

# Planning Partnership and Population Health Committee

Tue 13 August 2024, 10:00 - 12:30

## Agenda

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

0 min

 Agenda\_PPPH\_13August2024\_FINAL - Main.pdf (2 pages)

#### 1.1. Welcome and Apologies

*Verbal*      *Chair*

#### 1.2. Declarations of Interest

*Verbal*      *All*

#### 1.3. Minutes from the previous meeting held on 16 May 2024

*Attached*      *Chair*

 PPPH\_1.3\_DRAFT\_Unconfirmed\_Minutes 16 MAY24bpfinal.pdf (15 pages)

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

*Attached*      *Chair*

 PPPH\_1.4\_Action Log 2024.pdf (1 pages)

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

0 min

There are no items for inclusion within this section

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### 10:00 - 10:00 3. ITEMS FOR ASSURANCE


0 min

#### 3.1. Strategic Change Report

*Attached*      *Executive Director of Planning, Performance and Commissioning & Deputy Director of Engagement and Communications*

 PPPH\_3.1\_Strategic Change Cover Paper\_FINAL.pdf (4 pages)

 PPPH\_3.1a\_App1\_Strategic Change Stocktake FINAL.pdf (41 pages)

 PPPH\_3.1b\_App2\_Q1 2024 Service Change Engagement Report PPPH.pdf (18 pages)

#### 3.2. Winter Respiratory Vaccination Update

*Verbal*      *Executive Director of Public Health*

#### 3.3. Transformation-Better Together

*Attached*      *Executive Director of People and Culture*

 PPPH\_3.3\_Innovation Improvement PPPH Committee presentation 8.8.2024.pdf (16 pages)

#### 3.4. Tobacco Control

Wilcox Sue  
12/08/2024 12:35

Attached

Executive Director of Public Health

PPPH\_3.4\_Tobacco Control\_Smokefree Powys Update and Assurance.pdf (21 pages)

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## 10:00 - 10:00 4. ITEMS FOR DISCUSSION

0 min

### 4.1. Deep Dive - Diabetes

Attached

Executive Director of Public Health and Consultant in Public Health Medicine

PPPH\_4.1\_Diabetes\_Deep\_Dive Cover Paper.pdf (2 pages)

PPPH\_4.1a\_App1\_Diabetes deep dive scenarios for change.pdf (10 pages)

PPPH\_4.1b\_App1\_Deep Dive Diabetes.pdf (37 pages)

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## 10:00 - 10:00 5. ITEMS FOR INFORMATION

0 min

There are no items for inclusion within this section

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## 10:00 - 10:00 6. OTHER MATTERS

0 min

### 6.1. Committee Risk Register

Attached

Director of Corporate Governance

PPPH\_6.1.0\_Committee Risk Register (August 2024).doc.pdf (5 pages)

PPPH\_6.1.1\_007.pdf (2 pages)

PPPH\_6.1.2 - 010.pdf (3 pages)

### 6.2. Committee Work Programme

Attached

Director of Corporate Governance

PPPH\_6.2\_2024-25\_PPPH\_Committee\_Work\_Programme.pdf (1 pages)

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

Verbal

Chair

### 6.4. Any Other Urgent Business

Verbal

Chair

### 6.5. Committee Reflections

Verbal

All

### 6.6. Date of the Next Meeting: Thursday 14 November 2024

### 6.7. Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

Wilcox Sue  
12/08/2024 12:17:35

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



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**TUESDAY 13 AUGUST 2024,  
10:00– 12:30  
VIA MICROSOFT TEAMS**

**AGENDA**

| <b>Time</b>      | <b>Item</b> | <b>Title</b>  | <b>Attached/Verbal</b> | <b>Presenter</b>   |
|------------------|-------------|---|------------------------|--|
|                  | <b>1</b>    | <b>PRELIMINARY MATTERS</b>                                  |                        |  |
| 10:00            | 1.1         | Welcome and Apologies                                       | Verbal                 | Chair  |
|                  | 1.2         | Declarations of Interest                                    | Verbal                 | All  |
|                  | 1.3         | Minutes from the previous meeting held, 16 May 2024         | Attached               | Chair  |
|                  | 1.4         | 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>                                  |                        |  |
| 10:10<br>30 mins | 3.1         | Strategic Change Report                                     | Attached               | Executive Director of Planning, Performance and Commissioning & Deputy Director of Engagement and Communications |
| 10:40<br>5 mins  | 3.2         | Winter Respiratory Vaccination update                       | Verbal                 | Executive Director of Public Health  |
| 10:45<br>30 mins | 3.3         | Transformation - Better Together                            | Attached               | Executive Director of People and Culture   |
| 11:25<br>10mins  | 3.4         | Tobacco Control   | Attached               | Executive Director of Public Health  |
|                  | <b>4</b>    | <b>ITEMS FOR DISCUSSION</b>                                 |                        |  |
| 11:35<br>45 mins | 4.1         | Deep Dive – Diabetes  | Attached               | Executive Director of Public Health & Consultant in Public Health Medicine                                       |
|                  | <b>5</b>    | <b>ITEMS FOR INFORMATION</b>                                |                        |  |
|                  |             | <i>There are no items for inclusion within this section</i> |                        |  |
|                  | <b>6</b>    | <b>OTHER MATTERS</b>  |                        |  |
| 12:20            | 6.1         | Committee Risk Register                                     | Attached               | Director of Corporate Governance   |
| 12:25            | 6.2         | Committee Work Programme                                    | Attached               | Director of Corporate Governance   |

Wilcox Site  
12/08/2024 12:17:35

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|--|-----|--|--|----------|--|-------------------------|
|  | 6.3 | Items to be Brought to the Attention of the Board and/or Other Committees        |  | Verbal   |  | Chair                   |
| 12:30  | 6.4 | Any Other Urgent Business  |  | Verbal   |  | Chair                   |
|  | 6.5 | Committee Reflections  |  | Verbal   |  | All                     |
|  | 6.6 | Date of the Next Meeting: Thursday 14 November 2024 at 10:00 via Microsoft Teams |  |          |  |                         |
| <p>6.7 The Chair, with advice from the Director of Corporate Governance/Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:<br/> <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u><br/> <b><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></b></p> |     |  |  |          |  |                         |
| 12:35<br>10 mins   | 6.8 | North Powys Wellbeing Programme  |  | Attached |  | Chief Executive Officer |

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

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

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

Wilcox, Sue  
12/08/2024 12:17:35



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Powys Teaching  
Health Board

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

**UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON THURSDAY 16 MAY 2024  
VIA MICROSOFT TEAMS**

**Present:**

|                            |                                      |
|----------------------------|--------------------------------------|
| Ian Phillips (IP)          | Independent Member (Committee Chair) |
| Ronnie Alexander (RA)      | Independent Member                   |
| Jennifer Owen-Adams (JO-A) | Independent Member                   |

**In Attendance:**

|                     |   |
|---------------------|---|
| Mererid Bowley (MB) | Director of Public Health                                     |
| Claire Madsen (CM)  | Executive Director of Therapies and Health Sciences           |
| Stephen Powell (SP) | Executive Director of Planning, Performance and Commissioning |
| Helen Bushell (HB)  | Director of Corporate Governance                              |
| Claire Roche (CR)   | Executive Director of Nursing and Midwifery                   |
| Luke Jones (LJ)     | Designated Education Clinical Lead Officer                    |
| Jayne Lawrence (JL) | Assistant Director of Primary Care                            |
| Owen Hughes (OH)    | Head of Powys Living Well Service                             |
| Alison Merry (AM)   | Consultant in Public Health                                   |
| Adrian Osborne (AO) | Deputy Director of Engagement and Communications              |
| Mick Giannasi (MG)  | Independent Member  |
| Andrea Blayney (AB) | Llais   |
| Tracey Deacon (TD)  | Head of Service Public Health Programme                       |

**Apologies for absence:**

|                      |  |
|----------------------|--|
| Rhobert Lewis (RL)   | Independent Member (Committee Chair)                             |
| Kirsty Williams (KW) | Independent Member   |
| Hayley Thomas (HT)   | PTHB Chief Executive Officer                                     |
| Pete Hopgood (PH)    | Deputy Chief Executive and Director of Finance, Information & IT |

**Committee Support:**

|                  |   |
|------------------|---|
| Beth Powell (BP) | Interim Corporate Governance Business Officer |
|------------------|---|

Wilcox Sue  
12/08/2024 12:17:35

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|---|--|
| PPPH/24/001                                     | <p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members and attendees to the meeting and <b>CONFIRMED</b> a quorum was present. Apologies for absence were <b>NOTED</b> as recorded above.</p>   |
| PPPH/24/002                                     | <p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared in addition to those already declared in the published register.</p>   |
| PPPH/24/003                                     | <p><b>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 20 FEBRUARY 2024</b></p> <p>The Committee <b>APPROVED</b> the minutes of the meeting held on 20 February 2024, as being a true and accurate record subject to the following amendment.</p> <p><b>PPPH/23/46</b></p> <p><i>Does the diabetic screening complement the additional testing service offered by opticians?</i></p> <p>This service is offered to patient’s direct family members who have glaucoma, this is at no cost.</p>  |
| PPPH/24/004                                     | <p><b>COMMITTEE ACTION LOG</b></p> <p>The Committee Action Log was received, and ongoing actions were discussed. Four items were recommended for closure:</p> <p><b>PPPH/23/40</b> – HB highlighted that the Additional Learning Needs Update was an agenda item for this meeting.</p> <p><b>PPPH/23/45</b> – HB confirmed that a change to the format of the Regional Partnership Board update for Age Well had been implemented across all reporting mechanisms, providing more information to enable an assessment of whether the agreed objectives are being achieved.</p> <p><b>PPPH/IC/23/55</b> – HB advised that ongoing discussions were in place internally and with external colleagues regarding future funding for the North Powys Wellbeing Programme. An update was due to be presented to the Board on 22 May 2024.</p> <p><b>PPPH/23/24-</b> HB confirmed that minutes of the Primary Care Cluster meetings had been circulated to all Committee members for information.</p> <p>The Committee <b>AGREED</b> all actions discussed for closure.</p> |
| <b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b> |  |
| PPPH/24/005                                     | <p><b>COMMITTEE ANNUAL REPORT</b></p> <p>HB introduced the report which summarised the 2023/24 key areas of business and activity. It was noted that the Terms of Reference requirements had not been met for the year 2023/24 due to the Committee only meeting three times instead of four. The language utilised within the Terms of</p>  |

Wilcox Sue  
 12/08/2024 12:17:35

Reference was under review to ensure consistency and transparency. The report was due to be presented to The Board on 22 May 2024.

Independent Members sought assurance by asking the following questions:

*Is there opportunity for the Board to undertake a review of all Committees' performance and effectiveness to understand the Health Board's position?*

This had been scheduled as part of a Board Development session in Quarter 2 for the Board to discuss the implications to meet Committee Terms of Reference, review Committee effectiveness surveys and the importance of flexibility as part of the governance compliance.

*What are the implications if compliance has not been met against the Committee Terms of Reference?*

It was confirmed that no concerns had been raised, however it must be recognised that the Board understood the implications of the Committee meeting rules and impact of not meeting the Terms of Reference.

The Committee **CONSIDERED** the Planning, Partnerships and Population Health Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken; and welcomed the Annual Report as a review of the totality of committee work undertaken.

*AB joined the meeting.*

**ITEMS FOR ASSURANCE**

PPPH/24/006 **STRATEGIC CHANGE REPORT**

SP presented the item and highlighted the importance of the updated stocktake of Strategic Change programmes which may impact on Powys Teaching Health Board services and patients.

The report provided a whole system view of all service areas' strategic change ambitions as recently submitted to Welsh Government in March 2024. It was highlighted that the engagement and delivery environment remained challenging across the transformation programmes, and this was an evolving picture.

Independent Members asked the following questions for assurance:

*When can we expect the next iteration of plans and is there an expectation of challenge?*

Wilcox, Sue  
12/08/2024 12:17:35

SP advised that all revised financial and performance plans were due to be submitted to Welsh Government at the end of May 2024. An updated plan would then be presented to the Committee to show the impact of the next stage of revised plans.

*Does the service require data earlier than the scheduled deadline in order to inform the Health Boards plans?*

The service receives updates through the monthly Clinical Quality Performance meetings to review neighbouring Health Board plans that effect Powys residents. Local plans were updated in light of the revised challenges provided by Welsh Government.

It was also highlighted that progress on the regionalisation agenda across Wales is slow-moving and this posed a challenge. All Health Boards were asked to work together to improve capacity across Planned Care. It had been recognised that the expansion of cataract services to improve capacity across the South region at Nevill Hall has been well received.

A review had been undertaken of the feedback provided by Welsh Government which is featured within the Integrated Medium-Term Plan (IMTP) and Annual Plan. NHS England had been asked to review current plans in order to improve the financial system and the potential impact to Powys residents. This would enable Powys to understand the challenges and targets set by NHS England. An update would be provided at the next meeting.

**Action: Director of Planning, Performance and Commissioning**

*What more can be done to ensure the regionalisation agenda delivers plans for residents across Wales?*

It was noted that regular monthly meetings were held with Welsh Government to discuss the regionalisation agenda which was a priority scheme for NHS Wales. It was expected that performance would improve given additional capacity and be kept under review.

*Why has the number of children waiting for Specialised Hearing services shown little improvement?*

AO confirmed that the process as designated provider had been complex, however, positive signs of movement were underway as work continued in partnership with Llais. Work had progressed with engagement leads network and following the review, would help to understand the level of expectation and areas of potential development.

Wilcox, Sue  
12/08/2024 12:17:35

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|                    | <p><i>Why have Powys residents had to travel long distances to access Hepato-Pancreato-Biliary (HPB) services?</i></p> <p>A programme of work was underway across Wales to agree a future sustainable model, recognising the level of unmet need for pancreatitis services. Powys expect to implement a three-step phased plan of a shared delivery network with the expectation of a fully integrated service over a two–three year period in the Autumn.</p> <p><i>AM joined the meeting.</i></p> <p>The Committee <b>RECEIVED</b> the report and <b>ASSURANCE</b> was provided that the organisation has the appropriate processes in place to monitor and review Strategic Change programmes across Wales.</p> <p><b>SERVICE CHANGE ENGAGEMENT REPORT</b></p> <p>AO presented the item and provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with a potential impact for Powys residents, patients, and services. Key highlights were:</p> <ul style="list-style-type: none"> <li>• Joint engagement workshops across 13 Powys localities to capture views on the Health Board's Accelerated Sustainable Model "Better Together" and Powys County Council's Sustainable Powys programme. A report to summarise the key themes was being prepared.</li> <li>• The Emergency Medical Retrieval and Transfer Service (EMRTS) Phase three engagement exercise closed on 29 February 2024. Updated recommendations were considered by all seven Health Boards and was approved.</li> </ul> <p>AO thanked Llais colleagues for their support to the Health Board and ongoing work across all service change programmes.</p> <p>The Committee <b>RECEIVED</b> the report and <b>ASSURANCE</b> was provided in terms of the delivery of engagement/consultation programmes for which the Health Board is directly responsible and the contribution to partnership programmes.</p> <p><i>AM left the meeting.</i></p> |
| <p>PPPH/24/007</p> | <p><b>NWSSP PERFORMANCE REPORT – YEAR END</b></p> <p>HB presented the item in the absence of the PH. An overview was provided in summary of the performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 March 2024.</p> <p><i>What is the reasoning for the procurement savings target being £400,000 against the current position of £95,000?</i></p>  |

*Wilcox Sue  
12/08/2024 12:17:35*

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|                    | <p>HB advised that this would be picked up with PH with an update provided at the next meeting.</p> <p><b>Action: Director of Corporate Governance/Director of Finance, Capital, and Support Services.</b></p> <p><i>Who is the overriding body who monitors the programme of work?</i></p> <p>HB confirmed that an Executive Shared Services Management Committee was in place, where Powys is represented by the Director of Finance, Capital and Support Services and the Director of People and Culture. The Committee provides greater scrutiny assisted by a series of deep dives on particular concerns across the system. In addition, a number of internal meetings were held monthly to discuss local concerns from a financial and workforce procurement perspective.</p> <p><i>Does Powys have a role to influence service improvement where concerns are being raised across services provided by NHS Wales Shared Services Partnership?</i></p> <p>The Committee was advised that Powys had an opportunity to influence the management committee, however a number of systems were All Wales based and not Powys specific. HB agreed to link with the PH for consideration with an update provided to Committee members at a future meeting.</p> <p><b>Action: Director of Corporate Governance/Director of Finance, IT and Primary Care</b></p> <p>The Committee <b>RECEIVED</b> the report and <b>NOTED</b> the summary of the performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2024.</p> <p><i>OH and CR joined the meeting.</i></p> |
| <p>PPPH/24/008</p> | <p><b>WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY</b></p> <p>The Chair thanked AM for their service to Powys ahead of her retirement from Powys Teaching Health Board (PTHB) in the Summer. MB echoed her thanks for the contributions across the Public Health Service in Powys.</p> <p>AM presented the report and provided an overview on the Whole System Approach to the Healthy Weight programme in Powys and highlighted the progress made on delivery during 2023/24. Since the previous briefing to the Planning, Partnerships and Public Health Committee on 11 May 2023, the delivery of this programme had continued to progress well.</p> <p>Delivery in 2023/24 has included:</p>   |

*Wilcox Sue  
12/08/2024 12:17:35*

- Further stakeholder engagement including stakeholder events in November and December 2023
- Identification of four themes of focus within the identified priority sub-system of “children (aged 0-5), families and access to healthy food”
- Establishment of a Strategic Steering Group to develop and oversee the delivery of a Strategic Delivery Plan
- Completion of Strategic Delivery Plan and commencement of delivery
- Establishment of Task and Finish Groups for specific areas of work within the four themes and;
- Formal adoption of this work by the Public Service Board as one of its three priorities for the period 2023/24 to 2027/28.

*Can the Committee expect to see performance indicator targets within the smart actions developed to ensure an improved data set for the future?*

The Committee was advised that Early Years convey robust data, specifically across breast feeding and for Children entering school. This remained a ministerial priority and as part of surveillance, all Children are weighed from the age of 4, where the data set forms part of the performance indicators in order to develop a Powys specific smart action plan.

*Given budget challenges, is this a ministerial priority to ensure work is not vulnerable?*

It was confirmed that the grant funding is available until March 2025 which is allocated to 1.5 members of staff. Discussions with Welsh Government had taken place around the systems approach and the Healthy Weights, Healthy Wales strategy would pose a risk across Powys should the grant funding not continue next year.

*How does Powys plan to improve traction across deprived areas within Powys?*

It was highlighted that free school meals had been made available across Wales, in addition to the Healthy Start scheme which supports deprived families. Discussions had taken place with local Councils to review internal plans to help support these schemes.

The Committee recognised the need for the Public Service Board (PSB) Scrutiny Committee to support this work and to utilise the project to demonstrate across statutory services and within the voluntary sector.

The Committee **NOTED** the contents of the report and took **ASSURANCE** on the progress made on implementing a whole

Wilcox Sue  
12/08/2024 12:17:35

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|                    | <p>system approach to the prevention of overweight and obesity in Powys.</p>  |
| <p>PPPH/24/009</p> | <p><b>WEIGHT MANAGEMENT PATHWAY (to include Healthy Wales Assurance Report)</b></p> <p>CM introduced the report and provided assurance on the development of weight management services across Powys. The service had been allocated a small budget for a level 3 service and contained multi-disciplinary working Powys wide to ensure a deliverable service.</p> <p>The Head of the Powys Living Well Services provided the committee with an overview of the National developments for Weight Management, the forthcoming introduction of a national minimum data set for weight management services and publication of a review of weight management pathways in Wales.</p> <p>It was noted that further work is required by the services, particularly level 3, in order to establish and implement processes to monitor key service delivery data including activity and outcome data. Powys sought to deliver an increase in local promotion of the national online level one offer as part of moving the services to a business-as-usual model.</p> <p><i>Is it anticipated to see a growth in demand of weight loss medication given the opportunity to increase supply?</i></p> <p>It was confirmed that growth was anticipated. The Health Board received a large volume of referrals for medication only, requiring no additional support. The service planned to review the supply of medication to develop a support package of lifestyle changes, alongside medication to influence longer term solutions.</p> <p><i>Are the Slimming World scheme vouchers fully utilised for weight management?</i></p> <p>Slimming World Vouchers were available; however, the current trend was that patients had often experienced the scheme prior to contacting the Weight Management Service for support. Therefore, the vouchers are not fully utilised. Vouchers were not time limited, and the current challenge remained offering a support service of Weight Management beyond a 9am to 5pm working timeframe. An introduction to further access remains under review.</p> <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the report and was <b>ASSURED</b> that work continued to develop Weight Management Pathways in Powys as per the Integrated Plan. <i>OH left the meeting.</i></p> |

Wilcox Sue  
12/08/2024 12:17:35

## **HEALTHY CHILD WALES PROGRAMME EVALUATION HEALTH VISITING PROGRAMME**

CR provided the Committee with an overview of the Healthy Child Wales Programme (HCWP) which set out what planned contacts children and their families could expect from their Health Boards from maternity service handover to the first years of schooling (0-7 years). It was highlighted that the service aimed to build on the existing Healthy Child Programme and set out to expand the current model to 16 years of age as opposed to 7 years.

The School Nurse Service offer screening and surveillance for Vision, Hearing, and the Child Measurement Programme in Q4 and Q1. As the programme was an opt out programme the uptake was usually high, with an opt out of less than 5% therefore achieving 95-100% uptake.

It was highlighted that all screening and surveillance programmes for this academic year in Powys were planned and resourced for delivery.

*Given the background of national staffing challenges nationally, does Powys experience staffing challenges across Nursing and Health Care staff?*

CR stated that challenges remained across Health Visiting and School Nursing staff, locally and nationally. The service had undertaken a review of the fragility across Nursing staff which had been successful in creating and offering development roles across the service.

It had been recognised that School Nursing staff were required to undertake an intense one year post graduate course which posed a challenge for both recruitment and how Powys supported staff to undertake the course. CR confirmed that as the transition of Executive Director portfolios change, this was an area of focus, and an assessment would take place to review the workforce challenges to identify the need going forwards. It was explained that this was not localised to Powys but remained a national challenge.

*Are Childrens periodic weight testing always adhered to?*

Indicators of weight testing for children begin from birth and periodically thereafter as well as when they begin school at four years of age. Powys aimed to improve data collection to help understand weight trends. There was a gap for implementation locally to understand how the challenges were cascaded across the Health Board and would be an implementation period for evaluation to support the priorities for improvement going forward.

Wilcox Sue  
12/08/2024 12:17:35

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|-----------------------------|--|
|                             | <p>The Committee <b>RECEIVED</b> the report and were <b>ASSURED</b> in relation to:</p> <ul style="list-style-type: none"> <li>• progress of the Healthy Child Wales Programme</li> <li>• the governance and reporting arrangements in place locally and nationally for the programme.</li> </ul> <p><i>CR left the meeting and TD joined the meeting.</i></p>   |
| PPPH/24/011                 | <p><b>DEEP DIVE- DIABETES PART 2</b></p> <p>The Chair of the Committee highlighted the update of progress in developing the Deep Dive into Diabetes as a statement report which was taken as read. The Committee <b>AGREED</b> that the content provided had produced modelling for three scenarios of projections of prevalence of diabetes for the Powys population over the next 15 years.</p> <p>The deep dive work would be progressed as planned between May and August 2024 with an update reported to the Committee in August 2024.</p> <p><b>Action: Director of Public Health.</b></p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the preliminary report on diabetes and were assured that work has progressed in line with the deep dive plan;</li> <li>• <b>NOTED</b> the key findings of the scenarios within the report and;</li> <li>• <b>NOTED</b> the plan to receive an update at the August Committee meeting.</li> </ul> <p><i>JL joined the meeting.</i></p>  |
| <b>ITEMS FOR DISCUSSION</b> |  |
| PPPH/24/012                 | <p><b>ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH</b></p> <p>MB presented the independent report and noted this was the first report produced as Director of Public Health. The paper set out the key health challenges facing the Powys population alongside opportunities to improve population health. The report set out calls for action for individuals and organisations and</p> <p>Committee members commended the Public Health Team on the presentation of the report which clearly articulated the Health Board's current position and welcomed the 'call to action' statement which encouraged ownership and action.</p> <p><i>What is the next stage for Powys and how can a call for action be mobilised to help people understand individual health responsibility?</i></p> <p>MB confirmed the report was expected to be presented to the Board the following week and will need to be incorporated into Health Board's planning documents. It had been identified that the key themes presented were; prevention of ill health, early intervention to support the ageing population to stay as</p> |

*Wilcox Sue  
12/08/2024 12:17:35*

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|--------------------|---|
|                    | <p>they aged, as well as focusing on giving children the best start in life. It is planned to develop a prevention framework to outline population level interventions to improve population health as part of the Health Board's Annual Plan.</p> <p><i>Would an Easy Read version of the presentation be available?</i><br/>The Public Health team has not intended to produce an easy read version as the report is aimed at organisations to take a action, however consideration would be given to this.</p> <p><i>What is the current position regarding antibiotic resistance?</i><br/>CR was a member of the National Health Group and reported on work being developed with the Chief Pharmacist to produce a local action plan for Powys. It was noted that England was expected to publish a delivery plan which would be linked locally to support planning. An update would be scheduled for Committee members assurance at a future meeting.</p> <p><b>Action: Director of Nursing and Midwifery</b></p> <p><i>What is the Health Boards current position against the measles vaccination?</i><br/>There is ongoing measles outbreak in England across the Midlands and also in London. Between October 2023 and May 2024, 1,374 cases have been confirmed across England with recent increase in cases in London. In Wales, there is an outbreak of measles in the Gwent area. Work continues in Powys to promote and increase MMR rates with targeted work contacting children and young people with undocumented MMR vaccination on Health Board records to proactively offer and encourage MMR vaccination. A working group is in place with wide representation including school nursing and education department of the Local Authority. Work continues to increase rates in healthcare staff through General Practices, Occupational Health and vaccination service.</p> <p>The Committee <b>RECEIVED</b> the Annual Report of Director of Public Health and <b>NOTED</b> the key findings for implementation.<br/><i>LJ joined the meeting.</i></p> |
| <p>PPPH/24/013</p> | <p><b>PRIMARY CARE CLUSTER PLANS</b></p> <p>JL provided the Committee with an update on progress against Cluster Plan Delivery during 2023/24 and an overview of the Primary Care Cluster Plans for 2024/25.</p> <p>A total of £870k recurrent funding was available to clusters. 2023/24 Cluster plans correlated to the recurrent individual cluster allocation and were inclusive of reflecting on ministerial priorities and supporting capacity and sustainability across primary and community care. Successful projects were being scaled up where applicable and mainstreamed or are planned</p>  |

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12/08/2024 12:17:35

|             |   |
|-------------|---|
|             | <p>to be mainstreamed into core funding across the Health Board footprint.</p> <p>The plans for 2024/25 continued to build on the priorities and projects from 2023/24 and as Clusters continued to become more established there was a strengthening alignment with Start Well, Live Well and Age well priorities.</p> <p>The three key priority areas of Frailty, Urgent and Emergency Care, and Mental Health continued as Pan Powys priorities for 2024/25. It was also noted that several new Cluster frailty pilot projects were in development across the Clusters along with other projects including supporting the delivery of local pathways.</p> <p>Further work continued to look at what further projects could be mainstreamed, and the outcomes and benefits of each project were being reviewed to form future cluster planning.</p> <p><i>Does Powys have a Mid Custer lead?</i></p> <p>Historically the Cluster Plans had a General Medical Service (GMS) focus, however this was currently much wider to ensure equal representation across all clusters. The Mid Powys Cluster does not currently have a specific lead which presented a lack of continuity of leadership. It was recognised that this did not affect the Health Board’s priorities as demonstrated within the report.</p> <p>HB provided assurance to the Committee and highlighted that components of Primary Care plans were included within a series of Board Development and Board Briefing sessions to review the baseline and current roles across the Clusters.</p> <p>The Chair asked Committee members to consider thought around the challenges with implementation of embedding new ways of working across the planning process.</p> <p>The Committee <b>RECEIVED</b> the updates on 2023/24 plans taking <b>ASSURANCE</b> against the progress made on delivery and <b>RECEIVED</b> an overview of Cluster plans for 2024/2025.</p> |
| PPPH/24/014 | <p><b>ADDITIONAL LEARNING NEEDS (ALN) UPDATE</b></p> <p>CM highlighted that the Additional Learning Needs (ALN) service would now form part of a new portfolio going forwards under the Director of Nursing, Quality, Women and Family Health.</p> <p>It was highlighted that the ALN service was non-funded and had limited resource for delivery. Powys was fulfilling key legal requirements under the ALN and Education Tribunal (Wales) Act and had new operational processes in place, supported by a digital infrastructure which would ensure accurate</p>  |

Wilcox, Sue  
12/08/2024 12:17:35

|  |   |
|--|---|
|  | <p>information regarding the Health Board’s compliance with legal duties moving forward.</p> <p>LJ stated that activity was progressing between the Health Board and Powys County Council to establish a joint strategic approach to meeting the requirements of the ALN Act moving forward.</p> <p><i>How do Committee members understand the remit and roles between Powys County Council and Powys Teaching Health Board?</i></p> <p>HB provided assurance to members that this remained a key item for discussion at the Joint Leadership Team Meetings with the Council and continued to be a standard agenda item.</p> <p>CM highlighted that challenges remained across Health and ALN delivery due to differing times. Discussions were ongoing with the lead president education tribunal to understand the roles and responsibilities for the needs of the service. Discussions with the Local Authority had taken place and engagement with Welsh Government and the Tribunal president continued to ensure clarity of expectations. The Board would be sighted on any changes to legislation accordingly.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the Additional Learning Needs (ALN) report and supported the recent activity from the Health Board to fulfil the requirements of the ALN Act;</li> <li>• <b>NOTED</b> the increased demand across ALN and;</li> <li>• Were <b>ASSURED</b> of the progress made to date and the plans moving forward to meet the requirements of the ALN Act.</li> </ul> <p><i>LJ left the meeting.</i></p> |
| <b>ITEMS FOR DISCUSSION</b>  |   |
| There were no items for discussion.  |   |
| <b>ITEMS FOR INFORMATION</b>   |   |
| PPPH/24/015<br><span style="font-size: small; transform: rotate(-45deg); display: block;">Wilcox, Sue<br/>12/08/2024 12:17:35</span> | <p><b>INTERNAL AUDIT REPORT – WINTER RESPIRATORY VACCINATION PROGRAMME</b></p> <p>The Winter Respiratory Vaccination Report was shared for information only. The Chair asked the following question:<br/><i>Has the requirement of offering dual vaccination for the population of Powys been met in reference to the Audit report?</i></p> <p>MB stated that the audit reviewed how the Health Board had implemented the Winter Respiratory Programme against the Welsh Health Circular requirements. General Practices and pharmacies offer flu vaccination, and main delivery of covid vaccination is through Vaccination Centres. The aspiration of offering dual vaccination is therefore practically challenging across the system other than to eligible health board</p>  |

|                      |  |
|----------------------|--|
|                      | <p>employees. In addition, the All-Wales database system has not been developed to record dual vaccination for this to be rolled out. It was noted that 'The Vaccine Saves Lives' Awards had been recently held where Powys were awarded 'Best performance of vaccination delivery for Winter Respiratory Campaign'.</p>   |
| <b>OTHER MATTERS</b> |  |
| PPPH/24/016          | <p><b>COMMITTEE RISK REGISTER</b></p> <p>HB noted that there are two risks that fell within the Committee's remit and were reported to Board in March 2024. It was highlighted that the Committee Risk Register had been in development and will convey a different framing and action base at the next meeting.</p> <ul style="list-style-type: none"> <li>• CRR 007 - Ineffective partnership working including service change and reconfiguration results in poorer outcomes, that is a strategic risk is owned by Director of Performance and Commissioning.</li> <li>• CRR 008 - Demanding capacity pressures that within the primary care system leading to unsustainability. This is led by the Director of Finance, Information, and IT, as the risk owner. At present, there is no change in the risk rating.</li> </ul> <p>All corporate risks continued to be reviewed by the relevant lead Directors prior to the next iteration of updates.</p> <p>The Committee <b>CONSIDERED</b> the February 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee.</p> |
| PPPH/24/017          | <p><b>COMMITTEE ANNUAL WORK PROGRAMME</b></p> <p>HB presented the 2024/2025 work programme based upon the scope with the Terms of Reference. An agile approach would be followed to respond to changes as required and the programme adapted throughout the year as required.</p> <p>The Committee <b>NOTED</b> the Work programme and took <b>ASSURANCE</b> the relevant items would be available.</p>  |
| PPPH/24/018          | <p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</b></p> <p>HB confirmed a verbal update would be provided by the Committee Chair to Board the following week based on the discussions at this meeting.</p> <p>It was noted that given the escalation to the Board of the Additional Learning Needs (ALN) in November 2023 due to noncompliance, work had been undertaken to ensure compliance with the legislation and therefore can be de-escalated accordingly.</p>  |
| PPPH/24/019          | <p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no urgent business.</p>   |

|                   |   |
|-------------------|---|
| PPPH/24/020       | <b>DATE OF THE NEXT MEETING</b><br>13 August 2024 at 10:00, via Microsoft Teams.  |
| PPPH<br>IC/24/001 | The following motion was passed:<br><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> |
| PPPH<br>IC/24/002 | <b>MINUTES OF THE IN-COMMITTEE MEETING HELD ON 20 FEBRUARY 2024</b><br>The Committee <b>APPROVED</b> the In-Committee minutes of the meeting held on 20 February 2024, as being a true and accurate record.   |

DRAFT

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12/08/2024 12:17:35





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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 3.1**

**Planning, Partnerships and Population Health Committee** **13 August 2024**

|   |   |
|---|---|
| <b>Subject:</b>                                     | Strategic Change Report   |
| <b>Approved and presented by:</b>                   | Director of Performance and Commissioning   |
| <b>Prepared by:</b>                                 | Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance) |
| <b>Other Committees and meetings considered at:</b> | Executive Committee 31 July 2024  |

**PURPOSE:**

This report provides the Committee with an updated stocktake of strategic change programmes around Wales and England.

This assists the organisation in understanding the evolving context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.

Information that is additional in this quarter has been highlighted in red font.

**RECOMMENDATION(S):**

The Planning, Partnerships and Population Health Committee is asked to **NOTE** the report and **DISCUSS** the content.

| <b>Approve/Take Assurance</b> | <b>Discuss</b> | <b>Note</b> |
|-------------------------------|----------------|-------------|
| N                             | Y              | Y           |

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

| Wellbeing Objective                | Alignment | Notes   |
|------------------------------------|-----------|---|
| 1. Focus on Wellbeing              | Y/N       | This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys Teaching Health Board services and patients. |
| 2. Provide Early Help and Support  | Y/N       |   |
| 3. Tackle the Big Four             | Y/N       |   |
| 4. Enable Joined up Care           | Y/N       |   |
| 5. Develop Workforce Futures       | Y/N       |   |
| 6. Promote Innovative Environments | Y/N       |   |
| 7. Put Digital First               | Y/N       |   |
| 8. Transforming in Partnership     | Y/N       |   |

## **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.

This report provides a broad, whole system view of each area's strategic change ambitions as recently published in their plans submitted to Welsh Government in March 2024.

This will potentially impact on the strategic change / service change programmes of each organisation. Therefore, this stocktake should be read with the caveat that it is based on intelligence at the time of producing the report and is subject to change.

The report also includes the more detailed Service Change Engagement Report as an appendix, as this provides updates on live engagement activity. These are not always directly related to strategic change programmes (as they are sometimes related to operational and urgent service change issues).

## **BACKGROUND:**

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 Commissioning Quality Performance and Review Meetings (CQPRM) and quarterly searches of key websites including neighbouring health board transformation programmes / key documents and board papers.

This report provides a broad, whole system view of each area's strategic change ambitions as recently published in their plans submitted to Welsh Government in March 2024.

This will potentially impact on the strategic change / service change programmes of each organisation. Therefore, this stocktake should be read with the caveat that it is based on intelligence at the time of producing the report.

Organisations have been contacted for updates post submission – additional information and updates are included in red font. 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.

The most recent Escalation and Intervention status for each organisation in NHS Wales has been included along with the Care Quality Commission ratings for English providers.

Small changes have also been included post discussion at Executive Committee on 31 July 2024. Information has also been included about the proposed temporary service changes to health services in Powys.

The report also includes the more detailed Service Change Engagement Report as an appendix, as this provides updates on live engagement activity. These are not always directly related to strategic change programmes (as they are sometimes related to operational and urgent service change issues).

#### **NEXT STEPS:**

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

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12/08/2024 12:17:35

## IMPACT ASSESSMENT

This section must be completed for all strategic organisational decisions including approval of health board policies.

### QUALITY:

|                          | No impact | Negative | Positive | Both |
|--------------------------|-----------|----------|----------|------|
| Safe                     |           |          |          |      |
| Timely                   |           |          |          |      |
| Effective                |           |          |          |      |
| Efficient                |           |          |          |      |
| Equitable                |           |          |          |      |
| Person Centred           |           |          |          |      |
| Workforce                |           |          |          |      |
| Leadership               |           |          |          |      |
| Culture                  |           |          |          |      |
| Information              |           |          |          |      |
| Learn, Improve, Research |           |          |          |      |
| Whole Systems Approach   |           |          |          |      |

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

### EQUALITY:

|                              | No impact | Negative | Positive | Both |
|------------------------------|-----------|----------|----------|------|
| Age                          |           |          |          |      |
| Disability                   |           |          |          |      |
| Gender reassignment          |           |          |          |      |
| Marriage / civil partnership |           |          |          |      |
| Pregnancy / maternity        |           |          |          |      |
| Race                         |           |          |          |      |
| Religion or Belief           |           |          |          |      |
| Gender                       |           |          |          |      |
| Sexual Orientation           |           |          |          |      |
| Welsh Language               |           |          |          |      |
| Socio-economic status        |           |          |          |      |
| Social exclusion             |           |          |          |      |
| Carers                       |           |          |          |      |

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

### RISK ASSESSMENT:

|              | Level of risk identified |           |                 |              |
|--------------|--------------------------|-----------|-----------------|--------------|
|              | Very Low (0-3)           | Low (4-8) | Moderate (9-12) | High (15-25) |
| Clinical     |                          |           |                 |              |
| Financial    |                          |           |                 |              |
| Corporate    |                          |           |                 |              |
| Operational  |                          |           |                 |              |
| Reputational |                          |           |                 |              |

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

Wilcox Sue  
12/08/2024 12:17:35



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NHS  
WALES

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Addysgu Powys  
Powys Teaching  
Health Board

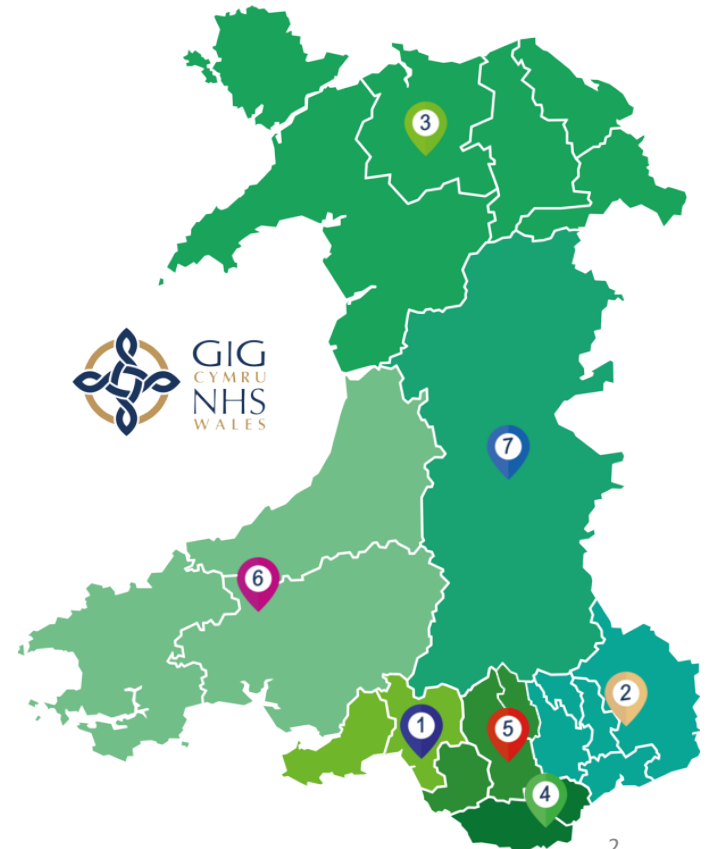
# Strategic Change Update

Planning, Partnerships & Population Health Committee  
August 2024

Wilcox, Sue  
12/08/2024 12:17:35

# Purpose

- This report provides a broad, whole system view of each area's strategic change ambitions as recently published in their plans submitted to Welsh Government in March 2024. **(Organisations have been contacted for updates post submission – additional information and updates are included in red font).**
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.



