

# Planning, Partnerships and Population Health Committee


Thu 19 January 2023, 10:00 - 12:30

Teams

## Agenda

10:00 - 10:00  
0 min

### 1. PRELIMINARY MATTERS

 PPPH\_Agenda\_19Jan2023FINAL.pdf (2 pages)

#### 1.1. Welcome and Apologies

#### 1.2. Declarations of Interest

#### 1.3. Minutes from the previous meeting held on the 20 October 2022, for approval

 PPPH\_Item\_1.3\_UnconfirmedMinutes\_20Oct2022.pdf (9 pages)

#### 1.4. Matters arising from the previous meeting

#### 1.5. Planning, Partnerships and Population Health Action Log

 PPPH\_Item\_1.5\_Action Log\_19Jan23.pdf (3 pages)

10:00 - 10:00  
0 min


### 2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

There are no items for inclusion within this section

10:00 - 10:00  
0 min

### 3. ITEMS FOR ASSURANCE

#### 3.1. Healthy Schools and Healthy Pre-schools/Bach a lach Schemes Assurance Report

 PPPH\_Item\_3.1\_Healthy Schools and Pre-schools Report.pdf (9 pages)

#### 3.2. Strategic Change Report

 PPPH\_Item\_3.2\_Strategic Change\_Cover Paper.pdf (4 pages)

 PPPH\_Item\_3.2a\_Strategic Change Report.pdf (40 pages)

#### 3.3. Strategic Planning - Draft Integrated Medium Term Plan Update

Oral Item

#### 3.4. Primary Care Cluster Planning

 PPPH\_Item\_3.4\_Committee Primary Care Cluster Plan Report.pdf (11 pages)

 PPPH\_Item\_3.4a\_Cluster Transition Development Checklist.pdf (3 pages)

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10:00 - 10:00  
0 min

## 4. ITEMS FOR DISCUSSION

*There are no items for discussion*

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10:00 - 10:00  
0 min

## 5. ITEMS FOR INFORMATION

### 5.1. Q2 NHS Wales Shared Services Partnership Performance Report

 PPPH\_Item\_5.1\_Q2 NWSSP Performance Report\_Revised Copy.pdf (12 pages)

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10:00 - 10:00  
0 min

## 6. OTHER MATTERS

### 6.1. Development of Annual Programme Business

 Item 6.1 Presentation PPPH Committee workplan.pdf (4 pages)

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

Oral

### 6.3. Any Other Urgent Business

Oral

### 6.4. Date of the Next Meeting

*11 May 2023, via Microsoft Teams*

### 6.5. In-Committee

### 6.6. Development of Accelerated Sustainable Model

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10:00 - 10:00  
0 min

## 7.

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

**19 JANUARY 2023,  
10:00– 12:30  
VIA MICROSOFT TEAMS**



**GIG  
CYMRU  
NHS  
WALES**

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

<b>Time</b>	<b>Item</b>	<b>Title</b>	<b>Attached/Oral</b>	<b>Presenter</b>
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
10:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held, 20 October 2022	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
	1.5	Planning, Partnerships and Population Health Committee Action Log	Attached	Chair
	<b>2</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>		
		<i>There are no items for inclusion within this section</i>		
	<b>3</b>	<b>ITEMS FOR ASSURANCE</b>		
10:15	3.1	Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report	Attached	Director of Public Health
10:30	3.2	Strategic Change Report	Attached	Director of Planning and Performance
10:45	3.3	Strategic Planning – Draft Integrated Medium Term Plan Update	Oral	Director of Finance and IT/Director of Planning and Performance
11:00	3.4	Primary Care Cluster Planning	Attached	Director of Primary, Community Care and Mental Health
	<b>4</b>	<b>ITEMS FOR DISCUSSION</b>		
		There are no items for discussion		
	<b>5</b>	<b>ITEMS FOR INFORMATION</b>		
11:20	5.1	Q2 NHS Wales Shared Services Partnership Performance Report	Attached	Director of Finance and IT

	6	OTHER MATTERS		
11:40	6.1	Development of Committee Annual Programme Business	Presentation	Board Secretary
	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
11:50	6.4	Date of the Next Meeting: <ul style="list-style-type: none"><li>• 11 May 2023, via Microsoft Teams</li></ul>		
6.5 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <b><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></b>				
12.00	6.6	Development of Accelerated Sustainable Model	Presentation	Chief Executive and Director of Planning and Performance

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

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

**The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact Helen Bushell, Interim Board Secretary, [helen.bushell2@nhs.wales.uk](mailto:helen.bushell2@nhs.wales.uk)).**

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

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

**UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON THURSDAY 20 OCTOBER 2022  
VIA MICROSOFT TEAMS**

**Present:**

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Committee Vice-Chair)
Ronnie Alexander	Independent Member
Jennifer Owen-Adams	Independent Member

**In Attendance:**

Stephen Powell	Director of Planning and Performance
Mererid Bowley	Director of Public Health
Pete Hopgood	Director of Finance, Information & IT
Carol Shillabeer	Chief Executive Officer
Andrea Blayney	Community Health Council
James Quance	Interim Board Secretary

**Apologies for absence:**

Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Primary, Community Care and Mental Health
Kirsty Williams	Independent Member

**Committee Support:**

Bethan Powell	Interim Corporate Business Officer
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<b>PPPH/22/49</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> <p>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.</p>
<b>PPPH/22/50</b>	<b>DECLARATIONS OF INTERESTS</b> <p>There were no Declarations made.</p>
<b>PPPH/22/51</b>	<b>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 14 JULY 2022</b> <p>The Committee APPROVED the minutes of the meeting held on 14 July 2022, as being a true and accurate record.</p>
<b>PPPH/22/52</b>	<b>MATTERS ARISING FROM PREVIOUS MEETINGS</b> <p>The Committee requested an update on the Healthy Weights Workshops that had taken place with partners.</p> <p>The Director of Public Health confirmed that the first of two Obesity Prevention Stakeholder system workshops had taken place on 18 October 2022. A progress summary would be shared with Committee members outside of the meeting.</p> <p><b>Action: Director of Public Health</b></p>
<b>PPPH/22/53</b>	<b>COMMITTEE ACTION LOG</b> <p>The Committee Action Log was received, and ongoing actions were discussed.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
<b>PPPH/22/54</b>	There were no items for inclusion in this section.
<b>ITEMS FOR ASSURANCE</b>	

**TOBACCO CONTROL DELIVERY PLAN ASSURANCE REPORT**

The Director of Public Health provided an overview of the Tobacco Control strategy and outlined the health boards plans for taking forward appropriate actions to achieve the national ambitious aim for Wales to become smoke-free by 2030.

It was noted that a Tobacco Control Steering Group (TCSG) would be established to enable a systems wide approach which aligns the new recently published Welsh Government National strategy with local priorities for Tobacco Control across Powys. Welsh Government aims to release a series of two-year delivery plans commencing with 2022-2024. The health board will focus on three themes within the new National Strategy and the development of a work programme aiming to achieve the ambition of a smoke free Powys by 2030.

*What is the formal position on utilising E-Cigarettes on NHS Hospital Sites?*

It was confirmed that as set out within NHS Policies, E-Cigarettes are prohibited across all NHS Hospital sites. The Public Health team are monitoring the evidence base as part of the strategy with a review of population benefits. The health board is committed to delivering meaningful changes to tackle health inequalities, preventing ill health and supporting people to make healthier choices.

*Are there specific strategies regarding high profile health risk factors such as accumulating high blood pressure and cholesterol levels?*

The health board are reviewing the data set within the Tobacco Control Steering Group to ensure focus on health risk factors are included within the action plan. The Steering Group seek to ensure that the correct systematic processes are in place to work towards and demonstrate year-on-year improvements.

*How does the health board plan to monitor the progress and actions within the Tobacco Control Steering Group?*

The Director of Public Health confirmed that an action plan would be developed and implemented, and this would enable the Tobacco Control Steering Group to monitor the delivery against the agreed actions as part of the groups work with an annual update report to the Committee.

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	<p>Concerns were raised in terms of the utilisation of E-Cigarettes within School premises and the effect of disruption to education. The health board would explore further data through the Healthy School Scheme to understand the position locally. Further work would be carried out to explore and strengthen local level workstreams to support Smoke Free Schools going forwards as part of the Healthy Schools scheme.</p> <p><i>How does Powys plan to create specific links around the financial implications to target the approach to smoking cessation?</i></p> <p>The current research shows that smoking rates in Wales have declined significantly. This supports implementation of targeting marketing via various routes. However, the health board does not have a specific marketing budget and relies on working with Health Care professionals and voluntary groups for supporting referrals to the Stop Smoking Service.</p> <p>It was agreed that as part of the Tobacco Control Steering Group, the team would explore possible options of funding for marketing through the Charitable Funds. It was highlighted that wider data sets relating to smoking cessation for pre-operative assessments within the acute sector may be available for inclusion within future reporting.</p> <p><i>Given the multi-agency approach in schools, is there a role for Estyn given responsibilities for educational standards?</i></p> <p>The Director of Public Health agreed that there is an opportunity with the changes to the education curriculum.</p> <p>It was agreed that the Tobacco Control action plan would be brought to committee on an annual basis going forwards</p> <p><b>Action: Director of Public Health</b></p> <p>The Tobacco Control Delivery Plan was NOTED and APPROVED by the Committee.</p>
<b>ITEMS FOR DISCUSSION</b>	
<b>PPPH/22/56</b>	<p><b>STRATEGIC PLANNING: IMTP REQUIREMENTS AND APPROACH FOR DEVELOPMENT</b></p> <p>The Director of Planning and Performance provided the Committee with an overview of the emerging issues that the health board is dealing with, that impact not only in the current financial year but also potential future years.</p>

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	<p>No formal planning guidance has been received to date, however, an approach to the development on the IMTP has been produced. The health board aims to adopt the six-stage planning process to achieve a draft submission to Welsh Government at the end of January 2023. The six stages were highlighted as:-</p> <ol style="list-style-type: none"> <li>1. Learning &amp; Reflection</li> <li>2. Latest Evidence</li> <li>3. Position Assessment</li> <li>4. Strategic Framework</li> <li>5. Develop and Refresh Proposals</li> <li>6. Formulate Plan</li> </ol> <p>Prioritisation may be required to achieve the best possible outcomes within the resources available. As the plan is developed further updates would be shared with Committee Members for discussion.</p> <p><i>How can further engagement be provided to Clinical Staff regarding the six-stage plan and the potential impact?</i></p> <p>The Director of Planning and Performance confirmed that following the parameters set, the team aims to work with service areas to provide a collaborative and cohesive approach to improve engagement across services.</p> <p>The Committee highlighted the need to establish comparable populations to Powys to be used as a benchmark when considering lifespan and other data. Once selected, these areas may also provide useful information regarding how rural settings are attempting to approach similar problems such as attracting and enhancing staff recruitment.</p> <p><b>Action: Director of Planning and Performance</b></p> <p>The Committee also requested to note the review of the piloted accreditation programme within NHS England to secure shared learning across the diabetic service.</p> <p>Committee members agreed to provide further suggestions to improve the plan via email. Amendments would be incorporated for future discussion by the Committee.</p> <p>The Committee DISCUSSED and NOTED the Strategic Planning: IMTP Requirements and Approach for Development report.</p>
<p>PPPH/22/57</p>	<p><b>STRATEGIC CHANGE REPORT</b></p>

The Director of Planning and Performance presented an overview of the stocktake of Strategic Change programmes across Wales and England which may have an impact of Powys Teaching Health Board (PTHB) services and patients.

The following key programmes were highlighted which are underway or under consideration across Powys:

- Engagement under way:
  - Herefordshire and Worcestershire Stroke Services
  - WHSSC 10-year strategy
- Engagement planned or under consideration
  - South Wales Specialist Auditory Hearing Implant Services
  - EMRTS / Welsh Air Ambulance
- Consultation:
  - No formal processes of consultation are currently under way or planned

The Committee noted that many of the service reconfigurations, if implemented, would involve Powys patients travelling further for treatment.

The Committee proposed for additional information to be included in future versions of the report to convey the 'possible impacts for Powys patients', together with any possible mitigation. The Committee recommended for the Strategic Change Report to be brought to Committee on a quarterly basis and for further updates to be colour coded for ease of monitoring by Committee members.

### **Action: Director of Planning and Performance**

*How does the health board aim to prioritise commissioned services and target service areas of importance?*

The Director of Planning and Performance reiterated the importance of access to all service areas. The Planning Team would consider undertaking an assessment to understand the detail and expectations which will be included within future reporting.

*What more can be done to escalate the underutilised Endoscopy Suite given the extensive patient waiting lists for treatment?*

This is an area in which the health board is active offering services to English Trusts and across Wales. However, there has been little response due to the emergency staffing

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	<p>constraints. It was proposed to explore Nurse Consultant capacity within the private sector to provide additional capacity across Powys. It was noted that carrying out more Endoscopy services could be an exemplar of service repatriation. An update to be provided to a future meeting.</p> <p><b>Action: Director of Planning and Performance</b></p> <p>The Committee NOTED the Strategic Change Report and AGREED that the Report would be considered at Committee on a quarterly cycle.</p>
<b>ITEMS FOR INFORMATION</b>	
<b>PPPH/22/58</b>	There were no items for inclusion in this section.
<b>PPPH/22/59</b>	<p><b>LOCAL PUBLIC HEALTH TEAM TRANSFER</b></p> <p>The Committee Director of Public Health presented the report on the transfer of the Public Health Team from Public Health Wales to the health board.</p> <p><i>Does this provide new flexibility within the new Public Health Team?</i></p> <p>The Director of Public Health confirmed the main focus change is the employment arrangements for public health teams, and that the team would continue to work at a local level within the Health Board.</p> <p><i>Are there any financial implications that affect the Public Health transfer that committee members should be aware of?</i></p> <p>The Director of Finance and ICT confirmed transfer of the Public Health Team Transfer presented no specific financial risk.</p> <p>The Chair wished to formally welcome the new Public Health team to Powys.</p> <p>THE Committee RECEIVED and NOTED the Local Public Health Team Transfer Report.</p>
<b>OTHER MATTERS</b>	
<b>PPPH/22/60</b>	<p><b>COMMITTEE RISK REGISTER</b></p> <p>The Committee Risk Register was received based on the reframed Risk Register presented to Board in September 2022. The Board Secretary welcomed feedback in relation to the current scoring and the following observations were made:</p>

	<ul style="list-style-type: none"> <li>• CRR 007- Members discussed the approach to demonstrate investment in partnership delivery of effective outcomes and how performance would be managed. The committee AGREED to increase the scoring to 4x3.</li> <li>• CRR 008 – The demand and capacity pressures are apparent across the system; however, it was noted that there is a lack of data to support the evidence base risks. The Committee agreed to correct the difference in scorings within the risk summary and the Committee Risk Report. It was agreed that the current scoring would be 4x5 and this amendment would be highlighted to Delivery and Performance Committee. <b>Action: Interim Board Secretary</b></li> </ul> <p>The Committee DISCUSSED and NOTED the Committee Risk Register.</p>
<p><b>PPPH/22/61</b></p>	<p><b>REVIEW OF COMMITTEE PROGRAMME OF BUSINESS</b></p> <p>The Board Secretary highlighted that the Committee Programme of Business remains live and continues to be monitored in line with service expectations. The Interim Board Secretary welcomed the Members feedback in terms of the frequency of agenda items, highlighting the change in prioritisation to ensure the main risks and issues are discussed.</p> <p><i>Where does the Sustainability of Primary Care Services sit in terms of committee oversight?</i></p> <p>It was highlighted that although the Planning, Partnerships and Population Committee has oversight of the Primary Care Cluster Developments, the broader general data set remains under the Delivery and Performance Committee for holistic review.</p> <p>The Director of Public Health highlighted that it is anticipated that the Welsh Government National Immunisation Framework will be published by Welsh Government in the autumn and therefore it would not be suitable to provide an assurance report to the committee in January 2023. The Committee AGREED that this would be deferred. <b>Action: Interim Board Secretary</b></p> <p>It was requested that the Digital Strategic Framework would be included on the Committee Programme of Business and be scheduled for further discussion at a future meeting.</p>

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	<p><b>Action: Interim Board Secretary</b></p> <p>In summary, the Review of Committee Programme of Business was DISCUSSED and NOTED subject to the deferral of the National Immunisation Framework and the requested inclusion of the Digital Strategic Framework.</p>
<b>PPPH/22/62</b>	<p><b>ANNUAL REVIEW OF COMMITTEE TERMS OF REFERENCE 2022/2023</b></p> <p>The Committee NOTED and RECEIVED the Annual Review of Committee Terms of Reference 2022/2023. It was noted that a review of the Strategic Frameworks would be incorporated into the Terms of Reference.</p>
<b>PPPH/22/63</b>	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>There were no items to be brought to the attention of The Board or other Committees.</p>
<b>PPPH/22/64</b>	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>The Interim Board Secretary highlighted that a formal meeting with Welsh Health Specialised Services (WHSSC) would now take place immediately following this Committee meeting. The meeting would be centred on WHSSC's 10-year strategy and would include an opportunity to ask questions.</p>
<b>PPPH/22/65</b>	<p><b>DATE OF THE NEXT MEETING</b></p> <p>19 January 2023 at 10:00, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue

## PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

### ACTION LOG JANUARY 2023



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
<b>PPPH/21/23</b>	18 Jan 2022	A review of the models of care within the North Powys Programme given the review of SAIL to be brought forward in the 2022/23 Committee work programme.	Director of Planning and Performance	Work is ongoing regarding Demand and Capacity modelling to inform the Outline Business Case. A number of workshop sessions have been arranged throughout the Autumn to inform the OBC. A verbal update was provided to committee in Oct 2022 and a further update to be provided in January 2023.	Due Jan 2023
<b>PPPH/21/24</b>	18 Jan 2022	Executive Team to reflect upon Powys's interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan.	Board Secretary	This is being considered within the work programmes and has been agreed to be reflected within future reporting mechanisms.	Complete
<b>PPPH/22/05</b>	07 April 2022	A review of progress against the Health and Care Strategy would be undertaken in Q1 of 2022/23. Timescales to be identified and clarified. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022.	Director of Planning and Performance	Progression against the 22/23 plan and stocktake of the overall progression being made against the Health & Care Strategy is underway. The review is being undertaken as part of 23/24 planning and the next IMTP. Two Board workshops are being held in Sept/Oct as part of the planning for the next IMTP including the review. This work is ongoing.	Complete
<b>PPPH/22/11</b>	07 April 2022	To review the development of the partnership Corporate Risk Register.	Board Secretary & Committee Chair	Will be part of ongoing review of risk register and development of	Complete

				partnership governance arrangements.	
<b>PPPH/22/07</b>	07 April 2022	The committee to receive feedback in terms of the RPB long term strategy content and frequency to be added to the work programme	Board Secretary	To be considered when developing the Annual Work Programme.	Overdue
<b>PPPH/22/39</b>	14 July 2022	The Director of Primary and Community Care to seek clarity regarding permanent contracts for vaccination staff.	Director of Public Health	Responsibility moved to Director of Public Health	Due
<b>PPPH/22/35</b>	14 July 2022	Detail would be provided to committee members outside of the meeting to better understand both Part 1 and 2 of the Mental Health Needs Assessments – timeframe to be scheduled.	Director of Primary, Community Care and Mental Health	Detail of the MH Needs Assessments were shared with committee members on 7 <sup>th</sup> December 2022 with a training session due to take place in the new year.	Complete
<b>PPPH/22/39</b>	14 July 2022	A secured timeframe regarding vaccination administration support from General practices remains a challenge and committee members would be informed of the progress made at the next meeting.	Director of Public Health	A verbal update was provided to members during the October Committee meeting 2022.	Complete
<b>PPPH/22/52</b>	20 October 2022	To provide an update on progress of the Healthy Weights Workshop outside of the committee.	Director of Public Health	Circulated to Committee Members 10 January 2023	Complete
<b>PPPH/22/55</b>	20 October 2022	To share the Tobacco Control Steering Group action plan progress with Committee members for information.	Director of Public Health	A progress report will be provided to committee members on an annual basis. This has been scheduled within the work programme for 23-24	Complete

<b>PPPH/22/56</b>	20 October 2022	Acquire evidence-based data which identifies the analysis of the bench marking outcomes of PTHB performance.	Director of Planning and Performance	In progress but not yet complete. Being developed as part of the implementation of the revised Integrated Performance Framework.	Due
<b>PPPH/22/57a</b>	20 October 2022	The Strategic Change Report to be added on a quarterly cycle to committee	Director of Planning and Performance	This will be included in the Work Programme	Complete
<b>PPPH/22/57b</b>	20 October 2022	An update on Endoscopy Services to be provided to a future meeting	Director of Planning and Performance	Under consideration for 2023/24 Work Programme	Not yet due
<b>PPPH/22/59</b>	20 October 2022	The CRR 008 - Demand and Capacity pressures scoring would be amended to 4x5 and to be brought to the attention of the Delivery and Performance Members for information	Board Secretary	The Risk Report was presented to Delivery and Performance Committee on 11 November 2022	Complete
<b>PPPH/22/60a</b>	20 October 2022	To defer the National Immunisation Framework to May 2023 within the Work Programme	Board Secretary	Item has been deferred from January 2023 to May 2023 as it is anticipated that WG will publish the framework in Autumn 2022.	Complete
<b>PPPH/22/60b</b>	20 October 2022	The Digital Strategic Framework to be added to the work programme as an assurance report to a future committee meeting.	Director of Finance and ICT	The Digital Strategic Framework is in the process of being finalised and will be presented to the next PPH Committee in March	Due March 2023

<b>PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE</b>		<b>Date of Meeting: 13 January 2023</b>
<b>Subject:</b>	<b>Healthy Schools and Healthy Preschools Schemes - Assurance Report</b>	
<b>Approved and Presented by:</b>	<b>Director of Public Health</b>	
<b>Prepared by:</b>	<b>Principal Public Health Practitioner and Consultant in Public Health</b>	
<b>Other Committees and meetings considered at:</b>	<b>Executive Committee meeting of 14 December 2022</b>	

**PURPOSE:**

The purpose of this paper is to provide an update on the delivery of the Healthy Schools and Healthy Preschools Schemes in Powys.

**RECOMMENDATION(S):**

The Committee is asked to take ASSURANCE on progress with the Health Schools and Healthy Pre-Schools Schemes.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>x</b>	<b>✓</b>

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

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

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

**EXECUTIVE SUMMARY:**

The Healthy Schools and Preschools Team delivers the following national programmes:

- Healthy Schools Scheme<sup>2</sup>
- Healthy Preschools Scheme<sup>3</sup>
- Whole School Approach to Emotional and Mental Wellbeing

Delivery of these programmes is on track in line with the conditions of the national grants that fund them.

In addition, between 2020/21 and 2022/23, the team delivered a local programme: "Foundation Phase Bach a Iach". This was an Acceleration of Change project under the North Powys Wellbeing Programme. The Foundation Phase Bach a Iach project aimed to promote healthy weight in children up to the age of seven years by accelerating the physical activity and healthy eating aspects of the Healthy Schools Scheme using an approach developed locally for the delivery of the Healthy Preschools Scheme. Funding for this work has now ended and planned work has been completed. The new way of working with schools is being embedded into future delivery.

<sup>2</sup> The Powys Healthy Schools Scheme is part of the national Welsh Network of Healthy Schools Schemes (WNHSS)

<sup>3</sup> The Powys Healthy Preschool Scheme is part of the national Healthy and Sustainable Preschool Scheme (HSPSS)

## DETAILED BACKGROUND AND ASSESSMENT:

### Introduction and Background

The Healthy Schools and Healthy Preschools Schemes are Welsh Government programmes that aim to improve the health of children and young people. The Schemes follow national frameworks and aim to improve children's health outcomes by influencing the health behaviours and choices of children and families through school and preschool communities. Local delivery plans are aligned with local public health priorities and Powys Teaching Health Board's IMTP.

The Whole School Approach to Emotional and Mental Wellbeing (WSA) programme was introduced in 2021/22 and is delivered by the Healthy Schools Team. It aims to promote mental and emotional health and wellbeing for learners and staff in primary and secondary schools.

All three schemes are funded by Welsh Government grants which are managed at a national level by Public Health Wales NHS Trust. Local management is through the Powys Public Health Team and delivery is provided by the Powys Healthy Schools and Preschools Team.

In 2020/21 the team was awarded fixed-term grant funding from the North Powys Wellbeing Programme to deliver an Acceleration of Change project as part of the Targeted Prevention workstream. This project called Foundation Phase Bach a Iach used an approach previously developed in Powys to deliver the Healthy Preschool Scheme (Bach a Iach) and tested it out in primary school settings. Further funding was received in 2021/22 which allowed this work to be extended to mid and south Powys and another short extension of funding into 2022/23 has supported the team to embed this new approach into the support offered to schools and preschools as part of the Healthy School and Healthy Preschools Schemes.

### The Healthy Schools and Preschools Team

The Healthy Schools and Preschool Team is a small team (a total of 3 whole time equivalent staff including 0.5 WTE for the WSA work) covering over 90 schools across a large geographical area.

### Funding

The Healthy Schools and Preschool Schemes are funded by the annual grants shown in table 1. Quarterly updates on finance and progress are provided to PHW.

**Table 1: National Grant Funding for the Healthy School and Healthy Preschool Schemes**

Grant	Amount
Healthy Schools Grant	£110,972
Healthy Preschools Grant	£14,850
Healthy Preschools Extension Grant (aka Preschool Obesity Prevention Grant)	£15,000
Whole School Approach to Emotional and Mental Wellbeing Grant	£37,886

### Progress against milestones

The priorities agreed for the Powys Healthy Schools and Healthy Preschool Schemes in 2022/23 link to the PTHB IMTP delivery plan actions and milestones (table 2) and are contained in the team's annual work plan (table 3). At the time of writing (November 2022), delivery against all of these objectives is on track.

**Table 2: IMTP Delivery Plan 2022/25 – Progress against objectives for Healthy Schools and Preschools (Strategic Priority 2, Health Improvement)**

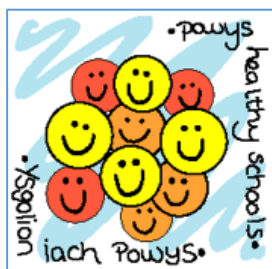
Key Action	Number	Milestones	Exec Lead	RAG
Continue to deliver Healthy Schools and Healthy Pre-schools/Bach a Iach schemes, focusing on healthy weight, emotional and mental health and wellbeing and RSE (relationships and sexuality education)	2.4.01	2022 targets agreed with PHW	DPH	Q1
	2.4.02	Implement scheme	DPH	Q2-Q3
	2.4.03	Scheme monitoring reports submitted to PHW	DPH	Q4 (not due yet)

**Table 3: Summary of Objectives in Healthy School and Healthy Preschool Scheme Workplan (2022/23)**

Healthy School Scheme Objectives for 2022/23	
1.	Deliver the Healthy Schools Scheme in Powys in line with national guidance and the conditions of the grant.
2.	Continue to support all schools in Powys to implement the whole school approach to emotional and mental wellbeing using the assessment tool.
3.	Continue to focus on obesity prevention through delivery of Healthy Schools (Food and Fitness: Bach a Iach) Programme in partnership with Powys Sports Development Team in primary schools in Powys.
4.	Support all schools in Powys to ensure they are meeting the statutory requirements for Relationship and Sexuality Education (RSE) in their school curriculum.
5.	Work in collaboration with local authority staff to develop a digital platform to support schools more efficiently, e.g. a website or page on "Hwb" (Welsh Education Website).
6.	Support schools who have participated in national surveys or other data collection methods to analyse and interpret results (e.g. SHRN survey) and use results for future planned improvements.
Healthy Preschool Scheme Objectives for 2022/23	
1.	Deliver the Healthy Preschools Scheme in Powys in line with national priorities and the conditions of the grant.
2.	Continue to focus on obesity prevention in preschool settings through the delivery of Healthy Preschools (Food and Fitness: Bach a Iach) Programme delivered in partnership with Powys Sports Development Team.

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## Powys Healthy Schools Scheme



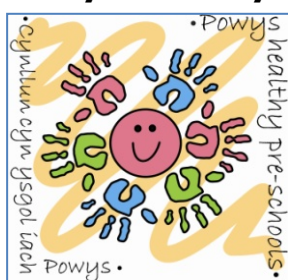
The Healthy Schools Scheme covers seven themes: Food and Fitness; Substance Use and Misuse; Personal Development and Relationships; Emotional Health and Wellbeing; Safety; Hygiene; and Environment. Prior to the pandemic the Scheme focused on supporting schools through a series of awards<sup>4</sup> leading to the National Quality Award (NQA) which is the highest award. The team provides virtual and face-to-face training to schools and school clusters.<sup>5</sup>

Ninety schools are enrolled on the Healthy Schools Scheme out of a total of 91 eligible schools in Powys<sup>6</sup> and 11 have received the NQA.

During the last year and following the emergency phase of the pandemic, PHW agreed that the Health Schools Schemes could determine and focus on their local priorities based on local health need priorities and local data. The following priorities were identified in Powys and inform the team's work plan for 2022/23:

- Healthy weights (obesity prevention)
- Whole School Approach to Emotional and Mental Wellbeing
- Relationships and Sexuality Education

## Powys Healthy Preschools Scheme and Bach a Iach



The Healthy Preschools Scheme supports preschools with the following: Nutrition and Oral Health; Physical Activity and Active Play; Mental and

<sup>4</sup> There is a progressive series of awards: Phase 1, 2, 3, 4 and 5, followed by a "Powys Excellence Award" and then the NQA. The local PEA helps to prepare schools for their NQA assessment.

<sup>5</sup> Healthy Schools Scheme does not work directly with children and young people

<sup>6</sup> Includes infant and primary schools, high schools and through schools, special schools and pupil referral unit. For the purpose of this report Ysgol Calon Cymru which covers 2 sites (Llandrindod and Builth) has been counted as a single school as has Newtown High School which also has 2 sites (Newtown and John Beddoes).

Emotional Wellbeing and Relationships; Environment; Safety; Hygiene and Workplace Health and Wellbeing. It is funded by two grants, one of which has a specific focus on healthy weights (see table 1).

Bach a Iach (Small and Healthy) was developed in Powys in 2017 as a local delivery model for the Healthy Preschools Scheme with the aim of increasing engagement in the Scheme. Bach a Iach has a strong focus on promoting health weight in preschool children i.e. the first two topics listed above although settings are also encouraged to work through the other topics. It provides intensive training, support, and resources to enable preschools to promote physical literacy, physical activity and healthy eating and thereby supports wider work to prevent overweight and obesity.

### **Impact of the COVID-19 Pandemic**

Normal delivery of both Schemes was stepped down between April 2020 and September 2021 due to the COVID-19 pandemic, the need to redeploy local public health team staff to support the health protection response to the pandemic and the impact of the pandemic on schools which included protracted closures. Whilst stood down, the team kept in touch with schools, offered virtual support, developed online resources, and planned for new ways of working. Bach a Iach was delivered in 2020/21 and 2021/22 with 30 preschools engaged during this time.

### **Foundation Phase Bach a Iach<sup>7</sup>**

This project started in 2020/21 as a North Powys Wellbeing Programme Acceleration of Change project. It aimed to accelerate the Food and Fitness (i.e. healthy weight) element of the Healthy Schools Scheme by adapting the Bach a Iach approach previously developed in Powys for preschools. The objectives were to upskill teachers in relation to physical literacy, physical activity and healthy eating, and to support schools to deliver the health and wellbeing aspects of the new curriculum. The project provided training, support and resources for school staff and included an award scheme aligned to the Healthy Schools and Preschools Schemes to recognise achievement.

In year 1 the project was targeted to schools in the most deprived areas of north Powys. An extension of funding into year 2 allowed the work to be rolled out to targeted schools in the most deprived areas of mid and south Powys. Training and support was also offered to preschools in the target areas to increase coverage across the 0-7 age group and provide a consistent approach across preschools and schools. In year 3, the project received 2 months funding which has supported the completion of training and the development of resources.

During the pandemic and restrictions on being able to visit schools, the team adopted digital solutions which have had the benefit of allowing training to be offered more widely and to be recorded for future use. The approach will continue to be used as part of the Healthy Schools Scheme, supported by partnership working with Powys County Council's Sports Development Team.

<sup>7</sup> The Foundation Phase Bach a Iach project is often referred to as simply "Bach a Iach"

Currently, 59 schools are involved in the programme and 18 bronze and 34 silver awards have been achieved to date. An external evaluation commissioned by the North Powys Wellbeing Programme found that this project had exceeded planned deliverables despite the impact of the pandemic. The funding for this work has now ended.

### **Whole School Approach to Emotional and Mental Wellbeing**

The Whole School Approach to Emotional and Mental Wellbeing (WSA) was first introduced as a national pilot in Q3 2020/21.

Initially, the Healthy Schools Team was given just four months' funding, although a small annual grant funding of £37,886 has since been confirmed until 2024/25 (see table 1). This work supports delivery of Welsh Government's statutory guidance *Framework on Embedding a Whole School Approach to Emotional and Mental Wellbeing*. It also supports the new curriculum. Priorities are set nationally and include supporting schools to use a self-assessment framework and to identify areas for development. The team is working in collaboration with Powys County Council's Wellbeing and Inequality Leads and through the Powys Schools Wellbeing Group.

The WSA programme started during year one of the pandemic with small grant funding of £8,520 in 2020/21. Despite this, the Healthy Schools Team successfully delivered the required work in line with national expectations. This was achieved by members of the team working additional hours.

In 2021 the programme focused on working with 15 local pilot schools to identify their training and support needs using the national WSA self-assessment tool.<sup>8</sup> Good progress has been made with this phase of the work: six of the pilot schools have completed the self-assessment tool and nine are working towards completion. The priority for 2022/23 is to offer support to other schools focusing initially on secondary schools.

### **The New National Curriculum for Wales**

The introduction of the new curriculum is a significant change for schools and an opportunity for the Healthy Schools Scheme to align to the new curriculum. In brief there are six Areas of Learning and Experience (AoLE) including Health and Wellbeing. The Health and Wellbeing AoLE is central to the new curriculum and covers physical health and development, mental health and emotional and social wellbeing. The Healthy Schools Team is working with schools to offer support with implementing the Health and Wellbeing AoLE.

### **Relationships and Sexuality Education**

Relationships and Sexuality Education (RSE) is now mandatory in all maintained schools including primary schools. RSE focuses on building trusting relationships and developing mental and emotional wellbeing, resilience and empathy. Schools are expected to provide RSE but have flexibility to design

<sup>8</sup> 8 primary schools, 2 through schools, 1 secondary school, 1 infant school, 2 specialist schools and 1 Pupil Referral Unit.

their own programme. The Healthy Schools Team is working with schools, school clusters and Powys County Council colleagues to support schools to implement the recently introduced RSE requirements.

### **School Health Research Network Student Health & Wellbeing Surveys**

The School Health Research Network (SHRN) undertakes surveys on health and wellbeing in schools.<sup>9</sup> The Healthy Schools Team has a role in supporting eligible schools to take part and in supporting them to analyse, interpret, use the data to inform school plans, and to support the school to implement their health improvement plans.

### **Summary of progress between 2020/21 and 2022/23**

In summary, the Powys Healthy School Scheme in the past two years, whilst supporting the health protection response to the pandemic, have:

- Continued delivery of the Healthy Schools and Preschools Schemes with digital working introduced.
- Delivered the Whole School Approach to Emotional and Mental Wellbeing (primary prevention) in line with national expectations. Of note, this programme was introduced successfully during the emergency phase of the pandemic.
- Successfully delivered the Acceleration of Change Project Foundation Phase Bach a Iach.
- Supported schools to deliver health and wellbeing elements of the new curriculum including RSE.
- Worked with schools to participate in the School Health Research Network (SHRN) Student Health and Wellbeing Survey and supported them with the analysis, interpretation and use of the findings to inform plans.
- Adapted to make increased use of technology and new ways of working.

