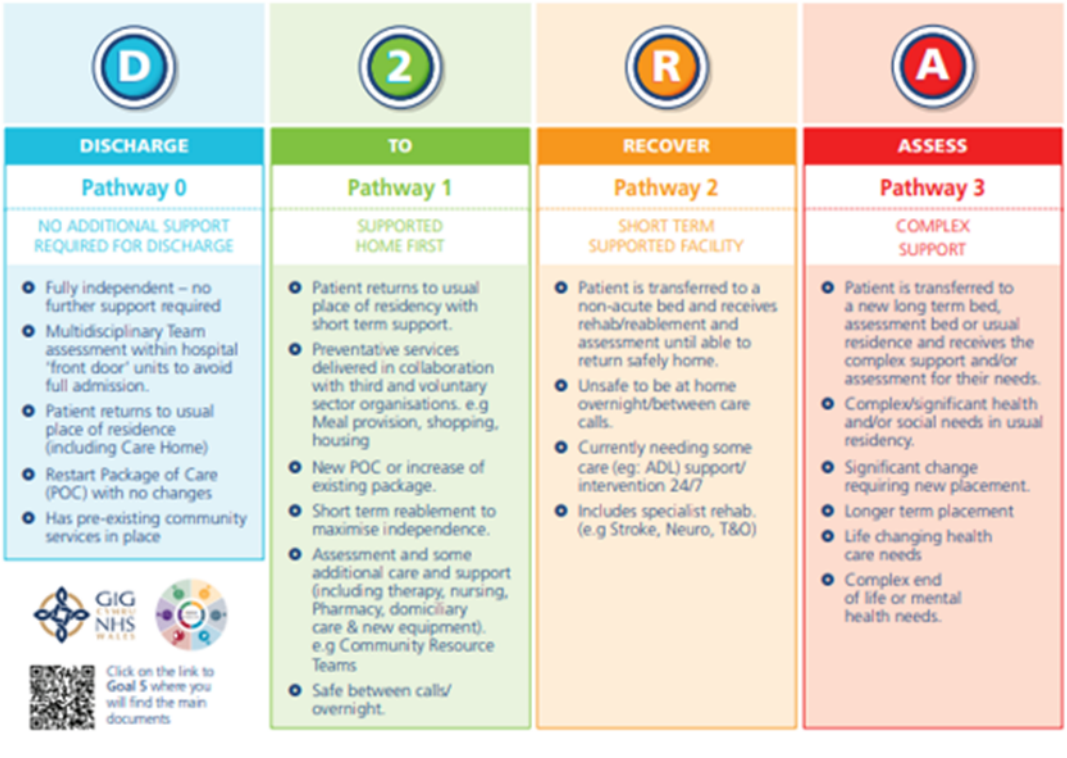
Rehabilitation is defined as 'a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment'. Whilst rehabilitation is often seen as a physical process, most often used within 'health' settings, it is important to note that psychological wellbeing is recognised as an integral part of any rehabilitation journey. Reablement provides support in a person's own home to improve their confidence and ability to live as independently as possible. It is most frequently used within social care, relating to the restorative element of rehabilitation.

- Prehabilitation (Advice, Support, Prehab – universal, targeted, specialised),
- Rehabilitation and reablement in peoples own homes and virtually,
- Multiagency community services and ongoing support through connection to community groups e.g. Walking Groups,
- Rehabilitation for up to six weeks in local community hospital and community settings (please see later section),
- Complex/condition-based rehabilitation in Rural Regional Centres (e.g. stroke neuro) (Level 3) (please see later section)
- Acute and specialised rehabilitation in DGHs (Level 1 and 2).

Traditionally, clinician-led rehabilitation services have been provided in a hospital setting, however, the 'Home First', 'Discharge to Recover then Assess' and virtual models means that an increasing proportion of rehabilitation will take place in an individual's home. The successful virtual pulmonary rehabilitation pilot has demonstrated that individuals can safely access this from their own homes, and this should be more widely developed as part of a blended model with face-to-face sessions. This will also need to include ensuring that individuals have access to a digital device, such as through their local Powys library.

The National Exercise Referral Scheme provides rehabilitation programmes at leisure centres across Powys and need to be closely

aligned within the model. Individuals will also need to be able to access various activities in their local community through the third sector, such as walking groups and other social activities, to support them with their recovery.



LAST YEAR OF LIFE

The Discovery Report showed that more than half of Powys deaths each year are taking place in hospital and predominantly out of county. There is a need to develop the range of provision at end of life within Powys – at home and in the community and to improve Advance Care Planning- particularly for people who have multiple conditions, respiratory and circulatory conditions and dementia.

RIGHT SIZED MULTICOMPETENCY TEAMS

The overarching model on page 18 provides an overview of what would be in place across Powys in people's homes, in the community and hubs.

There needs to be larger teams with the right mix of competencies, right sized for the population in order to be sustainable. Teams may include district nurses, new hybrid roles, new forms of support workers, social workers, paramedics, advanced practitioners, therapists, physiologists, health scientists, assistant practitioners, the third sector, volunteers, and administrative staff (who can be better used to release clinical time). There will be more use of non-qualified entry points with

clear career development paths. Collaborative and compassionate leadership and working will be key, as will be developing a culture that enables people to stay in control of their own lives as far as possible. There also needs to be support and empowerment of proactive risk taking in the interests of patients.

Powys needs to prize and champion the development of generalists within primary care and community services, and to prevent unsustainable subspecialisation. The Discovery phase has shown that the expenditure on secondary and tertiary care specialities has greatly outstripped the development of primary and community services and this needs to be reversed.

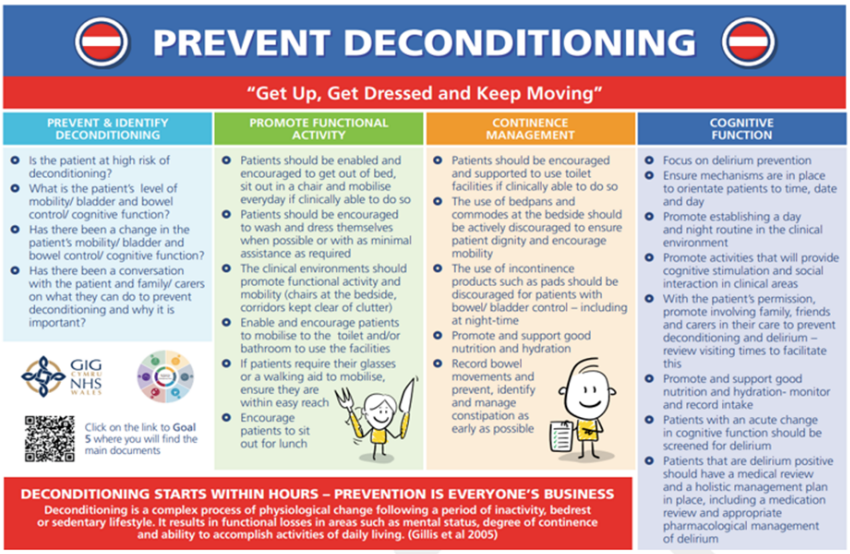
The model enables some activities which were previously centralised and provided in hospital or residential care to be provided in people's own homes or local settings. Same day, rapid and crisis responses will be strengthened in people's own homes or locally.

Mental health services in the community need to be developed in a more integrated way with other services. Within holistic patient centred evidenced based approaches it is important to consider people's mental health and physical health needs.

Better together hubs - local community hospitals

What's Happening Now? Gaps	How should it be in the future?
• Exceptionally high average length of stay in community hospitals averaging between 40-50 days • Patients at risk of poorer health and institutional care through deconditioning • Up to 40% of patients well enough to leave hospital • 9 community hospitals usually providing [155] beds (however 3 also Rural Regional Centres) • PTHB directly managed MIUs in Welshpool, Brecon, Llandrindod Wells and Ystradgynlais • Minor Injury GP enhanced service in Newtown • Different MIU opening hours across Powys • Underutilisation of MIU	• Part of community solutions • Modernised Out-Patient Services • Antenatal Home from home birth centres in some centres • Home from home end of life care • Step-down • Optimisation • Recovery • Rehabilitation <6 weeks • Culture of rehabilitation • Base for third sector services (including Community Connectors in-reach) • Multi-condition approach • Telemedicine links • Equity of access to local minor injury provision with standardised opening hours supplemented by enhanced provision in Powys Rural Regional Centres • Home first, active strong anti-deconditioning ethos • Supportive of proactive risk taking with safety nets • Support worker roles - move between home, community and ward/residential settings.

There needs to be a shift in culture, so the focus is on what matters to the patients; enabling people to stay in control of their own lives as far as possible; rehabilitation with a very active approach to the prevention of deconditioning; and a home first ethos supported by positive risk taking (with appropriate safety nets).



The Discovery Report indicated that around 40% of those on Powys wards have some form of cognitive impairment and this requires new ways of working holistically – as well as having implications for ward design and access to outside garden space. For example, so people can wander safely and to help orientate them in time. The cultural changes needed are systemic (for example, a fear of falls can drive restriction of movement which may instead lead to deconditioning – the loss of muscle mass, or delirium from a prolonged hospital stay) - affecting a patient's long-term chances of ever being able to return home. This requires change in public bodies and the building of public understanding.

Better Together Hubs will provide generic rehabilitation for up to six weeks. The approach needs to be embedded in the way all staff work and will be provided by multidisciplinary teams including therapists, nurses and support workers.

Wards in Brecon and Newtown are also part of Rural Regional Centres where there will a more focused approach to Level 3 rehabilitation.

Discharge will be planned from the outset with a strong "Home First" ethos. For patients with frailty: Transition between hospital settings and community / care home settings should:

- Be person centred
- Focus on good communication and information sharing in a range of formats
- Develop care plan with contingency plans prior to admission
- Include key contact names from community MDT and the admitting team

- Admitting team needs access to care plan, advance care plan, communication needs / passport, medical history, carer/next of kin, preferred place of care
- Hospital MDT to work with / communicate with community MDT during admission
- Discharge planning to be commenced on admission
- Comprehensive assessment commenced on admission
- Encourage normal daily routine – prevent deconditioning
- Identify a discharge co-ordinator for patient – link with community teams
- Offer Support 24 hours after discharge
- Discharge plan should be given to patient / carer (with consent) / those involved
- Discharge co-ordinator to
    - arrange community team f/u
    - arrange equipment
    - provide information / training / family information
    - arrange palliative care if needed
    - aim for early supported d/c with care and rehab
    - involve carers with decisions
    - support and train carers
- community MDT should review carers training and support needs at 6/12 and 12/12
- community MDT to contact pt on d/c and ensure they know who to call
    - 24 f/u after discharge in community if palliative
    - 24-72 hour Follow Up by GP or community nurse if at risk of readmission
- Infrastructure needs to be in place in community:
    - Reablement
    - Intermediate care
- Education needs to be met

Minor Injury

The analysis of minor injury units has shown the variation in opening hours across Powys, which needs to be standardised, and the opportunity to improve utilisation. There is further scope for co-location with other out of hours provision. (The next section covers the development of minor injury and illness services as part of Rural Regional Centres including co-location with other out of hours provision and services including diagnostics).

Rural Regional Centres

Under the Health and Care Strategy the three Rural Regional Centres are **Brecon**, **Llandrindod Wells** and **Newtown**

What's Happening Now? Gaps	How should it be in the future?
• PTHB has two laminar flow theatres (Brecon and Llandrindod) viewed by the national Getting It Right First Time team as "fantastic" facilities • Modern surgical practices have been introduced such as bilateral cataract surgery • Theatres and endoscopy suits are underutilised and are not achieving "Getting It Right First Time" (GIRFT) efficiencies • There are endoscopy suites in Llandrindod Wells and Brecon (which is JAG accredited) • Inequity between North and South Powys with no theatre or endoscopy suite in North Powys • There are significant backlogs for Powys patients waiting for planned care out of counties, with wide differences in waiting times across providers • There is scope to repatriate activity to Powys such as for Glaucoma and cataracts • PTHB does not directly employ any secondary care consultants in surgical specialities and the in-reach Service Level Agreements through which neighbouring health boards and NHS Trusts operate here are fragile and result in substantial numbers of cancelled sessions,	• Modernised Outpatients including (Virtual appointments; See on Symptom; Patient Initiated Follow-up; access to clinical guidance for primary care and other referrers; triage and risk stratification; advice and support) • Diagnostics (Endoscopy; X-ray; ultrasound; non-obstetric ultrasound; sleep 1-3; lung function; image sharing; mobile platforms; Memory assessment) GIRFT has also recommended exploring Selective laser trabeculoplasty • Surgical & Medical Low Complexity Day Case & including virtual pre-op (focused on Orthopaedic; Ophthalmology; General Surgery) within Powys • GIRFT efficiencies to be delivered in Powys theatres and endoscopy suits • Appropriate governance and medical leadership for planned care specialities delivered in Powys and commissioned externally • PTHB theatres and endoscopy suites regarded as a "system asset" for Wales, and part of networked regional solutions • There needs to be good data on outcomes and waiting times for all Powys patients

• No clinical director for planned care within Powys. • There is some use of new roles as part of MDTs, but further opportunities are not yet fully utilised • Same Day urgent care is limited within Powys, including the provision of combined minor injury and illness services and "step-up" assessment and treatment to prevent admission • (Category A) neurorehabilitation needs access Level 1 treatment centres outside of Powys, which are commissioned by the Welsh Health Specialised Services Committee • Patients with Category B rehabilitation needs have their care commissioned by PTHB at Level 2 treatment centres outside of Powys • PTHB currently provides level 3 multidisciplinary neurorehabilitation for people with Category C and D needs on the two wards that already provide stroke rehabilitation for the population of Powys: Epynt ward in Brecon and Brynheulog ward in Newtown	• Move from in-reach service level agreements to key strategic partnerships with jointly funded or regional posts • Speciality Community Teams e.g. Respiratory, Community Cardiology; Paediatrics & children's team • Primary Care Out of Hours incl pharmacy • Enhanced Minor Injury and Illness as part of Same Day Urgent Care • Rapid Response (Same Day Urgent Care) • Step-Up Assessment and Treatment (CATU) (Same Day & Short Stay) • Complex Rehabilitation incl Stroke/neuro. Level 3 multidisciplinary neurorehabilitation for people with Category C and D needs provided on the two wards that already provide stroke rehabilitation for the population of Powys (Epynt ward in Brecon and Brynheulog ward in Newtown)

Due to the underlying population needed for sustainability for services reliant on more specialised skills or equipment it will not be possible for exactly the same services to be provided across the three Rural Regional Centres. It will also be important to develop an approach where services could be offered to patients of neighbouring health boards and NHS trusts as part of regionally networked solutions (for example use of the theatres and endsocopy suites in Powys in relation to low complexity day case work).

Planned Care

"**Getting It Right First Time**" (GIRFT) is a clinically led initiative across England and Wales which is identifying changes that will improve patient care and outcomes and deliver efficiencies (such as the reduction of unnecessary procedures) and cost savings.

Powys Teaching Health Board has been undergoing a series of detailed external reviews (Orthopaedics, Ophthalmology, General Surgery, Gynaecology) and more are in the pipeline. The reviews have highlighted opportunities for Powys and issues to improve (across services delivered in Powys and commissioned externally). This section summarises key messages from those reviews.

Outpatient Transformation

There is further opportunity to modernise outpatients across services delivered in Powys and commissioned from other organisations. There needs to be optimal use of:

- Virtual appointments
- See on Symptom
- Patient Initiated Follow-up
- Access to clinical guidance for primary care and other referrers
- Triage and risk stratification
- Advice and support

Low Complexity Surgical Procedures

In line with GIRFT recommendations there will be a focus on delivering:

- An increasing amount of low complexity elective surgery within Powys undertaken as day case, but across a smaller range of specialities
- improving utilisation of assets, such as through theatre productivity
- working with externally commissioned services to ensure that no more than 15% of surgical procedures are delivered as inpatient care

High volume low complexity (HVLC) work accounts for 63% of all patients waiting nationally. **Powys will seek to deliver a smaller range of low complexity day case surgical specialties well** within county (**Ophthalmology, Orthopaedics and General Surgery**).

It will work with other health boards and NHS Trusts to ensure that its **theatres and endoscopy suites are regarded as a system asset for the rest of Wales** where low complexity patients from other health boards can also be treated. Powys will need to ensure that its theatres and endoscopy suites achieve GIRFT recommended levels of efficiency.

(85% capped theatre utilisation; wider theatre productivity measures including start times and down-times; and minimisation of cancellations.)

This presents opportunities for Powys in terms of the low complexity day case work that can be repatriated to Powys including North Powys. The GIRFT review of Ophthalmology (cataracts and glaucoma) for Powys highlights:

"We have observed a desire for improvement and passion for caring for patients and identified a number of improvements which can be made within the existing facilities and working framework. However, it is essential that key strategic support at both regional and national level is provided if significant improvement is to be made to create a sustainable service fit for the true population demand now and in the future, and to avoid short term solutions which may result in recurrent crises and backlogs."

...

In PTHB specifically, we were pleased to see that modern surgical practice such as same day bilateral cataract surgery and topical anaesthesia had been introduced but, despite this and a fantastic theatre facility, there were empty sessions and efficient high flow lists had not been established, so that capacity was significantly underutilized. Many more patients could receive surgery there. For glaucoma, until recently there had been no glaucoma consultant and so the many opportunities to improve e.g. for virtual diagnostics pathways and multidisciplinary decision making, had not been implemented.