Wilcox, Sue  
12/08/2024 12:17:35

# Overview

The PTHB Integrated Plan 2024-29, aligned to the 10-year Health and Care Strategy 'A Healthy Powys' sets out the Vision, Objectives and Strategic Priorities for this five-year period.

BCUHB submitted a three-year Plan, with a specific focus on the 2024/25 year. Key actions within the Plan are collated under the five priority objectives for Special Measures.

All organisations in Wales submitted Plans to Welsh Government 31 March 2024; the majority of health board plans remain unsupported at time of this report.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a five-year Trust strategy.

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

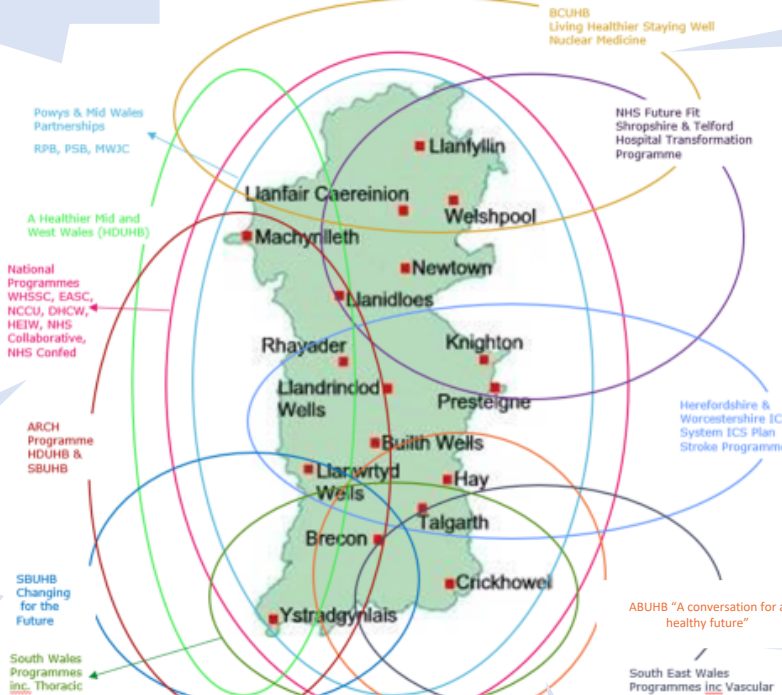
Shropshire and Telford & Wrekin Integrated Care System have produced an Integrated Care Strategy; Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation.

HDUHB have developed a one-year Annual Plan for 2024-25.

Hereford & Worcestershire Integrated Care System have produced an Integrated Care Strategy; Stroke Programme ongoing with further engagement / consultation expected on the clinical model and pathways in 2024.

ARCH programme includes regional centre of excellence / regional services.

South West Wales Cancer Centre programme in place.



ABUHB have developed an Annual Plan 2024-25.

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

CTMUHB IMTP 2024-2027 is set in the context of "CTM 2030" and informed by work on the acute clinical services plan (ACSP).

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

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

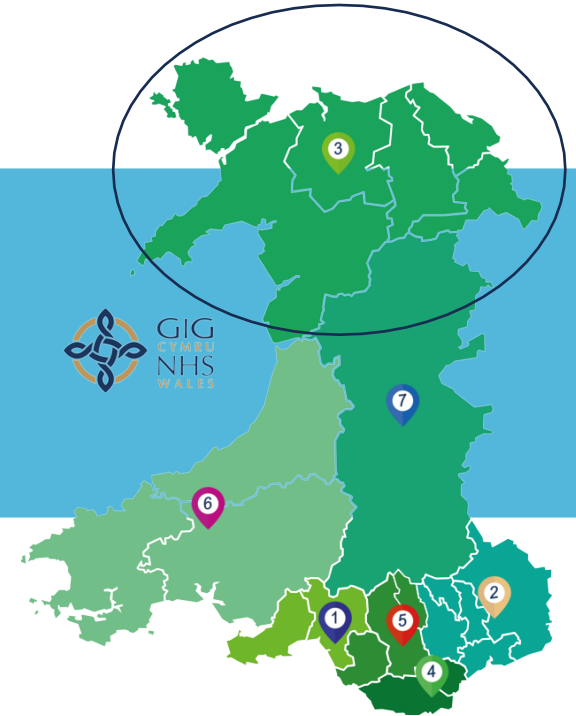
SBUHB have developed a one-year Annual Plan for 2024-25.

# Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 15 July 2024)

| Organisation                                  | Current Status   |
|---|--|
| Aneurin Bevan University Health Board         | Level 4 - Targeted intervention for finance, strategy and planning<br>Level 3 - Enhanced monitoring for performance and outcomes relating to urgent and emergency care at the Grange University Hospital |
| Betsi Cadwaladr University Health Board       | Level 5 - Special measures   |
| Cardiff and Vale University Health Board      | Level 3 - Enhanced monitoring for finance, strategy and planning   |
| Cwm Taf Morgannwg University Health Board     | Level 4 - Targeted intervention for performance and outcomes<br>Level 3 - Enhanced monitoring for finance, strategy and planning   |
| Hywel Dda University Health Board             | Level 4 - Targeted intervention  |
| Powys Teaching Health Board                   | Level 3 - Enhanced monitoring for finance, strategy and planning   |
| Swansea Bay University Health Board           | Level 4 - Targeted intervention for performance and outcomes<br>Level 3 - Enhanced monitoring for finance, strategy and planning, Enhanced monitoring for maternity and neonatal services                |
| Public Health Wales NHS Trust                 | Level 1 - Routine arrangements   |
| Velindre University NHS Trust                 | Level 1 - Routine arrangements   |
| Welsh Ambulance Services University NHS Trust | Level 1 - Routine arrangements   |
| Digital Health and Care Wales                 | Level 1 - Routine arrangements   |
| Health Education and Improvement Wales        | Level 1 - Routine arrangements   |

# North Wales



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12/08/2024 12:17:35

# Betsi Cadwaladr University Health Board



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

## Strategy / Plan

## Key Points

### Three Year Plan 2024-27

- For 2024/25, and in common with other Health Boards, BCUHB has been unable to produce a Three-Year Plan that meets all of the requirements of Welsh Government. “We have formally advised the Welsh Government of the position, and confirmed our intention to submit this Three-Year Plan, with a specific focus on the 2024/25 year.”
- Key actions within the Plan are collated under the five priority objectives that the Health Board uses for Special Measures. In this way the Health Board is increasing the alignment of planning and special measures response to allow focus upon the areas that are most likely to lead to greatest improvement.
- **Key priority areas for the Three-Year Plan are**
  1. **Building an effective organisation**
  2. **Developing strategy and long-lasting change**
  3. **Compassionate culture, leadership and engagement**
  4. **Improving quality, outcomes and experience**
  5. **Effective environment for learning**

### Finance

- “The 2024/25 financial plan reflects the financial challenges from 2023/24 continuing into the new financial year, with the ability to achieve financial balance and the key financial duty challenging in the current climate (despite the receipt of an uplift in funding) evidencing the need for transformational plans for healthcare as we look to the future.”

### Performance

#### Post-Pandemic Recovery

- The Health Board continues to experience challenges in improving access to care to the required standard timeframes following the changes that were required because of the Covid-19 pandemic. Waiting lists for planned care have not reduced as quickly as desired, and delays in accessing hospital care when requiring urgent treatment are particular challenges to address within this plan.

#### Demand and Capacity

- The Health Board continues to experience high demand across Mental Health, Primary Care, Community, Secondary care planned services and Urgent and Emergency services. Attendances to Emergency Departments have continued to increase and further work is required to improve ambulance handover times. Work is required with partner organisations to improve the timeliness of discharge for people awaiting community care services and who no longer require medical care in hospital.
- Although the Health Board made good improvements in 2023-24 in many planned care areas, waiting times continue to exceed Ministerial expectations in a number of clinical areas. These areas are prioritised throughout the plan.

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12/08/2024 12:17:55

# Mid and West Wales



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12/08/2024 12:17:35



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

| Strategy / Plan  | Key Points   |
|--|--|
| <b>A Healthy Caring Powys</b>  | <ul style="list-style-type: none"> <li>10-year Health and Care Strategy 2017 – 2027 (Powys Area Plan) overseen by the Powys Regional Partnership Board (RPB). Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 and reviewed 2021/2022 to inform the refresh of the Area Plan. Area Plan submitted April 2023.</li> </ul>  |
| <b>The Powys Well-being Plan – Towards 2040</b>                                | <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> </ul>  |
| <b>PTHB Integrated Plan 2024-29</b>  | <ul style="list-style-type: none"> <li>This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three-year period. Instead, the Plan sets out how this will be achieved over the period of the plan during which we will work with communities, staff and stakeholders to build a sustainable future for the County's health services. The Board approved Integrated Plan was submitted to Welsh Government on 28 March 2024 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. <b>At time of publication, our plan remains unworkable by Welsh Government given the deficit position planned for the year, dialogue is ongoing with Welsh Government.</b></li> </ul> |
| <b>Powys County Council – Corporate Plan</b>                                   | <ul style="list-style-type: none"> <li>The County Council have published 'Stronger Fairer Greener' which brings together their Corporate and Strategic Equality plan; available at <a href="https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan">https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan</a></li> </ul>  |
| <b>Powys County Council – 'Sustainable Powys'</b>                              | <ul style="list-style-type: none"> <li>'Sustainable Powys' is an approach which has been developed by the Council to review what services are provided and how, whilst working with communities to explore innovative solutions.</li> </ul>  |
| <b>North Powys Wellbeing Programme</b>   | <ul style="list-style-type: none"> <li>As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Work is under way to develop Outline Business Case for submission to Welsh Government in 2024. North Powys has progressed design development and master planning along with Target Operating Model.</li> </ul>   |
| <b>Accelerated Sustainable Model of Care (ASM Programme) – Better Together</b> | <ul style="list-style-type: none"> <li>Progress in 2023/2024 has included frailty, community and urgent care; planned care and diagnostics; mental health; and major conditions – together with the priorities for delivery over the next 5 years; using data/evidence around health needs to develop an accelerated sustainable model (Better Together). <b>There will be regular updates to the Executive Committee on the progress of the programmes, risks scoring 15 or more and the mitigation for these risks.</b></li> </ul>   |
| <b>Temporary Service Changes to health services in Powys</b>                   | <ul style="list-style-type: none"> <li><b>A four-week engagement is taking place from 29 July on temporary changes to the opening hours of Minor Injury Units in Brecon and Llandrindod Wells and to the PTHB inpatient community bed model (introduction of two "ready to go home" units in Llanidloes and Bronllys, and clinical colocation of inpatient rehabilitation in Brecon and Newtown). Work is continuing to identify whether further temporary changes may be required to support the safety and stability of health services in Powys. (Further detail in engagement slides)</b></li> </ul>   |

# Powys – Plan on a Page



**GIG**  
THRU  
NHS

Swydd Iechyd  
Ardynggo Powys  
Powys Teaching  
Health Board

## Plan on a page 2024 - 2029

**OUR FUTURE VISION**  
TO 2027 AND BEYOND

TO IMPROVE HEALTH AND WELLBEING  
WE WILL PUT THE PEOPLE OF POWYS FIRST





### Better Together for a Sustainable Model of Care

#### Whole System Approach to Wellbeing & Prevention

- Develop a whole system prevention plan *across the life course*
- Deliver a Health Protection response *including Vaccination*

#### Faster, effective diagnosis and treatment

- Improve access to Primary and Community Care
- Design and Deliver a phased Frailty and Community Model
- Deliver the Planned Care and Diagnostics Programme

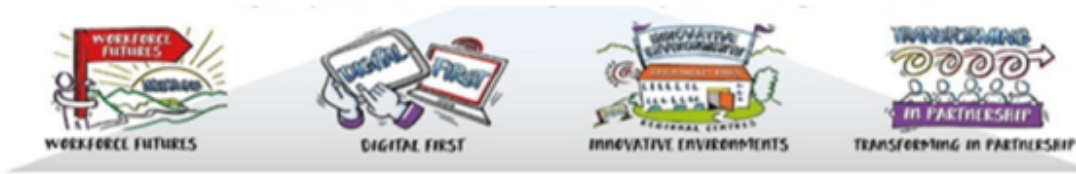
#### Working together across Major Conditions, Physical and Mental Health

- Develop and deliver a Major Conditions Plan *respiratory & circulatory health (cardiac, diabetes, stroke) and cancer*
- Deliver the Mental Health Transformation Programme

#### Home first and back home fitter and faster

- Improve pathways of care *focused on system flow*
- Deliver the Six Goals Plan for Urgent and Emergency Care *focusing on what works for the Powys population*

- WG TEMPLATE Primary & Community Care
- WG TEMPLATE Enhanced Care in the Community (Pathways of Care)
- WG TEMPLATE Planned Care & Cancer
- WG TEMPLATE Mental Health
- WG TEMPLATE Urgent and Emergency Care / Six Goals



### Quality is the golden thread across the whole plan

- Underpinned by the Quality Standards: Safe, Timely, Effective, Efficient, Equitable, Person-Centred (STEEEP)
  - Delivery of Duty of Quality and Duty of Candour Action Plans
- Interdependencies across the plan in relation to a Value based approach and effective Governance



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

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



| Strategy / Plan  | Key Points   |
|--|--|
| <b>Strategic Intent</b>  | <p>The Mid Wales Joint Committee, as a formally designated regional planning area within Wales, supports this direction of travel. The Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. It outlines how the Joint Committee’s partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives and describes what the Joint Committee intends to do and achieve across Mid Wales.</p>  |
| <p><b>Vision - The population of mid Wales has access to safe, sustainable, bilingual and high quality integrated health and care services</b></p> | <p><b><u>Aim 1: Wellbeing</u></b> - Improve the wellbeing of the Mid Wales population.</p> <p><b><u>Aim 2: Enable people live their best lives</u></b> - Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care in the right place.</p> <p><b><u>Aim 3: Rural Health and Care Workforce</u></b> - Create a flexible and sustainable rural health and care workforce for the delivery of high quality health and care services.</p> <p><b><u>Aim 4: Hospital Based Care and Treatment</u></b> - Create an effective, efficient, sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.</p> <p><b><u>Aim 5: Communications, Involvement and Engagement</u></b> - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.</p> |
| <p><b>Mid Wales priorities for 2024/25</b></p>   | <p>The Joint Committee’s agreed priorities for 2024/25 are</p> <ol style="list-style-type: none"> <li>1. Urology</li> <li>2. Ophthalmology</li> <li>3. Cancer and Chemotherapy Outreach</li> <li>4. Dental</li> <li>5. Clinical Strategy for Hospital Based Care and Treatment and regional solutions</li> <li>6. Cross Border workforce arrangements</li> </ol>   |
| <p><b>Rural Health and Care Wales</b></p>  | <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>   |

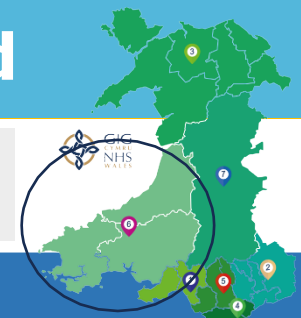
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# Mid and South West Wales



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# Hywel Dda University Health Board



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

| Strategy / Plan                                       | Key Points   |
|---|--|
| <b>Annual Plan 2024-25</b>                            | <ul style="list-style-type: none"> <li>A one-year Annual Plan has been developed for 2024/25. "This plan is our initial step towards realising these aspirations, describing the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It is however acknowledged that the in-year financial deficit, in particular, remains unacceptable and further work will be required during the year, with clear progress expected in the first quarter."</li> </ul>  |
| <b>Finance</b>  | <ul style="list-style-type: none"> <li>Following agreement at the January 2024 Board meeting, HDdUHB wrote an accountability letter to the Welsh Government on 16 February 2024, that unfortunately the Health Board would again not be in a position to submit a financially balanced IMTP by the end of March 2024 and instead would produce an Annual Plan for 2024/25.</li> </ul>  |
| <b>Performance</b>                                    | <ul style="list-style-type: none"> <li>The ambition is to deliver continuous and sustainable progress across all performance areas whilst simultaneously reducing costs in line with the financial plan. There are measures to increase core capacity, combined with targeted investment to address backlogs in key services, will enable sustained progress across all planned care areas. This will include delivery of the cancer targets, diagnostic 8-week standard and removal of all 104-weeks waits outside of Orthopaedics and Ophthalmology. The aim is to also deliver the 104-week milestone during 2024/25 and work is progressing regionally, with Swansea Bay University Health Board (UHB), to assess the options to achieve this as part of developing plans for these services on a South West Wales footprint."</li> </ul>  |
| <b>Clinical Services Plan</b>                         | <ul style="list-style-type: none"> <li>The aim is to develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability based on the principles of care that is safe, sustainable, accessible, and kind. It is also an action within the Targeted Intervention requirements of Welsh Government. Objectives: Respond to Critical Care service fragility, Respond to Emergency General Surgery service fragility, Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology), Improve standards and respond to service fragility within the Stroke service. A more detailed update is to be presented at September Board.</li> </ul>  |
| <b>Engagement on Tregaron Community Hospital Beds</b> | <ul style="list-style-type: none"> <li>HDUHB is engaging about the potential of decommissioning the nine beds currently at Tregaron Community Hospital. The proposal for a new model of care, which is part of the broader Cylch Caron project, will see the move of care from the hospital to people's own homes enabled through a different model of support. Staff will work in different ways, focused on keeping people well at home, and with more available to help people in the community. The Cylch Caron scheme is being developed in partnership between Ceredigion County Council, Hywel Dda University Health Board and the Welsh Government and will consist of a GP surgery, community pharmacy, outpatient clinics and community nursing and social care facilities, as well as extra care flats and integrated health and social care units. Ceredigion County Council recently announced that they are inviting companies to tender for the design and build of the new fully-integrated health, social care and housing centre. The four-week period of engagement will launch on 1 August 2024. Feedback from the engagement will be presented to the September meeting of the Health Board.</li> </ul> |

# Hywel Dda & Swansea Bay Joint Committee

## “Establishing the Joint Committee for Swansea Bay and Hywel Dda

In Wales we expect health boards work together to deliver services for their populations. I want to ensure that Hywel Dda University Health Board and Swansea Bay University Health Board have the appropriate arrangements in place to plan and deliver healthcare services on a regional basis where appropriate to do so. I will, therefore, be using my powers in accordance with Section 12(3) of the National Health Services (Wales) Act 2006 to direct both health boards to establish a Joint Committee. This will be of utmost importance to ensure the continued safety, quality and ongoing viability and sustainability of these services.

I, together with the Director General of Health and Social Services/NHS Wales Chief Executive, have written to the Chairs and Chief Executives of the health boards advising them of my intention. My officials will be working with both health boards over the coming weeks to determine the membership and constitution of the new Joint Committee, together with ensuring their three-year plans are sufficiently ambitious in their commitment to working regionally, with key deliverables identified.

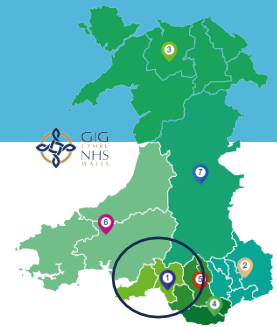
Both health boards will be held to account for the delivery of these plans via the Quality, Performance and Delivery Framework and the NHS Wales Oversight and Escalation Framework.

**Eluned Morgan, Minister for Health and Social Services, 19 March 2024”**

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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 / Plan   | Key Points  |
|---|---|
| <b>Annual Plan 2024-25</b>  | <ul style="list-style-type: none"> <li>The focus of the Annual Plan 2024/25 is the ambition to become a High-Quality Organisation, delivering the best outcomes for the population, preventing illness and maintaining wellbeing; being a centre of excellence for research and innovation and for teaching and training; and being a great place to work, where staff feel valued and work together towards a common goal. Areas of focus - to become a High-Quality Organisation; building and accelerating changes already made as part of 'Changing for the Future'; best possible integrated health and care system and outcomes for the population; adopting a Population Health approach; a more central role for healthcare in the community, more services closer to where people live, greater use of digital technology will allow for more remote monitoring of conditions and empower patients and their carers to self-manage their health, care and wellbeing.</li> </ul>  |
| <b>Finance</b>  | <ul style="list-style-type: none"> <li>The Plan presented to the Board at the Briefing session on 13 March 2024 reported a deficit Annual Plan for 2024/25 of £50.1m, with identification of thematic opportunities to reduce this over a three-year period.</li> </ul>   |
| <b>Performance</b>  | <ul style="list-style-type: none"> <li>Targeted Intervention Goals - Improved access to planned care with reduced waiting times in line with national requirements, Improved access to cancer services with waiting times in line with national requirements, and reduction in the number of patients waiting over 62 days, Improved access across urgent and emergency care including a sustained reduction in ambulance handovers, a reduction in the time to be seen by a clinician, reduction in the number of pathways of care delays and delivery of effective flow through the organisation, Reduction in the healthcare acquired infections in line with agreed trajectories.</li> </ul>  |
| <b>Independent review into Maternity and Neonatal services in Swansea Bay</b> | <ul style="list-style-type: none"> <li>Singleton Hospital's maternity and neonatal service was placed into enhanced monitoring by Welsh Government in December following a report by Healthcare Inspectorate Wales (HIW) and an Independent Review into Maternity and Neonatal Services. The Review considers three areas: clinical outcomes; patient and staff experience; and leadership and governance. <b>An update on 31 July reported that improvements have been made but "challenges remain". Employees had provided "kind and respectful" care to patients but "further improvements" were required to ensure "an acceptable standard of care". The inspectors observed staff providing "kind and respectful" care to patients and their families and, in general, arrangements were in place to provide patients with safe and effective care. HIW found that staffing levels for midwifery and medical staff had been "appropriate". It added that "immediate assurance" was sought following concerns around the hospital's antenatal assessment unit due to low staffing levels. Midwifery staff also told inspectors "they did not always have access to essential medical equipment to provide sufficient care to patients". HIW said it has "continued to work closely with the health board since the inspection and has received a "comprehensive improvement plan". Dr Denise Chaffer has stepped into the role as Chair of the organisations independent review, on an interim basis. She is an existing member of the oversight panel and the health board describe her as "an experienced leader in maternity and patient safety" with no previous involvement with Swansea Bay.</b></li> </ul> |

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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 (HDUHB). SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology, continue to flow into the SWWCC for treatment rather than into the Velindre Centre. The SWWCC serves a small catchment area on the South West Powys border, due to geographical location.


| Programme   | Key Points  |
|---|---|
| <p><b>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</b></p> | <p>SWWCC Strategic Programme Case (SPC) being developed to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10-year period (23/24 – 33/34).</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. 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> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Strategic Programme Case shared with Welsh Government July 2023 – no changes impacting Powys residents in short / medium term. In longer term, South Powys residents currently using Singleton Hospital may have the option of receiving radiotherapy from a site in the Hywel Dda area.</li> <li>• There is a Oncology Outpatients Working Group and a Radiotherapy Modernisation Group as part of this programme updates are being provided to PTHB as part of regular Contract Quality Performance Review Meetings (CQPRM).</li> <li>• <b>There are two key service changes expected that will affect south Powys border patients:</b> <ul style="list-style-type: none"> <li>• <b>Second CT SIM (permanent) in Singleton – Business Justification Case to be submitted to Welsh Government in Summer 2024, indicatively operational in April 2025.</b></li> <li>• <b>Fifth linac options appraisal - preferred option tbc but indicatively would be located in Singleton. Aim is to get this to Boards in September, for approval to go to WG to formally launch the capital Business Case process.</b></li> </ul> </li> </ul> |

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# ARCH Programme



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

| Programme  | Key Points  |
|--|---|
|  <p data-bbox="135 1035 318 1220">Wilcox-Sue<br/>12/08/2024 12:17:35</p> | <ul style="list-style-type: none"> <li>Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally.</li> <li>The approach is to consider regional partnerships and regional solutions, a core principle of a whole system approach to the planning and delivery of services. In addition to the NHS transformational priorities below we will also prioritise Workforce, Education, &amp; Skill, Research, Enterprise, &amp; Innovation. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population, whilst creating a vibrant and sustainable environment for people to live, learn and work.</li> <li>Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors.</li> <li><b>Regional Diagnostics Programme is leading the transformation of a broad range of diagnostic services focusing on Endoscopy, Radiology and Pathology, with an aim to increase overall capacity, reduce pressure on accurate sites, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.</b></li> <li><b>Regional Eye Care Programme is being scoped for prioritisation in the ARCH portfolio. It aims to explore opportunities which will standardise and stabilise the South West Wales Eye Care Services to ensure overall sustainability.</b></li> <li>Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital.</li> <li>Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.</li> <li>Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services.</li> </ul> |

# RSSPP Forum



The Regional and Specialised Services Provider Planning Forum has been established as a partnership between Swansea Bay UHB and Cardiff and Vale UHB to support the development of a collaborative approach to deliver and develop safe, sustainable, and effective specialised services across the two tertiary centres in South and West Wales in future and deliver the best quality and outcomes of care possible to patients.

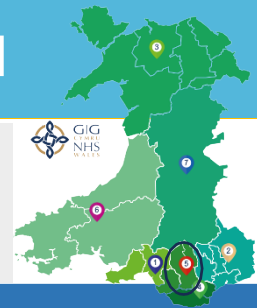
| Programme  | Key Points  |
|--|---|
| <p><b>Regional and Specialised Services Provider Planning Forum</b></p> <p><i>Wilcox-Sue<br/>12/08/2024 12:17:35</i></p> | <p>The partnership will progress the following workstreams in 2024/25:</p> <ul style="list-style-type: none"> <li>• Development of a Specialised Services Partnership Board – building upon the outcomes of the partnerships workshops held in 2022/23 and 2023/24.</li> <li>• Development of a Hepato-Pancreato-Biliary Shared Delivery Network for South and West Wales to:             <ul style="list-style-type: none"> <li>• develop and manage a supraregional approach to manage Severe Acute Pancreatitis;</li> <li>• address other specific gaps within the patient pathway through the development of service specifications, clinical guidelines, etc.;</li> <li>• provide a transition from current models to a Shared Delivery Service; and</li> <li>• maintain project momentum.</li> </ul> </li> <li>• Development and implementation of a sustainable service model for Oesophago-Gastric Cancer Surgery in South and West Wales.</li> <li>• Development of options for Cardiac Surgery service delivery in South and West Wales.</li> <li>• Development of options for Gynaecologic Oncology Surgery service delivery Development of implementation plan for Specialised Infectious Diseases Services for South and West Wales, subject to approval of the service specification by NHS Wales Chief Executive Management Team.</li> </ul> |

# South / South East Wales



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# Cwm Taf Morgannwg University Health Board

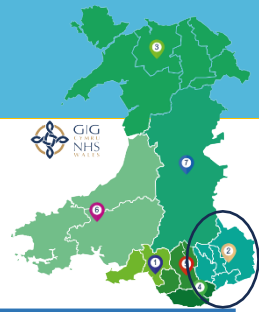


Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

| Strategy / Plan     | Key Points  |
|---------------------|---|
| <b>IMTP 2024-27</b> | <ul style="list-style-type: none"><li>The 2024-2027 IMTP is set in the context of CTM 2030 and informed by work on the acute clinical services plan (ACSP) which includes services that are currently delivered from hospital sites, including community hospitals and acute mental health facilities. It will change and improve the way NHS services are provided in Cwm Taf Morgannwg, making use of resources, expertise and support to staff to provide safe, effective care to meet the needs of all those in the communities in the future. The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. The intention is to provide a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan. The ability to achieve an approved three-year plan is reliant on also delivering financial balance.</li><li>“We continue to develop annual work programmes with SBUHB as a legacy of the boundary change. We are currently still confirming the 24-25 requirements and will share information regarding any potential changes that may have impact, once the work plan is confirmed. The work programme will be focused on service review rather than repatriation although this may be an option for some services, however a full range of service options will be considered.”</li></ul> |
| <b>Finance</b>      | <ul style="list-style-type: none"><li>It is the Health Board’s ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2024/2025 remains subject to material financial pressures, including energy costs and inflationary pressures and risks to delivery are highlighted in the plan.</li></ul>  |
| <b>Performance</b>  | <ul style="list-style-type: none"><li>The potential areas of performance pressure include the achievement of delivery of referral to treatment time (RTT) of 52 weeks across all specialities by June 2025 and the delivery of all diagnostic tests within eight weeks. Plans will continue to be reviewed in light of the requirements set out in the performance framework. Diagnostic delivery plans for 2024-2027 include key development of community diagnostic hubs across the South East Wales region. These will increase capacity for radiology services and will work to provide new pathways of care to add value to both diagnostic and treatment pathways. A business case is in development and will be presented to boards across the SE Wales region early in 2024-25. In the meantime, interim plans are in place to increase capacity and will be kept under review and reassessment.</li></ul>  |

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# Aneurin Bevan University Health Board



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

## Strategy / Plan

## Key Points

### Annual Plan 2024-25

- The Annual Plan is presented in the context of significant financial and operational challenges, reflected in the recent heightened escalation arrangements that the Health Board are now subject to. Alongside the targeted action the Health Board is taking to deliver in year improvements is the clear and emerging priorities for the strategic and tactical planning and reconfigurations required for services and estates to achieve sustainable services and financial balance in three years' time.

### Finance

- The stated ambition of the plan is to be in financial balance by 2026/27. The Health Board submitted an Annual Plan with a three-year intent to balance the immediate system sustainability challenges with the population health and care needs.

### Performance

- The plan contains performance ambitions for the first year underpinned by quarterly trajectories which will be monitored through the performance and accountability framework and embedded programme management articulated in the Delivery framework as the final section of the plan.

### Investment in the Grange Emergency Department

- More than £14 million is being invested by the Welsh Government to extend and reconfigure parts of the Grange University Hospital emergency department. The funding will improve the quality of patient and staff experience and ensure the right facilities are in place to consistently deliver safe and timely care to those who need to use the service. It will see the main waiting area significantly extended and the current waiting area reconfigured into a rapid assessment area, where patients can receive examinations and investigations quickly and be monitored for short periods. The Grange Hospital has seen unprecedented demand at its emergency department since its opening in November 2020. Current attendances are around 263 patients per day on average. Original plans were for 100-170 attendances per day. The new design of the emergency department will double the current waiting area capacity, increase triage capacity, offer greater visibility of the waiting room to support monitoring of patients and add more space for ambulance handovers and for clinical assessment and treatment.

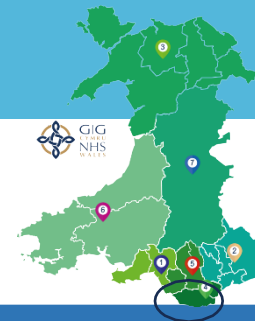
### A Conversation for a healthy future – the next 10 years

- The Health Board is currently engaging on a long term strategy “We are currently starting to develop a 10-year plan for healthcare in Gwent. We recognise we don’t have all the solutions to improve our healthcare system – and we need your help and input to understand what areas we need to focus on. As part of this conversation we would like to explore our values and behaviours as an essential part of how we provide services.” [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](#)

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# Cardiff & Vale University Health Board

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



| Strategy / Plan   | Key Points  |
|---|---|
| <b>Annual Plan 2024-25</b>  | <ul style="list-style-type: none"> <li>Cardiff and Vale UHB submitted an annual plan within a three-year context, “because we were unable to deliver the level of recurrent savings that we set out in our 2022/2023 plan, or mitigate escalating cost pressures. “ Delivery priorities for 2024/2025 include - enable people with urgent or emergency care needs to access safe and high-quality care at the right time, in the right place, delivered by the right team, transform planned care, cancer and diagnostic services, improving outcomes and reducing waiting times, deliver exceptional specialist and tertiary services for our local, regional and national population, ensure that every child has the opportunity for the best start in life and to provide high quality, safe and patient centred women’s services and continue our mental health transformation with a focus on the principles of home first, integration, safe hospital care and improving access to psychological support and specialist teams.</li> </ul>  |
| <b>Finance</b>  | <ul style="list-style-type: none"> <li>Delivery of the 2024/2025 Annual Plan will see a continuation of our drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment. It is this position that is included within the Annual Plan with key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term.</li> </ul>  |
| <b>Performance</b><br><br><b>Shaping Our Future Clinical Services</b> | <ul style="list-style-type: none"> <li>“Achieving our statutory duty and a breakeven financial position in year would have a significant impact on patient care and our ability to deliver core services. These would need to include a significant reduction in our bed base over and above plan coupled with a slowing down on core and planned care recovery activity. A number of these actions could not be recurrent due to patient access and impact with future recovery costs exceeding what these actions would save.”</li> <li>“Shaping Our Future Clinical Services” looks to develop new service models that integrate care and deliver outcomes that are significant to the individual by listening to what matters most to the populations we serve. As part of the ambition to improve health outcomes and reduce health inequalities, all programmes need to include prevention and early intervention. As we look to the future of our health care system, the need for change is not an option but a necessity. The traditional model of hospital-centric health care is unsustainable. As a part of this we are looking to develop specifically, a strategic plan for our babies, children and young people and seeking support from partners through completion of a “Paediatric Service Redesign - Shaping our Future Wellbeing” survey launching 8th July 2024.</li> </ul> |

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# South East Wales Region



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

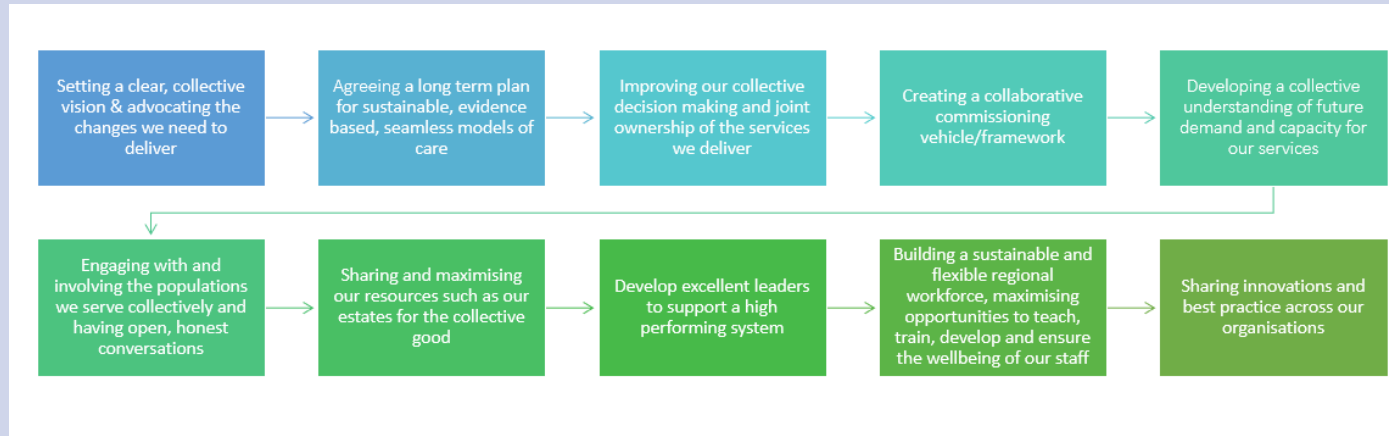
## Strategy / Plan

South East Wales Regional Portfolio

Goals:  
“Working together to collectively plan and deliver high quality, sustainable services for the populations of SE Wales.

We will collaborate to deliver services that are equitable, improve outcomes and experience and attract and retain the best workforce where we can't achieve this as individual organisations

The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises several programmes of work: Orthopaedics, Diagnostics, Stroke, Cancer.



**CTMUHB**

**April – November 24**

- Assume interruption for purdah
- Next iteration of baselining, including specific work on priorities, outcomes and standards, influenced by care group workshops
- Continue work with Consultation Institute to influence approach to engagement
- Commence and complete work on model needed for evaluation of future options (including patient flow, finance & workforce)
- Agree engagement process

**December 24 – April 25**

- Commence work up of long list of options
- Establish process for agreement of shortlisted options
- Agree calendar of events

**CAVUHB**

**April – June 24**

- Complete horizon scan, baseline assessment & planning assumptions

**July-August 24**

- Workshops and draft content creation

**September – October 24**

- Engagement on draft plan

**December 24 - Jan 25**

- Publish Clinical Services Plan

**ABUHB**

**April-August 24**

- Engagement on new strategy

**September**

- Draft Strategy developed for initial testing

**December**

- Publish New Long-Term Strategy

# All Wales

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12/08/2024 12:17:35

# NHS Wales Executive

## Strategy

## Key Points

**The NHS Wales Executive is a new, national support function, operational from 1 April, 2023.**

Key purpose is to:

- Drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.
- The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing NHS Wales to transform clinical services in line with national priorities and standards.
- The NHS Executive is a hybrid function bringing together Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative.
- Improvement Cymru will retain their name and brand for now. From 1 April 2023, the Improvement Cymru brand will be used alongside the NHS Wales Executive brand where relevant.
- Welsh Government have commissioned Allan Wardhaugh to review the NHS clinical system to identify those services that could be considered as fragile services or unsustainable in their current configuration.

## Phase 2 Update

There are additional functions joining the NHS Wales Executive on 1 April 2024

- Improvement Cymru will become fully integrated into the NHS Wales Executive structure as part of a new **Quality, Safety and Improvement Directorate** and incorporated within the formal Hosting Agreement with PHW. The Quality, Safety and Improvement Directorate will continue to drive work with NHS Wales on the design, development, and delivery of system level improvements to quality and safety as set out in national policies and standards to meet the needs of the service.
- **Digital, Technology, Innovation and Value** will be a new directorate within the NHS Wales Executive structure. The directorate comprises a new team, bringing together staff from the Welsh Value in Health Centre as well as staff from Technology Enabled Care (TEC) Cymru (with the latter joining the NHS Wales Executive in September 2024).
- **The Strategic Programme for Primary Care (SPPC)** is the all-Wales primary care response to A Healthier Wales and will be a new directorate within the current NHS Wales Executive structure. This national strategic programme focuses on the actions required to implement the Primary Care Model for Wales with a focus on providing care closer to home via sustainable primary and community care services. The Strategic Programme for Primary Care team is comprised of national lead roles and a Programme Management Office, which collectively support its portfolio of national work.
- **The National Programme for Urgent and Emergency Care (UEC)** oversees delivery of the six policy goals that span the urgent and emergency care pathway. These six goals reflect 11 the priorities in the Programme for Government 2021-2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The UEC (Six Goals) team comprises national clinical and professional leads and a Programme Management Office, which collectively supports its portfolio of national work. The team will be a new directorate within the current NHS Wales Executive structure.
- **Emergency Planning and Response**

The Executive Emergency Planning and Response function will provide a national focus for co-ordination in NHS Wales contingency arrangements, monitoring and assurance of emergency preparedness activities, as well as providing a mechanism for briefing and information flow across NHS Wales on behalf of Welsh Government (in accordance with the mandate and remit letter).