### **NEXT STEPS:**

#### **In 2023/24:**

- **continue to deliver the Healthy Schools, Healthy Preschools and Whole School Approach to Emotional and Mental Wellbeing programmes in Powys in line with the conditions of the grants, and the needs of the schools participating in the programmes aligning to the new Education Curriculum.**

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<sup>9</sup> For more information on SHRN see: [National Data - School Health Research Network \(shrn.org.uk\)](https://shrn.org.uk)

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

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**Agenda item: 3.2**

<b>Planning, Partnership and Population Health Committee</b>		<b>Date of Meeting: 19 January 2023</b>
<b>Subject:</b>	<b>Strategic Change Report</b>	
<b>Approved and presented by:</b>	<b>Director of Planning and Performance</b>	
<b>Prepared by:</b>	<b>Assistant Director of Planning, Assistant Director of Engagement and Communication</b>	
<b>Other Committees and meetings considered at:</b>	<b>Executive Committee 11 January 2023</b>	

**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 take ASSURANCE from the Strategic Change Report.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
	✓	✓

**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	✓

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

	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.

## 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.

Further intelligence that is known to Executive Committee colleagues on strategic change programmes or particular / potential impacts for Powys would be welcomed and will be included in the final report to PPPH Committee.

It should be noted that this is a changing picture and unlikely to be fully complete at any one time, as it remains a challenging environment for engagement and delivery on transformation programmes. Many were suspended and are being reframed due to the impact of the Covid-19 pandemic and the status of some of these are subject to further work being undertaken currently.

It should also be noted that all areas are developing integrated plans for submission in March 2023; responding to the NHS Wales Planning Framework which includes refreshed Ministerial Priorities. This will also result in changes to associated long term ambitions and medium term plans.



<b>Disability</b>				X	Positive impacts are identified in relation to the delivery of Strategic Priorities in the IMTP for the population and therefore marked as 'positive' for those characteristics where there is a direct relationship with health service usage; for the marriage and civil partnership characteristic this is not identified as a direct positive healthcare impact but no adverse impact has been identified
<b>Gender reassignment</b>				X	
<b>Pregnancy and maternity</b>				X	
<b>Race</b>				X	
<b>Religion/ Belief</b>				X	
<b>Sex</b>				X	
<b>Sexual Orientation</b>				X	
<b>Marriage and civil partnership</b>	X				
<b>Welsh Language</b>				X	

### Risk Assessment:

	Level of risk identified				<p><b>Statement</b></p> <p>Level of risk has been identified in line with the Strategic risks set out in the IMTP, which are noted in further detail in the Board Assurance Framework and Corporate Risk Register</p>
	None	Low	Moderate	High	
<b>Clinical</b>			X		
<b>Financial</b>			X		
<b>Corporate</b>		X			
<b>Operational</b>			X		
<b>Reputational</b>		X			

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# Strategic Change Update

December 2022

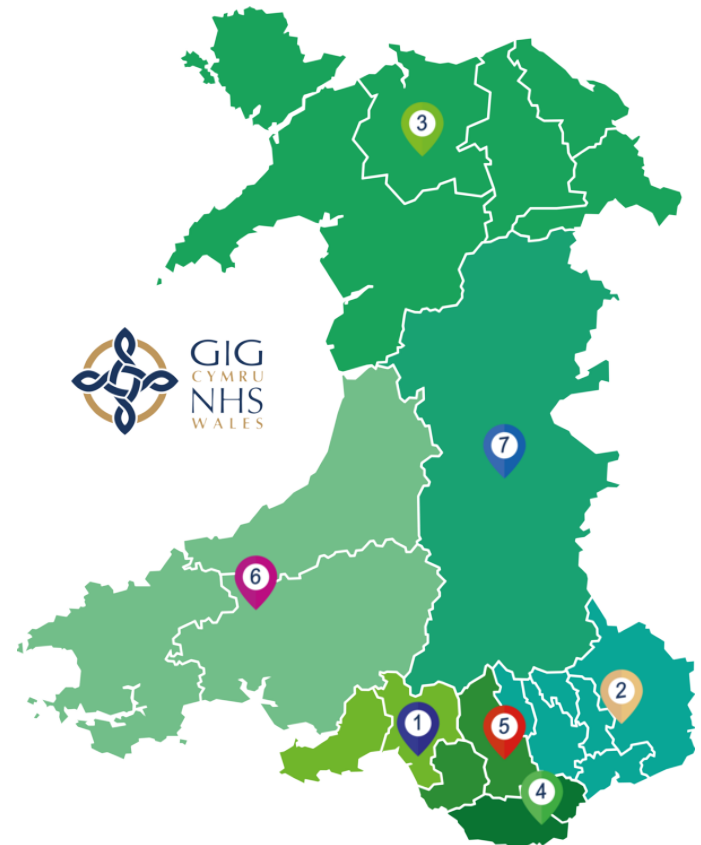
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# Purpose

- To update upon strategic change programmes within Wales and bordering areas of England
- To inform the assessment of benefits and impacts of individual and collective changes on pathways and services for the Powys population
- To provide information to relevant stakeholders



GIG  
CYMRU  
NHS  
WALES



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# Overview – key areas of impact for Powys

The Powys RPB Area Plan and PSB Wellbeing Plan are both being refreshed (completion Spring 2023)

The Powys Winter Plan/ System Resilience Plan also produced September 2022

The Mid Wales Joint Committee for Health and Care refreshed work programme

HDUHB 'A Healthier Mid and West Wales' includes plan for new hospital; site options being explored

ARCH programme includes regional centre of excellence / regional services

SBUHB Clinical Services Plan / Changing for the Future; Acute Medical Services Redesign Programme implementation from December 2022

South West Wales Cancer Centre business case in development

South Wales collaborative work being 'reset' with new Programme Director, Collaboration Portfolio and refreshed regional priorities; delivery mechanisms are under review

BCUHB long term ambition is set out in 'Living Healthier Staying Well' which was refreshed 2021; clinical services strategy launched June 2022

All areas are developing integrated plans for submission in March 2023; responding to the NHS Wales Planning Framework which includes refreshed Ministerial Priorities.

Shropshire & Telford & Wrekin Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation

Hereford & Worcestershire Stroke Programme resumed and public engagement on options concluded in November 2022

ABUHB Clinical Futures integrated into strategic planning and implementation; ongoing pathway development in relation to maternity and neonatal care

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



# North Wales



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# 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	Key Points
Clinical Services Strategy	<p>The Strategy sets out the principles and design features, which will guide the decisions around large-scale strategic service change and will help to inform the clinical service priorities.</p> <p>A Clinical Services Plan was launched in June 2023 which will feed into the development of the 2023/26 Integrated Medium Term Plan (IMTP).</p> <p>It is expected that clearer implications on pathways and service configuration will emerge in coming year(s).</p>
Transformation Approach	<ul style="list-style-type: none"><li>• Single Transformation and Improvement Unit established</li><li>• Developing the BCU Pathway resource</li><li>• Golden Metrics based upon PROMS and PREMS</li><li>• The atlas of variation approach</li><li>• Embedding of 'Lean' principles into our delivery of continuous improvement</li><li>• Evidence-based change management expertise to support the systematic delivery of large-scale transformation programmes such as Regional Treatment Centres</li></ul>
Programmes	Key Points
Rapid diagnostic clinics	<p>Plans for rapid diagnostic clinics for 'vague symptoms' with reasonable risk of cancer but does not fit the criteria for a current site specific urgent suspected cancer pathway.</p>
Stroke Improvement Programme	<p>Plans include three stroke rehabilitation centres and new prevention, diagnosis and monitoring services. The programme has received over £3million in funding, and will open three new rehabilitation centres across North Wales, for patients who no longer need specialist medical care in acute hospitals, but still require stroke rehabilitation that cannot be delivered at home.</p>

# Mid and West Wales



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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	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	<ul style="list-style-type: none"> <li>Overseen by the Powys Regional Partnership Board (RPB)</li> <li>Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018</li> <li>Sets out a shared vision and well-being objectives; Population Needs Assessment updated Spring 2022</li> <li>Area Plan being refreshed in 2022/23</li> </ul>
The Powys Well-being Plan – Towards 2040	<ul style="list-style-type: none"> <li>Overseen by the Powys Public Services Board (PSB); sets out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys</li> <li>Statutory partners Mid and West Wales Fire and Rescue Service; Natural Resources Wales; Powys County Council; Powys Teaching Health Board</li> <li>Invited organisations include: Brecon Beacons National Park Authority; Powys Association of Voluntary Organisations; Dyfed Powys Police; Dyfed Powys Police and Crime Commissioner; Department for Work and Pensions; Welsh Government; One Voice Wales</li> <li>Wellbeing Assessment updated Spring 2022; Wellbeing Plan being refreshed in 2022/23; period of engagement concluded 13 November 2022 to gather insights to inform the Area Plan and Well-being Plan</li> </ul>
Programmes/ Partner Plans	Key Points
There are a number of programmes overseen by the RPB	<ul style="list-style-type: none"> <li>North Powys Wellbeing Programme</li> <li>Workforce Futures</li> <li>Start Well/ Live Well / Age Well and Cross Cutting Programme</li> </ul>
Powys County Council – Corporate Plan 'Stronger Fairer Greener'	<ul style="list-style-type: none"> <li>The County Council are currently developing 'Stronger Fairer Greener' which brings together their Corporate and Strategic Equality plan</li> <li>There are three objectives focusing on 1) awareness, access and informed choice of services 2) sustainable employment and training 3) tackling poverty and inequality to support wellbeing</li> <li>A period of engagement has been carried out up to 23 December 2022 which will inform the plan</li> </ul>

# Powys Teaching Health Board (PTHB)



PTHB is recognised as having unique circumstances as a commissioner as well as a provider of healthcare; residents access care from providers around its borders including those in England.

Strategy	Key Points
<p>Powys was the first area in Wales to agree a shared health and care strategy 'A Healthy Caring Powys' (see previous)</p> <p>PTHB IMTP (Integrated Medium Term Plan)</p>	<ul style="list-style-type: none"> <li>The IMTP sets out the health board's three year plan in the context of 'A Healthy Caring Powys' which is aligned to the ambition set out in 'A Healthier Wales'</li> <li>The Strategy and the Plan are shaped around the Strategic Framework of four Wellbeing Objectives and four Enabling Objectives in 'A Healthy Caring Powys'</li> <li>The IMTP 2022 – 2025 sets out 25 Strategic Priorities across the Wellbeing Objectives</li> <li>The IMTP Delivery Plan includes key activities and milestones across these 25 areas</li> <li>Work on the Integrated Plan 2023-26 has begun with a submission date of 31<sup>st</sup> March 2023 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities</li> </ul>
Programmes	Key Points
<p>Detailed updates of progress against plan including key programmes of work are produced quarterly</p> <p>Q2 Update available at <a href="#">Meeting of the Board on 30 November 2022 - Powys Teaching Health Board (nhs.wales)</a></p>	<ul style="list-style-type: none"> <li>Key strategic changes/ programmes of work include: <ul style="list-style-type: none"> <li>Transformation and Value - Renewal Programme</li> <li>The Six Goals of Urgent and Emergency Care</li> <li>Planned Care and recovery of access</li> <li>East Radnorshire and future service model at Knighton hospital project underway with local clinicians and stakeholders to develop a place based approach to care for the local community.</li> <li>Mental Health Strategic Review</li> <li>Primary Care</li> <li>Powys Clusters (North Powys; Mid Powys; South Powys)</li> <li>Clinical Quality and Patient Experience Frameworks</li> <li>Digital First</li> <li>Workforce Futures</li> <li>Innovative Environments</li> </ul> </li> <li>Q3 update scheduled to be undertaken in January 2023</li> </ul>

# 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 PTHB, HDUHB, BCUHB, WAST, Ceredigion, Gwynedd and Powys County Councils; the respective Community Health Councils are co-opted members.

Strategy	Key Points
<p>Strategic Intent and Work Programme</p> <p><a href="https://mwjc.nhs.wales/">Link for further information: https://mwjc.nhs.wales/</a></p>	<ul style="list-style-type: none"> <li>Strategic Intent and Work Programme published annually; with five overarching aims <ul style="list-style-type: none"> <li>Aim 1: Health, Wellbeing and Prevention <i>Improve the health and wellbeing of the Mid Wales population</i></li> <li>Aim 2: Care Closer to Home <i>Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home</i></li> <li>Aim 3: Rural Health and Care Workforce <i>Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales</i></li> <li>Aim 4: Hospital Based Care and Treatment <i>Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks</i></li> <li>Aim 5: Communications, Involvement and Engagement <i>Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners</i></li> </ul> </li> </ul>
Programme	Key Points
<p>Three key priorities</p> <p>Other Priorities</p>	<p>Supporting these aims are a set of annually agreed priority areas – the top three for this year have been agreed as <b>Urology, Palliative Care and Rheumatology</b>.</p> <p>Other priorities include ophthalmology, cancer (community based oncology/chemotherapy), respiratory networked pathways, digital developments, oral surgery, Bronglais clinical strategy, cross border workforce / training/ leadership development and education, support for Aberystwyth School of Nursing, links across Mid Wales Clusters, Rehabilitation</p>
Rural Health and Care Wales	<p>MWJC also established Rural Health and Care Wales, working in collaboration with Universities as a centre for excellence in rural health and social care.</p> <p>Link for further information: <a href="https://ruralhealthandcare.wales">https://ruralhealthandcare.wales</a></p>

# Mid and South West Wales



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

Strategy	Key Points
A Healthier Mid & West Wales (formerly Transforming clinical services)	<p>The strategy describes a whole system approach to health and wellbeing; the vital role community networks and a sustainable healthcare system for the future.</p> <p>The future service model includes a new Urgent and Planned Care Hospital and hub for all specialist children and adult services, supported by a network of hospitals and community hubs providing more locality-based care:</p> <ul style="list-style-type: none"> <li>• Urgent and Planned Care Hospital (located between Narbeth and St Clears in the South of the region)</li> <li>• Bronglais General Hospital in Aberystwyth</li> <li>• Prince Philip General Hospital in Llanelli</li> <li>• Glangwili Community Hospital in Carmarthen</li> <li>• Withybush Community Hospital in Haverfordwest</li> </ul> <p>Site options for the new hospital are being appraised including a land selection consultation.</p>
Programme	Key Points
Stroke Pathway	<ul style="list-style-type: none"> <li>• Stroke services are provided across four acute sites currently. The challenges in providing effective services in rural locations are significant, with the need to balance multidisciplinary specialist care with care closer to home, and timely assessment and treatment with travel considerations across a wide geographical area.</li> <li>• The clinical and operational teams are engaged in internal and regional service development meetings, however, significant improvement cannot be achieved without whole service/whole redesign and investment/reinvestment in parts of the pathway.</li> </ul>
Interim configuration of paediatric services	<ul style="list-style-type: none"> <li>• HDUHB have implemented changes to the configuration of paediatric services pending the planned changes to hospital provision set out in 'A Healthier Mid and West Wales'</li> <li>• Glangwili Hospital is retained as the main location for paediatric services; the focus for the interim changes is the safety and stabilisation of Withybush hospital services and associated pathways in the West of HDUHB</li> <li>• These do not have immediate impact for Powys residents but are noted for completeness; there will be further changes to this provision once the new hospital is operational</li> </ul>

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# 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	Key Points
SBUHB Clinical Services Plan 2019-2024	<p>The Clinical Services Plan, developed prior to the pandemic, set out three priorities:</p> <ul style="list-style-type: none"><li>• integrated primary and community care</li><li>• major hospital roles with significant change implications</li><li>• clinical service ambitions across population health, planned care, older people, unscheduled care, maternity, children and young people, mental health and learning disabilities, cancer</li></ul>
Recovery and Sustainability Plan	SBUHB's Integrated Medium Term plan for 2022 – 2025 set out their Recovery and Sustainability Goals, Methods and Outcomes
Population Health Strategy	SBUHB have commenced work on a Population Health Strategy and completed Phase 1
Programme	Key Points
Changing for the Future / Acute Medical Services Redesign(ASMR) Programme	<p>ASMR Programme established focusing on the evolution of Morriston, Singleton and Neath Port Talbot hospitals to become individual 'Centres of Excellence'. The Business Case includes:</p> <ul style="list-style-type: none"><li>- the centralisation of acute medical services on Morriston hospital site</li><li>- and the centralisation of rehabilitation services on Neath Port Talbot hospital site</li><li>- In addition, the case includes temporary establishment of 90 beds on Singleton hospital site as an additional capacity for Clinically Optimised Patients (until October 2023)</li></ul> <p>OCP process concluded July 2022 and implementation is commencing from December 2022.</p>

# 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.

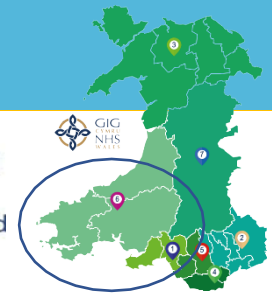


Strategy	Key Points
ARCH	<p><b>Service Transformation</b></p> <ul style="list-style-type: none"> <li>Regional Pathology and Genomics Centre of Excellence Project</li> <li>Regional Eye Care Services</li> <li>Regional Dermatology Services</li> <li>South West Wales Cancer Centre (SWWCC) - see next page for further detail</li> <li>Neurological Conditions Regional Services</li> <li>Cardiology Regional Services</li> <li>Stroke Reginal Services</li> </ul> <p><b>Service Transformation – Pipeline</b> Develop regionally agreed approaches including scope, programme delivery and governance, regional service models, resourcing and management for:</p> <ul style="list-style-type: none"> <li>Oral &amp; Maxillofacial Surgery</li> <li>Radiology Services</li> <li>Orthopaedics</li> <li>Endoscopy</li> <li>Children's Services</li> </ul> <p><b>Other Regional Projects/Programmes</b> 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):</p>



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# South West Wales Cancer Centre



- 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 (H DUHB).
- 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, that due to geographical location.