GIRFT work nationally has shown that **85% of 29 common pathways could be delivered as day case. As a commissioner** PTHB needs to work with other health boards and NHS trusts to understand the timescales in which this can be achieved and the response needed in Powys (e.g. day case admission planning to ensure the equipment rehabilitation needed at home is in place). There will also be implications for Non Emergency Patient Transport. A paradigm shift to moving to predominantly day case approach in these 29 commissioned pathways should also prevent patients becoming delayed in hospital.

High Volume Procedures by Specialty

Speciality	Procedure
Gynaecology	Laparoscopic hysterectomy Vaginal hysterectomy Anterior or posterior vaginal repair Endometrial Ablation Laparoscopic treatment of endometriosis
General surgery	Inguinal repair Laparoscopic cholecystectomy Paraumbilcal hernia
Orthopaedics ★	Anterior cruciate ligament reconstruction Uni-compartment knee replacement Total hip replacement Therapeutic shoulder arthroscopy (rotator cuff repairs, subacromial decompression) Bunion surgery Total Knee Replacement
Spines	Lumbar decompression/discectomy Cervical spine decompression/fusion Medical Branch/Facet Joint Injections Lumbar nerve root blocks/Therapeutic Epidurals One or 2 level Posterior Lumbar Fusion

Speciality	Procedure
ENT	Tonsillectomy Tympanoplasty Septoplasty Mastoidectomy Stapediectomy Functional endoscopic sinus surgery (FESS)
Urology	Transurethral resection of bladder tumour (TURBT). Transurethral surgery for male bladder outflow obstruction (will include TURP, Bladder Neck Incision, Laser operations on the prostate and Prostatic Lift procedures). Ureteroscopy. Minor peno-scrotal surgery (includes circumcision, excision of epididymal cyst and correction of hydrocoele). Cystoscopy
Ophthalmology	Cataract

29pathways 85% Daycase
Supported by Specialist Societies and Royal Colleges

Welsh Government is putting in place an Elective Optimisation Programme to drive operational efficiency in theatres and achieve uptake in HVLC and best practice GIRFT Pathways. Powys will participate and there will be implications for services delivered within Powys and for commissioned services. All health boards will need to achieve **no more than 15% of all surgical procedures delivered as an inpatient admission**, by maximising day case throughput to 85%. Theatre estate is to be fully utilised 6 days a week and 48 weeks of the year.

PTHB does not have Clinical Directorates in the same way as health boards and NHS Trusts with District General Hospitals. A remaining gap is the medical leadership across the planned care specialities to strengthen the governance of services delivered within Powys and externally commissioned.

Early Accurate Diagnosis

Diagnostics should be used to transform services in Powys so that conditions are identified at earlier, less complex, more treatable stages. Diagnostics should be used to help identify the conditions which can be managed in primary and community services in Powys and when external involvement is needed. The public should have access to information and advice about protecting wellbeing and the recognition of worrying signs or symptom and how best to respond.

There needs to be a focus on strengthening diagnostics in primary and community services for the conditions which will have the greatest impact on the morbidity and mortality of the Powys population such as cancer, circulatory and respiratory diseases, frailty and dementia. The health board has developed a Diagnostics Strategic Intent and is

working to develop new capability such as community cardiology services.

There will be greater use of "straight to test" and point of care testing. New techniques should be harnessed which enable diagnostics to be undertaken in people's own homes.

In relation to diagnostics which are not more suited to the home or primary care the key location for development would be the Rural Regional Centres within Powys **(Brecon, Llandrindod Wells and Newtown)** – which would also link to the diagnostics needed for one-stop assessments, for same day urgent care and for step-up.

The diagnostics focused in the three Rural Regional Centres will be Endoscopy (including transnasal endoscopy); X-ray; ultrasound; and non-obstetric ultrasound. Some diagnostic capability may only be sustainable on a North/South basis (such as full lung function testing, where patients need to attend a setting to access a body plethysmograph). There needs to exploration of the extent to which CT and MRI could be provided on a mobile in-reach basis in Powys, including for memory assessment.

Inequity of access to diagnostics across Powys needs to be addressed particularly in North Powys. The North Powys Wellbeing Programme will take forward the business case to develop theatre and diagnostic capacity in the Newtown Rural Regional Centre, including the use of "clean rooms".

GIRFT has recommended that PTHB explores developing a glaucoma Selective Laser trabeculoplasty (SLT) service in Powys which can be delivered by non-medical health care professionals.

It will be essential that alongside this there is development of robust IT interconnectivity, particularly remote image sharing. The clinical governance arrangements must be developed in tandem and should be part of regionally networked solutions. Workforce development will need to include greater use of capability such as physiology and the development of GPs with Special Interests.

The table overleaf summaries what is already in place and what there should be access to within a whole system approach. There would be the opportunity to develop the layout needed for mobile units.

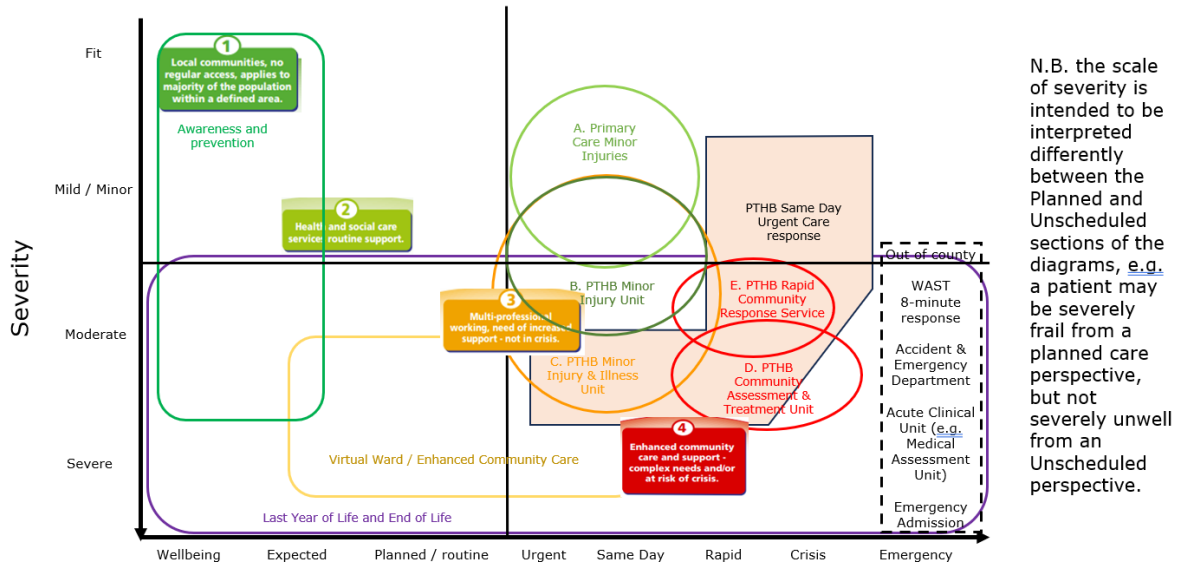
Diagnostics High Level Summary	Patients Own Home	Primary Care	Community	Powys Rural Regional Centres	Region-al (non-cute DGH)	Rapid Diagnostic Clinics [Cancer]	Acute District General Hospital	Special-ised Services
Patient awareness	X	X	X	X	X	X	X	X
Phlebotomy	X	X	X	X	X	X	X	X
Blood pressure monitoring	X	X	X	X	X	X	X	X
Simple Biopsies		X		X	X	X	X	x
Urine Testing	X	X	X	X	X	X	X	x
Dermascopy		Being rolled out	Being rolled out				X	
Audiology	X	X	X	X			X	
Handheld imaging	X	X	X	X				
Ultrasound		X		X		X	X	
Plain x ray				X		X	X	
CT				mobile?	mobile?	X	X	
MRI				mobile?	mobile?	X	X	
PET CT								
DEXA scan				mobile local?			X	
Trans Nasal Endoscopy (TNE)				Being rolled out S&M (N later phase)				
Gastroscopy				S M N		X	X	
Colon Capsule Endoscopy								
Colonoscopy				S M N		X	X	
Cytosponge				Pilot				
Cystoscopy				S M N		X	X	
Hysteroscopy		?		S M N		X	X	
Colposcopy				S M N		X	X	
Flexi Sigmoidoscopy		X		X		X	X	
Echocardiograph			X	X In N, being rolled out M&S		X	X	
Cardiac rhythm monitoring	X	X	X	X			X	
Spirometry		X	X	X			X	
FeNO and lung function tests		X	X	S M N			X	
Sleep studies	X		Up to Level 3 X	S M N			X	
Oximetry	X	X	X	X		X	X	

Blood gas analysis				X				
Genomics	[Sample S]	[sample S]	[sample S]	[sample S]	[sample S]	[sample S]	[sample S]	with outreach

Key
Light pink X = Powys access but further development required
Dark pink X = Pan Powys access
Dark Pink N/S/M = availability specific to Mid, North or South Powys
Yellow = Access potential but not yet available

Same Day Urgent Care (SDUC)

Same Day Urgent Care spans rapid responses in the community – and the backup/step-up needed for this; Minor Injury and Illness Units; and same day attendances for assessment and treatment. The diagram below attempts to show where these developments sit within the continuum of urgency and severity.



N.B. the scale of severity is intended to be interpreted differently between the Planned and Unscheduled sections of the diagrams, e.g. a patient may be severely frail from a planned care perspective, but not severely unwell from an Unscheduled perspective.

Same Day Urgent Care: Minor Injury and Illness Units:
Within the model there would be Minor Injury and Illness Units (MIIUs) in the Rural Regional Centres (Brecon, Llandrindod Wells and Newtown). The Discover phase showed that whilst existing MIUs perform well in terms of the timeliness of responses, they are significantly underutilised and do not have standardised opening hours. It is recognised that Newtown does not have a Minor Injuries Unit at present; the development of an MIIU as part of an Urgent Care response and primary care out of hours would be a priority.

The development of rapid responses including MIIU same day urgent care requires new ways of working including high autonomy and multidisciplinary approaches.

This service would respond to urgent care needs but enables return home the same day.

Patients can access MIIU (SDUC) through different routes including:

- Walk In
- Direct referral from GP
- Direct transfer from Ambulance Service
- Direct referral from NHS 111

The services would be led by Advanced Practitioner nurses or Allied Health Professionals (such as paramedics) and could involve newly developed dual roles such as Nurse/Paramedics or Nurse/Social Workers. Such professionals can assess, diagnose and treat walk-in patients who are then able to return home the same day, with a plan of care involving referral to other services if necessary. This includes support for admission to Same Day Emergency Care (SDEC) or swift transfer to A&E in the most urgent cases. The MIIU- SDUC would have access to virtual consultant advice through [Consultant Connect].

This combined approach would enable rapid responses to:

- Chest Infections (which would require illness module training for non complex cases & access to chest x-ray)
- Wound Infections (opportunity to further develop)
- Urinary Tract Infections (would require illness module training for non complex cases)
- Ear Infections (as above)
- Minor Chest/Hip/Pelvic/Back injuries – Patient must be able to mobilise [Unable to x-ray hip/pelvis at present]
- Minor Head Injury
- Non-cardiac chest pain
- Skin complaints including rashes, infections, and sunburn [would require illness module training for non complex cases]
- Sprains, strains & soft tissue injuries
- Hay fever, Mild allergic reactions
- Minor injuries - cuts, wounds
- Minor eye injuries, complaints and irritations requiring irrigation, and Chemical eye injury
- Emergency contraception
- Suspected fractures and injuries to knee, lower leg, ankle, and feet

- Suspected fractures and injuries to arms
- Animal, insect, or human bites
- Minor burns & scalds
- Removal of foreign bodies from eyes, ears, nose & skin

The services would be linked to enhanced diagnostics. The service would provide:

- the ability for patients to be assessed, diagnosed and start treatment on the same day, improving patient experience and reducing hospital admissions.
- avoiding unplanned and longer than necessary stays in hospitals, resulting in lower risk of infections and de-conditioning for patients
- financial benefits and cost savings for hospitals, and often for patients too.

Same Day Urgent Care: Community Assessment and Treatment Unit (CATU)

This service is a continuum of the same day urgent care approach described above but enables short-term admission (preventing admission to DGHs or longer-term community hospital admission). In particular, it helps to provide a step-up unit for frailty and back-up for virtual wards/enhanced community care. The unit would help to provide:

- Rapid assessment
- Enhanced therapy
- Backup for virtual wards/enhanced community care
- IV Electrolyte imbalance correction
- IV fluids
- IV antibiotics
- IV infusions
- Blood transfusions
- Management of exacerbations of long-term conditions (chronic heart failure and COPD)
- End of life if symptom palliation
- Link to on-site diagnostics (community cardiology, ultrasound, x-ray)
- WAST direct access
- Admission could be up to 48 hours if required
- Most patients would return home on pathway 0 under D2RA
- Post DGH Urgent Assessment & treatment

With the right underlying competency, capacity and individual circumstances elements such as IV antibiotics could be provided at

home. However, this is not consistently and sustainably provided at home at present. There also needs to be step-up from virtual wards where patients require a "one stop" assessment or multiple diagnostics – particularly given the geography and demography of Powys where a third of people live alone, in a highly rural area with an aging population, with workforce and home support gaps.

Complex Rehabilitation

Two of the Rural Regional Centres will provide inpatient level 3 multidisciplinary neurorehabilitation for people with Category C and D needs on the two wards that already provide stroke rehabilitation (Epynt ward in Brecon and Brynheulog ward in Newtown).

Patients who have Category B rehabilitation needs will continue to access this outside of Powys at Level 2 treatment centres.

The Welsh Health Specialised Services Committee will continue to commission services for patients with Category A rehabilitation needs to be delivered in Level 1 treatment centres.

There must be a more joined up approach across mental health and physical health. Within the Rural Regional Centres there should be a focus on multi-condition approaches. There needs to be clear shared care protocols.

Mental health

Home & community

Welsh Government is leading work to reimagine community mental health services for adults. The underpinning values and principles broadly align to those co-produced in Powys through the Health and Care Strategy and to the emerging approach for a sustainable model locally.

The vision for the future is based upon a range of support which can be accessed in a straightforward way, close to home, in a timely way, based on need; and for mental health services of an improved consistency and quality.

The Powys model requires a better **join up across physical health and mental health and a psycho-social approach**. Community mental health provision needs to be more closely dovetailed into a tiered approach for enhanced community care (including rapid and crisis response in the community).

The physical health of mental health patients is one of the greatest inequalities of all. Mental health patients have higher rates of cardiovascular disease (such as heart disease and stroke), diabetes,

obesity and lung conditions (chronic obstructive pulmonary disease and asthma). This is particularly true for young people with severe mental illness; those aged 15-34 years are five times more likely to have three or more physical health conditions. On average the lives of those with severe mental illness are 15 to 20 years shorter, mostly because of preventable physical illnesses.

There should be a proactive approach to addressing the physical health needs of mental health patients. Evidence highlights the need for:

- Personalised support,
- Improved physical health care,
- Annual health checks and improved uptake (which reduces A&E attendances and unplanned admissions to hospital),
- A healthy lifestyle,
- Targeting single versus multiple health behaviours e.g. smoking,
- Addressing clusters of multiple health conditions,
- Extra support after an in-patient stay,
- Improved end of life care.

As for the wider model, at heart the Powys approach should be **person centred**: recognising patients are the best guardians of their own lives wherever possible; helping people to live their best life at home, so people can live, learn, work and enjoy home and community life where possible.

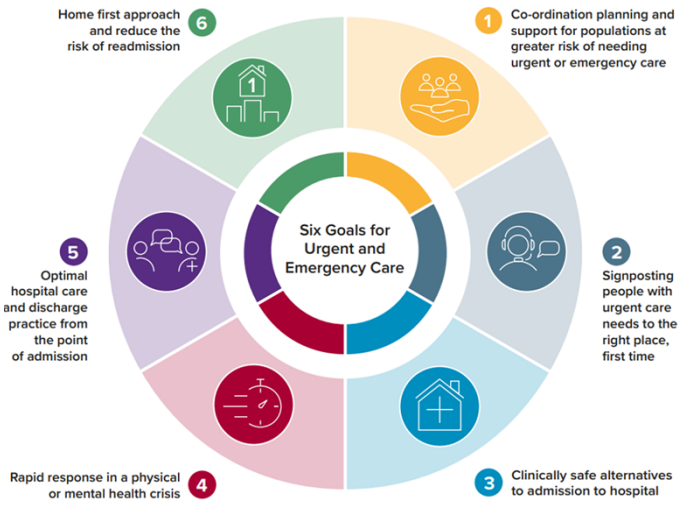
Working in partnership and co-producing solutions should be embedded. There needs to be a culture of **trust building** with partners, **collaborative leadership** across agencies and **shared approach to value** in terms of improving outcomes, experience and the wise use of resources.

The model should be based on a culture of **recovery, rehabilitation and reablement.** Teams need to be **multi-competency**, building the mental health understanding / literacy of the community and other staff. There should be mental health informed approach across a wide range of services.