# NHS Wales Executive - National Stroke Programme

With the establishment of the NHS Wales Executive in April 2023, the National Stroke Programme Board was subsumed within the Cardiovascular Strategic Network as a Stroke Implementation Network, with the work to develop a comprehensive stroke model forming a key part of the Network's portfolio of work. The programme of work looks at services across the whole pathway, from prevention of stroke, through to living well beyond a stroke and will focus on developing innovative solutions using digital technologies. This reflects the national Quality Statement for Stroke which indicates the following high-level aims:

- A continued system-level focus on transforming pathways in line with evidence base and clinical guidance to enable recovery and reset of services to pre-pandemic levels
- Support a new model of provision of stroke services through comprehensive stroke centres and a networked approach to cross boundary working that seeks to improve the whole patient pathway including access to diagnostics, interventions, rehabilitation, including early supported discharge and psychological support services
- Services will be reconfigured to produce the outcomes expected in high quality, patient focused services and to ensure national standards can be met consistently and sustainably
- Ensure that innovations and targeted interventions are available across the stroke pathway to all stroke survivors in Wales
- Rapid access to confirm stroke and provide evidence-based interventions, treatments and care in the most appropriate setting are routinely available.

The Stroke Implementation Network's Leadership Board currently oversees the following workstreams:

- Capacity and Demand Modelling
- Service Specifications and Pathways
- Cardiovascular Disease Prevention and Awareness
- Innovation and Improvement (including research)
- Rehabilitation and Recovery
- Workforce and Education
- Communication and Engagement
- Hyper Acute Services Group

The groups are supported by a range of advisory groups including:

- Clinical Advisory Group
- Allied Health Professionals Advisory Group
- Nursing Advisory Group
- Third Sector and Policy Group
- Stroke Association Locality Voices Group.

|  |   |
|--|---|
| <b>North Wales (BCUHB)</b>               | Review and development of stroke services is under way to reflect the Quality Statement.  |
| <b>West Wales (SBUHB and HDdUHB)</b>     | Development of a regional model, implementation of a centralised hyper acute stroke unit (HASU) for SBUHB and HDUHB in Morriston Hospital.          |
| <b>South Central (CTMUHB and CAVUHB)</b> | Developing HASU in CAVUHB and CTMUHB. Approach and timeline being reconsidered whilst recruitment under way to programme and clinical leadership.   |
| <b>South East (ABUHB)</b>                | Review and development of stroke services is under way to reflect the Quality Statement – HASU at Grange Hospital, review of stroke rehabilitation. |

The impact for Powys also needs to be considered in the context of stroke programmes in England:

- **Herefordshire and Worcestershire:** Stroke programme under way. Engagement in 2022 identified preferred option as including options for HASU at Worcester (triage –treat-transfer at Hereford).

**Shropshire and Telford & Wrekin:** Hospitals Transformation Programme includes relocation of HASU from Telford to Shrewsbury.



# NHS Wales Joint Commissioning Committee

| Strategy/<br>Plan   | Key Points – from review of recently published Plan(s)   |
|---|--|
| <p><b>EMRTS / Air Ambulance Service</b></p> <p><b>Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Review</b></p> | <ul style="list-style-type: none"> <li>The Board of Powys Teaching Health Board met on Thursday 11 April to discuss and consider updated recommendations from the NHS Wales Emergency Medical Retrieval and Transfer Service (EMRTS) Review. The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, and also to ensure that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders including by Llais, the Citizen Voice Body for health and care in Wales. The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations. All seven health boards met between 9 and 11 April to consider the EMRTS review, and their respective views were considered at a meeting in public of the NHS Wales Joint Commissioning Committee on 23 April 2024. The Committee approved the following recommendations by majority decision:             <ul style="list-style-type: none"> <li><b>Recommendation 1</b> – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review.</li> <li><b>Recommendation 2</b> – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review).</li> <li><b>Recommendation 3</b> – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan 14/18 EMRTS Service Review Page 15 of 18 Joint Commissioning Committee Agenda Item 2.3 23/04/2024 will be reflected in the Committee’s future commissioning arrangements with EMRTS and the Charity.</li> <li><b>Recommendation 4</b> – Additional service provision. The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated.</li> </ul> </li> <li>The latest EMRTS stakeholder bulletin from the Joint Commissioning Committee was issued on 5 July. It provides an update on the progress since the decision in April to consolidate the Welshpool and Caernarfon bases to a new single North Wales site, and the health board has ensured that this has been shared through our usual channels to keep Powys residents updated on this work. A Task and Finish Group has been established for Recommendation 4, with representation from the health board as well as non-voting status for a representative on behalf of Llais, with the Powys Regional Director representing Llais nationally on this group. We expect the final proposal from this work to be presented to JCC in October. Alongside this, the Charity is pursuing its work to secure the new operational base. We understand that there will be regular updates to the Committee.</li> </ul> |

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12/08/2024 12:17:35

# Welsh Ambulance Services University NHS Trust (WAST)

| Strategy   | Key Points   |
|--|--|
| <b>IMTP 2024-2027</b>  | <ul style="list-style-type: none"> <li>WAST have submitted an Integrated Medium Term Plan (IMTP) predicated on providing the right care and advice, in the right place, every time by delivering quality driven, clinically led and value focussed services. Key priorities will be transforming the way in which we deliver care with health board partners by developing, agreeing and implementing a new clinical response model that will provide patients with the right advice and care, in the right place, every time and reducing harm; Doing everything in our gift to improve our people’s workplace experience, enabling them to be the best they can be, Delivering exceptional value and sustainability, in the context of finance, the environment and Value Based Health Care. Delivering this plan will see a greater emphasis on remote and community-based assessment and care, closing cases remotely and in the community safely and without onward travel to Emergency Departments unless absolutely necessary. We will also deliver on our statutory obligations including financial balance.</li> </ul>  |
| <b>Finance</b>   | <ul style="list-style-type: none"> <li>The financial plan is presented as a balanced revenue financial plan for the 2024/25 financial year based on some key funding and cost assumptions included with it and additional actions that are expected to continue to be progressed through the financial year to deliver savings, and exploit any emerging areas of additional income generation, in order to balance. This plan inevitably focusses on the 2024/25 financial year, although the supporting tables and technical submission maps this over the three financial years through to 2026/27.</li> </ul>  |
| <b>Performance</b>   | <ul style="list-style-type: none"> <li>“Whilst the percentage of red calls responded to within 8 minutes continues to be well below the 65% target, we are responding to more red calls within 8 minutes than ever before as overall red demand increases. We have also seen positive improvement in the quality in our NHS 111 Wales service, with increased capacity delivering improvements in call answering performance, fewer calls abandoned and improved clinical call back times. However, we are particularly conscious of the fact that the ongoing system pressures and excessive hospital handover delays have led to unacceptably long waiting times for an ambulance which in turn have contributed directly to avoidable patient harm.. “</li> </ul>   |
| <b>WAST Transformation : Evolving our Clinical Service Model</b> | <ul style="list-style-type: none"> <li>“The IMTP further describes our evolving thinking as we look to transform the ambulance model of care. To date our service transformation ambitions have been visualised through the concept of ‘Inverting the Triangle’. This concept focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance, to a future where the majority of care needs are met and resolved remotely or in the patients home. The principles of this concept still hold true. But working across such a complex and interconnected health and care system, in order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more holistic and integrated approach, considering how all of our services (999, NHS 111 and NEPTs) contribute to the transformation of care. We are starting to describe and develop a more integrated clinical response model by maximising the opportunities by bringing our core services closer together to best the needs of our service users and supporting the wider system. “</li> </ul> |

# Welsh Ambulance Services Trust (WAST)

The map below provides an overview of the main service change programmes of work where WAST are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and will be focussing resources to co-ordinate the role in local, regional and national planning across health board areas and NHS networks.

Development of Diagnostic and Treatment services at BCUHB removed

**3** **BCUHB**

- Development of **Diagnostic & Treatment services**
- Llandudno **orthopaedic** support surgical hub
- Modernising **Nuclear Medicine** and PET/CT services

**6** **HDUHB**

- **Transforming Clinical Services**; supporting the delivery phase for **Urgent Critical Care Centre**
- **APP** integrated hub models

**1** **SBUHB**

- Implementation of SBUHBs **Clinical Strategy & acute services redesign** work – UEC program
- Centralised **orthopaedic** surgery & rehab

**1** **WEST & MID WALES**

- South-West Wales **Cancer** Centre
- Regional **Orthopaedics**
- **Regional Diagnostic Centre**
- **Cardiology** Regional Services
- **MWPDEG** – Urology & Ophthalmology

**1** **NATIONAL**

- **Stroke services reconfiguration**, underpinned by regional developments in **stroke** services:
  - 3** • BCUHB - Review & development of stroke services
  - 1** **6** • Development of a regional model, implementation of a centralised hyper acute stroke unit (**HASU**) for SBUHB & HDUHB in Morriston Hospital
  - 4** **5** • Developing **HASU** in C&VUHB & CTMUHB
- **Cardiac Arrest Centres**
- Road based **enhanced/critical care** services in **rural & remote areas**



**7** **PTHB**

- **ASM programme** & Cellulitis network
- **Integrated Care Strategy; Hospital Reconfiguration** (Shropshire, Telford & Wrekin Integrated Care System)
- Reconfiguration of **stroke services** in Hereford & Worcester (ICS).

**2** **ABUHB**

- Continued implementation of the **Clinical Futures Strategy**
- Reconfiguration of **stroke rehab services**
- **Midwifery led unit** locations
- **Outpatient** strategy development

**5** **CTMUHB**

- Reconfiguration of services including critical care services, trauma & orthopaedics as part of wider long term strategy

**4** **C&VUHB**

- Engaging with C&VUHB on their **Future Clinical Services Programme**

**1** **SOUTH WALES**

- Implementation of a new integrated service for **Adult Thoracic Surgery** including single centre for surgery at Morriston Hospital
- Development of a Neonatal ODN and commissioning of a **neonatal transport service**
- Go live of **Spinal Network** Sep 23.
- Development of **acute aortic dissection** services
- Development of **Velindre Cancer Centre**
- **Interventional Radiology**
- **Thrombotic TTP**
- **Renal Units**

**2** **SOUTH EAST WALES**

- **Centralised vascular surgery and network**
- Regional **oncology** and **satellite radiotherapy centre** at NHH
- Regional **ophthalmology, diagnostics, pathology, endoscopy** and **orthopaedic planned services**
- Development of **Llantrisant Health Park**

Wilcox 8/27/2023 14:17:35

# Digital Health and Care Wales (DHCW)

## Strategy

## Key Points

IMTP 2024-27

DHCW IMTP (2024-27) shows roadmaps for key national services: a new national critical care system, maternity system, community solution, the Welsh Patient Administration System, and expanding the use and content of the digital health and care record, particularly through the Welsh Clinical Portal and Welsh Nursing Care Record.

## Our Strategic Framework

### Our Vision

To provide world leading digital services, empowering people to live healthier lives

### Our Purpose

To make digital a force for good in health and care

### Our Principles

- PRINCIPLE 1** Put people first
- PRINCIPLE 2** Simplify everything we do
- PRINCIPLE 3** Design for more data, more digital
- PRINCIPLE 4** Find more value
- PRINCIPLE 5** Learn from the past, embrace the future

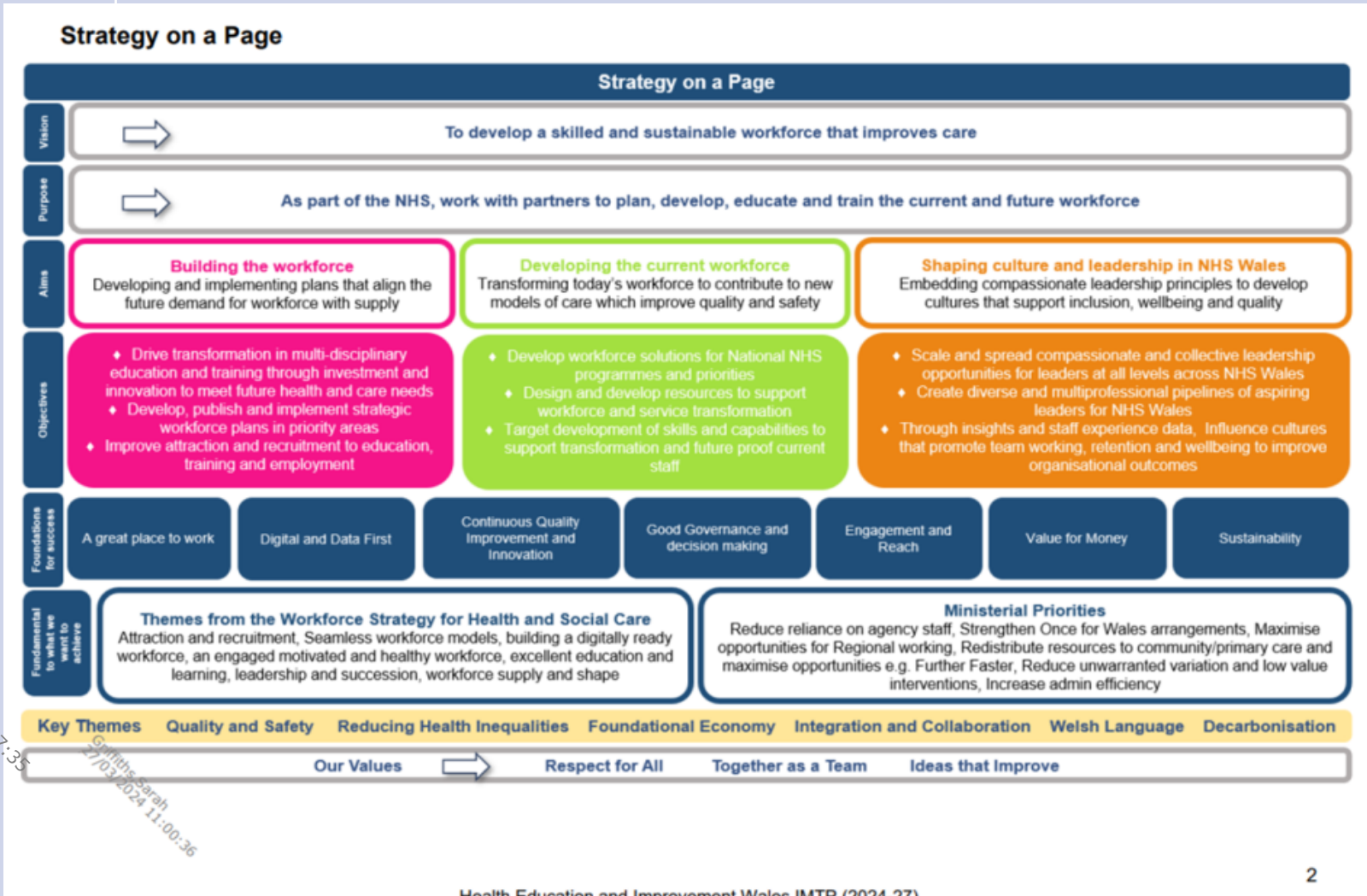
## Strategic Objectives 2030

- MISSION 1** Provide a platform for enabling digital transformation
  - Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
  - Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
  - Extend data standards and data components to social care and other partners
  - Establish an all-Wales framework for sharing health and social care data
  - Move all our live services to the cloud and close our datacentres
- MISSION 2** Deliver high quality digital products and services
  - All prescribing and medicines management in Wales is digitally enabled
  - All our digital health systems and major social care systems flow data to and from the NDR platform
  - Our core health services are consolidated into a single all-Wales Electronic Health Record application
  - Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application
- MISSION 3** Expand the digital health and care record and the use of digital to improve health and care
  - A comprehensive single digital health and care record is used across all settings throughout Wales
  - The NHS Wales App is used regularly by over a million people
  - Users report a top-quartile satisfaction for our products and services
- MISSION 4** Drive better values and outcomes through innovation
  - An NDR Secure Data Environment which provides access for research while protecting privacy
  - A national information and data insights service which demonstrates net benefit and value
  - Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales
- MISSION 5** Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
  - An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
  - A secure, long-term financially stable position
  - At least a 34% lower carbon footprint with a clear route to achieving net-zero
  - Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
  - Top quartile staff and stakeholder engagement

[Back to Contents](#)

# Health Education and Improvement Wales (HEIW)

| Strategy     | Key Points  |
|--------------|---|
| IMTP 2024-27 | HEIW have published a three year Integrated Medium Term Plan. The plan builds on the previous year with newly identified and simplified strategic aims. |



# Public Health Wales

## Strategy/ Plan

## Key Points – from review of recently published Plan(s)

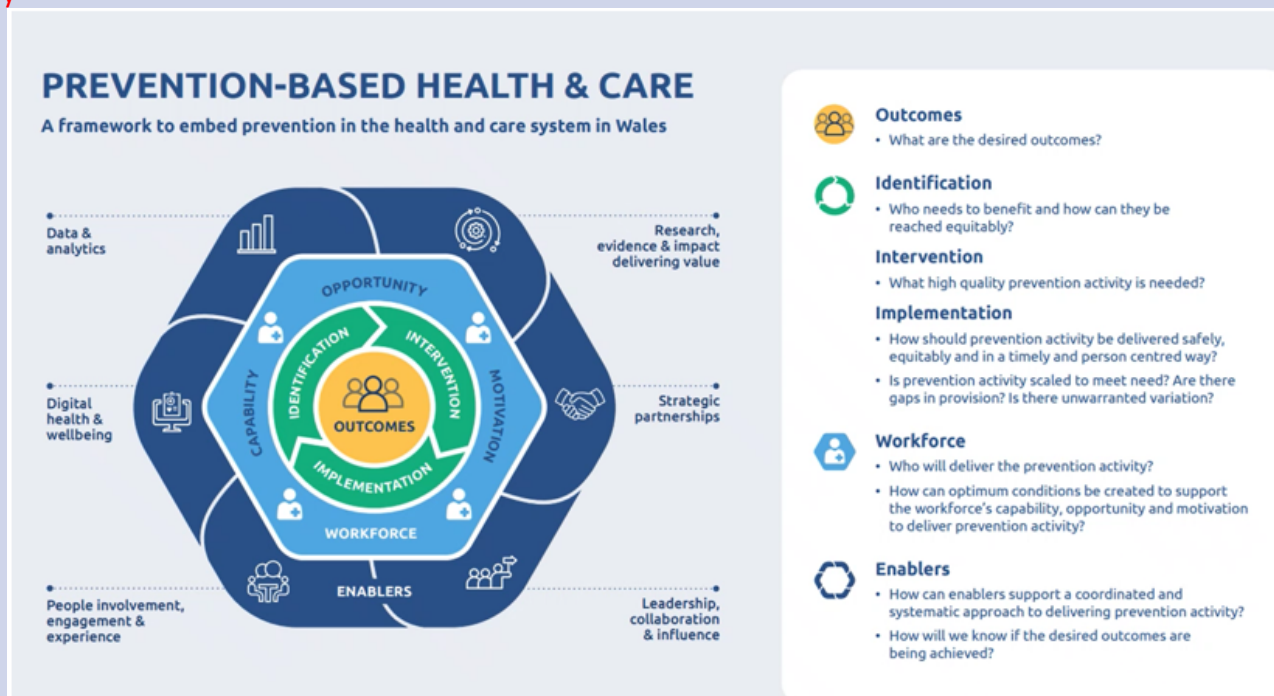
### Strategic Plan (IMTP) 2024-27

The Strategic Plan sets out, by six strategic priorities, the actions that they will deliver over the next three years. It includes action around several emerging areas for 2024/25:

- Implementation of the Tackling Diabetes Together Programme and action around child poverty
- Development of a business case for National Lung Cancer Screening and implementation of a new service delivery model for DESW
- Development of a climate change surveillance system and implementation of our new Decarbonisation Action Plan
- Implementation of our Digital Route map, including data migration, systems developments, and automation/AI
- Implementation of Duty of Quality and Quality as an Organisational Strategy

### Prevention Based Health and Care: (launched May 2024)

“Embedding prevention is relevant to all who work in the health and care system in Wales – from the boardroom all the way through to delivering care in a person's home – those involved in strategic and operational planning, designing and implementing service pathways, improving the quality and delivery of frontline care, leading service transformation and delivery”



Wilcox-Sue  
12/08/2024 12:17:35

# NHS Wales Shared Services Partnership IMTP 2024-27

## NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

### Our Values



### Our Strategic Objectives

**Our People**  
Working together to be the best that we can be

**Outcomes**

- We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
- We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
- We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
- We will listen and learn from our staff to co-produce innovative solutions with our partners.

**Our Services**  
Driving the pace of innovation and consistently providing high quality services

**Outcomes**

- We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.
- We will drive innovation, setting the standard for good practice, and enhance our processes through automation.
- We will cultivate partnerships with industry leaders and academic institutions and seek University status.
- We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

**Our Value**  
Maximising the benefit, efficiency, and social impact of what we do for our partners

**Outcomes**

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

## Year 1 Plan on a Page

Aligned with our strategic objectives and outcomes



### Our People

**We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.**

Implement a Learning and Development Strategy to address the learning needs of staff across the organisation.

Strengthen our Employee Value Proposition with branding, marketing, sourcing, and attraction to improve our recruitment and retention of staff.

**We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.**

Work with Welsh Government to extend the All-Wales International Recruitment Programme.

Support clinical trainees to develop and advance their Welsh Language skills training and educational programmes.

**We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.**

Implement an All-Wales staff benefits programme.

Enable staff to Speak up Safely and have confidence that they will be treated with respect and empathy and concerns will be addressed.

**We will listen and learn from our staff to co-produce innovative solutions with our partners.**

Embed a new approach to employee relations, where our people are at the centre of everything to minimize harm when dealing with investigations.

Up skill staff to support new digital technologies and reinvigorate our Digital Champions network to maximise our investment in Microsoft 365.



### Our Services

**We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.**

Support the development of a robust and sustainable All-Wales Occupational Health Service across Wales.

Scope out improvements to the Electronic Staff Record and Learning Support to align with other digital workforce systems.

**We will drive innovation, setting the standard for good practice, and enhance our processes through automation.**

Lead the development and implementation of the People Portal Transformation Programme.

Evaluate the Recruitment and Payroll Modernisation Programmes to identify streamlining opportunities and ways to reduce time to hire.

**We will cultivate partnerships with industry leaders and academic institutions and seek University status.**

Our Innovation Hub will start to build on emerging partnerships across NHS Wales.

Continuing to commit to widening access by increasing our apprenticeships and exploring opportunities such as internships.

**We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.**

Welsh Risk Pool to work with NHS organisations to embed a culture of improved learning from clinical events across primary and secondary care.

Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.



### Our Value

**We will make bold investment decisions that drive transformation and add value.**

Complete implementation project to move the Oracle Financial Management System to Oracle Cloud Infrastructure.

Build a radiopharmacy unit within IP5 and add to existing medicines unit medicines licence.

**We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.**

Delivery of Procurement contribution to the NHS Wales Decarbonisation Strategic Plan.

Explore further wastewater heat recovery and steam recovery systems to increase efficiency across our Laundry Service.

**We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.**

Introduction of Scan4Safety as part of the modernisation programme for Wales (5 year programme).

Lead on the introduction of the National Ophthalmic contract for Wales.

**We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.**

Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.

Grow the Welsh Language skills of our substantive workforce ensuring we are representative of the communities in which we work.

# England

Wilcox, Sue  
12/08/2024 12:17:35

# Care Quality Commission Rating

(independent regulator of health and social care in England)

| Organisation  | Current Status                 |
|---|--------------------------------|
| Shrewsbury and Telford Hospital NHS Trust                                 | Overall : Requires improvement |
| Wye Valley NHS Trust  | Overall: Requires improvement  |
| The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust | Overall: Good                  |
| Herefordshire and Worcestershire Health and Care NHS Trust                | Overall: Requires improvement  |

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### Priorities

The Priorities focus on recovery of core services through continuous improvement in access, quality and productivity, whilst transforming the delivery of care and stronger foundations for the future.

Integrated Care Boards (ICBs) and providers to develop impact-assured plans that meet the efficiency target; raise productivity to deliver on the objectives set out in this guidance within allocated resources.

- Quality and Safety particularly maternity and neonatal services and inequalities (Core20Plus5 Approach)
- Ambulance response and A&E Waiting Times (Admission avoidance and discharge; maintaining increased bed/ambulance capacity)
- Reduce elective long waits and improve core cancer/ diagnostic standards
- Access to community and primary care services (general practice & dentistry)
- Access to mental health services – more people receive treatment they need
- Improve staff experience, retention and attendance

### Key Performance Requirements

#### Quality and patient safety

- Implement the Patient Safety Incident Response Framework

#### Urgent and emergency care

- Improve A&E waiting times
- Improve Category 2 ambulance response times

#### Primary and community services

- Improve community services waiting times
- Continue to improve the experience of access to primary care
- Increase dental activity; recover and reform NHS dentistry

#### Elective care

- Eliminate waits of over 65 weeks for elective care
- Deliver (or exceed) the system specific activity targets
- Increase proportion of outpatient attendances for first appointments or follow-up attracting a procedure tariff
- Improve patients' experience of choice at point of referral

#### Cancer

- Improve performance against 62-day standard
- Improve performance against 28-day Faster Diagnosis Standard
- Increase the percentage of cancers diagnosed at stages 1 and 2

#### Diagnostics

- Increase % that receive a diagnostic test within six weeks

#### Maternity, neonatal and women's health

- Three-year delivery plan for maternity and neonatal services
- At least one women's health hub in every ICB by December

#### Mental health

- Improve patient flow; eliminate inappropriate placements
- Increase number accessing transformed models of adult community/ perinatal mental health and children and young people services
- Increase in treatment for anxiety and depression
- Reduce inequalities (annual physical health check)
- Improve quality of life, effectiveness of treatment and care (dementia diagnosis rate)

#### People with a learning disability and autistic people

- Annual health check
- Reduce reliance on mental health inpatient care

#### Prevention and health inequalities

- Increase % with hypertension treated according to NICE guidance
- Increase % with a CVD risk score on lipid lowering therapies
- Increase vaccination for children and young people
- Deliver on the Core20PLUS5 approach

#### Workforce

- Improve working lives; staff retention and attendance (People Promise)
- Improve the working lives of doctors in training; choice and flexibility in rotas, reducing duplicative inductions and payroll errors
- Clinical placements and apprenticeship pathways (NHS Long Term Workforce Plan)

#### Use of resources

- Deliver a balanced net system financial position for 2024/25
- Reduce agency spending



# Shrewsbury and Telford NHS Trust (SATH)

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin and mid Wales. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

| Strategy                           | Key Points  |
|------------------------------------|---|
| <b>SATH Trust Strategy 2022-27</b> | <p>The 2022-27 Trust Strategy sets out the ambition over the next five years, detailing the ways in which they will improve the delivery and quality of care, support and develop the workforce, address key challenges, and further develop a culture of improvement across the organisation. Crucially, it also describes the values and behaviours to which they are committed. They have reviewed how they can create clinically and financially sustainable services that are best able to meet the changing and growing needs of the population. They have listened to people and patients, and have incorporated views on service plans and improvements, as well as feedback from partners across the Integrated Care System (ICS) to inform the content of the Strategy.</p> <p>Our vision “ To provide excellent carer for the communities we serve”</p> <p>Six strategic themes:</p> <ul style="list-style-type: none"><li>• Improve the quality of care that we provide</li><li>• Deliver a better patient journey and experience</li><li>• Ensure seamless patient pathways</li><li>• Make our organisation more sustainable</li><li>• Enhance wider health and wellbeing of communities</li><li>• Make SaTH a great place to work</li></ul><br><ul style="list-style-type: none"><li>• New Community Diagnostic Centre – opened in October 2023 with teledermatology added from January 2024. Further considerations being made to potentially open a second.</li><li>• New daycase theatres opened during 2023</li><li>• Elective day case hub at Princess Royal Hospital opening June 2024.</li></ul> |

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12/08/2024 12:17:35

# Robert Jones & Agnes Hunt Foundation Trust (RJAH)

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) is one of the UK's five Specialist Orthopaedic Centres. It is a leading orthopaedic centre of excellence with a reputation for innovation. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and also provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward; 12 operating theatres, including a day case surgery unit; and full outpatient and diagnostic facilities. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services. The Trust is based on a single site in Oswestry, close to the border with Wales. The surrounding geographical area includes Shropshire, Wales, Cheshire, and the Midlands. As such, they serve the people of both England and Wales, as well as a wider national catchment and the Trust has contracts with a number of commissioners.

| Strategy                      | Key Points  |
|-------------------------------|---|
| <b>Trust Strategy 2023-28</b> | <p>New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities.</p> <p><b>Five key objectives:</b></p> <ol style="list-style-type: none"><li><b>1. Deliver high quality clinical services</b> - recognised for delivering outstanding standards of care for patients, address health inequalities for English and Welsh population and ensure a fair, equal and inclusive culture across the Trust. Develop services through partnership and shared decision making with clinicians, patients and partners. Empower departments to innovate and continuously improve services for patients. Recruit, retain and transform workforce to provide an exemplar experience for staff and patients</li><li><b>2. Develop our Veterans Service as a nationally recognised centre of excellence</b> - honour commitment to the Armed Forces Covenant and maintain gold Veterans Awareness accreditation. Increase the number of patients accessing the holistic care provided at the Headley Court Orthopaedic Centre. Further develop services to create a regional rehabilitation pathway providing best practice care. Strengthen partnerships with armed forces and veterans friendly Organisations</li><li><b>3. Integrate MSK pathways across Shropshire, Telford and Wrekin</b> - Develop a single seamless MSK service working collaboratively with partners and patients. Deliver and develop an MSK service that ensures equity of access, improves outcomes and improves population health by meeting the needs of the population. Attain recognition of surgical excellence through Elective Hub Accreditation</li><li><b>4. Grow our services and workforce sustainably</b> - Provide specialist orthopaedic outreach services and expertise to other organisations across England and Wales. Develop commercial and business expertise to enable services to thrive. Build partnerships with other specialist providers. Expand private practice services and facilities to deliver market share growth in this sector</li><li><b>5. Innovation, education and research at the heart of what we do</b> - Enhance capability and opportunities for education and research across all professions to hospital university level standards. Create the culture to promote continuous improvement to enhance productivity, value for money and quality of services. Optimise the potential of technologies to transform care and improve outcomes in population health and healthcare</li></ol> |

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12/08/2024 12:17:35

# Herefordshire and Worcestershire Integrated Care System

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

## Strategy Key Points

### Integrated Care System

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



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

## Programme Key Points

### Stroke Programme

Herefordshire and Worcestershire Stroke Programme is now undertaking detailed work on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment. It is anticipated that consultation on options for the future may take place from 2024. For further detail on engagement relating to this programme, please refer to PTHB Service Change Engagement Report (appended to this report). **The Clinical Senate review of the Stroke reconfiguration has been delayed from mid-July until late September.**

# Wye Valley Trust (WVT)

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders including Powys.

| Strategy   | Key Points   |
|--|--|
| <p><b>Trust strategic objectives 2024/25</b></p> | <p>The annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and national planning guidance. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework.</p> <ul style="list-style-type: none"> <li><b>Quality</b> <ul style="list-style-type: none"> <li>• Develop a business case and implement our blueprint for integrated urgent and emergency care with our One Herefordshire partners</li> <li>• Work with partners to ensure that patients can move to their chosen destination rapidly, reducing discharge delays</li> </ul> </li> <li><b>Digital</b> <ul style="list-style-type: none"> <li>• Implement an electronic record into our Emergency Department that integrates with other systems</li> <li>• Deliver the final elements of our paperless patient record plans in order to improve</li> <li>• Maximise the functionality of EMIS with 1H partners and the shared care record</li> </ul> </li> <li><b>Sustainability</b> <ul style="list-style-type: none"> <li>• Work with Group partners to identify fragile services and develop plans to make them more sustainable utilising the scale of the group and existing networks</li> <li>• Redesign selected services to focus more on prevention in order to reduce secondary care activity</li> <li>• Build our Integrated Energy Solution on the County Hospital site to reduce carbon emissions</li> </ul> </li> <li><b>Workforce</b> <ul style="list-style-type: none"> <li>• Deliver plans for 'grow our own' career pathways that provide attractive roles for applicants</li> <li>• Increasing the number and quality of green spaces for staff and improve the catering offer at the County Hospital in order to improve the working environment for staff</li> <li>• Embed EDI objectives in our performance appraisals in order to make a demonstrable improvement in EDI indicators for patients and staff</li> </ul> </li> <li><b>Productivity</b> <ul style="list-style-type: none"> <li>• Deliver our Elective Surgical Hub project and associated productivity improvements in order to increase elective activity and reduce waiting times</li> <li>• Continue our Community Diagnostic Centre project in order to improve access to diagnostics for our population</li> <li>• Create system productivity indicators to understand the value of public sector spending in health and care</li> </ul> </li> <li><b>Research</b> <ul style="list-style-type: none"> <li>• Increase both the number of staff that are research active and opportunities for patients to participate in research through our academic programme in order to improve patient care and be known as a research active Trust</li> <li>• Continue to progress our plans for an Education Centre in order to develop our workforce and attract and retain staff</li> </ul> </li> </ul> |

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12/08/2024 12:17:35

# Briefing to PTHB Planning, Performance and Population Health Committee on 13 August 2024

|                                   |  |
|-----------------------------------|--|
| <b>Subject:</b>                   | NHS Service Change Engagement and Consultation Quarterly Report Q1 April to June 2024 (last updated 31 July 2024)  |
| <b>Approved and Presented by:</b> | Director of Corporate Governance   |
| <b>Prepared by:</b>               | Deputy Director (Engagement, Communication and Corporate Governance)<br>Engagement Manager   |
| <b>Purpose:</b>                   | This paper provides an overview of current and forthcoming NHS Service Change engagement and consultation activity with a potential impact for Powys residents, patients and services.   |
| <b>Recommendations:</b>           | <ul style="list-style-type: none"><li>• TAKE ASSURANCE from the report with regards to the delivery of engagement/consultation programmes for which the health board is directly responsible, and our contribution to partnership programmes (e.g. service change led by national committees, or by neighbouring health boards and Trusts)</li></ul>   |
| <b>Executive Summary:</b>         | <p>Health boards have key statutory duties to ensure continuous engagement in the planning and delivery of health services for which we are responsible (s183 NHS Wales Act). We must also ensure that we fulfil statutory and mandatory requirements in relation to service change engagement and consultation, including through liaison with Llais in accordance with national guidance on changes to health services (Welsh Government, May 2023).</p> <p>Engagement programmes and requirements are kept under review by the Deputy Director and the Engagement Manager drawing on intelligence from PTHB programmes, and cross-border forums. This includes a six-weekly strategic change review forum that brings together PTHB engagement, planning and commissioning team colleagues.</p> <p>The current priority programmes are summarised on page 3. Key highlights in this report include:</p> <ul style="list-style-type: none"><li>• 24-002 Temporary Service Changes: Engagement on temporary changes to PTHB services including MIU and community hospital inpatient wards began shortly after the end of the quarter</li><li>• 23-010 EMRTS: A task and finish group is in place to develop the approach for Recommendation 4 with proposals due to be presented to JCC in October 2024</li><li>• 23-009 ABUHB MIUs: The overnight closure of MIU at NHH has been implemented and this has been archived from this report.</li></ul> <p>Since the Q4 report:</p> <ul style="list-style-type: none"><li>• A UK General Election was announced on 22 May 2024, with consequential impact of the pre-election period to 4 July 2024 on the planning and delivery of service change engagement</li><li>• The previous "watch list" has been revised to focus on commissioned and cross-border services, and a new "watch list" for PTHB Primary Care Service Changes has been added to summarise current and potential primary care service change and/or engagement matters</li></ul> <p>It is important to note that at this stage we await further detail from neighbouring health boards regarding the potential for service change engagement and/or consultation arising from their Annual Plans for 2024/25. If change programmes are confirmed these may have potential impacts for Powys residents and for PTHB that are not currently set out in this report.</p> |

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12/08/2024 12:17:35

# **NHS Service Change Engagement and Consultation Report**

**Q1 Quarterly Report (April – June 2024)**

**Last updated 31 July 2024**

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12/08/2024 12:17:35*

# Engagement and Consultation Exception and Highlight Report – Month 3 / June 2024 (Q1)

|   |  |  |
|---|--|--|
| Engagement Under Way:                       | 24-002 PTHB Temporary Changes to health services in Powys (MIUs, community hospital model)   | 29 July-25 August 2024   |
| Consultation Under Way:                     | None   |  |
| Engagement Planned or Under Consideration:  | 23-001 Bevan Commission Conversation – Future of Health and Care   | Phase 2 awaited  |
|   | 23-002 South Central Wales Stroke Services   | Paused   |
|   | 23-004 North Powys Wellbeing including Newtown Campus OBC  | TBC  |
|   | 23-005 Hepatopancreatobiliary Services in South Wales  | TBC  |
|   | 23-006 National Stroke Review  | TBC  |
| Consultation Planned or Under Consideration | 24-001 PTHB Phase II Accelerated Sustainable Model / Better Together & PCC Sustainable Powys engagement  | TBC  |
|   | 23-007 South Wales Specialist Auditory Hearing Implant Services  | Expected during 2024/25  |
|   | 23-008 Herefordshire and Worcestershire Stroke Services  | Expected during 2024/25  |
| Outcome awaited:                            | 23-003 South East Wales Cataract Services  | Engagement closed 2 Feb  |
| Watch List:                                 | PTHB Primary Care Watch List   | See Slide 14   |
|   | Commissioned and Cross-Border Services Watch List  | See Slide 15   |
| Implementation:                             | 23-010 EMRTS / Welsh Air Ambulance Phase 3. Work continues re: Recommendation 4 with task and finish group established and reps from across Wales health boards and WAST etc... JR letter rec'd.   | Autumn 2024  |
| Archived:                                   | <p>The following have no immediate engagement &amp; consultation actions for PTHB and have been archived :</p> <ul style="list-style-type: none"> <li>23-009 Minor Injury Unit Services in ABUHB.</li> </ul> <p>Archived in previous reports:</p> <ul style="list-style-type: none"> <li>23-011 Belmont Branch Surgery in Gilwern</li> </ul> | Any programmes can be re-opened in future reports if further engagement or consultation actions become apparent. |

|                            |  |
|----------------------------|--|
| Current Status             | <ul style="list-style-type: none"> <li>Engagement is taking place from 29 July 2024 to 25 August 2024</li> </ul>   |
| Lead Body                  | <ul style="list-style-type: none"> <li>PTHB</li> </ul>   |
| Overview                   | <ul style="list-style-type: none"> <li>A four-week engagement is taking place from 29 July on temporary changes to the opening hours of Minor Injury Units in Brecon and Llandrindod Wells and to the PTHB inpatient community bed model (introduction of two "ready to go home" units in Llanidloes and Bronllys, and clinical colocation of inpatient rehabilitation in Brecon and Newtown).</li> <li>Work is continuing to identify whether further temporary changes may be required to support the safety and stability of health services in Powys.</li> <li>Alongside engagement and implementation of temporary changes, planning is under way for the next phase of engagement and/or consultation on the longer term permanent shape of health services in Powys (see 24-001)</li> </ul> |
| Impact and interdependency | <ul style="list-style-type: none"> <li>Primary impact relates to (a) people who may experience a minor injury overnight in the Brecon or Llandrindod Wells areas and (b) people experiencing community hospital admission particularly those assessed as medically fit for discharge and those requiring rehabilitation.</li> <li>Given the nature of the proposed changes there are minimal interdependencies with neighbouring health boards. Integrated working taking place with key partners including PCC and PAVO to ensure coordinated approach to health and care planning. Potential for additional travel for some families/carers to visit patients in hospital.</li> </ul>  |
| Key Dates                  | <ul style="list-style-type: none"> <li>Engagement on temporary service changes from 29 July to 25 August 2024</li> <li>Implementation of changes expected from September 2024</li> </ul>   |
| Key Materials              | <ul style="list-style-type: none"> <li>Eng HQ portal to host all materials - Issues Paper, FAQs, survey, Easy Read, webinar details, links to govDelivery subscription for Engagement News etc.</li> <li>CEO Staff briefing / Intranet page for staff awareness</li> <li>Digital Screens, Social Media, govDelivery articles to subscribers, Web article linked to Eng HQ, posters, print copy of survey en/cy</li> </ul>  |
| Engagement Planning        | <ul style="list-style-type: none"> <li>Deputy Director attends Programme Board to co-ordinate overall engagement planning. Designated comms/engagement manager allocated to each workstream to provide communications &amp; engagement advice and support at workstream level.</li> <li>Engagement Plan approved by Executive Committee on 15 July 2024.</li> </ul>  |
| Llais Liaison              | <ul style="list-style-type: none"> <li>Llais is invited to the Programme Board (from 9 July 2024) as a non-voting member.</li> <li>Regular updates for Llais Regional Director including through regular fortnightly touchpoint meetings.</li> </ul>   |
| Last Updated               | 31 July 2024.  |