Programme	Key Points
<b>South West Wales Cancer Centre (SWWCC)</b> <b>Regional Strategic Programme</b>	<p>To develop and agree the SWWCC Strategic Programme Case (SPC), 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)</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales</p> <p>The strategic objectives are:</p> <ul style="list-style-type: none"> <li>✓ To provide a fit for purpose SWWCC service for the South West Wales population</li> <li>✓ To improve the quality of the SWWCC and local cancer services</li> <li>✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes</li> <li>✓ To improve the economy of the SWWCC and local cancer services</li> <li>✓ To improve the efficiency of the SWWCC and local cancer services</li> <li>✓ To improve the effectiveness of the SWWCC and local cancer services</li> </ul> <p>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.</p>

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# South / South East Wales



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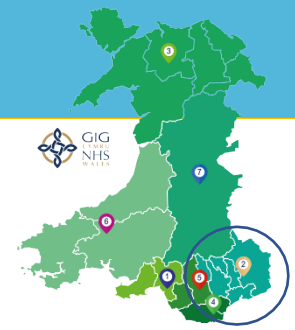
# Cwm Taf Morgannwg University Health Board



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	Key Points
'Our Health Our Future, CTM 2030'	CTMUHB are developing and agreeing an organisational strategy, including the future of their clinical services through 'Our Health, Our Future CTM2030'. CTM 2030 has engaged with staff, their population and partners to identify four strategic goals: Creating Health, Improving Care, Inspiring People and Sustaining our Future
Programme	Key Points
CTM2030	<ul style="list-style-type: none"> <li>Further detail on the CTM2030 programme and clinical services can be found at <a href="https://www.nhs.uk/healthboards/cwm-taf-morgannwg-university-health-board/our-health-our-future-ctm2030/">CTM2030 Community Hub - Cwm Taf Morgannwg University Health Board (nhs.wales)</a></li> <li>This includes further information on each of the four strategic goals (as noted above)</li> <li>It also includes information on delivery across the life stages: <ul style="list-style-type: none"> <li>Starting Well</li> <li>Growing Well</li> <li>Living Well</li> <li>Ageing Well</li> <li>Dying Well</li> </ul> </li> </ul>
Maternity Neonatal	Following the publication of the latest IMSOP (Independent Maternity Services Oversight Panel) report on 7 November 2022, the Health Minister has de-escalated the health board's maternity and neonatal services from special measures to targeted intervention. It is planned that the Oversight Panel will stand down at the end of 2022.

# 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	Key Points
Clinical Futures	The Grange University Hospital was opened at an accelerated timescale in Autumn 2020 as part of the response to the Covid-19 pandemic. This brought forward some of the associated pathway and service changes set out in Clinical Futures. Other pathway changes are being finalised as part of the longer term embedding of the new model of care which could not be achieved during the response to the pandemic.
A Healthier Gwent	Clinical Futures Programme now reshaped to support the delivery of the organisations key priorities, as set out in the Integrated Three Year Plan, in the context of A Healthier Gwent, National Clinical Framework and new opportunities for transformation and innovation.
Programme/ Area	Key Points
Maternity Services	Temporary changes to midwifery-led services at Royal Gwent / Nevill Hall / Ysbyty Ystrad Fawr hospitals in response to severe workforce challenges; these remain centralized at GUH.
Acute Oncology – Radiotherapy Unit	Development of the satellite radiotherapy unit at Nevill Hall Hospital, as part of the Acute Oncology programme led by Velindre Cancer Centre – due for completion in 2024.
Emergency Department	HIW Inspection report on the Emergency Department at the Grange University Hospital published November 2022

# 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 (RPH) footprint.

Strategy	Key Points
Shaping our Future Wellbeing	The main strategy for CVUHB up to 2025 is 'Shaping our Future Wellbeing'. Developed prior to the pandemic, it set out medium to long term goals in response to the needs of the population.
Programme	Key Points
11 Programmes	<p>Recovery and Redesign Portfolio:</p> <ul style="list-style-type: none"><li>- Unscheduled Care</li><li>- Planned Care</li><li>- Mental Health</li><li>- Primary Care</li><li>- Diagnostics</li></ul> <p>Shaping our Future Strategic Transformation Portfolio</p> <ul style="list-style-type: none"><li>- Shaping our future Population Health</li><li>- Shaping our future Community Care</li><li>- Shaping our Future Clinical Services</li><li>- Shaping our Future Hospitals</li></ul> <p>People and Culture Plan Delivering Digital Five Year Plan</p>

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# South Wales

The regional forums in South Wales are being reviewed / reset - key current programmes of work are noted below:

Strategy	Key Points
South Wales Programme (legacy programme)	The South Wales Programme included configuration of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (A&E), for South Wales and South Powys.
Collaborative Portfolio Board / South East Wales Regional Planning Forum	Recently agreed portfolio of work for South East Wales with existing and new programmes: <ul style="list-style-type: none"> <li>- Ophthalmology Programme (existing – ABUHB lead)</li> <li>- Orthopaedic Programme (new – CAVUHB lead)</li> <li>- Diagnostics Programme incorporating Endoscopy and Pathology (new – CTMUHB lead)</li> </ul>
South East Wales Vascular Network	Implementation phase following public engagement undertaken in 2021 on a proposal for the reorganisation of localised vascular services into a 'hub and spoke' model.
Adult Thoracic Surgery (South Wales)	Following consultation in 2018, agreement reached for a new Adult Thoracic Surgical Centre of Excellence for residents in the Swansea Bay, Hywel Dda, Cwm Taf Morgannwg, Aneurin Bevan, South Powys and Cardiff & Vale Health Board areas. Site Options appraisal workshop held on 28th October 2022 with agreement for Option 6a (Morrison Hospital site); endorsed by Thoracic Project Board on 11th November 2022. Next stage is Outline and Full Business Case; indicative timeline for completion of the Outline Business Case is Q4 2023-24.
Hepatobiliary & Pancreatic Surgery Board	Recently established programme with terms of reference to develop proposals for improving current service provision, and to make recommendations on a safe, effective and sustainable service model for HPB surgery (currently delivered on a split-site basis across UHW and Morrison). Intended that proposals for future service model be finalised by January 2023.
Welsh Sexual Assault Services	Established programme with terms of reference to review the required service delivery model in the light of new ISO accreditation standards mandated from October 2023. Programme is implementing a revised hub and spoke model with acute services for SE Wales centred on a new hub at Cardiff Royal Infirmary, supported by follow up activity at existing spoke sites in Risca and Merthyr.

# All Wales

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# NHS Wales National Programmes

There are a number of national 'All Wales' Programmes – key items noted here however this will not be a comprehensive list (as there are subgroups/ clinical and professional forums which are also undertaking programmes and projects).

Strategy	Key Points
A Healthier Wales	<b>A Healthier Wales</b> was developed by Welsh Government in June 2018 in response to a Parliamentary Review of the 'Long-Term Future of Health and Social Care, A Revolution from Within: Transforming Health and Care in Wales'. <b>Ministerial Priorities</b> are set annually and the <b>NHS Wales Planning Framework</b> is also issued annually.
National Clinical Framework	Published in March 2021, to support recovery and transformation in the planning and the delivery of clinical services <a href="https://gov.wales/national-clinical-framework-learning-health-and-care-system">https://gov.wales/national-clinical-framework-learning-health-and-care-system</a>
Programme	Key Points
Six Goals Programme (Urgent and Emergency Care)	National programme hosted by WG – policy handbook published Spring 2022; all health boards have also been required to submit local plans <a href="https://gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026">https://gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026</a>
Planned Care Programme	Five Goals for Planned Care published Spring 2022 (Effective Referral; Advice and Guidance; Treat accordingly; Follow Up prudently; measure what's important) <a href="https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists">https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists</a>
Strategic Programme for Primary Care	Hosted by ABUHB; national programme for primary and community care services <a href="http://www.primarycareone.wales.nhs.uk/">http://www.primarycareone.wales.nhs.uk/</a>
Accelerated Cluster Development	The ACD programme is managed within the Strategic Programme for Primary Care and is accountable to the National Primary Care Board and through the Lead NHS Chief Executive to the National NHS Leadership team.
Other All Wales Programmes (as per latest DoPS Workplan)	Decarbonisation and Climate Change Rebalancing Care and Support (Four workstreams: Technical; Market; Planning and Performance; Integration Clinical Programmes: Orthopaedic; Dermatology; Eye Care; ENT; Urology; General surgery; Gynaecology; IBD Duty of Quality and Candour Steering Group Planning Programme for Learning (PP4L) Value in Health Programme Board Adaptation Planning Steering Group National Commissioning Board – Commissioning Standards Ten Year Capital Task and Finish Group

# NHS Wales Collaborative

NHS Wales Collaborative is national organisation working on behalf of the health boards, trusts and special health authorities.

## Strategy

## Key Points

The NHS Collaborative work plan is shaped in a number of ways in response to the requirements of Welsh Government and the NHS Wales leadership. The majority of the priorities are agreed through clinical network boards, major conditions implementation groups and national programme boards (with some work reprioritised in 2020 in the response to the COVID-19 pandemic).

## Programme

## Key Points



Networks

The collaborative supports five National Clinical Networks:

- Mental Health
- Maternity and Neonatal
- Cardiac
- Cancer
- Critical Care



Implementation Groups

There are a range of Implementation Groups and Network Boards for 2022/23:

- Diabetes Implementation Group
- End of Life Care Implementation Board
- Liver Diseases Implementation Group
- Neurological Conditions Implementation Group
- Rare Diseases Implementation Group
- Respiratory Health Implementation Group
- Stroke Implementation Group
- Women's Health Implementation Group



Programmes

Current Programmes:

Endoscopy; Pathology; Laboratory Information Network Cymru (LINC); Imaging; Radiology Informatics Systems Procurement; Sexual Assault Service Programme; Irritable Bowel Disease (IBD), Stroke Programme, Neonatal transport.

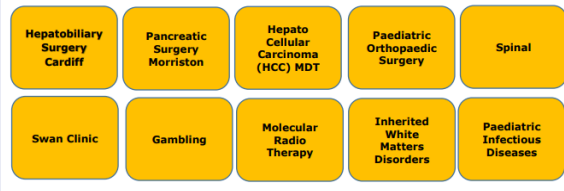
There has also been a recent consultation on a proposed Service Specification for adult specialised endocrinology services.

A Quality programme is now in development.

Link for further information: <https://collaborative.nhs.wales>

# 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	Key Points
10-year plan	Engagement is under way to support the development of the WHSSC 10-year strategy. More information is available from <a href="https://pthb.nhs.wales/whssc-strategy">https://pthb.nhs.wales/whssc-strategy</a>
Integrated Commissioning Plan  <a href="https://whssc.nhs.wales">https://whssc.nhs.wales</a>	Strategic Priorities 2022-2025 <ul style="list-style-type: none"> <li>• Specialist Services Strategy development</li> <li>• Mental Health Strategy</li> <li>• Specialist Paediatric Strategy</li> <li>• Major Trauma</li> <li>• Intestinal Failure Review</li> <li>• Neonatal cot review</li> <li>• Mesothelioma</li> <li>• Commissioning Specialised Services for North Wales residents/ North Wales Plan</li> <li>• Ensuring Equity for Powys residents</li> <li>• Positron Emission Tomography (PET) Programme</li> <li>• Potential New Services (as right)</li> </ul> 
Change programmes	Engagement on future configuration of cochlear implant and bone conduction hearing implant services in South Wales is expected to begin in November 2022.
Programme	Key Points
Recovery Programme	Spanning Cardiology and Cardiac Surgery; Thoracic Surgery; Neurosurgery; Plastic Surgery; Bariatric Surgery, Cleft lip and palette, Paediatric Surgery and BMT and CAR-T
Commissioning Programmes	Advanced Therapeutic Medicinal Products (ATMPs) (Advanced Therapies Programme) Cancer and Blood - Specialist Radiotherapy Molecular Radiotherapy (MRT); SABR provision, Thoracic Surgery; Genomics; Extracorporeal Membrane Oxygenation (ECMO); Specialised Haematology and Immunology; Psychology support for paediatric plastic surgery; Pulmonary Hypertension (PH) Services; Cardiac Surgery South Wales; Inherited Cardiac Conditions; Mental health Specialised Services; Neurosciences Specialised Rehabilitation, Tertiary Thrombectomy (South Wales), South Wales Neurosurgery and Neuropsychiatry, Prosthetic Services, Adolescent Paediatric Cochlear Implant; Paediatric Pathology, Gastroenterology, Orthopaedic and Spinal Surgery, Welsh Renal Services.

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

Strategy	Key Points
<p>EASC Integrated Medium Term Plan</p> <p><a href="https://easc.nhs.wales">https://easc.nhs.wales</a></p>	<p>Working with providers on behalf of the Committee, the CASC and the EASC Team enact the priorities of the Committee for their populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.</p>
Programme	Key Points
<p>EASC Commissioning Priorities &amp; intentions 22 – 25</p>	<p>EASC IMTP 2022 – 20-25 spans three main areas</p> <ul style="list-style-type: none"> <li>- Emergency Ambulance Services (EAS)</li> <li>- Non-Emergency Patient Transport Services (NEPTS)</li> <li>- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru), including the Adult Critical Care Transfer Service (ACCTS).</li> </ul> <p>Refresh of EMS Collaborative Commissioning Framework &amp; development of Integrated Commissioning Action Plan.</p>
<p>EMRTS / Air Ambulance Service</p>	<p>Detailed data and modelling is being considered by EASC and partners to inform engagement with stakeholders on service improvement proposals in Winter / Spring 2023. (See Communications &amp; Engagement update later in this pack for more detail on current stage).</p>
<p>Six Goals for Urgent &amp; Emergency Care</p>	<p>NCCU leads on Goal 1 &amp; Goal 4</p> <p>Goal 1</p> <ul style="list-style-type: none"> <li>• High Risk Populations</li> <li>• Equity of access to UEC</li> <li>• Reducing high use of UEC services</li> </ul> <p>Goal 4</p> <ul style="list-style-type: none"> <li>• EASC Optimised response &amp; Optimising Conveyance (including Ambulance Handover Delay Improvement)</li> <li>• Emergency Department Quality &amp; Delivery framework</li> <li>• All Wales Escalation</li> </ul>
<p>Quality Assurance Improvement Service</p>	<ul style="list-style-type: none"> <li>• Commissioning Mental Health &amp; learning disability hospitals &amp; care homes (adult, CAMHS)</li> <li>• Undertake reviews on behalf of WG</li> <li>• Quality assurance of commissioned services through audit &amp; inspection</li> </ul>
<p>Sexual Assault Referral Centres</p>	<ul style="list-style-type: none"> <li>• Commissioning of South East Wales SARC services &amp; development of a national commissioning framework</li> </ul>

## Map of Key Service Strategic Changes WAST is jointly supporting Health Boards regionally & nationally across NHS Wales

Additionally, WAST continues to work closely with all Health Boards to jointly support and engage on other local service changes prioritised in year.

BCUHB: Supporting the modernisation of **Nuclear Medicine** and **PET/CT Services** across North Wales.

BCUHB: Supporting the review and development of **Stroke services** across North Wales.

HDUHB: Supporting the delivery phase of the **Transforming Clinical Services Programme** in Hywel Dda Health Board.

Regional SBUHB & C&VUHB: Supporting the implementation of a new integrated service for **Adult Thoracic Surgery** across South Wales, including a single Thoracic Surgery Centre at Morriston Hospital.

SBUHB: Supporting implementation of the Clinical Strategy and acute services re-design work.

South Wales: Commissioning of the **Neonatal Transport Service (CHANTS)**

### Services Changes paused during Covid-19

SBUHB: Development of a regional model for Stroke with the implementation of a **centralised hyper acute stroke unit (HASU)** in Morriston hospital, Swansea.

HDUHB: Review of Health Board Stroke Pathways



Supporting the implementation of the **Future Fit health services reconfiguration** programme in collaboration with Shrewsbury & Telford hospitals.

Supporting the **reconfiguration of stroke services** in Hereford & Worcester.

South Powys: Change in **Maternity & Neo-natal flows**

### South East Wales:

- Continue to support the **centralisation of vascular surgery** across South East Wales.
- Engage and support plans for regional **oncology** and Velindre Cancer centre and satellite centres.
- Engage and support regional **ophthalmology**

C&VUHB & CTM: Engaging and supporting developments on hyper acute stroke services

Engaging with Cardiff & Vale on their **Future Clinical Services** programme

### National:

- Supporting the transfer of North Wales and South Wales patients requiring **Thrombectomy**
- Support the development of the **Critical Care service** across Wales.