There needs to be **pan-Powys approaches**, so there is a broadly similar offer across Powys for people of equal need, with clear and **transparent pathways** with "**No Wrong Door**" and Team around the Person/Family approaches and care navigation where needed.

Expanding access to a range of **community solutions** needs to be explored including those which help to prevent the need for admission during a crisis. Crisis resolution home treatment teams will be available across Powys. Access to "**sanctuaries**" in local communities will be

scoped (in line with Welsh Government's Six Goals for Urgent and Emergency Care) and improving co-ordination across urgent and emergency care pathways.



- **Goal 3: Clinically safe alternatives to admission to hospital –** Individuals will have available, outside of normal working hours, crisis cafes or sanctuaries in their local communities which will provide compassionate safe support for those in mental health crisis.
- **Goal 4: Rapid response in a physical or mental health crisis –** People with mental healt and emotional distress will receive a coordinated response from services across the urgent and emergency care pathway. This should seamlessly link:
  - In-hours and out-of-hours primary care
  - Emergency ambulance services
  - Police
  - Mental health liaison
  - NHS crisis services; and
  - Crisis cafes and sanctuaries

Frailty & Community Hospital Wards There should be a joined up approach to frailty of memory and physical frailty, with improved access to diagnostics. Around 40% of patients on general wards are thought to have cognitive impairment. Registered Mental Health Nurses embedded on general wards could help to develop mental health informed approaches and shared care approaches. Standalone wards for patients with mild and moderate dementia are not generally desirable or sustainable. Needs can be met through the further development of community capacity including dementia home treatment teams.

Specialised admission where needed could then be provided more sustainably alongside specialist mental health in a rural regional centre.

A Rural Regional Centre for Mental Health would provide:

- In-patient assessment and treatment centre
- Section 136 suite
- Support for crisis and community teams through step up
- Shared care model for physical health needs of mental health patients
- Age-appropriate Admitted Care
- A culture of recovery, rehabilitation and reablement
- Greater use of the competencies of Allied Health Professionals

Step-down

The development of step-down accommodation and support for people living with complex needs due to severe mental illness will be scoped. This would be a partnership development with Powys County Council. The aim would be to improve outcomes and patient experience for adults with complex mental health needs who are moving on from specialist inpatient mental health care. It would involve the development of a targeted residential rehabilitation scheme for people entitled to agreed multiagency specialist community support care plans. It would be an opportunity to develop an integrated approach to mental health rehabilitation in a residential setting. It is envisaged that residents would be tenants for approximately six months, (which may be extended at six monthly reviews for up to twenty-four months), to consolidate their rehabilitation and prepare for independent living. It is envisaged that care support would need to be available twenty-four hours a day.

Enabling

This section summarises the key enabling activities which will be needed to further develop and implement the model. Most importantly this will involve significant cultural change.

Culture	**People**
Partnership Trust building Collaborative leadership Positive risk-taking with safety nets Co-producing Working better with each other Thinking about the long term Preventative Innovative High autonomy	Competency based – multidisciplinary teams New forms of support roles which can move across home community and hospital Use of non-qualified entry points Better use of administrative support to free up clinical and care time Hybrid roles (e.g. combined social work and nursing) Developing and enhancing general services (including specialist interests) Development of Advanced Clinical Practitioners Involvement of third sector Use of paramedics Continuing to diversify skills such as prescribing Collaborative leadership Use of new capability e.g. physiology and health science Development of clinical leadership in priority areas of frailty and planned care Strategic partnerships for speciality medical cover – including jointly funded posts Staff working at the top of their license
Structure	**Process**
Larger teams with the right mix of competencies Tiered geographical footprint "Horizontal" co-ordination Simplified IT systems that work across boundaries Connectivity Tec enabled	Multi-condition approaches Shared Care model for patients with cognitive impairment on general wards Shared care model for the physical health needs of mental health patients

	Co-ordination, such as team around the person Financial mechanisms – including long term funding Funding alignment to take forward the accelerated model

Shared, tiered, sustainable geographical footprints

What's Happening Now? Gaps	How should it be in the future?
• The health board does not have a consistent, tiered, shared geographical footprint in place • The primary care cluster populations are not equally balanced • Powys is a statutory region (as a Regional Partnership Board) • Powys links into 5 health economies across England and Wales for District General Hospital Flows	• There should be a tiered, shared, geographical footprint so that the service is sustainable for the population served

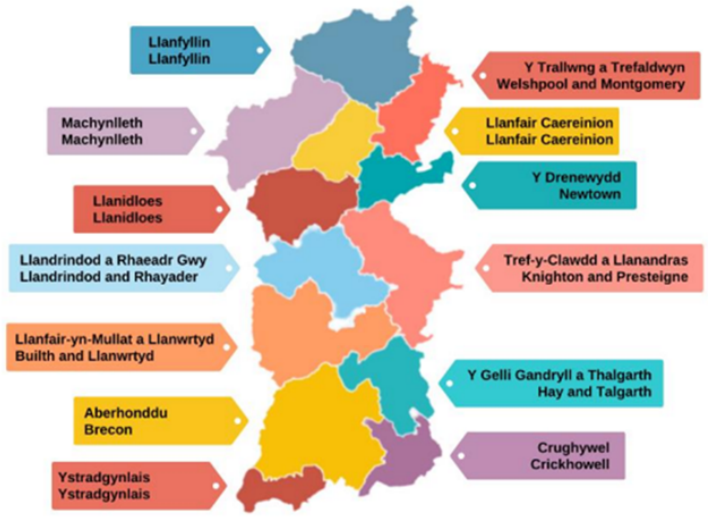
Universal	133,000
1:10	13,300
1:100	1,330
1:1000	133
1:10,000	13.3
1:100,000	1.3
1:1,000,000	0.1

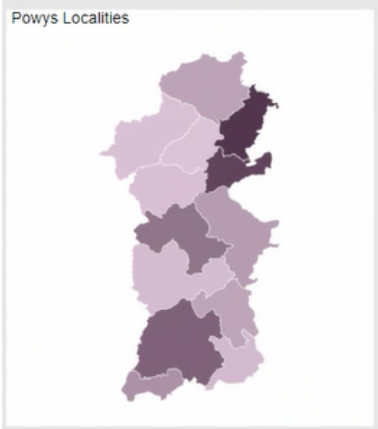
A sustainable population for a service depends upon on factors such as the frequency with which the need appears in the population, the duration of the service, the number of cases required to maintain essential skills and for the economic viability of staff, equipment and premises.

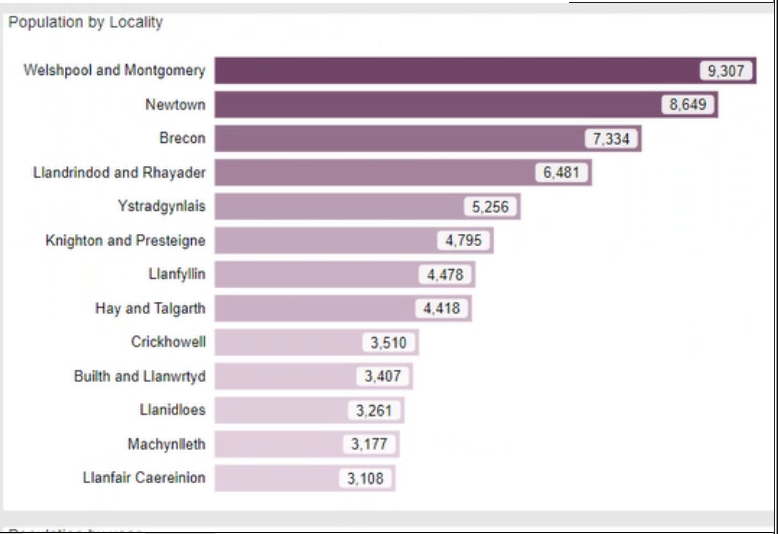
If a need is universal then there may be a 133,000 people who require that service in Powys making local delivery more viable than, for example, a service for a condition which only 1 in a thousand people have.

If services are to join-up in relation to a "place" where people live, there needs to a shared understanding of the extent of that place and the types of service which require wider catchment areas to be sustainable.

There are currently **13 localities in Powys** (made up of MSOA & LSOA building blocks)

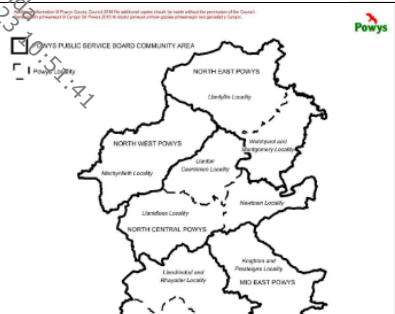






The map on the left shows the school catchment areas, which align to the 13 localities.

The 13 Localities are made up of the 19 Middle Super Output Areas (a unit used nationally by the Office of National Statistics, defined by postcodes). The MSOAs are, in turn, made up of 70 smaller Lower Layer Super Output Areas.

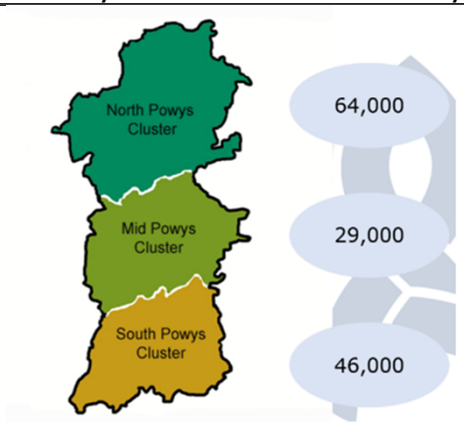


There are 7 public service board areas made up of North East Powys; North West Powys;

North Central Powys; Mid East Powys; Mid-West Powys; South Central Powys; and South West Powys.

The seven Public Service Board areas could be used as the Community Solution Areas, underpinned by the 13 localities where a more local focus is required. (The PSB areas broadly align to the main District General Hospital / external health economy flows – with the exception of Llanidloes which in this context sits more naturally with North West Powys).

Primary care clusters in Powys



The primary care cluster populations are not equally balanced, which sets up issues of sustainability particularly in mid Powys. **North and South Powys**: South Powys combines the mid and south Clusters

Pan Powys there is a population of approximately 133,000 spread over a 100 miles from north to south.

PTHB has patient flows into 5 main health economies across England and Wales.

Next steps

This document has attempted to set out, in broad terms, the key characteristics and shape of the future sustainable model. It also indicates the priorities for phased delivery within the integrated plan.

Partnership will be key and there will need to be clarity about which actions are best taken forward within:

- a shared approach with Powys County Council on "sustainable Powys"
- the Regional Partnership Board and Public Servies Board
- and in collaboration with other parts of the NHS.

For example, ensuring planned care and diagnostics is in line with GIRFT requirements and that the theatres and endoscopy suites in Powys are seen as "system assets" within the NHS will require regional working with other NHS bodies. Whereas ensuring sustainable community capacity and the connection with communities requires a local partnership approach.

Areas which are key to a sustainable approach are:

- Phased implementation of a leading-edge approach to **frailty model** across Powys (including a holistic approach for patients with physical frailty and frailty of memory) spanning awareness and prevention, identification and assessment, intervention (anticipatory and urgent) and the last year of life.

- Adapting responses to people with **multi-morbidity**, streamlining of multiple assessments and reviews; and reviewing medications

- There needs to be more **joined up approach across major conditions**, including a **shift to prevention** (primary and secondary), including in particular obesity and diabetes - earlier in life – and which addresses inequalities

- A joined up approach across physical health and mental health

- The development of a **tiered approach to enhanced community care** (including strengthening primary care, dovetailing with mental health and joining up with social care)

- The development of **same day urgent care**, refocusing minor injury and illness and step-up from enhanced community care to

enable people to keep living at home and to prevent inappropriate admission

- Ensuring systematic use of proactive, person centred, co-ordinated approaches based on what matters to people
- "No wrong door" when help is needed
- Expanding the ways people can link to a range of community solutions where they live, including to tackle loneliness and the development of intergenerational solutions
- Developing a culture of recovery, rehabilitation and reablement across the system
- Strengthening of ward-based rehabilitation in Newtown and Brecon
- Rebalancing care and support
- Implementation of a **shared care approach to patients with mild and moderate cognitive impairment on general wards** so their needs are addressed holistically.
- **Proactive risk taking** in the interest of patients to prevent deconditioning and institutionalised care
- A strengthened approach to **co-ordination** and care planning in **the last year of life** and **end of life**
- Development of home support workers, **particularly for end of life**
- Focus on **low complexity day case surgical services** (particularly ophthalmology, orthopaedics and general surgery) to maximise the efficient use of theatres in line with GIRFT recommendations
- Continued development of access to diagnostics at home, in primary care and in the community which prevent DGH referral and enable treatment at earlier, less complex, stages.

- Focused development of diagnostics in the three Rural Regional Centres to provide access for same day urgent care and enhanced community care back-up (particularly for those diagnostics which cannot be decentralised sustainably)

- Implementation of new techniques that will enable more patients to be seen more swiftly within Powys (such as Transnasal endoscopy)

- Proactive anticipatory care and modernised outpatients

- Partnership, including with housing providers, to develop step-down provision for people recovering from severe mental illness.

- Agreeing a tiered shared geographical footprint for sustainability

- Treatments which are the best value in terms of investment and outcomes

- Optimisation of digital and technological solutions

- Cultural changes – true partnership, collaboration, maintaining quality as the golden thread throughout

- Prizing and developing generalists, competency and hybrid roles
- Finding ways to support an older workforce

This has been drawn from a detailed analysis as part of the "Discover phase"; multiagency workshops; developments in accelerated programmes of work; together with a range of discussions with stakeholders to share and check emerging findings.

The next steps within the Discover, Design and Deliver transformational approach will be to develop phased plans to deliver priorities to be embedded within the integrated plan. This will set out the "road map" and sequencing, including the more detailed demand and capacity modelling, options appraisal, impact assessment, pathway and business case development needed. It will also clarify which matters will be taken forward through Partnership Boards, in collaboration with the local authority or within the health board. There will be continuous engagement, recognising that any significant service changes may require consultation.

Annex 1: what did the Discovery report cover?

Conditions

- **Common conditions**: Powys prevalence rates and numbers based on GP registered population data, forecast list size split by age band
- **Life course**: key metrics
- **Cancer**: requirements/what's actually happening/key metrics
- **Circulatory** requirements/what's actually happening/key metrics
- **Respiratory:** requirements/what's actually happening/key metrics
- **Mental Health:** requirements/what's actually happening/key metrics
- **Frailty:** requirements/prevalence

Where people live/place

- **Different areas of Powys:** 19 Middle Layer Super Output Areas, which make up the 13 Powys County Council Localities.
- **Demographics:** Middle Super Output Area (MSOAs) - Age bands, Ethnicity, Deprivation and One Person Households.
- **Emergency flows** from Middle Layer Super Output Areas (MSOA) in 2021-22. Breakdown by age and sex
- **Admitted Patient Care and Outpatient services** in 2021-22 by MSOA

Services

- **North, Mid and South Clusters**: population
- **Primary Care GP Practices:** General Dental Practices, Community Pharmacies and General Ophthalmic Services across Powys
- **Local Enhanced Services, Direct Enhanced Services and National Enhanced Services** summary across Powys
- **Community Services** summary across Powys
- **PTHB District Nursing Service** capacity November 2022
- **Specialised nursing and practitioner services** provided in Powys
- **NHS Network Benchmarking** 2021/22 PTHB Findings
- **Types of care provision** available in each MSOA in Powys.
- **Domiciliary care and direct payments** by MSOA Snapshot (8 Feb 2023)

Patient Pathway

- **Prevention**: Weight management, smoking, substance misuse, vaccination and screening.
- **Early Accurate Diagnosis**: diagnostics summary table
- **Optimisation of Interventions**
- **End of Life Care**: main locations of deaths of Powys people during 2021-22 and the main causes, percentage and numbers of excess deaths based on health board residence.

Unscheduled and Planned Care

- **Six Goals Urgent and Emergency Care**: requirements
- **Minor Injury Units** attendances in 2021/22 by each hour of the day; reason for attendance in 2019-22 and 2021-22
- **Accident and Emergency Departments:** median waiting times
- **Emergency admissions** to different Welsh health boards and English NHS trusts from each MSOA in Powys between Jan 2022 and Dec 2022
- **Average length of stay across Powys Community Hospitals** and the number of Powys patients who were fit for discharge across DGHs and Powys Community Hospitals; financial implications
- **Proportion of patients aged 70+ years** returning to their usual place of residence and those transferred or discharged to other settings
- **5 Goals for Planned Care** requirements
- **Planned Care Waiting Times**: first outpatient appointments
- **Getting It Right First Time**: key themes; High Volume Procedures by Specialty

Cross- Border Flows

- **Use of community beds in Herefordshire**
- **Main conditions resulting in DGH admissions**
- **Outpatient activity**
- **Admitted Patient Care Activity variation** per 1,000 registered patients by GP practice in 2018-20
- **New Outpatient activity variation**: per 1,000 registered patients by GP practice: 18/19 – 19/20.

Whole System

- **Social Care**: Checkpoint data.
- **Number of requests for support**: by type of support by MSOA in Powys in 2021/22

- **National Exercise Referral Scheme**: programmes at different leisure centre sites in Powys
- **Third sector expenditure** (PTHB)
- **Powys Community Connectors**: referrals in 2021/22 by MSOA based on the type of support required.