Wilcox, Sue  
12/08/2024 12:17:35

# 23-001 Bevan Commission Future of Health and Care

|                            |  |
|----------------------------|--|
| Current Status             | <ul style="list-style-type: none"> <li>Phase 1 report published January 2024. A second phase is of a ‘Conversation with the Public’ is anticipated but is not yet confirmed.</li> </ul>  |
| Lead Body                  | <ul style="list-style-type: none"> <li>Bevan Commission</li> </ul>   |
| Overview                   | <ul style="list-style-type: none"> <li>A national period of engagement took place in Q3 of 2023 led by the Bevan Commission and endorsed by Welsh Government to gather views from the public about the future of health and care: “In light of the challenges faced in the Welsh health and social care sector, the Bevan Commission is hosting a series of public conversations in each Welsh Health Board’s locality, supported by Llais, NHS Health Boards and Trusts. During these events, we will talk through the challenges that the health and social care sector is facing, and discussing how things could be improved and sustained in the future with attendees. Everyone is welcome to this informal and interactive event, including those who work in health and social care. Refreshments will be provided.”</li> <li>The Phase 1 national and Powys reports were published in January 2024 and are available on their website: <a href="#">A Conversation with the Public - Bevan Commission</a><br/>Key themes: 1. Prevention, Early Intervention and Lifestyle 2. Shared Responsibility 3. Wider Determinants of Health 4. Communication 5. Services and Support 6. Workforce 7. Demographics</li> <li>Decisions are awaited on whether a further phase of engagement will take place.</li> </ul> |
| Impact and interdependency | <ul style="list-style-type: none"> <li>Linked to a Senedd debate on the future of the NHS, the Minister of Health and Social Services urged people to take part: <a href="#">Call for everyone to play part in future of Wales’ health and social care services   GOV.WALES</a></li> <li>On behalf of NHS organisations in Wales, NHS Confederation Wales has reiterated its call for an open and honest conversation with the public: <a href="#">Response to the Welsh Government’s call for everyone to play their part in future of Wales’ health and social care services   NHS Confederation</a></li> </ul>  |
| Key Dates                  | <ul style="list-style-type: none"> <li>During Phase 1 engagement the Powys event took place in Brecon on Tuesday 3 October 2023. Approximately 20 people attended to contribute views around challenges facing the NHS and their solutions. Mix of residents, third sector and reps from Llais also in attendance. A national online event took place on 7 November 2023 for those unable to attend in person. PTHB shared information through our digital, social and stakeholder channels to raise awareness of the Brecon event, the national online event and to promote the survey and the Engagement Manager attended the Brecon event to listen to views given.</li> <li>A national workshop took place on Thursday 18 January 2024 for feedback and discussion from Phase 1 with the Bevan Commission.</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>More information about Phase 1 is available from <a href="#">A Conversation with the Public - Bevan Commission</a> with Phase 1 reports available at <a href="#">A Conversation with the Public: Report - Bevan Commission</a></li> </ul>   |
| Engagement Planning        | <ul style="list-style-type: none"> <li>The Bevan Commission held several national workshop sessions with health board and wider representatives to help shape their programme of work.</li> <li>We await further details on planning and delivery of Phase 2.</li> </ul>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>Llais representation was engaged at a national level by the Bevan Commission in the national workshops, and Llais and the Bevan Commission have agreed a new Compact for their joint working relationship: <a href="#">The Bevan Commission and Llais Compact   LLais (llaiswales.org)</a></li> <li>Regular local touchpoints provide a forum for any updates and escalations.</li> </ul>   |
| Last Updated               | <ul style="list-style-type: none"> <li>17 July 2024</li> </ul>   |

## Engagement Paused

# 23-002 South Central Wales Stroke Services

|                            |   |
|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"><li>• <b>Engagement is currently paused.</b></li></ul>  |
| Lead Body                  | <ul style="list-style-type: none"><li>• CAVUHB and CTMUHB</li></ul>   |
| Overview                   | <ul style="list-style-type: none"><li>• Cardiff and Vale University Health Board (UHB) and Cwm Taf Morgannwg UHB are working together, with other partners including the Stroke Association, to take important steps to improve quality and outcomes of stroke care. This work forms part of the wider national stroke review (see 23-006). More information is available from <a href="https://www.nhs.uk/news/2023/07/improving-stroke-care-services-in-south-central-wales-let-s-talk-stroke-cardiff-and-vale-university-health-board">Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales)</a></li><li>• Public engagement work has been paused since November 2023 but further updates are expected shortly following the appointment of a new Programme Manager.</li></ul>                             |
| Impact and interdependency | <ul style="list-style-type: none"><li>• PCH is the main provider of hyperacute and acute stroke services for many communities in south Powys.</li><li>• There are interdependencies for Powys residents with the review under way on the future shape of stroke services in Herefordshire and Worcestershire (see 23-008) and with the national stroke review for Wales (see 23-006)</li></ul>  |
| Key Dates                  | <ul style="list-style-type: none"><li>• A period of engagement on the future of stroke services in south central Wales (CAVUHB and CTMUHB region) was launched in October 2023 but was subsequently paused.</li><li>• As of July 2024, public and stakeholder engagement remains paused.</li></ul>  |
| Key Materials              | <ul style="list-style-type: none"><li>• Information is available from <a href="https://www.nhs.uk/news/2023/07/improving-stroke-care-services-in-south-central-wales-let-s-talk-stroke-cardiff-and-vale-university-health-board">Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales)</a> and on the PTHB website <a href="https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1">https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1</a></li><li>• PTHB shared information through our digital, social and stakeholder channels to local stakeholders within the PCH hospital catchment to raise awareness of both the survey and the online engagement event (including updates to confirm that this was subsequently paused).</li></ul> |
| Engagement Planning        | <ul style="list-style-type: none"><li>• PTHB has been working with CAVUHB and CTMUHB, and as part of the national stroke review in Wales.</li></ul>   |
| Llais Liaison              | <ul style="list-style-type: none"><li>• Regular local touchpoints provide a forum for any updates and escalations.</li></ul>  |
| Last Updated               | <ul style="list-style-type: none"><li>• 17 July 2024</li></ul>  |

Wilcox, Sue  
12/08/2024 12:17:35

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|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"> <li>• <b>Welsh Government response to Strategic Outline Case awaited. Work under way to confirm next phase of engagement to contribute to the development of the Outline Business Case for submission to Welsh Government.</b></li> </ul>  |
| Lead Body                  | <ul style="list-style-type: none"> <li>• PTHB / RPB</li> </ul>  |
| Overview                   | <ul style="list-style-type: none"> <li>• As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Plans for the health and wellbeing campus include a new hospital building for Newtown (including an Urgent Care Centre, in-patient beds, a midwife-led birthing unit, more planned care services as well as improved diagnostic equipment), social care and well-being facilities (working in hand with the voluntary sector), a new Health and Care Academy - working closely with the town's library.</li> <li>• The site will also be an innovative partnership as the location for the new Ysgol Calon y Dderwen building replacing the current primary school facilities on the site.</li> </ul>   |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• The aim is to replace and expand on the service currently provided within Newtown, and specifically to transfer services from the current Montgomeryshire County Infirmary site.</li> <li>• There are no plans as part of this scheme to transfer services from other community hospital sites in Powys.</li> <li>• The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford &amp; Wrekin through the Hospitals Transformation Programme. The Outline Business Case for that scheme was approved in January 2024 with the aim of establishing Royal Shrewsbury Hospital as the main Emergency Care Centre within The Shrewsbury and Telford Hospital NHS Trust, with Princess Royal Hospital as the main Planned Care Centre. This will bring more emergency care services closer to North Powys but some planned care services for North Powys residents will transfer from RSH to PRH. The North Powys Wellbeing Newtown campus aims to provide more planned care services within Powys to support mitigation.</li> </ul> |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Strategic Outline Case submitted to Welsh Government in 2022.</li> <li>• Work under way to develop Outline Business Case for submission to Welsh Government.</li> <li>• Next phase of structured engagement to be agreed subject to confirmation of OBC timetable.</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Regular Programme Bulletins are issued to stakeholders: <a href="#">POWYS WELLBEING   WELLBEING   HEALTH</a>.</li> </ul>   |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• An engagement plan to support the work to develop and submit the Outline Business Case will be developed subject to confirmation of the OBC submission timetable.</li> </ul>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Regular fortnightly touchpoint meetings provide an opportunity to engage with the Llais regional director.</li> </ul>  |
| Last Updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>  |

|                            |   |
|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"> <li>• <b>A period of engagement on the future service model is expected later in 2024/25.</b></li> </ul>   |
| Lead Body                  | <ul style="list-style-type: none"> <li>• Cardiff and Vale University Health Board and Swansea Bay University Health Board.</li> </ul>   |
| Overview                   | <ul style="list-style-type: none"> <li>• Several factors affect the clinical sustainability of these services, and a programme of work is under way to identify options for a sustainable future with the objective of providing a comprehensive HPB service for the population of South Wales.</li> </ul>  |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• These are highly specialist service pathways for which Powys residents are referred to the most appropriate centre, which normally involves travel outside the county to access the appropriate clinical expertise.</li> </ul>   |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Dates will be confirmed as part of detailed engagement planning.</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Materials will be confirmed as part of detailed engagement planning.</li> </ul>  |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• Regular updates are provided to the all-Wales network of engagement leads, where discussions will take regarding engagement planning nearer the time.</li> <li>• Appropriate targeted engagement for Powys patients, residents and stakeholders that is prudent and proportionate to the impact will need to be considered.</li> </ul> |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Regular local touchpoints provide a forum for any updates and escalations.</li> </ul>  |
| Last Updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>  |

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12/08/2024 12:17:35*

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| Current Status             | <ul style="list-style-type: none"> <li>• <b>Next meeting of the national engagement and communication workstream meeting awaited.</b></li> </ul>  |
| Lead Body                  | <ul style="list-style-type: none"> <li>• NHS Wales Executive (National Stroke Programme Board) with four regions: North (BCUHB), South West (HDdUHB and SBUHB), South Central (CAVUHB &amp; CTMUHB), South East (ABUHB) and all seven health boards.</li> </ul>   |
| Overview                   | <ul style="list-style-type: none"> <li>• A number of factors affect the clinical sustainability of these services and there is an opportunity to review the overall model of service delivery to ensure the best outcomes for the people of Wales. A programme of work is under way to identify options for a sustainable future.</li> </ul>  |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• Changes to stroke services in any of the four regions may have an impact on pathways for Powys residents. There is a need at a national level to ensure that there is a co-ordinated approach across all four regions, consider impact and interdependency of regional proposals for Powys, and also interface with change programmes in England. (Shropshire and Telford &amp; Wrekin Hospital Transformation Programme, Herefordshire and Worcestershire Stroke Review)</li> </ul> |
| Key Dates                  | <ul style="list-style-type: none"> <li>• The immediate focus is expected to be on socialisation of the case for change as well as a refreshed FAST campaign.</li> </ul>   |
| Key Materials              | <ul style="list-style-type: none"> <li>• Next steps to be developed and agreed through re-established national workstream meetings.</li> </ul>  |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• Next steps to be developed and agreed through re-established national workstream meetings.</li> </ul>  |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work.</li> </ul>  |
| Last Updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>  |

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12/08/2024 12:17:35

## Under Consideration

# 24-001 Accelerated Sustainable Model / Better Together

|                            |   |
|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"><li>Initial planning under way towards a period of engagement/consultation from Q3 2024/25 on the sustainable future model of health services in Powys. In the meantime, engagement is under way on temporary changes (see 24-002)</li></ul>  |
| Lead Body                  | <ul style="list-style-type: none"><li>PTHB with PCC</li></ul>   |
| Overview                   | <ul style="list-style-type: none"><li>PTHB is using data/evidence around health needs to develop an accelerated sustainable model (Better Together) to ensure that our residents receive the health care they need, and that data led service improvements are fast tracked where there is clear evidence.</li><li>PCC is working with their Cabinet on a Sustainable Powys model looking to find out from residents what a good life looks like for them, what barriers exist and how to move from a delivery to an enabling type of approach where feasible.</li><li>An initial period of integrated engagement by PTHB and PCC took place in February and March 2024</li></ul> |
| Impact and interdependency | <ul style="list-style-type: none"><li>This work potentially affects all residents of Powys who use both health board and council services including those who are registered patients who may live just outside our borders. Powys resident population: 133,000. Registered pop: 140,000.</li><li>There are interdependencies with public experience and perception of both council and health services in particular the relationships between social and health care.</li></ul>   |
| Key Dates                  | <ul style="list-style-type: none"><li>Phase one engagement took place during February and March 2024</li><li>Outputs from Phase 1 were distributed to participants and published on the Have Your Say Powys website in May 2024</li><li>Plans are being developed for the next stage of engagement / consultation</li></ul>   |
| Key Materials              | <ul style="list-style-type: none"><li>Phase 1 outputs are available from the Have Your Say Powys website at <a href="#">Better Together Engagement - a sustainable approach for Powys   Have Your Say Powys</a></li><li>Plans are being developed for the next stage of engagement / consultation</li></ul>   |
| Engagement Planning        | <ul style="list-style-type: none"><li>Regular meetings were established to ensure PCC/PTHB shared their plans/worked together in planning/running/reviewing said workshops. PCC now planning for a series of events.</li><li>PTHB is now undertaking engagement on temporary service changes (see 24-002).</li></ul>  |
| Llais Liaison              | <ul style="list-style-type: none"><li>Llais continues to be briefed through our regular touchpoints, and have a non-voting seat on the Programme Board for temporary service changes.</li></ul>   |
| Last Updated               | 17 July 2024.   |

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|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"> <li>• <b>Formal consultation expected later in 2024/25 : Formal engagement took place from 4 January 2023 to 14 February 2023.</b></li> </ul>  |
| Lead Body                  | <ul style="list-style-type: none"> <li>• Joint Commissioning Committee (formerly WHSSC)</li> </ul>  |
| Overview                   | <ul style="list-style-type: none"> <li>• 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. 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 engagement from 4 January 2023 to 14 February 2023, WHSSC Joint Committee met on 16 May 2023 and agreed the preferred commissioning model of a single implantable device hub for Cochlear Implants and Bone Conduction Hearing Implants for both adults and children with an outreach support model. The intended benefits include a more reliable service that can maintain appropriate staffing and skills, offering a higher number of procedures which is associated with improved outcomes, and with a greater critical mass of patients there is greater scope for adoption of new technological advances to bring more treatment options for more people.</li> <li>• A designated provider process is taking place to identify options and it is currently anticipated that a period of formal consultation will take place following the outcome of that work.</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. Between 2017 and 2021 there was an average 56 adult and 20 paediatric cochlear implant referrals in South Wales per year leading to 28 adult implants and 16 paediatric implants per year. Between 2017 and 2021 there was an average 42 adult and 2.5 paediatric BCHI referrals in South Wales per year, leading to 17 adult implants and 0 paediatric implants per year. South Powys activity is typically less than 5 referrals per year. Pathways for patients in north and mid Powys to BCUHB and England are not affected.</li> </ul>   |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Next steps anticipated following conclusion of designated provider process.</li> </ul>   |
| Key Materials              | <ul style="list-style-type: none"> <li>• Next steps anticipated following conclusion of designated provider process.</li> </ul>   |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• JCC and partner health boards will work together to plan future consultation in liaison with Llais as appropriate.</li> </ul>  |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• JCC continue to liaise nationally with Llais Tîm Arwain.</li> <li>• Local liaison through fortnightly touchpoints with Llais Regional Director.</li> </ul>   |
| Last Updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>  |

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| Current Status             | <ul style="list-style-type: none"> <li>• <b>Formal consultation is expected later in 2024/25</b></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 Llais Powys region 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> <li>• A planned Clinical Senate review has been rescheduled from July 2024 to September 2024 and subject to the outcome of this it is currently anticipated that formal consultation on options for the future may take place later in 2024/25.</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, Morryston Hospital, Prince Charles Hospital). However, a review of stroke services in South and West Wales is being established, with a National Stroke Programme Board now established.</li> <li>• Interrelationship with proposals for the future shape of stroke services in Wales (see 23-006)</li> </ul>  |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Further details awaited on the next steps</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Website for engagement period: <a href="https://pthb.nhs.wales/hereford-stroke">https://pthb.nhs.wales/hereford-stroke</a></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>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• There has been ongoing liaison with Llais and previously with the CHC. Llais Powys region has observer status on the Herefordshire &amp; Worcestershire Stroke Programme Board.</li> </ul>  |
| Last updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>   |

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| Current Status             | <ul style="list-style-type: none"> <li>• <b>Engagement ended and outcome awaited: Health Boards in South-East Wales undertook a period of engagement on options to increase the amount of cataract surgery and reduce waiting times which ended on 2 February 2024.</b></li> </ul>   |
| Lead Body                  | <ul style="list-style-type: none"> <li>• ABUHB, CTMUHB, CAVUHB</li> </ul>  |
| Overview                   | <ul style="list-style-type: none"> <li>• The engagement focused on steps to increase availability of cataract surgery in South East Wales.</li> <li>• An engagement report has been shared with Llais for their consideration, and based on their response a business case is being developed to make use of additional cataract surgery capacity across the southeast region which is expected to include two additional service hubs (Cardiff and Nevill Hall) with some additional travel support with WAST to support access is being planned.</li> </ul>  |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• These proposals have low direct impact for Powys: <ul style="list-style-type: none"> <li>• Most cataract surgery for South Powys residents is undertaken in Brecon and Llandrindod theatres by WVT consultants.</li> <li>• 2.5% of cataract surgery activity for Powys residents is undertaken by the south-east Wales health boards.</li> </ul> </li> <li>• Additional capacity may support overall reduction in waiting times across Wales including in relation to wider ophthalmology services.</li> <li>• Interdependencies with future role of eLGs in ABUHB (e.g. Nevill Hall) to be kept under review.</li> </ul> |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Engagement took place from 13 November 2023 to 2 February 2024.</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Engagement information is available from <a href="https://www.nhs.uk/planning-future- Cataracts-Services-in-South-East-Wales-Aneurin-Bevan-University-Health-Board">Planning Future Cataracts Services in South East Wales - Aneurin Bevan University Health Board (nhs.wales)</a></li> </ul>   |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• Given the low impact for Powys residents and pathways we are taking a reactive approach to engagement rather than proactive publicity.</li> </ul>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.</li> </ul>   |
| Last Updated               | 15 July 2024   |

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# Primary Care Watch List

| Issue  | Description   | Engagement / Communication  |
|--|---|---|
| <b>Llanfair Caereinion replacement surgery premises</b>      | Planning for new premises for Llanfair Caereinion Medical Practice.   | Next community newsletter under consideration. Updates on the current position have been provided to Llais via regularly fortnightly touchpoint meetings.   |
| <b>Llanidloes pharmacy</b>                                   | Notification of change of supplementary hours (closure on Saturday afternoons)  | The Health Board was notified by Llanidloes Pharmacy of their intention to change their supplementary hours by closing on Saturday afternoon. Supplementary hours fall outside the pharmacy's contract with the NHS and therefore this is not within the purview NHS Wales service change guidance, which has been confirmed in writing to Llais. Pharmacy has notified HB in line with contractual requirements and will communicate change with the local community. The overall approach to pharmacy access is kept under review through the statutory Pharmaceutical Needs Assessment.  |
| <b>Dental Access Portal</b>                                  | PTHB is a pilot ahead of a national launch of a new national dental access portal as a single waiting list for NHS dental access. | Welsh Government has announced the introduction of a new pan-Wales Dental Access Portal which is being piloted in Powys building on our existing local waiting list system. The portal will provide a means for residents across Wales to register a request for an NHS dental appointment and will support the NHS to understand overall need and demand. Implementation is being led nationally by DHCW who also lead on any communication and engagement requirements. The current focus is primarily on migration of patient records from the existing waiting list to the new portal with no impact on patients. Future phases are expected to require communication and/or engagement and details will be confirmed nearer the time. Updates on the current position have been provided to Llais via regularly fortnightly touchpoint meetings. |
| <b>Montgomery Medical Practice branch surgery relocation</b> | Relocation of Ladywell branch surgery to St David's House   | Montgomery Medical Practice plan to move from their current premises in Ladywell Surgery in Newtown to new premises in St Davids House in Newtown. Llais has been notified of the forthcoming relocation and views sought on communication and/or engagement.<br>No formal engagement requirements have been identified due to the small nature of the move with the potential for improvement in facilities, so it is expected that the focus will primarily be on ongoing engagement the focus will be on direct communication by the practice to ensure that patients are aware of the forthcoming changes and how to access the new premises.   |
| <b>Belmont Branch Surgery (23-011)</b>                       | Closure of Crickhowell Medical Practice branch surgery in Gilwern   | Following engagement in 2023 the Board endorsed the application from Crickhowell Group Practice to close their branch surgery in Gilwern, Monmouthshire. The branch closed in November 2023. PTHB is working with Llais on a follow up survey to gather patient experience following the closure. This has been archived from previous reports and moved to "business as usual".  |

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# Commissioned & Cross-Border Services Watch List

Our watch list includes:

- Service changes in neighbouring health board and ICB areas that have not reached the threshold for active public/community engagement planning and activity by PTHB
- Intelligence regarding issues where active engagement and/or communication programmes is not currently underway, but is anticipated in future

|                                 |   |
|---------------------------------|---|
| ABUHB                           | <ul style="list-style-type: none"> <li>• ABUHB has launched “A conversation for a healthy future” as part of the development of a 10-year plan for healthcare in Gwent: <a href="#">A conversation for a healthy future - Aneurin Bevan University Health Board (nhs.wales)</a></li> <li>• Work is under way on next steps on Nevill Hall Hospital service model as part of wider ABUHB programme to define the role of LGHs (also in context of RAAC impact.).</li> </ul>  |
| CAVUHB                          | <ul style="list-style-type: none"> <li>• An 8-week engagement on “Paediatric Service Redesign - Shaping Our Future Clinical Services” is taking place to 11 August: <a href="#">Shaping Our Future Clinical Services - Shaping our Future Wellbeing</a></li> </ul>  |
| CTMUHB                          | <ul style="list-style-type: none"> <li>• Next steps on acute clinical services plan</li> <li>• Temporary changes to POW maternity and neonatal services due to estates work – no direct impact for Powys pathways</li> </ul>  |
| Other South East Region         | <ul style="list-style-type: none"> <li>• Next steps on South East Wales regional programmes currently under discussion.</li> </ul>  |
| HDdUHB                          | <ul style="list-style-type: none"> <li>• Hywel Dda University Health Board is <a href="#">engaging from 1 August on a proposal to decommission community hospital beds in Tregaron Community Hospital</a></li> <li>• An interim updated regarding <a href="#">the next steps on the Hywel Dda clinical services strategy was presented to their Board in July 2024</a></li> </ul>   |
| SBUHB                           | <ul style="list-style-type: none"> <li>• Engagement in relation to the future of Cwmllynfell branch surgery took place in 2019 but the process did not reach a conclusion at that time. The branch, which is accessed by some residents of south east Powys, is temporary closed. Engagement on the future of the branch is expected.</li> </ul>  |
| Other South & West Region       |   |
| Other South Wales               | <ul style="list-style-type: none"> <li>• South Wales Oesophagogastric Cancer Surgery – potential for future engagement and/or consultation on sustainable clinical model.</li> <li>• Interventional radiology and vascular services in South Wales.</li> </ul>  |
| BCUHB                           | <ul style="list-style-type: none"> <li>• Nuclear Medicine / PET CT – clarification requested from WHSSC regarding mitigation action if decision is made to locate future PET CT in permanent location in Glan Clwyd rather than current mobile location in Wrexham Maelor.</li> </ul>   |
| All-Wales                       | <ul style="list-style-type: none"> <li>• BCUHB and CAVUHB – cessation of provision of secondary care allergy services from outside Cardiff &amp; Vale. WG has asked for information to map alternative provision.</li> </ul>  |
| Herefordshire & Worcestershire  | <ul style="list-style-type: none"> <li>• WVT haematology service arrangements.</li> </ul>   |
| Shropshire and Telford & Wrekin | <ul style="list-style-type: none"> <li>• We continue to take a watching brief in relation to The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme which will establish Royal Shrewsbury Hospital as the main centre for emergency care and Princess Royal Hospital as the main centre for planned care. As part of the current enabling works at RSH <a href="#">the outpatient entrance is currently closed</a> and phlebotomy services have <a href="#">temporarily relocated to south side</a>.</li> </ul> |
| Other England                   |   |

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|----------------------------|---|
| Current Status             | <ul style="list-style-type: none"> <li>• <b>Task and Finish Group in place to develop implementation plan for Recommendation 4.</b></li> </ul>  |
| Lead Body                  | <ul style="list-style-type: none"> <li>• NHS Wales Joint Commissioning Committee (previously EASC) with EMRTS (hosted by SBUHB) and Wales Air Ambulance Charity</li> </ul>  |
| Overview                   | <ul style="list-style-type: none"> <li>• EASC led the service development process to agree the future model for EMRTS/WAA. EASC responsibilities have now transferred to the Joint Commissioning Committee. The first phase focused on: Describing how EMRTS works now; Discussing what must be in place and what are the must haves (constraints); Discussing how we measure the benefits and risks of each option (investment objectives); Discussing how the process reflects that some benefits are most important than others (weightings). The second phase set out updated options for the future shape of services, including their benefits and risks, and sought views. Phase 2 formal engagement took place from 9 October 2023 to 12 November 2023.</li> <li>• Phase 3 engagement set out the final two options agreed following an options appraisal on 12 January 2024. It sought public feedback so that a final decision on the way forward can be made. Initially this was expected at a meeting of EASC on 19 March 2024, but following further work requested by health boards an updated set of recommendations were considered by health boards between 9 and 11 April and then by the new NHS Wales Joint Commissioning Committee on 23 April.</li> <li>• Task and finish group now in place to develop implementation plan for Recommendation 4 with proposals due to be presented to JCC in October.</li> <li>• A Senedd petition has reached 10000 signatures and was discussed at the Senedd Petitions Committee in July 2024.</li> <li>• An application has been made for <a href="#">a judicial review into the decisions made in May</a>.</li> </ul> |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• These proposals potentially affect all residents of Wales including all residents of Powys.</li> <li>• There are interdependencies with public experience and perception of the wider emergency care system including emergency ambulance services, emergency department services etc.</li> </ul>  |
| Key Dates                  | <ul style="list-style-type: none"> <li>• Phase 3 engagement took place from 1 to 29 February 2024.</li> <li>• Following phase 3, recommendations were considered by EASC on 19 March 2024 but were not accepted at that point and revised recommendations were put forward from a meeting in-committee of EASC on 28 March 2024 to meetings in public of the seven health boards between 9 and 11 April 2024 (PTHB met on 11 April 2024)</li> <li>• A meeting of the NHS Wales Joint Commissioning Committee on 23 April 2024 approved the revised recommendations by majority decision: <a href="#">April 2024 - NHS Wales Joint Commissioning Committee</a></li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Phase 3 engagement information remains available from the EASC website at <a href="#">EMRTS Service Review - Emergency Ambulance Services Committee (nhs.wales)</a></li> <li>• Regular updates are issued by JCC and are cascaded via the health board's channels.</li> </ul>  |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• The latest information is available from <a href="#">EMRTS Service Review: Recommendation 4 Task and Finish Group Update - NHS Wales Joint Commissioning Committee</a></li> <li>• Monthly touchpoints are in place between HB engagement leads, JCC, EMRTS and WAA Charity.</li> </ul>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.</li> </ul>  |
| Last Updated               | <ul style="list-style-type: none"> <li>• 31 July 2024</li> </ul>  |

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|----------------------------|--|
| Current Status             | <ul style="list-style-type: none"> <li>• <b>Implementation complete. NHH MIU opening hours changed to 07:00-01:00 from Monday 6 May 2024.</b></li> <li>• <b>This service change will be archived from future reports.</b></li> </ul>   |
| Lead Body                  | <ul style="list-style-type: none"> <li>• ABUHB</li> </ul>  |
| Overview                   | <ul style="list-style-type: none"> <li>• ABUHB undertook a period of engagement on future opening times of Minor Injury Unit services provided by the health board.</li> <li>• The proposals included reducing the hours for the 24-hour nurse-led minor injury unit at Nevill Hall Hospital. This facility is used by south-east Powys residents and was previously a consultant-led A&amp;E until November 2020 when the Clinical Futures programme was accelerated in the context of COVID.</li> <li>• At a meeting of the Board of ABUHB in January 2024 a decision was made to accept the closure proposal which came into effect from May 2024.</li> <li>• No issues of significance have been escalated to the health board regarding the impact of the overnight closure.</li> </ul> |
| Impact and interdependency | <ul style="list-style-type: none"> <li>• Nevill Hall Hospital is the main Minor Injury Unit for residents of south-east Powys including the Crickhowell area.</li> <li>• There are legacy issues linked to the decision made through Clinical Futures to change from a 24-hour consultant-led A&amp;E service at Nevill Hall hospital to 24-hour nurse-led minor injury service</li> </ul>   |
| Key Dates                  | <ul style="list-style-type: none"> <li>• 11 September 2023 to 1 December 2023 (NB engagement period was initially 8 weeks but subsequently extended to 12 weeks)</li> <li>• 24 January 2024: ABUHB received and considered the outcome of engagement at a meeting in public of their Board on 24 January 2024 where they agreed to implement the proposed overnight closure with an implementation date to be determined.</li> <li>• 6 May 2024: New hours came into effect.</li> </ul>  |
| Key Materials              | <ul style="list-style-type: none"> <li>• Information about the engagement process is available from the ABUHB website at <a href="#">Provision of Minor Injury Unit Services 12-week Engagement - Aneurin Bevan University Health Board (nhs.wales)</a> including a briefing document, FAQs and survey. Information was shared by PTHB through our website, social media channels and intranet, and also through direct email to key stakeholders.</li> <li>• A publicity campaign took place ahead of the overnight closure on 6 May 2024 with further information available from <a href="https://abuhb.nhs.wales/miu-changes">https://abuhb.nhs.wales/miu-changes</a></li> </ul>  |
| Engagement Planning        | <ul style="list-style-type: none"> <li>• Engagement has ended and this service change will be archived from future reports.</li> </ul>   |
| Llais Liaison              | <ul style="list-style-type: none"> <li>• Llais Gwent Region have been directly engaged with the programme by ABUHB</li> <li>• Regular fortnightly touchpoints between PTHB and Llais Powys Region provide an opportunity for updates and escalation if needed.</li> </ul>  |
| Last Updated               | <ul style="list-style-type: none"> <li>• 17 July 2024</li> </ul>   |

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12/08/2024 12:17:35

# Sources of Intelligence

The key sources of intelligence informing this report include:

- Ongoing horizon scanning of commissioned services (e.g. board papers, websites, social media)
- Fortnightly touchpoint meeting with Llais Regional Director and Adrian Osborne
- Monthly touchpoint meeting with Llais Deputy Regional Director and Sue Ling
- Monthly meeting of NHS Wales Directors of Communication
- Six-weekly meeting of NHS Wales Heads of Engagement
- Monthly system meeting with NHS and local authority partners from Shropshire and Telford & Wrekin (monthly strategic communications forum, monthly involvement and insight network)
- Monthly system meeting with NHS and local authority partners from Herefordshire and Worcestershire

Insight is reviewed at a monthly meeting of the PTHB Engagement Team, and at least quarterly in a Strategic Change touchpoint session with colleagues from PTHB Planning and Commissioning teams.

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# Improvement & Transformation



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# Improvement and Transformation

Comprising:

- ❖ Better Together (ASM) inc
- Sustainable Powys
- ❖ North Powys Programme
- ❖ Value
- ❖ Innovation and business efficiencies
- ❖ Temporary service changes
- ❖ Routemap to Sustainability
- ❖ Organisation wide deployment of improvement skills – eg local quality improvement, sprint cycles, use of data and analytics



Powys Teaching Health  
Board Improvement &  
Transformation Strategy  
(what and how)

# ASM What was achieved in Q1

## Frailty & Community Model, incorporating the Six Goals for Urgent & Emergency Care Transformation:

- Clinical Frailty Scoring pilot underway in primary & community care
- Frailty AHPs completing Comprehensive Geriatric Assessments for individuals living with moderate frailty as part of proactive approach
- PTHB Six Goals Delivery Plan approved and funding released
- Alpha- & Beta-testing of the new Digital Patient Flow System completed in Q1
- Additional Discharge Liaison Officers in post in Q1 to support the reduction in length of stay

## Planned Care including Diagnostics Transformation:

- Orthopaedic Referral Management pilot carried out, with preliminary analysis showing approximately 50% of referrals diverted into alternative pathways instead of directly to acute care
- Assistant Medical Director for Planned Care appointed
- WG approved £1.7m to replace x-ray equipment to enable implementation of Radiology Informatics System Procurement (RISP)
- Transformation Programme Manager won the Systems & Pathways Award in the Excellence category of the Moondance Cancer Awards for implementing trans-nasal endoscopy and capsule sponge device pilots in Powys

## Mental Health Transformation:

- Demand and capacity modelling in collaboration with the North Powys Wellbeing Programme underway to underpin the future service model
- Work underway to scope the Single Point of Access for the service
- Recruitment underway to posts to implement the Duty & Assessment Model linked to NHS 111 Press 2 and the Single Point of Access
- Pan-Powys alignment of the Dementia Home Treatment Teams underway to ensure equity of approach
- CAMHS Crisis Hub fully operational, providing access to sanctuary for children in a safe, friendly environment

# ASM Priority Areas for Q2 – 4

## Frailty & Community Model, incorporating the Six Goals for Urgent & Emergency Care Transformation:

- Continue implementation of the agreed PTHB Frailty Model of Care
- Review access to Fracture Liaison Services for Powys patients to ensure equity
- Implement the National Cellulitis Improvement Programme with a Powys-related post and review against identified benefits
- Complete the rollout of Digital Patient Flow System and embed in order to improve data quality around Discharge To Recover & Assess (D2RA) measures
- Recruitment to Urgent and Emergency Care Clinical Transformation Lead underway

## Planned Care including Diagnostics Transformation:

- Continued implementation of the Getting It Right First Time (GIRFT) Review findings where appropriate for Powys
- Evaluate the Orthopaedic Referral Management pilot to understand next steps for further roll out
- Implementation of the dermatology pilot to provide advice & guidance to primary care to enable more patients to be supported by their GP where clinically appropriate
- Procure new equipment with phased replacement of existing x-ray machines in order to implement RISP

## Mental Health Transformation:

- Finalise the baseline, and demand and capacity modelling, to inform the mental health transformation & North Powys Wellbeing Programmes
- Scope and commence implementation of the Single Point of Access for mental health services aligned to NHS 111 Press 2
- Implement the Duty & Assessment Model pilot and review to understand its impact against identified benefits
- Ensure pan-Powys alignment of the Dementia Home Treatment Teams

# North Powys Wellbeing Programme

- ❖ We have a WG 'endorsed' Programme Business Case (PBC) and have submitted a Strategic Outline (Business) Case (SOC) in 2022, and whilst all scrutiny questions have been addressed, we are awaiting a formal decision/approval.
- ❖ WG introduced an All Wales NHS Capital Prioritisation Process in early 2024 requiring all current and anticipated business cases to be submitted for consideration, with outcomes anticipated in September 2024. This process recognises the limitations of funding for both capital and revenue in the public sector.
- ❖ WG commented recently, 'this proposal is, and continues to be, of significant interest to the Welsh Government' and we are continuing a dialogue to seek a positive outcome for the North Powys Wellbeing Campus programme.