# Other National Organisations

Organisation	Key Points
<b>Digital Health and Care Wales (DHCW)</b> A Special Health Authority established in April 2021, it replaces the NHS Wales Informatics Service <a href="https://dhcw.nhs.wales">https://dhcw.nhs.wales</a>	<p>Four National 'Missions' - Digital Transformation; Digital Health and Care Record; High Quality Technology, Data and Services and Driving Value and Innovation</p> <p>Key programmes include:</p> <ul style="list-style-type: none"> <li>• The Digital Health Ecosystem Wales (DHEW) working with the Life Sciences Hub Wales – digital innovations and access to health sector technology platforms</li> <li>• Research and Innovation Strategy</li> <li>• Welsh Government Digital Health Strategy</li> <li>• Digital Medicines Portfolio</li> <li>• Cyber Action Plan</li> <li>• Shared Listening and Learning Annual Review</li> </ul>
<b>Health Education and Improvement Wales (HEIW)</b> A Special Health Authority <a href="https://heiw.nhs.wales">https://heiw.nhs.wales</a>	<p>Six Strategic Objectives:</p> <ul style="list-style-type: none"> <li>• to lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'</li> <li>• to improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs</li> <li>• to work with partners to improve collective leadership capacity in the NHS</li> <li>• to develop the workforce to support the delivery of safety and quality</li> <li>• to be an exemplar employer and a great place to work</li> <li>• to be recognised as an excellent partner, influencer and leader.</li> </ul> <p>Key programmes include: the Health and Social Care Workforce Strategy, nurse staff, review of undergraduate education</p> <p>HEIW have commissioned the first Undergraduate nursing course in Aberystwyth University reflecting the importance of widening access and delivering high quality healthcare education in communities across Wales. Nursing education at the University has been developed with the support of a number of partners, including Hywel Dda, Betsi Cadwaladr and Powys health boards as well as service users and carers. The new degree courses also offer students the opportunity to study up to half of their course through the medium of Welsh. These nursing students will be equipped with skills and experience to meet the needs of rural populations and fulfilling career opportunities in Wales.</p>
<b>Public Health Wales (PHW)</b>	<p>Strategic Themes for 2022/23:</p> <ul style="list-style-type: none"> <li>• Enabling better population and reducing health inequalities through preventative and sustainable measures</li> <li>• Delivering excellent services for population screening programmes, health protection and infection</li> <li>• Supporting improvements in the quality and safety of health and care services</li> <li>• Maximising the use of digital, data and evidence to improve public health</li> <li>• Enabling the successful delivery of the Plan</li> </ul>

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# Other National Organisations

Organisation	Key Points
<b>NHS Shared Services</b> <a href="https://nwssp.nhs.wales">https://nwssp.nhs.wales</a>	<p>NWSSP delivers professional, technical, and administrative services for and on behalf of NHS Wales including services to the GP practices, dentists, opticians, and community pharmacies.</p> <p>These span audit and assurance; finance, procurement and supply chain; counter fraud, digital workforce solutions; employment services; student awards; accounts, legal and risk services, medical examiner, primary care, laundry, infected blood support service, surgical materials testing, specialist estates services; pharmacy technical services.</p> <p><u>Five Priorities for 2022 – 25:</u></p> <ul style="list-style-type: none"> <li>• Covid response</li> <li>• Financial governance</li> <li>• Ministerial priorities</li> <li>• Digital technologies and skills</li> <li>• Infrastructure Programme - Transforming Access to Medicines Service (TRAMS); Laundry and Scan for Safety</li> </ul> <p>Key programmes include the Once for Wales Concerns Management System and Planning Programme for Learning</p>
<b>Velindre Cancer Centre</b>	<p>Velindre Futures, Transforming Cancer Services Programmes</p> <p>Development of Acute Oncology Services Across South East Wales</p> <ul style="list-style-type: none"> <li>• Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting.</li> <li>• Radiotherapy Satellite at Neville Hall Hospital</li> </ul>
<b>Cancer Research Hub and Clinical Research Hub</b>	<p>Development of a Cardiff Cancer Research Hub and Clinical Research Hub – partnership between Velindre University NHS Trust (VUNHST), Cardiff and Vale UHB (CVUHB) and Cardiff University (CU) to provide the opportunity for key stakeholders, including Health and Care Research Wales (HCRW), the Cell and Gene Catapult, health and academia to work together to implement new clinical studies for the population of Wales.</p>

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# England

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# England

- Major changes have come into effect in health and care legislation, infrastructure and delivery mechanisms this year.

Legislation / Strategy	Key Points
Health and Care Act 2022  Integrated Care Systems	<ul style="list-style-type: none"> <li>The Health and Care Act 2022 was passed in July 2022, this established Integrated Care Systems (ICS) on a statutory footing in England, replacing the previous Clinical Commissioning Groups (CCGs).</li> <li>Each Integrated Care System has two statutory elements, an Integrated Care Partnership (ICP) and Integrated Care Board (ICB). <ul style="list-style-type: none"> <li>Integrated Care Partnership (ICP) - a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. It is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.</li> <li>Integrated Care Board (ICB) - a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.</li> </ul> </li> </ul>
NHS England/ Improvement	<ul style="list-style-type: none"> <li>NHS England and NHS Improvement came together to work as a single organisation in April 2019</li> <li>The <b>NHS Long Term Plan</b> (England) was published in 2019 – this remains the key planning document and spans ten years up to 2029 – it proposes an increased focus on population health, prevention, care quality and outcomes and a new service model comprising <ul style="list-style-type: none"> <li>Transformed out of hospital care and integrated community based care</li> <li>Reducing pressure on emergency hospital services</li> <li>Giving people more control over their own health and personal care</li> <li>Digitally enabling primary care and outpatient care</li> <li>Better outcomes for major health conditions</li> </ul> </li> <li>The <b>NHS People Plan</b> was published in July 2020 with Our People Promise, organised around four pillars: <ul style="list-style-type: none"> <li>looking after our people – with quality health and wellbeing support for everyone</li> <li>belonging in the NHS – with a particular focus on tackling the discrimination that some staff face</li> <li>new ways of working and delivering care – making effective use of the full range of our people's skills and experience</li> <li>growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return.</li> </ul> </li> </ul>

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# 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 Integrated Care System.



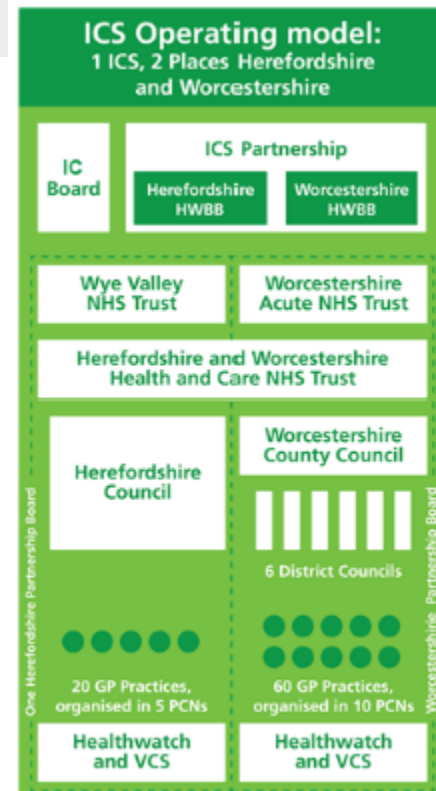
Strategy	Key Points
Integrated Care System	<p>Shropshire, Telford and Wrekin ICS includes the following healthcare providers:</p> <ul style="list-style-type: none"> <li><a href="#">The Shrewsbury and Telford Hospital NHS Trust</a></li> <li><a href="#">The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust</a></li> <li><a href="#">Shropshire Community Health NHS Trust</a></li> <li><a href="#">Midlands Partnership NHS Foundation Trust</a></li> <li><a href="#">West Midlands Ambulance Service Foundation Trust</a></li> </ul> <p><a href="#">NHS Shropshire, Telford and Wrekin</a> is the commissioning body within the ICS. It came into being as a statutory body on 1 July 2022, and took on the duties and responsibilities of the former NHS Shropshire, Telford and Wrekin Clinical Commissioning Group.</p> <p>There are two local authorities within the ICS; <a href="#">Shropshire Council</a>, and <a href="#">Telford &amp; Wrekin Council</a>.</p>
Programme	Key Points
Hospital Transformation Programme (HTP)	<p>The Hospital Transformation programme (Shrewsbury and Telford Hospitals) takes forward the outcome of 'Future Fit' programme following extensive business case development and consultation.</p> <p>The Strategic Outline Case was resubmitted in 2021 in light of changing costs impacting on the programme due to the pandemic and wider impacts. This was approved at the end of August 2022 and will deliver to the parameters set out in the Future Fit programme, with efficiencies to achieve implementation within the agreed cost envelope.</p>
Cardiology change - Telford	<p>On-going temporary change until the completion of the HTP - Co-located Cardiology service provision adjacent to current Cardiology Ward at PRH.</p>

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# Herefordshire and Worcestershire

Herefordshire and Worcestershire Integrated Care System was created on 1 July 2022

Strategy	Key Points
Integrated Care System	<p>Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions have transferred to a statutory Integrated Care Board (ICB).</p> <p>In addition , the Herefordshire and Worcestershire Integrated Care Partnership (HW ICP) was established as a statutory committee, between Herefordshire Council, Worcestershire County Council and NHS Herefordshire and Worcestershire ICB. The ICP will formulate an Integrated Care Strategy.</p> <p>Existing provider organisations are continuing whilst the place based operating model is refined.</p>
Programme	Key Points
Integrated Care Board Programme	<p>System level priorities are noted in the visual on the right hand side. Programmes of work initiated by the former 'STP' are also being resumed (including the Stroke programme noted below).</p> <p>Immediate operational priorities centre on elective care waits; diagnostic services and centres, urgent care and handovers, mental health investment, primary care, health and care workforce, financial sustainability.</p>
Stroke Programme	Long term programme of work across Herefordshire and Worcestershire ICS, with emerging proposals for reconfiguration of services. Period of engagement ended on 11 November 2022.
Haematology	Service changes in response to fragility in provision at WVT – regional partnership approach being taken to ensure alternative pathways in place



**ICS priority work programmes @ system level.**  
Includes

- Reset and recovery
- Development of PHM
- Health and Care Inequalities
- Digital strategy
- Capital/Estates
- UEC, Cancer, MH etc

# Engagement and Consultation

Last updated 7 November 2022

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# Exception and Highlight Reports

Engagement under way:

- Gilwern Branch Surgery
- South Wales Specialist Auditory Hearing Implant Services
- EMRTS / Welsh Air Ambulance

Consultation under way:

- None

Engagement planned or under consideration

- Powys Well-being Plan

Consultation planned or under consideration

- Hywel Dda University Health Board new hospital location and interim configuration of paediatric services

Period of engagement or consultation has ended and next steps awaited:

- Herefordshire and Worcestershire Stroke Services
- WHSSC 10 year strategy

Current Status	<ul style="list-style-type: none"> <li>• UNDER WAY: Formal engagement is taking place from 10 January 2023</li> </ul>
Lead Body	<ul style="list-style-type: none"> <li>• PTHB with Crickhowell Group Practice</li> </ul>
Overview	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Powys Teaching Health Board considers such requests in accordance with its “Branch Surgery Closure Process”.</li> <li>• In accordance with this policy, a period of engagement is taking place from 10 January 2023 to 6 March 2023 to inform a decision by health board in response to the application.</li> </ul>
Impact and interdependency	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
Key Dates	<ul style="list-style-type: none"> <li>• Engagement plan discussed at Executive Committee on 14 December 2022.</li> <li>• A period of formal engagement is taking place from 10 January 2023 to 6 March 2023.</li> <li>• We expect the outcome of engagement to be presented to the Branch Practice Review Panel and to the Health Board later in Spring 2023</li> </ul>
Key Materials	<ul style="list-style-type: none"> <li>• Letter to household, FAQs, online and printed questionnaire, alternative formats (BSL, Easy Read, Audio), draft Equality Impact Assessment, engagement website at <a href="http://www.pthb.nhs.wales/gilwern">www.pthb.nhs.wales/gilwern</a> and <a href="http://www.biap.gig.cymru/gilwern">www.biap.gig.cymru/gilwern</a></li> </ul>
Engagement Planning	<ul style="list-style-type: none"> <li>• An engagement plan is in place.</li> </ul>
CHC Liaison	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

Current Status	<ul style="list-style-type: none"> <li>• UNDER WAY: Formal engagement is taking place from 4 January 2023 to 14 February 2023</li> </ul>
Lead Body	<ul style="list-style-type: none"> <li>• WHSSC</li> </ul>
Overview	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Following a process of assessment and review, it is proposed that a single centre for Cochlear Implants and Bone Conduction Hearing Implants is established 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.</li> </ul>
Impact and interdependency	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 BCI 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.</li> <li>• Pathways for patients in north and mid Powys to BCUHB and England are not affected.</li> </ul>
Key Dates	<ul style="list-style-type: none"> <li>• Health Board Meetings took place on 28 and 29 September to consider the proposal to undertake engagement</li> <li>• A period of formal engagement is taking place from 4 January 2023 to 14 February 2023.</li> <li>• We expect the outcome of engagement to be presented to Health Boards later in 2023</li> </ul>
Key Materials	<ul style="list-style-type: none"> <li>• Materials include a core engagement document and questionnaire, summary document, easy read document and draft Equality Impact Assessment. These are available from our website at <a href="https://pthb.nhs.wales/cochlear">https://pthb.nhs.wales/cochlear</a></li> </ul>
Engagement Planning	<ul style="list-style-type: none"> <li>• A local engagement plan is in place for Powys to support local delivery of the regional engagement led by WHSSC. This includes publication of information on our website, intranet and social media channels and distribution to key stakeholders.</li> </ul>
CHC Liaison	<ul style="list-style-type: none"> <li>• There has been ongoing liaison with the CHC, with draft engagement materials discussed at Powys CHC Executive Committee on 13 September 2022. Launch materials have been shared with the CHC and there are meetings of the Services Planning Committee and the Radnorshire &amp; Brecknock Local Committee during the engagement period.</li> </ul>

Current Status	<ul style="list-style-type: none"> <li>• UNDER WAY: Formal engagement taking place from January 2023</li> </ul>
Lead Body	<ul style="list-style-type: none"> <li>• EASC with EMRTS and Welsh Air Ambulance Charity</li> </ul>
Overview	<ul style="list-style-type: none"> <li>• Media coverage on 17 August indicated that the Welsh Air Ambulance Charity and the NHS Emergency Medical Retrieval and Transfer Service (EMRTS) were reviewing their operational delivery model. Based on media reports, options include the closure of the Welsh Air Ambulance bases in Welshpool and Caernarfon, with relocation to a new base in North Wales.</li> <li>• The health board awaits further detail from the Emergency Ambulance Services Committee (EASC) on the review, modelling and options for the future.</li> <li>• A health board task and finish group has been established led by the Chief Executive to co-ordinate PTHB involvement in the review.</li> <li>• Service Development Proposal discussed at EASC meeting on 8 November with further update on 6 December</li> </ul>
Impact and interdependency	<ul style="list-style-type: none"> <li>• Add more information when available</li> </ul>
Key Dates	<ul style="list-style-type: none"> <li>• Add more information when available</li> </ul>
Key Materials	<ul style="list-style-type: none"> <li>• The latest information is available from <a href="https://pthb.nhs.wales/air-ambulance">https://pthb.nhs.wales/air-ambulance</a></li> <li>• Subject to decisions on engagement.</li> </ul>
Engagement Planning	<ul style="list-style-type: none"> <li>• Add more information when available</li> </ul>
CHC Liaison	<ul style="list-style-type: none"> <li>• An update was presented by the Chief Officer of EASC to the CHC Services Planning Committee on 20 September 2022.</li> </ul>

# Powys Well-being Plan

Current Status	<ul style="list-style-type: none"><li>• UNDER CONSIDERATION: A 12-week period of formal consultation on the draft Well-being Plan will be required from Q4</li></ul>
Lead Body	<ul style="list-style-type: none"><li>• Powys PSB</li></ul>
Overview	<ul style="list-style-type: none"><li>• The Area Plan (RPB) and Well-being Plan (PSB) are currently being refreshed</li><li>• As part of this work a structured period of engagement took place during Q3 to gather public voice to inform the refresh</li></ul>
Impact and interdependency	<ul style="list-style-type: none"><li>• Inter-relationships with development of budget and corporate plan (PCC) and annual plan / IMTP (PTHB)</li></ul>
Key Dates	<ul style="list-style-type: none"><li>• Initial engagement 27 October 2022 to 13 November 2022:</li><li>• Dates of statutory consultation on draft Well-being Plan to be confirmed.</li></ul>
Key Materials	<ul style="list-style-type: none"><li>• Website: <a href="https://www.haveyoursaypowys.wales/big-ideas">https://www.haveyoursaypowys.wales/big-ideas</a> and <a href="https://www.dweudeichdweudpowys.cymru/syniadau-mawr">https://www.dweudeichdweudpowys.cymru/syniadau-mawr</a></li></ul>
Engagement Planning	<ul style="list-style-type: none"><li>• PTHB, PCC and PAVO worked together to develop the initial engagement on behalf of the RPB and PSB. Planning is now under way for the statutory consultation on the draft well-being plan.</li></ul>
CHC Liaison	<ul style="list-style-type: none"><li>• Email updates on engagement planning have been shared with the CHC Chief Officer.</li><li>• Update on engagement included in presentations to R&amp;B Committee on 3 November and Montgomeryshire Committee on 10 November.</li><li>• Further update will be provided once statutory consultation arrangements are confirmed.</li></ul>

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Current Status	<ul style="list-style-type: none"><li>• PLANNED: A period of formal consultation on the new hospital location and on interim configuration of paediatrics is expected to commence in Q4</li></ul>
Lead Body	<ul style="list-style-type: none"><li>• Hywel Dda University Health Board</li></ul>
Overview	<ul style="list-style-type: none"><li>• 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 is expected from Q4.</li><li>• There have been temporary changes to paediatric services in Hywel Dda. A consultation is also planned to consider the interim configuration of these services until the new hospital is established.</li></ul>
Impact and interdependency	<ul style="list-style-type: none"><li>• 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 is an opportunity to continue to raise awareness of the forthcoming changes and to discuss the impacts and mitigation.</li><li>• The interim changes to paediatric services are not expected to have a direct impact for Powys residents</li></ul>
Key Dates	<ul style="list-style-type: none"><li>• Further information awaited</li></ul>
Key Materials	<ul style="list-style-type: none"><li>• Further information awaited.</li></ul>
Engagement Planning	<ul style="list-style-type: none"><li>• Targeted engagement will take place in those areas of Powys using services in Carmarthenshire,</li></ul>
CHC Liaison	<ul style="list-style-type: none"><li>• Highlight report to CHC Services Planning Committee on 22 November 2022</li><li>• Further update will be provided once statutory consultation arrangements are confirmed.</li></ul>