Workforce, Skills and Competencies

- **Operating Model**: PTHB People, Structure, Processes, Culture
- **Workforce Projections**
- **Agency staff** as percentage of the health board's total pay bill
- **Sickness absence** PTHB
- **Professional roles within clusters**: by gender, age bands and areas
- **Adult social care staff**: directly employed by Powys County Council.

Patient Report Outcomes and Experience

- Formal complaints (PTHB)

Governance including Finance

- **Main areas of health board expenditure**: 2021/22
- **Powys County Council**: Council Expenditure breakdown 2021/22
- **Regional Partnership Board**: revenue and capital

Capital, Estate and Digital

- **Location of the health boards estates** (map)
- **Leased property and usage** by the health board by MSOA

Risks and Barriers

Potential Benefits

Gaps, Opportunities and Design Notes

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TBC Prehab Santa Mina, 2021& (Carli, 2015)

Better Together

The following stories help to explain how we are trying to make things better for local people in need of health and care services.

Siân – The Challenge

Siân is 80 and lives in a cottage outside a village in Powys. Siân and her husband retired after successful careers (Siân was a lecturer in art and design). Siân lives alone now as her husband died about 6 months ago. Siân takes tablets for high blood pressure and is waiting for tests on her heart. Siân also has Glaucoma, which means her eyesight is slowly getting worse, and Siân has had several urinary tract infections.

Siân arrived at her local pharmacy just before closing time on a Friday afternoon to collect a routine prescription. The pharmacist noticed that Siân did not seem her usual self. Siân seemed low and was worried about which doctor she was due to see next at a hospital outside of Powys.

On the way home, Siân stopped to pick up some food at the village shop but unfortunately fell over whilst carrying the food back to the car. An ambulance was called but there was a long wait for it to arrive and people did their best to keep Siân as warm and comfortable as possible as she lay on the pavement. Once the ambulance arrived, it took about an hour to reach the out of county hospital. Siân had a long wait outside the Emergency Department in the back of the ambulance. When Siân was taken inside, she had to wait on a trolley until a bed could be found for her. The doctors examined Siân and after some tests, Siân had surgery on her hip.

Siân started physiotherapy the day after the operation. However, when Siân was ready to go home there was a long delay as not enough "home support" visits could be arranged to help Siân. This meant that Siân had to stay in hospital. Whilst Siân had been recovering well after her operation, staying mainly in bed or in an armchair in hospital meant that Siân lost strength in her muscles. After nearly three weeks at the first hospital, Siân was moved to a local community hospital but there was still a difficulty in arranging enough home care support visits so that Siân could go home. After 50 days in the community hospital, Siân was moved to a care home as she could not live on her own anymore and needed help.

The changes to make things better

- *A new approach for people living with frailty*
- *A shift to prevention*
- *New types of support workers*
- *Joined-up information*
- *A local community cardiology service*
- *Enhanced community care and a "Same Day" response within Powys to prevent District General Hospital admission*
- *Prevention of "deconditioning" (loss of muscle strength and confusion)*
- *True partnership, including local communities and the third sector*
- *Proactive risk taking in the interest of patients*

How it would be in the future

Siân is 80 and lives in a cottage outside a village in Powys. Siân and her husband retired after successful careers (Siân was a lecturer in art and design). Siân lives alone now as her husband died about 6 months ago. Siân takes tablets for high blood pressure and is waiting for tests on her heart. Siân also has Glaucoma, which means her eyesight is slowly getting worse, and Siân has had several urinary tract infections.

Siân has been reading about what frailty means and the things she can do to stay as well as possible for as long as possible. Siân's friends in her weaving group let her know about an "Amblers" walking-for-wellbeing group which she has joined. With her family and friends, Siân has been discussing plans to move into the village.

Siân's GP Practice has recorded that, whilst Siân is living with mild frailty, she is living alone. Siân's GP Practice also knows that Siân's urinary tract infections have got worse very quickly in the past. Siân was able to explain her concerns to a co-ordinator. A personalised plan was made for Siân which helps explain how to stay well but also what to do if something urgent happened. Siân's plan means that she does not need to have as many appointments as before. Siân's plan also looks at the different medicines and tablets she takes to make sure they are all still needed. Siân's plan explains how her son can be contacted which is important to her. Siân's plan records that her Glaucoma reviews are taking place at the right time to stop her eyesight getting worse. Siân is aware of the signs to look out for and the type of same day urgent care which could be provided in her own home or in the Same Day Centre if needed. Siân knows that this will prevent the situation from getting worse and that this means Siân would not need to go straight to a bigger hospital outside of Powys.

Siân's heart tests are done at her local hospital in Powys. At that appointment Siân mentions her fear of falling to the physiologist. As there is "no wrong door" for getting the help needed, the physiologist was able to contact the single point of access to arrange a falls assessment for Siân. Siân's falls assessment means that Siân gets an alarm which she can press if she falls over. Siân also receives some information about different pairs of slippers which mean she is less likely to fall. Siân has access to a device which monitors her heart condition. If Siân's heart gets worse, the device is able to tell her local hospital.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.5

Planning, Partnership and Population Health Committee	**Date of Meeting: 16 November 2023**
Subject:	**Health Protection Summary**
Approved and Presented by:	Director of Public Health
Prepared by:	Consultant Public Health
Other Committees and meetings considered at:	Executive Committee - 8 November 2023

PURPOSE:

The purpose of the paper is to: provide a summary of health protection incidents/outbreaks responded to during the last 12-18 months, and an update on the transition of TTP (Trace, Test, Protect) programme to respond to a wider health protection threats.

Please note that where reported incidents are less than 5, information has been summarised to protect identity.

RECOMMENDATION(S):

The Committee is asked to:

- **RECIEVE** the contents of the report regarding health protection incidents/outbreaks responded to during the last 12-18 months taking **ASSURANCE** that a process is in place to collect and report the information
- **NOTE** the requirement from Welsh Government to transition from TTP to develop an integrated, agile Team to respond to 'all hazards'
- **NOTE** funding allocation is for the financial year until 31st March 2024.

Approval/Ratification/Decision[1]	Discussion	Information
✓		✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	8. Transforming in Partnership	
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The Covid-19 pandemic has reaffirmed the importance of health protection. The last few years have been hugely challenging for the health protection system in Wales in responding to the Covid-19 pandemic and other infectious diseases.

WG conducted an independent review of the health protection system in Wales, published in February 2023, which concluded 'the system needs to recover, building on the greater integration and cross discipline understanding achieved over the last two years in order to ensure stronger, more equitable and sustainable routine public health service'.

During the COVID-19 pandemic Wales introduced an effective Test, Trace and Protect (TTP) programme in which each Health Board region was responsible for delivering a local response in partnership with the Local Authority. In March

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

2023 the TTP programme ended in Wales as Welsh Government asked Health Boards to transition to building agile, integrated teams to support health protection measures and respond effectively and efficiently to all future health protection threats. A one-year allocation of funding was agreed for 2023/24 as a transition year towards a more agile and sustainable model of health protection. The Welsh Government is developing a Health Protection Framework which will inform the development of local health protection roles and responsibilities. At the current time we do not have certainty regarding ongoing funding arrangement to support the Health Protection Service beyond March 2024 and are awaiting the Framework. It is inevitable that there will need to be a local health protection service as we continue to learn to 'live with covid', protect the most vulnerable, and respond to wide emerging health protection threats during this post emergency phase of pandemic.

This report provides a summary of health protection incidents/outbreaks responded to during the last 12-18 months, and an update on the transition of TTP programme to respond to a wider health protection threats.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 Transition from Test, Trace, Protect to an agile and integrated Health Protection Team

In March 2023, the Welsh Government stood down the Test, Trace and Protect (TTP) Covid-19 service which had been developed at pace in Wales in response to the pandemic. Regions were asked to transition to an agile, integrated team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase, respond to 'all hazards' and prepare for future health protection threats. A one-year (2023/24) allocation of funding was agreed until 31st March 2024.

A Health Protection Partnership Group, Chaired by the Director of Public Health, is established with representative from Local Authority, Public Health Wales and the Health Board. The Group maintain oversight and assurance in relation to the surveillance, planning, response and delivery of a safe, effective and timely response to the Health protection needs of the population of Powys. The Communicable Disease Outbreak Control Plan for Wales (Wales Outbreak Plan) is the formal agreed document which is used as the framework for managing and responding to communicable disease outbreaks with public health implications within Powys and across Wales. Public Health Wales is currently

leading a multi-agency review of the Wales Outbreak Plan and a revised document is anticipated in the Autumn.

1.1 Local Health Protection multi-disciplinary team – core principles.

Health Boards were asked to work with their local government partners to build agile, integrated teams that work on a health board footprint to support health protection measures and respond to future threats. An "all-hazards" approach to health protection should be supported by all partner agencies, recognising that there will be peaks of activity through the year according to national and regional demands. Teams will have a mix of skills and experience to:

- respond to COVID-19 waves and delivery of the national approach to respiratory viruses for winter, centred around those that are most clinically vulnerable.
- have plans in place to scale up in the event of a COVID-19 urgent / future pandemic scenario.
- respond to outbreaks and wider health threats.
- deliver on the National Immunisation Framework for Wales and ensure a high take up of all vaccination programmes.
- undertake wider health protection work including supporting those seeking refuge in Wales, supporting messaging in schools, providing support to care homes, working on TB and Hepatitis elimination etc.
- work together locally and nationally to support and deliver work to address equity of access and opportunity.

1.2 Transitional arrangements

The former TTP Team predominately focused on reactive testing for COVID-19 and other respiratory viruses in community settings in the North and South of the county. The new Health Protection Team needed to evolve to be able to support the response to a much wider range of health protection challenges – 'all hazards approach'. In addition to responding to threats of infectious disease e.g. COVID-19, flu, these challenges include working towards elimination of Hepatitis, reducing health inequalities, health needs support for refugees, outreach work to promote and protect the health of vulnerable groups, health inclusion, responding to incidents and outbreaks etc.

An organisational change process was undertaken during April 2023, and transition to new structure commenced from May 2023.

Evolving towards a new model will take time as the resources, skill set and capability to respond to wider health protection threats are developed. Long term funding also needs to be confirmed beyond March 2024 to enable the development of a sustainable team.

2.0 Managing local Incidents and Outbreaks

The demand to respond to wider health protection incidents and outbreaks has been significant over the last 18 months. A summary of incidents and outbreaks responded to, and managed during this period are set out below.

2.1 Mpox (previously monkeypox)

Since May 2022 there have been over 3,700 cases of mpox identified in the UK. The majority of these cases have occurring in gay, bisexual, and other men who have sex with men. The virus is transmitted through skin-to-skin contact and whilst the illness is usually mild, severe illness can occur in some individuals.

A National Incident Management Team, led by Public Health Wales, was established during Summer 2022 with local participation from Powys Health Protection Team. Locally SOPs were developed for managing a possible and confirmed case of mpox. This included training staff to test for mpox and mobilising processes to ensure that testing was available to respond to undertake sampling of a potential case 7-days a week. During the last 18 months the number of cases of mpox has remained low in Powys.

Following JCVI guidance, the NHS continues to offer smallpox (MVA) vaccination to people who are most likely to be exposed to mpox, including:

- healthcare workers caring for patients with confirmed or suspected mpox,
- gay and bisexual men, specifically those receiving PrEP or that have recently contracted a STI.

The Health Protection Team reviewed sexual health service pathways to ensure neighbouring Health Board/Trusts were able to identify eligible residents and ensure preventative and treatment services are available. The Nationally agreed process to access vaccine is through the specialist sexual health services and for healthcare workers from their employer. NHS Sexual Health Services proactively invited eligible cohorts for vaccination, prioritising those who are likely to be at highest risk to come in first.

2.2 Avian Influenza

Avian influenza, sometimes referred to as 'bird flu', is a highly contagious viral disease that affects the respiratory, digestive or nervous system of many species of birds.

Earlier this year in Powys highly pathogenic avian influenza (HPAI) H5N1 outbreaks have been associated with several premises in the North of the county. This strain can **spread rapidly and cause high mortality in poultry**. When HPAI is confirmed or suspected in poultry or other captive birds, the appropriate disease control zones are declared by Welsh Government around the infected premises to prevent the spread of the disease. The Local Authority Animal Health Team and the Animal and Plant Health Agency (APHA) are responsible for the surveillance and control of avian influenza within the zones. Following successful completion of disease control activities within the zones all the surveillance zones have been revoked for areas of Powys.

Once an avian influenza outbreak has been declared, an assessment of risk of human infection with animal influenza is undertaken following protocols. Preventative and control measures can involve established contacts of the unwell/dead birds being asked to isolate and offered antiviral medication whilst being monitored for a period. The Health Protection Team has worked with the Medicines Management Team to ensure antiviral medication is accessible at all times (in and out of hours), and that swabbing can be undertaken of individuals as requested.

2.3 Scarlett Fever and Invasive Group A Streptococcal (iGAS)

Group A streptococcus (GAS) causes a range of infections including scarlet fever, streptococcal pharyngitis, skin and soft tissue infections, post-partum infection, and invasive disease (iGAS).

In Wales, (and across England), during Winter 2022/23 there was a significant increase in the number of notifications of scarlet fever and subsequent rarer iGAS cases. This occurred during a period when the NHS was experiencing Winter pressures and resulted in a surge of consultations within primary care to respond and manage the increase in infections.

An Incident Management Team was established for Powys. Information was cascaded through the education and pre-school (nursery) settings to encourage notifications to support management of incidents/outbreaks. Information was

also disseminated to parents/guardians and within local communities to increase awareness of signs/symptoms and advice on when/where/how to seek help and support from healthcare providers. The Medicines Management Team worked closely with primary care and community pharmacists to ensure resources/medicine supplies were available.

During the Autumn/Winter 2023/24 the Health Protection Team will continue to provide information to schools regarding prevention and identification of symptoms and processes for notifying potential cases.

2.4 Shiga toxin-producing Escherichia coli (STEC)

The Health Protection Team supported PHW and UKHSA in England with an investigation into an outbreak of STEC in a family who had recently visited a petting farm. In total six people were infected by the E.coli bacteria and became unwell. The Incident Management Team (IMT) through investigations identified the source of the infection and implemented controls to manage the outbreak.

Learning from this outbreak the Health Protection Team, working with Environmental Health Team, has implemented a programme of visit to farms within Powys to discuss compliance with animal feed standards. This work is of value in a rural county such as Powys.

2.5 Ukrainian Refugee Resettlement

Over the last 18 months over 250 people seeking sanctuary have temporarily settled in the county, with the majority of these new arrivals travelling from Ukraine. Families have experienced a number of challenges and along with these is concern regarding health status and the increased risk of having or being exposed to infectious diseases (e.g.,TB) and blood borne viruses.

The Health Board has responsibility to offer health screening of 'newly arriving' refugees in line with WG requirements. GP Practices were commissioned through a Local Enhanced Service (LES) to undertake health screening, to take appropriate bloods, request x-rays, and refer to secondary care as appropriate. In addition, support for initial (limited) health screening was provided by the TTP Clinical Leads, where appropriate.

Delivering the health screening/investigation requirements was an emergency response situation for Health Boards due to significant numbers of refugees arriving in one place in a short space of time. Undertaking health investigations on large numbers of individuals in a short period of time risked

an unacceptably extended time runs on processing x-rays for refugees with a resultant risk of undiagnosed infections such as TB. Together with the nearest District General Hospital being over an hour away, and TB services being commissioned from external providers considerable resources were deployed to offer the health screening requirements. The Health Board worked with the national allocations team and the Local Authority to agree a process to ensure the placing of individuals to match the local infrastructure in place to support the health needs of individuals.

2.6 Respiratory infections

WG set out that the approach to testing and contract tracing for Covid-19 should be to reduce both volume and costs wherever the public health risks are considered to be low. For testing, this means that whilst we will continue to focus provision on those at higher risk of serious outcomes from respiratory viruses, the Winter Respiratory Testing Framework sets out a more clinical model of patient testing, based on local clinical decision making in support of incidents/outbreaks in vulnerable settings (e.g. care homes, special schools, prisons).

Similarly, for contact tracing for Covid-19 will be similar to other communicable diseases and is undertaken where there is a locally determined health protection need, such as an outbreak in a high-risk setting. A small national team has also been maintained (hosted by Cardiff County Council) to provide surge capacity across Wales, as and when needed.

The Health Protection Team has continued to deliver a testing service to care homes in response to residents reporting respiratory symptoms and to support management of incidents/outbreaks.

2.7 Care home Support

In preparation for Autumn/Winter 2023/24, the Health Protection Team has developed an educational and support programme for care homes to support homes to prevent, control and manage respiratory incidents/outbreaks. This involves delivery of onsite training for residential/nursing homes for older adults covering Infection Prevention and Control, outbreak management, PPE, testing guidance & swabbing, and importance of vaccination. Onsite visits have been undertaken to 29 care homes during August/September 2023.