[Powys Teaching Health Board commits to Newtown health campus | County Times](#)



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# Temporary Service Changes

| Proposal   | Current Status                  |
|--|---------------------------------|
| 1. Overnight Closure of Brecon & Llandrindod MIUs    | Public engagement underway      |
| 2. Colocation of patients by clinical need*          | Public engagement underway      |
| 3. Reconfiguration of Older Adult Mental Health beds | Case for Change being finalised |
| 4. **Community Mental Health services                | To be scoped and developed      |
| 5. **Women's & Children's transformation             | To be scoped and developed      |
| 6. **Primary Care transformation                     | To be scoped and developed      |

\* 2nd phase of Colocation Work could include scaling up of the Ready to Go Home Units

# Service Change Timeline

| Date       | Meeting / Action            | Deliverable   |
|------------|-----------------------------|---|
| 15/07/2024 | Executive Committee         | Agreement of Case for Change for colocation and MIU   |
| 16/07/2024 | Staff-side update           |   |
| 17/07/2024 | Staff engagement            | Commence engagement with directly affected staff  |
| 22/07/2024 | All-staff briefing          | To inform staff of the changes at a high level  |
| 24/07/2024 | PTHB Board meeting          | Assurance report to Board   |
| 29/07/2024 | Public engagement commences | Engagement with public and stakeholders formally begins   |
| 25/08/2024 | Public engagement ends      | Conclusion of four week period of public engagement   |
| 09/2024    | Next steps                  | Update cases for change for implementation<br>Decision and next steps on OAMH<br>MIU opening hours change and Co-location implemented |



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# Routemap to Sustainability

- ✓ Workshop 1 held on 25<sup>th</sup> June which outlined the context in relation to Better Together and the North Powys Wellbeing Transformation Programme. This workshop started to explore options for making PTHB more sustainable.
- ✓ Workshop 2 with a wider audience held on 15<sup>th</sup> July to further develop the initial ideas identified on 25<sup>th</sup> June to support the route map to sustainability within 2-year time frame.
- ✓ 'Task Force' created to focus on identifying recommendations to provide sustainability going forward



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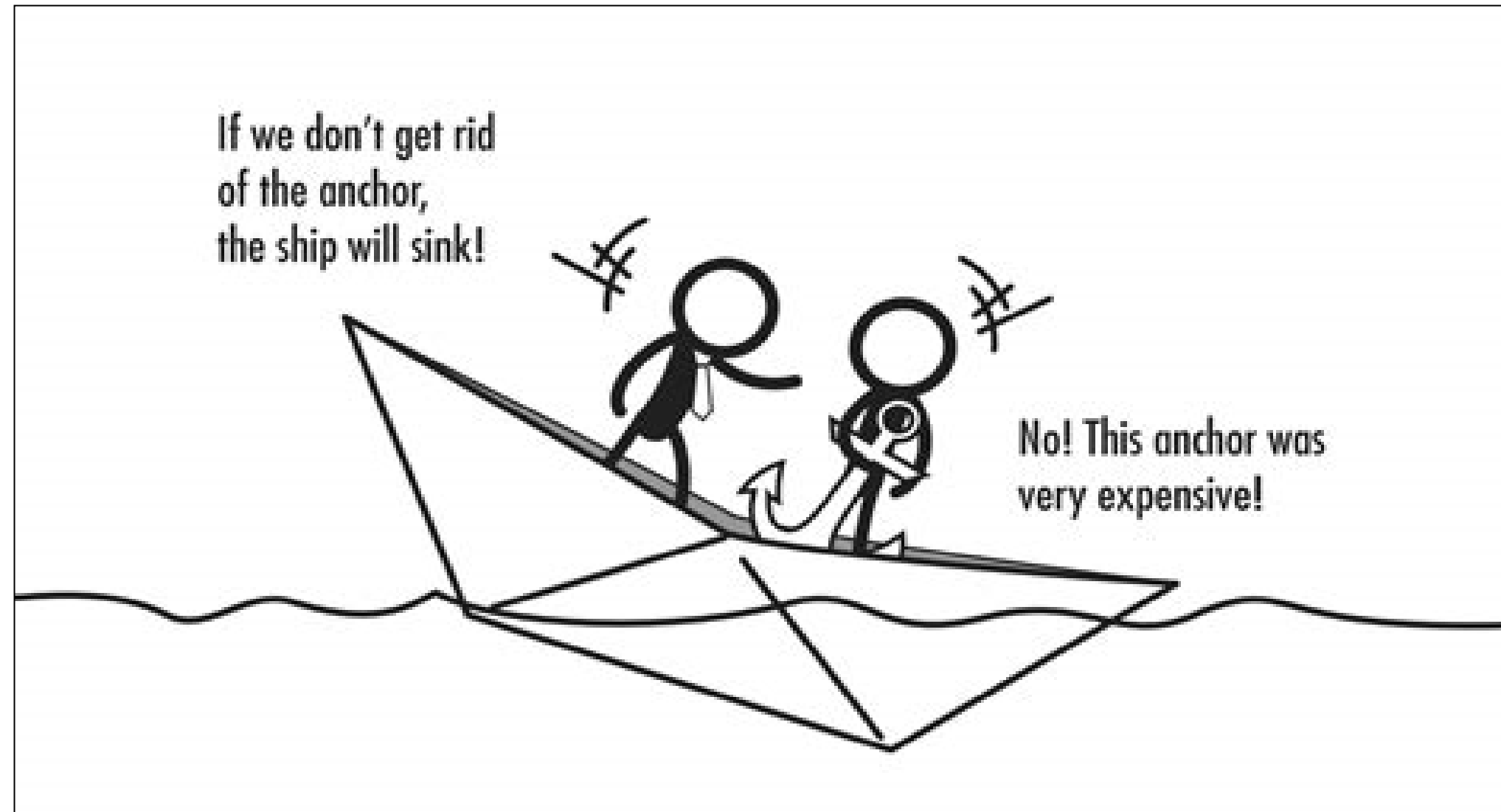
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# Sunk costs – at every level

*Current cost option????*

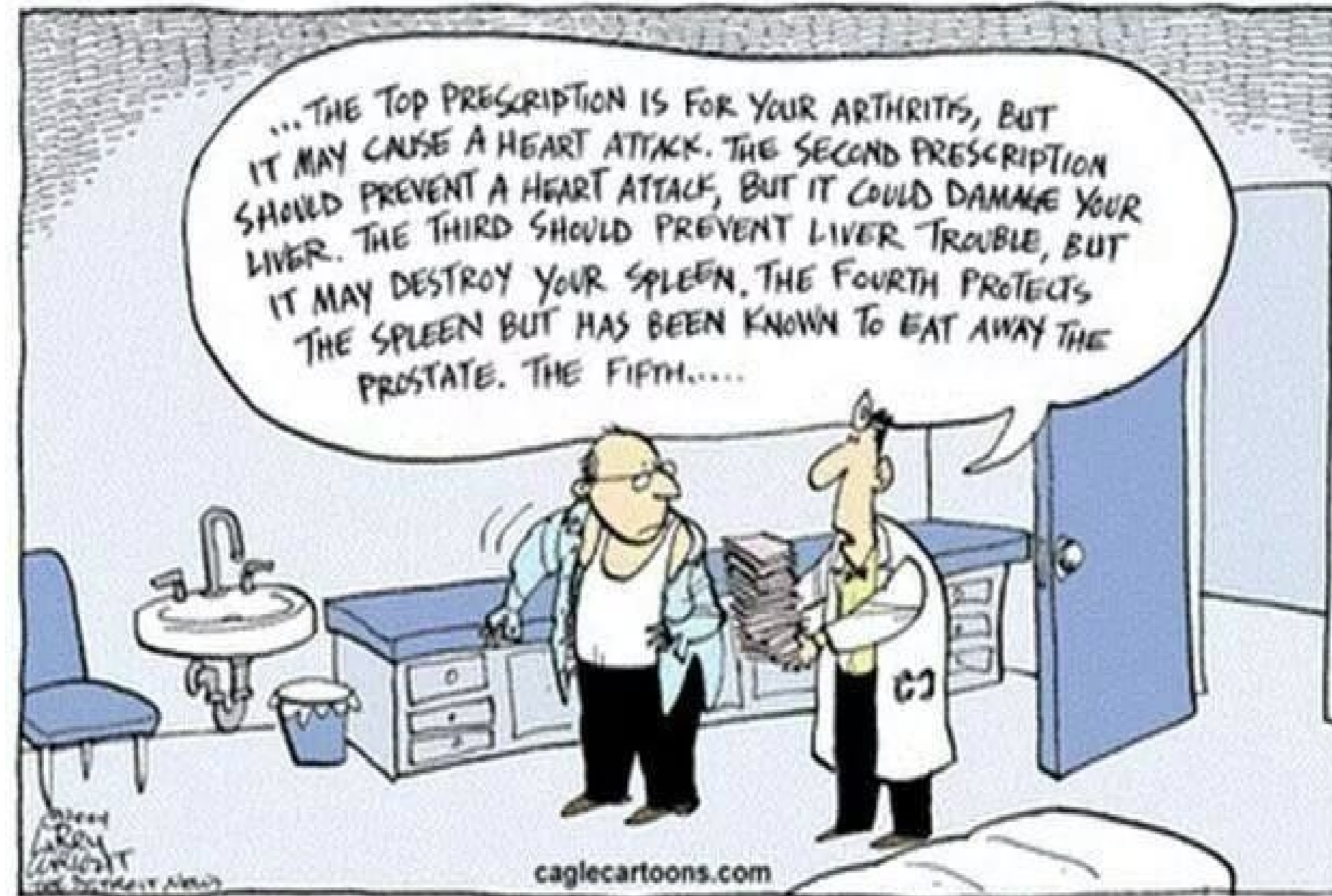
**Vs**

*Future cost option???*



**Question – What do you think we can jettison NOW?**

# Doing the right things ?



**Aneurin Bevan:** "too many drugs are consumed in too large quantities –whilst few doctors would disagree with this statement the fault lies primarily with them" **Note 20 Chapter 5 – In Place of Fear -1952**

# Creating Value through analysis of "domains"

## Examples from PTHb:

### 1. AMD

### 2. Cataract surgery

- Governance
- Commissioning
- Treatment offers
- Procurement
- Outcome drivers

\* Theatre efficiencies

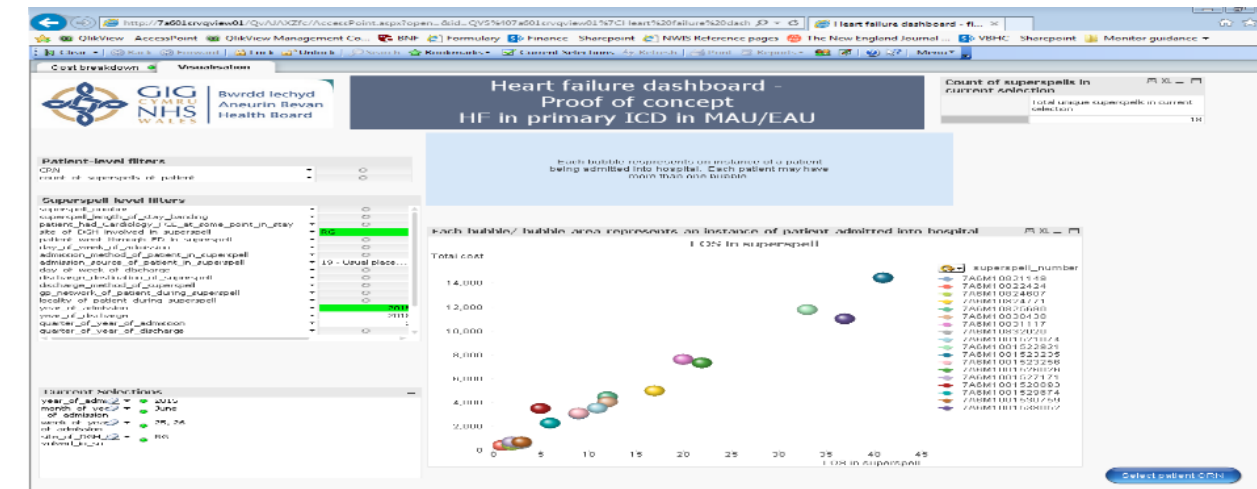
\*\* TDABC

### Opportunities identified:

- Cash releasing
- Capacity Releasing
- Quality Improving
- Short term and long-term redesign??

### 3. MSK (Shoulders)

- When do we need medics?
- How best to deploy therapists?
- Can we use Apps/Digital early?
- Using less medication and diagnostics?
- Making fewer referrals?
- Proms impact on future decisions?



| albatross_cost_pools              | Mean emergency department costs per HF patient | Mean APC District General Hospital costs per HF patient | Mean APC non-District General Hospital costs per HF patient | Total mean costs per HF patient |
|-----------------------------------|--|---|---|---------------------------------|
| 1 - Medical staffing              | £12  | £702  | £0  | £715                            |
| 2 - Wards                         | £0   | £1,762  | £46   | £1,809                          |
| 3 - Critical Care                 | £0   | £74   | £0  | £74                             |
| 5 - Radiology                     | £4   | £54   | £0  | £58                             |
| 6 - Pathology                     | £0   | £127  | £2  | £129                            |
| 7 - Blood and blood products      | £0   | £7  | £0  | £7                              |
| 8 - Drugs - (excluding High Co... | £1   | £173  | £1  | £176                            |
| 9 - Drugs - (High Cost Drugs)     | £0   | £15   | £0  | £15                             |
| 12 - Specialist Procedure Suit... | £0   | £79   | £0  | £79                             |
| 13 - Pharmacy                     | £0   | £107  | £1  | £108                            |
| 14 - Other diagnostic tests       | £0   | £67   | £0  | £67                             |
| 15 - Therapies                    | £0   | £129  | £5  | £134                            |
| 16 - Specialist Nursing           | £0   | £54   | £1  | £55                             |
| 17 - Other - clinical supplies    | £1   | £160  | £1  | £162                            |
| 22 - Emergency Department         | £24  | £0  | £0  | £24                             |
| 24 - Overheads                    | £12  | £1,053  | £40   | £1,106                          |
| 25 - Income                       | £-1  | £-84  | £-0   | £-86                            |
| 26 - NOT ACUTE                    | £0   | £0  | £0  | £0                              |
|                                   | <b>£55</b>                                     | <b>£4,479</b>   | <b>£99</b>  | <b>£4,633</b>                   |

Mean length of stay (or A&E attendances) for all HF patients in current sele...

| Mean emergency department attendances per HF patient | Mean APC District General Hospital length of stay per HF patient | Mean APC non-District General Hospital length of stay per HF patient | Total mean length of stay (+A&E attendances) per HF patient |
|--|--|--|---|
| 0.28   | 13.00  | 0.33   | 13.61   |
| <b>0.28</b>  | <b>13.00</b>   | <b>0.33</b>  | <b>13.61</b>  |

| spell_id    | spellhrg | spell hrg description                               | Length of stay |                           |                      | Total cost    |                            |                       | Ward          |                       | Medical staffing |                       | Specialist Procedure suites |                       |       |
|-------------|----------|---|----------------|---------------------------|----------------------|---------------|----------------------------|-----------------------|---------------|-----------------------|------------------|-----------------------|-----------------------------|-----------------------|-------|
|             |          |   | AB spell LOS   | Peer group mean spell LOS | Spell LOS difference | AB spell cost | Peer group mean spell cost | Spell cost difference | AB spell cost | Spell cost difference | AB spell cost    | Spell cost difference | AB spell cost               | Spell cost difference |       |
| M100123256  | EB03A    | Heart Failure or Shock with CC Score 14+            | 9              | 21                        | -12                  | 3,101         | 7,566                      | -4,465                | 1,157         | -2,872                | 554              | -506                  | -                           | -2                    |       |
| M100138052  | EB03A    | Heart Failure or Shock with CC Score 14+            | 31             | 21                        | 10                   | 9,204         | 7,566                      | 1,638                 | 4,133         | 104                   | 1,277            | 217                   | -                           | -2                    |       |
| M100152893  | EB03B    | Heart Failure or Shock with CC Score 11-13          | 5              | 14                        | -9                   | 3,473         | 8,139                      | -4,666                | 157           | -1,476                | 846              | -478                  | -                           | -                     |       |
| M10825690   | EB03B    | Heart Failure or Shock with CC Score 11-13          | 11             | 13                        | -2                   | 4,260         | 5,037                      | -778                  | 1,861         | -797                  | 568              | -128                  | -                           | -2                    |       |
| M1001527171 | EB03C    | Heart Failure or Shock with CC Score 8-10           | 2              | 9                         | -7                   | 638           | 3,491                      | -2,853                | 295           | -1,569                | 165              | -338                  | -                           | -1                    |       |
| M1001529674 | EB03C    | Heart Failure or Shock with CC Score 8-10           | 6              | 9                         | -3                   | 2,230         | 3,491                      | -1,261                | 585           | -1,279                | 438              | -64                   | 299                         | 297                   |       |
| M1001530759 | EB03C    | Heart Failure or Shock with CC Score 8-10           | 3              | 9                         | -6                   | 678           | 3,491                      | -2,813                | 222           | -1,642                | 206              | -296                  | -                           | -1                    |       |
| M10821149   | EB03C    | Heart Failure or Shock with CC Score 8-10           | 8              | 9                         | -1                   | 2,787         | 3,491                      | -704                  | 1,039         | -825                  | 466              | -36                   | -                           | -1                    |       |
| M10830430   | EB03C    | Heart Failure or Shock with CC Score 8-10           | 11             | 9                         | 2                    | 3,833         | 3,491                      | 342                   | 1,570         | -294                  | 586              | 83                    | -                           | -1                    |       |
| M1001521074 | EB03D    | Heart Failure or Shock with CC Score 4-7            | 11             | 6                         | 5                    | 3,494         | 2,394                      | 1,100                 | 1,396         | 155                   | 664              | 266                   | -                           | -1                    |       |
| M1001526026 | EB03D    | Heart Failure or Shock with CC Score 4-7            | 22             | 6                         | 16                   | 7,290         | 2,394                      | 4,896                 | 3,162         | 1,921                 | 590              | 191                   | -                           | -1                    |       |
| M10824607   | EB03D    | Heart Failure or Shock with CC Score 4-7            | 2              | 6                         | -4                   | 418           | 2,394                      | -1,976                | 101           | -1,139                | 115              | -283                  | -                           | -1                    |       |
| M10832020   | EB03D    | Heart Failure or Shock with CC Score 4-7            | 2              | 6                         | -4                   | 312           | 2,394                      | -2,082                | 49            | -1,192                | 119              | -280                  | -                           | -1                    |       |
| M10824771   | EB03E    | Heart Failure or Shock with CC Score 0-3            | 16             | 4                         | 12                   | 4,750         | 1,859                      | 2,891                 | 3,061         | 2,156                 | 1,344            | 651                   | 323                         | -                     | -1    |
| M10822424   | EB14E    | Other Acquired Cardiac Conditions with CC Score 0-2 | 1              | 2                         | -1                   | 381           | 727                        | -346                  | 25            | -256                  | 9                | -154                  | -                           | -9                    |       |
| M1001523235 | EY43A    | Standard Cardiac Catheterisation with CC Score 13+  | 41             | 26                        | 15                   | 14,440        | 13,676                     | 764                   | 5,741         | 48                    | 2,338            | 942                   | 384                         | -                     | 1,407 |
| M10831117   | EY43A    | Standard Cardiac Catheterisation with CC Score 13+  | 20             | 26                        | -6                   | 7,603         | 13,676                     | -6,074                | 3,225         | -2,468                | 1,113            | -283                  | 331                         | -                     | 1,460 |
| M1001522921 | EY43D    | Standard Cardiac Catheterisation with CC Score 4-6  | 33             | 6                         | 27                   | 11,726        | 3,186                      | 8,540                 | 4,848         | 3,655                 | 1,931            | 1,460                 | 395                         | -                     | 50    |
| Total       |          |   | 234            | 205                       | 29                   | 80,617        | 88,295                     | -7,678                | 31,724        | -8,582                | 12,637           | 636                   | 1,408                       | -                     | 2,643 |



# Digital, Automation, AI opportunities



- ❖ There are opportunities to deliver better care for the population by maximising the use of digital technology.
- ❖ This offers significant potential to change the nature of provision and create a flexible, communitybased model of service provision.
- ❖ There is potential for prioritising innovation including remote monitoring, virtualisation of service, the use of artificial intelligence and integration of self-management tools and resources.
- ❖ AI and automation are revolutionising various sectors:
  - The ability to automate routine tasks, analyse vast amounts of data, and provide real-time insights has made these technologies indispensable.
  - In healthcare, AI can predict patient outcomes, personalise treatment plans, and even assist in complex surgeries.
  - AI-powered tools can be used to schedule meetings, manage projects
  - Automating repetitive tasks and providing intelligent insights allows employees to focus on more creative and strategic aspects of their work, leading to a more fulfilling work experience and higher productivity.



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# Business Efficiencies Programme

2 year programme to improve efficiencies across PTHB



## 1. Future Foundations for our Organisational Administrative Support

Good NHS care depends on the right administrative support, and our administrative teams play a vital role in supporting the delivery of care. We need to make sure that we have the right administrative support and systems in place to best meet the needs of our communities now and in the future.

To date we have worked with admin teams across the health board to map current roles and requirements

- Captured the tasks undertaken by all admin staff Bands 2 – 4 across PTHB
- Mapped the locations of all admin teams, their staffing & roles
- Understand all fixed term admin roles and the reasons for this

We will develop options for how we align this resource going forward

## 2. Options to centralise patient booking and referral management

We are exploring the development of a single point of access (SPA) for referral management and patient appointment bookings for all appointments across the health board.

- We have worked with patient booking and referral management teams to map the current patient booking and referral management processes, systems and staffing requirements.

Working with a Professor of Socio-Technical Systems Design (Operations Management) Swansea School of Management, we are developing options that help us achieve the SPA



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# Improvement & Quality Skills

- ❖ Training in Quality Improvement methodology is available in a number of formats:
- ❖ For self-directed learning locally produced videos introducing QI concepts are now available on our web pages.
- ❖ The Safety and Quality Improvement manager offers several different training packages ranging from a 40-minute slide presentation as an introduction to QI for teams (c. 40 staff in last 12 months), to a half day teaching session for small groups (9 staff), and finally bespoke support for individuals wishing to be trained to "Improvement in Practice" standards (formerly known as IQT Silver level – one staff member).
- ❖ Following the decision of Improvement Cymru to de-accredit the Improvement in Practice course, completed projects are now recorded on the Bright Ideas database.



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# Director Improvement & Transformation Update

| Date             | Action                                 |
|------------------|--|
| 30 July 2024     | Vacancy went live on Trac and NHS Jobs |
| 18 August 2024   | Vacancy closes                         |
| 19 August 2024   | Shortlisting commences                 |
| 6 September 2024 | Proposed interview date                |



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# Any questions



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|   |   |
|---|---|
| <b>Subject:</b>   | Smoke-Free Powys: Update and Assurance  |
| <b>Approved and Presented by:</b>   | Executive Director of Public Health   |
| <b>Prepared by:</b>   | Tracey Deacon, Head of Service: Public Health Programmes and Projects<br>Tessa Craig, Principal Public Health Practitioner  |
| <b>Purpose:</b>   | The purpose of this paper is to provide an update on the actions in Powys to implement the Tobacco Control Strategy for Wales and progress towards meeting IMTP Targets   |
| <b>Recommendations:</b>   | The COMMITTEE is asked to <b>NOTE</b> the contents of this briefing and <b>TAKE ASSURANCE</b> about progress towards a smoke-free Powys.  |
| <b>Planning, Partnerships &amp; Population Health Committee Summary:</b><br><br><i>Wilex Site<br/>12/08/2024 12:17:35</i> | <p>Welsh Government published a new Tobacco Control Strategy for Wales in July 2022, which has an ambitious aim for a smoke-free Wales by 2030.</p> <p>This paper provides an update to the report presented to Committee in October 2022, and aims to provide assurance to the Committee about the progress made to date in delivery of actions towards achieving the Health Board's smoking cessation targets and the ambition of a smoke free Powys and Wales by 2030.</p> |

|   | Page |
|---|------|
| Introduction .....  | 3    |
| Systems level working .....   | 4    |
| Protecting future generations .....                                     | 5    |
| Educational settings .....  | 6    |
| Tackling smoking in pregnancy .....                                     | 8    |
| Supporting people to quit .....   | 12   |
| Smoking Cessation Team .....  | 13   |
| Engaging primary care .....   | 14   |
| HMQ Hospital .....  | 15   |
| HMQ Pharmacy .....  | 16   |
| Addressing vaping in young people .....                                 | 17   |
| Creating Smoke-Free environments .....                                  | 18   |
| Legislation supporting smoke-free .....                                 | 19   |
| Summary and recommendations .....                                       | 20   |
| Appendix A: July 2024 Progress Update against 2022-2025 Action Plan.... | 21   |

Wilcox, Sue  
12/08/2024 12:17:35

There has been significant progress in Wales on tobacco control, including working towards making smoke-free the norm, reducing smoking uptake and promoting smoking cessation. After the publication of the national "A Smoke-Free Wales: Our long-term Tobacco Control Strategy" by Welsh Government in 2022, we reported on the local plans against the Strategy, and this report provides an update on the progress made in implementing actions agreed in the paper approved by the Committee in October 2022 (see Appendix A for updated action plan).

The proportion of the population smoking in Powys has reduced to the lowest rate reported to 10.1%, compared to the Wales average of 12.8% (2022/23). However, we need to continue the work to reduce the number of people taking up smoking, and increase the number of people quitting to achieve the ambition of a Smoke-free Powys by 2030. Whilst significant progress has been made to reduce smoking prevalence, tobacco smoking remains the leading single cause of preventable ill health and premature death in Wales, and the biggest single contributor to health inequalities.

## Trend in age-standardised percentage of adults aged 16+ who smoke in Powys and Wales

Produced by Public Health Wales using NSFW (WG)



Wilcox-Sue  
12/08/2024 12:17:35

## 'Call to Action' Summit

A Powys Tobacco Control 'Call to Action' Stakeholders summit was held in July 2023, led by the Director of Public Health. This led to the establishment of:

- A local Steering Group and development of an action plan. The actions undertaken over the last year are described below in this report.
- Two sub-groups to tackle priorities identified through the summit:
  - Supporting smokers to quit
  - Vaping in young people.

## Powys Smoke-Free Strategy and Action Plan (2025-27)

A Smoke-Free Powys Strategy and Action Plan 2025-2027 has been drafted. We are awaiting imminent publication of the updated Welsh Government Delivery Plan (due to be published in the Autumn 2024) to ensure the Powys plan aligns.



Powys Tobacco Control Summit 4<sup>th</sup> July 2023

Wilcox-Sue  
12/08/2024 12:17:35

## Smoking rates in young people

The majority of young people do not smoke tobacco. In Powys, 3.5% of 11-16 year olds reported smoking at least once a week, which was similar to the average for Wales (3%).\* However, as most smokers start before the age of 18, if we are to reduce the number of people taking up smoking, it is important to help prevent young people from starting to smoke in the first place, before they become addicted. This has been identified as a priority action both nationally and locally in order to protect future generations, along with addressing maternal tobacco use in pregnancy.

## Health Inequalities

Smoking prevalence and exposure to smoking is not equally distributed across society. Children and young people in more deprived areas are much more likely to be exposed to smoking throughout their childhood, including in pregnancy and in the home. This increases the harm from second-hand smoke in these children and young people, and risk of them taking up smoking themselves, contributing to generational smoking patterns which also perpetuates health inequalities.

## Exposure to second-hand smoke

Recent legislation has been key to reducing exposure to tobacco and second-hand smoke, and strengthening the approach that smoke-free is the norm in society. The legislation includes the ban on smoking on hospital grounds, school grounds and public playgrounds from 2021. Local actions around helping to create a smoke-free environment are outlined later in this report.

\* Source: School Health Research Network Student Health and Wellbeing Survey 2021

## Systems level

- **Smokefree Policy template for schools**

To support schools in dealing with tobacco and vaping, a Smokefree Policy template and guidance for enforcement was developed. It was shared with schools in March 2024, and made available online.

The Powys Healthy Schools Team led on this work in partnership with Powys County Council and local Education colleagues, the School Nursing Team and Adferiad – all of which provided support to schools to embed this work.

- **Schools and educational settings toolkit**

An information and guidance resource on vaping was developed to support educational settings in Powys. The guidance supported the overall message to young people which is *Don't Smoke?- Don't start vaping*.

The guidance includes some resources linked directly to the new curriculum for Wales for teachers to access. It also makes links to the national Help Me Quit service and other resources and programmes that can provide support. It was shared in the summer term of 2023 with schools and professionals working with young people by the Healthy Schools Team. Both online and hard copies were made available in response to demand. This has been followed-up by further online training sessions for schools in Powys by the Public Health Team.



## Targeted intervention – JustB SmokeFree

JustB SmokeFree is an evidence-based schools-based smoking prevention programme delivered by the JustB Team employed by Public Health Wales. Schools are identified where there is the highest risk of pupils smoking.

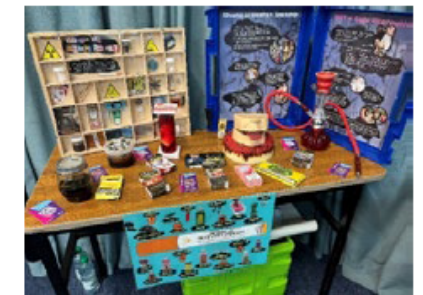
In each participating school, a group of influential Year 8 learners (12-13 year olds) are identified by their peers to become Smokefree Ambassadors. These young people attend a two-day training course to provide them with the knowledge, skills and confidence to talk to their peers about smoking and being smokefree. This also includes providing them with information on e-cigarettes/vapes and illegal and illicit tobacco.

Three Powys schools completed the programme (for the first time) in 2022-23 academic year:

- Ysgol Maesydderwen, Ystradgynlais
- Brecon High School, Brecon
- Ysgol Calon Cymru - Builth Wells and Llandrindod Wells sites.

These schools again participated in 2023-24, along with:

- Newtown High School - Newtown and Presteigne sites
- Ysgol Bro Hyddgen, Machynlleth
- Ysgol Gwernyfed, Three Cocks.



Wrote: S...  
12/08/2024 12:17:35

Smoking is known to increase the risk of complications during pregnancy and beyond such as low birth weight, premature birth and stillbirth. Also, maternal smoking is a leading risk factor for uptake of smoking in young people. There are health benefits to both the mother and baby for stopping smoking at any time during pregnancy.

Health Board data show that around 1 in 10 pregnant women in Powys report being a smoker (just over 100 individuals in 2023/24) at their initial antenatal booking assessment (at around 10 weeks of pregnancy).

A new prevention target added into the NHS Chair objectives in December of 2023/24 was to:

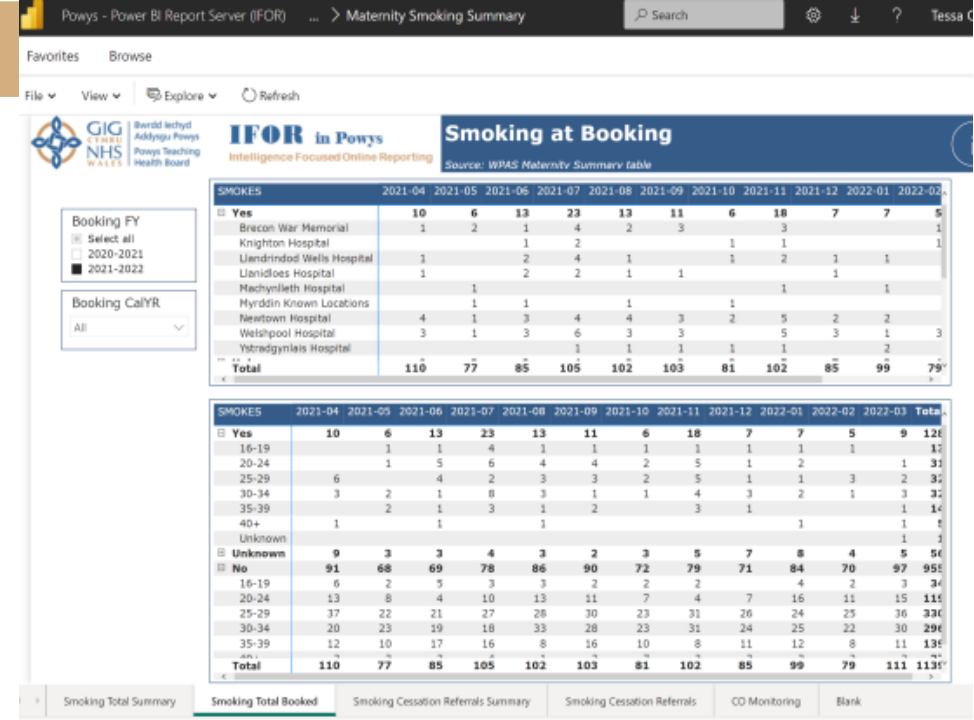
*Ensure 95% of pregnant smokers attending LHB maternity services undergo carbon monoxide\* testing and referral to smoking cessation services at their initial booking assessment.*

Progress has been made towards meeting the target, as a significant increase in the percentage was achieved from 48% in 2022/23 to 78% in 2023/24.

A focus of recent activity in Powys has been to work with Midwifery to establish the role of midwives in discussing the issue of smoking with pregnant women, and making a 'opt-out' referral to smoking cessation services so that they can get specialist advice and support to stop smoking.



\* Carbon monoxide (CO) monitoring is used as a motivational tool to change behaviour in smokers as well as to validate a change



## Systems level developments

- Maternity smoking dashboard**

A dashboard has been developed to capture data which enables targeted public health action. The dashboard provides timely live data on numbers of pregnant women identified as smokers, numbers CO monitored at their initial assessment, and those who have been referred for specialist smoking cessation support.

The data is being used to identify where services require further support. The Smoking Cessation Clinical Lead has then been meeting with colleagues to promote the specialist service, and to help identify and address barriers to referral.

- Midwifery training\***

Powys Maternity Smoking Cessation training has been developed. This has been embedded into the annual mandatory training programme for all midwives. Three sessions are scheduled per year, and one session has been delivered to date by the Smoking Cessation Clinical Lead.

- Maternity guidelines\***

Approved in March 2024, this guideline aims to ensure compliance with national policies, guidelines and strategies in relation to smoking and smoking cessation during pregnancy and following childbirth. It is underpinned by NICE guidance and emphasises the importance of OPT-OUT referral (rather than opt-in) and CO monitoring during pregnancy.



### Guidelines for supporting women who smoke during pregnancy.

|                               |  |          |
|-------------------------------|--|----------|
| <b>Document Reference No:</b> | PTHB / MAT 094   |          |
| <b>Version No:</b>            | 1  |          |
| <b>Issue Date:</b>            | April 2024   |          |
| <b>Review Date:</b>           | April 2027   |          |
| <b>Author:</b>                | Midwife  |          |
| <b>Document Owner:</b>        | Head of Midwifery and Sexual Health                          |          |
| <b>Accountable Executive:</b> | Executive Director of Nursing and Midwifery                  |          |
| <b>Approved By:</b>           | Women and Childrens Policies and Procedures Governance Group |          |
| <b>Approval Date:</b>         | 18 March 2024  |          |
| <b>Document Type:</b>         | Guideline  | Clinical |
| <b>Scope:</b>                 | PTHB (Powys Teaching Health Board) Midwives                  |          |

\*These have been developed by the Powys Public Health Team and shared nationally with PHW and with other Health Boards.

## Quality improvement initiatives

- **SNAP3 Research Trial**

Powys THB is participating in the SNAP 3 Research Trial which aims to find out if additional support of Nicotine Replacement Therapy (NRT) can increase a pregnant woman's chances of quitting long term compared to usual care. Being delivered alongside standard smoking cessation support, three different approaches are being studied:

- (1) NRT use for 'preloading' before quit date
- (2) NRT use in recovery from brief lapses (slip-ups) to smoking
- (3) NRT use for smoking reduction, with the aim to induce cessation in those unable to quit.

In June 2024 Powys Teaching Health Board was awarded 'Site of the Month' for the close collaboration demonstrated between the team undertaking the research and the Smoking Cessation Team.



- **Pilot to increase access to CO monitoring**

Planning is underway for a further quality improvement project in relation to reducing barriers to accessing services. The Smoking Cessation Team is developing a project in 2024/25 to provide a personal CO monitor to pregnant women who wish to become smoke-free. The evaluation will explore whether having a monitor at home helped them to feel motivated to remain smoke-free.

## Help Me Quit

The local smoking cessation service is part of a national system led by Public Health Wales, which includes minimum standards and a national referral and monitoring database. The approach involves access to evidence-based behavioural support and effective prescribing of pharmacological aids, which is the most effective and cost-effective method to successfully stop smoking.

The Local Smoking Cessation Team consists of 3.0wte staff (Clinical Lead and Smoking Cessation Advisors) covering geography of Powys, predominantly funded through WG grant funding to provide current staffing level.

## Help Me Quit system



## Smoking cessation methods



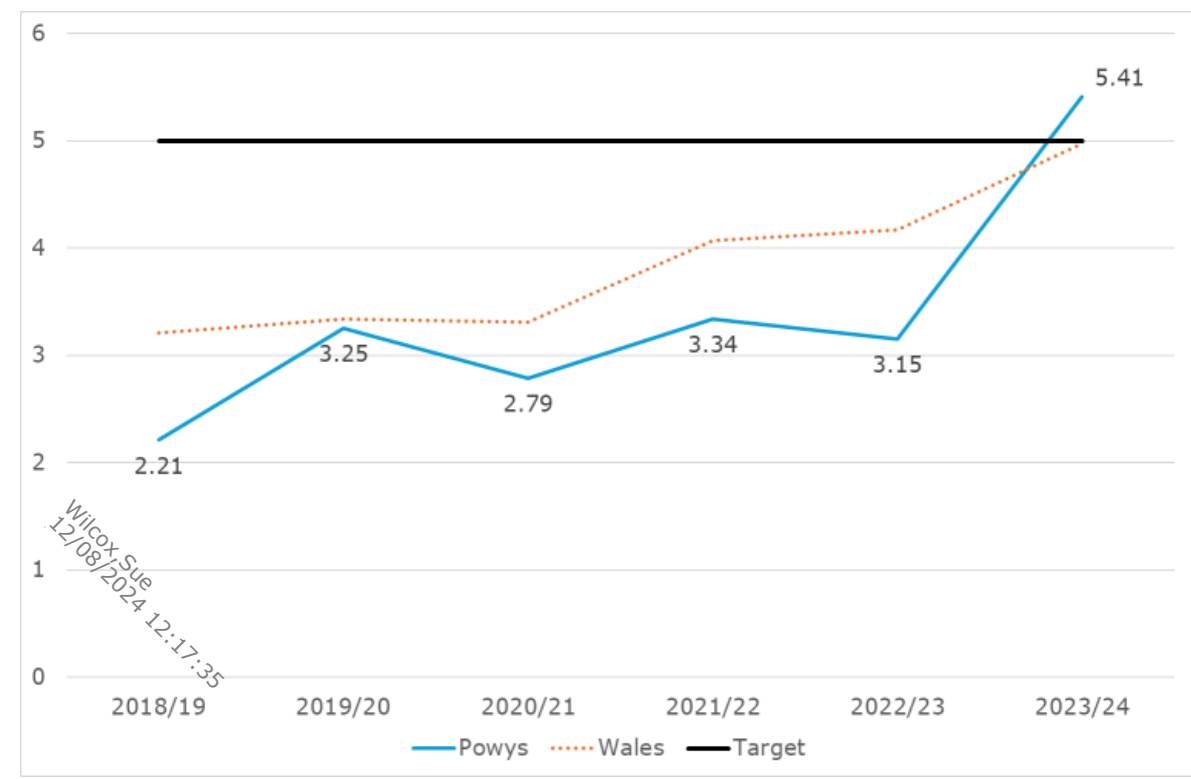
# Supporting people to quit

Health Boards have a performance target for smoking cessation:

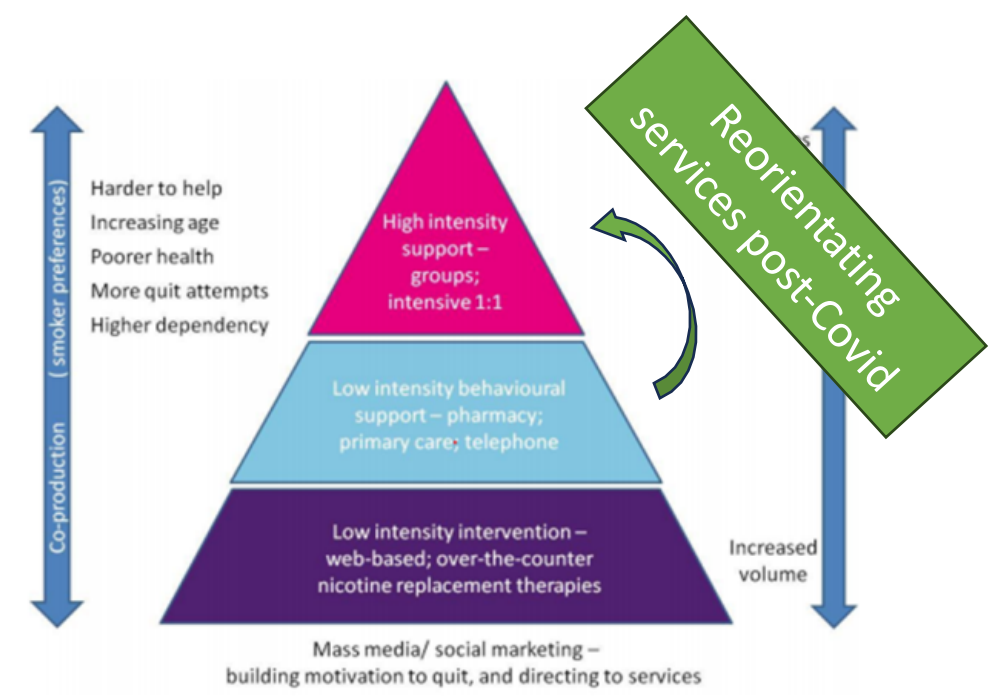
*5% of adult smokers to make a quit attempt via NHS smoking cessation services*

**This target has been met in Powys for the first time in 2023/24.** Considerable work has been undertaken locally to increase uptake and reorientate the service locally to improve access to the best possible support for the population of Powys.