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Current Status	<ul style="list-style-type: none"> <li>CLOSED: Formal engagement is under way from 27 September 2022 to 22 December 2022</li> </ul>
Lead Body	<ul style="list-style-type: none"> <li>WHSSC</li> </ul>
Overview	<ul style="list-style-type: none"> <li>Welsh Health Specialised Services (WHSSC) is writing a new 10 year strategy for specialised services for the residents of Wales and its responsible population.</li> <li>To support the development of the strategy, they are engaging with key interest stakeholder groups to gather their views on the future of specialised services, in addition to the further value that WHSSC can add as one of the main NHS commissioning bodies for specialised services in Wales.</li> </ul>
Impact and interdependency	<ul style="list-style-type: none"> <li>The strategy will affect the commissioning of all specialist services via WHSSC.</li> </ul>
Key Dates	<ul style="list-style-type: none"> <li>27 September 2022: Start of engagement</li> <li>22 December 2022: End of engagement</li> <li>Following engagement a draft 10 year strategy is expected by March 2023 and a final strategy published by end May 2023.</li> </ul>
Key Materials	<ul style="list-style-type: none"> <li>Website: <a href="https://pthb.nhs.wales/whssc-strategy">https://pthb.nhs.wales/whssc-strategy</a> and <a href="https://biap.gig.Cymru/pgiac-strategaeth">https://biap.gig.Cymru/pgiac-strategaeth</a></li> </ul>
Engagement Planning	<ul style="list-style-type: none"> <li>WHSSC is responsible for planning and delivering the engagement.</li> <li>Health board support includes publication of information via our digital channels.</li> </ul>
CHC Liaison	<ul style="list-style-type: none"> <li>Board of CHCs briefed on the planned engagement process on 11 July 2022.</li> </ul>

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Current Status	<ul style="list-style-type: none"> <li>CLOSED: Formal engagement took place from 20 September 2022 to 11 November 2022</li> </ul>
Lead Body	<ul style="list-style-type: none"> <li>Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Powys CHC as observers.</li> </ul>
Overview	<ul style="list-style-type: none"> <li>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.</li> <li>Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions.</li> <li>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.</li> </ul>
Impact and interdependency	<ul style="list-style-type: none"> <li>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.</li> <li>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 being established and due to meet on 13 October.</li> </ul>
Key Dates	<ul style="list-style-type: none"> <li><b>Further details awaited on the next steps</b></li> </ul>
Key Materials	<ul style="list-style-type: none"> <li>Website: <a href="https://pthb.nhs.wales/hereford-stroke">https://pthb.nhs.wales/hereford-stroke</a></li> <li>Issues Paper (EN, CY, Easy Read)</li> <li>Narrated presentation</li> </ul>
Engagement Planning	<ul style="list-style-type: none"> <li>A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders.</li> </ul>
CHC Liaison	<ul style="list-style-type: none"> <li>There has been ongoing liaison with the CHC. Powys CHC has observer status on the Herefordshire &amp; Worcestershire Stroke Programme Board.</li> <li>A presentation on the proposals was made to the CHC Services Planning Committee on 20 September 2022.</li> </ul>

**Agenda item: 3.4**

<b>PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE</b>		<b>Date of Meeting: 19 January 2023</b>
<b>Subject:</b>	<b>Primary Care Cluster Planning</b>	
<b>Approved and presented by:</b>	<b>Director of Primary, Community Care and Mental Health</b>	
<b>Prepared by:</b>	<b>Assistant Director of Primary Care</b>	
<b>Other Committees and meetings considered at:</b>	<b>Executive Committee – 11 January 2023</b>	

**PURPOSE:**

The purpose of this paper is to update on the progress of the implementation of the Accelerated Cluster Development Programme and the approach to cluster planning arrangements going forward.

**RECOMMENDATION(S):**

The Committee is asked to NOTE this paper.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>x</b>	<b>✓</b>

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

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

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

### EXECUTIVE SUMMARY:

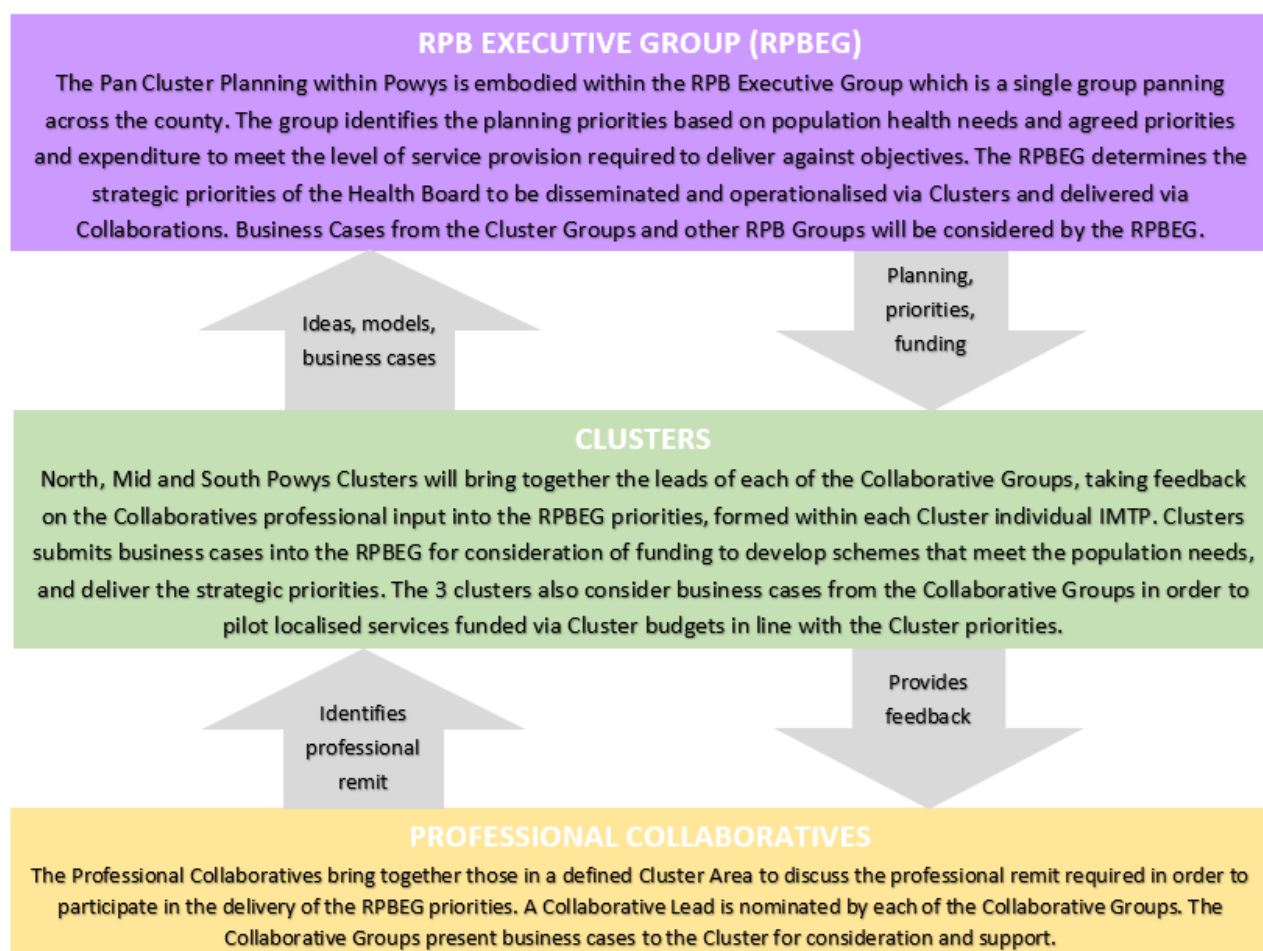
2022/2023 marks the transition year for the Accelerated Cluster Development Programme (ACD). The Minister for Health and Social Services wrote out to NHS Chairs, Leaders of Local Authorities and RPB Chairs on 24 March 2023 and set out the roadmap and key milestones for 2022-2023 with the expectation that Health Boards and Local Authorities will do all they can to enable and support the achievement of the milestones.

Across PTHB, Professional Collaborative arrangements are in place recognising they are in various stages of maturity. Collaborative group representation includes general practice, general dental practice, optometry, community pharmacy, professional nursing and allied health professionals. Collaborative representation is feeding into the wider Cluster forums. Clusters are the mechanism where strategic principles are transformed into a local solution, recognised in IMTP planning cycles along with local delivery mechanisms.

During the ACD 2022/2023 transition year, three Cluster Groups have continued and options to reduce the three-cluster footprint down to two will be explored by merging the mid and south cluster into one combined cluster. From a population planning perspective this makes sense, however cluster maturity between the two clusters varies.

The RPB Executive Group (previously the Cross Cutting Resources Oversight Group - CROG) delivers the function of Pan Cluster Planning and is the mechanism by which representatives of the three clusters come together at county population footprint to collaborate with representatives of health board and local authority, public health experts, third sector, planners and other stakeholders. The group provides the strategic planning and priorities for the Clusters and receive ideas and business cases from the Clusters via the Cluster Leads.

## Summary of planning Arrangements for Primary Care Clusters



## DETAILED BACKGROUND AND ASSESSMENT:

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.

Following support by Cabinet in September 2020, the A Healthier Wales Transformation Programme actioned that Clusters are to support the stabilisation and recovery of services, to continue to develop models of seamless local partnership working, and to work closely with Regional Partnership Boards (RPB) to promote transformational ways of working.

Across Wales the mechanism to deliver this is through the Accelerated Cluster Development Programme (ACD). The national ACD programme formally launched in September 2021 as part of the Strategic Programme for Primary care (SPPC) Transformation and Vision for Clusters workstream has been designed to support Health Boards to achieve this.

The ACD model promotes engagement at independent contractor professional level, offers opportunity to improve stakeholder engagement at cluster level to inform a Pan Cluster Planning vehicle via Regional Partnership Boards (RPBs) to collaborate with representatives from health board, local authority, public health, planners, and other stakeholders to determine population needs and investment. The ACD programme emphasizes that Cluster working is wider than Primary Care.

2022/2023 marks the transition year for the Accelerated Cluster Development Programme (ACD). The Minister for Health and Social Services wrote out to NHS Chairs, Leaders of Local Authorities and RPB Chairs on 24 March 2023 and set out the roadmap and key milestones for 2022-2023 with the expectation that Health Boards and Local Authorities will do all they can to enable and support the achievement of the milestones.

## ACD Programme

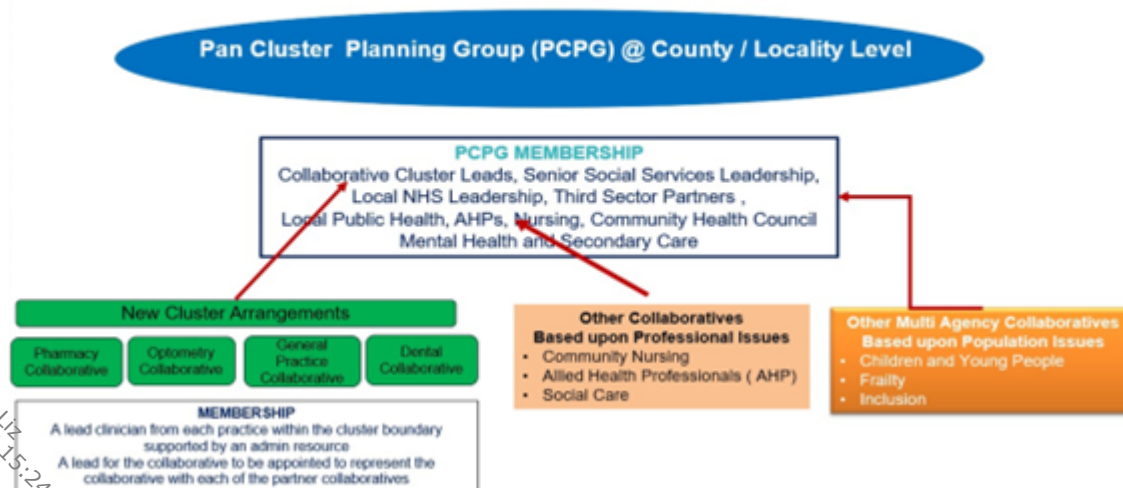


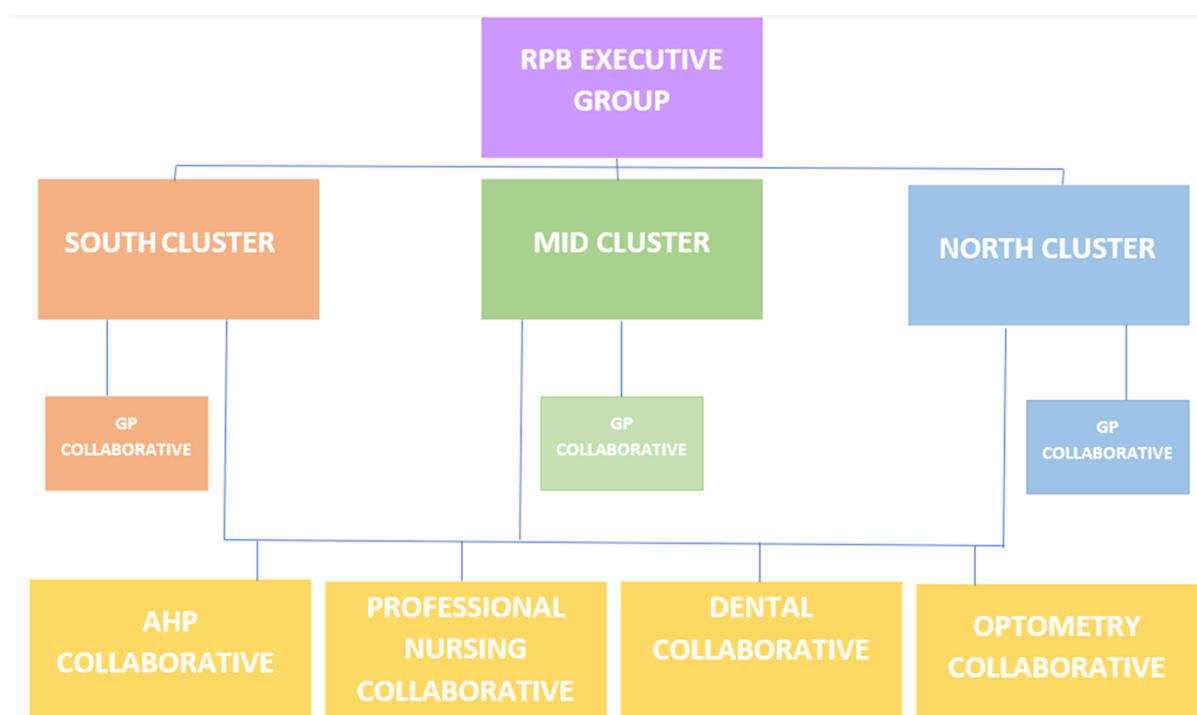
Fig 1: National ACD Programme Vision

During this transition year, the ACD Programme Aims to:

- Promote the four independent contractor professions (general practice, general dental practice, general optometric practice and community pharmacy) as equal partners.
- Develop a new operating model for Clusters - separating the planning and the delivery function and ensuring mutually realistic strategic and operational discussions and goals.
- Align Cluster, Regional Partnership Boards and Health Board IMTP planning.

**Across PTHB Cluster Groups have been in place for several years but have been limited in terms of membership and their focus and input has been very much led by general practice. Therefore, the ACD Programme is providing an opportunity for reset, however recognising that the local model of delivery needs to support the Powys population needs and assessment.**

The local interpretation of the ACD Programme for PTHB is as follows:



### Professional Collaborative arrangements:

Each of the independent contractor groups has a focus on a specific aspect of service provision. Professional Collaboratives provide a structure to support

contractor teams to connect with their peers to review the quality and safety of local services, share experience and good practice for their area of expertise and to advocate for service improvement. Professional Collaboratives will be the operational arm of the process.

#### GP collaboratives

- The previous established GP Network Groups have become the GP collaboratives
- Three GP collaboratives are in place, one per cluster and meet monthly.
- One GP and one Practice Manager from each practice sits on the GP Collaboration Group.
- GP collaborative lead agreed for the three groups.

#### Optometry Collaborative

- One group is in place pan Powys which has been established and an inaugural meeting has taken place in November.
- PTHB Optometry Advisor is the interim collaborative lead and is pivotal in driving forward the collaborative as the maturity of the group is in its infancy.
- Eventually, three representatives/professional leads from the collaborative will attend and represent at the three cluster forums.

#### Pharmacy Collaboratives

- Engagement with community pharmacies is ongoing to bring representation to Cluster meetings. North Powys is further advanced than Mid and South Powys, however engagement sessions are encouraging.
- One Pharmacy collaborative will be setup initially pan Powys with three representatives/professional leads from the collaborative attending and representing at the three cluster forums.

#### Dental Collaboratives

- One dental collaborative will be setup initially pan Powys with three representatives/professional leads from the collaborative attending and representing at the three cluster forums.
- An initial meeting has taken place to start the engagement with the dentists.
- The Clinical Dental Director has a key role in enabling this group.