2.8 Surge Response

There is a recognition that Local Health Boards may need to respond to a surge in COVID-19 cases. The reduction in funding and subsequent reduction in TTP capacity impacts on ability and capacity to deliver a surge response. The funding and current team provides capacity to deliver testing through the Health Board and tracing through the Local Authority to outbreaks within vulnerable settings, and to surge within a covid stable position. Vaccination is the best defence and the Health Board has developed and tested its surge capacity for vaccination which would be dependant on additional funding (in the event of a request to surge). Additionally, staff within the Health Protection Team have been trained to deliver covid and flu vaccinations and currently support with the delivery of the Autumn Covid vaccination campaign, outreach clinics, as well as staff flu vaccination. The team will continue to work with the vaccine team to support further work to increase uptake and equity across all of our vaccination programmes as required. If funding for this is reduced and/or ceases on 31st March 2024, plans will need to be reviewed.

The Health Protection team also have a role in promoting vaccine awareness and uptake. Work so far has included engaging with care homes to promote vaccination in both residents and staff and highlighting the importance of flu vaccination in 2 and 3 years olds.

2.9 Hepatitis B and C Elimination Plan

Welsh Government has set an ambition to eliminate hepatitis B and C as a public health threat by 2030. A Welsh Health Circular was issued in January 2023 setting out the key strategic and operational tasks identified to eliminate hepatitis B and C including increasing awareness, increasing funding, improving access to vaccination, testing and treatment.

On paper, Powys does not appear to have a big issue with hepatitis B or C. No babies were born in the Powys area between 2018 and 2022 to hepatitis B infected mothers, 6-in-1 vaccination rates for infants are on par with the rest of Wales and hepatitis C rates are the lowest in Wales both overall and in the at-risk populations identified. However, for elimination to be successful it is imperative that every area of Wales understands and maps the journey those at risk, being tested and treated and in monitoring undertake. As it stands there are gaps in the Powys and all-Wales datasets, and a proactive approach

to prevention and treatment in-county are necessary before Powys can be confident hepatitis is not a bigger issue than it appears.

In Powys, a workshop with key partners was held on 16th June 2023, to map the patient journey and focus on elimination at each key stage, prevention through to follow up. Members of the workshop, which included the Local Authority, Substance Misuse services, Kaleidoscope, Maternity services, Microbiology, Public Health and others, have now formed the 'Powys Hepatitis B and C Elimination Group', which will be responsible for actioning the plans developed.

A draft hepatitis B and C elimination plan has been developed and submitted to Welsh Government in July 2023. It set out an assessment of the current situation in Powys, work to date and an overview of the diagnostic and treatment pathways. Following assessment, the plan sets out sixteen actions ranging from prevention to the introduction of a local service to meet the needs of those with hepatitis.

Staff in the Health Protection Service are currently undertaking training to undertake testing for hepatitis to expand the offer of testing through outreach model with the aim of raising awareness and increasing access to those at greater risk.

NEXT STEPS:

The Health Protection Team will continue to:

- prioritise resources to deliver to meet the requirements to test, trace, and manage incidents / outbreaks to protect the most vulnerable residents during Autumn/Winter 2023/24.

- work collaboratively with the Local Authority and Public Health Wales to respond to and manage health protection incidents/outbreaks in line with The Communicable Disease Outbreak Control Plan for 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	Statement
Age				x	*Health protection services are access to all who require them, a preventative approach alongside a targeted outreach will aim to positively in pact those most at risk from being exposed to infections and experiencing a poorer outcome.* *Audits will be undertaken with the aim of ensuring equity in accessing screening / testing and treatment.* *Those in the most vulnerable communities such as care homes will be provided with additional support from the team.*
Disability				x	
Gender reassignment	x				
Pregnancy and maternity				x	
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				

Risk Assessment:

	Level of risk identified				Statement
	None	Low	Moderate	High	
Clinical			x		*There is a risk that a local Health Protection service will be established to meet local need, but as sufficient ongoing funding will not be available.* *There is a risk that suitable trained and experienced staff will not be retained and vacancy gaps not filled as a result of ongoing fixed term posts.* *Risks will be minimised through regular updates to Executives (through the Director of Public Health) and through internal Public Health Directorate quality assurance structures.*
Financial		x			
Corporate		x			
Operational			x		
Reputational		x			

Agenda item: 3.6

Planning, Partnerships & Population Health Committee	**Date of Meeting: 16 November 2023**
Subject:	**Childhood Immunisations Report**
Approved and Presented by:	Executive Director of Public Health
Prepared by:	Senior Health Promotion Practitioner Immunisation Coordinator
Other Committees and meetings considered at:	Executive Committee – 19 October 2023

PURPOSE:

The purpose of this paper is to update the Planning, Partnership and Population Health Committee regarding the uptake of childhood vaccinations across Powys Teaching Health Board (PTHB) from 01 April 2022 to 31 March 2023.

The Welsh Government performance measures for childhood immunisation for 2022-23 were:

- the percentage of children receiving complete course of '6 in 1' vaccines by 1 years of age
- the percentage of children receiving complete two dose course of MMR vaccine by 5 years of age.

The Committee is asked to note changes to the childhood immunisation performance measures for 2023-24 to report on:

- Percentage of children who are up to date with the scheduled vaccinations by age 5.

RECOMMENDATION(S):
The Committee is asked to: • Consider the uptake in childhood immunisations and take assurance of the actions being undertaken to maintain and/or further increase the uptake of childhood immunisations, including targeted catch-up campaigns.

Approval/Ratification/Decision[1]	Discussion	Information
√		√

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

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	√
	2. Provide Early Help and Support	√
	3. Tackle the Big Four	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	√
	2. Safe Care	√
	3. Effective Care	√
	4. Dignified Care	x
	5. Timely Care	√
	6. Individual Care	√
	7. Staff and Resources	x
	8. Governance, Leadership & Accountability	√

EXECUTIVE SUMMARY:

1.0 Background and Context

Childhood immunisations protect against a range of diseases and are delivered according to a national schedule as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) and adopted by the Welsh Government. The JCVI recommendations are based on the evidence of effectiveness and cost effectiveness of each vaccination, based on both direct and indirect benefits.

Powys Teaching Health Board (PTHB) has relatively high uptake for most of the childhood vaccinations up to the age of five years. There is variation in uptake across GP Practices and uptake of Measles Mumps and Rubella vaccine declined during the pandemic. Targeted catch-ups are being undertaken comprising of data cleansing and offer of missed vaccinations to increase vaccine uptake.

Childhood immunisations is part of the General Medical Services contract delivered through General Practice, with the contract management process undertaken by the Primary Care Team. The target for all scheduled childhood vaccinations is 95%, a level which provides 'community immunity'; the approximate rate at which disease outbreaks are unlikely and protection is therefore conferred to vulnerable individuals, for whom vaccination is contraindicated.

The routine immunisation schedule for children and young people can be seen in Appendix A.

The immunisation uptake within this report is based on data from the:

1. COVER Annual Report 2023, published by Public Health Wales in June 2023, which provides vaccination uptake data for each childhood immunisations for the period from 01 April 2022 to 31 March 2023.

2. COVER Quarterly Report, 01 April 2023 to 30 June 2023, summarising immunisation uptake in children reaching key birthdays between 01 April 2023 and 30 June 2023.

2.0 Uptake of childhood immunisations at 1 years of age (April 2022-March 2023)

Overall, during 2022-23, uptake of immunisations in one-year-olds residing in Powys remains high and in line with the all Wales average, as shown in the table below.

	Percentage uptake 6 in 1' vaccine[1]	Percentage uptake PCV[2] vaccine	Percentage uptake Men B[3] vaccine	Percentage uptake Rotavirus[4] vaccine
PTHB	94.7%	95.5%	94.6%	92.4%

Wales	94.5%	95.9%	93.8%	91.7%
Rank	3/7	6/7	2/7	4/7

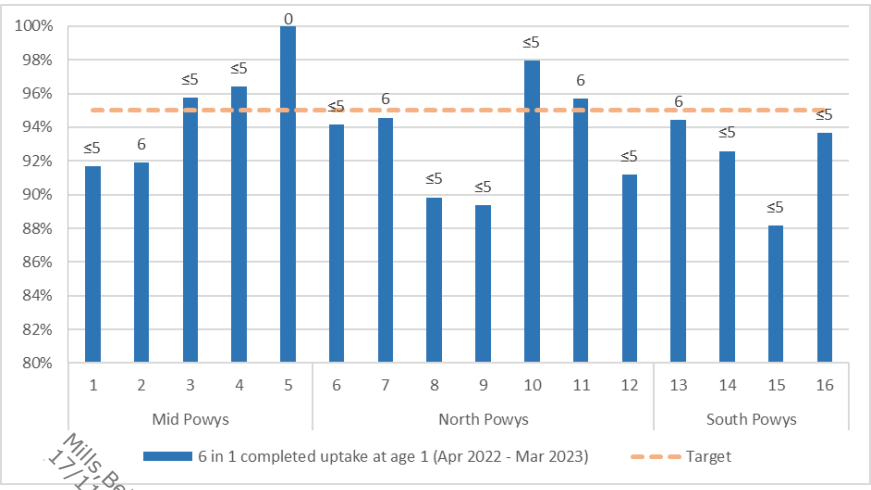
[1] Vaccination with a Welsh Government delivery target of 95% uptake. Uptake consists of three separate doses in children by their first birthday
[2] Uptake in full annual cohort of children to be on the new one dose primary pneumococcal conjugate vaccination (PCV)
[3] Uptake of two doses of MenB vaccine, scheduled at two and four months of age.
[4] Rotavirus vaccine uptake of two doses by age one.

Uptake of the '6 in 1' vaccine dropped slightly below 95% to 94.7% but uptake of the pneumococcal conjugate vaccine (PCV) remained above 95%. In Powys, if an additional 3 children had been fully vaccinated (3 separate doses) for the '6 in 1' by their first birthday the 95% target would have been reached; whilst for Men B vaccine and Rotavirus vaccine an additional 4 children and 28 children respectively would have needed to be recorded as vaccinated to achieve 95% uptake by one years of age. For the Rotavirus vaccine, there are strict upper age-limits for receiving the vaccine, which prevent catch-up if the course was started late.

2.1 Variation by GP Practice/cluster

The percentage uptake in Powys is significantly impacted by small numbers which is demonstrated in the bar chart for the '6 in 1' vaccine in children reaching their first birthday (see Figure 1). This shows 11 General Practices with uptake lower than 95%; for eight of these 11 GP Practices this relates to less than five children needing to be vaccinated to reach the target of 95%.

Figure 1: Uptake of '6 in 1' by age one year of age by GP Practice and cluster 1st April 2022 – March 2023 (raw data shows numbers of unvaccinated)

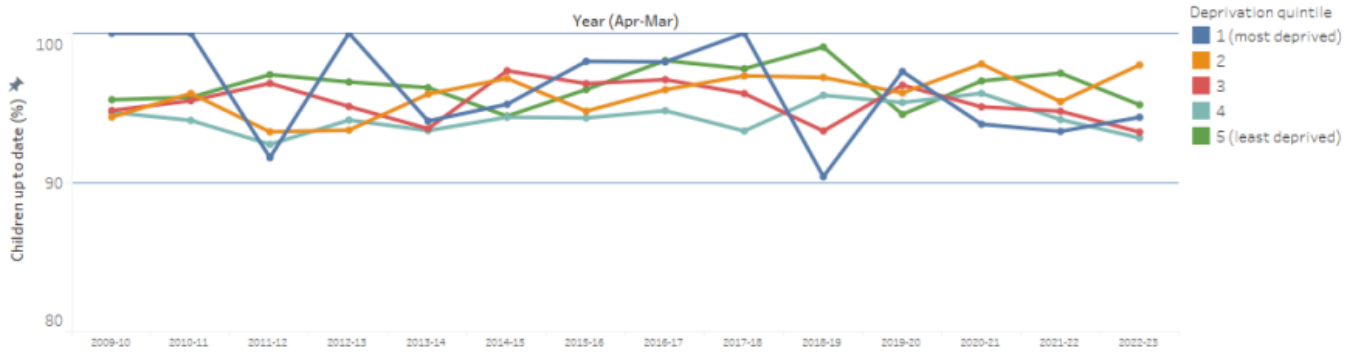


2.2 Inequity in uptake

In general uptake of immunisations tends to vary according to level of socioeconomic deprivation of area of residence with uptake highest in those who reside in the least deprived areas of Wales, and lowest in those residing in the most deprived areas of Wales.

In Powys, during 2022-23, uptake by age one years does not follow this pattern with some of the most deprived areas of residence (by deprivation quintile) having the highest uptake of children who were up to date with routine immunisations, as shown in Figure 2.

Figure 2: The proportion (%) of children up to date with routine immunisations by 1 years of age in Powys, by deprivation quintile, (2009 to 2013)



3.0 Uptake of MMR1 and MMR2 vaccine (April 2022 – March 2023)

	Percentage uptake of MMR1 by age 2	Percentage uptake of MMR2 by age 4	Percentage uptake of MMR1 by age 5	Percentage uptake of MMR2 by age 5[1]
PTHB	93.1%	91.1%	95.8%	90.4%
Wales	92.9%	85.6%	95.2%	89.5%
Rank	5/7	1/7	3/7	3/7

[1] Vaccination with a Welsh Government delivery target of 95% uptake in 2022-23.

The Health Boards performance for annual uptake of one dose of Measles, Mumps and Rubella (MMR) by age two is above the Wales average at 93.1% for 2022-23, compared to all Wales average of 92.9%. The uptake across the 7 Health Boards in Wales ranged from 89.3% to 95.1%, with only one Health Board achieving the 95% target. To reach 95% uptake for MMR 1 by age two an additional 19 children would have needed to have been recorded as being vaccinated in Powys during the 12 months to 31 March 2023.

Coverage of one dose of MMR vaccine in children reaching age five years of age during the 12-month period to 31 March 2023 reached 95.8%, which is slightly above the all Wales uptake of 95.2%.

MMR vaccine uptake of a complete two dose course in children by five years of age was 90.4% in Powys, above the Wales average of 89.5%, with uptake ranging from 86.9% to 91.7% across the 7 Health Boards in Wales. The children within this cohort would have been due their immunisations during the COVID-19 pandemic as they would routinely be called for preschool vaccinations at three and half years of age.

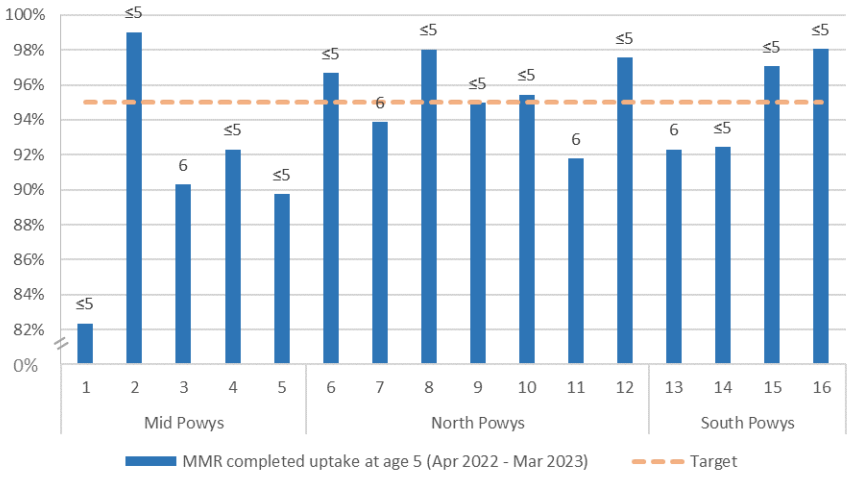
Analysing uptake of MMR2 by age 4 during this period appears to show a slight recovery in uptake in Powys with children appearing to being called on time for vaccination, with uptake at 91.1% compared to all Wales average of 85.6%. To reach 95% uptake by the time the children in this cohort are aged 5, an additional 47 children need to be recorded as vaccinated during April 2023 to March 2024.

There has been a steady increase in cases of measles reported in England during 2023 with the majority of cases reported in London. The UK Health Security Agency modelling data predict that an outbreak involving thousands of cases is likely in the UK, unless MMR uptake rates improve. An outbreak of this magnitude could lead to multiple cases being imported to other areas of the UK, including Wales, and possible subsequent local transmission.

3.1 Variation by GP Practice/cluster

There is variation in vaccine uptake across clusters and within clusters at General Practice level as the bar chart in Figure 3 shows for uptake of two doses of MMR by age five. Half of the GP Practices have achieved the target uptake of 95% or above during 2022-23 with the North GP Cluster having overall highest uptake, followed by the South then Mid Clusters. Again, those GP Practices achieving less than the 95% target are impacted by small cohort numbers, particularly GP 1 who has only three unvaccinated children but an uptake of 82.4%. This can have an impact on the overall uptake for Powys THB.