### Trend in percentage of smokers making a quit attempt



Source: Smoking Cessation Services Data Collection, Welsh Government



## Supporting people to quit: Powys Smoking Cessation Team

Over the last 18 months, work has been undertaken to reorientate the service to focus on targeting areas, improving access and client focus. During the emergency phase of the pandemic, the service continued to offer telephone support, however, group and face-to-face support is being provided again. There has also been a focus on targeting areas of deprivation to help address health inequalities.

The referral pathway has been improved to help professionals easily make referrals to the team. This includes the development of a QR code and a local email address, both of which provide direct access to the Powys Smoking Cessation Team.

In addition to the Public Health Wales national campaigns, a local communication and engagement plan for the public, professionals and partners has been implemented. This includes promoting the referral pathways to professionals. Also, client stories are used to promote the service via a range of methods to encourage uptake. Some clients have expressed interest in undertaking a Champion role, and this is something being explored in 2024/25. Different opportunities to engage with the public are being used, for example, ensuring smoking cessation messages and signposting are included in the delivery of the 'Farming Fit' health checks project targeting local farmers which commenced as a new initiative in July 2024.

In engaging with professionals, the Smoking Cessation Clinical Lead is ensuring alignment with the Making Every Contact Count (MECC) approach, providing MECC resources and encouraging the use of brief advice/ motivational interviewing for staff to effectively support behaviour change for smoking cessation and other risk behaviours.

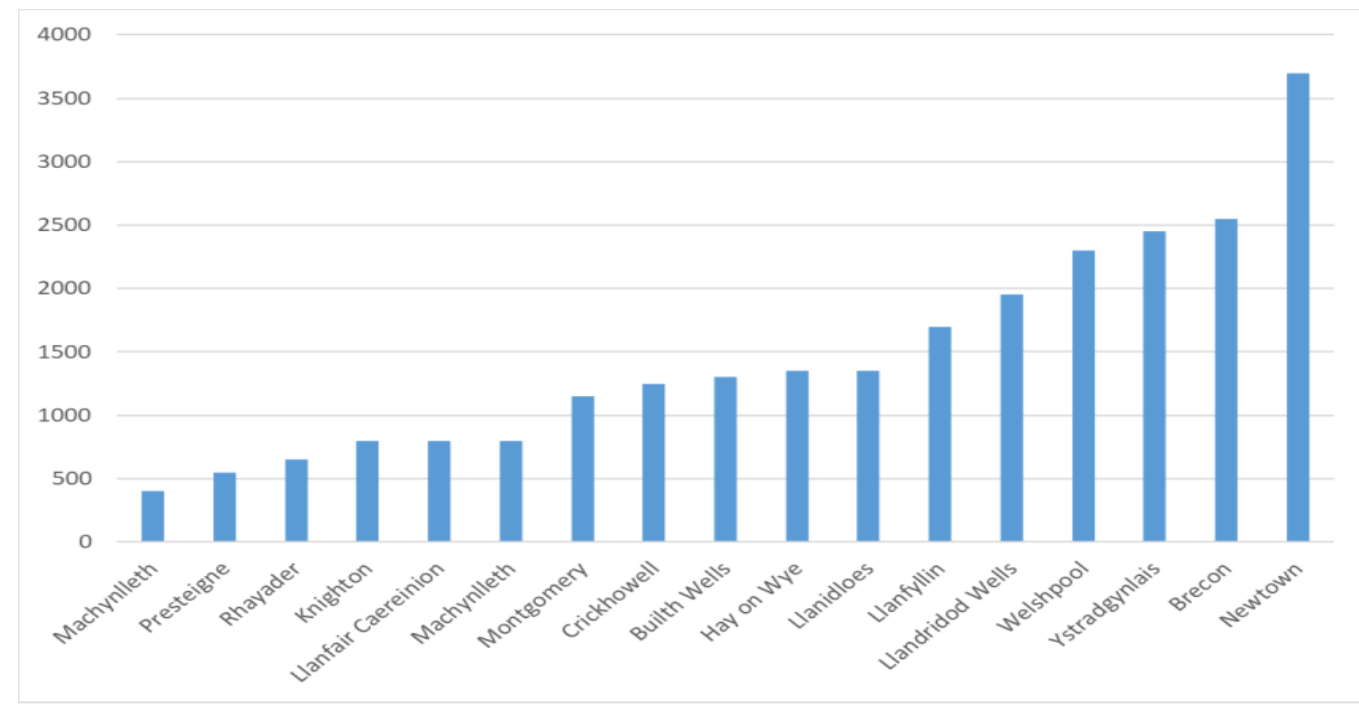


# Supporting people to quit: Engaging primary care

A proactive approach utilising GP smoking data has been developed and implemented to reach smokers and offer support to them to quit smoking. GP Practice data with highest reported smokers were targeted to implement a GP text message project which commenced in quarter 3 2023/24. The project involves GP practices contacting their patients identified as smokers via text, providing information about the smoking cessation support available. In addition, in tangent with this Smoking Cessation Advisors offered face-to-face appointments at the practice to increase accessibility and to embed the service within the GP Practice. Those GP Practices based in the more deprived areas of Powys that reported higher smoking prevalence, and were targeted first, namely: Ystradgynlais, Brecon, Llandrindod Wells, Newtown and Welshpool.

Evaluation of the project showed that referral numbers from smokers in those participating practices increased directly after the targeted text messages were sent. This project was effective in supporting the Health Board to reach the target of treating 5% of smokers during 2023/24. Feedback to date from Practice Managers has been positive. They felt it improved access for patients and all stated that they would like to do the project again.

**Estimated number of reported smokers by Powys GP practice**



Wilcox, Sue  
12/08/2024 12:17:35

Source: Public Health Wales Observatory

- **Embedding good practice in hospital**

The Smoking Cessation Clinical Lead has commenced a programme of face-to-face sessions with ward staff. These sessions are an opportunity to encourage staff to identify patient smokers on admission, and to promote NRT and the referral pathway to the Smoking Cessation Team for behavioural support. These sessions also provide an opportunity to ensure staff are trained in delivering Brief Advice conversations through MECC training and have sufficient promotional resources.

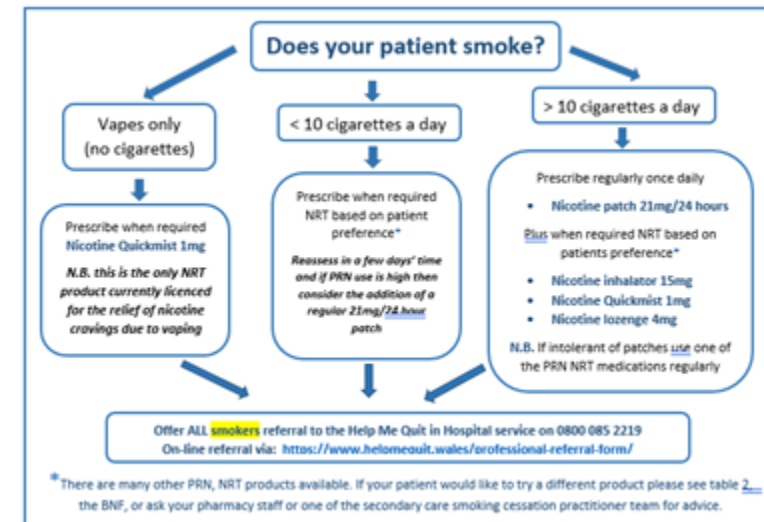
- **Nicotine Replacement Therapy (NRT) Protocol**

The Protocol was developed for the supply of NRT to individuals to relieve and/or prevent craving and nicotine withdrawal symptoms whilst unable to smoke or vape on hospital grounds. NRT should now be available to all inpatients within 4 hours of admission, and a referral to the smoking cessation service for further support can be made.

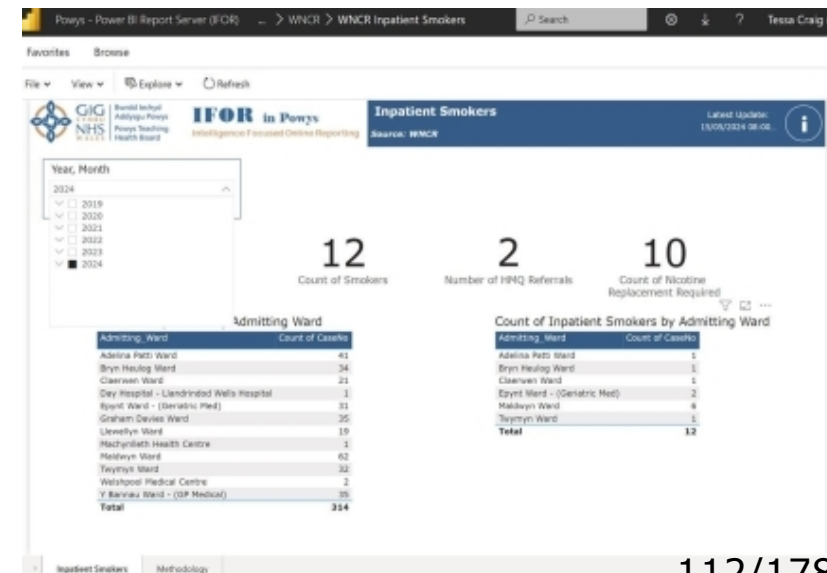
- **Inpatient dashboard**

The inpatient dashboard has recently been developed. It provides data on the number of smokers admitted to individual general wards in Powys, the number who are provided with NRT and number of those referred for behavioural support. This dashboard is being used to help target resources and training/support to where needed.

## NRT Protocol



## Inpatient dashboard



In 2023, it was recognised that although community pharmacies were still offering a service across Powys, activity had reduced and had not returned to pre-pandemic levels. A focus has been on trying to reinvigorate this service and increase the number of clients through:

- **Increasing knowledge, confidence and skills of pharmacy staff in providing support to clients**

Two online training sessions have been delivered to pharmacy staff. The training included how to support clients using motivational interviewing techniques, information on NRT options and CO monitoring. Positive feedback was received after the training, with requests for more regular training.

- **Increasing awareness of the pharmacy smoking cessation service available**

A communications plan was developed and implemented. This included providing a promotional pack of resources such as leaflets and bunting, and a 'best dressed window' competition in January 2024. The number of treated smokers accessing support through community pharmacies doubled in quarter 4 compared with the previous quarter.

**Trend in number of treated smokers in community pharmacies in Powys: 2023/24**

|                                  | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|----------------------------------|-----------|-----------|-----------|-----------|
| <b>Number of treated smokers</b> | 40        | 42        | 32        | 64        |



**Level 3 service** provides comprehensive support and treatment as well as supply of NRT. Currently provided in 20 out of the 23 pharmacies in Powys.

**Level 2 service** includes supplying NRT to those already receiving behavioural support from HMQ. Currently provided in 22 out of the 23 pharmacies in Powys.

# Addressing vaping in young people

Since the publication of the national Tobacco Control Strategy, concerns have been growing both locally and nationally regarding the rising incidence of vaping. Vapes can be effective in helping smokers to quit, and current evidence shows that using nicotine vapes is much less harmful than continuing to smoke tobacco. However, there are concerns around a lack of long-term evidence on the use of vapes, and the potential for them to cause harm in children, young people and non-smokers. Addressing vaping in young people was identified as a priority in the Powys stakeholder summit in July 2023.

Considerable collaborative work has been undertaken with a range of partners to progress actions that include:

- Developing a clear service pathway so that young people can be signposted appropriately to the support they need.
- Developing public health guidance/toolkit on vaping for schools and colleges, and sharing this with educational settings.
- Providing an online awareness session for teachers and other professionals working with young people to increase their knowledge and confidence around the topic.
- Undertaking insight work with young people to co-produce messaging to inform development of a Powys Vaping communications campaign.
- Developing a communications campaign based on insight work with young people in Powys. The campaign used a range of methods including social media and bus stop advertisements.
- Developing a website to ensure the information is accessible [Vaping - Powys Teaching Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/powys-teaching-health-board/vaping)

## Youth people's pathway

**PATHWAY FOR SCHOOLS SHOWING KEY RESPONSIBILITIES RELATED TO NICOTINE USE IN YOUNG PEOPLE**

**YOUNG PERSON SMOKING AND VAPING AND WANTS TO QUIT**

**NEED HELP???**

Contact: Powys Smoking Cessation Services on:  
FREEPHONE 08000852219  
or refer via a self referral form at:  
**SCAN ME** [QR Code]

**YOUNG PERSON IS VAPING AND WANTS TO QUIT**

**NEED HELP???**

Support is available across the following services:

- Adferiad - Powys Young Person Substance Misuse Service
- Youth Service - Powys County Council
- School Nursing Team

In reach CAMHS for young people with mental health & wellbeing needs.  
Email: [powyscamhs.schools@wales.nhs.uk](mailto:powyscamhs.schools@wales.nhs.uk)

Adferiad for support with additional use of illicit substances

Area 43 Youth Consulting Service and bereavement support

Assess safeguarding risks/trACE

**SUPPORT** [Icon of people]

**Useful Links:**

- WHO Nicotine cessation toolkit
- Information and guidance on vaping for schools in Wales
- Whole school policy for smoking and vaping on school grounds
- NO IFS, NO BUTS

**SCAN ME** [QR Code] **SCAN ME** [QR Code] **SCAN ME** [QR Code] **SCAN ME** [QR Code]

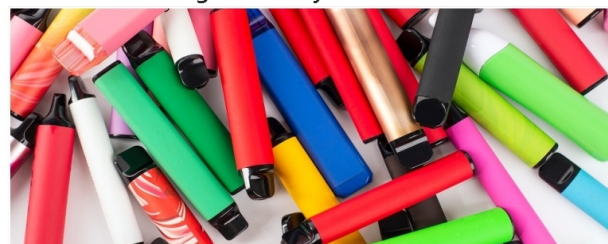
Powys [Logos]

## Communications campaign images



## Public health guidance

Public health guidance on vaping/e-cigarettes for schools and colleges in Powys



Don't Smoke? Don't start vaping!

## Smoke free Policy

A key action towards achieving the ambition for a smoke free Wales, is the introduction of legislation that supports denormalisation of smoking, reduces exposure to tobacco and second-hand smoke, and strengthens the approach that smoke-free is the norm in today's society. The Health Board implemented the Smokefree Premises and Vehicles (Wales) Regulations from March 2021 on all hospital sites. Actions progressed in support of reinforcing the legislations include:

- PTHB Smoke free policy updated in March 2024 and approved by Innovative Environments Group. The changes reflect up to date legislation and continue to include vaping as part of Smoke-Free Policy across Health Board sites. The Policy continues to provide support to staff and patients to help ensure hospital grounds remain smoke-free.
- Support to staff and patients to access smoking cessation support.

## Tackling Illegal Tobacco and Vapes

Illegal tobacco takes many forms, which includes:

- 'Cheap whites', which are cigarettes mass produced in one country and smuggled to another.
- Fakes, which look like well-known brands.
- Genuine tobacco smuggled into the UK with no-duty paid (often cheap and display foreign languages)
- Cigarettes sold individually instead of in packets.



According to research by ASH Wales, illegal tobacco is estimated to make up 10% of the tobacco market and makes it easy for children to start smoking. A Wales-wide survey undertaken by ASH Wales reported that 32% of smokers aged 11-16 years stated the they had been offered illegal tobacco and 25% had gone on to buy it (ASH Wales, 2022). The survey showed children in Wales were most likely to be offered illegal tobacco by friends or family (39%), in educational settings (17%) and in shops (11%). The survey also revealed that children who bought illegal tobacco, over 50% said it allowed them to continue smoking because it was cheaper and easier to get hold of. In response to these findings, the Welsh Government, Trading Standards and ASH Wales jointly launched a national drive to encourage members of the community to anonymously report information about illegal tobacco through the NoIfs-NoButts website ([www.noifs-nobutts.co.uk](http://www.noifs-nobutts.co.uk)).

The Trading Standards Team within the Local Authority lead on enforcement of legislation, conducting checks to monitor underage sales of tobacco and vapes by retailers and compliance with point-of-sale requirements, issuing fixed penalty notices for anyone caught smoking in a vehicle carrying children; and littering of cigarettes/vapes.

### UK Tobacco and Vapes Bill

The UK Government consulted on proposal to introduce legislation on *Creating a smokefree generation and tackling youth vaping* in January 2024, which the Public Health Team led the response for across the Health Board.

The UK Government have set out a commitment to introducing a Tobacco and Vapes Bill which will include measures to:

- Change the age of sale for all tobacco products, cigarette papers and herbal smoking products whereby anyone born on or after 1 January 2009 will never legally be sold tobacco products alongside prohibiting proxy sales, and changing warning notices.
- Introduce regulation-making powers to restrict flavours, point of sale and packaging for vaping products (nicotine and non-nicotine) as well as other consumer nicotine products.
- Introduce new fixed penalty notices (FPNs) for England and Wales for breaches of age of sale legislation for tobacco and vapes (nicotine and non-nicotine) and other consumer nicotine products.

### Welsh Government legislation to introduce a ban on disposal vapes

Following the UK wide consultation, the Welsh Government announced that it proposes to **ban single-use vapes** in Wales from 1 April 2025, using Environmental Protection 1990 Act. Reusable vapes will be unaffected by this change. The aim of this legislation is to reduce the environmental damage caused by the use and disposal of single-use vapes and encourage people to use reusable alternatives.

### Welsh Government Smoke-Free Wales: Our long-term Tobacco Control Delivery Plan 2022-2024

To support the ambition of a smoke-free Wales by 2030, Welsh Government set out to publish a series of two-year delivery plans, the first of which was for the period 2022-24. A refreshed Delivery Plan for 2025-27 is due to be published in the Autumn 2024 with continued focus on tobacco control, prevention, smoking cessation and smoke free environments. This will inform the updated Delivery Plan for the Health Board which has been refreshed and will be published by March 2025 to ensure alignment with the national Delivery Plan.

## Summary

This briefing has provided an update and overview of the progress in implementing actions towards achieving the ambition of Smoke-Free Powys by 2030. Notable progress includes:

- Achieving the Health Board target of treating a minimum of 5% smokers (achieved for the first time since introduction of the target in 2012).
- Leading a proactive 'call to action' amongst partners to the emerging increase in use of vapes in young people, developing resources for educational system to support teachers and partners to respond, and new referral pathways across organisations in partnership to meet needs
- Leading on developing a vaping campaign which was co-produced with young people of secondary school age
- Implementing JustB smoking prevention programme in six secondary schools across eight sites
- Effective partnership work and system leadership by the Public Health Team on tobacco control and vaping.

## Recommendations

Members of the Committee are asked to:

- **NOTE** the contents of this briefing
- **TAKE ASSURANCE** about the progress in delivery of actions towards achieving the Health Board's smoking cessation targets and the ambition of a smoke free Powys and Wales by 2030.

## Building an integrated smoking cessation service for Powys

- 1 Develop an integrated smoking cessation service for Powys to align provision to needs of smokers who want to quit
- 2 Increase referrals through further engagement with Primary Care/GP, to raise the issue of smoking with patients and refer into NHS specialist smoking cessation services.
- 3 Consistent messaging across health and social care professionals and community groups/workers to raise the topic of smoking at every opportunity, and awareness of free NHS support services available.
- 4 Digital and social media marketing at a national and local level of the 'Help Me Quit' single point of contact (led by Public Health Wales), to enable self-referral into services.
- 5 Explore expanding accessible community support provided through level 3 pharmacy smoking cessation services.
- 6 Further develop tailored smoking cessation interventions to meet needs of specific groups with higher smoking prevalence.

## Maternity smoking cessation

- 7 Further action is required to increase the proportion of referrals from midwifery to the Healthy Lifestyle Support Officer for specialist support to quit smoking for the duration of pregnancy.

## Preventing the uptake of smoking

- 8 Further activity to prevent children and young people from starting to smoke, through work with the Healthy Schools Scheme to address tobacco on the curriculum with primary and secondary school age children
- 9 Targeted prevention support needs to be provided for children and young people in our areas of deprivation in Powys.
- 10 Explore with Public Health Wales expanding the *JustB* peer-led prevention programme in targeted Secondary schools in Powys.

## A whole system approach for a smoke free Powys

### System wide response

- 11 Establish a Powys Tobacco Control Steering Group to align actions to one ambition to achieve a smoke free Powys by 2030.

### Reducing exposure to second-hand smoke

- 12 Continue to work towards reinforcing implementation of smokefree hospital sites and support patients to access smoking cessation support

### Tackle illegal tobacco and the tobacco control legal framework

- 13 Seek to re-engage partners to establish a Powys Tobacco Control Steering Group to develop a system wide action plan to co-ordinate action to work towards an ambition of a smoke free Powys by 2030.





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Powys Teaching  
Health Board

**Agenda item: 4.1**

| <b>Planning, Partnerships and Population Health Committee</b>  |   | <b>Date of Meeting:<br/>13 August 2024</b> |
|--|---|--|
| <b>Subject:</b>  | Diabetes Deep Dive                          |  |
| <b>Approved and presented by:</b>  | <b>Director of Public Health</b>            |  |
| <b>Prepared by:</b>  | <b>Consultant in Public Health Medicine</b> |  |
| <b>Other Committees and meetings considered at:</b>  | None  |  |
| <b>PURPOSE:</b>  |   |  |
| <p>The purpose of the Diabetes Deep Dive work is to address the following three questions:</p> <ol style="list-style-type: none"> <li>1. What might happen to the number of people with diabetes in Powys in coming years?</li> <li>2. What are the implications for PTHB of changes in the number of people with diabetes in coming years?</li> <li>3. How should PTHB plan for and respond to these projected changes?</li> </ol> <p>At the PPPH meeting on 16 May, the Powys Public Health Team provided a document about modelling diabetes projections for the Powys population, which addressed the first of these questions.</p> <p>The PDF reports that accompany this cover paper ("August 2024 Diabetes Deep Dive") revisits the first of the above questions and also moves on to address questions 2 and 3. The original April report ("Original April 2024 paper for reference") is also included with this cover paper (for reference only).</p> |   |  |
| <b>RECOMMENDATION(S):</b>  |   |  |
| <p>The Planning, Partnerships and Population Health Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the content of the reports on diabetes, taking <b>ASSURANCE</b> that this work has been carried forward since the May PPPH meeting.</li> <li>• <b>NOTE</b> the key findings, discussion and recommendations from the accompanying report ("August 2024 Diabetes Deep Dive").</li> <li>• <b>DISCUSS</b> the reports. (The CPH who authored the report will be in attendance at the August PPPH to answer questions).</li> <li>• <b>APPROVE</b> recommendations from the report.</li> </ul>   |   |  |

| Approve/Take Assurance | Discuss | Note |
|------------------------|---------|------|
| N                      | N       | Y    |

| ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES: |   |   |
|---|---|---|
| 1. Focus on Wellbeing                                   | Y | Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework. |
| 2. Provide Early Help and Support                       | Y |   |
| 3. Tackle the Big Four                                  | Y |   |
| 4. Enable Joined up Care                                | Y |   |
| 5. Develop Workforce Futures                            | Y |   |
| 6. Promote Innovative Environments                      | Y |   |
| 7. Put Digital First                                    | Y |   |
| 8. Transforming in Partnership                          | Y |   |

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# **Diabetes deep dive: scenarios for change in number of people with diabetes in Powys**

**April 2024**

Update for the PPPH Committee, PTHB, prepared by Dr William King, Consultant in Public Health Medicine

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# 1 Summary of key findings from scenarios

In this section, headline summary information is provided on Powys Teaching Health Board (PTHB)'s work looking at projected patterns in the number of cases of diabetes in Powys in coming decades. Key findings are shown in table 1. Further detail on the features of the scenarios used to generate these findings (the specific methods used, the limitations of methods used and so on) can be found in section 3 of this paper.

Table 1: Summary of key findings from scenarios discussed in this paper

|                 | Scenario 1 | Scenario 2 | Scenario 3 |
|-----------------|------------|------------|------------|
| Number 2035     | 10,193     | 12,283     | 11,600     |
| Increase 2035   | 968        | 3,058      | 2,375      |
| Percentage 2035 | 8.9%       | 10.7%      | 10.1%      |

*The above table shows the key findings from the three scenarios. First row is the projected number of people in Powys with diabetes in the year 2035 for each scenario; second row shows the projected increase in Powys diabetics from 2021 to 2035 (the baseline number in 2021 was 9225); third row shows the projected percentage of the Powys population with diabetes in 2035. (The baseline percentage in 2021 was 8.2%).*

Headline points from the diabetes scenario work for Powys that has been carried out so far:

- All scenarios predict increases in the number of individuals with diabetes in Powys.
- The lowest projection is from scenario 1 (which only takes account of projected population change). Under this scenario by the year 2035 there would be 10,193 people with diabetes in Powys, an increase of 968 people with diabetes from the baseline year 2021.
- The highest projection is from scenario 2. This scenario is based on projections from Public Health Wales (PHW). By the year 2035 there are projected to be 12,283 people with diabetes in Powys, an increase of 3,058 from the year 2021.
- There are unavoidable limitations in the way these scenarios have been developed that mean that these scenarios should be regarded as plausible pictures that might emerge but *should not be regarded as predictions of the future*. Detail of the rationale

Wilcox-Sue  
12/08/2024 12:17:35

for the approaches used and on the limitations of the scenarios is available in section 3.

- This work developing scenarios is the first stage of an ongoing piece of work looking at diabetes in Powys. Information about plans for that further work is covered in section 4.

## 2 Purpose

The purpose of this diabetes deep dive work in Powys is to address the following three questions.

1. What might happen to the number of people with diabetes in Powys in coming years?
2. What are the implications for PTHB of changes in the number of people with diabetes in coming years?
3. How should PTHB plan for and respond to these projected changes?

This interim report provides an update on the first of these three questions, with a view to providing assurance to the Planning, Partnerships and Population Health Committee (PPPH) Committee that this work is progressing. In particular, this report focuses on the approach that has been taken to generating scenarios, their strengths and limitations, and the findings they have produced. We also outline a plan for further work to address the second and third of the questions above. This written update to the PPPH Committee is provided because the lead consultant for this work is unable to attend the May meeting. Committee members are invited to provide any feedback (to [william.king@wales.nhs.uk](mailto:william.king@wales.nhs.uk)) or via the Executive Director of Public Health. Attendance in person will be prioritised for the August PPPH Committee.

## 3 Scenarios

In this work we are looking at scenarios that might reasonably occur in our population, but *we are not looking at predictions*. Scenarios can help us to think about how we will respond to situations that might arise; they can facilitate thinking about preventing unwanted circumstances arising; but these scenarios do not tell us what *will* happen. Partly this relates to the inherent unpredictability of this kind of system, but also it relates to the non-ideal nature of the scenario modelling that is practicable for PTHB: ideally, scenarios would be

Powys-specific, easy to understand for the non-specialist, account for multiple influences on diabetes number (changes in the population size, population structure, patterns of diabetes risk factors and so on) and use robust technical approaches to quantify uncertainty.

For practical reasons though, producing ideal scenario models that address all of these requirements is impossible due to limitations of technical capacity, data availability and resource. There is also likely to be a law of diminishing returns in operation with any attempts to perfect scenario modelling of this kind, such that for an organisation like PTHB a sensible approach is to develop modelling that is *good enough to allow the organisation to prepare for realistic scenarios* but which does not aspire to an academic ideal. Rather than try to build scenarios from scratch, we are largely reusing work carried out in other areas and applying it to Powys. We have looked at projections over periods of at most a few decades, with the exact time periods used dependent on data availability.

To make the scenarios easier to develop, to save time and to provide clarity for non-specialists, we have introduced several simplifications into this work: for example we have not distinguished type 1 from type 2 diabetes; we have not sought to look at severity of diabetes or at complications; we have not looked at the geographically distribution of diabetes across Powys. Such simplifications have allowed this work to go ahead with limited resource and are unavoidable considering the practical constraints on PTHB. To account for the limitations of modelling, we have generated three different scenarios. Each has different strengths and limitations. In doing so, we hope to triangulate a picture of how diabetes might affect our population in coming years. We have outlined the scenario methods below, making explicit the strengths and limitations of each approach.

These scenarios are:

1. The population age-change scenario
2. The prevalence and population change scenario
3. The England-modelling scenario

### **3.1 Methods of scenario development**

In this section, detailed methods are discussed: readers for whom the technical methods are not of interest may wish to turn to section [3.2](#), which covers the scenarios' findings.

### 3.1.1 Development of the age-change scenario

The first scenario, 'the age-change scenario', changes in diabetes driven by an ageing population. It assumes that as the Powys population ages in coming decades *the rate of diabetes in any particular age group will not change*. For example, if 18% of men aged 70 to 74 in Powys have diabetes in 2018, it is assumed that the same will be true in 2040. This method addresses an important determinant of patterns in diabetes prevalence: changes in the age-structure of the population. While Powys' ageing population is important in projected increases diabetes numbers, this method is likely to provide an underestimate, because other important drivers (for example changing obesity levels) are not included in this model: this scenario is therefore likely to produce a low projection for the number of diabetics in Powys.

The data used in the generation of this scenario were:

- Prevalences of diabetes for different age groups for the Welsh population in 2018, taken from general practice data (extracted using the Audit+ system and available from StatsWales).
- Office for National Statistics (ONS) produced population estimates at local authority level by age and sex for the Powys population from 2018 to 2043, with the year 2018 used as the baseline for these estimates.

Using this data, the method used to generate the scenarios is outlined in the following steps (all analyses were performed in R 4.3.2).

- Import of Audit+ prevalence data and ONS population projections into R.
- Limitation and restructuring of the population projections data to the age-sex specific categories for which prevalence data were available (five year age-bands from aged 15–19 up to a '90 and over' category)
- Applying a scaling factor correction to the Audit+ Wales-level prevalences to ensure that the prevalences used matched the observed number of Powys cases at baseline.
- For each of the years in the projection, multiplying the age-sex-specific populations by the age-sex-specific prevalences to

Wilcox-Sue  
12/08/2024 12:17:35

generate a projected number of cases of diabetes in Powys for that year.

The R script used to perform this analysis is available on request.

While the age-change scenario has the advantages of being straightforward to carry out and reasonably transparent, it has limitations, including the following. The structure of the age-sex-specific prevalences of diabetes in Powys is assumed to mirror that at a Wales level, whereas ideally actual Powys age-sex-specific prevalences (which are unavailable) would have been used. It was also necessary to use a scaling factor to ensure that the age-sex-specific prevalences used were consistent with the observed number of cases at baseline; a simplification again necessary because of absent Powys age-sex-specific prevalences. Audit+ is a centrally funded analysis tool for primary care practices in Wales, but is non-mandatory, meaning that some cases may not be available – potentially resulting in under-ascertainment of cases. Local authority projections from the ONS are themselves based on simplifying assumptions and are subject to uncertainty. Formal statistical methods to characterise uncertainty around these estimates were beyond the scope of this work, meaning that for this scenario point estimates only are available for projections. Finally, the baseline for this scenario (due again to limitations in available data) was the year 2018.

None of these limitations is ideal and if time and resource allowed, workarounds to address these problems would have been sought.

### **3.1.2 Development of the population and prevalence scenario**

The population and prevalence scenario is based on a piece of work carried out by PHW<sup>1</sup> looking at projections in diabetes numbers up to 2035. The publically available models show projections in diabetes numbers at an all-Wales level. By contacting the PHW observatory, we were also able to obtain figures for Powys-specific modelling of diabetes numbers for the same time period.

Further information on the data and methods used in this work is available from PHW (<https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/diabetes-prevalence-trends-risk-factors-and-10-year-projection/#5.%20Diabetes%20projections%C2%A0>). PHW produced three models

in their work, one, the 'high-count model', looked at prevalence rates of diabetes (both type 1 and type 2) using an ARIMA model trained on the observed data. These Projected prevalences were combined with populations estimates to generate projections for the number of diabetics in Powys.<sup>1</sup> An ARIMA model is type of statistical modelling of time-series data, in which observed data are used as a basis for future projections. In this case, the observed data used was the number of diabetics in previous years, taken from general practice reporting. This model looked at the number of diabetics aged 17 and over – in line with the data available to modellers.

This method has the advantage of using a more sophisticated method the age-change scenario. It projects forward prevalence based on observed data changes, thus accounting for trends that are not considered in the age-change scenario: this modelling incorporates a more nuanced approach to the factors driving diabetes (for example the effects of changing obesity rates).

This model is less transparent than the age-change scenario, because it uses a time-series technique that is hard to interpret for those without a suitable background.

### **3.1.3 Development of the England-modelling scenario**

The third scenario used work carried from the University of Liverpool<sup>2</sup>. This modelling employed a sophisticated microsimulation approach – in which populations of individuals are modelled in a computer simulation – to generate projections parametised from large primary care datasets from England. Because the work was only available for England, we have had to make some crude simplifying assumptions to apply it to Powys. Specifically, we assumed that the percentage change in prevalence between the baseline timepoint (2019) and the projection (2040) from England would also apply in Powys; we also assumed that the change in the number of diabetes will be linear – with a constant year-on-year increase between the baseline year of 2019 and the 2040; uncertainty estimates around the projected change in prevalence and have been applied to Powys. Importantly the England modelling looked at the population group aged 30 and over for its calculations. This meant that we needed to generate a baseline prevalence of diabetes in Powys for those aged 30 and over, which was done using the same approach as in scenario 1 (all-Wales age-sex-specific prevalences applied to the Powys population data to

Wilcox-Sue  
12/08/2024 12:09:35

create a prevalence at baseline, with a scaling factor applied to put the number of cases in line with the observed number of cases).

Using these assumptions, the method used was to take the percentage changes in diabetes prevalence *for those aged 30 and over* between 2019 and 2040 from the England model and apply these to the prevalence of diabetes *in those aged 30 and over* in Powys at baseline. Again, analysis was carried out in R 4.3.2 and the script is available on request.

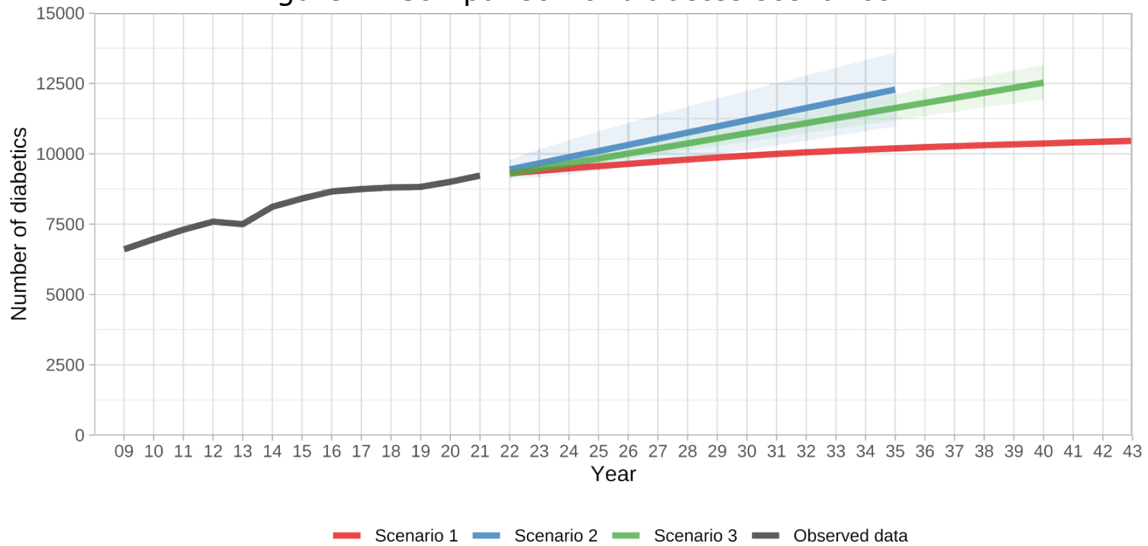
The clear advantage of this approach is that it takes advantage of the sophisticated modelling produced by the University of Liverpool. This modelling tracks risk factors and the disease status of individuals in a simulated population. However, the fact that this work was generated for the English population makes it difficult to apply to Powys and this has necessitated the use of some crude simplifying assumptions.

### 3.2 Findings from the scenarios

The findings from the different scenarios generated for this work are shown in figure 1. Each of the lines indicates the number of diabetics (y-axis) in the Powys population over time (x-axis). The black line, which runs from 2009 to 2021 is the *observed* number of people with diabetes aged 17 and over. The red, blue and green lines represent the projections for the number of diabetics over time in Powys from scenarios 1, 2 and 3 respectively.

It is important when looking at these scenario results to appreciate that each looks at a slightly different thing (due to the limitations of available information). Scenario 1 (red line) looks at the number of diabetics aged 15 and over; Scenario 2 (blue line) and the actual data (black line) look at the number of diabetics aged 17 and over; scenario 3 (green line) looks at the number of diabetics aged 30 and over. While this is not ideal, in practice most diabetics (due to preponderance of type 2 diabetes and its later development) are aged over 30, so this difference makes only a modest difference to overall numbers. However, it is relevant to note that we would expect the green line – for the England-model scenario – to track slightly below the other two scenarios (all things being equal). Also of note is the fact that uncertainty estimates (95%) derived from the statistical and simulation modelling are available only for scenarios 2 and 3; they are illustrated in figure refcomparisons by the light coloured funnels around the green and red lines.

Figure 1: Comparison of diabetes scenarios



Scenario 1 is available from 2022 until 2043, because this is the time-period for which population projections are available. It is clear from figure 1 that this is the scenario with the lowest projected growth in the number of diabetics – something which would be anticipated given that this model doesn't take account of drivers of change other than population structure. On the basis of this scenario, by 2035 (the latest point for which all three scenarios have projection) there will be 10,193 diabetics in Powys, up by nearly a thousand (968) from 2021. Were such a scenario to come about, it would be the case that nearly 9% of the Powys population would have diabetes by 2035 (up from 8.2% in 2021). Thus, projected changes in population structure alone imply that the next 15 years a thousand more people in the Powys population will be diabetic and that they will be on average older than is the case today.

The findings for scenario 2 project a larger rise in the number of diabetics than that seen in scenario 1. By 2035 this scenario projects that there will be 12,283 people with diabetes in Powys; statistically derived confidence from the ARIMA modelling indicate 95% confidence intervals for this value between 10,971 and 13,594. This model projects 3,058 additional diabetes patients in Powys in 2035 as compared to 2021 – which would be a population prevalence of 10.7%.