#### Professional Nursing Collaborative

- One group will be in place pan Powys and has been established.
- Nurse representation is extended across PTHB, Care Homes and General Practice.
- Representatives from the collaborative attend and represent at the three cluster forums

#### Professional Allied Health Professional Collaborative

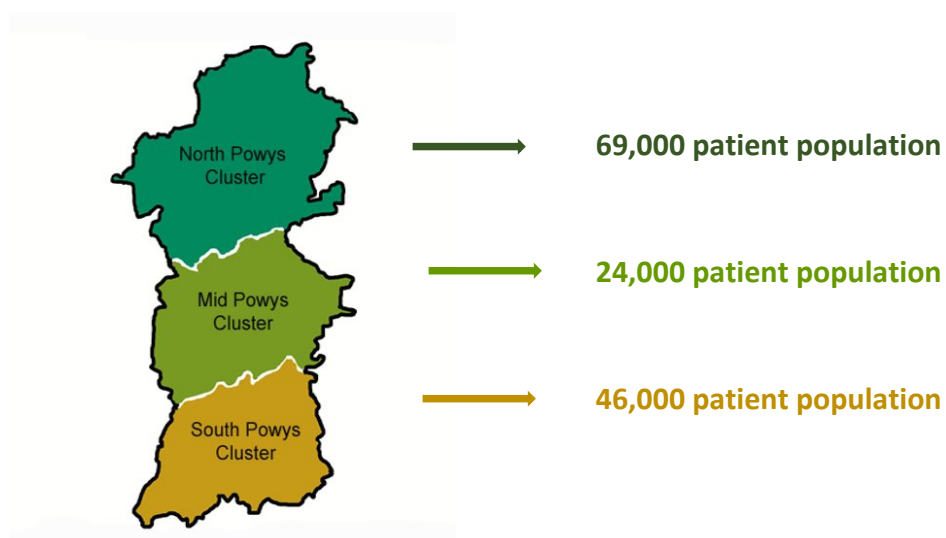
- One group will be in place pan Powys and has been established.

- Nurse representation is extended across PTHB, Care Homes and General Practice
- Representatives from the collaborative will attend and represent at the three cluster forums

### Cluster Groups:

Coordination of services to most effectively meet the needs of local communities is the key principle of Cluster working. A cluster brings together all health and social care services and support across a defined geographical area, typically serving a population between 25,000 and 100,000. There is a shared ambition to achieve the best outcomes for individuals and communities which is achieved through a focus on prevention, early intervention and personalised, coordinated care.

PTHB has three cluster footprints across the region as follows:



To facilitate effective professional engagement and collaborative working at Cluster level, the ACD programme describes the need for representation from all local services contributing to health and social care as part of the core membership of the Cluster;

- Cluster Lead (Chair)
- General Practice Collaborative Lead.
- Community Pharmacy Collaborative Lead
- Dental Collaborative Lead
- Optometry Collaborative Lead
- Professional Nursing Collaborative Lead
- Allied Health Professional Collaborative Lead
- Third Sector representative
- Mental Health Services representative
- Medicines Management Representation
- Primary Care Senior Manager
- Community & Therapies Services Senior Manager
- Cluster Development Manager

- Medical Directorate Representative

Clusters will be the mechanism whereby the strategic principles are transformed into a local solution, and the delivery mechanism is agreed to be achieved via Collaboratives.

Cluster meetings were already embedded in Primary Care with a heaving GP influence, however as part of the 2022/23 transition year they have morphed into representing the above membership to progress equal partners in cluster working.

During the ACD 2022/2023 transition year, three Cluster Groups have continued and options to reduce the three-cluster footprint down to two will be explored by merging the mid and south cluster into one combined cluster. From a population planning perspective this makes sense and the population footprint would be similar to the north. However, the current maturity between the mid and south cluster varies considerably and this needs to be taken into consideration.

### **RPB Executive Group (RPBEG):**

The RPB Executive Group is the mechanism by which representatives of the three clusters come together at county population footprint to collaborate with representatives of health board and local authority, public health experts, planners and other stakeholders

The Group is chaired by the PTHB Chief Executive Officer and brings together senior leaders from the NHS, Local Authority and key partners in the Third Sector to provide integrated system leadership which enables collaboration between partner organisations.

The RPB Executive Group (previously the Cross Cutting Resources Oversight Group - CROG) delivers the function of the Pan Cluster Planning Group identified in Fig 1 and Fig 2. PTHBs CCROG group previously had main stakeholders in its membership group.

This group has been re-configured, which will now include the Cluster Leads within its membership under the newly formed RPB Executive Group to provide the strategic planning and priorities for the Clusters and receive ideas and business cases from the Clusters via the Cluster Leads.

The RPBEG will be informed by patient and public feedback, data-based needs assessments and professional assessment of service pathway gaps, barriers and opportunities.

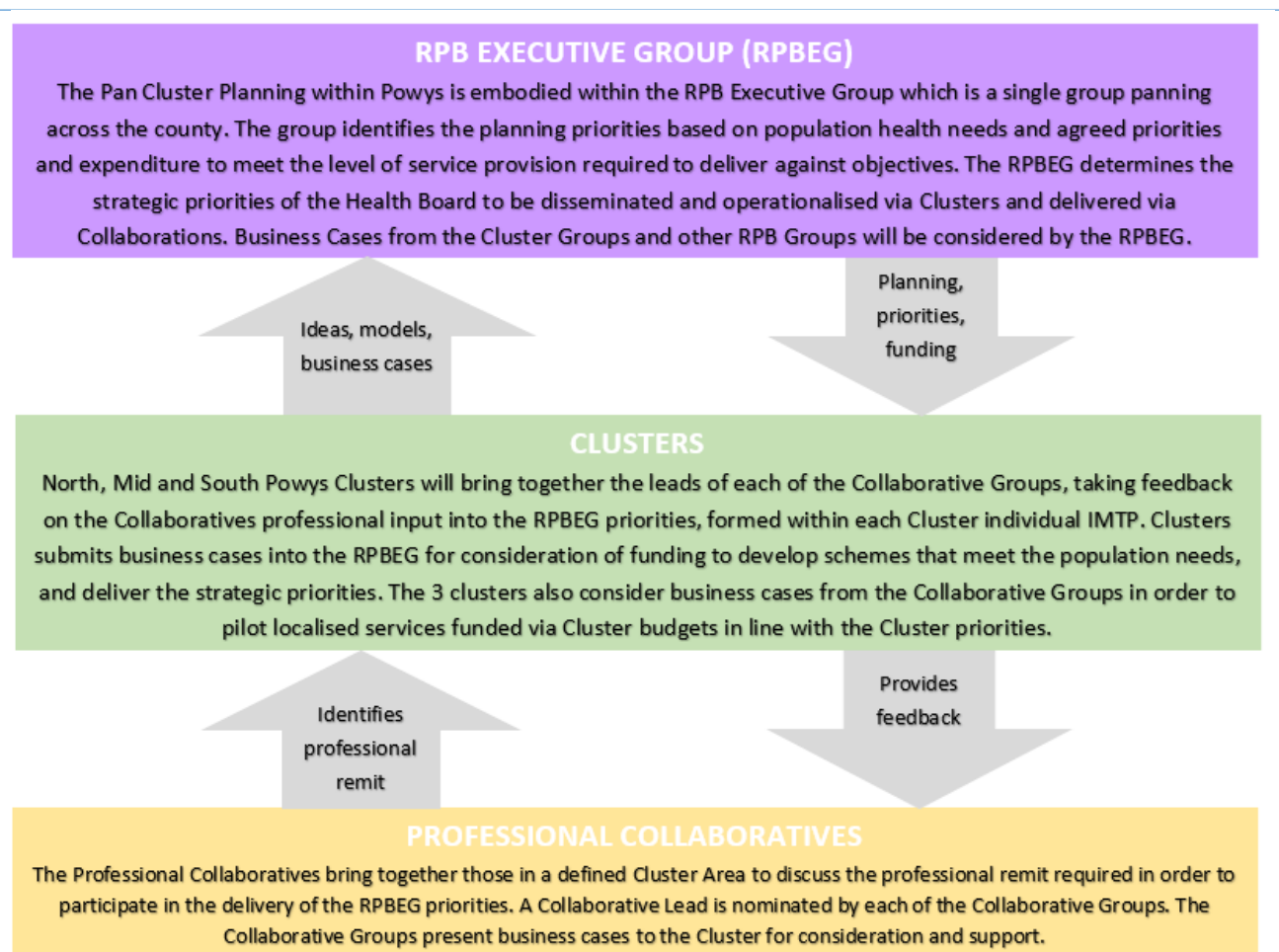
Through the leadership and oversight of key work streams, the RPBEG members will:

- Identify agreed priority areas for improvement which require strengthened joint working to achieve better outcomes within available resources.
- Develop and deliver a locality commissioning plan;
- Promote and “live” a culture which actively removes, barriers, blockages and silos within organisations to ensure seamless services for the local population;
- Engage key stakeholders in communities, with specific reference to minority and marginalised groups.
- Support joint work and where required gaining appropriate authorisation within their own organisations for such.
- Ensure that local government, NHS and third sector officers are able to work jointly within statutory and organisational governance arrangements that provide a framework of clear accountability:
- Exercise oversight of the way in which resources are used, including relevant grants from Welsh Government;
- Develop its capacity and capability for providing effective governance.
- Authorise joint work and where required gaining appropriate authorisation within their own organisations for such.

Appendix 1 details Cluster Transition and Development Checklist which provides assurance on the Powys implementation of the ACD programme.

### **Planning Arrangements for Primary Care Clusters**

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*Fig 2: Overview of Planning Arrangements*

## NEXT STEPS:

- 1) Continue to progress ACD implementation
- 2) Cluster contribution to IMTP planning cycle process

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

IMPACT ASSESSMENT
Equality Act 2010, Protected Characteristics:

	No impact	Adverse	Differential	Positive	<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>																								
Age	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																												
<b>Risk Assessment:</b>																													
	<p align="center"><b>Level of risk identified</b></p> <table border="1"> <thead> <tr> <th>None</th> <th>Low</th> <th>Moderate</th> <th>High</th> </tr> </thead> <tbody> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center">X</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				None	Low	Moderate	High	X				X				X												<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
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Clinical																													
Financial																													
Corporate																													
Operational																													
Reputational																													

## Appendix 1 details Cluster Transition and Development Checklist

**Potential** 4 – 6 however unlikely to be for few weeks due to registration changes needed

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# Cluster Transition and Development Checklist

## 1. Development Checklist

The following outlined the 'Must do' and 'To consider' activities of Cluster Leads and Management teams to both support and enable local implementation of the ACD programme.

#	Timescale	Action	Lead / Owner	Status	September	Cluster/Locality Comments
1	July – September	Clusters to review in-year plans for 2022/23 in light of published Population Needs Assessment.	Cluster Lead	Must Do	Complete	Reviewed in Sept, ongoing review as part of IMTP development.
2	July-October	<p>To engage with GMS partners as part of existing Cluster arrangements to inform and facilitate the establishment of the GMS Professional Collaborative.</p> <p>In doing so addressing;</p> <ul style="list-style-type: none"> <li>• How the GMS Professional Collaborative will meet during the transition year</li> <li>• Lead arrangements for GMS Professional Collaborative</li> </ul>	Cluster Lead, Primary Care Development & support	Must Do	Complete	<p>GMS Collaboratives have been formed for all 3 Clusters – started September.</p> <p>Meeting frequency and funding has been agreed for the transition year- 11 meetings per year (no meeting in August)</p> <p>Leads have been confirmed for each collaborative:            South: Dr Jamie Bingham            Mid: Dr Toby Tattersall/ Dr Mark Thompson            North: Dr Waseem Aslam</p>
3	September/October	Provide confirmation of GMS professional Collaborative meeting arrangements for 2022/2023	Cluster Lead, Primary Care	Must Do	Complete	See above

# Cluster Transition and Development Checklist

#	Timescale	Action	Lead / Owner	Status	September	Cluster/Locality Comments
			Development & support			
4	September	Provide confirmation of Cluster Meeting dates for 2022/23	Cluster Lead, Primary Care Development & support	Must Do	Complete	Cluster meetings for the transition year have been scheduled monthly. Frequency will be reviewed in Q4 for 2023/24
5	September/ October	Consider the current Cluster arrangements, membership and governance to ensure it aligns with the model Cluster Terms of Reference for the ACD programme or locally adopted CAV model Cluster Terms of Reference	Cluster Lead, Primary Care Development & support	Must Do	In Progress-Delayed	Cluster TORs based on ACD model TORs. Delayed due to challenge from South Cluster as to Cluster membership.  Mid and South Clusters in agreement with TORs.
6	September-October	Consider leadership and professional development needs	Cluster Lead, Primary Care Development & support	To Consider	In Progress	Additional development day arranged for 22 <sup>nd</sup> January with Cluster Leads. Gwella platform available since October 2022 for Cluster and Collaborative Lead access to online development tools.
7	September onwards	Where Professional Collaboratives are established within the Cluster footprint, arrangements are in place to ensure they are represented at Cluster Meetings	Cluster Lead, Primary Care Development & support	Must Do	Complete	Optometry and Dentist Collaborations represented by Professional Advisors. Ongoing engagement sessions to identify Optom & Dentist Collaboration Leads to attend Cluster. Professional Nursing Collaborative and Allied

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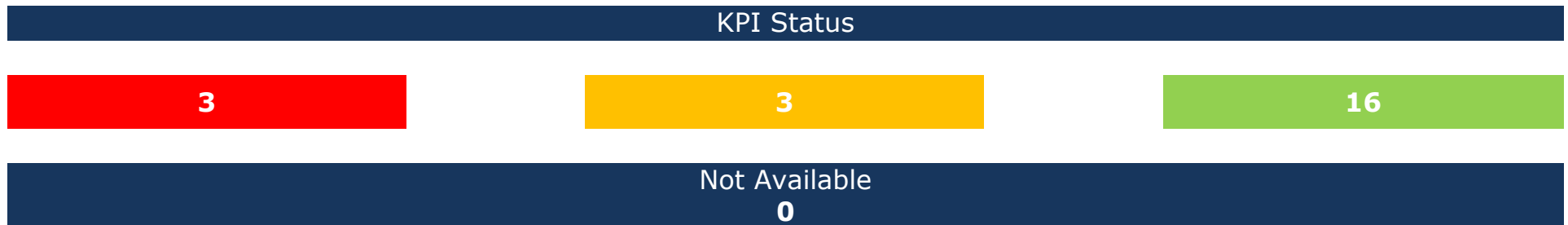
# Cluster Transition and Development Checklist

#	Timescale	Action	Lead / Owner	Status	September	Cluster/Locality Comments
						Health Professional Collaboratives represented at each Cluster.
8	October- December	Clusters begin to use the Professional Collaboratives' (where established) responses to update the Cluster Plan to address identified needs assessments and service gaps	Cluster Lead	Must Do	In Progress-Delayed	Guidance shared end of November 2022. Currently underway and refreshing 22/23 IMTP to align with current priorities for 23/24. Awaiting strategic direction from RPB Executive Group which will influence plans.

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**NHS WALES SHARED SERVICES PARTNERSHIP SUMMARY PERFORMANCE REPORT**  
**POWYS TEACHING HEALTH BOARD**  
**Period 01<sup>st</sup> July 2022 – 30<sup>th</sup> September 2022**

**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 2022.

As part of the approval of our Annual Plan for 2022-23, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified several Lead indicators for each division. There are 22 Lead indicators in total.

**Appendix 1** to this report provides Quarter 2 performance for your Health Organisation against the 22 Lead indicators with comparison data for the rolling twelve-month period to 30th September 2022. 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 2022. 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 2022.

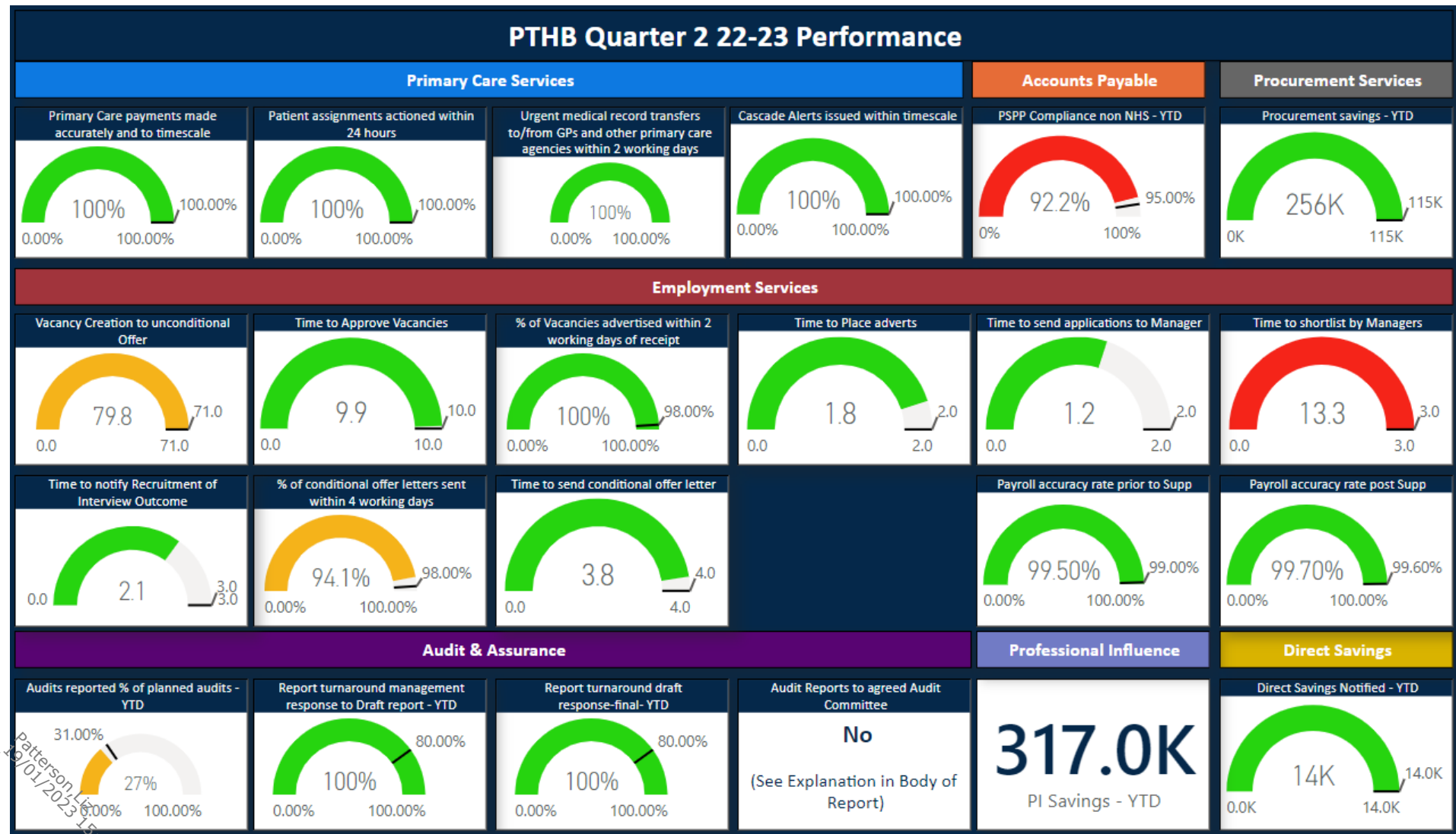
The Quarter 2 performance for the organisation was generally on target with 16 out of 22 KPIs showing as green. Action is in hand to further investigate and address the performance in the other areas further along in this report. However, we have faced continued significant pressure during Qtr 2 in the linked areas of call handling and recruitment; this has been driven by an increase in activity by all Health Boards to recruit more staff. We are set to deliver the agreed direct savings.