Figure 3: MMR completed uptake at age 5, showing numbers of unvaccinated children by Powys GP (April 2022 - March 2023)



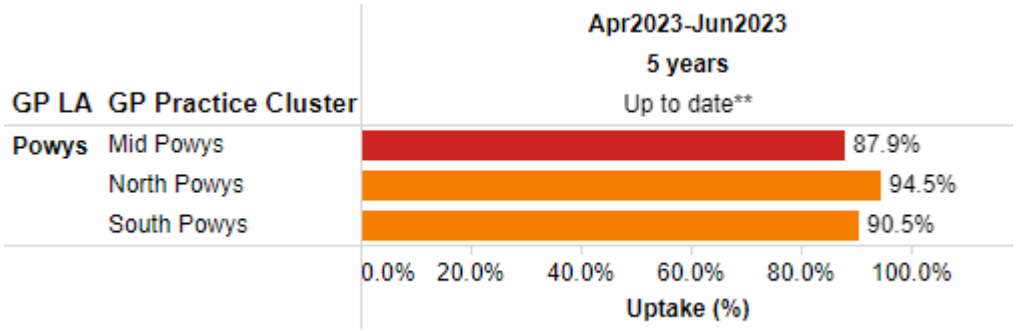
4.0 Uptake of routine immunisations by 5 years of age (April 2023-June 2023)

For 2023-24, there are changes to the performance measures to include:

- Percentage of children who are up to date with scheduled childhood vaccinations by age 5.

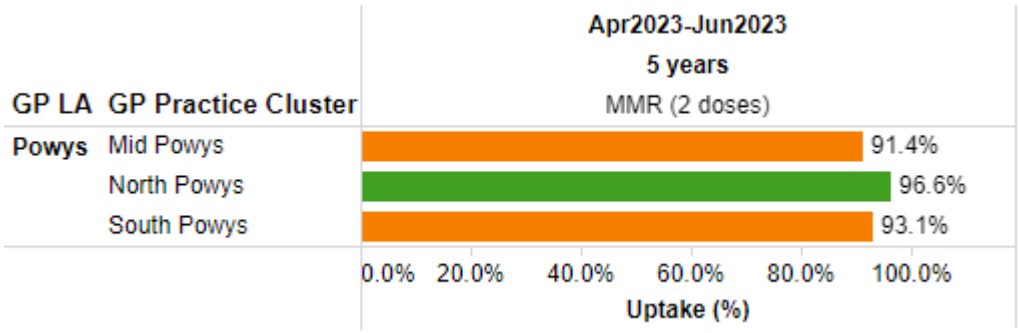
For the first quarter of 2023-24 (April 2023-June 2023), Powys THB achieved an uptake for all routine vaccinations of 91.7%, which is the highest uptake of all seven Health Boards and higher than the Wales average of 87.9%. This measurement is for those children who have received all of the following vaccines by their fifth birthday: 4 in 1 preschool booster, Hib/MenC booster, 2 doses of MMR. Figures 4 demonstrate the variation in uptake by GP Clusters with the North Cluster achieving highest uptake.

Figure 4: Percentage up to date with vaccinations by age 5, by Powys GP Clusters (April 2023 – June 2023)



Analysis of uptake of two doses of MMR vaccine by age five, for quarter one of 2023-24 shows that overall uptake of 93.9%, with the North GP Cluster achieving over 95% uptake.

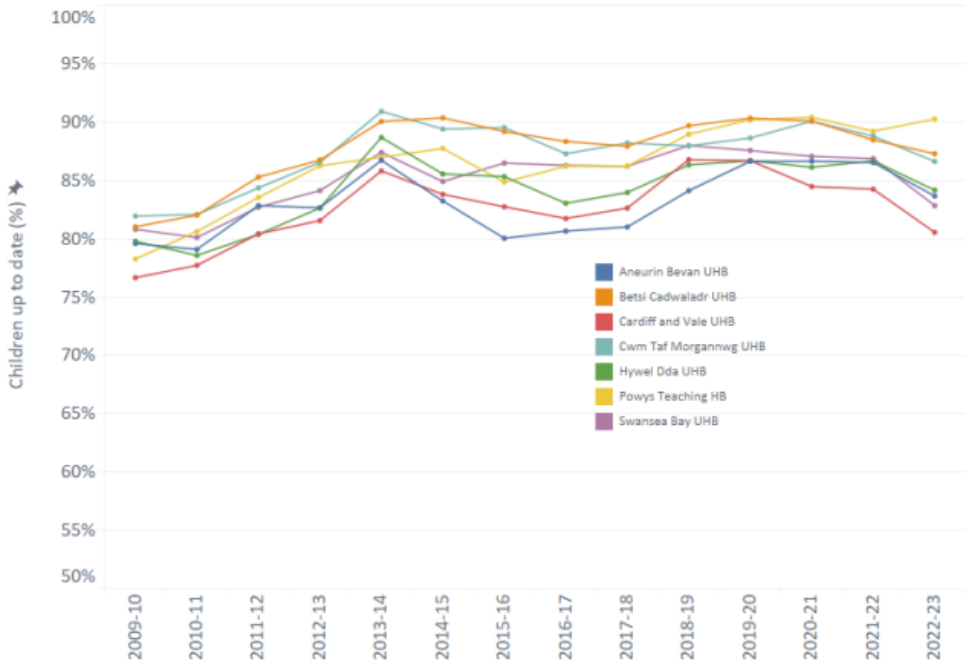
Figure 5: Uptake in Powys GP Clusters of two doses of MMR by age 5



5.0 Trends in uptake of all routine childhood immunisations

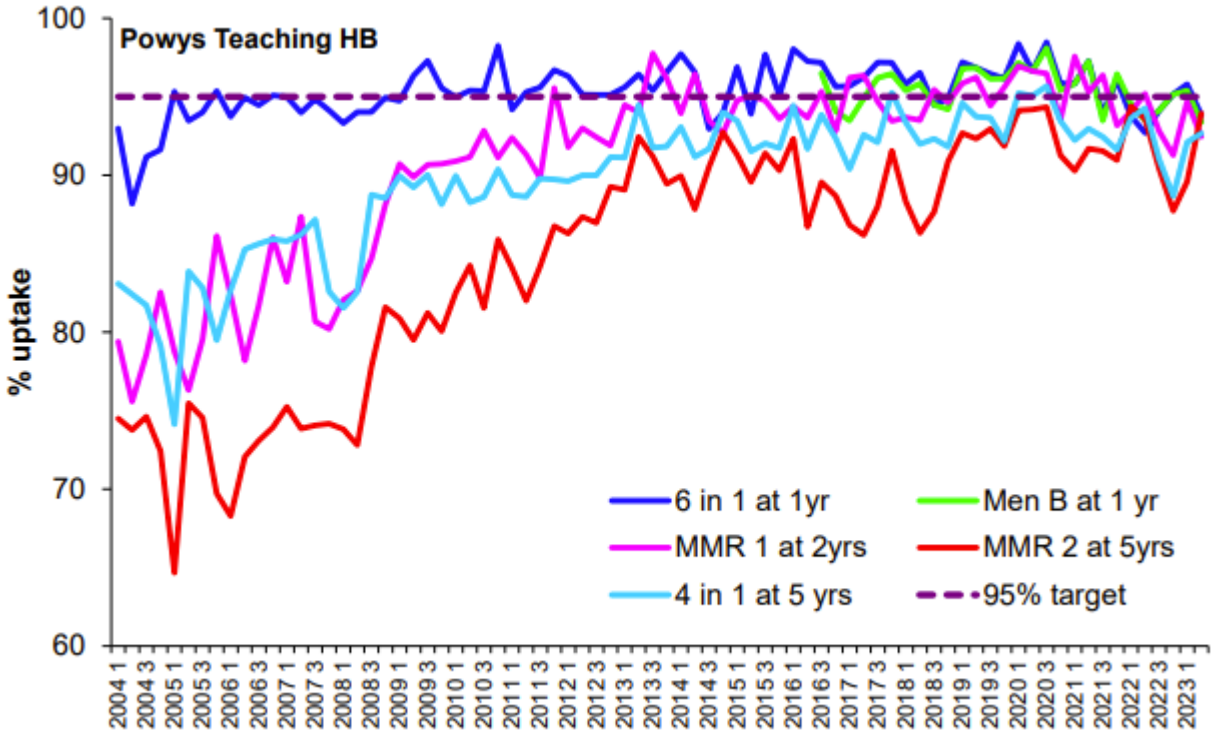
Figure 6 shows the trend in proportion of children up to date with immunisations by four years of age, by health board, Wales, between 2009-10 and 2022-23. For Powys whilst this shows an increase in uptake over the last 12 years, uptake has consistently been below the 95% target. This highlights the importance of ongoing targeted work to improve uptake and continuing to offer catch-up for missed vaccinations to children and young people.

Figure 6: Proportion of children up to date with immunisations by four years of age, by health board, Wales: 2009-2010 to 2022-23



The chart in Figure 7 shows the trends in uptake of routine childhood immunisations from 2004 to June 2023. Whilst uptake of '6-in-1' at one years of age has been consistently near the 95% target, uptake of MMR was particularly low up until 2019. This highlights the importance of undertaking catch-up campaigns to offer and target children, teenagers, young people and adults in their early 20s who may be un/under vaccinated as they may have missed their MMR vaccine when scheduled.

Figure 7: Trends in uptake of routine childhood immunisations for Powys resident children, from 2004 to June 2023



6.0 Factors influencing vaccine uptake

The variation in uptake rates can be due to a range of factors for example, the time allocated to immunisation clinics, the rigour with which immunisation is actively promoted by health care professions, and the demographic makeup of the practice population. Complexity of social circumstances and frequently changing contact details can also create barriers to vaccination uptake. Family mobility, family size, child age, vaccine beliefs, socioeconomic status, geography, rurality, and service delivery method can all influence the likelihood of children receiving timely routine immunisations. Offering families' flexibility with appointment time and date, checking contact details at every opportunity and continuing to offer catch-up for missed vaccinations help improve vaccination uptake.

A recent MMR catch-up undertaken during July/August 2023 through the Vaccination Centres at Bronllys and Newtown found that accurate recording and reporting of immunisation was a factor in uptake rates. As a result, combined with movements of children into an area, coverage figures for older children calculated from Child Health Databases may suffer from a degree of denominator inflation and immunisation under-reporting. In Powys THB area, there is an added complexity regarding cross boarder reporting between English and Welsh IT systems whereby the Child Health System (CHS) is not always notified of children who moved in and out of area, which may also influence uptake rates.

7.0 Actions being implemented to increase vaccine uptake

Below are some of the actions currently being implemented to maintain and improve childhood immunisation uptake:

Governance and leadership

- A Powys Vaccination Group has recently been established to provide strategic oversight, scrutiny, coordination, implementation and monitoring of all routine vaccination programmes. The Group is Chaired by the Director of Public Health.

Monitoring and reporting performance

- Data cleansing process to cross-check vaccination status of children under five years of age recorded on GP system with child health system (part of polio and MMR catch-up campaigns)
- Regular monitoring of performance and escalation process in place to understand reasons for any decline in uptake and if any support is required by GP Practices
- Practice queues are monitored and regular communication with practices to understand reasons for immunisation queues and support offered to resolve these to ensure timely immunisation offered
- Manual data cleansing (on-going process) to cross-check MMR immunisation status of children who are un/under vaccinated on the Child Health System and the GP Practice system.
- Reviewing GP immunisation reporting lists which should increase reporting accuracy.

Targeted catch-up campaigns

Catch-up of routine vaccinations remains a priority in averting large outbreaks of vaccine-preventable infections. Action implemented over the last 12 months has included:

- Polio vaccine catch-up for children up to the age of 5 years implemented by GP Practices between November 2022 and March 2023, and offer of other missed vaccinations at the same time
- MMR catch-up appointment letters sent to children aged 4-16 years recorded on Child Health System as un/under vaccinated. This was undertaken during July/August 2023 through Vaccination Centres at Bronllys and Newtown.

Developing a systems approach

- Primary immunisations of babies are prioritised within the childhood immunisation schedule by the Child Health System
- Pathways agreed with GP Practices and Health Visitors for:
  - Pathway for missed immunisation

- Pathway for Refusal of consent

- Protocols in place for health visiting service in their public health remit to support practices and follow-up where children have missed appointments (follow-up of hard to reach)
- Health Visitors discuss and promote immunisation as part of contacts with parents/guardians
- SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations
- Postcards in development to raise awareness of pre-school immunisation schedule amongst parent/guardians

Next Steps:

Committee Members are asked to note actions being taken to maintain and improve timely immunisation to protect individuals, and to reduce the risk of preventable disease outbreaks.

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** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age				x	
Disability				x	
Gender reassignment	x				
Pregnancy and maternity	x				
Race	**x**				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken*** ***Maintaining and improving immunisation rates are imperative to protect individuals and to prevent avoidable disease outbreaks and harm. High financial, clinical, reputational risk if immunisation schedule is impacted.***
	None	**Low**	**Moderate**	**High**	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Appendix A

Mae Brechu yn achub bywydau
Vaccination saves lives

GIG CYMRU NHS WALES

The complete routine immunisation schedule for Wales
from September 2023

Age due	Diseases protected against	Vaccine and name		Usual site[1]
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12 -13 months old	Hib / Meningococcal group C	Hib/MenC	Menitorix	Upper arm/ thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/ thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/ thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2[2] and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz Tetra[3]	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm
School year 8 (12 to 13 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)	HPV[4] (one dose)	Gardasil 9	Upper arm
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix or Menveo	Upper arm
65 years of age and older	Influenza (annually from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 years of age and older	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumovax 23	Upper arm
65 years and 70 to 79 years old	Shingles	Shingles	Zostavax[5] (one dose) or Shingrix[6] (2 doses)	Upper arm

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.
2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.
3. If Fluenz Tetra is contraindicated, use a suitable inactivated flu vaccine.
4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.
5. Those previously eligible for Zostavax will be offered Zostavax until supply is depleted.
6. Immunocompetent individuals require two doses of Shingrix with the second dose given 6 to 12 months after the first dose. Immunosuppressed individuals require two doses with the second dose given 8 weeks to 6 months after the first dose.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.7

Planning, Partnerships & Population Health Committee	**Date of Meeting: 16 November 2023**
Subject:	The Additional Learning Needs and Education Tribunal (Wales) Act 2018 - Annual Report for Committee
Approved and Presented by:	Claire Madsen, Executive Director for Therapies and Health Sciences
Prepared by:	Luke Jones, Designated Education Clinical Lead Officer (DECLO)
Other Committees and meetings considered at:	Executive Committee – 1 November 2023

PURPOSE:

This paper has been prepared for assurance and approval. It provides an overview of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (hereafter, the ALN Act), its background to the organisation and its ambitions for 2023 – 2024. The report sets out key activity over the past year, key priorities for the next year, and closes by setting out risks for the Health Board associated with the ALN Act.

RECOMMENDATION(S):

Planning, Partnership & Population Health Committee is asked to:

- **RECEIVE** the attached report and accept this as an accurate overview of the requirements of the Act and activity from the Health Board to fulfil these requirements.
- Take **ASSURANCE** regarding activity to date and plans moving forward to meet the requirements of the ALN Act.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
	x	

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

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

POWYS TEACHING HEALTH BOARD

The Additional Learning Needs and Education Tribunal (Wales) Act 2018. Annual Report for Committee

Executive summary

This paper sets the scene by providing a recapitulation on what the ALN Act is and what it means for Powys Teaching Health Board. This is followed by a brief summary of the previous report to this committee in July 2022. Section 3 of this paper summarises key activity and progress over the past year, following which key next steps and priorities for the next period are set out. Risks to the Health Board associated with the AKN Act are summarised in closing.

1 Background: The ALN Act and what it means for Powys Teaching Health Board

The ALN Act is legislation that has been 'live' from September 2021, with implementation phased over the period through to September 2024. The Act aims to deliver better outcomes and experience for children and

young people aged 0-25 with additional learning needs and their families through identifying and addressing needs early, ensuring that the voices and wishes of children and young people are at the heart of decisions about them, and effective collaboration between Education and Health professionals to address children's learning needs.

While the ALN Act is Education legislation, it places new statutory duties on Health Boards. This is to ensure that collaboration takes place and that services work together to make a difference for children and young people. Statutory duties include:

1. Response within 6 weeks where asked to provide information or help that Local Authorities require to support them in meeting the needs of children with ALN;*
2. Response within 6 weeks where a matter is referred to the Health Board asking if it has a relevant treatment or service likely to be of benefit in addressing a child's ALN;*
3. Delivering this treatment or service where one is identified;*
4. Participating in person-centred meetings, co-ordinated by Education professionals, at which decisions are made about children and young people with ALN. Participation van involve submission of written information (point 1 above), but in many cases direct attendance at meetings is required; and
5. Appointment of the Designated Education Clinical Lead Officer (DECLO) to co-ordinate the Health Board's activity that is required to fulfil its duties under the Act

* There are 'exception clauses' to the 6-week requirements noted above which means that these impose no requirement for the Health Board to deliver assessments or interventions more quickly than would be dictated by clinical prioritisation and existing waiting times.

It is not possible to confidently say at this stage how many children will be classified as having ALN when the new system has been fully implemented (by September 2024), but current data indicates that within the Powys Local Authority area, some 3,500 children will have ALN for the purposes of the Act. A significant proportion of these children have healthcare needs that are directly relevant to the difficulties in learning that they experience, for whom some or all of the NHS statutory duties above will apply.

The Act was established as 'resource neutral' for Health Boards (i.e. with no additional investment), though it is anticipated that implementation will in fact place significant pressures on operational services, especially children's therapies services – and of these, especially Speech and Language Therapy. The ALN Act above all impacts services within the Women and Children's Services Directorate, though services in the Mental

Health and Learning Disabilities Directorate are also impacted to a degree.