Findings for scenario 3 for the 2035 time point are intermediate between scenarios 1 and 2 – 11,600 diabetics projected for Powys by that date, representing a prevalence of 10.1% in the Powys population.

Wilcox-Sue  
12/08/2024 10:11:16

## 4 Further work

In this update, the work to date on developing scenarios for the number of diabetics for the Powys population has been summarised.

This has produced varying projections that, while far from perfect, can be used as a basis for the further actions planned as part of this work.

The next steps for this work will be to look to address the second and third overarching questions (see section 2) to (1) provide a picture of what these scenarios might mean for PTHB more widely and (2) to provide consideration of how PTHB might plan for and respond to such eventualities. Further progression of this work would involve the following:

- Scope out a detailed method for making inferences from the projected numbers of patients in the scenarios to projected impacts for PTHB (question 2 in section refpurpose), including looking at burden of disease (diabetes morbidity and mortality), need for health services (primary and secondary care), financial implications and PTHB workforce implications. This preliminary step is necessary so as to determine what can be done practically with available resources and to prioritise analysis.
- Performance of the analyses identified in step 1.
- Synthesis of a coherent picture of how PTHB should plan for and respond to the picture that emerges from the scenarios and the subsequent analysis of the implications of those scenarios.

The plan is for this work to be progressed between May and August 2024 with an update brought back to the PPPH committee at the August meeting.

## References

- [1] POWELL R; Diabetes prevalence – trends, risk factors, and 10-year projection. Accessed: Jan 2024.
- [2] WATT T, RAYMOND A, RACHET-JACQUET L, ET AL.; Health in 2040: projected patterns of illness in england; *The Health Foundation* 10; 2023

Wilcox-Sue  
12/08/2024 12:17:35

# Diabetes Deep Dive

## August 2024

Report for the PPPH Committee, PTHB, prepared by Dr  
William King, Consultant in Public Health Medicine

The purpose of this diabetes deep dive work in Powys is to address the following three questions.

1. What might happen to the number of people with diabetes in Powys (PWDP) in coming years?
2. What are the implications for Powys Teaching Health Board (PTHB) of changes in the number of PWDP in coming years?
3. How should PTHB plan for and respond to these projected changes?

Wilcox-Sue  
12/08/2024 12:17:35

In April 2024, an update was provided to the Planning, Partnerships and Population Health Committee (PPPH) Committee that focused on looking at the first of these questions – outlining results from scenarios for the change in the number of PWDP. This paper concentrates on the second and third of the above questions.

This paper is structured as follows:

**Section 1** briefly recaps and updates key points on scenarios from the April paper.

**Section 2** illustrates the implications of changes in the numbers of PWDP.

**Section 3** considers how PTHB might respond.

## 1 Scenarios

Detail around the methods used to generate scenarios was covered previously\*. Here we limit the discussion to highlighting key points.

To recap, the three scenarios developed for the April paper were:

1. The population age-change scenario
2. The prevalence and population change scenario
3. The England-modelling scenario

Key points to note from the previous paper include the following:

- There are unavoidable limitations in the way these scenarios have been produced, which means that they should be regarded as plausible pictures that might emerge but *should not be regarded as predictions of the future.*

Wilcox-Sue  
12/08/2024 12:17:35

- All scenarios predict increases in the number of individuals with diabetes in Powys over coming years.
- The scenarios use different methods and provide different projections of the PWDP numbers; each scenario has different strengths and weaknesses.
- The first scenario, the population age-change scenario, only takes account of estimated changes in the age-structure of the population driving diabetes prevalence and *is likely a low projection*. It predicts that there will be 968 more PWDP in 2035 compared to the 9225 people at baseline for the analysis in 2021. A realistic minimum for the increase over that time period would therefore be an 8.9% increase in PWDP.

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\*For reference, the April paper that covers this information accompanies this paper.

- Applying more sophisticated modelling carried out elsewhere to the Powys population (the second and third scenarios), indicates that by 2035 there might be between 2000 and 3000 extra PWDP – an increase of over 10% from 2021. These scenarios likely represent the best estimates available. Nevertheless, there are limitations need to be borne in mind with their use (covered in the previous paper). Table 1 summarises the findings from all three scenarios.

Table 1: Summary of key findings from scenarios projecting the number of people with diagnosed diabetes in Powys

|             | Scenario 1 | Scenario 2 | Scenario 3 |
|-------------|------------|------------|------------|
| Number 2035 | 10,193     | 12,283     | 11,600     |

Wilcox, Sue  
12/08/2024 12:17:35

|                 |      |       |       |
|-----------------|------|-------|-------|
| Increase 2035   | 968  | 3,058 | 2,375 |
| Percentage 2035 | 8.9% | 10.7% | 10.1% |

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*The above table shows the key findings from the three scenarios. First row is the projected number of people in Powys with diabetes in the year 2035 for each scenario; second row shows the projected increase in Powys diabetics from 2021 to 2035 (the baseline number in 2021 was 9225); third row shows the projected percentage of the Powys population with diabetes in 2035. (The baseline percentage in 2021 was 8.2%).*

Since April, we have become aware of two additional pieces of scenario modelling. The first was produced by the finance team in PTHB as part of preparation of information for the Integrated Medium Term Plan (IMTP) – identified during discussions with the finance team about this work; the second was produced by the NHS Delivery Unit as part of their Diabetes Atlas of Variation (DAV) – identified from the update to this dashboard that was produced in July 2024. Because we became aware of these fairly late in the day, we have not included them in the analysis in section 2 of this paper.

The findings from the different scenarios are shown in figure 1. The different scenarios shown are as follows:

**Scenario 1** The age-change scenario, shown with the red line.

**Scenario 2** The prevalence and population change scenario, based on work by Public Health Wales (PHW), shown by the blue line.

**Scenario 3** The England-modelling scenario, based on work by the University of Liverpool, shown by the green line.

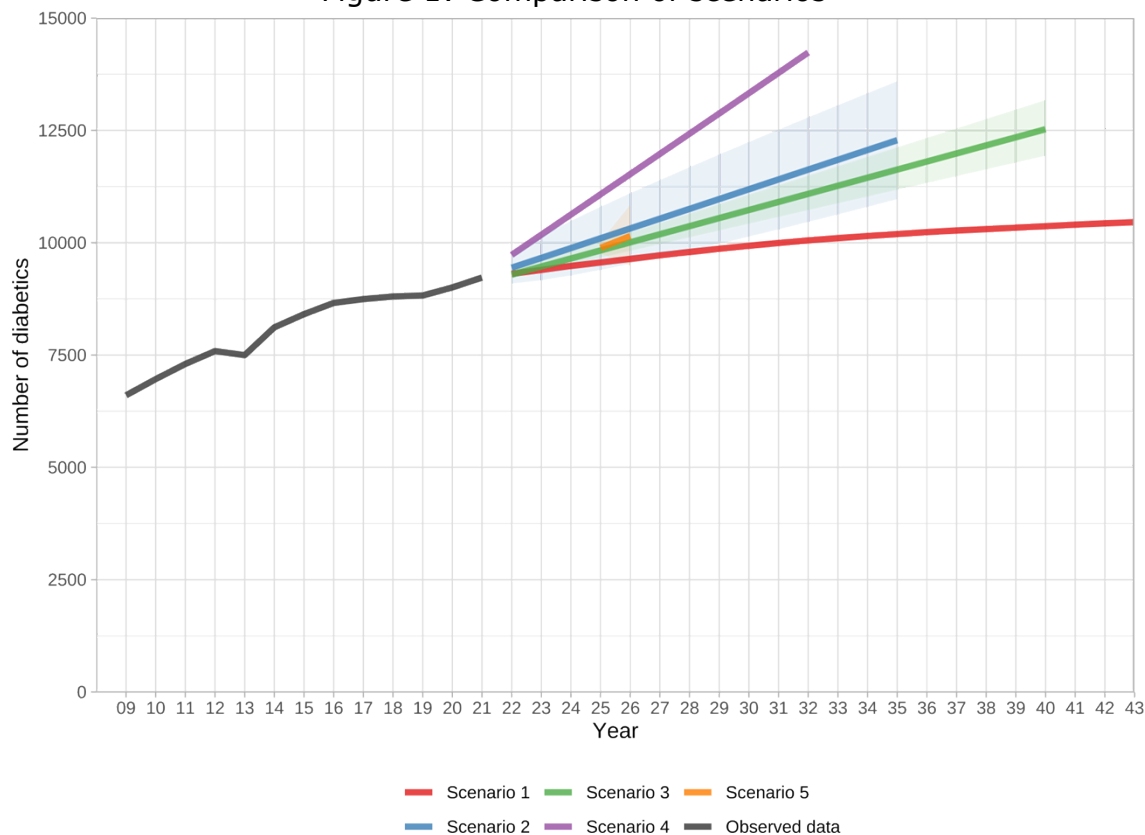
**Scenario 4** Modelling from the finance team in PTHB. This was not presented previously in the April paper. It is shown by the purple line.

Wilcox-Sue  
12/08/2024 12:17:35

**Scenario 5** Modelling from the NHS Delivery unit, contained within the Diabetes Atlas of Variation. This was also not presented previously and is shown by the orange line.

Wilcox, Sue  
12/08/2024 12:17:35

Figure 1: Comparison of scenarios



Points to note:

- Scenario 4 (PTHB finance model) is available for the time period up to 2032. It estimates a steeper increase in the numbers PWDP than the other scenarios, suggesting that there might be 14,235 PWDP by 2032 – a 54% increase on 2021. The full details of the method used for this projection are not available for this report. Broadly, the method looks at Office for National Statistics (ONS) population forecasts to establish an age-branded population forecast, using an average annualised increase factor (which is a function of GP list size, age-bands of the population and historical

Wilcox-Sue  
12/08/2024 12:17:35

prevalence changes) to model changes in diabetes prevalence. It is important to be aware of the numbers from this model, as this projection is used more widely in the health board and is likely to be the basis for modelling of the North Powys project and for other demand and capacity modelling in PTHB.

- Scenario 5 (NHS Delivery Unit projection) is only available for a short period (2025 and 2026). It suggests that, by 2026, there will be 10,151 PWDP. The trajectory for this projection falls between and is in line with the projections from scenarios 2 and 3. At the time of writing, the method used to generate the scenario is not available, though a request has been made for this.
- The stark differences between the different scenarios highlight the level of uncertainty in making these kind of predictions. Rather than analysing the reasons for the differences in predictions using different methods, we highlight here the importance of *treating the scenarios as pictures that might emerge, rather than as predictions of the future*. However, it does seem clear that all the scenarios suggest an increased number of PWDP in coming years – even though the exact size of that increase is uncertain.
- These potential rises in diabetes come on top of a steep rise that has already occurred – roughly doubling in the first two decades of the 21st century.<sup>[1]</sup>

**Undiagnosed diabetes** The foregoing scenarios give some idea of projections for the number of people *diagnosed* with diabetes. For the baseline year, at UK-level, around 90% of these diagnoses will be type 2 diabetes<sup>[1]</sup> (local Powys figures from National Diabetes Audit (NDA) suggest 92% type 2). It is important to note that there will also be a group of people within Powys who have diabetes, but have not been diagnosed. At a UK level around one million people have undiagnosed type 2 diabetes.<sup>[1]</sup> Though we do not have exact figures for Powys, applying the UK figure locally suggests that there might be around 2000 additional people with undiagnosed diabetes in Powys for the baseline

Wilcox-Sue  
12/08/2024 12:17:35

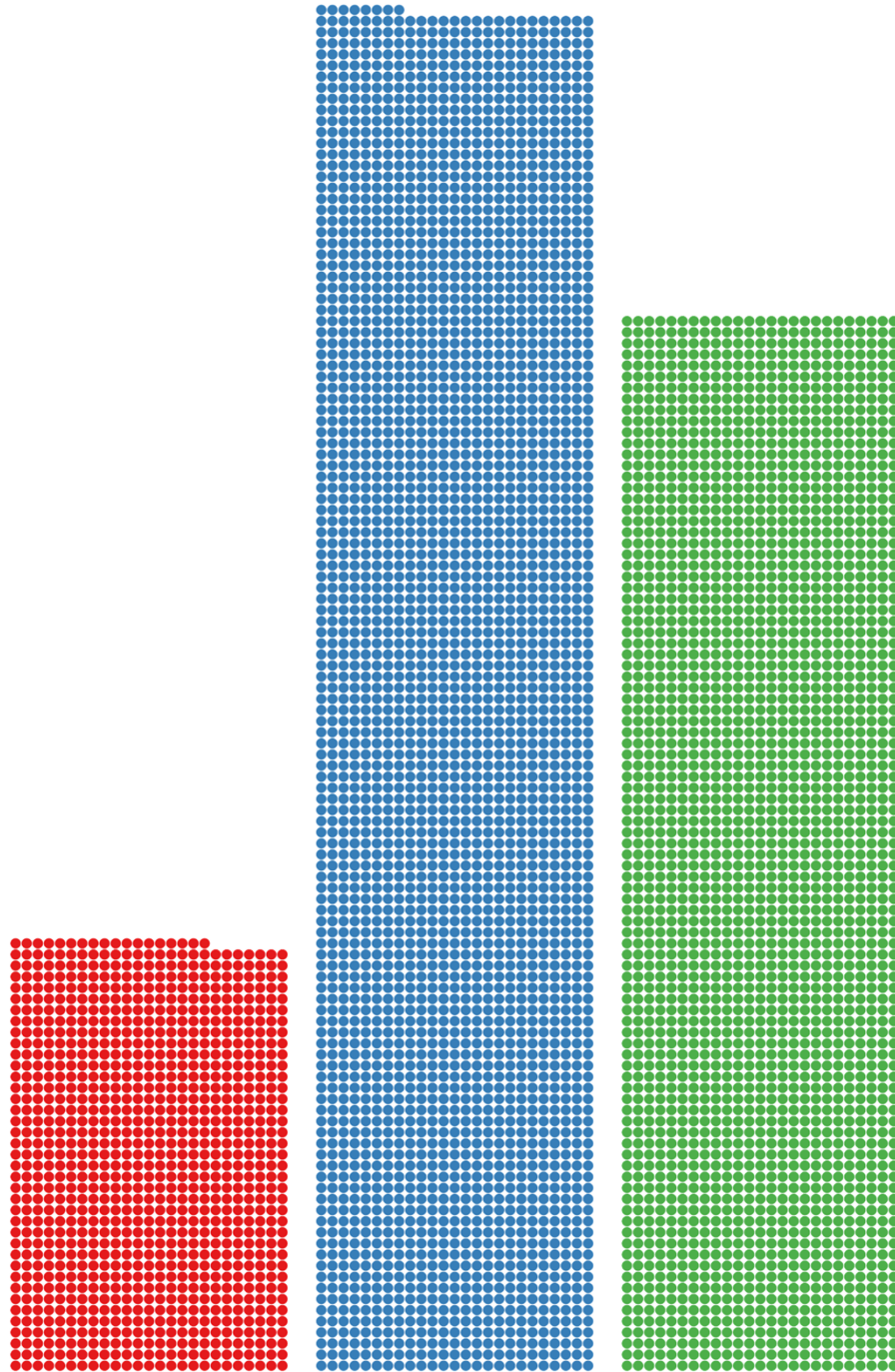
year (2021). If we project this figure forward to 2035 using different scenarios, we might expect there to be an additional 200 people with undiagnosed diabetes by 2035.

In the remainder of the document, we have not included this undiagnosed population in our estimates, focusing on scenarios 1, 2 and 3 (the original scenarios) looking only at numbers of people *diagnosed* with diabetes. In an effort to aid the reader with thinking about what these kind of increases might mean, the potential level of increase in PWDP with these scenarios is illustrated on the following page. The increase shown is for the year 2035. Each dot on the figure represents one additional PWDP for that year as compared to the baseline position in 2021. The figure shows visually the potential for a startlingly large number of extra PWDP to be present in a decade-or-so's time. The numbers illustrated in the figure overleaf are used to address the implications of increases in diabetes, discussed in section 2.

Wilcox, Sue  
12/08/2024 12:17:35

# How many more people in Powys might have diabetes in 2035?

Each dot represents an additional person in Powys with diabetes (in 2035 compared to 2021) under different scenarios\*



**Scenario 1**

968 more people

**Scenario 2**

3058 more people

**Scenario 3**

2375 more people

\*In 2021, there were 9225 people with diabetes in Powys

Wilcox-Sue  
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## 2 Implications of scenarios

In this section, we address the question:

What are the implications for PTHB of changes in the number of PWDP in coming years?

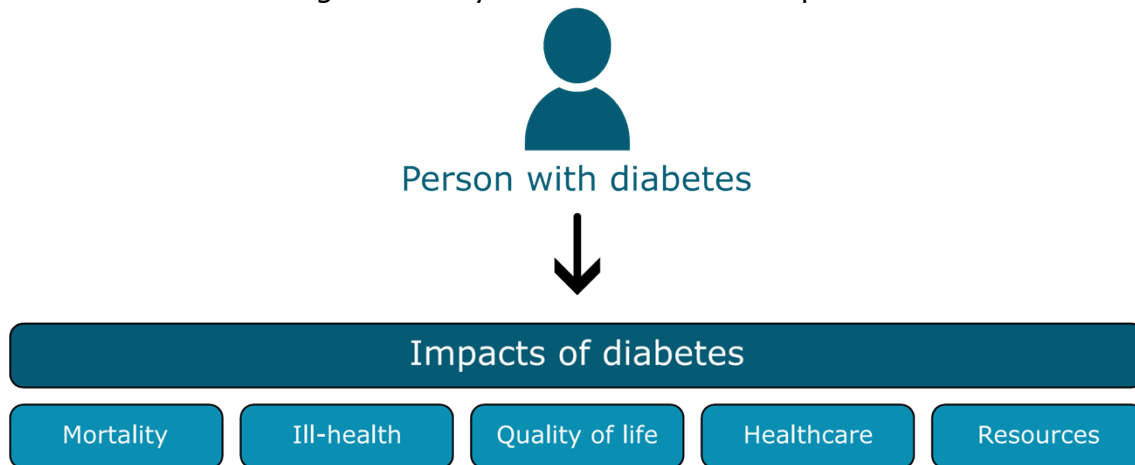
We have divided the answer to this question into two parts, first considering the question of what the impacts are of an individual having diabetes, both from the perspective of that individual and from a wider perspective; second, where possible, we have examined the cumulative effects of extra PWDP under the different scenarios outlined above *from the perspective of PTHB*. As indicated previously, there is considerable uncertainty around the scenarios: the situation with inferring the impact of diabetes under the scenarios is also itself subject to uncertainty and the quantifications of impact below should be treated as illustrations rather than predictions – limitations of resource within the public health team, availability of data and the inherent complexity of the system all place constraints on what can be inferred about what will happen. However, illustration of the kinds of effects that we might expect to see with increasing numbers of PWDP can provide useful context for thinking about how we should respond as a health board.

### 2.1 An individual with diabetes

Before looking to quantify the implications of scenarios, we look to catalogue some of the known impacts of diabetes. Our intention is to consider these potential effects for an individual in combination with the illustration of the number of individuals we might be talking about (illustrated at the end of section 1). Diabetes is a complex multisystem disease characterised by hyperglycaemia (high blood glucose).<sup>[2]</sup> Living with diabetes can affect many areas of an individuals' life, including health, work and personal lives.<sup>[1]</sup> and people with diabetes are at

increased risk of death.<sup>[3]</sup> Figure 2 summarises some important areas of impact that are discussed further below.

Figure 2: Key areas of diabetes impact



**Mortality** Mortality that is attributable to diabetes can be complicated to estimate, because persons with diabetes most frequently die of cardiovascular disease or renal failure, rather than a complication specific to diabetes<sup>[4]</sup> However, methods that aim to get around this difficulty find that 8.5% of the deaths in those aged 20 to 79 years (in Europe) can be attributed to the disease<sup>[3]</sup> – applied to Powys this would suggest that in 2021 between 60 and 70 deaths of people in Powys were as a result of diabetes (looking only at deaths in those aged 20 to 79).

**Ill-health** The way in which diabetes results in disease and ill-health for an individual is complex, involving an intricate interplay of factors, with hyperglycaemia the primary driver but also including other mechanisms.<sup>[2]</sup> While some individuals with diabetes may be asymptomatic (perhaps 6 in 10 people at the time of diagnosis with type 2 diabetes<sup>[1]</sup>), over time these mechanisms drive the development of a constellation of health effects, including the following:

Wilcox-Sue  
12/08/2024 12:17:35

- *Kidney disease* Roughly 40% of diabetes patients will develop kidney disease and diabetes is a major cause of end-stage renal failure.<sup>[2]</sup>; as many as 20,000 people in the UK with diabetes need dialysis or a renal transplant. (Assuming that these people are distributed in line with the overall population, this would suggest that around 40 people in Powys might be expected to be on dialysis as a result of diabetes – though we have not been able to compare these numbers with local data.) People with diabetes are 5 times more likely to need dialysis or transplantation than the general population.<sup>[1]</sup> The presence and severity of kidney disease is a marker of people who are at risk of adverse health outcomes and premature mortality.<sup>[5]</sup>
- *Eye disease* The primary manifestation of diabetes in the eye is damage to the retina – retinopathy – which has the potential to result in complete sight loss. Diabetic retinopathy is the fourth most common cause of blindness in developed countries.<sup>[6]</sup> Diabetes also increases the risk of glaucoma and cataracts.<sup>[7]</sup>
- *Cardiovascular disease* (stroke, heart attack, peripheral vascular disease) are the major source of death and ill-health in people with diabetes.<sup>[2]</sup> – multiplying the risk 2–5 fold.
- *Foot disease* Foot disease affects perhaps 6% of people with diabetes and includes a range of elements including ulceration, infection and destruction of the tissues of the foot.<sup>[8]</sup> In severe cases amputation will be required.<sup>[8]</sup>
- *Mental health* Around 40% of people with diabetes struggle with their psychological well-being, with 7 in 10 reporting being overwhelmed by the demands of living with diabetes.<sup>[1]</sup>
- *Sexual health* Both men and women with diabetes more likely to experience sexual problems than those without the disease.<sup>[1,9,10]</sup>

- *Pregnancy* Gestational diabetes (diabetes of pregnancy) is increasing in line with the prevalence of obesity and with more pregnancies in older women. Women with diabetes are five times more likely to have a pre-term baby, three times more likely to have a caesarean section and twice as likely to have a baby weighing over 4kg. Babies of women with diabetes are five times more likely to be stillborn and three times more likely to die in their first three months of life.<sup>[1,11]</sup><sup>1</sup>
- *Other impacts* Diabetes is also an important driver of other health problems, too numerous to list exhaustively here, but including periodontal disease, pneumonia and other infections<sup>[12]</sup>, cancers<sup>[13]</sup>, chronic pain<sup>[14]</sup>, liver disease<sup>[15]</sup>, cognitive decline<sup>[16]</sup>, dementia<sup>[16]</sup>, functional disability<sup>[16]</sup>, obstructive sleep apnoea<sup>[16]</sup> and heart failure<sup>[2]</sup>

**Quality of life** Beyond its direct health effects, diabetes can also impact more widely on an individual's life in a number of ways. People with diabetes have a worse quality of life than people with no illness<sup>[17]</sup>; good glycaemic control is associated with a better quality of life and, perhaps unsurprisingly, the development of complications of the disease is the most important determinant of quality of life in those with diabetes.<sup>[17]</sup> Specific effects can be on employment, where for example people with diabetes can experience problems with discrimination<sup>[1]</sup> and effects on productivity and absenteeism.<sup>[1]</sup>; and also effects of diabetes on driving, for example via Driver and Vehicle Licensing Agency (DVLA) where refusals or revocations of licences are also important quality-of-life factors.<sup>[1]</sup>

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<sup>1</sup> A maternity dashboard that is under development in Powys is planned to include analysis of gestational diabetes numbers of expectant parents in the county, though this has not yet been implemented.

**Need for Healthcare** To prevent the complications of diabetes, including death, that are outlined above, people with diabetes often require multiple medications, intensive monitoring and on-going follow up<sup>[18]</sup>, requiring action at multiple levels of the health system. People with diabetes are twice as likely to be admitted to hospital<sup>[1,19]</sup>; one in six people in hospital beds has diabetes<sup>[1]</sup> and these patients have a longer average hospital length-of-stay and have more frequent hospital readmissions.<sup>[1]</sup>

**Resources** The need for healthcare the diabetes induces means that the management of diabetes and, particularly, its complications is a major driver of resource use for the NHS as well as for other services. A recent paper<sup>[20]</sup> (discussed below in section 2.2.3), estimated that, at a UK-level, 6.3% of the NHS budget was spend on diabetes.

Many of the impacts of diabetes are well known, and we have tried to highlight the important ones in this section. Ideally, we would wish to infer the impacts in each of these areas from a Powys perspective, so as to quantify these impacts in the light of the scenarios outlined in section 1. Practical constraints however mean such estimation has only been possible for certain impacts of diabetes for Powys. These are covered in the next section.

## 2.2 Quantifying impacts at PTHB level

In this section we present analysis that gives figures for three healthcare related areas:

1. Diabetes Specialist Nurses (DSN)
2. Prescribing
3. Healthcare costs

For each of these areas, we used a similar, simple approach to illustrating the impact of rising diabetes prevalence:

1. We obtained a baseline figure for the year 2021 (or where data was available in financial years for the financial year 2021/22).
2. This baseline number was then scaled by the percentage increase in diabetes prevalence between 2021 and 2035, under the three original scenarios discussed above.
3. We pulled out the total numbers and the absolute increase that might be expected by 2035 under the different scenarios.

This method is very simple and has a number of limitations. It assumes that the only driver of change in these areas would be the number of PWDP, but other factors are likely to come into play (for example the age distribution of PWDP, changes in healthcare delivery and so on). Of note, the relative change (and thus the shape of the charts) is the same for each area examined, with only the absolute numbers changing. This is because the relative change is taken each time from the fourth row of table 1.

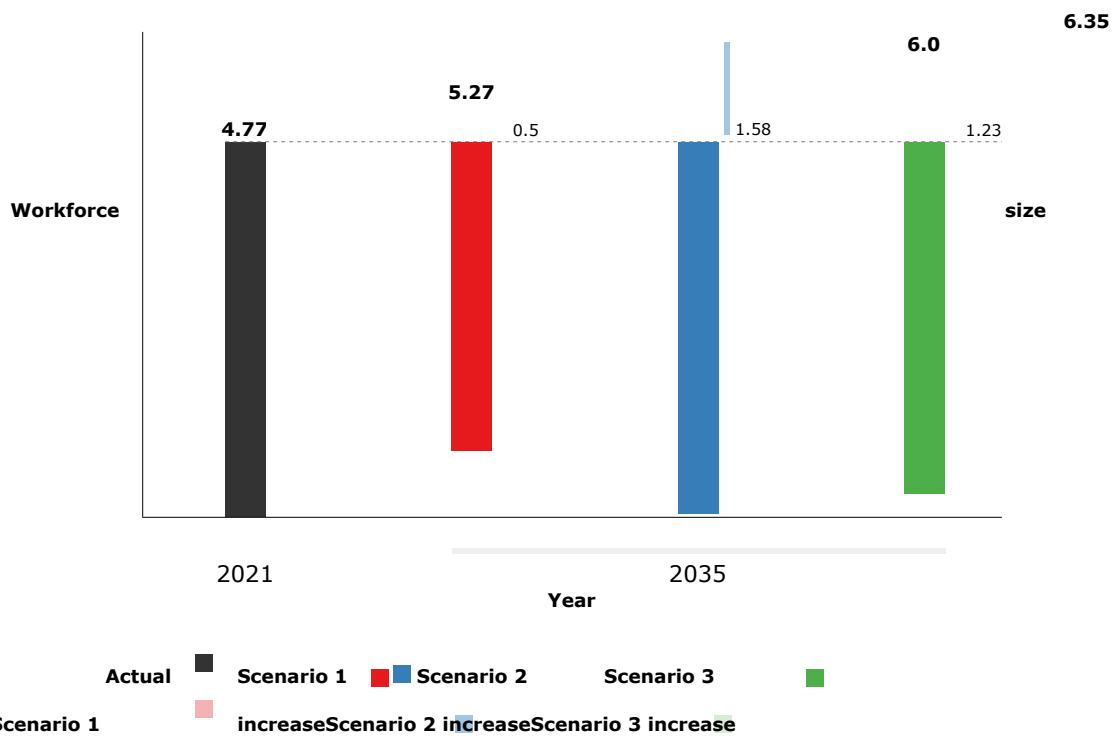
### 2.2.1 DSN

We obtained information on DSNs from the DSN team in Powys. The team helps with the delivery of diabetes care and currently sees about 15% of PWDP. There are currently 4.77 whole time equivalent (WTE) DSNs in Powys. With the current level of service, patients typically wait 3 to 4 months from referral to routine appointments.

Here we have not considered whether this level of service is the right one. We have simply asked 'What level of increase in the DSN workforce might be required to maintain this level of service under different scenarios?'. We used the simple approach outlined above to generate the numbers shown in figure 3. As an example, for scenario 3 (shown in green), the estimate is that 6.0 WTE DSNs would be required by 2035 to maintain current levels of service, an increase of 1.23 WTE (indicated by the narrow, light-green bar in the figure).

Figure 3: Diabetes Specialist Nurse requirements under different scenarios

### Diabetes Specialist Nurses (WTE)



### 2.2.2 Prescribing

Prescribing information was taken from the DAV.<sup>[21]</sup> The data covers prescriptions that are issued by GPs and non-medical prescribers in primary care and which are then dispensed in the community in Wales or England.<sup>[21]</sup> Because this information is based on primary-care prescribing, it will miss out on some prescriptions issued in secondary care. The data includes prescriptions for diabetes drugs (for example insulin and metformin) as well as prescriptions for continuous glucose monitoring. Data are provided for the number of items issued and for the cost of items issued – in figures 4 and 5 respectively.

Figure 4: Prescribing items for diabetes under different scenarios

#### Prescribed items per year

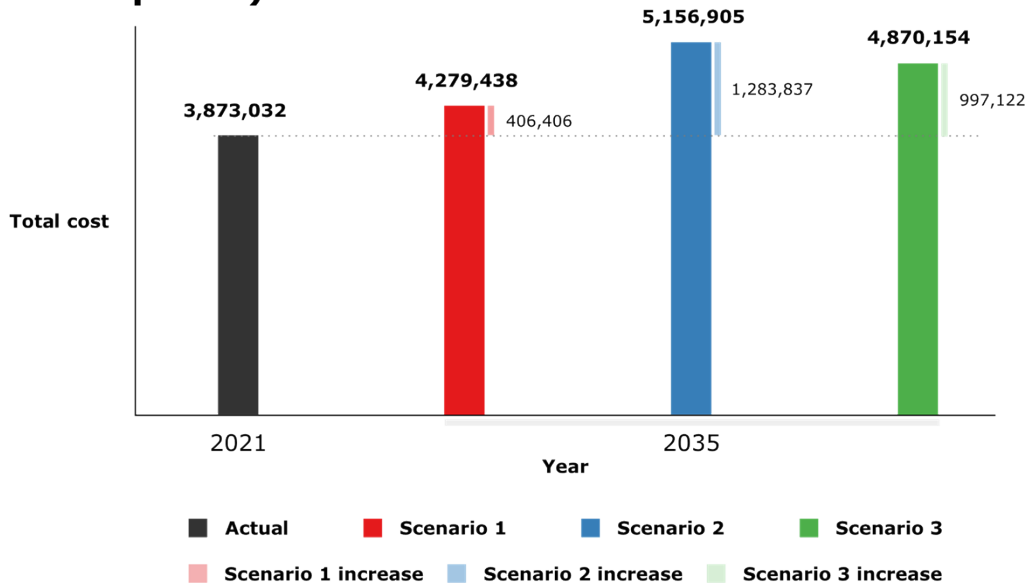
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## Prescribing costs per year (pounds at 2021 prices)



Prescribing changes are an area that are potentially particularly sensitive to changes in healthcare – new medications becoming available can have important effects on both the number of items prescribed and the cost of that prescribing. These scenarios for prescribing change need to be interpreted sensibly, mindful of the potential for such unforeseen changes to occur.

### 2.2.3 Healthcare costs

Healthcare costs associated with diabetes are of major importance, because of, for example, previous analysis from 2012 at UK-level suggesting that around 10% of the entire NHS budget was spent on diabetes and its impacts (80% of that expenditure being related to the management of complications of the disease).<sup>22</sup> Here we have examined overall expenditure on diabetes by PTHB in two ways:

Wilcox-Sue  
12/08/2024 12:17:35

**Programme budgeting** First we used programme budgeting analysis from the finance team in PTHB. This technique involves a retrospective appraisal of resource allocation, broken down into meaningful programmes, with a view to tracking future resource allocation, with such information routinely reported to Welsh Government by Local Health Board (LHB)s and other NHS organisations. Programme budgeting returns can be used to identify expenditure attributable to a particular area of care – in this case diabetes – and includes primary care (General Medical Services, pharmacists, drug prescribing and so on) and secondary care expenditure (PTHB services as well as out-of-county secondary care providers in Wales and England). It is important to note that this method relies on being able to correctly identify elements of care that are specific to diabetes and that this is not always possible to do accurately. This approach can miss out on some elements of care that are driven by diabetes but not attributed to it (for example some of the care under programme budgets for eye/vision problems, circulatory problems, neurological symptoms/problems will relate to diabetes, but is not included in the diabetes programme budget). Generally, we might expect it to result in an underestimate of costs related to diabetes.

**Applying UK-level diabetes expenditure to Powys** A recent study updated the 2012 work on diabetes-related expenditure at a UK level, examining the financial year 2021/22<sup>20</sup>. The estimated direct diabetes cost to the UK health system was £10.7 billion (60% being related to complications). This represented 6.3% of the £169 billion UK budget for healthcare in the UK. (This compares to equivalent figures of 7 and 10 percent for the USA and Germany respectively.)<sup>23,24</sup>. The study<sup>20</sup> also found an additional £3.3 billion in indirect costs for the UK. This approach uses more sophisticated approaches to identifying the costs to the healthcare system associated with diabetes – but applying it to Powys requires caution (because the Powys population and healthcare system are systematically different from the UK as a whole). However, it can provide some indication of diabetes impacts for Powys. The advantage of using this study is that it is reported in the academic

literature, uses transparent approaches and comes from experts in health economics. This method would be expected to provide a higher estimate of the financial impact of diabetes.

The potential changes in expenditure by PTHB on diabetes related healthcare is illustrated for these two methods in figures 6 and 7; they are quite different, reflecting the different methods used. Note that adjustments have not been made for the inflation that will occur up to 2035, so these costs should be regarded as being at year 2021/22 prices.

Figure 6: Healthcare costs under different scenarios, using the programme budgeting method

**Programme budget costs from diabetes  
(millions of pounds at 2021 prices)**

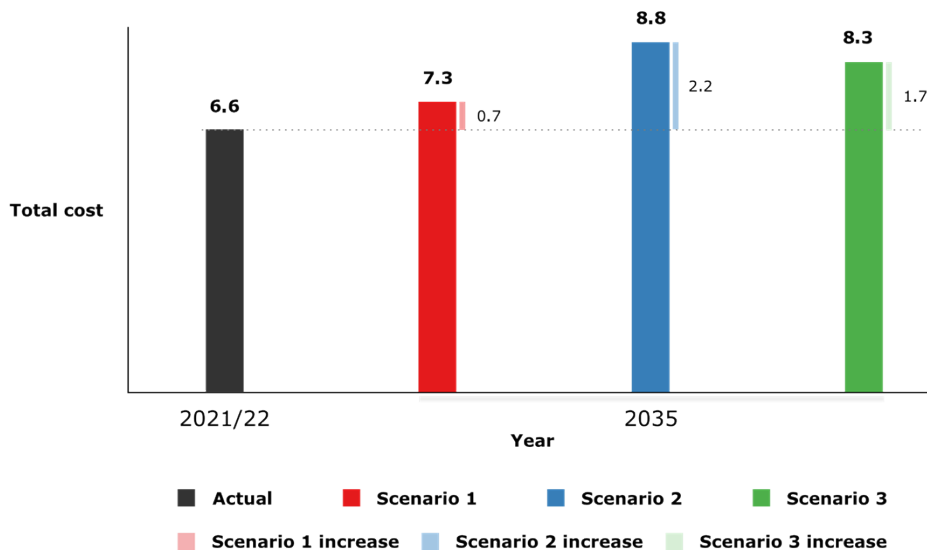
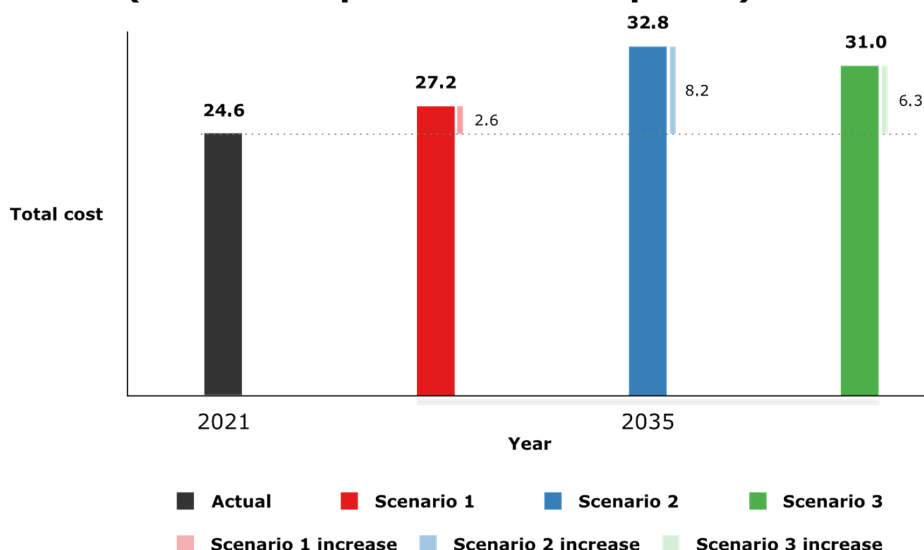


Figure 7: Healthcare costs under different scenarios, by application of the UK level research

Wilcox-Sue  
12/08/2024 12:17:35

### Annual costs to healthcare system from diabetes (millions of pounds at 2021 prices)



There are impacts of diabetes that we have not been able to address here, but which in an ideal world we would have liked to look at. For example, we have included nothing on admissions related to diabetes, because it is actually very difficult to disentangle which admissions genuinely relate to diabetes – the clinical coding available does not allow this to be done adequately. In the DAV the NHS Delivery Unit have sought to get round this problem by focusing only on admissions for situations that can more definitively be attributed to diabetes (amputations and retinopathy), but this is a problem when looking at the Powys population, because small numbers introduce such a level of uncertainty that the analysis becomes unreliable. Data limitations mean that looking at activity in primary care related to diabetes is also difficult.