Of the 6 KPIs that did not achieve the targets

- 1 are not in complete control of NWSSP and are dependent on timely action by our customers.
- 4 are a combination of both NWSSP and our customers processes.
- 1 are the responsibility of NWSSP solely.

During 2022-23 we plan further work, with more emphasis on developing outcome measures that will complement our traditional and largely transactional KPIs. These will be agreed through the Committee following discussion with our customers.

## Summary Position



## Action Plan for Lead Indicators

The following measures are showing as **red** and requires action:

### Accounts Payable

PTHB High Level - KPIs Sep 2022	Target	31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
Financial Information Accounts Payable						
PSPP Compliance non NHS - YTD	95%	87.9%	87.5%	87.8%	92.2%	

#### What is happening?

This KPIs are reported directly from Welsh Government using the organisations Monthly Monitoring Returns (MMR). The Non – NHS PSPP target has been missed. The main reasons for missing the target are due to delays in receipting, authorisation, and processing feeds by both the health organisation and Accounts Payable.

#### What are we doing about it?

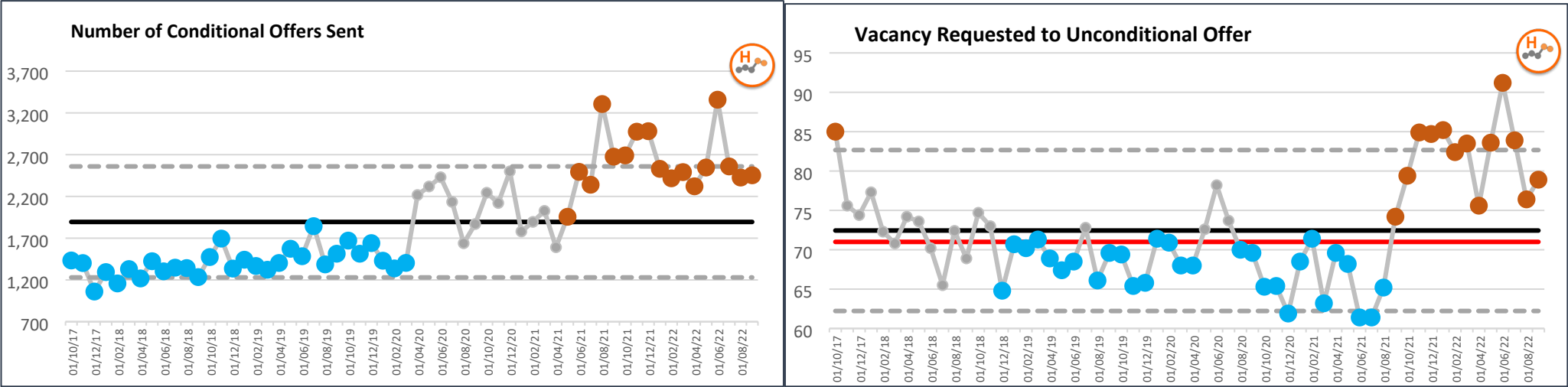
NWSSP have now established a new P2P Group, comprising representatives from Procurement Services, Accounts Payable and the Central Oracle Team to investigate and agree an action plan to address these aspects of the P2P process that are under NWSSP’s remit, as well as investigating other aspects of the Procure to Pay process, to improve efficiency.

### Employment Services – Recruitment

PTHB High Level - KPIs Sep 2022	Target	31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
Financial Information Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		50.0%	51.3%	45.9%	39.0%	
Time to Shortlist by Managers	3 days	12.6	15.5	6.1	13.3	

#### What is happening?

The recruitment teams are still experiencing unprecedented levels of demand compared to pre-pandemic activity levels, which has meant in some instances compliance with the KPI measures has been missed. Time to shortlist by managers is taking on average 13.3 days against the 3 day target with 39% of these vacancies shortlisted within 3 days, this is dependent on the health organisation although recruitment are working to modernise processes. The charts below demonstrate the increased activity on Number of Conditional offers since 2017 but with greater maintained increases since April 2020.



### What are we doing about it?

Recruitment continue to engage with all organisations on our Recruitment Modernisation Programme to make improvements. The Recruitment Business Partners are meeting Health orgs regularly to share the programme and progress implementation on some of the key changes that can support a reduction in the Time to Hire and an improved customer experience. The Programme Board continues to meet regularly.

### Employment Services – Recruitment

One of the **amber** indicators are in relation to the steps within the end-to-end recruitment pathway where the influence sits with the health organisation’s responsibility.

PTHB High Level - KPIs Sep 2022	Target	31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
<b>Employment Services</b>						
<i>Organisation KPIs Recruitment</i>						
% of vacancy creation to unconditional offer within 71 days		56.9%	64.9%	65.2%	60.4%	
Vacancy creation to unconditional offer	71 days	70.1	74.9	72.7	79.8	
<b>NWSSP KPIs Recruitment</b>						
% of conditional offer letters sent within 4 working days	98.00%	46.4%	97.9%	100.0%	94.1%	
Time to send Conditional Offer Letter	4 days	4.3	3.4	3.2	3.8	

### What is happening?

The target of creation to unconditional offer within the 71 days has been missed with an average of 80 days. It is worth noting that 60% of records processed achieve the 71 day target which is a deterioration on the previous quarter. The percentage of conditional offers sent within 4 working days missed the target however on average achieved 3.8 days.

### What are we doing about it?

As already explained above, the recruitment teams are still experiencing unprecedented levels of demand compared to 2018/19, which has meant in some instances compliance with the KPI measures has been narrowly missed.

## Audit & Assurance

PTHB High Level - KPIs Sep 2022	Target	31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
<b>Internal audit</b>						
Audits reported to agreed Audit Committee	100%			100%	N	
Audits reported % of planned audits - YTD		Target 40% Actual 35%	Target 88% Actual 69%	Target 0% Actual 0%	Target 31% Actual 27%	

### What is happening?

Performance in September was slightly missed with 27% of audits reported against a target of 31%. In relation to the audits reported to the agreed audit committee indicator this was missed due to one Audit report not completed in time for the September committee meeting due to fieldwork taking longer than anticipated.

### What are we doing about it?

There are currently 35% of audit outputs in progress and will be brought through to draft/final report stage over the next couple of months.


Heads of Internal Audit discuss any potential delays regularly with Health organisations.

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Other planned action All Wales KPIs

The following All Wales measures require action and can be seen in **Appendix 2:**

Student Awards

ALL WALES KPIs		31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
Student Awards % Calls Handled	95%	94%	95%	91.8%	93.9%	

What is happening?

For the month of September, 93.9% of calls were handled against a target of 95%.

What are we doing about it?

Performance was slightly behind target, at this time of year the volume of calls is high due to onboarding students for the new academic year and with a small team this has contributed to the slight underperformance.

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## Appendix 1 – PTHB Performance for the rolling twelve-month period to 30th September 2022

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PTHB High Level - KPIs Sep 2022		Target	31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
<b>Financial Information</b>							
Direct Savings Notified - YTD		£14k	£39k	£39k	£14k	£14k	
Professional Influence Savings - YTD			£1.151m	£1.406m	£0.198m	£0.317m	
<b>Employment Services</b>							
Payroll services							
Payroll accuracy rate prior to Supp	99.0%		99.1%	99.5%	99.1%	99.5%	
Payroll accuracy rate post Supp	99.6%		99.57%	99.8%	99.5%	99.7%	
<b>Organisation KPIs Recruitment</b>							
% of vacancy creation to unconditional offer within 71 days			56.9%	64.9%	65.2%	60.4%	
Vacancy creation to unconditional offer	71 days		70.1	74.9	72.7	79.8	
% of vacancies approved within 10 working days			94.2%	69.0%	73.5%	70.6%	
Time to Approve Vacancies	10 days		5.2	8.2	8.2	9.9	
% of vacancies shortlisted within 3 working days			50.0%	51.3%	45.9%	39.0%	
Time to Shortlist by Managers	3 days		12.6	15.5	6.1	13.3	
% of interview outcomes notified within 3 working days			77.6%	91.1%	87.7%	82.7%	
Time to notify Recruitment of Interview Outcome	3 days		2.2	1.2	1.8	2.1	
<b>NWSSP KPIs Recruitment</b>							
% of Vacancies advertised within 2 working days of receipt	98.00%		50.8%	95.2%	100.0%	100.0%	
Time to Place Adverts	2 days		2.5	1.8	1.1	1.8	
% of applications moved to shortlisting within 2 working days of vacancy closing			100.0%	100.0%	98.1%	98.6%	
Time to Send Applications to Manager	2 days		1.0	1.1	1.1	1.2	
% of conditional offer letters sent within 4 working days	98.00%		46.4%	97.9%	100.0%	94.1%	
Time to send Conditional Offer Letter	4 days		4.3	3.4	3.2	3.8	
<b>Procurement Services</b>							
Procurement savings - YTD			Target £0.334m Actual £0.295m	Target £0.311m Actual £0.331m	Target £0.020m Actual £0.162m	Target £0.115m Actual £0.256m	
<b>Accounts Payable</b>							
Invoices on Hold > 30 days			780	720	830	670	
% Invoices as being in dispute >30 days			43%	52%	46%	61%	
Invoice Turnaround within 4 Days	80%		50.9%	No Longer Captured	No Longer Captured	No Longer Captured	
PSPP Compliance non NHS - YTD	95%		87.9%	87.5%	87.8%	92.2%	
<b>Primary Care Services</b>							
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%	
<b>Internal audit</b>							
Audits reported to agreed Audit Committee	100%				100%	N	
Audits reported % of planned audits - YTD			Target 40% Actual 35%	Target 88% Actual 69%	Target 0% Actual 0%	Target 31% Actual 27%	
% of audit outputs in progress			20%	25%	12%	35%	
Report turnaround management response to Draft report - YTD	80%		67%	50%	0%	100%	
Report turnaround draft response-final- YTD	80%		100%	100%	0%	100%	

## Appendix 2 – All Wales Performance for the rolling twelve-month period to 30th September 2022

ALL WALES KPIs		31/12/2021	31/03/2022	30/06/2022	30/09/2022	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.71%	99.68%	99.74%	99.79%	
Prescriptions processed (Apr)	6.88m	48.56m	63.29m	83.86m	6.88m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100.0%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100.0%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100.0%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	95%	95%	100%	100%	
Advice response – within 3 days	90%	94%	90%	90%	100%	
Student Awards						
% of NHS Bursary Applications processed within 10 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	94%	95%	91.8%	93.9%	
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%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	70%	91.00%	64.70%	89.20%	73.70%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	88%	100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	93%	100%	
% delivery of audited reports on time (NHS)	87%	100%	Not Applicable	NA	NA	
Pharmacy Technical Services						
Service Errors	<0.5%			0%	0%	
Medical Examiner						
Deaths Scrutinised	60%			79%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%			98%	99%	
Delivery's made within 2 hours of agreed delivery time	85%			100%	100%	
Microbiological contact failure points	85%			93%	96%	
Inappropriate items returned to the laundry including Clinical waste items	<5			<5	0	

## Appendix 3 – Health Org Performance comparison 30th September 2022

KPIs Sep 2022	KFA		Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs															
Financial Information															
Direct Savings Notified - YTD	Value Money	for		£66k	£74k	£90k	£79k	£80k	£58k	£6k	£14k	£9k	£9k	0	0
Professional Influence Savings- YTD	Value Money	for	£110m	£12.756m	£28.253m	£9.088m	£6.471m	£5.160m	£4.946m	£0.199m	£0.317m	£0.851m	£0.273m	£0.042m	£0.036m
Employment Services															
Payroll services															
Payroll accuracy rate prior to Supp	Excellence		99.0%	99.6%	97.1%	99.5%	99.7%	99.3%	99.7%	99.4%	99.5%	99.6%	99.4%	99.5%	99.6%
Payroll accuracy rate post Supp	Excellence		99.6%	99.8%	98.5%	99.7%	99.9%	99.7%	99.8%	99.7%	99.7%	99.8%	99.7%	99.8%	99.3%
Organisation - KPIs Recruitment															
Vacancy creation to unconditional offer	Excellence		71 days	82.4	81.3	93.6	89.6	109.8	71.0	59.6	79.8	74.0	85.0	69.3	59.5
Time to Approve Vacancies	Excellence		10 days	11.1	10.4	4.0	15.7	19.9	7.4	2.2	9.9	5.3	9.1	7.9	0.5
Time to Shortlist by Managers	Excellence		3 days	12.0	8.3	7.9	7.9	8.2	2.7	6.3	13.3	7.7	10.6	14.3	9.7
Time to notify Recruitment of Interview Outcome	Excellence		3 days	4.5	3.6	3.1	3.8	3.2	1.7	3.6	2.1	2.6	5.2	4.9	4.6
NWSSP KPIs Recruitment															
Time to Place Adverts	Excellence		2 days	1.8	1.8	2.0	1.7	2.1	1.7	2.0	1.8	1.6	1.4	2.1	1.9
Time to Send Applications to Manager	Excellence		2 days	1.0	1.0	1.2	1.0	1.0	1.0	1.0	1.2	1.0	1.0	1.0	1.0
Time to send Conditional Offer Letter	Excellence		4 days	3.7	3.6	3.8	3.3	3.9	4.0	3.3	3.8	3.6	3.3	3.6	3.1
Calls Answered % Quarterly Average	Customers		95%	94.4%											
Procurement Services															
Procurement savings- YTD	Value Money	for		Target £0.616m Actual £3.424m	Target £2.627m Actual £4.537m	Target £1.385m Actual £3.548m	Target £3.461m Actual £5.021m	Target £1.349m Actual £2.888m	Target £0.884m Actual £2.169m	Target £0.010m Actual £0.006m	Target £1.151m Actual £2.555m	Target £0.082m Actual £0.624m	Target £0.022 Actual £0.131	Target £0.002m Actual £0.042m	Target £0.000m Actual £0.000m
Accounts Payable															
Savings and Successes	Value Money	for		£4,339,761											
Invoices on Hold > 30 days	Customers			6,067	5,433	4,753	5,991	5,932	2,407	1,355	670	1,603	416	107	34
% Invoices as being In dispute >30 days	Customers			37%	54%	55%	48%	34%	44%	26%	61%	54%	18%	36%	50%
Invoice Turnaround within 4 Days	Excellence		80%	No Longer Captured											
Accounts Payable Call Handling %	Customers		95%	99.6%											
PSPP Compliance non NHS- YTD	Excellence		95%	94.8%	95.1%	95.0%	95.6%	92.0%	93.6%	96.6%	92.2%	95.7%	97.8%	97.0%	98.8%
Audit & Assurance															
Audits reported to agreed Audit Committee	Excellence		100%	100%	100%	100%	N	100%	100%	100%	N	100%	N	N	100%
Audits reported % of planned audits - YTD	Excellence			Target 13% Actual 13%	Target 19% Actual 19%	Target 25% Actual 17%	Target 20% Actual 18%	Target 23% Actual 23%	Target 33% Actual 28%	Target 18% Actual 18%	Target 31% Actual 27%	Target 29% Actual 29%	Target 19% Actual 14%	Target 40% Actual 30%	Target 20% Actual 20%
% of audit outputs in progress	Excellence			37%	44%	22%	24%	23%	18%	9%	35%	38%	43%	20%	33%
Report turnaround (15 days) management response to Draft report - YTD	Excellence		80%	50%	100%	75%	100%	100%	80%	100%	100%	50%	50%	50%	100%
Report turnaround (10 days) draft response-final- YTD	Excellence		80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	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



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Committee Annual Programme of Business 2023/24

PPPH - 19 January 2023

Patterson, Liz  
19/01/2023 15:24:39

# Developing the 2023/24 Annual Programme of Business

- Review:
  - Delivery of 2022/23 annual programme of business
  - Committee terms of reference
  - Feedback from committees (discussions and performance review)
  - Feedback from the Board
- Take into account:
  - The Health and Care Strategy
    - the developing 2023/24 IMTP
  - The development of other Committee plans
  - The Boards workplan and key areas of focus
  - Feedback from Structured Assessment and other relevant audit reports



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# Process and Timescales

1. **Feedback from Committees** – *Jan - March 2023*
  - *Committee based discussions*
  - *Performance questionnaire*
2. **Desk based** review *Feb – March*
  - Current years programme of business
  - Structured Assessment
  - Standing Orders and Terms of Reference
3. Feedback from **Executive Team** – *Feb - March 2023*
4. Specific Committee conversations with the **Committee Chair and lead Executive(s)** – *March/April 2023*
5. Feedback from the **Board** – *April 2023*
6. Annual programme of Business (for approval) – *May Board*
7. *Continued review throughout the year to meet business need*

Your initial feedback / reflections?

Patterson, Liz  
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