2 The ALN Act: Previous Report to Committee

An initial report on the ALN Act was provided for the Committee in July 2022. This outlined what the ALN Act is and the statutory duties it places on Health Boards; set out key implementation activity to date; and set out key steps for the next period. These planned next steps included:

- Building on work the Health Board and Powys County Council had progressed together to agree shared priorities in order to develop and implement a shared workplan; and
- Activity within the Health Board to assess the demand / capacity challenges of the Act in operational services, especially within the Women and Children's Services Directorate.

3 Progress since July 2022

Following the previous Committee report, there was significant work between the Assistant Director for Women and Children's services, the DECLO and Education partners to establish a joint mechanism for driving ongoing implementation work. In November 2022, Powys County Council and Powys Teaching Health Board jointly established an ALN Implementation Steering Group (AISG) as a shared vehicle for co-ordinating the partner organisations' planning and to provide joint oversight of how the Health Board and Council are working together to deliver the intended outcomes of the legislation.

A number of priority areas for collaborative work were initially established. However, while the Health Board's relationship with its key Education partner is overall positive, establishing momentum with work has proved to be highly challenging. This is as a result of limited capacity and competing pressures within both the Council and the Health Board. For this reason, it was agreed in July 2023 that for work to be progressed it would be necessary to rationalise the joint workplan in order to focus on the most pressing areas. Activity on other areas of work would be deferred until some momentum had been established against more limited objectives and it was clear that progress could be achieved.

A particular area of concern at this time was that the operational processes through which the Health Board was fulfilling its key functions under the ALN Act were not working effectively, with many areas of confusion and significant variations in practice. In part because of

challenges with the operational processes and in part because of administrative staffing pressures, reliable data has not been available to provide assurance regarding the Health Board's compliance with its statutory duties under the ALN Act. Issues with operational processes have also meant that it has been impossible to make meaningful progress on planned work to assess the demand / capacity implications of the Act for operational services. This means that at present, it is impossible to provide reliable assurance that the Health Board is fulfilling its statutory duties under the ALN Act, leaving it vulnerable to challenge.

3.1 Work to establish effective operational processes

The primary agreed priority area for AISG was to establish efficient, person-centred operational processes through which the Health Board collaborates with Education to fulfil its key statutory duties under the Act. These relate to the provision of information and help, participation in person-centred meetings and securing relevant treatments and services as additional learning provision (ALP).

Good progress has been made in this area over recent months. An operational model has been agreed between partners, supported by a Standard Operating Procedure that is currently being finalised and will be formally ratified in due course. The operational model taken aligns closely with the model that has been adopted, or is in process of being adopted, with neighbouring Health Boards of South-West and Mid Wales, and collaboration between Powys Teaching Health Board and our regional Health Board partners remains positive. Training has been provided for relevant Powys Health Board and Council staff regarding the new set of operational processes, which are planned to be implemented in November 2023.

A Microsoft Lists-based system has been developed that supports a consistent approach to data capture related to these operational processes across the Health Boards of South-West and Mid Wales. This is also being finalised, and once finalised will enable there to be assurance moving forward regarding the Health Board's compliance with its statutory duties. Having adequate staffing to ensure that data is captures consistently and reliably is an area of challenge that will need to be worked through.

3.2 Other highlights over the past year

While as noted above progress has been challenging, there have been a number of positive developments over the past year. Some of these are

areas of work that are in progress and will require completion over the coming year. Highlights include:

- Development of a series of high-quality short films to inform families and also Education professionals about the role of NHS services under the ALN Act. Work with the Health Board's Communications Department is required to make these widely available.
- Establishing improved mechanisms for the Health Board to collaborate with PCC where appeals are made to Education Tribunal Wales. Work is required to formalise this as a policy.
- Ongoing collaboration with PCC at an operational level, with regular participation of Health Board professionals in the Powys Inclusion Panel (PIP) and the Early Years Powys Inclusion Panel (EYPIP) supporting a joined-up approach to meeting children's needs.
- Legal training delivered to key Health Board staff and resources having been developed to ensure consistent, legally appropriate and high-quality contribution of Health Board staff to the development of Individual Development Plans where NHS provision is part of these.
- The development with regional (South-West and Mid Wales partners) of a new template for Individual Development Plans. These are statutory plans that schools are required to develop to safeguard and promote the health and wellbeing of learners. Health Board staff have a key role to play in supporting schools to fulfil these duties. The approach to this needs to be formalised and training delivered to staff.
- The development of a formal project planning approach within the Women and Children's Services Directorate, with accountability to the Assistant Director for Women and Children's Services, to ensure that Health Board work relevant to the ALN Act (such as some of the areas of work noted above) is seen through to completion. The Health Board's internal project plan is currently being completed.

4 What's Next? Priorities for the Next Period

4.1 Ensuring readiness to meet anticipated national reporting requirements

Timescale: by December 2023

To date, there have been no national reporting requirements for Health Boards relating to their duties under the ALN Act, Welsh Government have indicated that they intend to establish a performance and accountability framework for Health Boards, including key performance

indicators. The DECLOs nationally have been tasked with establishing this framework for Welsh Government approval and are currently finalising a national dataset with clear data definitions that will support this work before undertaking engagement with Health Boards to support readiness. A Welsh Health Circular is expected to be issued setting out reporting requirements for Health Boards, though the precise timescale for this is uncertain. As a Health Board, our immediate focus (as outlined above) on establishing clear operational processes through which the Health Board fulfils its duties under the Act, and on establishing systems for robust data capture and developing systems for assurance with individual operational services, align well with pending national reporting requirements.

It is anticipated that new operational processes will be in implementation between the Health Board and PCC by the end of November 2023, and between the Health Board and Powys schools by the end of December. With activity already progressing to establish a robust system for data capture, initial data capture will be in place by December 2023. Mechanisms will need to be established to ensure reportable (accurate and reliable) data, and it is intended that by March 2024 data will be available that provides robust assurance to the Health Board regarding its compliance with key statutory duties under the ALN Act.

4.2 Audit

Timescale: March 2024

Audit and Assurance Services will be carrying out an audit of the Health Board's activity under the ALN Act. Fieldwork will be carried out in December – January, with the final report to be presented to Audit Committee in March 2024. This will offer a valuable opportunity to highlight current areas of good practice and key areas where further development is required.

4.3 Assessing and articulating the demand / capacity impact of the ALN Act on operational services

Timescale: December 2024

The ALN Act places new statutory demands on NHS operational services (especially children's therapies services, and of these, especially Speech and Language Therapy) but has been introduced without additional resource for the NHS. Services are already under significant pressures and in some cases are not consistently meeting core 'Referral to Treatment Time' (RTT) performance requirements. Planned work to

assess the demand / capacity impact of the Act on operational services were noted in the 2022 report to this Committee but because of issues with operational processes in place and data capture issues, this activity has not been progressed.

With clear operational processes to be implemented and a system for data capture in place, over the coming year data will become available that will enable this work to be meaningfully progressed. Person-centred practice is at the heart of the ALN Act, and participation by NHS staff in relevant meetings for children and young people is often critical in supporting a person-centred and joined-up approach to meeting needs. However, this places new and additional demands on services in a context that are already facing significant challenges, as reflected in some services not consistently meeting Referral to Treatment Time performance requirements. This additional activity needs to be quantified, opportunities to develop different models of practice explored, and challenges / risks escalated.

4.4 Health Board involvement in appeals to Education Tribunal Wales

Timescale: December 2023

Under the ALN Act, parents, children or young people may appeal some decisions that are made about them to Education Tribunal Wales. This includes decisions about NHS provision relevant to addressing their learning needs. Preparation for an Education Tribunal appeal, and the Tribunal hearing itself, is time-consuming and stressful for staff and the Tribunal may issue formal recommendations to the NHS, to which the NHS is required to respond. It presents risks to the Health Board of reputational damage.

The Health Board will work collaboratively with PCC to formalise how they work together where appeals are made to the Tribunal.

4.5 Improved internal governance

Timescale: December 2023

As notes at section 3.2 of this document, there are a number of positive areas of work to support ALN Act implementation that need to be seen through to completion. Establishing a project management approach with accountability to the Assistant Director for Women and Children's services will strengthen internal governance and help ensure that activities are completed.

4.6 Establishing a strategic approach in collaboration with Powys County Council

Timescale: March 2024

Once operational 'essentials' have been robustly put in place, there is an opportunity through the ALN Integrated Steering Group to start establish a joint and strategic approach to how the opportunities of the ALN Act can be maximised and its challenges met.

As a part of this approach, improved engagement and co-production with children, young people and their parents / carers will be important. The person-centred ethos of the ALN Act requires a genuine partnership approach with service users and families regarding strategic decision-making as well as case-specific decision-making and through working in partnership with Powys County Council, there are opportunities here.

5 Risks

The ALN Act presents a risk of the Health Board failing to comply with its statutory duties and failing to establish with Powys County Council the effective collaboration needed to meet the Act's requirements. Consequences of this risk include multiple breaches of the Health Board's statutory duties; risk of challenge including potential complaints, appeals to Education Tribunal and potentially Judicial Reviews; and risk of poorer outcomes for children and young people as a result of them not benefitting from the joined-up approach they require to meet their needs.

The risk is caused by not having clear and effective operational processes through which the Health Board fulfils its key statutory duties under the Act or effective systems for providing assurance regarding compliance; limited capacity within the Health Board to fulfil the Act's requirements (clinical staffing, administrative staffing and project support); and by the interdependencies with PCC that means that Council pressures and challenges impact directly on the Health Board's ability to progress work that is needed.

Key next steps, as set out at section 4 of this paper, will help to mitigate these risks. In the case of the demand / capacity challenges presented by the ALN Act, activity to articulate and quantify the demand / capacity implications of the Act will not of course in itself address these challenges, but it will allow them to be escalated so that decisions can be made so that decisions regarding this can be made.

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Winter Respiratory Vaccination Update

PTHB COVID 19 Vaccination Delivery Model

Delivery Model for Autumn Boosters 2023-2024

PTHB Main Vaccination Centres

Bronllys Community Hospital, Bronllys

Park Day Centre, Newtown

Our main vaccination centres in Bronllys and Newtown offer over 400 appointments per day, 5 days a week.
The centres offer 2 late night appointments per week and weekend appointments once a month.

Attending one of our main vaccination centres remains the quickest way to receive your vaccination.

To date, over 18,000 citizens have been vaccinated through our main vaccination centres in the Autumn 2023/24 Campaign.

Mills Belinda
17/11/2023 10:51:41

Community Hospital and Outreach Clinics

Bro Ddyfi Hospital, Machynlleth

Llanidloes War Memorial Hospital, Llanidloes

Knighton Community Hospital, Knighton

Llandrindod Wells Memorial Hospital, Llandrindod Wells

Glan Irfon Health and Care Centre, Builth Wells

Ystradgynlais Community Hospital, Ystradgynlais

The Pavilion, Llandrindod Wells

This Campaign we have introduced regular outreach clinics in our community hospitals to offer local access to our citizens, prioritising the aged 80+ population.

We have also offered a larger outreach clinic in Llandrindod.

These clinics have seen over 3,000 citizens.

Primary Care

7 GP Practices across Powys have been taking part in the Autumn Vaccination programme;

Pengorof Surgery (Ystradgynlais)
Rhayader Group Practice
Arwystli Medical Practice (Llanidloes)
Welshpool Medical Centre
Caereinion Medical Practice
Llanfyllin Group Practice
Dyfi Valley Health

Our delivery model for primary care has adopted a hybrid approach with the Health Board taking responsibility for booking appointments and call handling and the GP practice taking responsibility for clinical delivery.

Over 5,000 citizens have been vaccinated with their registered GP.

Mobile provision

Care homes for older adults

The vaccination team have visited all care homes in Powys on 2 occasions to deliver COVID Vaccination.

Mop up visits to care homes for older adults will continue throughout the duration of the campaign

Over 86% of citizens in a care home for older adults have been vaccinated to date in the Autumn 2023/24 Campaign

People who are housebound

PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound

Nearly 1,000 vaccines have been administered to housebound patients.

Inpatients

The vaccination team have supported the community service group in delivering COVID Vaccination to all eligible inpatients.

Autumn Booster 2023/24 Campaign Highlights

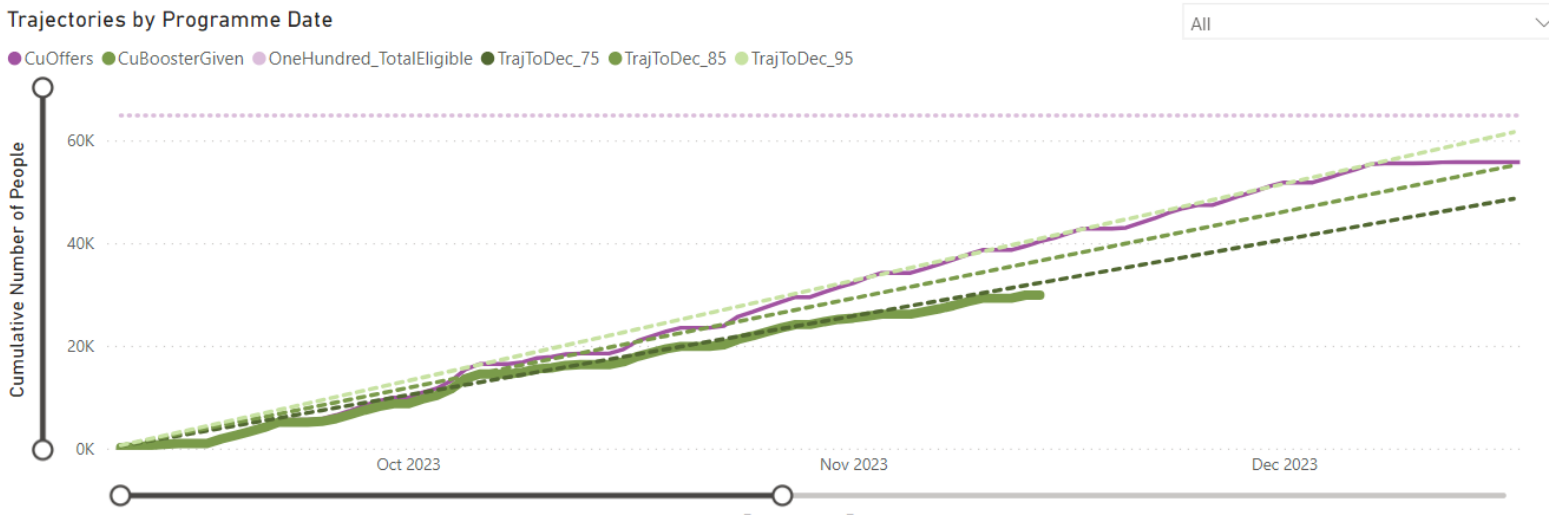
- 64,830 citizens eligible for the Autumn Booster, this includes 7,824 citizens who have opted out of receiving further vaccinations. These citizens were previously not reported as eligible.

- 29,875 citizens have been vaccinated by PTHB so far and all citizens who are opted into the campaign have been offered an appointment. (Data taken from NHS Executive dashboard on 13/11/2023)

- PTHB currently has the highest uptake rate of all Health Boards in Wales with 46.1% of eligible citizens vaccinated. This is above the Welsh average which is 38.1% (Data taken from NHS Executive dashboard on 13/11/2023)

- PTHB is on track to have offered all citizens their first appointment by 17th December 2023. The programme will then convert to '***leaving no-one behind'***.