Diabetes has major implications, both because of its effects as a disease and because of the commensurate requirement for healthcare input that it induces. While we would have liked to provide much greater detail projected impacts in a number of other areas (not included here for

Wilcox, Sue  
12/08/2024 12:17:35

practical reasons), we can nevertheless summarise some key points relevant to PTHB:

- There is no question that diabetes results in varied, potentially severe effects for the individuals in whom it develops and that the disease and its subsequent ramifications are also important for the NHS and for society more widely.
- Increasing numbers of PWDP will surely lead to increases in ill health, effects on mortality, demand for healthcare, financial implications for the NHS (as well as other services) and wider societal effects – even if, as highlighted here, projecting the exact magnitude of these impacts is challenging.
- As the examples above have indicated, under a mid-range scenario (scenario 3), we might see changes between 2021 and 2035 that include the following:
  - A requirement for 1.23 additional DSNs to maintain current levels of service – up to 6 WTE from 4.77 WTE at baseline.
  - An increase in prescribing costs for diabetes of perhaps £1 million – up to £4.9 million in 2035 from £3.9 million in 2021.
  - A £6.3 million in PTHB expenditure that is attributable to diabetes, up to £31 million in 2035 from £24.6 in 2021.
- While the picture that emerges here is concerning, it is important to keep in mind that *neither the onset of diabetes nor the development of its impacts is inevitable*, whatever the scenario modelling may project. The means by which an LHB might take advantage of opportunities to reduce the onset of diabetes and to alleviate its impacts is considered further in the next section.

### 3 Response

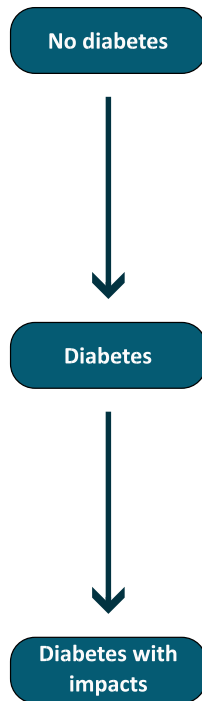
In this section, we address the question:

How should PTHB plan for and respond to these projected changes in the number of PWDP?

Diabetes is a global pandemic affecting perhaps 500 million people worldwide<sup>[2]</sup> and its prevalence has increased steadily for decades in the UK, in Wales and in Powys. Projections are for continued increases (as discussed above), driven in particular by the ongoing public health challenge of obesity and overweight. The growing issues Powys faces are not new and not unique to the county. Responding appropriately to these problems is extremely challenging. Here we have sought to provide useful background for developing work on how we, as a health board, might want to structure our approach to the diabetes challenge, with an emphasis on a population perspective. Below, is a suggested framework for thinking about this problem. Subsequent work will be needed to fill out some of the details and adapt our approach to local context to inform the IMTP.

Despite the relentless increases that have been seen at population level, there are no inherent reasons why increases in diabetes prevalence are inevitable. Figure 8 illustrates the progression of individuals in our population in stages: this progression (from being free of diabetes, through development of the disease, to development of the complications) is the core issue that PTHB faces with diabetes. Most people in the population are in the top box – with no diabetes. Reducing the subsequent flow of individuals through this progression is the key to addressing diabetes impact from a population perspective. Can this be done? Are there actions that we can take to reduce this flow? What would a health board that was serious about addressing diabetes do in this situation?

Figure 8: Progression of diabetes in our population



In figure 9, below, we highlight some of the high-level areas at which we *can* intervene in diabetes progression. Broadly, these are:

**Population prevention** While diabetes prevalence has increased and is increasing, it remains true that a large majority of the population do not have diabetes. For that population, the risk of going on to develop diabetes is determined by risk factors, some of which can be modified – for example diet, healthy weight, physical activity, blood glucose and so on. In a population or *universal* strategy, we intervene with the aim of achieving a general improvement in risk factors across the population – often with a view to reducing risk by modifying the social determinants of health. (Social determinants of health are the conditions in which people are born, grow, live, work and age. They are responsible for 60 to 70% of the negative impact of type 2 diabetes.<sup>[2]</sup> They have a multifaceted effect on (particularly) type 2 diabetes mediated via lifestyle behaviours (poor nutritional intake, physical inactivity, sleep

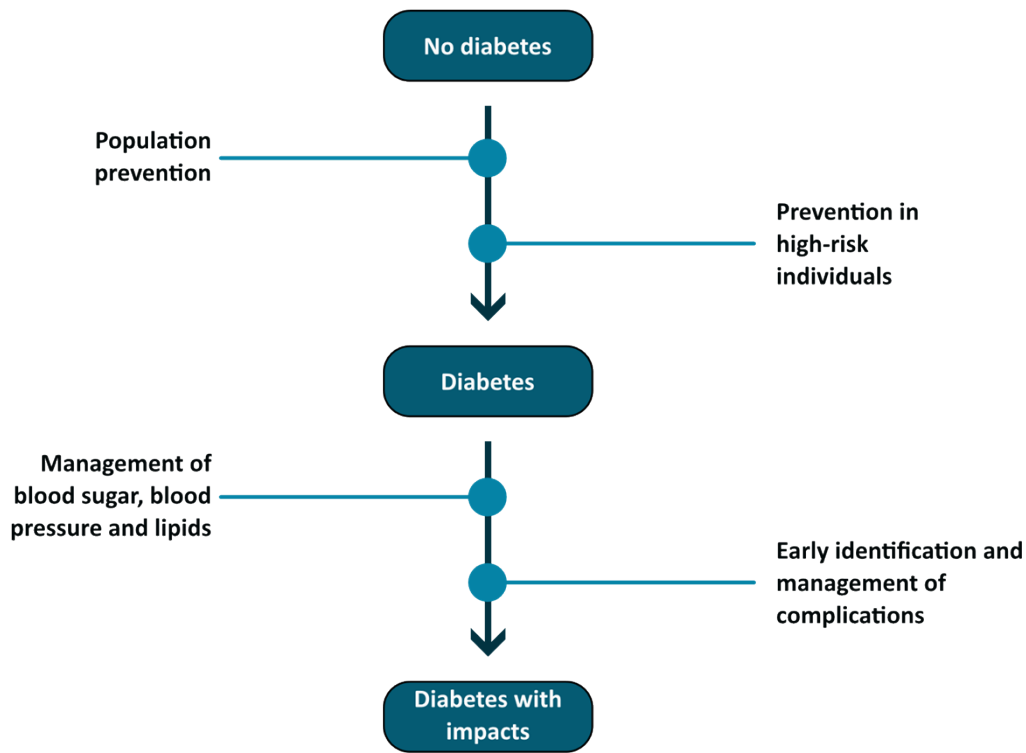
insufficiency, stress and so on).<sup>[2]</sup> ) Overweight and obesity, which are responsible for 80–85% of an individual’s risk of developing type 2 diabetes<sup>[1]</sup>, are themselves driven in large part by social determinants.

**Prevention in high-risk individuals** Within the Powys population that does not have diabetes, the diabetes-risk of individuals will vary – inevitably there will be a sub-group that is at higher risk of developing diabetes. A further risk reduction strategy is to identify these individuals and intervene to reduce their risk. Diabetes prevention programmes are an example of this approach.

**Management of blood sugar, blood pressure and lipids** When individuals do develop diabetes, there is much that can be done to reduce its impact. Paramount is the optimal management of blood glucose, lipids and blood pressure in people with diabetes: the ability of such a strategy to reduce microvascular and macrovascular complications of the disease is has been well established.<sup>[25,26,27,28]</sup> Accordingly, measurement and management of glycated haemoglobin (HbA1c), blood pressure and lipid profile are at the centre of national and international diabetes care guidelines. Regular review of these (and other risk factors such as weight and smoking habit) are recommended for this group.

**Early identification and management of complications** Monitoring for early detection of kidney, foot and eye disease is recommended by National Institute for Health and Care Excellence (NICE), and includes examination of feet and retina and testing for indications of renal impairment.

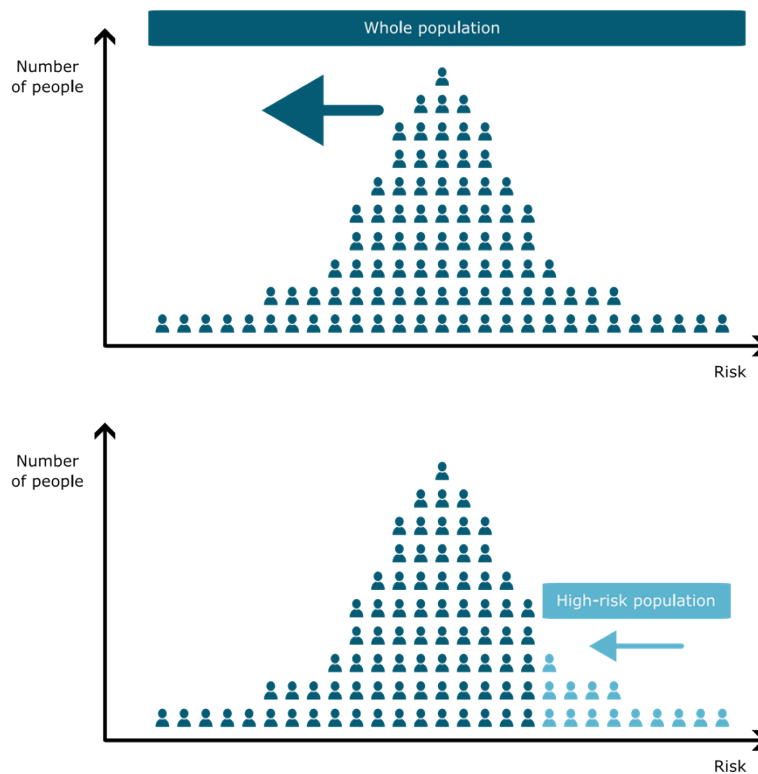
Figure 9: Broad strategies for intervention



**Universal and high-risk strategies** The strategies for intervening in diabetes progression illustrated in figure 9 fall into two broad types. First, *Population Prevention* is an example of a universal strategy, in which the intention is to modify risk across the whole population – even if the modification of risk for any one individual is small. Second, is the high-risk strategy, which would apply to the other three approaches (*Prevention in high-risk individuals; Management of blood sugar, blood pressure and lipids; Early identification and management of complications*). The aim for these high-risk approaches is to identify situations of increased risk and intervene accordingly.

The distinction between these types of intervention is important and is illustrated in figure 10.

Figure 10: Strategies for risk reduction

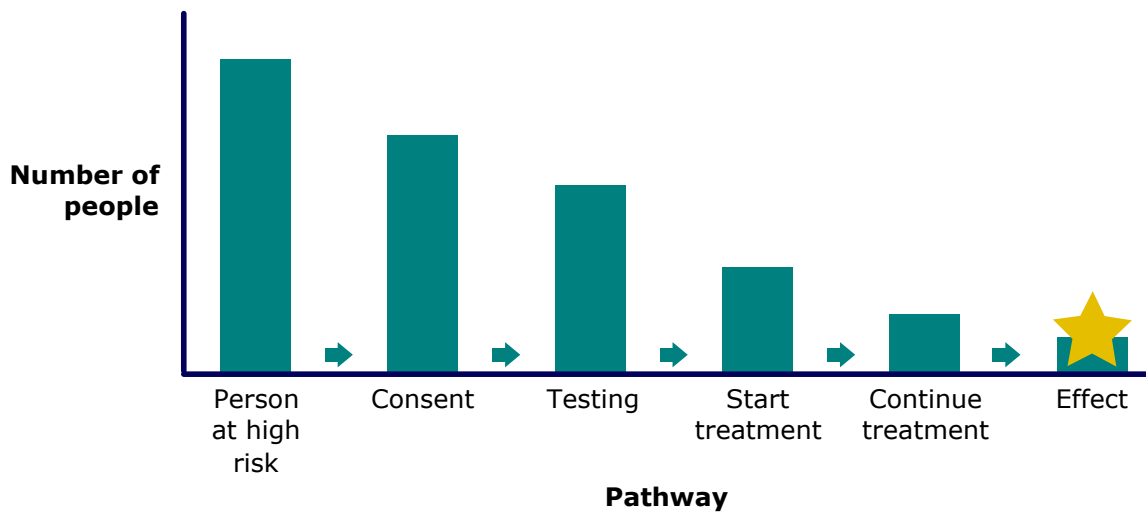


The importance of the distinction between these types of strategy derives from the fact that they are trying to do quite different things.<sup>[29]</sup> The universal strategy aims to influence risk in the whole population, with the consequent advantage that it has the potential to achieve effects at scale and to reduce inequalities.<sup>[29]</sup> However, the kinds of intervention (taxation, regulation, environmental changes and so on) inherent in this kind of strategy are often politically difficult, raising issues of democratic consent.<sup>[29,30]</sup> The universal nature of this type of intervention often means that it can be difficult to gain good quality evidence of their effectiveness in a world where the randomised controlled trial is the gold standard for research evidence. Additionally, the ability to implement these kinds of strategies will frequently fall outside of the locus of control of the health board – often falling under the remit of Welsh or UK government.

Wilcox-Sue  
12/08/2024 12:17:35

The high-risk strategy tends to have contrasting advantages and disadvantages. Practically, it is usually easier to implement, with the possibility of consenting individuals to intervention making it politically less difficult. High-risk strategies are more intuitive to the public, easier to monitor and easier to build an evidence base for. They tend to be more visible and easier to implement at the level of an organisation such as a health board. The disadvantages are less intuitive: because such strategies rely on an individual consenting to and engaging in the intervention, they often have differential take-up, with individuals in more disadvantaged groups less likely to take part. This means that such interventions can worsen inequality in the population. Counterintuitively, many of the individuals that go on to develop issues may not be in the high-risk category that is being targeted – the majority may be from the medium-risk group – resulting in the so-called *prevention paradox*<sup>[29]</sup>. Coupled with the fact that high-risk strategies tend to intervene later in the day, the result can be that high-risk strategies can struggle to achieve effects at scale. The steps in the process of delivery for such strategies also matter: achieving effects can often rely on the completion of a sequence of steps (for example an individual being identified, tested, begun on an intervention, persisting on an intervention and so on). At each of the steps in the pathway, a proportion of individuals may drop out, attenuating the overall effect of the intervention. This phenomenon is sometimes called the staircase effect or implementation decay and is illustrated in figure 11.<sup>[31]</sup> Finally, high-risk strategies may involve resource use and costs that can undermine their overall value as an approach.

Figure 11: Illustration of the staircase effect



The above considerations are important for PTHB, with some of the key implications being:

- If we are serious about achieving effects at scale, we should not ignore universal strategies.
- Because the implementation of universal strategies largely falls outside the remit of PTHB, our approach needs to include collaboration with other agencies, clarity about what can be done and articulation of the implications of not acting.
- It is likely that no one area of intervention will achieve the magnitude of impact that is needed. To be systematic in our approach, we will need to leverage the effects of intervening at multiple levels in the system, including both universal and high-risk strategies.
- Thus, high-risk strategies will continue to form a key part of PTHB's approach – but the phenomenon of the staircase effect means that constancy of purpose and attention to detail must underpin them. The overall value of each element needs to be clear and then detailed monitoring of the steps of implementation (and improvements where necessary) is key to success. (At the

moment, although much prevention work is already done, it is difficult for PTHB to build a comprehensive picture of its implementation for diabetes prevention.)

- The above discussion has ignored a complication: diabetes risk overlaps in complex ways with risks for other conditions; strategies to reduce population risk for diabetes will inevitably come up with a problem of overlapping, because risk factors for important chronic diseases in the population (cardiovascular disease, dementia, diabetes and so on) tend to be shared. To avoid duplication and confusion, PTHB needs to think clearly about how to structure its approach to modifying population risk.

Wilcox, Sue  
12/08/2024 12:17:35

## 4 Recommendations and further work

Recommendations from this Diabetes Deep Dive work are as follows:

1. Predicting diabetes prevalence and impacts, especially over the longer term, is difficult and we recommend that:
  - The health board does not place over-reliance on predictions of the number of people with diabetes or future impacts of the disease.
  - PTHB works on the broad assumption (consistent with all the scenario modelling discussed above) that, without effective intervention, diabetes prevalence will continue to rise for the Powys population in the coming decade or more, *but that inherent uncertainties mean that exact prediction of the magnitude of this increase is not practical for PTHB.*
2. Neither escalation in diabetes prevalence nor in its impacts is inevitable: the right actions have the potential to prevent both, but this has proved challenging for most health economies in recent decades. Against this backdrop, we recommend that to maximise chances of impact, PTHB:
  - Builds a shared global picture of opportunities to intervene in the progression of diabetes that includes both universal and high-risk approaches to risk reduction.
  - For universal approaches, many of which will fall outside of the locus of control of PTHB, an approach involving advocacy, communication and collaboration would be sensible, because without clear emphasis of the role of universal approaches, it will be hard to achieve the of size risk-reduction that we need in the system.
  - For high-risk strategies, which will often fall under the remit of PTHB, we need a systematic approach to interventions that

includes a clear rationale for action and a detail-orientated, intelligence-driven approach to delivery of pathways.

- PTHB should agree a shared approach to the problem of overlapping risk factors, so that confusion of purpose and duplication are both minimised.
3. This work is shared with and informs the development of the IMTP action Strategic Priority 4: *Develop and delivery a major conditions plan*, led by the Director of Strategic Improvement and Transformation.
  4. This work be taken forward to inform the work of the Accelerated Sustainable Model

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**GIG**  
CYMRU  
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Powys Teaching  
Health Board

**Agenda item: 6.1**

**Planning, Partnerships and Population Health Committee** **13 August 2024**

|   |  |
|---|--|
| <b>Subject:</b>                                     | <b>COMMITTEE RISK REGISTER</b>                             |
| <b>Approved and presented by:</b>                   | Deputy Board Secretary                                     |
| <b>Prepared by:</b>                                 | Corporate Governance Assurance and Risk Officer            |
| <b>Other Committees and meetings considered at:</b> | Executive Committee – 17 July 2024<br>Board – 24 July 2024 |

**PURPOSE:**  
The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board’s strategic objectives.

**RECOMMENDATION(S):**  
The Planning, Partnerships and Population Health Committee is asked to:

- **NOTE** the July 2024 version of the Committee Risk Register
- **DISCUSS** the corporate risks within the Committee’s remit and any relevant issues
- **TAKE ASSURANCE** that risks are being managed in line with the Risk Management Framework.

| <b>Approve/Take Assurance</b> | <b>Discuss</b> | <b>Note</b> |
|-------------------------------|----------------|-------------|
| Y                             | Y              | Y           |

**ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:**

|                                    |   |  |
|------------------------------------|---|--|
| 1. Focus on Wellbeing              | Y | The Corporate Risk Register links to all of the Health Board’s objectives by identifying risks that could impact on delivery or achievement. |
| 2. Provide Early Help and Support  | Y |  |
| 3. Tackle the Big Four             | Y |  |
| 4. Enable Joined up Care           | Y |  |
| 5. Develop Workforce Futures       | Y |  |
| 6. Promote Innovative Environments | Y |  |
| 7. Put Digital First               | Y |  |
| 8. Transforming in Partnership     | Y |  |

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12/08/2024 12:17:35

### EXECUTIVE SUMMARY:

The Committee Risk Register draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to delivery of the Health Board's strategic objectives.

### BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Planning, Partnerships and Population Health Committee is asked to:

- **NOTE** the July 2024 version of the Committee Risk Register
- **DISCUSS** the corporate risks within the Committee's remit and any relevant issues
- **TAKE ASSURANCE** that risks are being managed in line with the Risk Management Framework.

### NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of patient experience, quality and safety risks as set out above.

An updated version of the Corporate Risk Register is due to be presented to the Board on 25 September 2024.

Wilcox Sue  
12/08/2024 12:17:35

## PLANNING, PARTNERSHIP AND POPULATION HEALTH (PPPH) COMMITTEE RISK REGISTER (AUGUST 2024)

There is a risk that...

|               |                     |                   |                 |                 |               |   |  |
|---------------|---------------------|-------------------|-----------------|-----------------|---------------|---|--|
| <b>Impact</b> | <b>Catastrophic</b> | <b>5</b>          |                 |                 |               | <ul style="list-style-type: none"> <li>Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.</li> <li>A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services</li> </ul> |  |
|               | <b>Major</b>        | <b>4</b>          |                 |                 |               |   |  |
|               | <b>Moderate</b>     | <b>3</b>          |                 |                 |               |   |  |
|               | <b>Minor</b>        | <b>2</b>          |                 |                 |               |   |  |
|               | <b>Negligible</b>   | <b>1</b>          |                 |                 |               |   |  |
|               |                     | <b>1</b>          | <b>2</b>        | <b>3</b>        | <b>4</b>      | <b>5</b>  |  |
|               |                     | <b>Rare</b>       | <b>Unlikely</b> | <b>Possible</b> | <b>Likely</b> | <b>Almost Certain</b>   |  |
|               |                     | <b>Likelihood</b> |                 |                 |               |   |  |

### CORPORATE RISK DASHBOARD – AUGUST 2024

| Risk Lead | Risk ID | Main Risk Category                     | Risk Description<br><b>There is a risk that:</b>  | SCORE<br>(Likelihood x Impact) | Board Risk Appetite | Risk Target | At Target<br>✓/x | Lead Board Committee                         |
|-----------|---------|--|---|--------------------------------|---------------------|-------------|------------------|--|
| ED FC&SS  | CRR 007 | Safety                                 | Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable. | <b>4 x 4 = 16</b>              | Cautious            | 8           | x                | Planning, Partnerships and Population Health |
| ED PH     | CRR 010 | Performance and Service Sustainability | A significant public health event / emergency impacts on population health and wellbeing, provision, continuity and sustainability of services    | <b>4 x 4 = 16</b>              | Cautious            | 12          | x                | Planning, Partnerships and Population Health |

**KEY**

**Risk Appetite Descriptors and Categories**

| Risk Appetite | Description  |
|---------------|--|
| Averse        | Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.   |
| Minimal       | Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.   |
| Cautious      | Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent. |
| Open          | Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.  |
| Eager         | Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.  |

**Risk Scoring**

| LIKELIHOOD          | IMPACT             |            |               |            |                   |
|---------------------|--------------------|------------|---------------|------------|-------------------|
|                     | Insignificant<br>1 | Minor<br>2 | Moderate<br>3 | Major<br>4 | Catastrophic<br>5 |
| Almost Certain<br>5 | 5                  | 10         | 15            | 20         | 25                |
| Likely<br>4         | 4                  | 8          | 12            | 16         | 20                |
| Possible<br>3       | 3                  | 6          | 9             | 12         | 15                |
| Unlikely<br>2       | 2                  | 4          | 6             | 8          | 10                |
| Rare<br>1           | 1                  | 2          | 3             | 4          | 5                 |

|          |     |     |     |          |      |      |       |
|----------|-----|-----|-----|----------|------|------|-------|
| Very Low | 1-3 | Low | 4-8 | Moderate | 9-12 | High | 15-25 |
|----------|-----|-----|-----|----------|------|------|-------|

| RISK APPETITE                          |                   |
|--|-------------------|
| Category                               | Appetite for Risk |
| Safety                                 | Averse            |
| Quality                                | Minimal           |
| Regulation and Compliance              | Cautious          |
| Reputation and Public Confidence       | Cautious          |
| Performance and Service Sustainability | Cautious          |
| Financial Sustainability               | Cautious          |
| Workforce                              | Cautious          |
| Partnerships                           | Open              |
| Innovation and Strategic Change        | Open              |

Wilcox, Sue  
12/08/2024 12:17:38

| <b>Key: Assurance Ratings</b> |  |
|-------------------------------|--|
| Substantial Assurance         | High confidence in relation to quality of assurances and effectiveness of controls. Sightedness by a range of stakeholders.<br>Low impact on residual risk exposure.   |
| Reasonable Assurance          | Medium confidence in relation to the quality of assurances and effectiveness of controls. Sightedness at various levels of the organisation, potentially some external assurance.<br>Low to moderate impact on residual risk exposure. |
| Limited Assurance             | Medium confidence in relation to the quality of assurances and effectiveness of controls. Limited sightedness externally and across the organisation.<br>Moderate impact on residual risk exposure.                                    |
| No Assurance.                 | No evidence in relation to the effectiveness of controls. Action required to assess/address.<br>High impact on residual risk exposure.   |

Wilcox, Sue  
12/08/2024 12:17:30

|   |   |   |                           |                                       |
|---|---|---|---------------------------|---------------------------------------|
| <b>CRR 007</b>  |   | <b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services  |                           |                                       |
| <b>Risk that:</b> Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable. |   | <b>Assuring Committee:</b> Planning, Partnerships and Population Health   |                           |                                       |
| <b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8  |   | <b>Date last reviewed:</b> July 2024  |                           |                                       |
| <b>Risk Category:</b> Safety  |   | <b>Boards Risk Appetite:</b> Cautious   |                           |                                       |
| <p><b>Risk Rating</b><br/>(likelihood x impact):</p> <p>Inherent: 5 x 4 = 20<br/>Current: 4 x 4 = 16<br/>Target: 2 x 4 = 8</p>                                      | Graph will be updated at next report  | <p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently. Appointment/contact activity data confirms continued high patient demand.</li> <li>Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services)</li> <li>Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list/Dental Access Portal continues to demonstrate an increasing pressure on timely access to routine dental services. Currently there are approximately 4300 patients on the waiting list. Access in North Powys is compromised due to ongoing recruitment challenges.</li> <li>New Optometry Regulations in force Oct 2023, and ongoing implementation. Implementation of WGOS4 challenging due to complex secondary care pathways and implementation may be compromised.</li> </ul> |                           |                                       |
| <p><b>Date added to the risk register.</b><br/>Risk updated July 2024</p>   |   |   |                           |                                       |
| <p><b>Source of risk:</b><br/>Primary Care Department</p>   |   |   |                           |                                       |
| <b>Controls (What are we currently doing about the risk?)</b>   |   | <b>Sources of Assurance</b>   | <b>Level of Assurance</b> | <b>Highest Assurance provided to:</b> |
| 7.1   | Monitoring and liaison with practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks. 4.5% uplift agreed for national and local supplementary service (effective from 1/4/23) | <ul style="list-style-type: none"> <li>Escalation Tool</li> <li>Sustainability matrix score</li> </ul>  | reasonable                | Executive Committee                   |

|     |  |  |            |                           |
|-----|--|--|------------|---------------------------|
| 7.2 | National Contract Assurance Framework in place – data analysis will inform specific areas of concern to work through with practices  | <ul style="list-style-type: none"> <li>Contract Assurance Framework</li> <li>Annual Return</li> <li>Enhanced Service Audits</li> <li>Prescribing Data</li> <li>Practice Review Visits</li> </ul> | reasonable | Executive Committee / D&P |
| 7.3 | Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.   | <ul style="list-style-type: none"> <li>Cluster Plan progress reported to RPB Executive Group</li> </ul>  | reasonable | Executive Committee / D&P |
| 7.4 | Regular contact with Shropdoc to ensure continuation of out of hours services. Contract extension in place from 1 <sup>st</sup> July 24 – 21 <sup>st</sup> March 25 via a Contract Variation Notice                        | <ul style="list-style-type: none"> <li>Weekly Rota (triage &amp; base cover)</li> <li>Monthly achievement against OOH Performance Standards</li> <li>Quarterly Performance Review</li> </ul>     | reasonable | Executive Committee / D&P |
| 7.5 | Allocation of new patients from Dental Access Portal to dental practices. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. | <ul style="list-style-type: none"> <li>Dental Access Portal</li> <li>Contract Reform new patient and historic patient metrics.</li> <li>GDS monitoring Group</li> </ul>                          | limited    | Executive Committee / D&P |
| 7.6 | Utilising CDS service for increased input to support urgent GDS access provision when required.  | <ul style="list-style-type: none"> <li>Urgent slot capacity review v demand</li> </ul>   | reasonable | Executive Committee / D&P |

**Mitigating Actions (What more will we do?)**

| <b>Action</b>   | <b>Lead</b>                            | <b>Action update</b>  | <b>Deadline</b> | <b>Action on Target</b> |
|---|--|---|-----------------|-------------------------|
| To undertake GP Practice Review visits                          | Assistant Director Primary Care (ADPC) | Arranged for September 24   | October 24      | On Track                |
| To undertake GDS End of year review visits                      | ADPC                                   | Arranged for July/August 24   | October 24      | On track                |
| Review of GMS sustainability matrix                             | ADPC                                   | Report to Executive Committee   | September 24    | On track                |
| Implementation of additional HB salaried GDS service in Newtown | Associate Dental Director/ADPC         | Report to Executive Committee   | September 24    | On track                |
| Implementation of mobile dental clinic in Hay on Wye            | Associate Dental Director/ADPC         | Report to Executive Committee   | September 24    | On track                |
| <b>Current Risk Rating</b>                                      |  | <b>Update including impact of actions to date on current risk score</b> |                 |                         |
| <b>4 x 4 = 16</b>   |  |   |                 |                         |

|  |   |  |                           |                                       |
|--|---|--|---------------------------|---------------------------------------|
| <b>CRR xxx</b>   |   | <b>Executive Lead:</b> Executive Director of Public Health   |                           |                                       |
| <b>Risk that:</b> A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services |   | <b>Assuring Committee:</b> Planning, Partnerships and Population Health  |                           |                                       |
| <b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8   |   | <b>Date last reviewed:</b> July 2024   |                           |                                       |
| <b>Risk Category:</b> Performance and Service Sustainability   |   | <b>Boards Risk Appetite:</b> Cautious  |                           |                                       |
| <p><b>Risk Rating</b><br/>(likelihood x impact):</p> <p>Inherent: 4 x 4 = 16<br/>Current: 4 x 4 = 16<br/>Target: 4 x 3 = 12</p>                                |   | <p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>The impacts of an outbreak of an emerging infectious disease could result in large numbers of people falling ill. At a national level the risk of a pandemic is described as a high risk with catastrophic impacts, and risk of outbreak of an emerging infectious disease as high risk with significant impact. These form the bases of the Health Board's risk rating scoring.</li> <li>Impacts on society depend on many different factors – transmission route, time of year, symptoms, severity of disease, travel, who gets ill, whether there are effective treatments or vaccines available and healthcare pathways.</li> <li>An event would require an enhanced individual, population and system response to ensure management is effective, efficient and safe. Failure to contain an outbreak could result in a large epidemic or a pandemic.</li> <li>The NHS is already operating at near maximum capacity, and Test, Trace and Protect Programme funding at large scale during the Covid pandemic ended in March 2023 as covid transitioned to covid stable scenario in line with WG 'Together for a Safer Wales'.</li> </ul> |                           |                                       |
| <p><b>Date added to the risk register</b><br/>July 2024</p>  |   |  |                           |                                       |
| <p><b>Source of risk:</b><br/>Executive Committee</p>  |   |  |                           |                                       |
| Graph will be updated at next report   |   |  |                           |                                       |
| <b>Controls (What are we currently doing about the risk?)</b>  |   | <b>Sources of Assurance</b>  | <b>Level of Assurance</b> | <b>Highest Assurance provided to:</b> |
| 7.1  | Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements. | <ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> <li>Civil Contingency Annual Report</li> </ul>  |                           | Executive Committee                   |
| 7.2  | Health Board Pandemic Framework updated and working document in place                                       | <ul style="list-style-type: none"> <li>Executive Committee (March 2024)</li> </ul>   |                           | Board                                 |
| 7.3  | Corporate Civil Contingency arrangements subject to internal audit 2023/24                                  | <ul style="list-style-type: none"> <li>Audit Report – substantial assurance (Dec 2023)</li> </ul>  |                           | Audit Committee                       |

|   |   |   |   |                     |                         |
|---|---|---|---|---------------------|-------------------------|
| 7.4   | The Communicable Disease Outbreak Plan for Wales revised and updated (2023/24). PTHB participated in all Wales multi-agency exercise of the Plan (19/03/24) | <ul style="list-style-type: none"> <li>Civil Contingency Annual Report (including training plan)</li> </ul> |   | Executive Committee |                         |
| 7.5   | A joint small Health Protection Team is being developed in line with significantly reduced WG funding to respond to all health protection 'hazards'.        | <ul style="list-style-type: none"> <li>Annual Plan</li> </ul>   |   | Executive Committee |                         |
| 7.6   | Vaccination surge Plan developed and exercised (March 2023)   | <ul style="list-style-type: none"> <li>Surge Plan</li> </ul>  |   | Executive Committee |                         |
| 7.7   | Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales                           | <ul style="list-style-type: none"> <li>Minutes of Meetings</li> </ul>                                       |   | Executive Committee |                         |
| 7.8   | Health Board is fully engaged in the Dyfed Powys Local Resilience Forum   | <ul style="list-style-type: none"> <li>Minutes of meetings</li> </ul>                                       |   | Executive Director  |                         |
| <b>Mitigating Actions (What more will we do?)</b> |   |   |   |                     |                         |
|   | <b>Action</b>   | <b>Lead</b>   | <b>Action update</b>  | <b>Deadline</b>     | <b>Action on Target</b> |
|   | Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic preparedness strategy/guidance when it is published.  | Corporate & Civil Contingency Manager   | Reflection and consideration of learning following module 1 publication on 18/07/24, and incorporate learning into HB plans.  | Ongoing             |                         |
|   | Audit of Community Services Operational Division critical services Business continuity plans  | Director of Community Services  | Operational division supported by Civil Contingency Manager to update their business continuity plans. Audit included in annual audit cycle.                                  | Q4 2023/24          |                         |
|   | Revise and update management of covid-19 in care homes pathway (in partnership with LA and PHW)   | Health Protection Oversight Group   | Pathway revised, updated and agreed by HPOG (July 2024)   | July 2024           |                         |
|   | Implement Winter respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)  | Director of Public Health   | Plans being developed in line with planning assumptions and learning from last Winter   | March 2025          |                         |
|   | Maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines)  | Director of Public Health   | MMR Catch-up being implemented, including targeted intervention to children/young people who do not have recorded MMR vaccination. Covid spring booster campaign implemented. | July 2024           |                         |

Wilcox, Sue  
12/08/2024 12:17:35

|  |                                 |   |           |  |
|--|---------------------------------|---|-----------|--|
|  |                                 | Targeted intervention to increase preschool immunisation uptake   |           |  |
| Continue with Data sharing across borders task and finish group (PHW/LA/HB) to resolve lab results issues and strengthen reporting of results pathways.                    | PHW lead, with DPH through HPOG | Task and finish group established, progressing actions to resolve flow of results relating to Welsh residents regarding infections to PHW   | Dec 2024  |  |
| MMR Working Task and Finish Group to coordinate system action to increase MMR vaccination rates (includes action on healthcare staff and catch-up of school aged children) | Director of Public Health       | MMR Catch-up being implemented to increase MMR rates in secondary and primary school. Drop-in MMR vaccination available at vaccination centres (Bronllys & Newtown). Targeted letters to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health. | July 2024 |  |
| Development of an internal Policy for the management of high consequence infectious diseases (HCIDs) and supporting procedures.  | Consultant Lead Nurse for IPC   | Guidance being developed by PHW and due to be issued in Autumn 2024. FIT testing training sessions regularly offered to staff to maintain competency.   | Feb 2025  |  |
| <b>Current Risk Rating</b>   |                                 | <b>Update including impact of actions to date on current risk score</b>   |           |  |
| <b>4 x 4 = 16</b>  |                                 |   |           |  |

Wilcox, Sue  
12/08/2024 12:17:35

## Planning, Partnerships and Population Health Committee 2024-25

| Theme                | Item Title   | May<br>16/05/2024 | August<br>13/08/2024 | November<br>14/11/2024 | February<br>04/02/2025 |
|----------------------|--|-------------------|----------------------|------------------------|------------------------|
| Governance           | Minutes of previous meeting  | ✓                 | ✓                    | ✓                      | ✓                      |
| Governance           | Declaration of Interests   | ✓                 | ✓                    | ✓                      | ✓                      |
| Governance           | Action Log   | ✓                 | ✓                    | ✓                      | ✓                      |
| Governance           | Committee Reflections  | ✓                 | ✓                    | ✓                      | ✓                      |
| Governance           | Committee Risk Register  | ✓                 | ✓                    | ✓                      | ✓                      |
| Governance           | Annual Work Programme  | ✓                 |                      |                        |                        |
| Governance           | Work Programme (updated through year)  |                   | ✓                    | ✓                      | ✓                      |
| Governance           | Annual Assessment of Committee Effectiveness   |                   |                      |                        | ✓                      |
| Governance           | Committee Annual Report  | ✓                 |                      |                        | ✓                      |
| Governance           | Review of Terms of Reference   |                   |                      |                        | ✓                      |
| Planning             | IMTP - Approach for development  |                   | ✓                    |                        |                        |
| Planning             | IMTP - Draft Plan  |                   |                      | ✓                      |                        |
| Planning             | Strategic Change Report  | ✓                 | ✓                    | ✓                      | ✓                      |
| Planning             | Primary Care cluster plans 2024/25   | ✓                 |                      |                        |                        |
| Planning             | Primary Care Cluster Reporting against delivery 2023/24  | ✓                 |                      |                        |                        |
| Planning             | Strategic Commissioning Framework  |                   |                      | ✓                      |                        |
| Partnerships         | Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work   |                   |                      | ✓                      |                        |
| Partnerships         | RPB delivery plan  | ☒                 |                      |                        | ✓                      |
| Partnerships         | Integrated Care Fund (annual) and performance reports Timescales TBC (HB)  |                   | ☒                    | ✓                      | Dgqxd                  |
| Partnerships         | North Powys Wellbeing Programme  |                   | ✓                    |                        | ✓                      |
| Partnerships         | NWSSP Performance Report   | ✓ Year-end        |                      | ✓ Mid-year             |                        |
| Partnerships         | Better Together (Accelerated Sustainable Model)  | ✓                 | ✓                    | ✓                      | ✓                      |
| Partnerships         | Partnership Governance Framework   |                   |                      | ✓                      |                        |
| Population Health    | Whole Systems Approach to prevention of obesity  | ✓                 |                      |                        |                        |
| Population Health    | Adult Weight Management Pathway Update   | ✓                 |                      |                        |                        |
| Population Health    | Healthy Child Wales Programme (CR) Health visiting programme   | ✓                 |                      |                        |                        |
| Population Health    | Summary of screening programmes (uptake of screening programmes) *When published by  |                   |                      |                        | ✓                      |
| Population Health    | Annual Report of Director of Public Health (including reducing inequalities)   | ✓                 |                      |                        |                        |
| Population Health    | Health Protection Summary Report   |                   |                      |                        | ✓                      |
| Population Health    | Child Immunisation Annual Report   |                   |                      | ✓                      |                        |
| Population Health    | Deep Dive -determine programme of population health focussed topics  |                   |                      | ✓ proposals            |                        |
| Population Health    | Deep dive Diabetes   | ✓                 | ✓                    |                        | ✓                      |
| Population Health    | Shared Services Report   |                   |                      |                        | ✓                      |
| Population Health    | Endoscopy Services Update  | ✓                 |                      |                        | ✓                      |
| Population Health    | Additional Learning Needs (ALN)  | ✓                 |                      |                        | ✓                      |
| Population Health    | Winter Plan 2024/25  |                   |                      | ✓                      |                        |
| Population Health    | Tobacco Control Action Plan (Annually at request of Committee)   |                   | ✓                    |                        |                        |
| Audit Reports        | Any Internal Audit/Wales Audit reports received for information  |                   |                      |                        |                        |
| Audit                | Potential Report giving sight of IA and EA reports, actions and management responses (ARAC retain responsibility for monitoring) |                   |                      |                        |                        |
| Population Health    | Oral Health - Design to Smile Programme Warren Tolley  |                   |                      | ✓                      |                        |
| Key                  |  |                   |                      |                        |                        |
| Date to be confirmed |  |                   |                      |                        |                        |
| Item to be confirmed |  |                   |                      |                        |                        |
| Item deferred        |  |                   |                      |                        |                        |
| Item brought forward |  |                   |                      |                        |                        |
| Going to Board       |  |                   |                      |                        |                        |
| Find Exec Cttee date |  |                   |                      |                        |                        |