Autumn Booster 2023/24 Progress So Far



- On track to meet the 75% target set by Welsh Government if we continue to vaccinate at the same rate

Priority Group	PTHB Uptake %
P0.3 Severely Immunosuppressed	67.8
P1.1 Care Home Residents	86.4
P2.1 80 years and older	74.2
P3 Aged 75-79	67.1
P4 Aged 70-74	66.3
P5 Aged 65-69	35.7
P6 Moderate Risk	7.5
P6.1 Vulnerable based on risk*	7.6

*(includes unpaid carers and household contacts of immunosuppressed)

Priority Group	Number Vaccinated	PTHB Uptake %
P1.2 Care Home Worker	354	24.9
P2.2 Health Care Worker	1814	37.8
P2.3 Social Care Worker	712	36.9

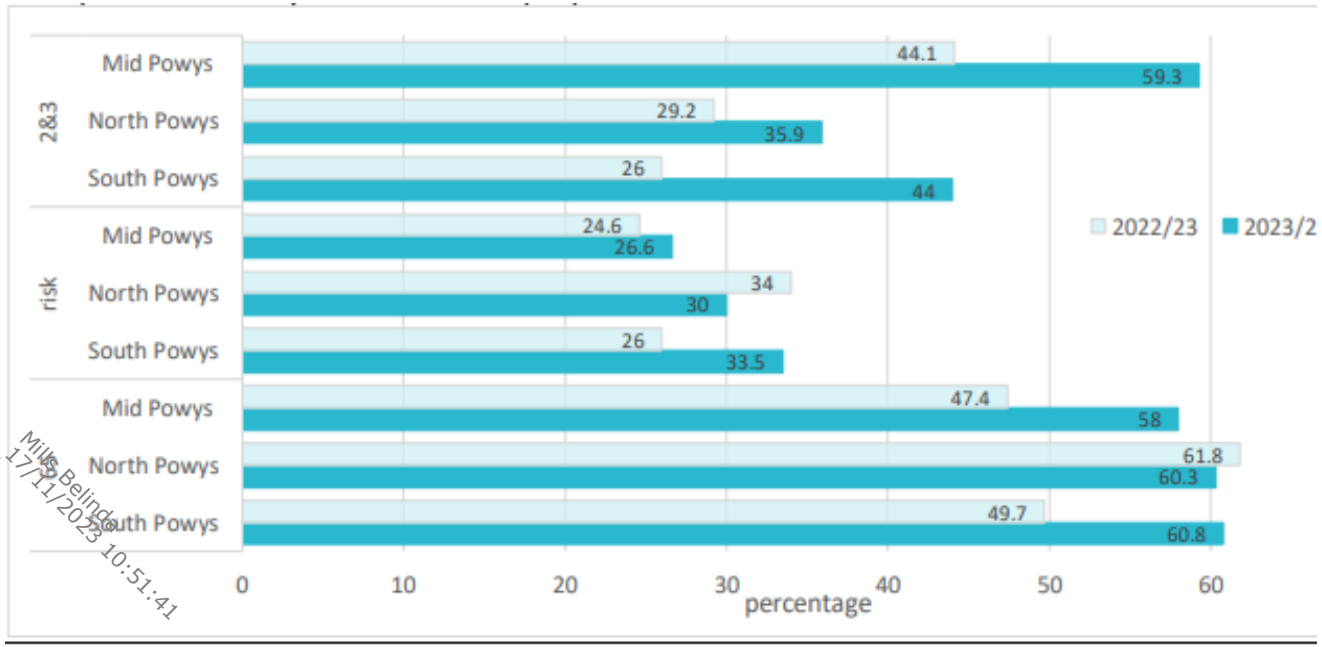
Mills Belinda 17/11/2023 10:51:41

Flu Vaccination Uptake

Progress to date in comparison to same period as last year:

- Year-on-year higher for all eligible groups
- At risk group and 2-3 year olds highest uptake across Wales
- Aged 65+ group is in line with the All-Wales uptake

Group	PTHB Uptake	All-Wales Uptake	All Wales Position
Aged 65 years and older	59.90%	59.90%	4
Aged 6m-64 years at risk	30.40%	26.60%	1
Aged 2 &3 years	42.90%	26.70%	1



Cluster comparison:

- South and mid Powys clusters achieved higher uptake across all 3 clinical groups this year than at the same point in 2022/23 campaign.

PTHB Staff Flu Vaccination Uptake

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IFOR in Powys
Intelligence Focused Online Reporting

Staff Flu Vaccination Status by Staff Group

Source: NWIS WIS

Tuesday, November 14, ...
Last Updated

Note that the staff list is taken as a snapshot of the permanent staff as at 10/11/2023 and will remain constant until the end of the current flu season

Also, the WIS data is accurate on the date given in the header as Last Updated. The App data will be updated once a month or on request until further notice

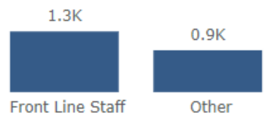
744
Total Vaccinated

35%
Percent Vaccinated

Staff Group	Vaccine Given	Declined Vaccine	Unknown	Total
Add Prof Scientific and Technic	31	5	53	89
Additional Clinical Services	112	26	314	452
Administrative and Clerical	262	53	248	563
Allied Health Professionals	71	6	79	156
Estates and Ancillary	67	26	126	219
Healthcare Scientists	2		6	8
Medical and Dental	19	1	25	45
Nursing and Midwifery Registered	180	39	402	621
Total	**744**	**156**	**1253**	**2153**

Staff Group	Percent Vaccinated	Percent Declined	Percent Unknown
Add Prof Scientific and Technic	35%	6%	60%
Additional Clinical Services	25%	6%	69%
Administrative and Clerical	47%	9%	44%
Allied Health Professionals	46%	4%	51%
Estates and Ancillary	31%	12%	58%
Healthcare Scientists	25%		75%
Medical and Dental	42%	2%	56%
Nursing and Midwifery Registered	29%	6%	65%
Total	**35%**	**7%**	**58%**

Staff Type



Site/Hospital	Percent Vaccinated	Percent Declined	Percent Unknown
Brecon	35%	7%	58%
Bronglais			100%
Bronllys	39%	5%	55%
Builth Wells	49%	3%	49%
Hereford			100%
Knighton	21%	11%	67%
Llandrindod	30%	12%	58%
Llanfyllin	40%		60%
Llanidloes	33%	9%	58%
Machynlleth	36%	8%	56%
Montgomery	33%		67%
Newtown	42%	7%	51%
Other			100%
Royal Shrewsbury Hospital			100%
Talgarth			100%
Welshpool	35%	7%	57%
Ystradgynlais	13%	6%	81%
Total	**35%**	**7%**	**58%**

The staff flu vaccination campaign delivery:

- vaccination centres, "drop in" to any vaccination clinics, including at community hospitals.
- network of peer vaccinators have been delivering clinics across Powys
- Occupational Health Team offering flu vaccination during scheduled clinics.

Improved data collection

- Able to describe offer & capture data of where received vaccine, active decline
- Inform targeted clinics

Diolch yn Fawr

Thank you

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Acknowledgments:

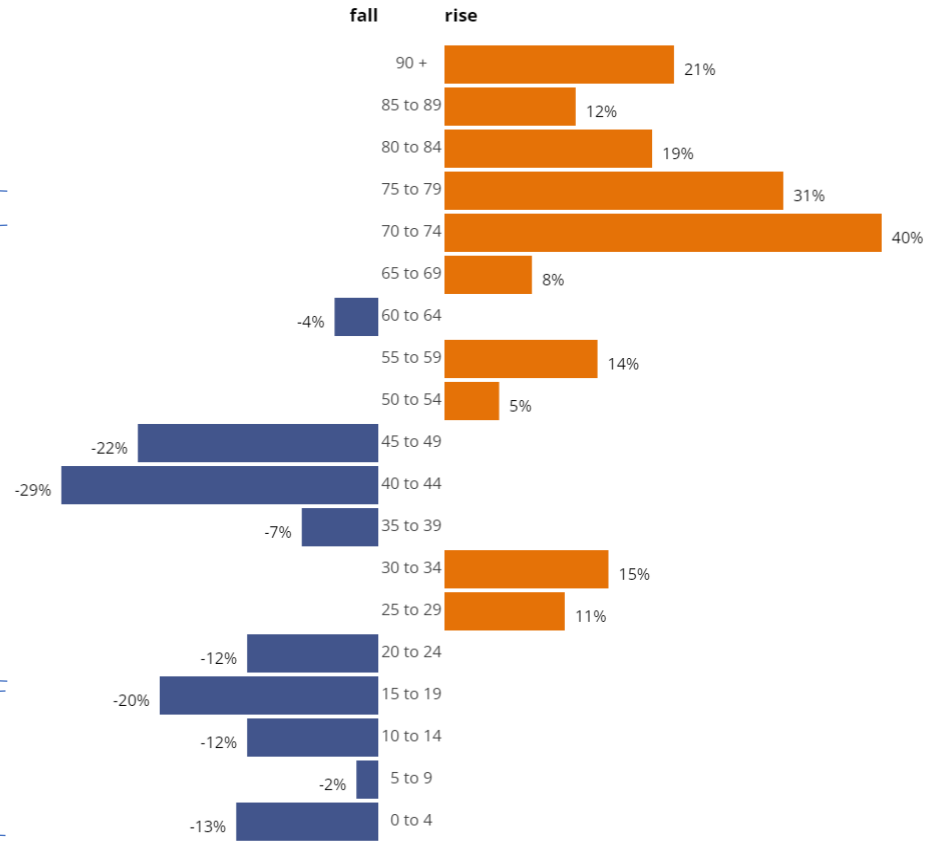
Sarah Barnes & Kate Prothero for preparing the slide presentation

Powys Population Change 2011-2021

+ 22%

- 6%

- 9%



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NHS in 10+ Years

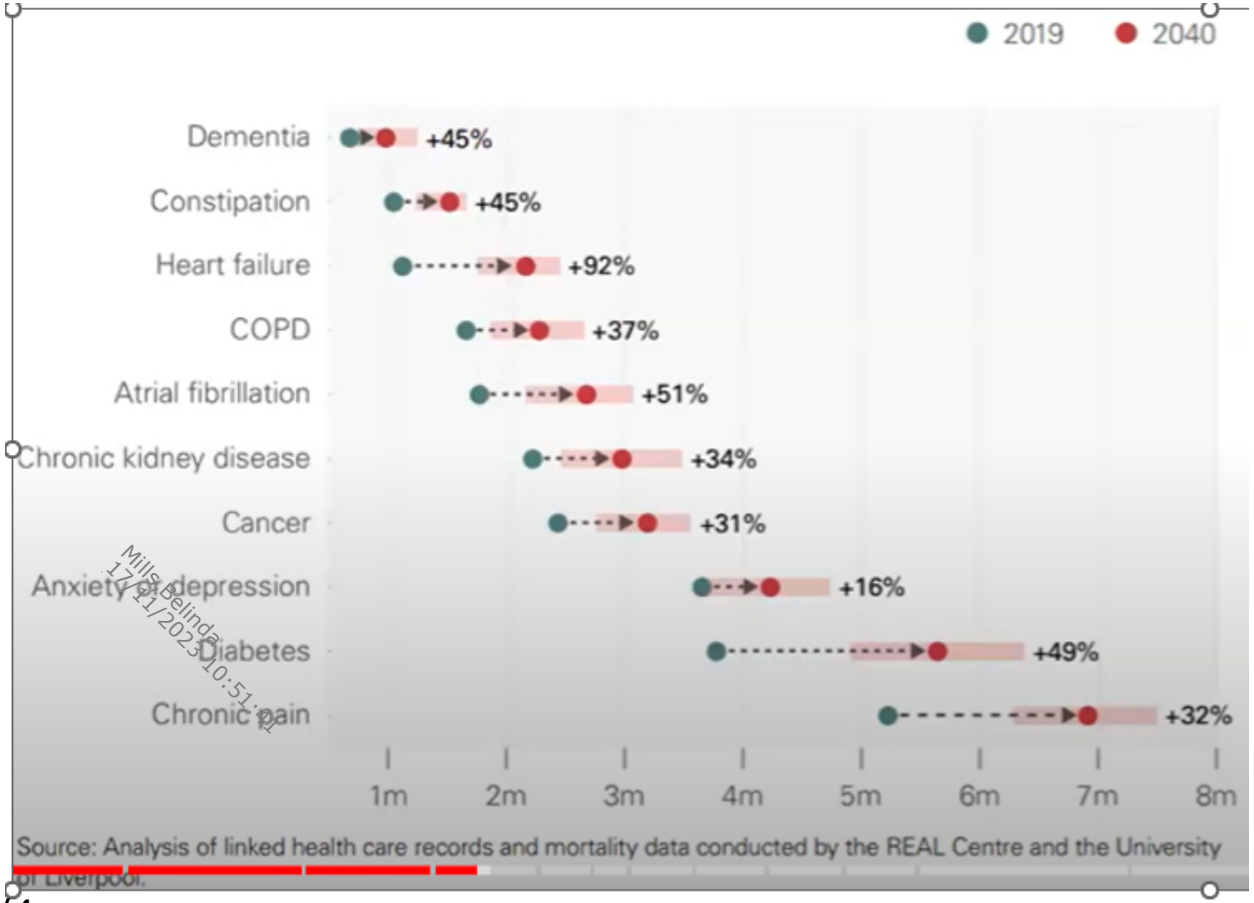
Population Projections	Long-Term Conditions (LTCs)	Risk Factors	Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty	Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities	Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37	Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg, buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time	Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs	Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
	Deprivation is a risk factor for many preventable LTCs		Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

* By 2030-31 to deliver 2018-19 rates of care **EU-14 are countries who were members of the EU prior to 2004

Science Evidence Advice (SEA) Providing evidence and advice for Health and Social Services Group on behalf of the Chief Scientific Adviser for Health

Forecasts

The ASM discovery phase showed there needed to be a better way of forecasting prevalence of common conditions in an aging population. Updated forecast prevalence re-enforces the priorities in the sustainable model (including the research in England).



- The **aging population drives the increases** rather than a rise in age-specific rates or earlier onset: People are living longer with major conditions.
- Biggest rates of increase – diabetes & chronic pain
- Over 30% increase in number of people living with cancer, COPD & Chronic kidney disease

Source: The Health Foundation. Health in 2040: what could an older population mean for the UK's health?

Understanding the Challenges

- People living longer with major illness ≠ not always in debilitating ill health e.g. diabetes
- Helping people to live well with illness / management of chronic conditions
- Reduce impact of illness on quality of resident's lives: Focusing on prevention and innovation vital
- Demand for health care likely to increase: GP, Community and Social care
- **Aligned to ASM plan, and deep dive on diabetes**

Planning, Partnerships and Population Health Committee 2023-24

Meeting cancelled - items due to be reviewed

Theme	Item Title	Duration (mins)	Role of Committee	Onward Journey to Board (Y/N)	Exec Lead	Route to Committee	May 11/05/2023	August 24/08/2023	November 16/11/2023	February 20/02/2024
Governance	Minutes of previous meeting		Approval	No	DCG	Chair	✓		✓	✓
Governance	Declaration of Interests		Compliance		DCG	DCG	✓		✓	✓
Governance	Action Log		Approval		DCG	DCG	✓		✓	✓
Governance	Committee Risk Register	10	Assurance		DCG	DCG	✓		✓	✓
Governance	Annual Work Programme	15	Recommendation to Board	Yes	DCG	Chair / Exec Leads	✓			
Governance	Work Programme (updated through year)	5	Review	No	DCG	DCG			✓	✓
Governance	Annual Assessment of Committee	25	Review	Yes	DCG	DCG/Chair				
Governance	Committee Annual Report	10	Recommendation to Board	Yes	DCG	DCG				
Governance	Review of Terms of Reference	10	Recommendation to Board	Yes	DCG	DCG				✓
Governance	Socio Economic Duty	10	Assurance	Yes	DPH	Executive Committee				✓
Planning	IMTP-Approach for development	25	Assurance	Yes	DPP&C	Executive Committee				
Planning	IMTP - Draft Plan	25	Recommendation to Board	Yes	DP&C	Executive Committee			✓	
Planning	Strategic Change Report	20	Assurance	No	DP&C	Executive Committee	✓		✓	✓
Planning	Primary Care Cluster Planning Reporting against delivery	15	Assurance	Yes	DFIT	Executive Committee				
Planning	Strategic Commissioning Framework timeframe TBC	20	Assurance	Yes	DP&C	Executive Committee				
Partnerships	Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work Programme	15	Assurance	No						
Partnerships	Start Well	15	Assurance		DoNM	Executive Committee				
Partnerships	Live Well	15	Assurance		??	Executive Committee			✓	
Partnerships	Age Well	15	Assurance		MD	Executive Committee				✓
Partnerships	RPB delivery plan (ideally earlier in year)	15	Assurance	Yes	CEO	Executive Committee				
Partnerships	Integrated Care Fund (annual) and performance reports Timescales TBC (HB)	15	Assurance	No	DFIT	Executive Committee				
Partnerships	Public Service Board (ideally earlier in year) -Wellbeing Plan	15	Assurance	Yes	DPH	Executive Committee		☒ signed off via EC		
Partnerships	North Powys Wellbeing Programme- including Models of Care	20	Assurance		AD Estates	Executive Committee				✓
Partnerships	NWSSP Performance Report		Assurance	No	DFIT	Exec Leads	Year-end		✓ Mid-year	
Partnerships	Accelerated Sustainable Model (planning and approach)	15	Assurance	No	CEO	T&V			✓	✓
Partnerships	Partnership Governance Framework		Recommendation to Board	Yes	CEO/DCG	Executive Committee				Delayed 2024/2025
Partnerships	Arrangements for Engagement and Consultation in respect of service change/	15	Assurance	No	DCG	Executive Committee	✓			
Population Health	Population Health Needs Assessment and Wellbeing Assessment (next needed 2026/27)	15	Assurance							
Population Health	Weight Management Pathway (to include Healthy Wales Assurance Report)	20	Assurance	No	DPH	Exec Lead	✓			

Population Health	Healthy Child Wellbeing Programme School Age Screening Programme Evaluation (CR) Health visiting programme	15	Assurance	No	DoNM	Exec Lead	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC	15	Assurance	No	DPH	Exec Lead			☒	✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	15	Assurance	Yes	DPH	Executive Committee				✓
Population Health	Health Protection Summary Report	10	Assurance	No	DPH	Exec Lead			✓	
Population Health	Child Immunisation Annual Report	10	Assurance	No	DPH	Executive Committee			✓	
Population Health	Deep Dive - determine a programme of population health focussed topics		Assurance		DPH				✓ **proposals**	✓ **deep dive**
Population Health	Shared Services Report	N/A	For Information	Yes	DFIT					✓
Population Health	Primary Care Development Programme	15	Assurance		DFIT					
Population Health	Endoscopy Services	15	Assurance	No	D Ops	Exec Lead				✓
Population Health	Additional Learning Needs (ALN)	10	Assurance	No	DoTHS				✓	
Population Health	Winter Plan 2023/24		Assurance		DPH					
Population Health	Tobacco Control Action Plan (Annually at request of Committee)		Assurance		DPH				☒	Item will be to first Meeting 2024/25

Key
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda