

Planning Partnerships and Population Health Committee

Thu 16 May 2024, 10:00 - 12:30

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting held on 20 February 2024

Attached Chair

 PPPH_1.3_Unconfirmed_Minutes 20FEB24.pdf (13 pages)

1.4. Planning, Partnerships and Population Health Committee Action Log

Attached Chair


 PPPH_1.4_PPPH_Action Log 2024-25.pdf (1 pages)

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

0 min

2.1. Committee Annual Report

Attached Director of Corporate Governance

 PPPH_2.1_Committee Annual Report 2023-24.pdf (10 pages)

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


0 min

3.1. Strategic Change Report

Attached Director of Planning, Performance and Commissioning


 PPPH_3.1_Strategic Change Cover Paper.pdf (4 pages)

 PPPH_3.1a_Strategic Change Stocktake May 2024.pdf (46 pages)

 PPPH_3.1b_PTHB Service Change Engagement Report.pdf (17 pages)

3.2. NWSSP Performance Report - Year End

Attached Deputy Chief Executive/Director of Finance, Information and IT

 PPPH_3.2_POW Performance Report Mar 24.pdf (17 pages)

3.3. Whole Systems Approach to prevention of obesity

Attached Director of Public Health

Powell Bethan
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 PPPH_3.3_Whole system Approach to Healthy Weight_final.pdf (15 pages)

3.4. Weight Management Pathway (to include Healthy Wales Assurance Report)

Attached *Director of Therapies and Health Sciences*

 PPPH_3.4_Weight Management pathway.pdf (14 pages)

3.5. Healthy Child Wales Programme Evaluation Health Visiting Programme

Attached *Director of Nursing and Midwifery*

 PPPH_3.5_Healthy Child Wales Programme_final.pdf (8 pages)

3.6. Deep Dive - Diabetes Part 2


Attached *Director of Public Health*

 PPPH_3.6_DiabetesDeepDive_Cover Paper.pdf (2 pages)

 PPPH_3.6a_Diabetes_Deep_Dive.pdf (13 pages)

3.7. Annual Report of Director of Public Health

Attached *Director of Public Health*

 PPPH_3.7_DPH PTHB Annual Report 23-24.pdf (32 pages)


3.8. Primary Care Cluster Plans

Attached *Deputy Chief Executive/Director of Finance, Information and IT*

 PPPH_3.8_Cluster Plan 2425 and Progress Report 2324.pdf (7 pages)

 PPPH_3.8a_Cluster Plan Appendix 1.pdf (7 pages)

 PPPH_3.8b_Cluster Plan Appendix 2.pdf (3 pages)

 PPPH_3.8c_Cluster PPlan Appendix 3 Summary Cluster Pilot Projects 2024.pdf (7 pages)

 PPPH_3.8d_Cluster Plan Appendix 4.pdf (6 pages)

 PPPH_3.8f_Cluster Plan Appendix 6.pdf (6 pages)

 PPPH_3.8e_Cluster Plan Appendix 5.pdf (5 pages)

3.9. Additional Learning Needs Update (ALN)

Attached *Director of Therapies and Health Science*

 PPPH_3.9_Additional Learning Needs Update May 2024.pdf (7 pages)

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

0 min

There are no items for inclusion within this section

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

0 min

5.1. Internal Audit Report - Winter Respiratory Vaccination Programme

 PPPH_5.1_2324-21 Winter Respiratory Vaccination Programme Final Report.pdf (20 pages)

10:00 - 10:00 6. OTHER MATTERS

0 min

6.1. Committee Risk Register

Attached *Director of Corporate Governance*

Powell, Nathan
22/09/2024 09:39:06

📄 PPPH_6.1_Committee Risk Report_May24.pdf (2 pages)

📄 PPPH_6.1a_AppA_Committee Risk Register_May24.pdf (7 pages)

6.2. Committee Annual Work Programme

Attached *Director of Corporate Governance*

📄 PPPH_6.2_2024-25_PPPH_Committee work plan.pdf (2 pages)

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

Oral *Chair*

6.4. Any Other Urgent Business

Oral *Chair*

6.5. Date of the Next Meeting: August 2024 - date to be confirmed

6.6. Confidential Item

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

6.7. Minutes of the In-Committee meeting held on 20 February 2024

Powell, Bethan
22/05/2024 09:28:06



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 20 FEBRUARY 2024
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Kirsty Williams	Independent Member
Jennifer Owen-Adams	Independent Member

In Attendance:

Mererid Bowley	Director of Public Health
Pete Hopgood	Deputy Chief Executive and Director of Finance, Information & IT
Stephen Powell	Director of Performance and Commissioning
Helen Bushell	Director of Corporate Governance
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director of Corporate Governance
Samantha Ruthven- Hill	Assistant Director of Planning
Will King	Consultant in Public Health Medicine
Nichola Kelly	Senior Manager Planned Care
Claire Madsen	Director of Therapies and Health Sciences
David Farnsworth	Interim Executive Director of Operations/Director of Community and Mental Health
Carl Cooper	

Apologies for absence:

Ian Phillips	Independent Member
Ronnie Alexander	Independent Member
Andrea Blayney	Llais
Hayley Thomas	Chief Executive Officer

Committee Support:

Sue Wilcox	Senior Administrator
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<p>PPPH/23/37</p>	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
<p>PPPH/23/38</p>	<p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared in addition to those already declared in the published register.</p>
<p>PPPH/23/39</p>	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 16 NOVEMBER 2023</p> <p>The Committee APPROVED the minutes of the meeting held on 11 MAY 2023, as being a true and accurate record subject to the following amendment.</p> <p>PPPH/23/28</p> <p>There is currently a measles outbreak in Cardiff and concerns across the system of the risk of further outbreaks. There is work going on across Powys and Wales to increase MMR vaccination rates by targeting children and young people who may have missed their vaccine.</p> <p>PPPH/23/24</p> <p>The Director of Finance, Information and IT confirmed the Benefits Realisation process will be as follows: All short term / fixed term funding programmes will go through the Investment Benefits Group (to test benefits) and for sign off regarding assurance in relation to any business cases. They will then be considered by Executive Committee or Board for decision on funding and related resource realignment to enable benefits realisation.</p>
<p>PPPH/23/40</p>	<p>COMMITTEE ACTION LOG</p> <p>The Committee Action Log was received, and ongoing actions were discussed.</p> <p>PPPH/23/24 – The Director of Corporate Governance confirmed the minutes of cluster meetings will be circulated for the current round of meetings by the end of February 2024.</p>

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	<p>Two items were recommended for closure:</p> <p>PPPH/22/57b – The Director of Corporate Governance advised an update on endoscopy Services was an agenda item for this meeting.</p> <p>PPPH/23/29 – The Director of Therapies and Health Sciences noted the guidance remains outstanding from Welsh Government on the actual data required to demonstrate compliance to the Additional Learning Needs (ALN) legislation.</p> <p>A data set is being built which will be ready by the end of March, this will allow information to be captured, and reported on by the end of March.</p> <p>Powys County Council are looking at their strategic approach, this piece of work will be done jointly with the Health Board.</p> <p><i>Given the involvement of Powys County Council is there a need to report to the Joint Leadership Committee, as this is a high-profile matter?</i></p> <p>The Director of Therapies and Health Sciences confirmed update papers are regularly taken the Joint Leadership Team and this is an agenda item on the forward plan for the Committee for 2024/2025.</p> <p>Committee requested an update on ALN to the next meeting.</p> <p>ACTION: Director of Therapies and Health Sciences</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
	There were no items for approval/ratification/decision.
ITEMS FOR ASSURANCE	
PPPH/23/41	<p>DEEP DIVE – DIABETES</p> <p>The Consultant in Public Health Medicine gave a brief presentation which gave a preliminary outline of this piece of work and what may be achieved. Two key factors are driving an increase in diabetes:</p> <ul style="list-style-type: none"> • Obesity, and • Changing age structure. <p>The aim of this piece of work is to look in detail the potential implications of the increase of people with this</p>

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condition to the Health Board. The work has been divided into three sections:

- What might happen in terms of the number of people in our population that have diabetes – this underpins the implications,
- Finance, and
- Prevention.

Approximately 10% of the NHS budget is spent on diabetes, and complications associated with this condition.

Is this work linking with the work of Ian Bell and Jim McManus, Public Health Wales who are developing a Wales wide strategy? Some short, medium and longer term goals have been set and one of the expectations of Health Boards is a strong focus on improving primary and community care processes and services in the bundle of eight?

The next step is to use the Public Health Wales modelling to apply the picture at a Wales level as to what to expect at a Powys level.

What would the Health Board's capacity for weight management services need to look like if we were to make an indentation into the rates of Type 2 diabetes, and what are the implications to the workforce?

In terms of prevention, it is necessary to look at:

- Weight Management Programmes,
- How many people need to go through these services to have an impact, and
- The level of need.

What time scales are expected for this work?

The work will be completed this year and updates provided to this Committee.

Is the purpose of the exercise to improve diabetes prevention and management? To what extent will the effectiveness of current service provision be assessed, to determine what needs to be done differently?

The project will predict the scale and demands of increased level of diabetes. A key element of this project is prevention. Maximally implemented prevention measures are not absolute, so there is a need to be realistic about what is likely to happen with those measures in place.

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	<p>The Committee CONSIDERD the scoping exercise and will RECEIVE regular updates as the exercise progresses.</p>
<p>PPPH/23/42</p>	<p>STRATEGIC CHANGE REPORT</p> <p>The Assistant Director of Planning provided the quarterly update on the strategic change programmes. All Health Boards are developing their plans for April onwards, so there may be significant changes in the next quarter's update as these organisations strategic plans develop, and incorporate the challenges they are facing, the opportunities available to them and the different approach they adopt in terms of a long-term health care strategy.</p> <p>The Welsh Government has commissioned a new piece of work on the fragile services in the NHS. The output from this work will be reflected in this report.</p> <p>The sources of information for this report are gleaned from several different places across NHS Wales and England. This information may not be 100% comprehensive or complete, but general feedback is positive. It provides an enormous amount of strategic intelligence to help with the development of the plan.</p> <p><i>There is an incredible amount of information and influences over which this organisation has no control, in particular what is happening around our borders. Is the Health Board agile enough to be able to change or adapt their approach to various things depending on what goes on outside of our borders?</i></p> <p>The Director of Performance and Commissioning noted that there are good working relationships all the Health Boards and English Trusts. Regular meetings are held, alongside the Engagement team who also have good networking links with partners.</p> <p><i>From the horizon scanning, is there anything in this report which needs to be reflected in the Health Board's corporate risk register?</i></p> <p>The Director of Performance and Commissioning highlighted concerns with Shrewsbury and Telford Hospital's planning assumption that predicts managing the growth in emergency admissions through improved community provision, meaning there are no plans to increase bed base. The forecast 10% rise in emergency admissions over the next 10 years will be managed through faster repatriation or admission avoidance. This will be a significant issue for the Health Board.</p>

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	<p><i>How does this information influence the planning, commissioning and service development processes?</i></p> <p>If the Health Board's acute providers are developing a certain facility, such as increasing day case capacity by building an additional day case theatre, the Health Board will look at available capacity and will plan and budget for that expenditure to use the new facility.</p> <p>Whilst there is some tendency to focus delivery on certain sites this may mean some services will be provided further afield, giving the opportunity to repatriate and develop services in a joint way.</p> <p>This report captures some of the ongoing developments with across Wales with Hywel Dda, Betsi Cadwallader and Robert Jones Agnes Hunt who are looking to provide in-reach services in North Powys to support with orthopaedics.</p> <p><i>In the report, there is reference to the regional diagnostic Centre under the Mid Wales Joint Committee. Can the current position be shared with the Committee?</i></p> <p>The Director of Performance and Commissioning noted more information may be available on scheme after the forthcoming Mid Wales Commissioning meeting.</p> <p>The Director of Performance and Commissioning presented the service change engagement paper, which summarises the ongoing activity in England and Wales.</p> <p>In the reviews the Health Board has no significant volume of activity, but they are important in terms of both commissioning and resident expectations.</p> <p>The Committee RECEIVED the report and took ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.</p>
<p>PPPH/23/43</p>	<p>ENDOSCOPY SERVICES</p> <p>The Interim Executive Director of Operations/Director of Community and Mental Health presented the update noting work is ongoing in Brecon to further strengthen the quality and safety measures and looking at how best to</p>

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select patients for care within the Community Hospital environment. The key areas highlighted in the report:

- The endoscopy service in Powys is provided by in reach consultants;
- The Bowel Screening Wales programme which is delivered the National team is hosted by the Health Board;
- Good progress is being made reducing waits;
- Building a core of clinical endoscopists which are operating within our own services. It was hoped to be somewhat further expanded through the introduction of transnasal endoscopy, which is a more efficient approach. Following the impact of the industrial action consultant training and supervision has been delayed in this area;
- Accreditation in Endoscopy is a rigorous process with specific requirements around clinical leadership. For full accreditation the Health Board will require the presence of our clinical leadership to be in place for this full planned care;
- The upcoming Joint Advisory Group (JAG) report may require a reinspection later in the year, this will allow for a six-month improvement notice;
- Improved decontamination equipment; and
- Introduction of a stock management system which enables digital stock tracking to patient level improving patient safety, traceability, operational productivity, and supply chain efficiency.

Histology is a challenge for all Health Boards and proves a hinderance in terms of standards. The organisation has approached all in-reach providers for additional support, both from NHS Wales and NHS England to provide additional sessions. This is a system wide issue and there has been a succession of planning issues across diagnostics following referral from bowel screening.

An Academy has recently been established to provide training to non-medical screeners. This maybe an opportunity for the clinical endoscopist to undertake the screening, as a short-term measure which would provide additional much needed capacity.

The Committee NOTED and DISCUSSED the update and the operational actions, risks and corporate support requirements outlined to manage the delivery of Endoscopy Services within Powys Teaching Health Board.

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<p>PPPH/23/44</p>	<p>SOCIO-ECONOMIC DUTY</p> <p>The Director of Public Health introduced the paper to provide assurance of the Health Board’s compliance with the duty, which became law in March 2021.</p> <p>The aim is to deliver better outcomes for people and communities who experience socio economic disadvantage, through better decision making.</p> <p>The duty places a legal responsibility on the Health Board to have due regard to the need to reduce the inequalities in outcomes resulting from socioeconomic disadvantage when making strategic decisions.</p> <p>The report contains guidance and toolkits that have been made available to public sector bodies on how it could be applied and examples of where it has been applied to strategic decisions.</p> <p><i>How will this work in practice?</i></p> <p>The requirements of the Act will be incorporated into the equalities section of the cover paper of reports, which will go to Board. The key element will be performance data and how that data is used. When making decisions at Executive and Board level it is important that to consider the socioeconomic impact as well.</p> <p>The Committee NOTED the contents of this briefing and took ASSURANCE of the Health Board’s compliance with the Socio-economic Duty.</p>
<p>PPPH/23/45</p>	<p>REGIONAL PARTNERSHIP BOARD UPDATE - AGE WELL</p> <p>The Interim Executive Director of Operations/Director of Community and Mental Health presented an update on progress of delivery and work to date of the Age Well Partnership and highlighted some of the key priority areas to the Committee:</p> <ul style="list-style-type: none"> • Home Support: approval to proceed to roll-out services as part of wider early help and prevention at home offer; • Community Connectors: funding obtained from Macmillan to sustain the Improving Cancer Journey project and work underway to map out service delivery against the national framework for Social Prescribing;

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	<ul style="list-style-type: none"> • Befriending Service: support from the community and service recently hosted a Ministerial Visit highlighting the approach to befriending in Powys; • Dementia Care: the closure of Dementia Matters in the county is a major risk to achieving task objectives and providing support to families/people affected by dementia; • Virtual Wallet: now up and running; • Integrated Health and Social Care Brokerage function: starting to develop; with an officer appointed to look into this through the partnership; and • Extra Care Housing Scheme: schemes continue to move forward. <p>Committee Members requested a change to the format of this report for future meetings, to provide more information to allow a decision on whether or not the Health Board is achieving the agreed objectives.</p> <p>ACTION: The Interim Executive Director of Operations/Director of Community and Mental Health</p> <p>The Committee took ASSURANCE that the Age Well Partnership is delivering the agreed objectives.</p>
<p>PPPH/23/46</p>	<p>POPULATION SCREENING PROGRAMME UPTAKE</p> <p>The Director of Public Health Wales introduced the annual report for the uptake of adult screening programmes delivered by Public Health Wales, which included the following adult screening programmes:</p> <ul style="list-style-type: none"> • Breast Screening; • Abdominal Aortic Aneurysm (AAA) screening; and • Diabetic Eye Screening Wales. <p>All programmes were impacted by the pandemic and now have fully recovered from the impact of COVID-19, with the exception of breast screening. It is anticipated that the breast screening programme will have caught up by the end of July 2024.</p> <p>Overall screening in Powys is in-line or slightly higher than the Welsh average and compares favourably with uptake in England.</p> <p>There is a delay for in-County appointments for patients for diabetic eye screening in mid Wales. Appointments are</p>

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being offered out of county, which means patients are having to travel some distance. The Diabetic Eye Screening Wales service are keen to set up a hub in Mid-Wales which will increase capacity moving forward.

There has been ongoing work in partnership with the voluntary sector to develop screening champions, to promote these services in the community. Between June and November, 125 cancer champions were trained in the community, and in December a further 14 individuals across the partnerships of the PAVO and Llais have also been trained. This allow specific areas and specific groups to be targeted, narrowing inequality uptake rates.

The Chair noted the high uptake of AAA screening, which is offered in the community at clinics in Machynlleth, Welshpool, Newtown, Llanidloes, Bronllys and Builth Wells.

Does the diabetic screening complement the additional testing service offered by opticians?
This service is offered by opticians at a cost to family members of patients who have glaucoma.

The Committee CONSIDERED the uptake of adult population screening programmes and took ASSURANCE of the actions being undertaken to maintain and/or further increase the uptake of screening programmes.

ITEMS FOR DISCUSSION

PPPH/23/47

ANNUAL ASSESSMENT OF COMMITTEE EFFECTIVENESS

The Director of Corporate Governance gave a presentation which provided a summary of the responses received to the Committee Effectiveness questionnaire. The annual assessment forms part of the governance standards within the standing orders.

There were four respondents to the survey: three Independent Members and one Executive member. The scoring scale was one to four, with one being disagree; four being agree. The key sections of the survey being

- Composition and Establishment
- Effective Functioning
- Assurance
- General Comments
- Next steps

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	<p>In partnership with the Committee Chair an action plan will be developed, there will be some common actions across the committees which will be included with the feedback on key actions. The plan will incorporate the overall report to Board, which looks at all committees to reflect on performance, areas of success and areas for improvement.</p> <p>The Committee DISCUSSED the summary of the Committee Effectiveness survey and any areas for action/improvement.</p>
<p>PPPH/23/48</p>	<p>REVIEW OF TERMS OF REFERENCE</p> <p>The Director of Corporate Governance presented this item, confirming the Terms of Reference were last reviewed in 2021, when the current committee structure was put in place.</p> <p>The Director of Corporate Governance asked for thoughts on the key sections of the Terms of Reference</p> <ul style="list-style-type: none"> • Purpose and delegation • Delegated powers. • How the Committee operates • Job titles • Frequency of meetings <p>The Chair and the Director of Corporate Governance will formalise any recommendations for submission to the main meeting of the Board, to provide the revised terms of reference.</p> <p>The Committee CONSIDERED the Planning, Partnerships and Population Health Committee Terms of Reference, and AGREED that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.</p>
<p>ITEMS FOR INFORMATION</p>	
	<p>There were no items for information.</p>
<p>OTHER MATTERS</p>	
<p>PPPH/23/49</p>	<p>COMMITTEE RISK REGISTER</p>

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	<p>The Director of Corporate Governance noted that there are two risks that fall in the remit of this Committee, these were reported to Board at the end of January 2024.</p> <ul style="list-style-type: none"> • CRR 007 - Effective partnership working including service change and reconfiguration results in poorer outcomes, that is a strategic risk is owned by Director of Performance and Commissioning. • 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. <p>All corporate risks are under review and will be presented to the Board in March along with the revised 5-year plan and underpinning Integrated Plan.</p> <p>There is a need to be satisfied what the demand and capacity pressures are within primary care before making a formal judgement on the matter.</p> <p>The Committee CONSIDERED the December 2023 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 31 January 2024.</p>
PPPH/23/50	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the 2024/2025 Work programme.</p> <p>The Committee NOTED the Work programme and took ASSURANCE the relevant items will be available</p>
PPPH/23/51	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>There were no items identified under this section.</p>
PPPH/23/52	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/23/53	<p>DATE OF THE NEXT MEETING</p> <p>16 May 2024 at 10:00, via Microsoft Teams.</p>

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PPPH IC/23/54	<p>The following motion was passed:</p> <p><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></p>
PPPH IC/23/55	<p>North Powys Wellbeing Programme - including Models of Care</p> <p>Rationale for item being held in private: the item was subject to commercial and sensitive information.</p> <p>The Associate Director of Capital, Estates and Property presented the North Powys update which included a focus on models of care. This programme overlaps with the Accelerated Sustainable Model and Better Together programmes.</p> <p>The Committee RECEIVED and DISCUSSED the update.</p>

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Beth Powell										Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board
RAG Status:										
At risk	Red - action date passed or revised date needed									
On track	Yellow - action on target to be completed by agreed/revised date									
Completed	Green - action complete									
No longer needed	Blue - action to be removed and/or replaced by new action									
Transferred	Grey - Transferred to another group									
Planning, Partnerships and Population Health Committee										
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status		
OPEN ACTIONS FOR REVIEW - NONE FOR 16 MAY 2024										
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE - NONE FOR 16 MAY 2024										
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 16 May 2024)										
20-Feb-24	PPPH/23/40	DoTHS	Action Log	Update on ALN to next meeting	16.05.2024 update: on agenda for May 2024 meeting	16-May-24		Completed		
20-Feb-24	PPPH/23/45	DOPs	Regional Partnership Board update Age Well	A change to the format of the report to provide more information to enable an assessment of whether the agreed objectives are being achieved	16.05.25 update - action noted and will be applied to all future reports.			Completed		
20-Feb-24	PPPH IC/23/55	AD CEP	North Powys Wellbeing Programme	AD CEP to discuss with CEO additional actions that can be taken to secure funding for North Powys Wellbeing Project	16.05.24 update - ongoing discussions in place internally and with external colleagues. An update is scheduled to the Board on the 22 May 2024.			Completed		
16-Nov-23	PPPH/23/24	DFIT	Primary Care Cluster Planning	Minutes of cluster meetings be circulated to Committee Members	20.02.2024 update - Minutes will be circulated for the current round of meetings by end Feb 2024. 16.05.24 update - minutes have been circulated as requested.	28-Feb-24		Completed		

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Agenda item: 2.1

Planning, Partnership and Population Health Committee		Date of Meeting: 16 May 2024
Subject:	PLANNING, PARTNERSHIP AND POPULATION HEALTH COMMITTEE ANNUAL REPORT TO THE BOARD	
Approved and Presented by:	Director of Corporate Governance / Board Secretary	
Prepared by:	Director of Corporate Governance / Board Secretary Interim Corporate Governance Manager	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this report is to provide the Planning, Partnership and Population Health Committee Report for 2023/24.

RECOMMENDATION(S):

It is recommended that the Planning, Partnership and Population Health Committee:

- **CONSIDER** the Planning, Partnership and Population Health Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken;
- Take **ASSURANCE** that the Planning, Partnership and Population Health Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- **RECOMMEND** the report to the Board for the 22 May 2024 meeting.

Approval/Ratification/Decision	Discussion	Information
x		

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1. Introduction

The Planning, Partnership and Population Health Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Planning, Partnership and Population Health Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnership and Population Health Committee were reviewed and agreed by the Board in September 2021. The purpose of the Planning, Partnership and Population Health Committee ("the Committee") is to:

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

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

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

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of

- the Health Board’s responsibilities (directly provided and commissioned);
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
 - c. that partnership governance and partnership working is effective and successful; and
 - d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee is responsible for the development of the Health Board’s aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the health board’s Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board’s arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board’s Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board’s Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board’s Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board’s plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

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

Population Health

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

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Rhobert Lewis	Independent Members Committee Chair (General)	2/3
Ian Philips	Independent Members Committee Vice Chair (ICT)	2/3
Kirsty Williams	Independent Member	3/3
Jennifer Owen Adams	Independent Member (Third Sector)	3/3
Ronnie Alexander	Independent Members (General)	2/3

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Stephen Powell	Director of Performance and Commissioning	2/3
Mererid Bowley	Director of Public Health	3/3

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually.

The Chief Executive attended two meetings during the year.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2023/24 the Committee met three times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business. The Committee met three times during 2023/24 with one scheduled meeting cancelled due to the volume of work associated with the Welsh Government requested savings programme. The decision to stand down the Committee was made by the Chair of the Board, CEO, Chair of the Committee and the Director of Corporate Governance. It should therefore be noted, the Health Board did not comply with Standing Orders in respect of the frequency of meetings for this Committee.

3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Health Weight Health Wales: <ul style="list-style-type: none"> Briefing on the Whole System Approach to Healthy Weight Update on development of Weight Management Pathways 	May 2023
Strategic Change Report	May 2023 / November 2023/ February 2024
Communications and Engagement - Q4 update on delivery and progress by the Engagement and Communication Team and sets out the process by which the priority work programme for 2023/24 is being developed	May 2023
Healthy Child Wales Programme School Aged Screening Evaluation IMTP - Draft Planning approach 2024	May 2023
Primary Care Cluster Planning Reporting against delivery	November 2023
NWSSP Performance (Mid-Year) Report	November 2023
Accelerated Sustainable Model (planning and approach)	November 2023
Health Protection Summary Report	November 2023
Child Immunisation Annual Report	November 2023
Additional Learning Needs (ALN)	November 2023
Winter respiratory Virus Plan Update 2023/24	November 2023
Deep Dive Diabetes	February 2024
Endoscopy Services	February 2024

Socio Economic Duty	February 2024
Regional Partnership Board update - Age Well	February 2024
Population screening programme uptake	February 2024
Approval Items	
IMTP - Draft Planning approach 2024	November 2023
Discussion Items	
Deep Dive proposals-determine a programme of population health focussed topics	November 2023
Escalated Items	
There were no escalated items	
Items for Information	
Shared Services Performance Report	May 2023
Corporate Governance	
Committee Annual Programme of Business	May 2023
Committee Risk Register	May 2023 / February 2024
Committee Work Programme	November 2023
Annual Assessment of Committee Effectiveness	February 2024
Review of Committee Terms of Reference	February 2024
In-Committee Items	
North Powys Wellbeing Programme - including Models of Care	February 2024

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3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and fulfil its terms of reference.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.

- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 2 of 2023/24.

6. Planned Activity in 2024/25

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.1

Planning, Partnerships and Population Health Committee (PPPH)		Date of Meeting: 16th May 2024
Subject:	Strategic Change Report	
Approved and presented by:	Director of Performance and Commissioning	
Prepared by:	Assistant Director of Planning, Planning Managers Deputy Director (Engagement, Communication and Corporate Governance)	
Other Committees and meetings considered at:	Executive Committee – 2 May 2024	
PURPOSE:		
<p>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.</p> <p>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.</p> <p>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.</p>		
RECOMMENDATION(S):		
<p>The Planning, Partnerships and Population Health Committee is asked to</p> <ul style="list-style-type: none"> • RECEIVE the report and take ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients. 		
Approve/Take Assurance	Discuss	Note
Y/N	Y/N	Y/N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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 'COPRM' meetings, 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.

The majority of the content is new for this edition, given it is based on a review of newly published plans (and therefore new entries have not been highlighted in red in this iteration).

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 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.

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.

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Powys Teaching
Health Board

Strategic Change Update

Review of Neighbouring Plans
submitted in March 2024

May 2024

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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.
- 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.



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Overview – key areas of impact for Powys

The PTHB Integrated Plan 2024-29, aligned to the Ten Year Health and Care Strategy 'A Healthy Powys' sets out the Vision, Objectives and Strategic Priorities for this five year period. There is firm level of detail for Year 1 in relation to key areas of delivery and quarterly milestones.

BCUHB submitted a 3 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.

All organisations in Wales have submitted Plans to Welsh Government at the end of March 2024.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 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, 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.



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.

North Wales



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Betsi Cadwaladr University Health Board

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



Strategy / 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 3 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.

Escalation/ Intervention

- The Health Board was placed into Level 5 Escalation (“Special Measures”) arrangements on 27 February 2023. Since then, progress has been made within all required areas, recognising that further progress is essential; delivering this is an important and necessary requirement of this Plan.
- Since February 2023 the Health Board has focused upon ‘stabilisation’ of the organisation and services delivered, making the most significant and immediate changes necessary after the intervention to continue to provide services to the residents of North Wales.
- “During 2024-2027 the Health Board will build upon these foundations to ensure a more ‘standardised’ approach, making the changes needed to place the Health Board and services delivered onto a ‘sustainable’ footing for the future.”

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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Betsi Cadwaladr University Health Board

Key Priority Areas for the 3 Year Plan:

Objective 1: Building an effective organisation

1A	Board Effectiveness
1B	Risk Management
1C	Operating Model
1D	Performance and Accountability Framework
1E	Value and Sustainability
1F	Legislative Improvements
1G	Workforce Planning
1H	Quality Management System
1I	Welsh Language
1J	Decarbonisation

Objective 2: Developing strategy and long-lasting change

2A	10 year Strategy
2B	Clinical Services Plan
2C	Commissioning
2D	Capital Priorities: supporting change to happen
2E	Digital, Data and Technology (DDaT)
2F	Prioritisation
2G	Effectively delivering Major Change
2H	Strengthening Planning
2I	Finance Governance Environment
2J	Early Identification and support of Challenged Services

Objective 3: Compassionate culture, leadership & engagement

3A	Compassionate Leadership & Organisational Development
3B	Citizen Engagement
3C	Being a Good Partner

Objective 4: Improving quality, outcomes and experience

4A	Patient Experience
4B	Prevention
4C	Primary Care and Early Intervention
4D	Community Care and Clusters
4E	Planned Care
4F	Cancer Care
4G	Urgent and Emergency Care
4H	Diagnostics
4I	Adult Mental Health, Learning Disability, CAMHS & ND
4J	Currently 'Challenged Services'
4K	Women's Services
4L	Children
4M	Pharmaceutical services

Objective 5: Effective environment for Learning

5A	University Partnership
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.

2: Developing strategy and long-lasting change

Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.

3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.

5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.

Mid and West Wales



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

Strategy / Plan	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	<ul style="list-style-type: none"> Overseen by the Powys Regional Partnership Board (RPB). Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 and reviewed 2021/2022 to inform the refresh of the Area Plan. Area Plan submitted April 2023
The Powys Well-being Plan – Towards 2040	<ul style="list-style-type: none"> Overseen by the Powys Public Services Board (PSB); sets out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys
PTHB Integrated Plan 2024-29	<ul style="list-style-type: none"> The plan sets out the Vision, Objectives and Strategic Priorities for this five year period. There is a firm level of detail for Year 1 in relation to key areas of delivery and quarterly milestones. It is also agile and dynamic enough to enable the health board to engage with its communities and adapt its approach. 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 28th March 2024 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities.
Powys County Council – Corporate Plan 'Stronger Fairer Greener'	<ul style="list-style-type: none"> The County Council have published 'Stronger Fairer Greener' which brings together their Corporate and Strategic Equality plan; available at https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan
Powys County Council – 'Sustainable Powys'	<ul style="list-style-type: none"> '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.
North Powys Wellbeing Programme	<ul style="list-style-type: none"> 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
Accelerated Sustainable Model of Care (ASM Programme) – Better Together	<ul style="list-style-type: none"> 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)

Powys – Plan on a Page



Plan on a page 2024 - 2029

OUR FUTURE VISION
 TO 2027 AND BEYOND
 (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

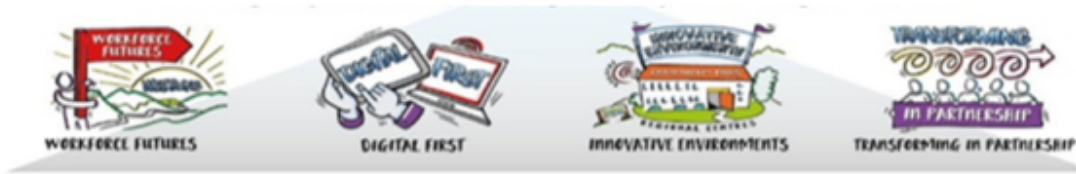
Working together across Major Conditions, Physical and Mental Health

- 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
Mid Wales Strategic Intent	<ul style="list-style-type: none"> • Strategic Intent and Work Programme published annually; with five overarching aims <ul style="list-style-type: none"> • Aim 1: Health, Wellbeing and Prevention • Aim 2: Care Closer to Home • Aim 3: Rural Health and Care Workforce • Aim 4: Hospital Based Care and Treatment • Aim 5: Communications, Involvement and Engagement
Priorities for 2024/25	<p>An update on Mid Wales Joint Committee Priorities 2024/25 is detailed below:</p> <ul style="list-style-type: none"> • Urology • Ophthalmology • Cancer and Chemotherapy Outreach • Oncology - Review palliative care pathways • Community Dental Services • Clinical Strategy for Hospital Based Care and Treatment and regional solutions • Rheumatology • Colorectal • Gastroenterology • Cross Border workforce arrangements
Rural Health and Care Wales	<p>MWJC also established Rural Health and Care Wales, working in collaboration with Universities as a centre for excellence in rural health and social care.</p>

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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
Annual Plan 2024-25	<ul style="list-style-type: none"> Hywel Dda University Health Board (HDdUHB) was unable to produce a financially balanced plan for 2023/24 and consequently does not have an approved IMTP, in breach of statutory requirements. 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.”
Escalation/ Intervention	<ul style="list-style-type: none"> “The lack of an approved IMTP is a very serious and unacceptable position and contributed to the escalation status of the Health Board being raised to entire organisation of Targeted Intervention on the Welsh Government Joint Escalation and Intervention Arrangements.”
Finance	<ul style="list-style-type: none"> 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. The Board has a firm determination to firstly reverse the deteriorating trajectory of our financial position and secondly agree a clear and deliverable route map to the organisation’s control total. In addition, whilst progress has been made in a number of areas, the Health Board continues to have significant performance issues that our plans will simultaneously need to address.
Performance	<ul style="list-style-type: none"> “The plan describes the key actions and expectations associated with the Ministerial priorities. As noted, the ambition is to deliver continuous and sustainable progress across all performance areas whilst simultaneously reducing costs in line with the financial plans set out above. The plan sets out a way to achieve this, however it is recognised that this does not meet all of our performance aspirations within year one. A key decision for Board is the degree of progress within planned care in year one, set against the financial plan. The delivery plans for planned care services assume a step-change in productivity and efficiency, building on the Getting It Right First Time (GIRFT) and Theatre productivity programmes. It is anticipated that these 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. For these latter services the Health Board’s aspiration 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.”

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Hywel Dda University Health Board

Aims for 2024/25:

- **Financial Stability:** This year is about strengthening the financial footing. Reverse the downtrend and move closer to meeting control total by year two, marking a significant step towards lasting financial sustainability.
- **Nursing Workforce Stabilisation:** Entering the second year of the three-year plan, focussing on reducing nursing vacancies and reliance on agency staff. The goal is to build a robust, permanent nursing team.
- **Improved Planned Care Performance:** Prioritising delivering the best and most efficient care standards, with an immediate focus on cancer care and reducing waiting times in key areas, including diagnostics and outpatient services. This also includes the eradication of 104-week waits in most specialties.
- **Transforming Urgent and Emergency Care:** Urgent and Emergency Care programme is advancing into its second year. Expand the Worthybush Hospital frailty model throughout the Health Board and aim to improve patient flow by minimising long stays, contributing to the efficiency of our 80-bed target.
- **Clinical Services Plan - Phase 2:** By September 2024, complete the development of the next options phase of Clinical Services Plan. This phase is crucial as it will inform the operational changes that will initiate throughout the year.
- **Primary and Community Care Strategic Plan:** A new strategic plan for primary and community care will be developed through the year. This strategic plan is key to bringing resilience to primary and community services and commitment to preventive care and community-based service delivery.
- **Organisational restructure:** To support the delivery of these aims, restructuring our internal business arrangements focusing on enhancing clinical leadership and governance. These changes are fundamental to capacity and capability to meet objectives and deliver the high-quality care communities deserve. These changes include an internal performance framework and operational structure change.

Annex 2: Planning Objectives – alignment and evolution from 2023-2024 to 2024/25

2024/25 Planning Objectives	2023/24 Planning Objectives
PO1: Workforce stabilisation	1a Develop an attraction & Recruitment plan
	1b Develop career progression opportunities
	2a Engage with and listen to our people
PO 2: Financial recovery and roadmap	2b Continue to strive to be an employer of choice
	2c Develop and maintain an overarching workforce, OD and partnerships plan
	6b Pathways and Value Based Healthcare
PO 3: Transforming urgent and emergency care	8b Local Economic and Social Impact
	8c Financial Roadmap
PO 4: Planned care (including cancer, diagnostics and therapies performance)	3a Transforming Urgent and Emergency Care programme
PO 5: Mental health and CAHMS	4a Planned Care and Cancer Recovery
	4b Regional Diagnostics Plan
PO 6: Clinical services plan	4c Mental Health Recovery Plan
PO 7: Primary care and community strategic plan	6a Clinical Services Plan
PO 8: A Healthier Mid and West Wales infrastructure	7b Integrated Localities
	5a Estates Strategies
PO 9: Digital strategic plan	8a Decarbonisation & Sustainability
	5c Digital Strategy
PO 10: Population Health (including the social model for health and wellbeing)	7a Population Health
	7c Social Model for Health and Wellbeing
	3b Healthcare Acquired Infection Delivery Plan
Business as usual POs (not taken forward from 2023/24 into 2024/25)	5b Research and innovation
	6c Continuous Engagement
	8d Welsh Language and Culture



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 3-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, 19th 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
Annual Plan 2024-25	<ul style="list-style-type: none"> 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. SBUHB note several 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.
Escalation/ Intervention	<ul style="list-style-type: none"> The Health Board have said that "We recognise that our current performance and delivery in certain areas is not what the people of Swansea Bay deserve. People are waiting too long for planned procedures, spending too much time in our emergency department and experiencing delays to their cancer treatments. This is reflected in the Health Board being put into Targeted Intervention (TI) for performance in these areas. "
Finance	<ul style="list-style-type: none"> The Plan presented to the Board at the Briefing session on the 13th March 2024 reported a deficit Annual Plan for 2024/25 of £50.1m, with identification of thematic opportunities to reduce this over a 3 year period.
Performance	<ul style="list-style-type: none"> 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.
Independent review into Maternity and Neonatal services	<ul style="list-style-type: none"> 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. The Oversight Panel Chair will provide an update in April.

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Strategic Objectives

Our refreshed Strategic Objectives –aligned to ‘a Healthier Wales’ articulate the future state of Swansea Bay UHB as a high-quality organisation. We have set out what this looks like for our population, communities, staff, partners and services and are developing strategic indicators that will tell us if our efforts are delivering our objectives.



People of Swansea Bay live healthier, equitable and more equal and prosperous lives



- Every child has the best start in life
- All children, young people and adults are enabled to maximise their capabilities and have control over their lives
- Good work and fair employment is created for all
- A healthy standard of living is ensured for all

- Healthy and sustainable places are created through placemaking
- The role and impact of ill-health prevention is strengthened
- Racism, discrimination and their outcomes are tackled
- Environmental sustainability and health equity are pursued together

Care is high quality, safe, efficient and delivers the best possible outcomes for people



- Care is safe, it helps people and avoids harm
- Care is evidence based, effective and improves outcomes
- Care is timely and delivered by the right person in the right place
- Care is efficient and avoids waste

- Care delivers equitable outcomes regardless of demographic, socioeconomic or geographic factors
- Care is person centred and delivered with compassion, dignity and mutual respect

Care is delivered in safe and appropriate settings supported by innovative digital solutions



- Care is delivered around the patient in the most appropriate setting as close to home as possible
- Care settings are fit for purpose, appropriately designed and equipped
- Effective communication and information sharing between workforce, partners, patients and public is enabled through digital solutions

- Digital platforms support the health and wellbeing of our population and improved care outcomes
- Benefits of technology investments are realised to deliver more and higher quality care with the same or fewer resources
- Through where and how they are delivered, services contribute to the environmental, economic, social and cultural well-being of Swansea Bay

The health board is a great place to work where staff feel valued and work together towards a common goal



- People are empowered in their work life to learn, improve and innovate and act consistently with our values
- People have a sense of belonging where they care for each other, feel valued, respected and supported

- People feel their contribution matters and that they deliver valued outcomes effectively
- People’s roles and the service models in which they work are designed, developed and delivered effectively and safely
- People are provided with a great experience of the whole employment journey

The health board is a resilient, financially sustainable and responsible organisation

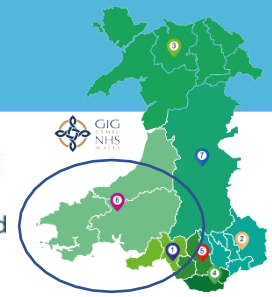


- The health board is financially balanced and able to invest in service transformation and change
- Decisions are made balancing short-term improvements and long-term impacts
- Resources are used efficiently and proportionately, reducing waste and variation
- The environmental impact of health care delivery in Swansea Bay is minimised

- The health board invests in and works with others locally and responsibly, using our assets to positively contribute to the community
- Citizen stakeholders are meaningfully involved and engaged in decision making
- The health board has the capacity to effectively plan for and respond to incident and emergencies

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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>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</p> <p><i>Powell Bethan 22/05/2024 09:28:06</i></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"> ✓ To provide a fit for purpose SWWCC service for the South West Wales population ✓ To improve the quality of the SWWCC and local cancer services ✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes ✓ To improve the economy of the SWWCC and local cancer services ✓ To improve the efficiency of the SWWCC and local cancer services ✓ To improve the effectiveness of the SWWCC and local cancer services <p>Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients.</p> <p>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.</p> <p>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).</p>

ARCH Programme



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

Programme

Key Points



- Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally.
- 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, & Skill, Research, Enterprise, & 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.
 - 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.
 - Regional Diagnostics Programme is supporting change for a broad range of diagnostic services (including Endoscopy, Radiology, Cardiac, Neurology and Community Pathology processes), with an overall aim to increase overall capacity, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access.
 - Regional Eye Care Programme will look at opportunities to standardise, stabilise and regionalise all Eye Care services for future sustainability.
 - 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.
 - Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way.
 - Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services

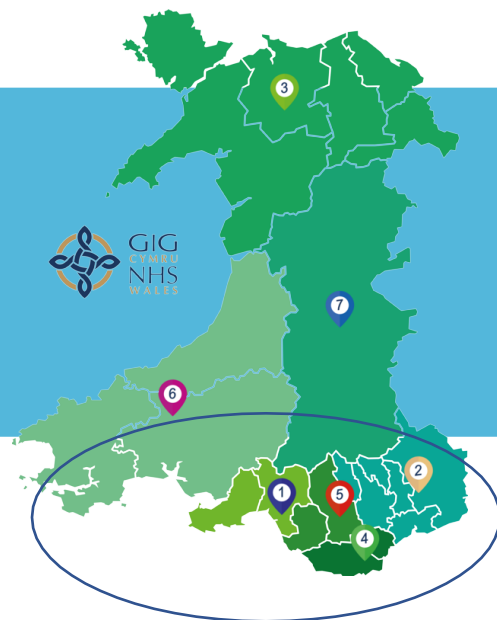
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GIG
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WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

South / South East Wales



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Cwm Taf Morgannwg University Health Board

Strategy / Plan	Key Points
IMTP 2024-27	<ul style="list-style-type: none"> The 2024-2027 IMTP is set in the context of CTM 2030 and informed by work on the acute clinical services plan (ACSP). The Acute Clinical Services Plan (ACSP) is about 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 plan is likely to be iterative given the timelines for completion of the ACSP. 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.
Escalation/ Intervention	<ul style="list-style-type: none"> The maternity and neonatal services at the health board have been de-escalated in recognition of the progress made over the previous four-and-a-half years. The health board has continued to deliver improvements across its maternity and neonatal services and has met the agreed de-escalation criteria. Site visits involving senior clinical Welsh Government officials have provided assurance about improvements in medical leadership and quality governance. Progress has also been made against the neonatal improvement plan. The health board moves to routine arrangements for maternity and neonatal services, governance, leadership and culture, trust and confidence. However, it remains in targeted intervention for performance and outcomes and enhanced monitoring for finance, strategy and planning.
Finance	<ul style="list-style-type: none"> 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.
Performance	<ul style="list-style-type: none"> Whilst there has been significant improvement across the identified metrics, there is still progress required to meet the agreed performance trajectories by the end of the year with the ongoing support from various improvement programmes across urgent and emergency care, cancer, planned care and child and adolescent mental health services (CAMHS). Ministerial expectations for the IMTP will include a requirement for the health board to deliver on the following: Ministerial priorities and measures, NHS Performance Framework, Outcomes Framework and national programmes. The potential areas of performance pressure include the following: <ul style="list-style-type: none"> The achievement of delivery of referral to treatment time (RTT) of 52 weeks across all specialities by June 2025. The delivery of all diagnostic tests within eight weeks. <p>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 comprising computerised tomography (CT), magnetic resonance imaging (MRI) and non-obstetric ultrasound (NOUS) 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.</p>

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Cwm Taf Morgannwg University Health Board



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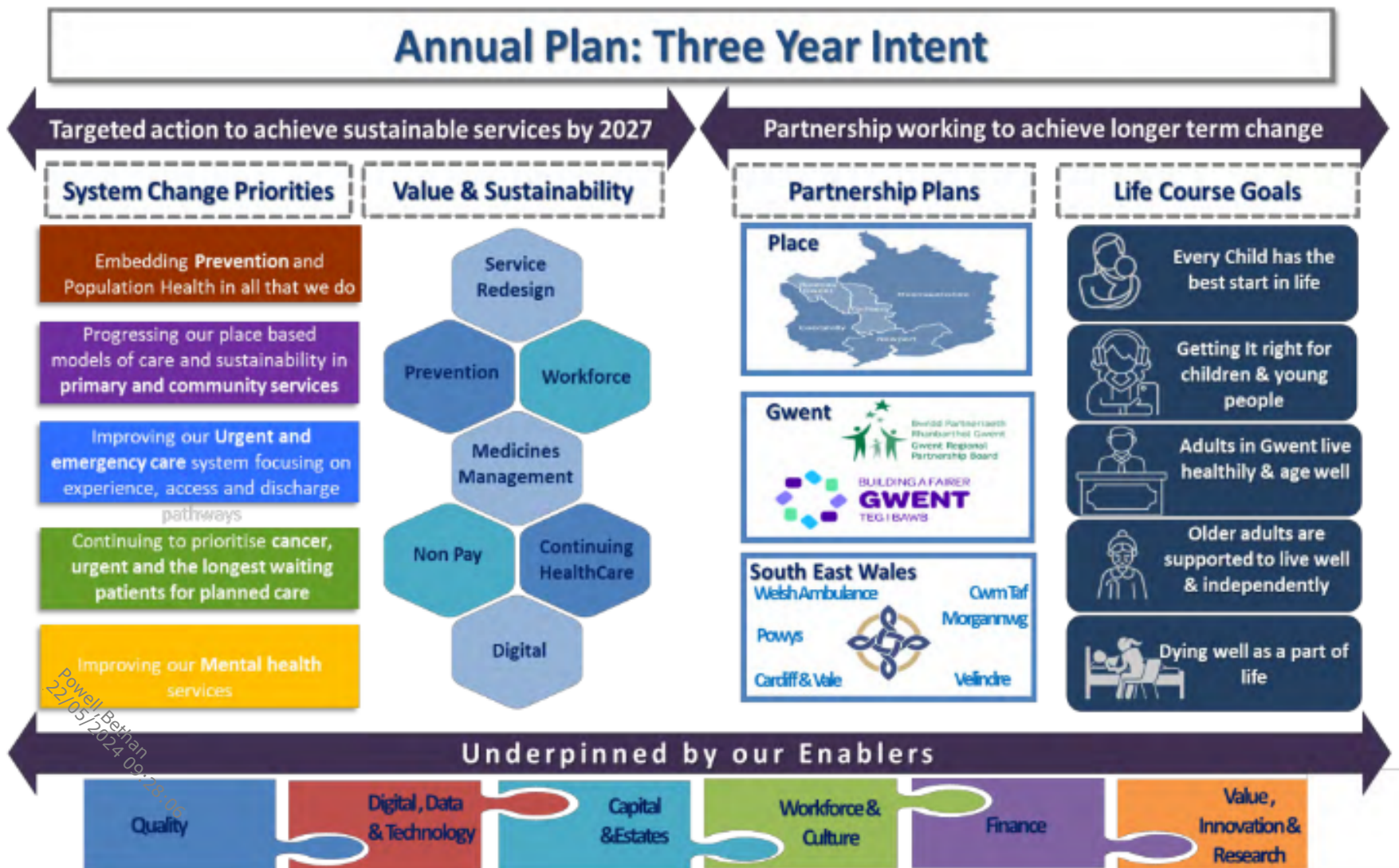
ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

Strategy / Plan	Key Points
Annual Plan 2024-25	<ul style="list-style-type: none"> 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.
Escalation/ Intervention	<ul style="list-style-type: none"> The Health Board is now in a higher escalation status under targeted intervention for planning and finance with enhanced monitoring for urgent and emergency care at the Grange University Hospital.
Finance	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

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Aneurin Bevan University Health Board

Our Plan on a Page



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Aneurin Bevan University Health Board

Our Delivery Statement



Acronyms

UEC – Urgent & Emergency Care
 SCP – Single Cancer Pathway
 NHH – Nevill Hall Hospital
 LD – Learning Disability

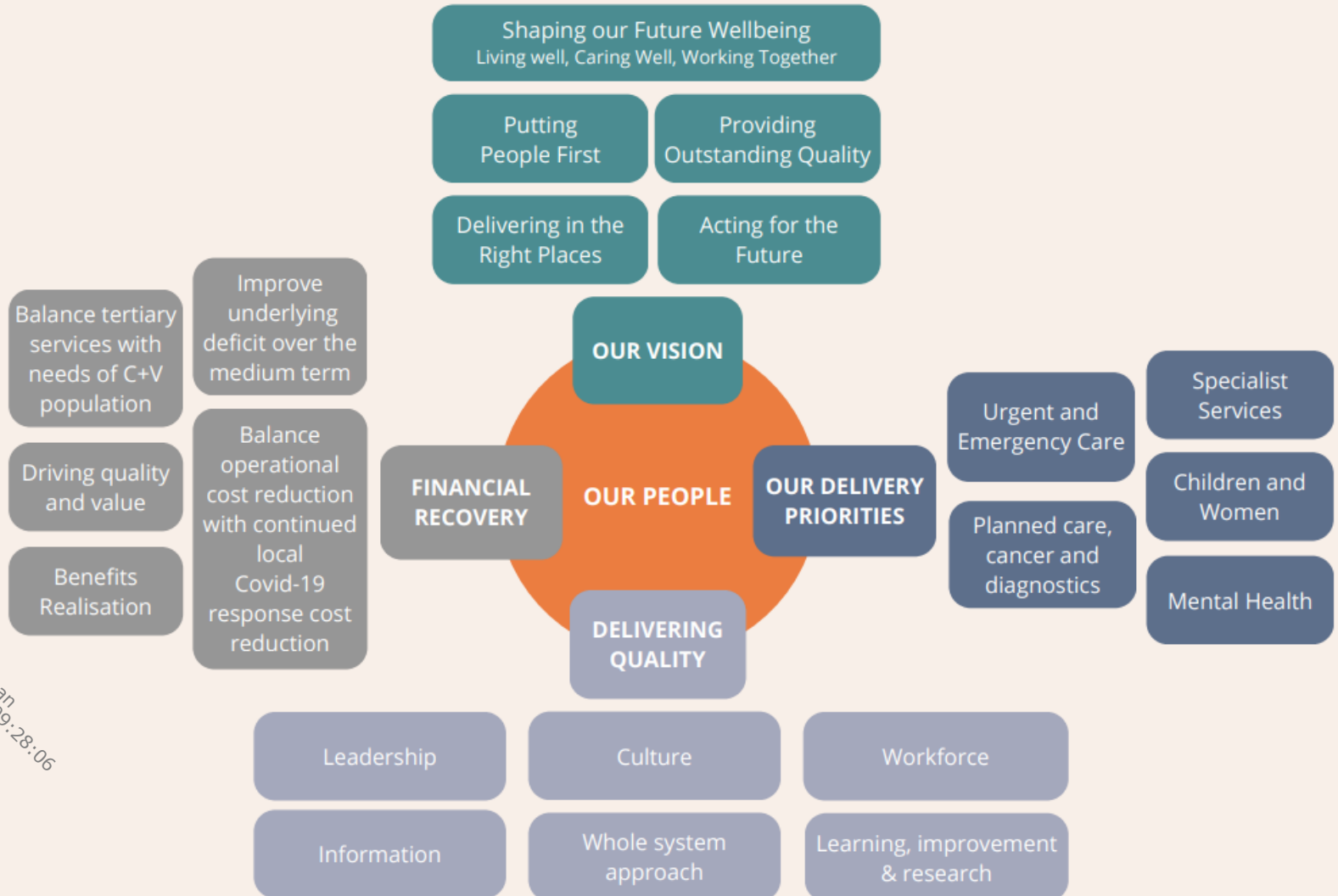
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CVUHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPH) footprint.

Strategy / Plan	Key Points
<p>Annual Plan 2024-25</p> <p>Escalation/ Intervention</p> <p>Finance</p> <p><i>Powell, Bethan 22/05/2024 09:28:06</i></p> <p>Performance</p>	<ul style="list-style-type: none"> • 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 : <ul style="list-style-type: none"> • To 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 • To transform planned care, cancer and diagnostic services, improving outcomes and reducing waiting times • To deliver exceptional specialist and tertiary services for our local, regional and national populations • To 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 • To 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 • The Health Board is now in an escalation status of enhanced monitoring for planning and finance. • Delivery of the 2023/24 financial plan has been challenging, and the delivery of this 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. • “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.”

Our Plan on a Page



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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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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.

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

Welsh Health Specialised Services Committee (WHSSC) Legacy











Strategy

Key Points

Integrated Commissioning Plan (ICP) 2024/5

- Working on behalf of the 7 Welsh Health Boards, WHSSC has the delegated responsibility to commission high quality specialised services for the Welsh population from providers that have the appropriate experience and expertise; are able to provide a robust, safe, high quality and sustainable services and are cost effective for NHS Wales.
- WHSSC was required to develop an ICP for specialised services on behalf of Health Boards (HBs) that must be agreed by the NHS Wales Joint Commissioning Committee (JCC) and align with the NHS Wales Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs). The Plan has been developed within the context of the difficult financial environment and the transition to the new Joint Commissioning Committee (JCC). The new Committee will need to develop its strategic vision and undertake further work on the opportunities of bringing the national commissioning functions together early in its formation. This ICP is an important part of the legacy statement for WHSSC and its delivery will be monitored through the new JCC structures.
- In the current financial context the Framework places a strong emphasis on the themes of the Value and Sustainability Board and the Duty of Quality. These have been reflected in WHSSC's planning throughout the ICP development cycle and the ICP 2024-2025 includes our strategic commissioning approach to quality, value and efficiency.
- It is the final plan as the Welsh Health Specialised Services Committee (WHSSC), as, from 1st April 2024, they will become part of the new national commissioning arrangements in NHS Wales. "We embrace this opportunity to strengthen all-Wales commissioning and will continue to work towards:
 - Improving quality, outcomes and reducing inequalities
 - Adding further value to the NHS system in Wales
 - Strengthening and streamlining of commissioning functions, and associated decision making
 - Building on evidence of good practice
 - Supporting the development of commissioning expertise within the NHS in Wales
 - Maximising national commissioning capacity and capabilities
 - Ensuring minimal disruption to the system.

Commissioning Priorities 2024/25:

COMMISSIONED SERVICES					COMMISSIONING/COMMISSIONED NETWORKS				
Cancer & Blood	Cardiac	Mental Health & Vulnerable Groups	Neurosciences	Women & Children	Welsh Kidney Network	Neonatal Transport Network (under review)	Major Trauma Network	Spinal Services Network	Traumatic Stress Wales (TSW)
									
CROSS CUTTING THEMES									

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NHS Wales Joint Commissioning Committee

Emergency Ambulance Services Committee (EASC) legacy

EASC & NCCU will become part of the new arrangements for NHS Wales Joint Commissioning Committee from 1 April 2024 when these are implemented.

Strategy/ Plan	Key Points – from review of recently published Plan(s)
<p>EMRTS / Air Ambulance Service</p> <p>Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Review</p>	<ul style="list-style-type: none"> • 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 JCC is the new national committee replacing the Emergency Ambulance Services Committee, Welsh Health Specialised Services Committee, and the National Collaborative Commissioning Unit from 1 April 2024.) The Committee approved the following recommendations by majority decision: <ul style="list-style-type: none"> • Recommendation 1 – 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. • Recommendation 2 – 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). • Recommendation 3 – 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. • Recommendation 4 – 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. • Recommendation 5 – Lessons Learned. The Committee supports a Lessons Learned exercise of the review and engagement process to help inform the future work of the JCC. • Recommendation 6 – Implementation. The Committee agrees to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.

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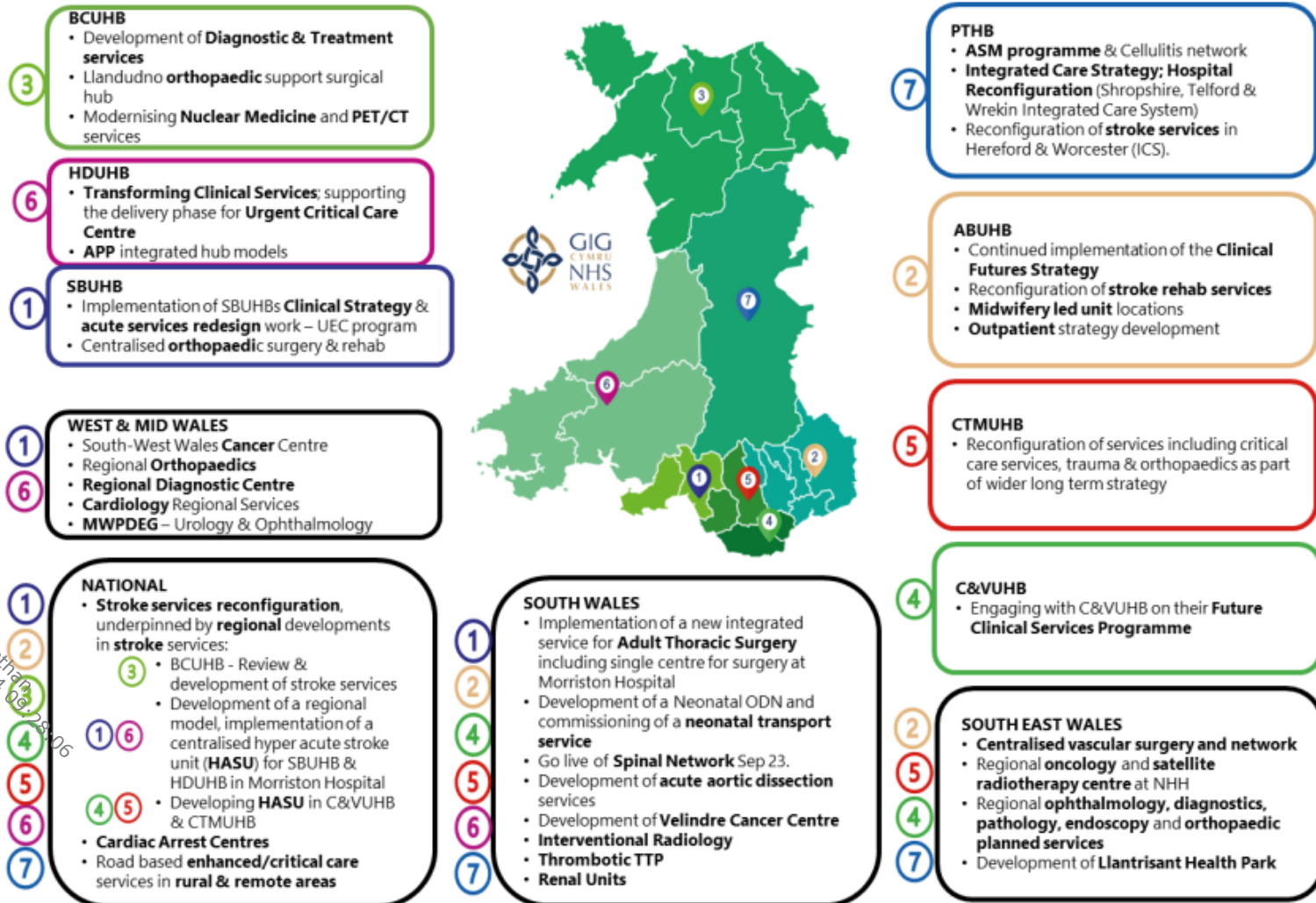
Welsh Ambulance Services University NHS Trust (WAST)

Strategy	Key Points
IMTP 2024-2027	<ul style="list-style-type: none"> WAST have submitted an Integrated Medium Term Plan (IMTP) for a three year period. Our plan is 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: <ul style="list-style-type: none"> 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. <p>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.</p>
Finance	<ul style="list-style-type: none"> The financial plan is presented as a balanced revenue financial plan for the 2024/25 financial year. This is 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. Given the current financial environment and context, and the continuing way in which the NHS in Wales and, in particular our commissioners, are funded, 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.
Performance	<ul style="list-style-type: none"> “Whilst the percentage of red calls responded to within 8 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, despite the actions we have taken, 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. We know that harm can occur to patients who have waited too long for a response in the community, to those who are waiting in the back of an ambulance waiting for offload into an Emergency Department or to those who we cannot send an ambulance to at times of highest escalation. “

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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.



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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

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IGDC • DHCW

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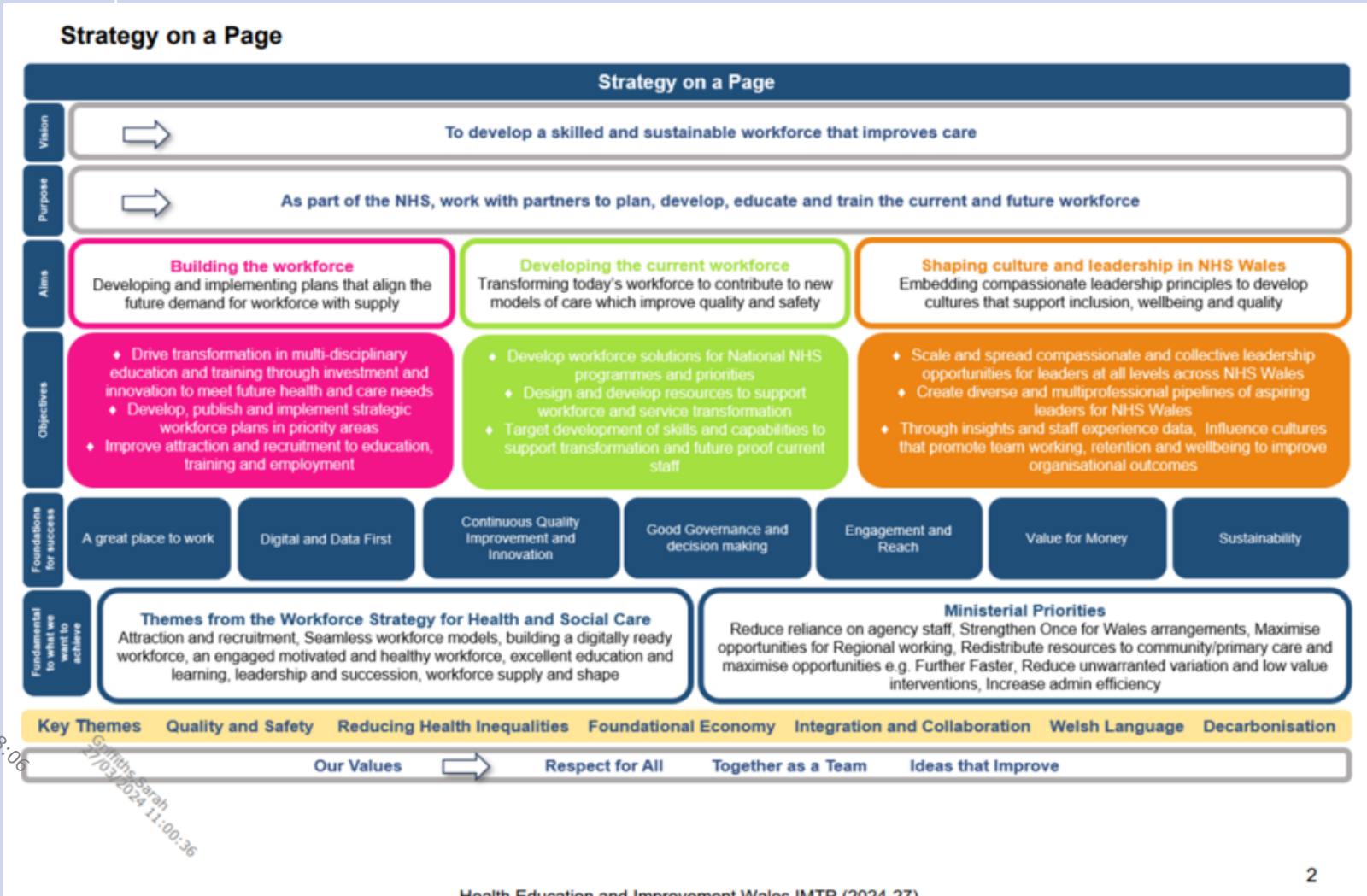
Digital Health and Care Wales (DHCW)

Portfolios	Plan on a Page 2024-27					
	QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
1.1 Data Platform and References Services	Care Data Repository population					
	National Data and Analytics Platform population					
1.2 Open Architecture and Interoperability	Implement and establish product and platform roadmaps				Future priorities are subject to sustainable funding confirmation	
	Staff Identity Approach – single lifetime digital identity					
	Onboarding and Implement APIs					
1.3 Protecting Patient Data	Welsh Accord for Sharing Personal Information accreditation					
	Clinical risks standards implementation planning					
1.4 Sustainable and Secure Infrastructure	Transition to Cloud					
	Cyber Improvements Plan					
2.1 Public Health	Prioritised product roadmap for National Immunisation Framework for Wales					
2.2 Primary, Community and Mental Health	Procure replacement products for national community system				Future priorities are subject to sustainable funding confirmation	
	Mental Health Digital – initial business case	Shared Care record for social care, community and mental health – initial phases				
2.3 Planned Care	Welsh Patient Administration Boundary Change configuration (other national systems not funded)					
	Maternity System procurement					
2.4 Urgent and Emergency Care	Intensive Care system implementation					
2.5 Diagnostics	Laboratory Information Management System implementation					
	Deliver national elements and support implementation of a new radiology system					
2.6 Digital Medicines	Roll out of electronic transfer of prescriptions from GPs to community pharmacies				Future priorities are subject to sustainable funding confirmation	
	Support readiness of organisations to implement a secondary care e-prescribing system					
3.1 Health and Care Professions	Electronic requesting expanded across specialties				Future priorities are subject to sustainable funding confirmation	
	Future phases of Cancer Informatics Solution					
3.2 Patients and the Public	NHS Wales App. Continue to develop and enhance by adding to the core functional services for patients and the public across care settings					
4.1 Research and Innovation	Support clinical trials – Find recruit, follow up service		Ongoing agreements with academic research and industry partners		Ongoing agreements with academic research and industry partners	
4.2 Value Ref Data	Data analysis and reporting for strategic programmes and public health		Explore natural language processing opportunities	Data analysis and reporting for strategic programmes and public health		Future priorities are subject to sustainable funding confirmation

Mission 5 Enablers: People and culture, finance, sustainability, stakeholder engagement, quality and safety, governance, performance, assurance and commercial services

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



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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.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

England

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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

Shropshire, Telford and Wrekin

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



Strategy	Key Points
Integrated Care System	<p>Integrated Care Systems (ICS) are required to produce an Integrated Care Strategy and a Joint Forward Plan. The Integrated Care Partnership (ICP) is responsible for the development of the strategy, against which the Integrated Care Board (ICB) will reflect and respond. Shropshire, Telford and Wrekin ICS have produced an interim Care Partnership Strategy for 22/23 with 6 focus areas: People First; Prevention and inequalities; Subsidiarity; Joint working; Empowerment; Innovation, evidence and research</p> <p>Further information is available at Integrated Care Strategy and Joint Forward Plan - STWICS</p>

Programme	Key Points
Hospital Transformation Programme (HTP)	<ul style="list-style-type: none"> • The Hospital Transformation Programme is implementing the outcome of the NHS Future Fit consultation. • The HTP Board includes senior level membership from the health and care system across Shropshire, Telford and Wrekin • Shrewsbury and Telford Hospitals NHS Trust (SaTH) have taken a prime provider responsibility to lead the delivery of the HTP on behalf of the Integrated Care System • The Strategic Outline Case (SOC) has been approved, by the Department of Health and Social Care and NHS England, with certain conditions, focusing on additional analysis/ information including workforce, demand planning, timescales, delivery sensitivities, contracting and capital. The Programme Board and leads are working with Regional and National teams in NHS England, seeking clarification and responding on these. A Local Care Programme Board has been established to accelerate delivery of the local care services within the health and care system to align with the HTP • Work continues to implement the future model of care agreed as part of the NHS Future Fit programme which included extensive consultation with communities and stakeholders in Powys. • The Outline Business Case for The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme was approved in January 2024 (Hospitals Transformation Programme takes next step forward towards securing investment to improve hospital services - SaTH) and Integrated Health Projects has been appointed as their design and construction partner (Trust appoints Integrated Health Projects as its design and construction partner for its Hospitals Transformation Programme - SaTH) • Full Planning Permission granted for new healthcare facilities at Royal Shrewsbury Hospital and enabling works are under way (Community update on works at Royal Shrewsbury Hospital including the Hospitals Transformation Programme - SaTH). • Work is also nearing completion on the new surgical hub at Princess Royal Hospital which is a key step in establishing PRH as the Trust's main Planned Care site (Patients to benefit from thousands more operations when hospital hub opens - SaTH), with the new hub set to open this summer.

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Shrewsbury and Telford (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
SATH Trust Strategy 2022-27	<p>The 2022-27 Trust Strategy sets out the ambition over the next 5 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">• Improve the quality of care that we provide• Deliver a better patient journey and experience• Ensure seamless patient pathways• Make our organisation more sustainable• Enhance wider health and wellbeing of communities• Make SaTH a great place to work <ul style="list-style-type: none">• New Community Diagnostic Centre – opened in October 2023 with teledermatology added from January 2024. Further considerations being made to potentially open a 2nd.• New daycase theatres opened during 2023• Elective day case hub at Princess Royal Hospital opening June 2024.

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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
Trust Strategy 2023-28	<p>New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities.</p> <p>Five key objectives:</p> <ol style="list-style-type: none">1. Deliver high quality clinical services - 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 patients2. Develop our Veterans Service as a nationally recognised centre of excellence - 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 Organisations3. Integrate MSK pathways across Shropshire, Telford and Wrekin - 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 Accreditation4. Grow our services and workforce sustainably - 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 sector5. Innovation, education and research at the heart of what we do - 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

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Herefordshire and Worcestershire

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

Strategy Key Points

Integrated Care System

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



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

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
Trust strategic objectives 2023/24	<ul style="list-style-type: none">• <u>Quality</u><ul style="list-style-type: none">• Reduce infection rates by delivering improvements to our cleanliness and hygiene regimes• Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)• Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care• <u>Workforce</u><ul style="list-style-type: none">• Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners• Develop a five year “grow your own” workforce plan• <u>Productivity</u><ul style="list-style-type: none">• Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations• Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre• <u>Digital</u><ul style="list-style-type: none">• Reduce the need to move paper notes to patient locations by 50 per cent through delivering our Digital Strategy• Optimise our digital patient record to reduce waste and duplication in the management of patient care pathway• <u>Sustainability</u><ul style="list-style-type: none">• Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff• Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process• <u>Research</u><ul style="list-style-type: none">• Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate <ul style="list-style-type: none">• Daycase - new complex providing additional capacity opens 2024• New Community Diagnostic Centre also planned for 2024

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Briefing to PTHB Planning, Performance and Population Health Committee on 16 May 2024

Subject:	NHS Service Change Engagement and Consultation Report, Month 12 (March 2024)
Approved and Presented by:	Deputy Director (Engagement, Communication and Corporate Governance)
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance) Engagement Manager
Purpose:	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.
Recommendations:	<ul style="list-style-type: none">• 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)
Executive Summary:	<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">• 24-001 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 have concluded. A report is being prepared to summarise the key themes.• 23-010 EMRTS Phase 3 engagement exercise closed on 29 February 2024. Updated recommendations were considered by all seven health boards w/b 8 April and approved by majority decision at a meeting of the Joint Commissioning Committee on 23 April. <p>Since the Q3 report:</p> <ul style="list-style-type: none">• 23-002 South Wales Stroke Service engagement has been paused with recruitment under way to their project team.• 23-009 ABUHB has confirmed that NHH MIU will close overnight from 6 May 2024 and we have ensured targeted local communications to ensure that key stakeholders are aware• 23-011 Engagement relating to Belmont Branch Surgery in Gilwern has been archived following the decision by PTHB Board on 20 March to move this work to 'business as usual' processes.• Key items added to the watch list are Cwmllynfell Branch Surgery, next steps on Hywel Dda clinical services strategy, and next steps on CTM clinical services strategy

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NHS Service Change Engagement and Consultation Report

Q4 Quarterly Report (January – March 2024)

Last updated 2 May 2024

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Engagement and Consultation Exception and Highlight Report – Month 12 / March 2024 (Q4)

Engagement Under Way:	24-001 PTHB Accelerated Sustainable Model / Better Together & PCC Sustainable Powys engagement	Analysis of recent engagement under way
Consultation Under Way:	None	
Engagement Planned or Under Consideration:	23-001 Bevan Commission Conversation – Future of Health and Care	Phase 2 awaited – tbc
	23-002 South Central Wales Stroke Services [temporarily paused]	TBC
	23-004 North Powys Wellbeing – Newtown Campus OBC	TBC
	23-005 Hepatopancreatobiliary Services in South Wales	TBC
	23-006 National Stroke Review	TBC
Consultation Planned or Under Consideration:	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:	BCUHB PET CT, South Wales Oesophagogastric Cancer Surgery, CAVUHB allergy services, WVT haematology services, Cwmllynfell, next steps on Hywel Dda clinical services strategy, next steps on CTM clinical services strategy	
Implementation:	23-009 Minor Injury Unit Services in ABUHB	Implementation 6 May 2024
	23-010 EMRTS / Welsh Air Ambulance Phase 3	JCC decision April 2024
Archived:	<p>The following engagement processes have no immediate engagement & consultation actions for PTHB and have been archived from this report:</p> <ul style="list-style-type: none"> 23-011 Belmont Branch Surgery in Gilwern (task and finish group in place) <p>Archived in previous reports:</p> <ul style="list-style-type: none"> None 	Any programmes can be re-opened in future reports if further engagement or consultation actions become apparent.

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Current Status	<ul style="list-style-type: none"> Engagement took place to ensure an aligned approach between our work on the Accelerated Sustainable Model and the local authority's work on Sustainable Powys. A series of community workshops for the third sector began on Monday 19 February across 13 localities with the last event taking place on Tuesday 26 March.
Lead Body	<ul style="list-style-type: none"> PTHB with PCC
Overview	<ul style="list-style-type: none"> 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. 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. Members of the Transformation & Value and Communications team also attended a school's event on 20 March capturing views around health and wellbeing from pupils; and an evening webinar for town and community councils on 21 March to share our approach and answer questions. Analysis is now underway to review all the feedback including the identification of key themes, concerns around health challenges and stakeholders' views on gaps. A draft report will follow and be presented firstly to a future Better Together Programme Board and then Execs etc.. Planning for the next phase commences.
Impact and interdependency	<ul style="list-style-type: none"> These proposals potentially affect 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. There are interdependencies with public experience and perception of both council and health services in particular the relationships between social and health care.
Key Dates	<ul style="list-style-type: none"> 13 workshops took place between 19 February 2024 and 26 March 2024. An all-day school's event took place on Wednesday 20 March at the Pavillion in Llandrindod Wells An online webinar for town and community councils took place on Thursday 21 March using Teams Live.
Key Materials	<ul style="list-style-type: none"> Showcards produced (en/cy), introductory videos (en/cy) from both CEOs with subtitles and feedback board, sheets capture views Intranet page in existence and discussions re- use of the Engagement HQ project for future engagement Additional literature/merchandise at workshops e.g. Silver Cloud pens, stress balls, patient feedback process, EMRTS engagement survey, 111-2 posters
Engagement Planning	<ul style="list-style-type: none"> Regular meetings were established to ensure PCC/PTHB shared their plans/worked together in planning/running/reviewing said workshops.
Llais Liaison	<ul style="list-style-type: none"> Llais is being briefed through our regular touchpoints, and event dates and invitations have been shared so that Llais can join each event. A priority place has been allocated to ensure they have a guaranteed place.
Last Updated	3 April 2024.

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Phase 2 awaited

23-001 Bevan Commission Future of Health and Care

Current Status	<ul style="list-style-type: none">• Phase 1 report published January 2024.• Discussions are ongoing regarding phase 2 of a 'Conversation with the Public'.
Lead Body	<ul style="list-style-type: none">• Bevan Commission
Overview	<ul style="list-style-type: none">• 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."• The Phase 1 national and Powys reports were published in January 2024 and are available on their website: A Conversation with the Public - Bevan Commission 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• Decisions are expected shortly on whether a further phase of engagement will take place.
Impact and interdependency	<ul style="list-style-type: none">• Linked to a Senedd debate on the future of the NHS, the Minister of Health and Social Services urged people to take part: Call for everyone to play part in future of Wales' health and social care services GOV.WALES• On behalf of NHS organisations in Wales, NHS Confederation Wales has reiterated its call for an open and honest conversation with the public: Response to the Welsh Government's call for everyone to play their part in future of Wales' health and social care services NHS Confederation
Key Dates	<ul style="list-style-type: none">• 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.• A national workshop took place on Thursday 18 January 2024 for feedback and discussion from Phase 1 with the Bevan Commission. Next steps TBC
Key Materials	<ul style="list-style-type: none">• More information about Phase 1 is available from A Conversation with the Public - Bevan Commission with Phase 1 reports available at A Conversation with the Public: Report - Bevan Commission
Engagement Planning	<ul style="list-style-type: none">• The Bevan Commission held several national workshop sessions with health board and wider representatives to help shape their programme of work.• We await further details on planning and delivery of Phase 2.
Llais Liaison	<ul style="list-style-type: none">• Llais representation was engaged at a national level by the Bevan Commission in the national workshops, and Llais representatives attended the Brecon event.• We have used our regular fortnightly touchpoint sessions to provide updates on this work including on 9 January to flag publication of the national and local reports
Updated	<ul style="list-style-type: none">• 3 April 2024

Engagement Paused

23-002 South Central Wales Stroke Services

Current Status	<ul style="list-style-type: none">• Engagement is currently paused.• Further updates are awaited.
Lead Body	<ul style="list-style-type: none">• CAVUHB and CTMUHB
Overview	<ul style="list-style-type: none">• Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales)• See also national stroke review.
Impact and interdependency	<ul style="list-style-type: none">• PCH is the main provider of hyperacute and acute stroke services for many communities in south Powys.• A review is also under way on the future shape of stroke services in Herefordshire and Worcestershire (qv) and through the national stroke review for Wales.
Key Dates	<ul style="list-style-type: none">• On 16 October 2023 we became aware that engagement is under way in South Central Wales on the future shape of stroke services. CAVUHB and CTMUHB confirmed that an initial period of engagement was under way until 27 November 2023.• Plans were put in place for a Powys engagement event on 21 November 2023 but on 8 November it was confirmed that this work would be temporarily paused to enable the programme to reflect on the feedback received so far.• As of 3 April 2024 the work remains paused.
Key Materials	<ul style="list-style-type: none">• Information is available from Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) and on the PTHB website https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1• PTHB has 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 has now been paused).
Engagement Planning	<ul style="list-style-type: none">• PTHB has been working with CAVUHB and CTMUHB, and as part of the national stroke review in Wales.
Llais Liaison	<ul style="list-style-type: none">• PTHB shared information with Llais Powys at the touchpoint meetings held on 17 October 2023 and discussed our approach to engagement at a meeting on 1 November 2023. Llais Powys have been updated on the decision to pause the current phase of engagement.
Last Updated	<ul style="list-style-type: none">• 3 April 2024

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Current Status	<ul style="list-style-type: none"> • A period of engagement is expected from Q4 to support the development of the Outline Business Case for submission to Welsh Government
Lead Body	<ul style="list-style-type: none"> • PTHB / RPB
Overview	<ul style="list-style-type: none"> • As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Plans for the health and wellbeing campus include a new hospital building for Newtown (including an Urgent Care Centre, in-patient beds, a midwife-led birthing unit, more planned care services as well as improved diagnostic equipment), social care and well-being facilities (working in hand with the voluntary sector), a new Health and Care Academy - working closely with the town's library. • The site will also be an innovative partnership as the location for the new Ysgol Calon y Dderwen building replacing the current primary school facilities on the site.
Impact and interdependency	<ul style="list-style-type: none"> • The aim is to replace and expand on the service currently provided within Newtown, and specifically to transfer services from the current Montgomeryshire County Infirmary site. • There are no plans as part of this scheme to transfer services from other community hospital sites in Powys. • The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford & Wrekin through the Hospitals Transformation Programme. The Outline Business Case for this scheme 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 the county.
Key Dates	<ul style="list-style-type: none"> • Strategic Outline Case submitted to Welsh Government in 2022. • Work under way to develop Outline Business Case for submission to Welsh Government in 2024. • Next phase of structured engagement will take place from early Q4. • An engagement event by the Shrewsbury and Telford Hospital Transformation Programme took place on 14 March 2024.
Key Materials	<ul style="list-style-type: none"> • Regular Programme Bulletins are issued to stakeholders, most recently in autumn 2023: POWYS WELLBEING WELLBEING HEALTH.
Engagement Planning	<ul style="list-style-type: none"> • An engagement plan has been prepared to support the work to develop and submit the Outline Business Case in 2024, with engagement anticipated from Q4 2023/24.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoint meetings provide an opportunity to engage with the Llais regional director.
Last Updated	<ul style="list-style-type: none"> • 3 April 2024

Current Status	<ul style="list-style-type: none"> • PLANNED: A period of engagement on the future service model is expected in 2024
Lead Body	<ul style="list-style-type: none"> • Cardiff and Vale University Health Board and Swansea Bay University Health Board.
Overview	<ul style="list-style-type: none"> • A number of factors affect the clinical sustainability of these services, and a programme of work is under way to identify options for a sustainable future.
Impact and interdependency	<ul style="list-style-type: none"> • These are highly specialist service pathways for which Powys residents are referred to the most appropriate centre, which normally involves significant travel from Powys.
Key Dates	<ul style="list-style-type: none"> • Further information awaited.
Key Materials	<ul style="list-style-type: none"> • Further information awaited.
Engagement Planning	<ul style="list-style-type: none"> • Service user engagement is expected later in 2023/24 ahead of a wider programme of public and stakeholder engagement in 2024.
Llais Liaison	<ul style="list-style-type: none"> • Regular liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	<ul style="list-style-type: none"> • 3 April 2024

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23-006 National Stroke Review in Wales

Current Status	<ul style="list-style-type: none"> UNDER CONSIDERATION: A series of national engagement and communication workstream meetings are being re-established from March 2024 to take this work forward.
Lead Body	<ul style="list-style-type: none"> NHS Wales Executive (National Stroke Programme Board) with four regions: North (BCUHB), South West (HDdUHB and SBUHB), South Central (CAVUHB & CTMUHB), South East (ABUHB) and all seven health boards.
Overview	<ul style="list-style-type: none"> A number of factors affect the clinical sustainability of these services and there is an opportunity to review the overall model of service delivery to ensure the best outcomes for the people of Wales. A programme of work is under way to identify options for a sustainable future.
Impact and interdependency	<ul style="list-style-type: none"> Changes to stroke services in any of the four regions may have an impact on pathways for Powys residents. There is a need at a national level to ensure that there is a co-ordinated approach across all four regions, consider impact and interdependency of regional proposals for Powys, and also interface with change programmes in England. (Shropshire and Telford & Wrekin Hospital Transformation Programme, Herefordshire and Worcestershire Stroke Review)
Key Dates	<ul style="list-style-type: none"> The immediate focus is expected to be on socialisation of the case for change as well as a refreshed FAST campaign.
Key Materials	<ul style="list-style-type: none"> Next steps to be developed and agreed through re-established national workstream meetings..
Engagement Planning	<ul style="list-style-type: none"> A national engagement and communication workstream group has been developed. Interim meetings of a smaller task and finish group have been re-established from March 2024.
Llais Liaison	<ul style="list-style-type: none"> Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work.
Last Updated	<ul style="list-style-type: none"> 3 April 2024

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Current Status	<ul style="list-style-type: none"> • Formal consultation expected: Formal engagement took place from 4 January 2023 to 14 February 2023. • A period of formal consultation is anticipated in 2024 subject to review and approval through JCC governance including implementation of a designated provider process. The designated provider process has not yet concluded.
Lead Body	<ul style="list-style-type: none"> • Joint Commissioning Committee (formerly WHSSC)
Overview	<ul style="list-style-type: none"> • Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unavailable. A commitment was made to undertake engagement in line with NHS Wales guidance on the temporary change and future service model. • Cochlear Implant services in South Wales are currently only provided in Cardiff following this temporary change, but historically South Powys patients would have been referred to Cardiff or Princess of Wales depending on needs/pathway. Bone Conduction Hearing Implant services are currently located at Royal Gwent, Cardiff and Neath Port Talbot. South Powys patients are normally referred to Cardiff or Neath Port Talbot. • Following engagement, WHSSC Joint Committee met on 16 May 2023 and 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. • A Designated provider process is anticipated which would then identify options for formal consultation. An update on this process was being presented to a meeting of PTHB Board on 25 July 2023.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in south Powys who access specialist auditory services in South Wales. If the preferred option is implemented, then some patients would need to travel further for implant but could continue to receive outreach support closer to home in hub sites. Between 2017 and 2021 there was an average 56 adult and 20 paediatric cochlear implant referrals in South Wales per year leading to 28 adult implants and 16 paediatric implants per year. Between 2017 and 2021 there was an average 42 adult and 2.5 paediatric BCHI referrals in South Wales per year, leading to 17 adult implants and 0 paediatric implants per year. South Powys activity is typically less than 5 referrals per year. Pathways for patients in north and mid Powys to BCUHB and England are not affected.
Key Dates	<ul style="list-style-type: none"> • An update to PTHB Board on 25 July 2023 secured support for a designated provider process followed by formal consultation.
Key Materials	<ul style="list-style-type: none"> • Further information will be added once details of formal consultation are confirmed.
Engagement Planning	<ul style="list-style-type: none"> • JCC and partner health boards will work together to plan future consultation in liaison with Llais as appropriate.
Llais Liaison	<ul style="list-style-type: none"> • JCC continue to liaise nationally with Llais Tîm Arwain. • Local liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	<ul style="list-style-type: none"> • 3 April 2024

Current Status	<ul style="list-style-type: none"> • Consultation Awaited: Formal engagement took place from 20 September 2022 to 11 November 2022. • Formal consultation is expected during 2024 subject to development and refinement of formal proposals through the Clinical Senate process in England.
Lead Body	<ul style="list-style-type: none"> • Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Llais Powys region as observers.
Overview	<ul style="list-style-type: none"> • A review of stroke services in Herefordshire and Worcestershire is currently under way. This includes the stroke services provided at County Hospital in Hereford. They are looking at the best way to deliver quality stroke services, including for the patients they serve in Powys. A key driver is the challenge in recruiting and retaining sufficient specialist staff including specialist stroke consultants to meet national clinical standards for hyperacute and acute stroke services on two sites. • Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions. • A formal period of engagement took place from 20 September 2022 to 11 November 2022. Following engagement, refined proposals are being developed for review through the Clinical Senate process in England. • It is currently anticipated that formal consultation on options for the future may take place during 2024 TBC.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in mid and east Powys for whom Hereford County Hospital is their main acute hospital for hyperacute and acute stroke services. Under the proposals, County Hospital would no longer provide hyperacute and acute stroke services which would be centralised to Worcester. A pathway would be in place for triage, assessment and diagnostics at County Hospital including provision of thrombolysis as needed. • Local rehabilitation and community services in Powys are not directly affected, and nor are stroke pathways for residents of other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, 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. • Interrelationship with proposals for the future shape of stroke services in Wales (q.v.)
Key Dates	<ul style="list-style-type: none"> • Further details awaited on the next steps
Key Materials	<ul style="list-style-type: none"> • Website for engagement period: https://pthb.nhs.wales/hereford-stroke
Engagement Planning	<ul style="list-style-type: none"> • A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders.
Llais Liaison	<ul style="list-style-type: none"> • There has been ongoing liaison with Llais and previously with the CHC. Llais Powys region has observer status on the Herefordshire & Worcestershire Stroke Programme Board.
Last updated	<ul style="list-style-type: none"> • 3 April 2024

Current Status	<ul style="list-style-type: none"> • 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. • Feedback report due to go to Llais shortly. Development of preferred option to commence.
Lead Body	<ul style="list-style-type: none"> • ABUHB, CTMUHB, CAVUHB
Overview	<ul style="list-style-type: none"> • The engagement focused on steps to increase availability of cataract surgery. • The overwhelming majority of responses indicated that within reason, travelling for surgery was not a major consideration if waiting times were reduced as soon as possible (subject to transport support being available where needed). • A final feedback report will go to Llais in the near future. • The development of our preferred option for additional capacity will commence. This is very likely to include additional activity at Nevill Hall, so should be a positive development from the south Powys perspective.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals have low direct impact for Powys: <ul style="list-style-type: none"> • Most cataract surgery for South Powys residents is undertaken in Brecon and Llandrindod theatres by WVT consultants. • 2.5% of cataract surgery activity for Powys residents is undertaken by the south-east Wales health boards. • Additional capacity may support overall reduction in waiting times across Wales including in relation to wider ophthalmology services. • Interdependencies with future role of eLGHs in ABUHB (e.g. Nevill Hall) to be kept under review.
Key Dates	<ul style="list-style-type: none"> • Engagement took place from 13 November 2023 to 2 February 2024.
Key Materials	<ul style="list-style-type: none"> • Engagement information is available from Planning Future Cataracts Services in South East Wales - Aneurin Bevan University Health Board (nhs.wales)
Engagement Planning	<ul style="list-style-type: none"> • Given the low impact for Powys residents and pathways we are taking a reactive approach to engagement rather than proactive publicity.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.
Last Updated	<ul style="list-style-type: none"> • 3 April 2024

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Watch List

Our watch list includes issues where active engagement and/or communication programmes are not currently under way but intelligence review has identified potential for future action:

- Next steps on Hywel Dda clinical services strategy
- Next steps on Cwm Taf Morgannwg acute clinical services plan
- Next steps on Nevill Hall Hospital service model
- Wider south east regional programmes
- Next steps on Cwmllynfell branch surgery (previous engagement in 2019)
- South Wales Oesophagogastric Cancer Surgery – potential for future engagement and/or consultation on sustainable clinical model.
- BCUHB Nuclear Medicine / PET CT – clarification requested from WHSSC regarding mitigation action if decision is made to locate future PET CT in permanent location in Glan Clwyd rather than current mobile location in Wrexham Maelor.
- CAVUHB – cessation of provision of secondary care allergy services from outside Cardiff & Vale. WG has asked all HBs for information to map alternative provision.
- WVT haematology service arrangements.
- Interventional radiology and vascular services in South Wales.

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Current Status	<ul style="list-style-type: none"> • Implementation under way: NHH MIU opening hours will change to 07:00-01:00 from Monday 6 May 2024
Lead Body	<ul style="list-style-type: none"> • ABUHB
Overview	<ul style="list-style-type: none"> • ABUHB undertook a period of engagement on future opening times of Minor Injury Unit services provided by the health board. • 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&E until November 2020 when the Clinical Futures programme was accelerated in the context of COVID.
Impact and interdependency	<ul style="list-style-type: none"> • Nevill Hall Hospital is the main Minor Injury Unit for residents of south-east Powys including the Crickhowell area. • There are legacy issues linked to the decision made through Clinical Futures to change from a 24-hour consultant-led A&E service at Nevill Hall hospital to 24-hour nurse-led minor injury service
Key Dates	<ul style="list-style-type: none"> • 11 September 2023 to 1 December 2023 (NB engagement period was initially 8 weeks but subsequently extended to 12 weeks) • Two events took place in Abergavenny in the early part of the engagement period. A further event was then arranged in Abergavenny on Monday 27 November at the Lecture Theatre, in the Education Centre at Nevill Hall Hospital. This was attended by ten people with no specific issues raised in relation to Powys. • 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. • 6 May 2024: New hours come into effect.
Key Materials	<ul style="list-style-type: none"> • Information about the engagement process is available from the ABUHB website at Provision of Minor Injury Unit Services 12-week Engagement - Aneurin Bevan University Health Board (nhs.wales) including a briefing document, FAQs and survey. Information was shared by PTHB through our website, social media channels and intranet, and also through direct email to key stakeholders. • A publicity campaign is under way ahead of the overnight closure on 6 May 2024 with further information available from https://abuhb.nhs.wales/miu-changes
Engagement Planning	<ul style="list-style-type: none"> • Whilst there is some learning for ABUHB from the launch period, we have worked with ABUHB to ensure that information is shared with Powys stakeholders, including through PTHB participation in the mid-term review meeting.
Llais Liaison	<ul style="list-style-type: none"> • We informed Llais Powys region as soon as we became aware of this engagement. • We understand that Llais Gwent region had been involved in planning for this engagement but had not communicated with Llais Powys region. • We held two dedicated meetings with Llais Powys representatives to discuss plans for engagement with Powys stakeholders and continue to use our fortnightly touchpoint meetings to review progress and next steps
Last Updated	<ul style="list-style-type: none"> • 15 April 2024

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27/05/2024 09:28:06

Current Status	<ul style="list-style-type: none"> • IMPLEMENTATION: Recommendations were agreed by majority decision at NHS Wales Joint Commissioning Committee on 23 April 2024 following consideration by all seven health boards between 9 and 11 April 2024
Lead Body	<ul style="list-style-type: none"> • NHS Wales Joint Commissioning Committee (previously EASC) with EMRTS and Welsh Air Ambulance Charity
Overview	<ul style="list-style-type: none"> • 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. • 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.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals potentially affect all residents of Wales including all residents of Powys. • There are interdependencies with public experience and perception of the wider emergency care system including emergency ambulance services, emergency department services etc.
Key Dates	<ul style="list-style-type: none"> • Phase 3 engagement took place from 1 to 29 February 2024. • 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) • A meeting of the NHS Wales Joint Commissioning Committee on 23 April 2024 approved the revised recommendations by majority decision: April 2024 - NHS Wales Joint Commissioning Committee
Key Materials	<ul style="list-style-type: none"> • Phase 3 engagement information was and is available from the EASC website at EMRTS Service Review - Emergency Ambulance Services Committee (nhs.wales) • Information was also available from the PTHB website at https://pthb.nhs.wales/air-ambulance and via the health board’s social media channels (Facebook, X and NextDoor), via the GovDelivery subscription service, via town and community councils/other stakeholder syndication and through other mechanisms to support participation by digitally excluded residents. (posters and paper copies of surveys distributed to Powys libraries). • An update statement from JCC is awaited so that a clear and consistent message regarding the decisions made at JCC on 23 April and the next steps can be shared with stakeholders.
Engagement Planning	<ul style="list-style-type: none"> • The latest information is available from Phase 3 Engagement Process - Emergency Ambulance Services Committee (nhs.wales) • Weekly touchpoints are in place between HB engagement leads, EASC, EMRTS and WAA Charity.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison
Last Updated	<ul style="list-style-type: none"> • 23 April 2024

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Current Status	<ul style="list-style-type: none"> • Now moved to 'business as usual' processes following a decision by PTHB Board on 20 March.
Lead Body	<ul style="list-style-type: none"> • PTHB with Crickhowell Group Practice
Overview	<ul style="list-style-type: none"> • Crickhowell Group Practice submitted an application to close their premises at Belmont Branch Surgery in Gilwern and consolidate their services at their premises in Crickhowell. Powys Teaching Health Board considers such requests in accordance with its “Branch Surgery Closure Process”. In accordance with this policy, a period of engagement took place from 10 January 2023 to 6 March 2023 to inform a decision by health board in response to the application. The decision was taken at a meeting in public of the Board on 24 May and a Task-And-Finish group was established to oversee the continued development and delivery of the mitigation plan.
Impact and interdependency	<ul style="list-style-type: none"> • 9300 patients are registered with Crickhowell Group Practice. Of these around 3100 live in the Aneurin Bevan Health Board area, which is where Belmont Branch Surgery is located. These proposals directly affect residents of the Gilwern area in Monmouthshire for the Gilwern Branch Surgery is their most local GP surgery branch. GP primary care services will continue to be available from the War Memorial Health Centre in Crickhowell. War Memorial Health Centre is 3.2 miles from Gilwern. The nearest alternative five GP practices are between 3.5 and 7 miles from Gilwern and are accepting new patients.
Key Dates	<ul style="list-style-type: none"> • A period of formal engagement took place from 10 January 2023 to 6 March 2023. • A meeting of the Branch Practice Review Panel took place on 28 April with a meeting of the board on 24 May 2023. • Community event to promote wellbeing services for residents took place on 2nd November at Gilwern Community Centre. • Branch closure on 30 November 2023. • Task and Finish Group meeting took place on Tuesday 9 January 2024 with update presented to PTHB Board on 31 January 2024. • Further Task and Finish Group meeting took place on Tuesday 12 March 2024 for oral report to PTHB Board on 20 March 2024 with decision to move monitoring into “business as usual” arrangements.
Key Materials	<ul style="list-style-type: none"> • Letter to household, FAQs, online and printed questionnaire, alternative formats (BSL, Easy Read, Audio), draft Equality Impact Assessment, engagement website at www.pthb.nhs.wales/gilwern and www.biap.gig.cymru/gilwern • Further letter issued to households in October 2023 ahead of closure.
Engagement Planning	<ul style="list-style-type: none"> • A detailed engagement plan was developed and delivered to raise awareness of the proposals and enable people to have their say.
Llais Liaison	<ul style="list-style-type: none"> • Former Powys CHC was formally notified in line with the Branch Practice Review Process, with the CHC Chief Officer having observer status on the Branch Practice Review Panel. The application was discussed in Part B of the Services Planning Committee on 22 November 2022. An update was provided to SPC on 17 January 2023 and to R&B Local Committee on 26 January. A mid-term review took place with Powys CHC and Aneurin Bevan CHC on 31 January 2023. The report on engagement was shared with Llais (Powys region and Gwent region) for comment and review. • Llais was represented on the Branch Practice Review Panel and had observer status at the meeting of the Board. • A task and finish group has been in place to take forward further development and delivery of the mitigation plan which includes Llais observer representation, with two-monthly updates to meetings of PTHB Board (most recently on 20 March 2024).
Last updated	<ul style="list-style-type: none"> • 3 April 2024

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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
- 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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NHS WALES SHARED SERVICES PARTNERSHIP

SUMMARY PERFORMANCE REPORT

POWYS TEACHING HEALTH BOARD

Period 1st January 2024 – 31st March 2024

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22/05/2024 09:28:06

Overview

KPI Status

1

1

17

Not Available

1

Points of Contact

Alison Ramsey – Director of Planning, Performance & Informatics (Alison.ramsey@wales.nhs.uk)

Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

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22/05/2024 11:28:06

Key Messages

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31st March 2024.

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

The Quarter 4 performance for the organisation was generally on target with 17 out of 19 KPIs showing as green.

The time to hire target was achieved in March and NWSSP continues to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

Further action will continue to be taken forward into 2024-25 to address the performance in areas of underperformance.

Of the 2 KPIs that did not achieve the targets

- 1 is a combination of both NWSSP and our customers processes.
- 1 is the responsibility of the health organisation.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit & Assurance continue to discuss potential delays directly with the Health organisation and are confident audits will be delivered by the end of the audit year in May.

Professional Influence Benefits

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

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

The indicative financial benefits arising in the period April – June 2023 for the organisation is £3.3M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.09
Procurement Services	0.59
Legal & Risk Services	2.02
Accounts Payable	0.58
Counter Fraud Services*	-
Total	3.3

- Counter Fraud services only contains April – December

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22/05/2024 09:22:06

□ Explanation of Appendices

Appendix 1 to this report provides the March performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st March 2024.

Appendix 2 provides March performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 31st March 2024.

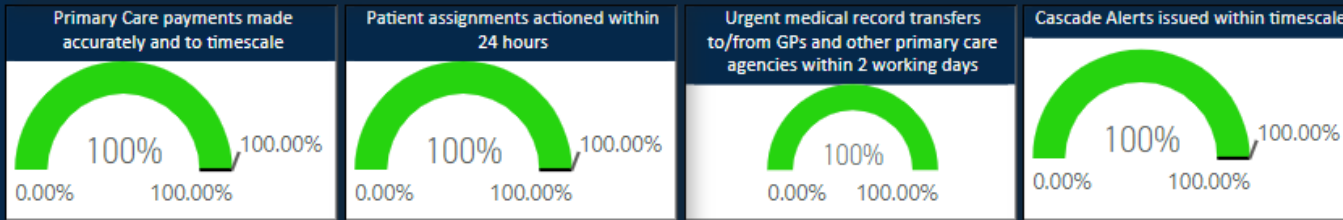
Appendix 3 then highlights the position for all health organisations at the end of March 2024.

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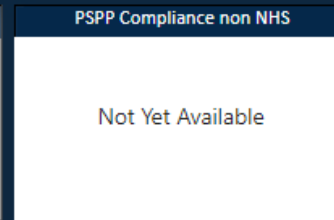
Summary Position

PTHB Quarter 4 22-23 Performance

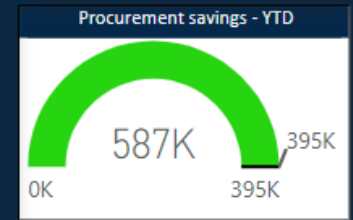
Primary Care Services



Accounts Payable



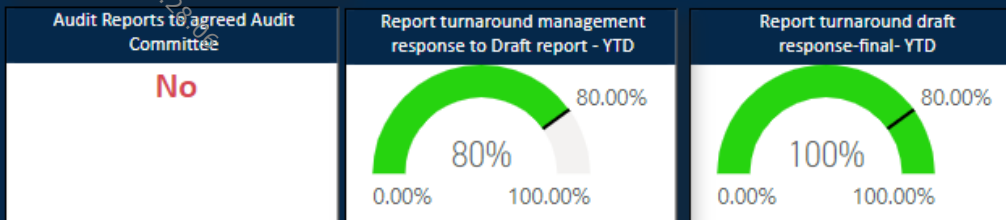
Procurement Services



Employment Services



Audit & Assurance



Professional Influence



Action Plan for Lead Indicators

There were one KPI's showing as red for the in-month March position.

Aswell@nhs.uk
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Innovation and Excellence
through Partnership*

Audit & Assurance

PTHB High Level - KPIs Mar 2024	Target	30/06/2023	30/09/2023	31/12/2023	31/03/2024	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee	Y/N	Y	Y	N	N	
% of audit outputs in progress		16%	16%	21%	17%	

What is happening?

Reports to Audit Committee failed to meet the target of 14; 11 were reported during Quarter 4. Audits which missed the planned committee were Continuing Healthcare, Agency Spend and Infection Prevention & Control due to delays in starting or completing fieldwork.

What are we doing about it?

Head of Audit discusses any delays directly with the health orgs and are made aware of any revised timings.

Powell Bethan
22/05/2024 09:28:06

Other areas where action is planned

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Innovation and Excellence
through Partnership*

Employment Services – Recruitment

PTHB High Level - KPIs Mar 2024		Target	30/06/2023	30/09/2023	31/12/2023	31/03/2024	Trend
Employment Services							
Organisation KPIs Recruitment							
% of vacancy creation to unconditional offer within 71 days			75.0%	61.2%	70.0%	82.0%	
Vacancy creation to unconditional offer	71 days		69.6	71.8	69.2	52.9	
% of vacancies shortlisted within 3 working days			47.2%	46.7%	47.1%	60.7%	
Time to Shortlist by Managers	3 days		10.9	8.3	6.6	4.2	

What is happening?

The Time To Hire target of 71 days was achieved in March taking on average 53 days however, Time to Shortlist by Managers narrowly missed the 3-day target reporting 4.2 days in March. This is an improvement on the previous quarters and the Time to Hire has improved consistently throughout the year.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

What are we doing about it?

Good progress has been made on the cleansing of older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire.

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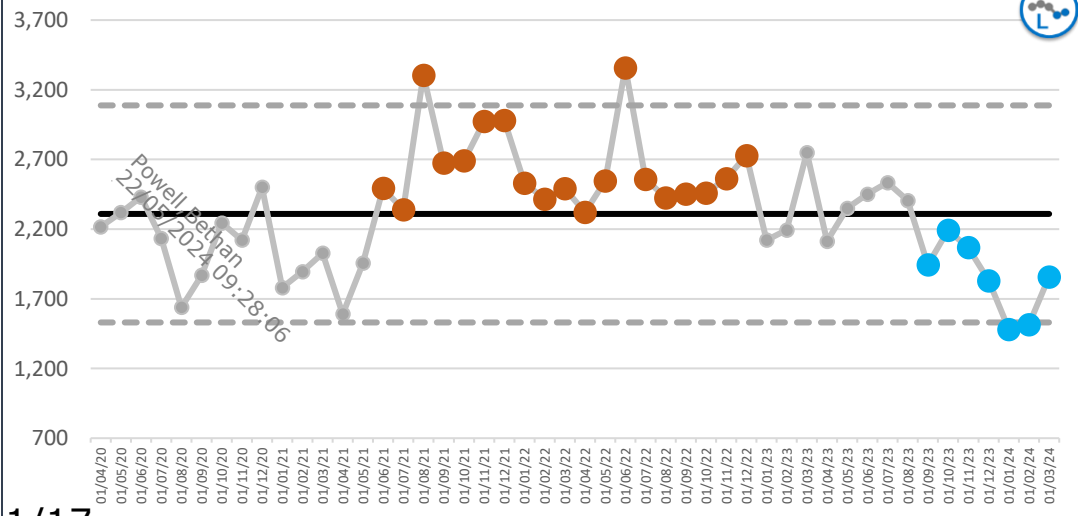
Employment Services – Recruitment

Recruitment

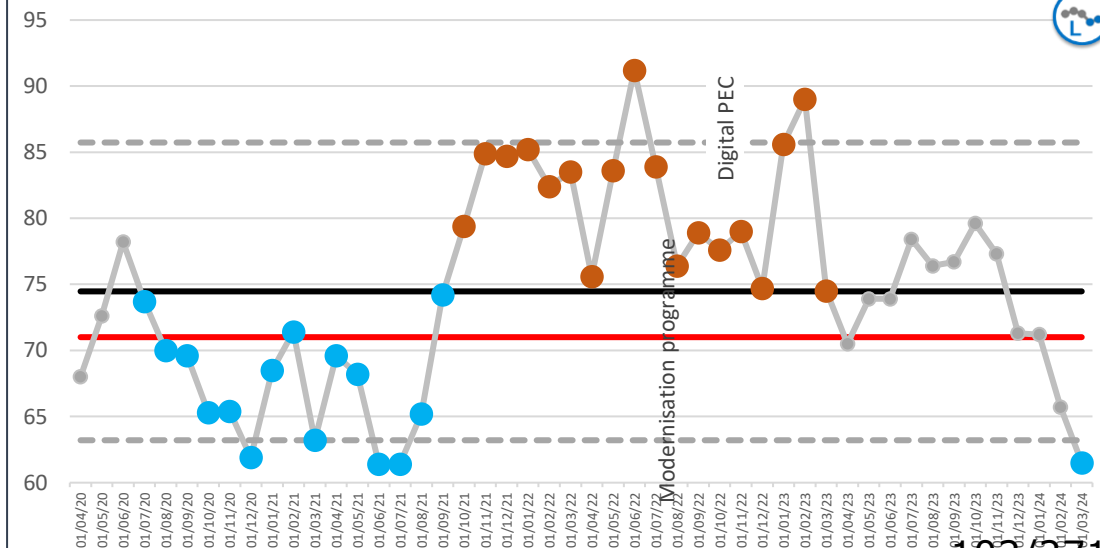
Vacancy Creation to Unconditional Offer

Org	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Trend
AB	71	82	81	87	84	95	83	103	102	99	90	80	71	↑
BCU	71	73	72	73	74	75	73	69	74	73	75	74	69	↑
CV	71	81	76	81	86	88	97	95	88	94	93	84	89	↓
CTM	71	94	87	93	93	93	94	106	94	82	82	76	66	↑
HD	71	60	65	60	54	65	67	65	58	51	58	51	51	→
HEIW	71	35	74	64	76	50	62	89	101	57	73	71	47	↑
DHCW	71	61	70	59	69	72	76	64	60	63	68	52	58	↓
NWSSP	71	67	64	62	78	76	87	76	88	71	77	76	56	↑
PTHB	71	65	64	70	80	82	72	70	74	69	72	70	53	↑
PHW	71	54	63	57	61	60	56	58	57	58	57	60	58	↑
SBU	71	77	72	76	79	74	79	72	68	70	66	69	58	↑
VEL	71	71	75	78	77	65	66	73	66	68	61	53	61	↓
WAST	71	97	98	92	113	121	110	109	96	80	75	66	66	↓
All Wales	71	71	74	74	78	76	77	80	77	71	71	66	62	↑

Number of Conditional Offers Sent



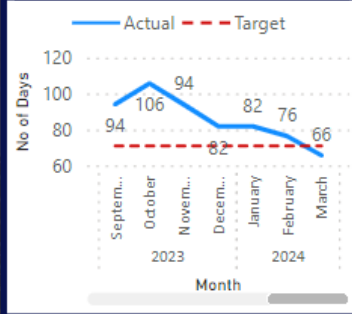
Vacancy Requested to Unconditional Offer



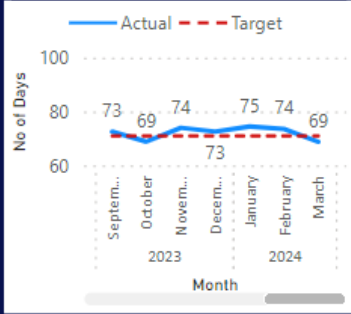
Employment Services – Recruitment

The charts below show the Vacancy creation to unconditional offer performance for the individual organisations September – March 24.

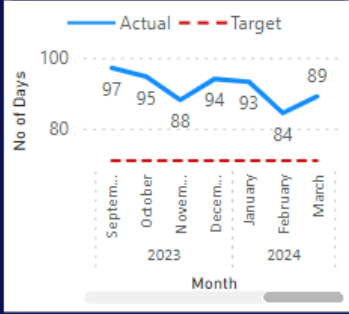
CWM TAF MORGANNWG



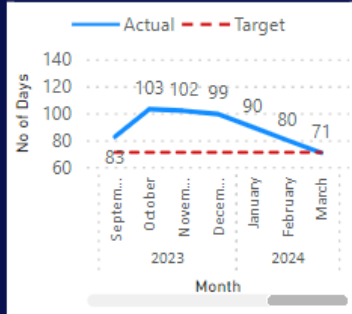
BETSI CADWALADR



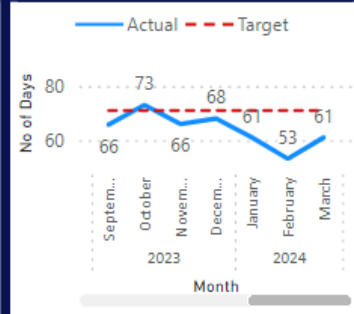
CARDIFF & VALE



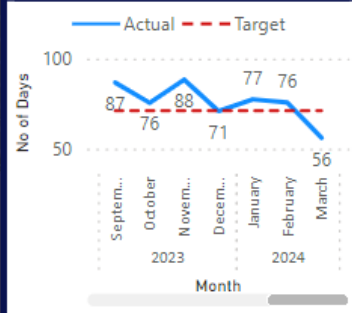
ANEURIN BEVAN



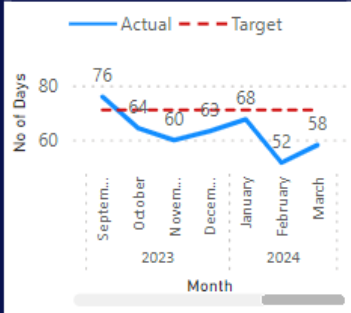
Velindre (Inc VCC & WBS)



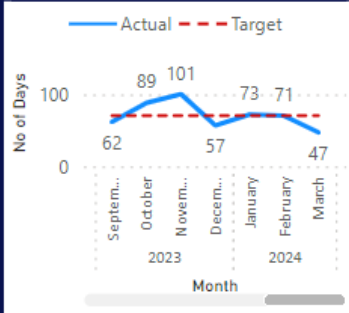
NWSSP



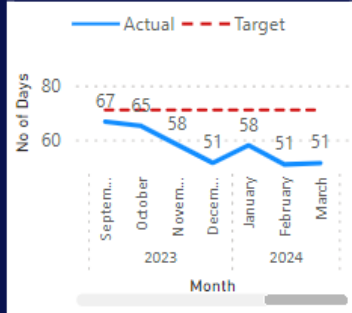
DIGITAL HEALTHCARE



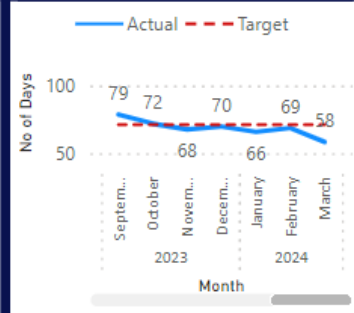
HEIW



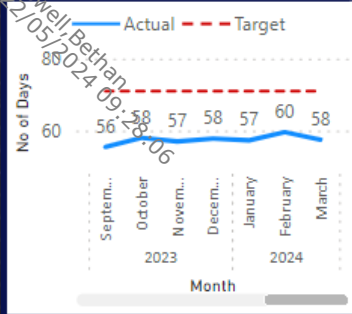
HYWEL DDA



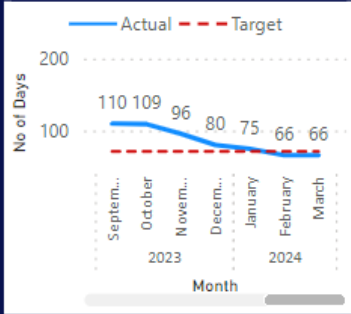
SWANSEA BAY



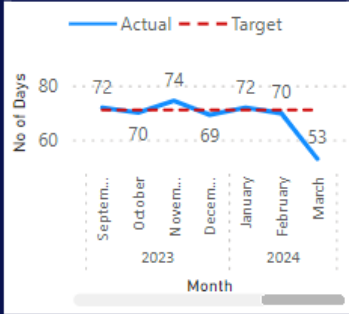
PUBLIC HEALTH WALES



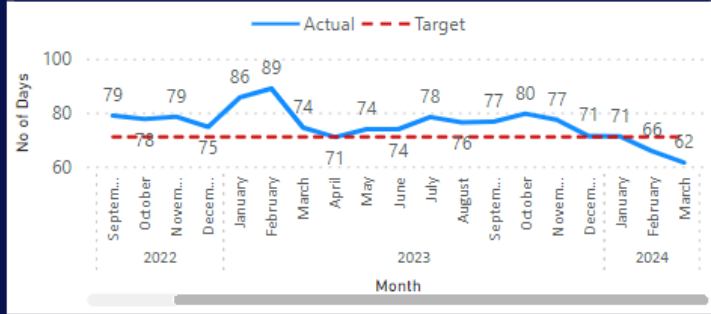
WELSH AMBULANCE SERVICE



POWYS



All Wales



Vacancy Creation to unconditional offer

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Information not available

Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP)

Information on the payment of non-NHS invoices within 30 days is currently unavailable. We are awaiting the final report from the Welsh Government Finance Team following the collation of the Monthly Monitoring Returns (MMR).

An updated report on the PSPP will be issued once it becomes available

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Appendix 1 – Performance for the rolling twelve-month period to 31st March 2024

PTHB High Level - KPIs Mar 2024		Target	30/06/2023	30/09/2023	31/12/2023	31/03/2024	Trend
Professional Influence Savings - YTD			£0.144m	£0.118m	£1.759 m	£3.278 m	
Employment Services							
Payroll services							
NWSSP Pay Accuracy	99.6%	99.94%	100.00%	100.00%	99.93%		
Overall Pay Accuracy	99.6%	99.79%	99.84%	99.69%	99.69%		
Organisation KPIs Recruitment							
% of vacancy creation to unconditional offer within 71 days		75.0%	61.2%	70.0%	82.0%		
Vacancy creation to unconditional offer	71 days	69.6	71.8	69.2	52.9		
% of vacancies approved within 10 working days		42.5%	84.1%	81.4%	86.3%		
Time to Approve Vacancies	10 days	14.9	8.4	7.2	6.4		
% of vacancies shortlisted within 3 working days		47.2%	46.7%	47.1%	60.7%		
Time to Shortlist by Managers	3 days	10.9	8.3	6.6	4.2		
% of interview outcomes notified within 3 working days		55.6%	86.5%	82.0%	96.4%		
Time to notify Recruitment of Interview Outcome	3 days	4.8	1.5	1.7	1.2		
NWSSP KPIs Recruitment							
% of Vacancies advertised within 2 working days of receipt	95.00%	93.3%	97.6%	100.0%	100.0%		
Time to Place Adverts	2 days	1.7	1.9	1.8	1.9		
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	98.6%	100.0%	100.0%		
Time to Send Applications to Manager	2 days	1.3	1.0	1.0	1.0		
% of conditional offer letters sent within 4 working days	95.00%	97.9%	92.1%	94.4%	100.0%		
Time to send Conditional Offer Letter	4 days	2.9	3.9	3.6	3.2		
Procurement Services							
Procurement savings - YTD			Target £0.001m Actual £0.114m	Target £0.043m Actual £0.036m	Target £0.811m Actual £0.989m	Target £0.395m Actual £0.587m	
Accounts Payable							
Invoices older than 30 days not disputed		211	413	246	358		
% Invoices on hold not disputed over 30 days		19%	35%	36%	44%		
PSPP Compliance non NHS	95%	93.4%	93.8%	92.9%	Not Available		
Primary Care Services							
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%		
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%		
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%		
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%		
Audit & Assurance							
Audits reported to agreed Audit Committee	Y/N	Y	Y	N	N		
% of audit outputs in progress		16%	16%	21%	17%		
Report turnaround management response to Draft report - YTD	80%	N/A	100%	83%	80%		
Report turnaround draft response-final- YTD	80%	N/A	N/A	100%	100%		

Appendix 2 – All Wales Performance for the rolling twelve-month period to 31st March 2024

ALL WALES KPIS		30/06/2023	30/09/2023	31/12/2023	31/03/224	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.73%	99.74%	99.76%	99.68%	
Prescriptions processed (Apr - Dec)	58.01m	70.0m	28.9m	50.7m	56.79m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	100%	97%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.5%	93.3%	98.2%	96.9%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	98.67%	90.30%	95.80%	95.51%	
SMTL						
% of incident reports sent to manufacturer within 50 days of receipt of form	Under Review	100%	100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	100%	91%	
% delivery of audited reports on time (NHS)	87%	100%	100%	100%	100%	
Pharmacy Technical Services						
Service Errors	<0.5%	4	0	0	4	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	93%	91%	90%	94%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	100%	96%	94%	95%	
Inappropriate items returned to the laundry including Clinical Waste Items	<5	0	0	0	0	

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Bethan



Powell Bethan
22/05/2024 09:28:06

*Delivering Value,
Innovation and Excellence
through Partnership*

Subject:

Whole System Approach to Healthy Weight in Powys – briefing and update on progress in 2023/2024

Approved and Presented by:

Executive Director of Public Health

Prepared by:

Alison Merry, Consultant in Public Health/Deputy Director of Public Health

Purpose:

The purpose of this paper is to provide an update on the Whole System Approach to Healthy Weight programme in Powys and assurance about the progress made on delivery during 2023/24.

Recommendations:

Planning, Partnerships & Population Health Committee is asked to:

- NOTE the contents of this briefing
- TAKE ASSURANCE about progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys

Planning, Partnerships & Population Health Committee Summary:

The Whole System Approach to Healthy Weight is a population level prevention programme that forms part of the local delivery of the national Obesity Strategy *Healthy Weight: Healthy Wales*.

It is important to note that this area of work is distinct from the delivery of weight management services which are clinical services provided to individuals to support them to achieve and maintain a healthy weight. Although they also form part of the local delivery of *Healthy Weight: Healthy Wales*, weight management services are not public health interventions and are not in scope for this report.

The Whole System Approach to Healthy Weight work is led by the Director of Public Health supported by a small, Welsh Government grant-funded “whole system approach” team (staffing 1.5 WTE) within the public health team. This programme works with local strategic system leaders and partner organisations with the aim of reducing the prevalence of obesity in the local population by understanding and influencing the local obesity system

Since the previous briefing to the Planning, Partnerships and Public Health Committee on 11 May 2023, the delivery of this programme has continued to progress well.

Delivery in 2023/24 has included:

- 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”:
 - breastfeeding
 - introduction to solid foods (weaning)
 - cooking skills
 - affordability of healthy food.
- Establishment of a Strategic Steering Group which meets every two months, to steer the work and 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.
- Formal adoption of this work by the Public Service Board as one of its three priorities for the period 2023/24 to 2027/28.

This paper aims to provide a briefing on the Whole System Approach to Healthy Weight for the Planning, Partnerships and Population Health Committee and to discuss the implications of the approach for the period 2023/24 to 2027/28.

Background: Why is healthy weight important?

Being overweight or obese is a risk factor several common health conditions including:

- type II diabetes
- high blood pressure
- heart disease and stroke
- musculo-skeletal conditions eg osteoarthritis
- some cancers
- some mental health conditions eg anxiety and depression

Also affects wider aspects of health and wellbeing including:

- mental wellbeing, self-confidence, ability to be physically active
- socio-economic factors such educational attainment, employment opportunities and income that in turn influence life chances and health and wellbeing



-Increased demand for health and care services – increased costs, waiting lists etc

-Second highest risk factor (after smoking) contributing to global burden of disease

-Avoidable ill-health for affected individuals

-Annual cost to NHS Wales of obesity-related illnesses estimated at over £73m; projected to increase to £465m/year by 2050.

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Ministerial priority; Health Board priority; PSB priority; RPB (Start Well) priority

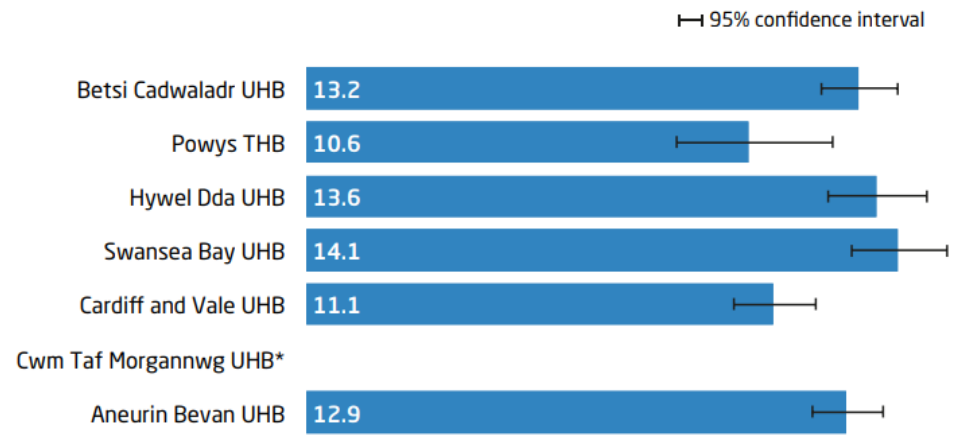
- **61%** of adults in Wales are living with overweight or obesity
- Rates are increasing:
 - estimated that an additional 10,000 people become overweight or obese every year in Wales
 - If trends continue it is predicted that there will be **1.63 million** people in Wales will be living with overweight or obese by 2030
- **Males** are more likely to be overweight/obese than females (67% vs 55%)
- Rates are highest in **men and women aged 45-64 years** (almost 1 in 3)
- Rates of overweight and obesity are highest in the **most deprived areas** (67% in most deprived vs 57% in the least deprived)

One of the greatest challenges for health and social care services both now and in the future.

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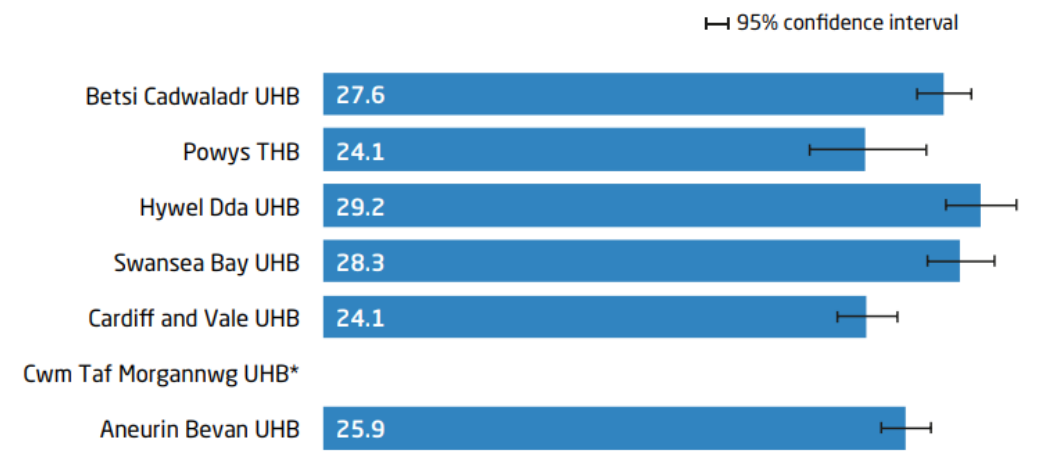
Child Measurement Programme Wales (2021/22)

Figure 1 Percentage of children aged 4 to 5 years who are obese, Child Measurement Programme, health boards, 2021/22



Produced by Public Health Wales Observatory, using CMP data (DHCW)
*Reporting of the Child Measurement Programme has been severely affected due to the COVID-19 pandemic. The patterned area on the chart signifies where data was not available for that period.

Figure 2 Percentage of children aged 4 to 5 years who are overweight or obese Child Measurement Programme, health boards, 2021/22



Produced by Public Health Wales Observatory, using CMP data (DHCW)
*Reporting of the Child Measurement Programme has been severely affected due to the COVID-19 pandemic. The patterned area on the chart signifies where data was not available for that period.

- High levels of overweight and obesity by the time children start school – a problem that starts early in the life-course
- Powys has almost a quarter of 4-5 year old who are overweight and just over a tenth who are obese

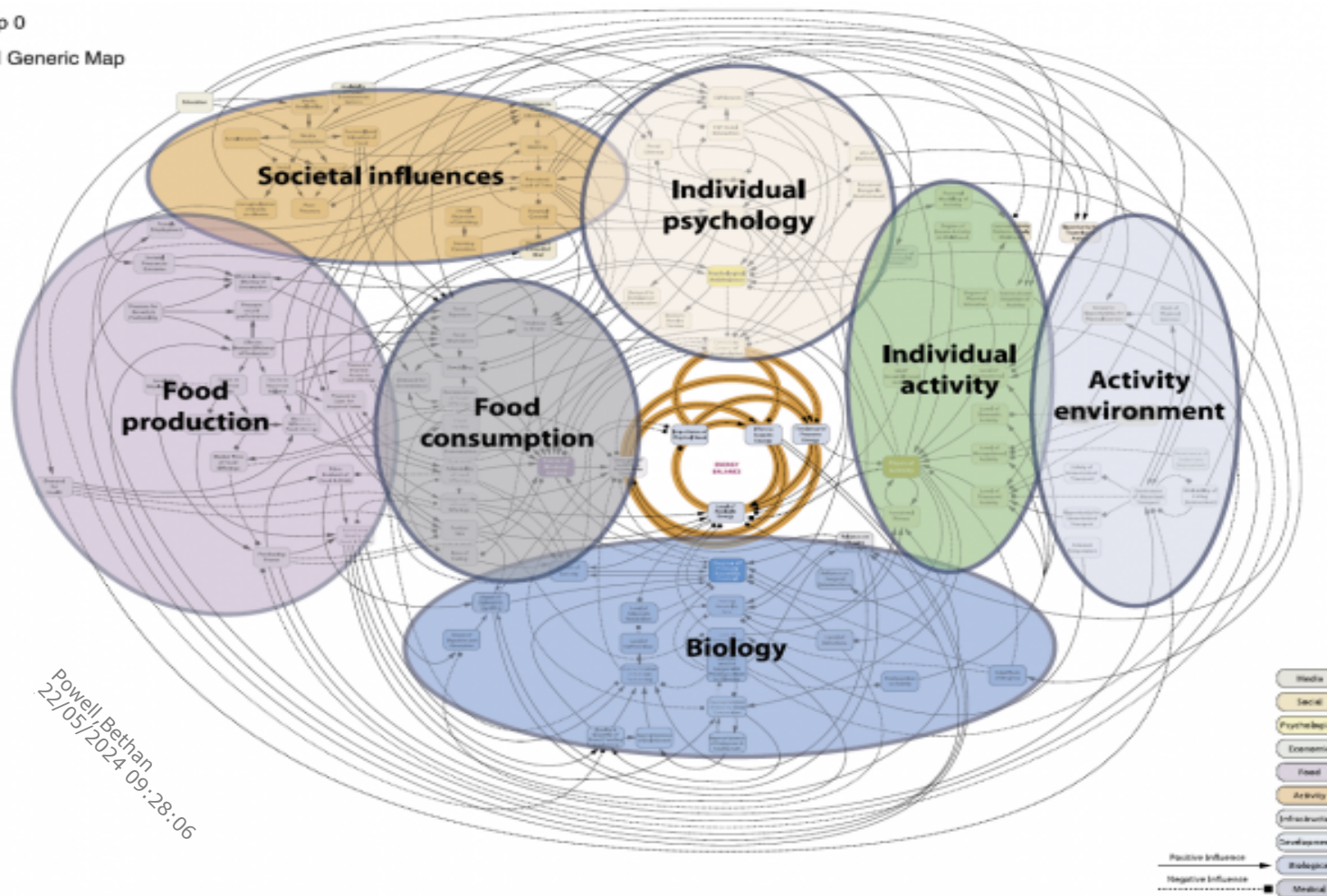
NB - no overall data for Wales in last survey (no data from CTMUHB); England (2021/22) 10.1% 4-5 year olds in England obese (NB separate survey, may not be directly comparable)



- **Healthy Weight: Healthy Wales**, sets out Welsh Government’s long-term strategy for reducing and preventing obesity in Wales.
- Four themes: ‘Healthy People’, ‘Healthy Settings’, ‘Healthy Environments’ and **‘Leadership and Enabling Change’**.
- Each health board in Wales has received WG grant funding to implement a WSA at a local level
- The HWHW WSA Programme is a collaborative programme between Public Health Wales, the Directors of Public Health Leadership Group and Welsh Government.

Obesity Systems Map

Map 0
Full Generic Map

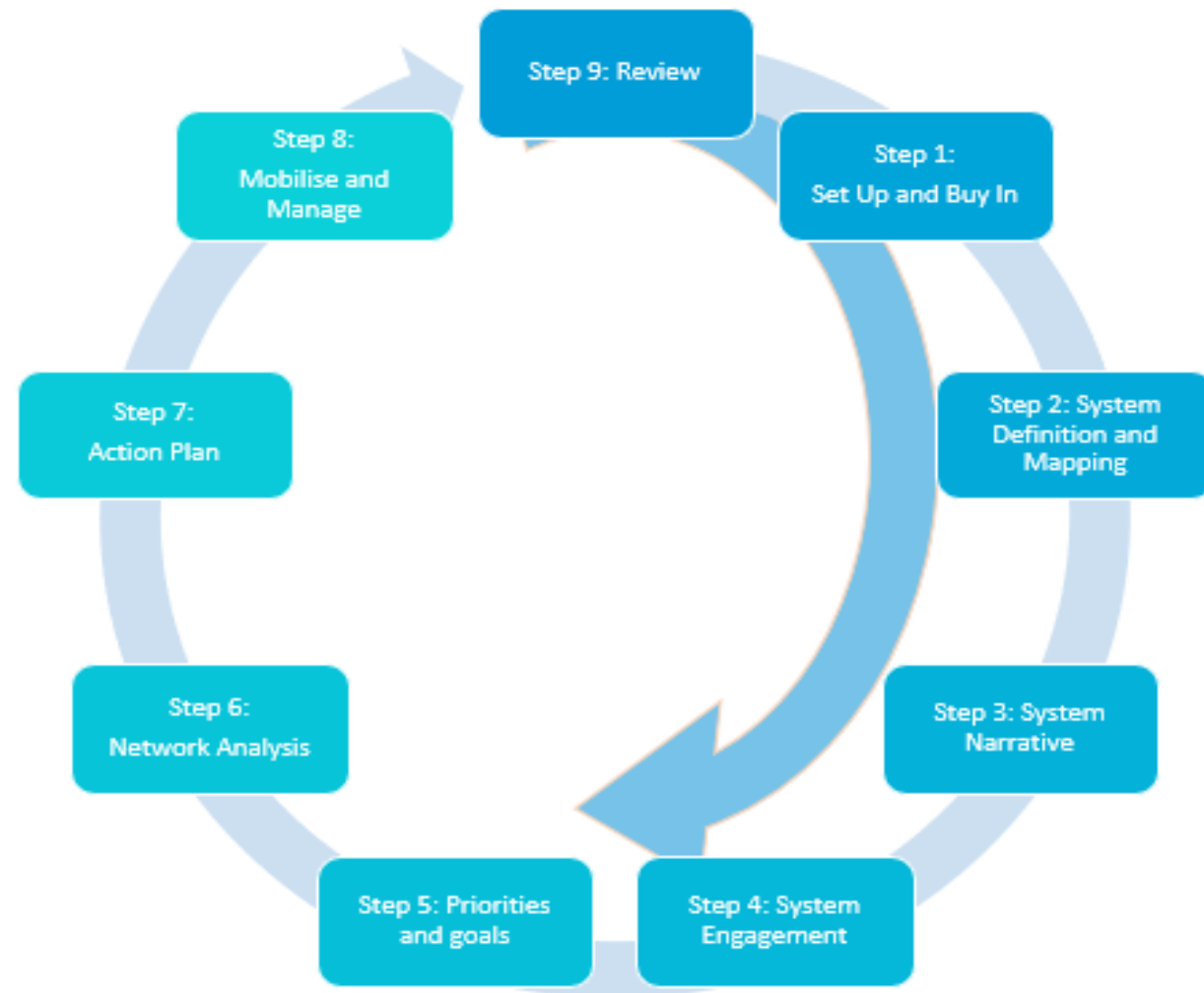


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A whole system approach has been defined as one that considers the **multi-factorial drivers** of overweight and obesity, involve **transformative coordinated action** across a broad range of disciplines and stakeholders, operating across **all levels of governance** and **throughout the life course**.

Background: Approach and Methodology

- Population-level approach to prevention of overweight/obesity
- Obesity system – factors that influence body weight – v complex – approach aims to identify and understand a priority subsystem and then identify priorities and areas for action within this.
- Local delivery – national methodology
- WSA to HW Strategic Action Plan follows the PHW methodology
- Currently working on ***‘Step 7: Action Plan’*** and ***‘Step 8: Mobilise and Manage’***



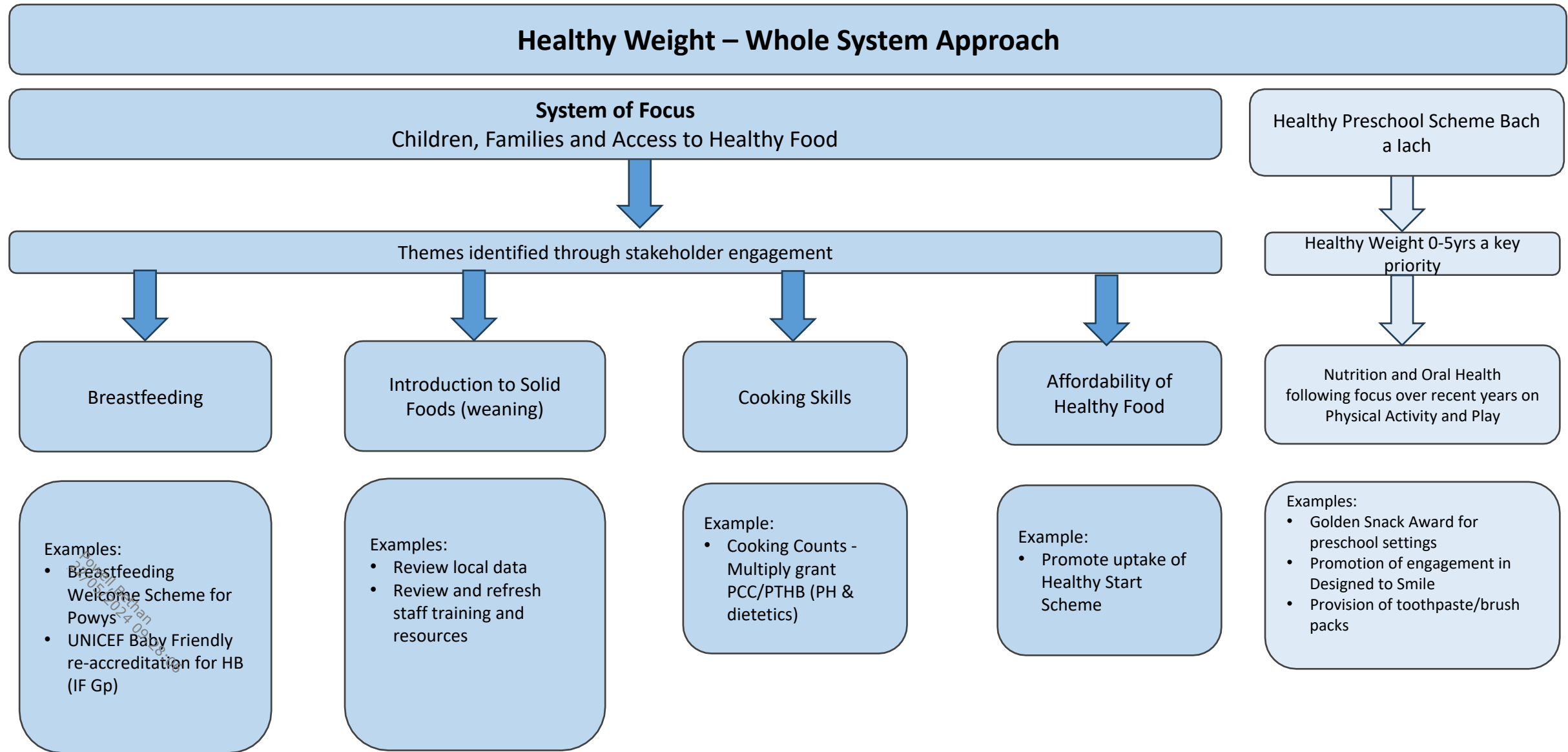
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For context, the key achievements in 2022/23 and reported to PPPH in May 2023 were:

- Defining and mapping the local obesity system and completing a local system narrative in line with national methodology.
- Delivery of two stakeholder events in October 2022 and January 2023.
- Identification of the sub-systems “children and families” and “access to healthy food” as priorities for focused local work in 2023/24.
- Engagement with local senior strategic leads and partnerships including the presentation of a proposal to the Powys Public Service Board for this work to form one of its priorities for 2023/24 to 2027/28.

Building on the progress made in 2022/23, the key achievements for 2023/24 have been:

- Further stakeholder engagement including stakeholder events in November and December 2023.
- Work to define and focus the priority sub-system which is now “children (aged 0-5), families and access to healthy food”.
- The identification of four themes of focus within the priority sub-system:
 - breastfeeding
 - introduction to solid foods (weaning)
 - cooking skills
 - affordability of healthy food
- The establishment of a Whole System Approach to Healthy Weight Strategic Steering Group which meets every two months, to steer the work and to develop and oversee the delivery of a Strategic Delivery Plan.
- The development by the Strategic Steering Group of its Strategic Delivery Plan and commencement of delivery.
- The establishment of Task and Finish Groups and commencement of work for specific areas of work within the four themes.
- The formal adoption of this work by the Public Service Board as one of its three priorities for the period 2023/24 to 2027/28.
- Alignment of the Healthy Preschool Scheme to the Whole System Approach to Healthy Weight work recognising that the Healthy Preschool Scheme has a strong focus on the prevention of overweight and obesity.



- Complete establishment of working groups for each of the four themes.*
- Working groups to develop detailed action plans with SMART actions for each theme and to take their action plans to the Strategic Steering Group for sign off.
- Work in Q1 and Q2 will focus on the introduction of Breastfeeding Welcome, launch of Cooking Counts and further work to increase the uptake of Healthy Start.
- Work in Q3-Q4 will focus on delivery of the working groups' action plans.
- The Strategic Steering Group will continue to meet every two months.
- Working groups to feedback on their action plans and progress against these to the Strategic Steering Group.
- Quarterly progress reports will continue to be provided to the PSB.
- Progress will continue to be reported to Public Health Wales (quarterly) and as required to PTHB Exec Committee.

* NB The working groups are at different stages of development, however considerable work has already been undertaken for each of the themes, particularly in relation to introducing the Breastfeeding Welcome scheme in Powys (Breastfeeding theme), increasing the uptake of the Healthy Start Scheme (Affordability of Healthy Food theme) and development with colleagues in PCC of a cooking and numeracy skills intervention called "Cooking Counts" (Cooking Skills theme) – more detail in later slides.

Example for assurance: Increasing the uptake of the Healthy Start Scheme (Affordability of Healthy Food theme)

- The Healthy Start Scheme provides funding for eligible parents (on certain benefits) to buy healthy food and milk using a pre-funded “credit card”. Uptake has previously been low in Wales and uptake in Powys has been low compared to other parts of Wales.
- A multi-agency Task and Finish Group has been established and is chaired by a public health practitioner.
- Whilst health services have a role in signposting parents to Healthy Start, the Healthy Start Scheme involves a range of partners operating as a system to influence whether eligible parents claim this support (health services, social support services and networks, retailers, the benefits system, families, friends etc).
- Over the last year, the Healthy Start Task and Finish Group has looked at the system around the Healthy Start Scheme and identified a number of potential barriers to uptake (e.g. awareness amongst eligible parents and health/other professionals, lack of national promotion, lack of awareness amongst retailers, perceptions of it being of low value to parents and stigma).
- Work to date has included engaging with retailers to encourage them to promote the scheme and to ensure that their staff are aware of it and that eligible parents using the scheme are treated with dignity. Efforts have focused particularly on Ystradgynlais and Newtown where levels of need are high. The group has also engaged with health staff to encourage them to promote the scheme and signpost parents to it.
- Uptake has increased across Powys over the last year from 58% in June 2023 to 66% in March 2024.
- This work will continue during 2024/25 as part of the “Affordability of Healthy Food” theme.

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Example for assurance: Introducing a Breastfeeding Welcome in Powys (Breastfeeding theme)

- Breastmilk is the best nutrition for babies. Breastfeeding is recognised as being one of the most important interventions in improving children’s health, supports healthy weight (baby and mother) and contributes to reducing health inequalities. The NHS recommends:
 - exclusive breastfeeding until 6 months and continuing to breastfeed alongside other foods up to at least 2 years of age
 - that babies are breastfed whenever they show signs of being hungry – not always possible to predict in advance - mothers need to be able to feed their baby wherever they are
- In Powys, 80% of mothers breastfeed initially, but by 6 weeks this has fallen to below 60%.
- Breastfeeding Welcome is a national scheme that aims to:
 - support and empower mothers and families to feel confident breastfeeding when out and about
 - normalise breastfeeding and offer an easy way for communities and businesses to show they welcome and support breastfeeding
 - raise awareness about the benefits and barriers to breastfeeding
 - support businesses and organisations to be more breastfeeding friendly
- Participating organisations commit to providing a suitable place for mothers to breastfeed, display a window sticker and are listed on Dewis Cymru. They are provided with information on the scheme and support with any concerns or questions they may have about joining. Participation is open to a wide range of organisations including businesses (e.g. schools, libraries, leisure centre, health service premises, shops, cafes, events) and there is no cost to join.
- A multi-agency task and finish group, chaired by a public health practitioner, is working on introducing the Breastfeeding Welcome scheme to Powys with the aim of enrolling a network of participating premises across Powys during 2024/25.
- We hope to be able to launch Breastfeeding Welcome at the Royal Welsh Show in July 2024 - discussions with key partners are currently taking place regarding this.



Example for assurance: Cooking Counts programme (Cooking Skills theme)

- Cooking Counts – is a joint PTHB and PCC initiative to provide cooking and numeracy skills training in the community, targeted towards people living in more deprived communities/groups and with low maths skills (eligibility: adults aged 19 or over with minimal qualifications).
- Training programme for members of the community (2 hour sessions for 6 weeks) – aims to develop basic skills and confidence in nutrition, cooking and numeracy, recognising that cooking involves a wide range of numeracy skills such as budgeting and shopping for ingredients, measuring weights and volumes, following and adapting recipes, working out portion sizes and understanding food labels. Interested participants will be signposted to further training opportunities in cooking or maths – potential wider benefits beyond healthy weights and numeracy e.g. for employability.
- Cooking Counts has been funded for one year (Jan-Dec 2024) from the UK Shared Prosperity Fund under its “Multiply” (adult numeracy) priority. The funding proposal was developed in partnership by PCC (health protection team) and PTHB (public health and dietetics). Course content has been developed by and will be delivered by the PTHB public health dietetic team and PCC Health Protection team. Training sessions start will start in June 2024 and run until December 2024. Courses will be free to attend although eligibility criteria will apply.

Brief summary of sample programme:

- Week 1 – Food safety and hygiene, basic food preparation skills and food storage. Make fruit salad and veggie dips.
- Week 2 – Eat Well Guide and portion size, fractions. Make home-made pizza and fruit muffins.
- Week 3 – Making healthier versions of takeaways, comparing fat, sugar, salt content and costs. Make a “fakeaway”.
- Week 4 – Savvy shopping, cooking with eggs, tinned food and store-cupboard ingredients, budgeting and avoiding food waste. Make frittata and home-made fishcakes.
- Week 5 – Same taste and zero waste – cooking without an oven (hob only, microwave etc), one tray/one pot meals.
- Week 6 – End of course celebration – batch cooking, adapting recipes for more/fewer people. Make a spaghetti bolognese or fruit crumble.

Summary

This briefing has provided an update on the progress made during 2023/24 on the delivery of the Whole System Approach to Healthy Weight programme.

The briefing has shown how overweight and obesity contribute to many of the most common health conditions and hence contribute to demand for and pressures on health and social care services, and that high levels of overweight and obesity are established at a very early age before children start school.

Whilst supporting people to achieve and maintain a healthy weight through clinical weight management services has a part to play, clinical services require significant engagement and ongoing commitment from individual clients that many find hard to sustain, are expensive to provide and do not have the capacity that would be required to meet the very high levels of need in the population.

The focus therefore needs to be on preventing people from becoming overweight in the first place which requires a long-term commitment to large-scale population-level primary prevention. Whole system working offers a way forward for this and aims to improve healthy weight outcomes by working with strategic partners to understand the local system, to identify areas for improving how elements of the local system fit with each other and work together and then to make small changes that will improve how the constituent parts operate as a whole system with the aim of improving outcomes.

The Whole System Approach to Healthy Weight is one of the Powys Public Service Board's three priorities, demonstrating the high level of strategic commitment to this work in Powys.

Recommendations

Members of the Planning, Partnerships & Population Health Committee are asked to:

- NOTE the contents of this briefing
- TAKE ASSURANCE about the progress made in implementing the Whole System Approach to Healthy Weight in Powys.

Agenda item: 3.4

Planning, Partnerships & Population Health Committee (PPPH) Date of Meeting: 16 May 2024

Subject:	Strategic Weight Management Follow-On Paper: Progress Report on the Development of Weight Management Pathways in Powys
Approved and Presented by:	Director of Therapies and Health Sciences
Prepared by:	Head of Powys Living Well Service with contributions from the: <ul style="list-style-type: none"> • Weight Management Specialist Dietitian (for the level 2 service) • Business Manager, Powys Living Well Service (for the level 3 service) • Consultant Psychologist/Head of Powys Living Well Service (for the level 3 service) • Deputy Director of Public Health
Other Committees and meetings considered at:	Executive Committee - 8 May 2024

PURPOSE:

The purpose of this paper is to provide an update on the development of weight management services in Powys.

RECOMMENDATION(S):

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

- **RECEIVE** the paper **NOTING** the actions agreed by the Executive Committee;
- Take **ASSURANCE** that work continues to develop Weight Management Pathways in Powys as per the Integrated Plan.

Approval/Ratification/Decision¹	Discussion	Information
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¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

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

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

EXECUTIVE SUMMARY:

Welsh Government expects health boards to provide access to weight management pathways for adults, and for children, young people and families. These are treatment services for individual patients who are overweight or obese i.e. are clinical services rather than population-level public health interventions.

A Powys Strategic Weight Management Pathway Development Plan (2021-2024) was approved by Executive Committee in June 2021. Since then, level 2 and level 3 weight management services for adults have been established in Powys and are provided by the PTHB Dietetic Team (level 2) and the Powys Living Well Service (level 3).

Business cases for further investment in weight management services were discussed at Executive Committee on 19 April 2023. Executive Committee recognised the progress made to date in establishing the adult pathway and supported both the adult, and the children, young people and families business cases subject to funding being identified. The Committee requested further work in relation to maximising the use of the Welsh Government allocation, understanding demand and capacity, developing and monitoring outcomes including patient stories, establishing a waiting list, potential for integration with other services (such as diabetic management) and moving the services towards a “business as usual” model for monitoring and reporting performance requirements.

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In its discussions, Executive Committee also highlighted the importance of focusing on population level interventions and prevention. As noted above, this is distinct from the clinical services that make up weight management pathways.

The population-level work is being taken forward through the Whole System Approach to Healthy Weight programme, led by the Director of Public Health which takes a strategic system-level preventative approach with partners to understanding and addressing the causes of overweight and obesity as they operate in Powys. The Whole System Approach to Healthy Weight programme has been agreed as one of the Powys Public Service Board's three priorities and "children, families and access to healthy food" has been identified as the priority area of focus for this work.

The availability of clinical weight management services is a Ministerial priority and health boards are required to report their progress in developing these services to Welsh Government twice a year as part of the National Performance Framework reporting process. This reporting has been coordinated to date by the Deputy Director of Public Health.

Planning, Partnerships & Population Health Committee is asked:

- to NOTE the contents of this report and the data provided by the level 2 and level 3 services on progress towards the provision of a weight management pathway for adults including responses to the points raised by Executive Committee at its meeting on 19 April 2023,
- to NOTE the national developments highlighted in this report: the forthcoming introduction of a national minimum data set for weight management services and publication of a review of weight management pathways in Wales,
- to SUPPORT the proposal for further work to be done by the services, particularly level 3, to establish and implement processes to monitor key service delivery data including activity and outcome data,
- to SUPPORT increased local promotion of the national online level 1 offer including as part of the level 2 and 3 service offerings,
- to SUPPORT a shared approach to reporting on the development of weight management services as part of moving the services to a business as usual model.

DETAILED BACKGROUND AND ASSESSMENT:

1. Background

Healthy weight is identified as a local priority in the PTHB IMTP. Local delivery of the national obesity strategy, Healthy Weight: Healthy Wales is currently via two main workstreams:

- Weight Management Service Pathways: clinical obesity services i.e. individual patient-level treatment delivered by clinicians,
- Whole System Approach to Healthy Weight: a strategic population-level intervention and one of the PSB's priorities (out of scope for this paper).

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Prior to the launch of Healthy Weight: Healthy Wales, PTHB did not provide or commission weight management services and no historical funding was in place to support service development. Following the publication of Healthy Weight: Healthy Wales, a Strategic Weight Management Pathway Development Task and Finish Group was established to facilitate the establishment of clinical services for weight management in Powys. The Powys Strategic Weight Management Pathway Development Plan (2021-2024) developed by this group was approved by Executive Committee in June 2021. Clinical services are now in place and are delivered by the Dietetic Team (level 2) and Powys Living Well Service (level 3) in the Directorate of Therapies and Health Science. In April, Executive Committee advised that the Strategic Weight Management Pathway Development Group be stood down and that service delivery should become business as usual.

The Welsh Government allocation for the establishment of weight management services (£121,00 in Powys) has been used by the Powys Living Well Service to establish the level 3 weight management service.² The level 2 service provided by the PTHB Dietetic Team is funded from the Prevention and Early Years (PEY) grant (£67,589 in 2023/24).³

The previous paper to Executive Committee (19 April 2023) presented business cases for further investment in the adult weight management pathway and for funding to be identified to establish services for children, young people and families. These were supported in principle subject to the identification of funding although the financial situation facing the health board has meant that it has not been possible to identify additional funding for this purpose to date. At its meeting in April 2023, Executive Committee requested further work in relation to the following: maximising the use of the Welsh Government allocation, understanding capacity and demand, developing and monitoring outcomes and outcome metrics (including patient stories), establishing a waiting list, potential for integration with other services (such as diabetes management, SilverCloud and Primary Care) and moving the services towards a "business as usual" model.

Health boards are required to report progress against the development of these pathways to Welsh Government twice yearly as part of the National Performance Framework reporting process. The reporting process has been coordinated to date by the Deputy Director of Public Health.

The next two sections are based on information provided by the leads for the clinical weight management services and provide an update on progress including a summary of interventions offered, data on demand, capacity, activity and outcomes (where available) and responses to the points raised by Executive Committee.

2. Update on the Level 2 Weight Management Service

Overview of service (level 2)

In Powys the level 2 service is a multi-component dietetic-led service which consists of:

² See the Minister's Health Board Allocation Letter for 2023/24 (Ref: MA/EM/3653/22; dated: 22/12/22), Table A2 "Allocation Baseline Adjustment", column 14, which confirms this as £0.121m in 2023/24.

³ PEY funding is expected to continue to be available for level 2 services in 2024/25 subject to ongoing review of performance.

- An initial consultation with a dietetic assistant practitioner and agreement of a person-centred action plan.
- Access to a suite of options to support weight management including dietetic-led programmes (Foodwise for Life and Get Cooking), a funded commercial offer (Slimming World) and referral to the National Exercise on Referral Scheme. On-going one-to-one consultations are also available if indicated.
- Signposting to relevant resources including but not limited to: the Healthy Weight Healthy You website (national online level 1 offer)⁴, SilverCloud and Community Connectors.
- Tailored resources sent to the individual depending on need.
- Regular reviews to assess progress, offer support and agree next steps.
- A managed discharge plan with signposting to resources to support the maintenance phase.

The service is delivered primarily by two dietetic assistant practitioners (Band 4) with support from a weight management dietitian and the public health dietitians.

Capacity and demand (level 2)

The total number of available appointments is 648 (new and follow up) of which 336 are for new patients (individual appointments only, excludes group programmes such as Foodwise for Life and Get Cooking). Demand is high, with 503 new referrals received between April 2023 and March 2024.

Activity (level 2)

Activity data for April to August 2023 is summarised in Table 1.

Table 1 – Summary of activity data (level 2 weight management service)

Month	Referrals	New clients seen in clinic	Follow ups seen in clinic	Discharges
April 2023	25	18	12	6
May 2023	45	15	7	9
June 2023	49	20	17	9
July 2023	52	23	11	6
August 2023	47	24	25	7
September 2023	42	23	27	10
October 2023	41	24	30	9
November 2023	31	19	27	10
December 2023	41	26	21	8
January 2024	49	30	28	15
February 2024	44	24	42	10
March 2024	33	21	22	12

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⁴ [Home - Healthy Weight Healthy You](#)

Note: These figures represent individual clinic follow-up appointments only and do not include contacts with group programmes.

Outcomes (level 2)

The following outcome measures are recorded by the level 2 service:

Weight

Weight is recorded at initial consultation, at the beginning and end of the Foodwise for Life and Slimming World interventions, at follow-up appointments and on discharge. Measurements are taken in clinic for face-to-face appointments and are self-reported for virtual appointments.

Waist circumference

This is measured at initial consultation and discharge where possible.

Service user questionnaires

A questionnaire is used at the start and end of treatment and includes a confidence measure, key behaviour measures (including physical activity levels, fluid intake) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Patients may choose to participate in end of service patient stories.

Course evaluation data

This is collected for the Get Cooking and Foodwise for Life courses.

The average weight loss at the end of intervention was 5%. This increases to 6.75% in those discharged as 'completed'. Other reasons for discharging prior to completion of the programme may be that the client withdrew or was reassigned to Level 3 services.

Summary of interventions available at level 2

Foodwise for Life

Each course consists of 8 x 90 minute group sessions. Groups are offered as morning, afternoon or evening sessions and are either face-to-face or virtual.

April 2023 – March 2024:

- 2 courses finished that began prior to April
- 13 courses started and finished
- 4 courses started and still ongoing

Get Cooking

Each course consists of 8 x 2 hour sessions with 8 places available per course. Between April 2023 – March 2024

- 4 full programmes run
- 6 one-off sessions run
- 100% rated the programme as 'excellent'
- 100% report feeling 'more' or 'much more' confident about preparing healthy foods

NERS

The physical activity component of the level 2 service is provided by the National Exercise Referral Scheme (NERS) and delivered in local leisure centres.

Commercial weight management offer

Slimming World is available to clients through a voucher scheme.

Between April 2023 and March 2024, 118 clients were referred through this scheme. 37 clients have completed the full programme and 38 are ongoing.

A note on level 1 services

Level 1 weight management services are those that provide brief advice and/or self-directed support for achieving or maintaining a healthy weight. For example, this may include local weight loss groups, commercial weight loss services delivered as one-to-one, group or online services or other self-help materials in digital or other form.

The interventions listed above are considered to be level 1 if delivered in isolation but level 2 if clients undertake interventions that cover both healthy eating and physical activity. Level 1 support is also available online on the Healthy Weight Healthy You website which provides access to information, support and resource on "understanding weight and your weight management journey", "food and drink", "physical activity", "emotional health and wellbeing" and "making long-term behaviour change".⁴ Healthy Weight Healthy You is free to use and is available without referral. Health boards agreed to this being developed on a once-for-Wales approach rather than as separate online level 1 services.

Service development and improvement (level 2)

Quarterly progress reports are submitted to WG through the public health team. This has provided an opportunity to discuss progress, performance, future service development and improvement and the maximisation of delivery within the available funding.

A new single point of access for Weight Management services in Powys was launched to GPs from 10th April 2024, allowing them to make electronic referrals to levels 2-4 via a consistent route. Triage of new referrals is initially being carried out by the level 2 service with options for cases to be referred to other specialties where appropriate or escalated to the level 3 service provided by Powys Living Well Service. (This also includes individuals identified as potentially being appropriate for level 4 interventions.) The new process ensures that individuals are seen by the most appropriate service for their circumstances and reduces the complexity of referrals for GPs.

In terms of integration with other services:

- Local delivery of the All Wales Diabetes Prevention Programme is led by the Dietetic Team and patients identified through that programme who wish to access weight management support are referred directly to the level 2 service.

- The level 2 service is highlighted as an offer in the health board’s type 2 diabetes structured education programmes.
- The level 2 service accepts self-referrals and referrals from health care professionals including those working in primary care.

The service regularly signposts patients to SilverCloud and refers to other services such as level 3 weight management as appropriate.

3. Update on the Level 3 Weight Management Service

Overview of service (level 3)

In Powys the multi-disciplinary level 3 service is provided as part of the Powys Living Well Service. Level 3 patients are supported for a minimum of 12 months engaging with the programmes and sessions with the aim of making health behaviour change. If appropriate on completing level 3, patients are referred to other providers (Swansea Bay, Salford) for level 4 input. If level 4 is not indicated or appropriate patients are discharged with a summary letter for their GP.

The level 3 service offers the following interventions (all group and online/virtual):

- MDT core level 3 offer
- Weight Management Essentials
- Invest in your Health Group
- Focus on Mood and Food Group

The weight management element of the Living Well Service equates to 1.2 WTE clinicians supported by 1 WTE assistant practitioner.

Demand and capacity (level 3)

Capacity at level 3 is currently 120 assuming that a full complement of staff are in post. The open caseload for this aspect of the Living Well Service is 149 as at 09 April 2024. (Previously 196 at 16 October 2023; 212 on 29 August 2023).

Table 3 shows the number of referrals for weight management accepted by the level 3 service between 01 April 2023 and 31 March 2024:

Table 3 - Referrals accepted by the level 3 weight management service (2023/4)

Month	Referrals
2023-04	17
2023-05	17
2023-06	30
2023-07	20
2023-08	33
2023-09	24
2023-10	22
2023-11	22
2023-12	13
2024-01	14

2024-02	19
2024-03	9
Total 2023/4	240

As at 01 April 2024:

- Average wait for first appt = 8 weeks
- Current longest wait for first appt = 19 weeks
- Number of individuals waiting over 12 weeks for first appt = 5
- Number of individuals waiting for first appt = 39

As at 22 September 2023:

- Average wait for first appt = 9 weeks
- Current longest wait for first appt = 15 weeks
- Number of individuals waiting over 12 weeks for first appt = 3
- Number of individuals waiting for first appt = 53

Activity (level 3)

In the period 01 April 2023 to 01 April 2024:

- Average new level 3 weight management appointments/month = 21
- Average follow up level 3 weight management appointments/month = 38.25
- Number of individuals completing group weight management programmes = 52

Outcomes (level 3)

The level 3 service is one of four "baseline" pathways offered via the Powys Living Well Service and is identified and recorded separately across both WPAS and WCCIS. This allows accurate data to be maintained for RTT purposes and when combined with the additional subspecialties implemented in WPAS to track individual interventions/programmes, allows the service to monitor progress of individuals and waiting times at an intervention level. The transition to the new pathways and subspecialties in WPAS was completed in early 2023 and is now providing a more detailed and accurate picture of progress and demand across the whole service.

The level 3 service recognises that there are shortcomings in the way in which outcomes are being collected and recorded and is in the process of making a number of significant changes to both systems and processes to improve this in future. Some outcome data has been recorded in the implementation phase however this has not been consistently entered into clinical systems or tracking tools, which presents challenges for meaningful analysis. Anonymised PREMS data is being collected across the service using the Civica platform provided by the health board. Collection of baseline data is well established using existing surveys and systems. The service is currently implementing the use of EQ5D-5L health questionnaires and collection of key data at defined points in the weight management pathway – this is expected to significantly improve the quantity and quality of data available in the future and will utilise key clinical systems to ensure visibility of data/progress.

Since Q3 2023/4, outcome data is being routinely collected at key points in an individual's pathway, including on referral, at the start of group programmes, and at the end of group programmes. Work is ongoing to integrate outcome collection in to the discharge process and to improve access to the data as part of the records held on individuals. A significant amount of time has been spent working with colleagues in the Business Intelligence and Applications teams to identify the most effective way to store/share the data securely, however, significant work still remains to be done and concerns around data quality are still to be addressed.

The service does not currently have any patient stories to share but work is underway to reinvigorate the Powys Living Well Service's Experience Panel which it is hoped will provide opportunities to capture service users' experiences in future. This is due to recommence in April 2024.

Outcome data for the overall weight management pathway is in the process of development. At present outcomes related to individual aspects of the management plan are being collected.

Interventions available at level 3

MDT core level 3 offer

MDT assessment (maximum of 2 x 60 minute appointments). Assessment is followed by add-on level 3 offers as a bespoke package to meet the individual's needs. These are outlined below.

Weight Management Essentials Group

This course covers weight management and consists of 8 sessions run fortnightly (2 hours per session). It looks at the common myths and misunderstandings about weight, weight loss and weight loss maintenance; gives insight into why most diets don't work; provides new information, approaches, skills, and techniques to support sustainable changes to improve health, wellbeing and quality of life.

Invest in Your Health Group

This programme covers generic skills rather than being a specific weight management intervention. It consists of 7 weekly modules (2 hours each). It looks at helping to develop a series of evidence based self-management skills to help maximise health and wellbeing. The programme aims to develop a wide range of self-management skills to improve or maintain health, wellbeing, and quality of life.

Focus on Mood and Food Group

These sessions are led by a registered Practitioner Psychologist and aim to support patients with emotion management in relation to food and to provide approaches to give more control and choice regarding what is eaten, when and how. This course consists of 8 weekly sessions (2 hours per session).

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Weight loss medications

At present we are unable to offer weight loss medications through the Living Well Service. There are several reasons for this: we do not have the capacity to offer this and the monitoring required within existing resources, the pharmaceutical companies are still saying that they are unable to offer a consistent supply through community pharmacies (due to be an issue for at least the rest of 2024) and neighbouring Health Boards who have been approached have declined to take on Powys patients. We are however meeting with ABUHB to see if we can use their service for a limited number of patients.

Maximisation of the Welsh Government allocation and whether the health board is still in the implementation phase

The original weight management funding has been used to support the development of the first phase of the service which is now integrated into the Powys Living Well Service as business as usual. This has involved additional specialist clinicians to provide dietetic and psychological support to service users. In addition, time from a salaried GP has been used, as well as time from additional support staff. The service has seen a steady and prolonged increase in the volume of referrals received. The key elements of the service have been established such as the referral triage, initial consultations, MDT discussions and some group programmes. Phase 2 which includes support during maintenance phase of weight loss is on hold until further funds become available.

Potential for integration with other services

There is potential for working more closely with other health board services and primary care already play an important role in the screening of people referred to the service for co-morbidities which contribute to weight gain. The service is developing e-learning versions of the weight management groups to improve access for people who cannot commit to programmes due to other commitments such as work.

4. Summary and conclusions

An adult weight management pathway is in place in Powys with level 2 (and level 1) services provided by the PTHB Dietetic Team and level 3 services provided by the Powys Living Well Service. The national Healthy Weight Healthy You provides online support at level 1. Level 4 services (bariatric surgery) are commissioned nationally and provided out of county.

Population level need is very high with over 50% of adults in Powys either overweight or obese. It would be unrealistic to expect the services to have the capacity to be able to support all overweight or obese residents. From the clinical service perspective, the focus therefore needs to be on maximising delivery and outcomes within existing resources. It is apparent that whilst the level 2 service has systems in place to monitor its activity and outcomes, more work is needed by the level 3 service in relation to this.

It is important to note that a national Minimum Data Set for weight management services has been developed by Welsh Government and this is expected to be implemented shortly (publication of the final version is anticipated in Q1 2024/25). A

final draft of this has already been shared with clinical weight management service leads by Public Health Wales. Feedback has been given to PHW that a proportion of the requested information is not available in current health board systems and are in ongoing discussions about what is actually feasible to collect. This situation is common to all Health Boards in Wales not just Powys.

In addition, a national review of weight management services has recently been undertaken by Public Health Wales on behalf of Welsh Government. The Living Well and Dietetic Team have both engaged directly to respond to the request for information. The national report reviewing services is at the final draft stage and is expected to be shared with health board weight management services shortly so that they can check their data ahead of publication. The findings from this are likely to inform future expectations of health boards in relation to the further development of weight management services.

To date the level 2 and level 3 services have operated separately rather than as an integrated pathway. The introduction of a single point of access to the pathway is expected to have a number of potential benefits as outlined earlier in this paper.

The level 2 and 3 services do not currently include any provision for support for children (under the age of 18), although young people aged 18-25 are included in the current adult offer. A bid was submitted in 2022, however no funding was identified by the Health Board for development of a children and young people's weight management service. Work is currently underway to explore development of a partial level two service on a pilot basis within the dietetic paediatric service to assess the underlying demand and potential impact on a future level three service, though this is not likely to meet the full requirements outlined in the Healthy Weight Healthy Wales document.

In relation to the challenges with meeting the very high levels of population need and associated levels of demand for support with weight management, it should be noted that a national online level 1 offer is now in place (Healthy Weight Healthy You: [Home - Healthy Weight Healthy You](#)). There are no limits to the number of people who could make use of this support and no costs to the health board: more could be done by the services to incorporate this into their offers and to signpost people towards this as a first line approach. There is also scope to promote this resource through other services and via the Health Board's communications channels.

In terms of reporting, the national reporting requirements have been highlighted earlier in this paper (twice yearly reporting to Welsh Government as part of the National Performance Reporting arrangements). This reporting process has been led to date by the Deputy Director of Public Health and in previous years has had a focus on the work being done through the Strategic Weight Management Pathway Steering Group to establish new weight management services locally. However, now that services are in place, the information required to complete the reports is held by the services themselves rather than by the public health team. Going forward the reporting requirements will be handled by the operational services.

Finally, it is important to note that the high levels of population need – over half of all adults in Powys are overweight or obese – underline the critical importance of population-level prevention. This is being taken forward through the Whole System Approach to Healthy Weight.

NEXT STEPS:

The following next steps have been agreed by the Executive Committee:

- Level 2 and 3 services will continue to engage with PHW to ensure a robust Minimum Data Set is developed which can be provided by Health Board systems
- Level 2 and 3 services will take on reporting responsibilities.
- Level 2 and 3 services to ensure that patients referred for weight management are aware of/signposted to as appropriate, the national online support for weight management (Healthy Weight Healthy You),
- Public Health team to work with the Comms team to agree an action plan for the wider promotion of the Healthy Weight Healthy You resource.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
Age	X				Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified	Statement			

	None	Low	Moderate	High	Please provide supporting narrative for any risks identified that may occur if a decision is taken n/a
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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Planning, Partnerships and Population Health Committee		Date of Meeting: 16th May 2024
Subject:	Healthy Child Wales Programme and School Aged Screening Programme	
Approved and Presented by:	Claire Roche - Executive Director of Nursing and Midwifery	
Prepared by:	Mary Cottrill Head of Nursing and Louise Turner Assistant Director Womens and Childrens Directorate	
Other Committees and meetings considered at:		
PURPOSE:		
<ol style="list-style-type: none"> 1) To inform the Committee of the progress of the Healthy Child Wales Programme – Health Visiting 2) To assure committee of the governance and reporting arrangements in place locally and nationally 		
RECOMMENDATION:		
<p>The Committee is asked to RECEIVE the paper and take ASSURANCE in relation to</p> <ul style="list-style-type: none"> • progress of the Healthy Child Wales Programme • the governance and reporting arrangements in place locally and nationally for the programme. 		
Approval/Ratification/Decision¹	Discussion	Information
✓		✓

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¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision-making at a strategic level – **N/A**

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

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

EXECUTIVE SUMMARY:

The Healthy Child Wales Programme (HCWP) sets out what planned contacts children and their families can expect from their Health Boards from maternity service handover to the first years of schooling (0-7 years). These universal contacts cover three areas of intervention: screening; immunisation; and monitoring and supporting child development (surveillance).

The Health Visiting Service deliver the Healthy Child Wales Programme for 0-4 year olds.

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

All screening and surveillance programmes for this academic year in Powys are planned and resourced for delivery.

DETAILED BACKGROUND AND ASSESSMENT:

The Healthy Child Wales Programme (Welsh Government, 2016) sets out what planned contacts children and their families can expect from their Health Boards from maternity service handover to the first years of schooling (0-7

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years). The programme was implemented on 1st October 2016, and accountability for the delivery of the Healthy Child Wales Programme lies with the Health Visitor and their role is to provide expert clinical leadership to the multi-disciplinary team. Generic Health Visitors are allocated a caseload of 1:250.

Flying Start is the Welsh Governments targeted Early Years Programme for families with children under four years of age. Flying Start offers additional support to families living in low-income families which will give their children the best possible start in life. Flying Start Health Visitors are allocated a caseload of 1:110 which enables them to provide additional support and more regular and intensive contact with families.

Powys Teaching Health Board Health Visiting Service is divided into three teams, Generic North, Generic South and Flying Start. Each team is managed by a Health Visitor Team Leader who is a qualified Specialist Community Public Health Nurse (Health Visiting) with experience of managing a caseload. Teams are made up of Health Visitors, Registered Nurses, Nursery Nurses, and administrative staff.

Where there is reduced staffing due to vacancies, maternity leave and sickness the programme is delivered on a priority plan using the All Wales Health Visiting Service management of caseloads where there is reduced staffing guidance. There is currently reduced staffing across Powys significantly within the North of the county.

Within two areas in Powys, Llanfyllin and Knighton a pilot (pathfinder) supported by the Early Years Transformation Partnership commenced in April 2023. The project is focussing on additional contacts within the universal programme. These are a universal antenatal contact by the Health Visitor, a 21 month contact with a Nursery Nurse and a telephone school readiness contact at aged 4 from the Nursery Nurse. In addition to the one-to-one contacts a range of early years groups have been delivered supporting age-appropriate development. The Pathfinder project has been positively evaluated internally and externally and the final Miller research report is waited for circulation.

The [Healthy Child Wales Programme for school aged children](#) is a new unified operating model for school nursing services which provides a programme of planned universal health contacts for all compulsory school aged children (aged 5 to 16 years) in Wales, regardless of setting. This has been launched on 11th April 2024.

The operating model underpins the existing school nursing frameworks and aims to complete the age span until the end of compulsory school, building upon the existing [Healthy Child Wales Programme](#) (published in 2016), which provided a universal health offer for all children aged 0 to 7 years of age.

The introduction of the new operating model updates the interface between health visiting and school nursing services, to ensure a seamless transfer of care by NHS Wales regardless of setting, and to make sure the Healthy Child Wales Programme is a seamless programme from the perspective of the child and family.

The operating model has been co-designed by the Welsh Government and NHS Wales and led by two senior school nursing leads (on secondment to the Welsh Government).

The purpose of the operating model is to provide a structured and equitable national programme of universal core contacts for all children and young people. This will ensure that children and young people can receive the universal benefits of a public health programme, prioritising prevention and ensuring children and young people are supported by NHS Wales with their health and well-being according to need throughout their school age, to improve outcomes.

The Programme will deliver on the Welsh Government's commitment to children and young people through the Children and Young People's Plan and in accordance with the Well-being of Future Generations Act, which places a duty upon NHS Wales and other public bodies. Welsh Government expects that every child and young person of compulsory school age will be offered support by the school nursing services through the delivery of the Healthy Child Wales Programme. The impact of this will be reviewed within the implementation workstreams.

The operating model has been designed to create a consistent national approach to supporting children's health and well-being by school nursing services in Wales, whilst also providing flexibility to respond to identified local public health population needs. Given current variation across NHS Wales, a 2-year implementation period has been agreed to give health boards the time to fully embed the new operating model into core service delivery. Health Boards will begin implementation of the operating model from April 2024, aiming to full implementation by March 2026. Progress will be monitored over the 2-year implementation period with a formal review in April 2026.

Oversight of the implementation will be undertaken through the integrated quality planning delivery (IQPD) meetings, pending any developments at NHS Executive level, with the introduction of a national children's health clinical network and in partnership with the national CNO/EDoNS leadership group.

During the development of the nurse-led operating model, 4 key areas were identified as requiring further development work to enable health boards to implement the operating model consistently across NHS Wales. These areas will be taken forward as 4 implementation workstreams:

- workforce and training

- monitoring framework
- digital and data
- communication and engagement (including raising the profile of school nursing services within health boards and wider public service)

[Healthy Child Wales Programme: for school aged children \(WHC/2024/016\)](#)
[\[HTML\] | GOV.WALES](#)

School Aged Screening

During the year that a child enters full time education the School Nurse Service will provide all reception class pupil's parents/carers with the information listed below.

- Information introducing the School Nursing Service
- Contact details for their child's named School Nurse
- A questionnaire to be completed by the parent/carer regarding the child's current health, including their immunisation status.
- Information on the Hearing Impairment Screening Programmes
- Information on the National Vision Screening Programme
- Information on the Child Measurement Programme

Children failing vision or hearing screening are referred as per national pathways.

Where children fail vision screening once, a letter is sent to the parent/carer to inform them and request that they take their child to the optician. The optician will then inform the School Nurse Service of the outcome.

Children failing hearing screening will be offered a 2nd screening test within the School Nurse Service. If they fail a 2nd test, they will be referred into audiology services.

Child Measurement Programme

The school nursing team will measure and weigh every child in reception class unless their parents have opted the child out of the programme.

Parents can request that their child is weighed and measured but that the results are not used as part of the Child Measurement Programme.

Health Board staff enter the information into the child's computerised health record. If a child has an unhealthy weight the School Nurse Team contact parents to offer and signpost to support. A whole system approach to Healthy Weights, is being led by Public Health colleagues and Health Visiting and School Nursing Services are engaged in this work.

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At the end of the school year, the height and weight results are sent to the Public Health Wales Observatory link who will analyse the data and look for trends at a local level, at a health board level and nationally to learn how children are growing.

Reporting arrangements HCWP

Data for the uptake of contacts within the HCWP is obtained from the child Health Department CYPrIS system monthly. Team Leaders review the lists for missing contacts and discuss with the relevant Health Visitors. The statistics from the monthly reports are also reported to the Womens and Childrens Senior Management Team Meeting.

The Primary contact is reviewed and monitored by PTHB Primary Care Services following development of a 6-8 week medical check monitoring process.

To improve timeliness of data collection a pilot was undertaken in November and December 2023 in the pathfinder areas for Health Visitors to directly enter their HCWP contact data onto the child health system (CYPrIS). This achieved 100% data collection in the pilot area within the timeframes, compared to an outstanding 225 forms awaiting data upload within the same period for the non-pilot areas.

The National Community Child Health Database (NCCH) extracts information entered on CYPrIS by Health Boards and is refreshed on a quarterly basis, which is scheduled on the second Monday after quarter end, timeliness of data inputting is therefore paramount to reflect the accurate uptake data.

Quarter 1 and Quarter 2 (2023-2024) national statistics have shown that Powys uptake is above Welsh average for all contacts in Quarter 1 except for the 6 month which is less than 1% below and for all contacts in Q2 except the 15 month contact which is 1% below. The next national statistical release for Q3 23-24 is expected in May 2024.

Quarter (Apr-Jun 2023)									
Area Code Quarter									
Area									
Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale	
Contact at 10 - 14 days	92.8	92.5	93.2	94.5	93.5		95.2	88.8	94.1
Physical examination at 6 weeks	78.5	80.0	91.6	85.8	83.4		83.2	79.0	62.1
Weight and measurement at 8 weeks	71.4	85.3	84.4	66.2	81.0		81.8	42.3	76.1
Weight and measurement at 12 weeks	65.4	84.8	85.9	59.3	80.1		81.2	19.3	75.6
Weight and measurement at 16 weeks	64.1	85.2	83.9	63.4	79.0		78.7	18.4	69.4
Contact at 6 months	88.5	88.3	87.6	87.6	91.6		91.7	85.3	88.2
Health visitor contact at 15 months	83.7	84.4	83.6	82.7	87.7		80.3	84.6	82.4
Health visitor contact at 27 months	73.7	80.8	81.9	73.2	86.2		75.7	79.4	46.5
Contact at 3.5 years pre-school	56.4	73.5	75.5	49.6	52.7		57.4	53.1	41.6

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Quarter (Jul-Sep 2023)								
Area Code Quarter								
Area								
Contact	Wales	Betsi Cadwaladr	Powys	Hywel Dda	Swansea Bay	Cwm Taf Morgannwg	Aneurin Bevan	Cardiff & Vale
Contact at 10 - 14 days	92.9	89.6	91.8	95.8	92.6	95.0	89.8	97.5
Physical examination at 6 weeks	81.0	83.3	91.7	87.6	86.4	82.7	83.0	63.9
Weight and measurement at 8 weeks	72.1	85.2	86.0	58.5	84.6	87.6	43.6	74.8
Weight and measurement at 12 weeks	67.4	81.2	86.5	57.3	85.9	84.7	26.8	73.6
Weight and measurement at 16 weeks	65.3	82.4	88.8	54.7	81.8	79.0	24.7	72.0
Contact at 6 months	86.0	84.1	91.2	83.4	95.4	92.0	82.7	81.5
Health visitor contact at 15 months	81.6	79.9	80.6	77.5	90.3	84.7	77.5	83.3
Health visitor contact at 27 months	73.4	75.6	85.1	66.5	88.7	81.3	76.3	51.6
Contact at 3.5 years pre-school	57.6	68.4	70.3	54.2	63.2	64.5	51.8	41.6

<https://statswales.gov.wales/v/NExe>

NEXT STEPS:

- Continue to deliver HCWP programme in Health Visiting Service.
- Continual review of data collection and data cleanse to improve accurate statistics.
- All Health Visitor direct input of contact data commenced 1st April 2024.
- School Nursing Service to continue with delivery of the programme and implementation of the operating model.
- Child Measurement Programme – need local and national standard for action and referral for unhealthy weights.
- Health Visiting and School Nursing Services engaged in whole system approach to healthy weights strategic action plan.
- Continue with recruitment exercises to establish teams to be able to deliver full programme.
- Monitor and evaluate the Pathfinder project to share principles and learning across a whole system approach.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differentia	Positive
Age	X			
Existing universal service.				

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Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			

Risk Assessment:

	Level of risk identified			
	None	Low	Moderat	High
Clinical		X		
Financial	X			
Corporate	X			
Operational		X		
Reputational		X		

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Planning, Partnerships & Population Health Committee (PPH)		Date of Meeting: 16th May 2024
Subject:	Diabetes Deep Dive	
Approved and Presented by:	Director of Public Health	
Prepared by:	Consultant in Public Health Medicine	
Other Committees and meetings considered at:	None	
PURPOSE:		
<p>At the Planning, Partnerships and Population Health Committee meeting on the 20th of January, the Powys Public Health Team set out a proposed approach to work looking at projected changes in the number of people with diabetes in Powys. The agreed work consists of the following three steps.</p> <ol style="list-style-type: none"> 1. Development of scenarios for potential changes in the number of people with diabetes in Powys that might occur in coming decades. 2. Assessment of the implications of such changes for PTHB. 3. Consideration of how PTHB might want to respond to projected changes. <p>The purpose of this paper is to provide the Committee with an update on this work, by providing a report detailing the first of the steps listed above.</p>		
RECOMMENDATION(S):		
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE the content of the preliminary report on diabetes, taking ASSURANCE that this work is progressing in line with plans. • NOTE the key findings of the scenarios in the attached report. • NOTE the plan for a further update at the August PPH meeting. 		

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Approval/Ratification/Decision ¹	Discussion	Information
x	x	R

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

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

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

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.

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

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- 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](#).

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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) 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

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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 geographical 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

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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:

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- 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 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

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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 PHW¹ 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

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the observed data. These Projected prevalences were combined with populations estimates to generate projections for the number of diabetics in Powys.¹ 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 Liverpool². 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

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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 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

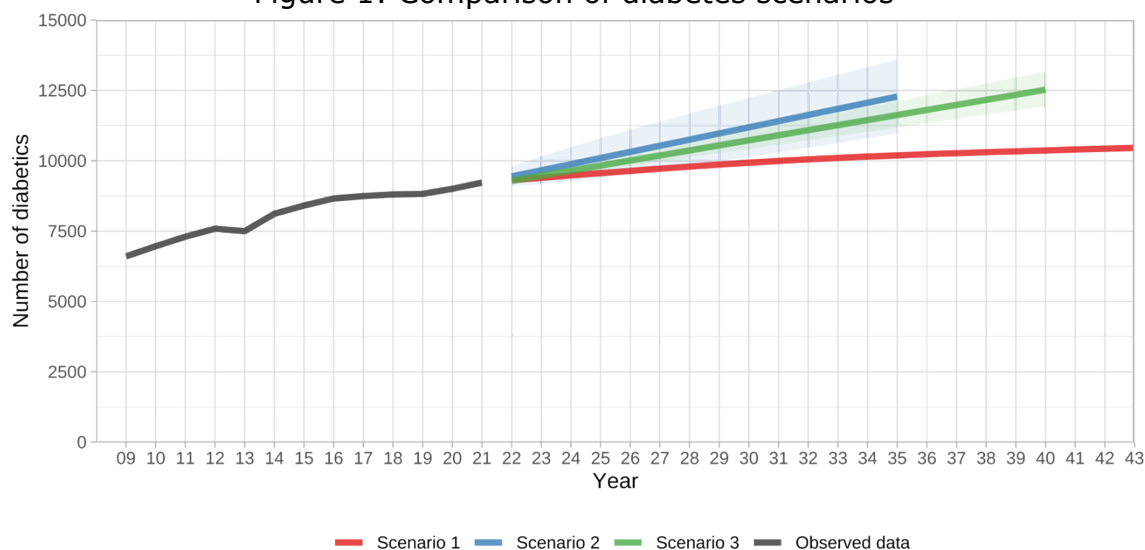
The findings from the different scenarios generated for this work are shown in figure 1. Each of the lines indicates the number of diabetics (y-axis) in the Powys population over time (x-axis). The black line, which runs from 2009 to 2021 is the *observed* number of people with diabetes aged 17 and over. 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 is looking at a slightly different thing (due to the limitations of available information). Scenario 1 (red line) is looking 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;

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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 differences 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

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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.

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:

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- 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 repurpose), 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

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Powys Teaching Health Board Annual Report of the Director of Public Health



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Acknowledgments

I would like to thank my colleague Mrs Tracey Deacon for her hard work as the editor in preparing this report and who has brought everything together.

My thanks too for all input from colleagues that Tracey has worked with, and who have produced information to support this report, in particular: the Powys Public Health Team, Health Board Communications and Engagement Team, the Public Health Wales Observatory and Health Protection Service, Powys County Council Health Protection and Environmental Health Team.

In addition, I would also like to take this opportunity to thank the people who allowed for their case studies and photos to be shared within the report.

Foreword

My first Annual Report as Director of Public Health in Powys describes the health of the population of Powys and sets out the key health challenges facing our population as a whole, and some of the opportunities I see to address them.

Based on current trends in 15 years' time over a third of population of Powys will be aged 65 years and over, with a decrease in the proportion who are of working age – those who provide the health and social care.

The experiences each of us have as we age will be dependent on our health and wellbeing. As we live longer, more of us are living with chronic conditions that negatively impact on our quality of life for many years. Much of this is preventable provided individuals do as much as they can to make healthy choices, alongside concerted local and national action at population level to support healthy ageing.

In the current economic context, the challenge for us all is to ensure that short term imperatives don't detract from our goal of better health and wellbeing. As such, it's important that we all take action to build good health and to stay well as we age and give our children the best start in life.

'The greatest wealth is health' is a quote attributed to the Roman poet Virgil. We need a concerted and collective preventative approach, one which gives children and young people the best start in life and promotes healthy and active ageing for everyone in Powys.

The report sets out calls for action for individuals and organisations. It's important that we act now. By working together to deliver the actions in this report we can prevent ill health, and live healthier, longer lives.

Merid Bowley, Executive Director of Public Health, Powys Teaching Health Board

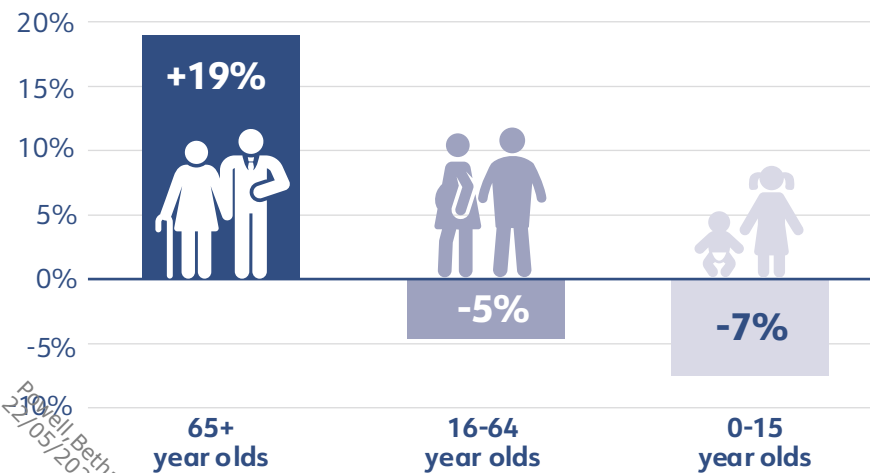


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Chapter 1 – Health and wellbeing in Powys

Powys is home to 134 thousand people. Although the total population has remained fairly steady over time, and projections suggest little change, the population is ageing. Between 2012 and 2022, there was an increase of 19% - nearly 1 in 5 more people - aged 65 years and over. At the same time there was a decrease in the number of under 65 year olds (figure 1.1).

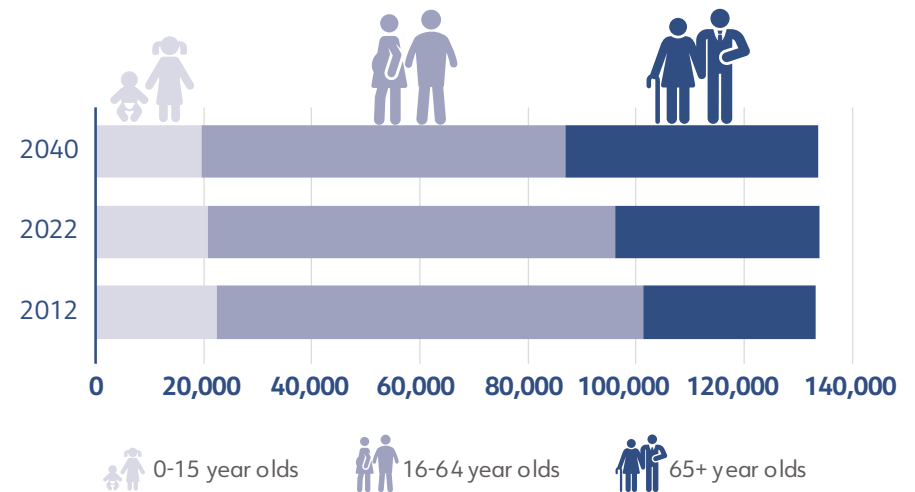
Figure 1.1 Percentage change in Powys population by age group: 2012 to 2022



Source: Mid-year population estimates, Office for National Statistics

There are 38 thousand people aged 65 years and over in Powys, over a quarter of the population. It has the highest proportion of all local authorities in Wales. By 2040 it is projected that people aged 65 years and over will increase by another 9 thousand, and represent over a third of the Powys population (figure 1.2). As the population ages, there will be a fall in the proportion who are of working age, those who provide the health and social care.

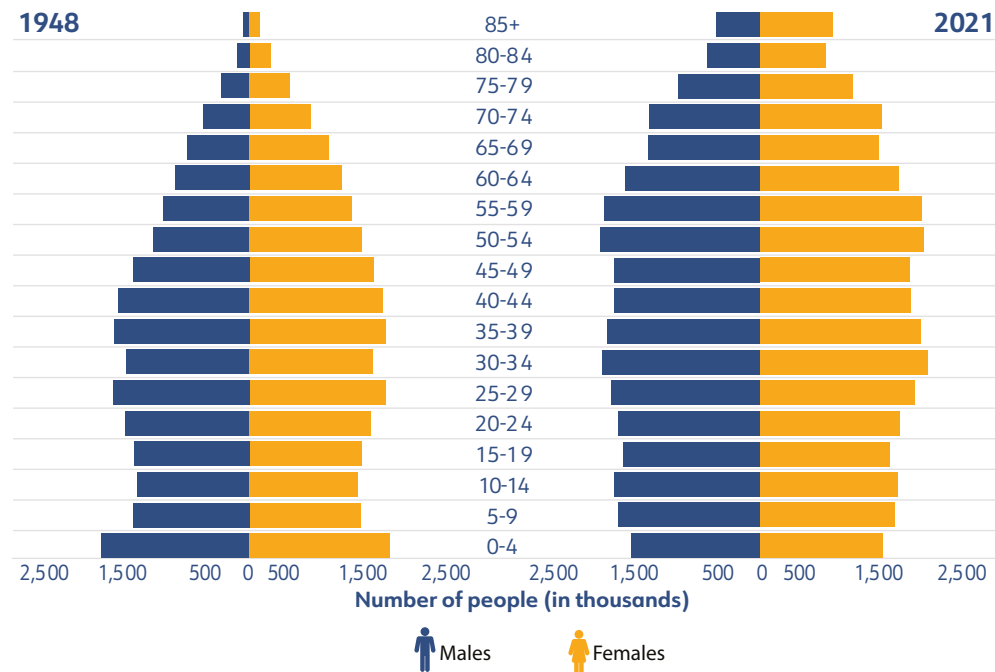
Figure 1.2 Trend in Powys population by age group



Source: Mid-year population estimates and Population projections, Office for National Statistics

When the NHS was created in 1948, the population structure looked different to how it does now (figure 1.3).

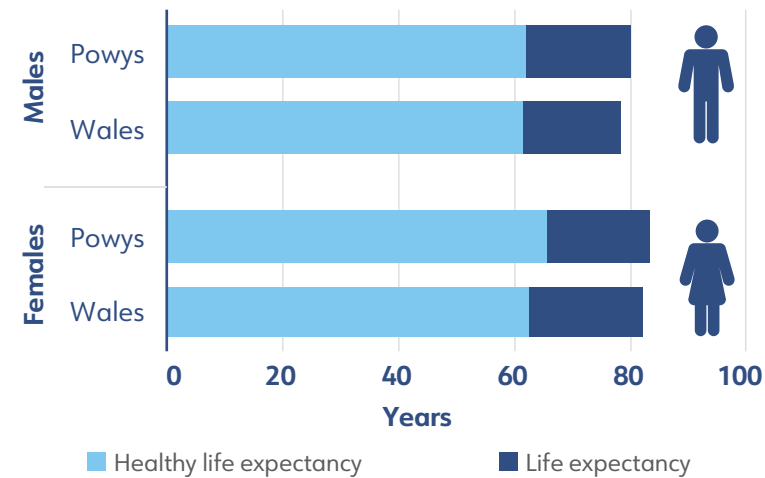
Figure 1.3 Population age and sex distribution in England and Wales: 1948 and 2021



Source: Office for National Statistics population estimates

Better management of conditions is helping more people to live longer. In Powys, life expectancy is higher than for Wales as a whole, but not all those years are necessarily spent in good health (figure 1.4). Women tend to live longer than men, and also to spend more of their life in good health. In later life, individuals tend to experience more ill health, more conditions ('multimorbidity') which brings added complexity.^{1,2,6}

Figure 1.4 Life expectancy at birth in years: 2018-2020



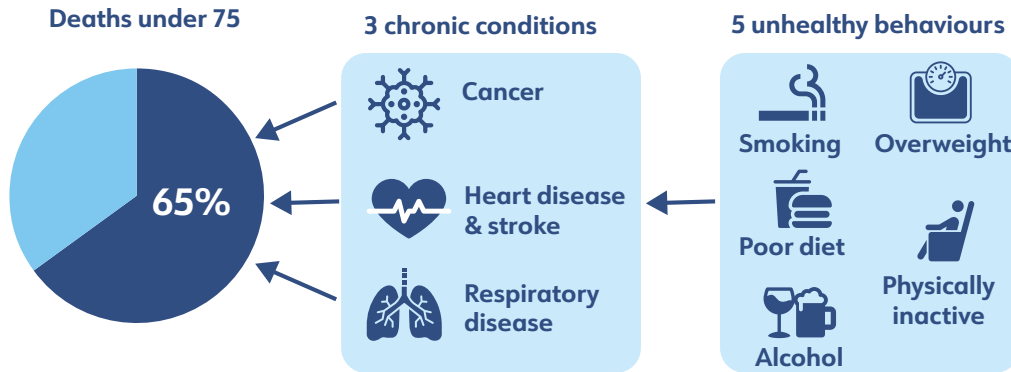
Source: Public Health Wales

With an aging population, for some long-term conditions where age is a key risk factor, such as dementia and some cancers, numbers in the population with these conditions are projected to increase.² However, some conditions are predicted to increase faster than expected than from an ageing population alone.² From 2009/10 to 2021/22, the number of adults in Powys living with diabetes has increased by 40% from 6,600 to 9,200..³

Some conditions have risk factors that can be modified, for example: not smoking, maintaining a healthy weight, having a healthy diet, being physically active.

Around 4 in 10 cancer cases could be prevented.
Smoking is the largest cause of cancer in the UK, followed by overweight and obesity.⁴

In Powys, two-thirds of early deaths are caused by 3 chronic conditions. These conditions have some major risk factors which are preventable.



Whilst diseases, long term conditions, and disabilities become more common and accumulate as we become older, they are far from inevitable, even in later years

Prof Sir Chris Whitty¹
Chief Medical Officer for England

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Quality of life can be improved if people remain as healthy as possible, by preventing illhealth occurring and helping those with illhealth to live well and manage their condition.⁵ In Powys, *The Health and Care Strategy for Powys - A vision to 2027 and beyond*⁶ includes a focus on tackling 'The Big 4' health conditions: cancer, circulatory diseases, respiratory diseases, mental health.

The population of Powys generally has good health in comparison with other parts of Wales (figure 1.5). There is no room for complacency however, Wales and Powys tend to compare poorly against other parts of the UK and internationally. Powys may have the highest percentage of adults eating five portions of fruit and vegetables daily, but there are still 6 out of every 10 adults who are not eating the recommended amount.

Figure 1.5 Risk factors in the Powys population

Adults aged 16 and over age-standardised percentage: 2022/23			
	Wales	Powys	Comparison with other 22 Welsh local authorities
Healthy weight	36.1%	43.2%	5th highest
Eating '5 a day'	28.5%	41.9%	Highest
Physically active	55.4%	66.8%	2nd highest
Smoke	12.8%	10.1%	4th lowest
Drinking above guidelines	17.2%	13.6%	4th lowest

■ Significantly better than Wales
 ■ Significantly worse than Wales

Source: National Survey for Wales; School Health Research Network

Adolescents aged 11-16 years: 2021			
	Wales	Powys	Comparison with other 22 Welsh local authorities
Healthy weight	79.1%	83.4%	Highest
Sugary drinks every day	16.4%	12.5%	5th lowest
Physically active	16.2%	18.3%	Highest
Smoke	3.0%	3.5%	8th highest
Using alcohol	40.2%	50.2%	Highest

Figure 1.6 Mental wellbeing in adults aged 16 and over age-standardised percentage: 2022/23

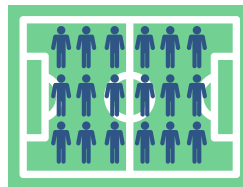
	Wales	Powys	Comparison with other 22 Welsh local authorities
Life satisfaction among working age adults	79.2%	81.2%	7th highest
Life satisfaction among older people	84.4%	88.0%	6th highest
A sense of community (2021/22 data)	63.8%	67.7%	4th highest
People feeling lonely	12.7%	12.1%	12th lowest

Source: National Survey for Wales

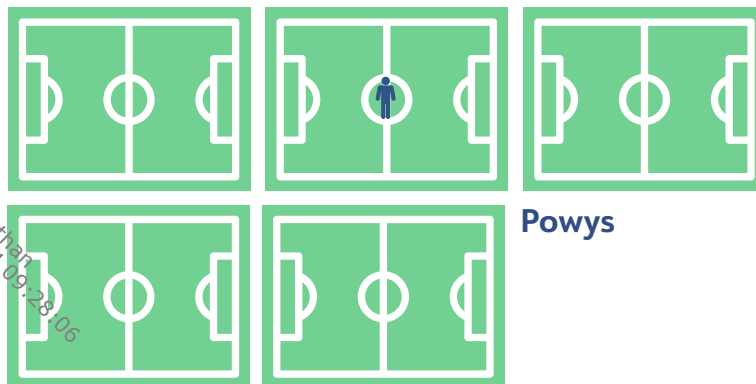
The majority of working age people report being satisfied with life, but this still means that 1 in 5 are not (figure 1.6). Only around 1 in 8 feel lonely, suggesting that there are some strong, well-connected communities in Powys despite the rurality.

Our health is affected by personal characteristics, such as our age or ethnicity. In addition, what helps to keep us healthy is a complex interaction of many factors, such as the environment in which we live and spend our time, social and economic factors, our experience of trauma, education, income etc. These 'wider determinants of health' impact on the options available to us, our behaviours and opportunities to be healthy.⁵

Health inequalities – avoidable and unfair differences in health and health outcomes between different groups of people – can result from differences in the distribution of these determinants. According to the Welsh Index of Deprivation, Powys is relatively equal with only a few pockets of small areas identified amongst the more deprived in Wales, in Ystradgynlais, Newtown, Welshpool and Llandrindod Wells. This is with the exception of access to services, Powys has nearly 90% of its small areas in the most deprived 50% in Wales for this category, which is unsurprising due to the relatively large geography and sparse population.⁷ In Wales there is one person for every football pitch-sized piece of land. Cardiff is the most densely populated local authority area with around 18 people per pitch-size, whilst Powys has 5 pitches per resident. This presents a challenge for services to make sure they are accessible for people.



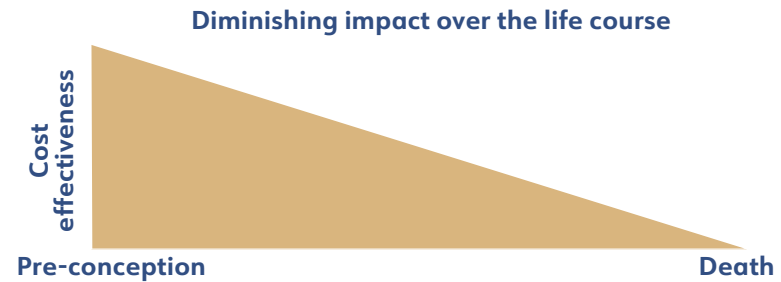
Cardiff



Powys

Inequalities, however, are not always related to where someone lives. Organisations need to consider how they provide services in a way that can reduce inequalities, for example, ensure there are no barriers for people with a disability accessing the service.

Most of the wider determinants lie outside the remit of health services alone, so all of us have a part to play in addressing them. There are diminishing returns addressing things later in the lifecycle, so it is important that we act now to support babies, children and the working age of Powys to have healthy lives and help prevent poor health into older age.



Source: Adapted from Heckman⁸



Opening of new adventure playground, Ysgol Penygloddfa, Newtown

Call to action

Individuals

Individuals need to do as much as they can to make healthy choices. Take opportunities to be active, have a healthy diet, drink alcohol responsibly and to not smoke.

Public sector organisations

Take action to address wider determinants of health.

Give children the best start in life.

Help to address inequalities as 'anchor institutions' providing good employment, and support people to re-enter the workplace after a period of economic inactivity.

As employers support people to stay healthy in work – become exemplar health promoting workplaces.

Health sector

Support individuals to manage and live well with chronic conditions through providing patient education programmes.

Powys County Council

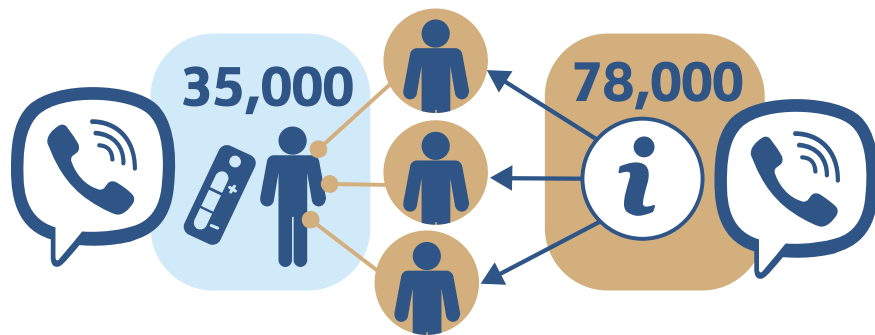
Enforce smokefree legislation.

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Chapter 2 - Protecting the Powys population

The pandemic needed a significant local Health Protection response to help protect the population of Powys. This included the rapid setting up of a Covid-19 Test Trace Protect (TTP) service in partnership between the health board and Powys County Council, and also the development of a Covid-19 vaccination programme.

In the 2 years from June 2020 until June 2022 when community contact tracing ended, over 35 thousand positive Covid-19 cases were successfully contacted in Powys. This led to 78 thousand of their contacts being identified and provided with appropriate advice.



Whilst the TTP programme ended in Wales in March 2023, health boards were expected to work with their local partners to transition towards building agile, integrated Health Protection teams. This is to ensure an ongoing response to Covid-19, but also that we can prepare for and respond to future health protection threats.

The level of response to Covid-19 in terms of testing and contact tracing has reduced and is now focused where there is higher risk of serious outcomes, particularly in support of incidents/outbreaks in vulnerable settings such as care homes and special schools. The Health Protection Team has continued to deliver a testing service to care homes reporting residents having respiratory symptoms and to support the management of incidents/outbreaks.

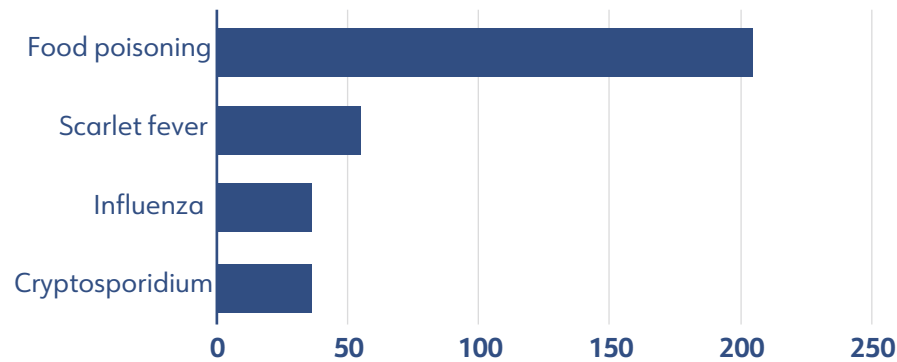
The local health protection model is likely to change over time as we learn to live with the evolving Covid-19 virus, and also in response to any other threats. Alongside this will probably be changing expectations of local roles and responsibilities, and a significant reduction in funding.

The health protection system in Wales is facing challenges in responding not only to Covid-19, but dealing with other infectious diseases too. Winter 2022/23 saw an increase in reported cases across England and Wales of scarlet fever, and more recently an increase in measles cases.

The health board has a role in communicating and engaging with the local population to help manage any threats and outbreaks. The most common notifications of infectious disease in 2023 was food poisoning (figure 2.1).*

*Responsibility for the control of notifiable infections relating to food poisoning sits with the local authority.

Figure 2.1 Number of notifications of the most common infectious diseases in Powys: 2023



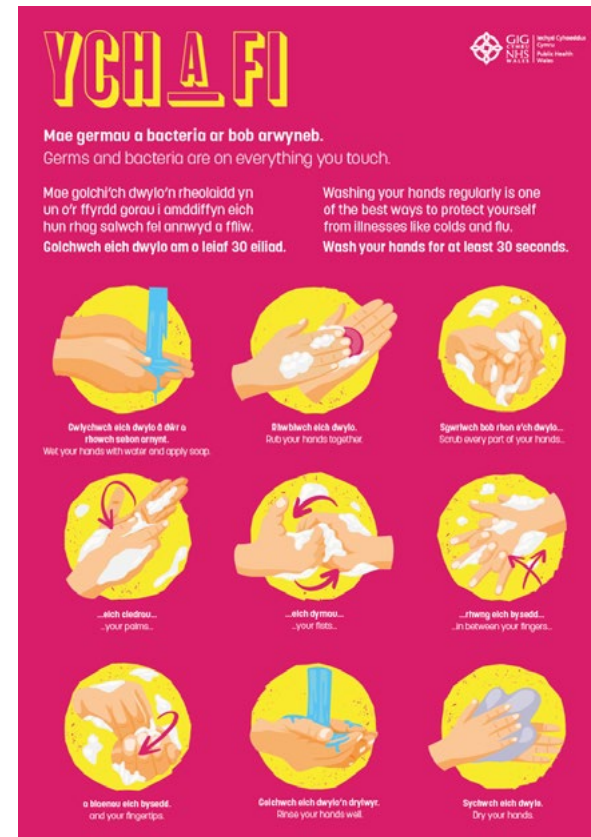
Source: Public Health Wales

The Covid-19 pandemic showed us how easily and quickly a new infection could spread, and there continues to be a risk of other pandemics. The unpredictable nature means that it is important to be alert and to prepare. Pandemic flu is captured on the Dyfed Powys Community Risk Register. Importantly for a rural area like Powys, the Register also recognises the risk of animal diseases that have the possibility of infecting humans, and thus present health risks to the general population.¹

Powys has established a Health Protection Partnership Group, chaired by the Director of Public Health, and which includes representatives from Powys County Council and Public Health Wales. The Group has oversight of the local Health Protection needs, plans and services, to ensure the wellbeing of the Powys population is protected as much as possible.

Key guiding principles for Health Protection work locally

1. Living with Covid-19
2. Plan and respond to a wide range of emerging health protection threats
3. Protect the most vulnerable
4. Address inequities



All of us can help prevent the spread of infection. The good hygiene practices we were all familiar with to help manage the pandemic are still relevant today.

Protecting care home residents

Acute respiratory infections can have serious consequences for vulnerable people, as they are often elderly and frail with underlying health conditions. These infections can spread rapidly in enclosed environments, such as care homes, due to the close contact between residents, staff and visitors.

Autumn/Winter is usually a time where there is an increase in people becoming ill from infections. To help some of our most vulnerable population keep well, the Powys Health Protection Team developed an education and support programme for care homes. The aim is to help prevent, control and manage respiratory incidents/ outbreaks. The training includes Infection Prevention and Control, outbreak management, personal protective equipment (PPE), respiratory testing guidance and throat swabbing, and the importance of vaccination. August to December 2023, two onsite visits were offered and taken up by 28 nursing or residential homes for older adults across Powys. Three types of practical training were offered to staff: correct use of PPE, hand hygiene and throat swab sampling. In total, 70 training sessions were provided, with 265 staff attending at least one.

It was a great session, and very beneficial to all our staff here at Crosfield House.

Emma Shaw, Deputy Manager



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Vaccination

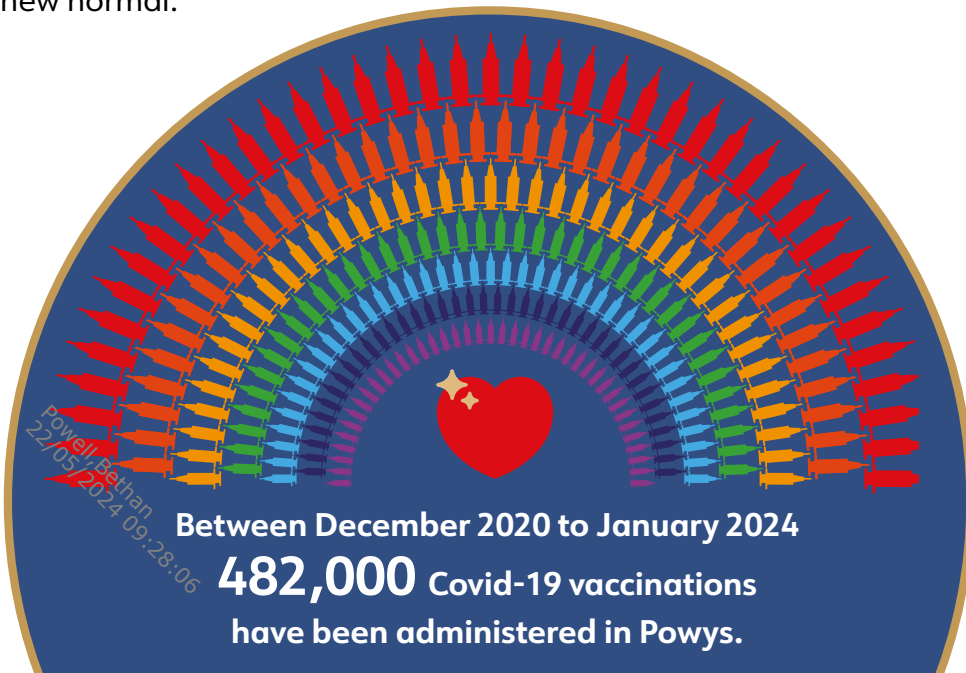
One of the most cost-effective ways to protect the population against infectious diseases is through prevention, specifically through a vaccination programme.

Vaccines teach your immune system how to create antibodies that protect you from diseases.

It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them.

Once your immune system knows how to fight a disease, it can often give you lifelong protection.²

The huge success of the Covid-19 vaccination programme led the country to emerge from the emergency phase of the pandemic to a 'new normal.'



To protect our vulnerable population, we continuously review and adapt how the programme is operating locally. The aim is to ensure that vaccination is as accessible and equitable as possible, despite the scale of the programme and narrow time period for delivery.

The programme's success depends on a partnership with the public, relying on individuals to play their role by taking part. This partnership is still needed and will be built upon going forward, so high rates of vaccination across the lifecycle (figure 2.2) can be achieved.

Having a vaccine also benefits your whole community through "herd immunity".

If enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines, such as those with a weakened immune system.²

Figure 2.2 Vaccinations across the lifecourse

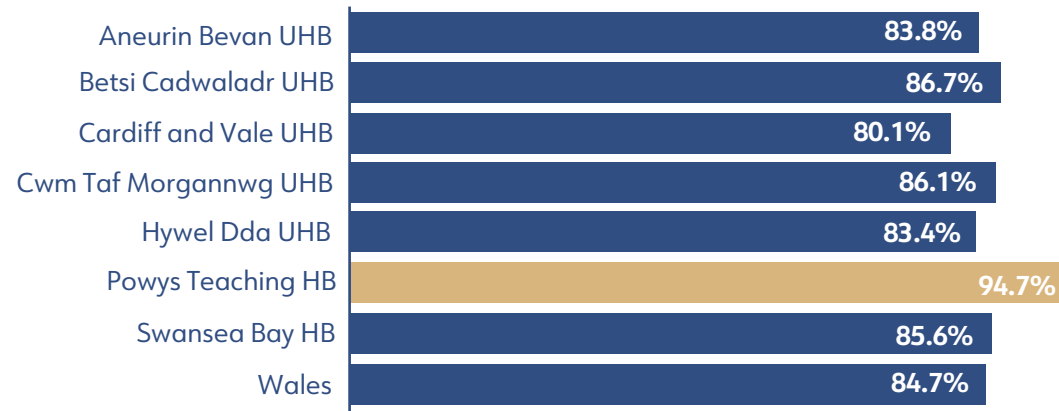
Age due	Diseases protected against
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B
	Meningococcal group B (MenB)
	Rotavirus gastroenteritis
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	Pneumococcal (13 serotypes)
	Rotavirus gastroenteritis
	Meningococcal group B
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	Meningococcal group B
12 -13 months old	Hib / Meningococcal group C
	Pneumococcal
	Measles, mumps and rubella
	Meningococcal group B
2 nd and 3 years old and all school aged children	Influenza (annually from September)
3 years 4 months old	Diphtheria, tetanus, pertussis and polio
	Measles, mumps and rubella
School year 8 (12 to 13 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio
	Meningococcal groups A, C, W and Y
65 years of age and older	Influenza (annually from September)
65 years of age and older	Pneumococcal (23 serotypes)
65 years and 70 to 79 years old plus individuals from age 50 who are severely immunosuppressed ⁵	Shingles

Source: Public Health Wales

The importance of children having their vaccinations is clear from the recent increase in measles cases reported in Wales and the UK. Targeted work in Powys to address the falling rates of MMR vaccination uptake is starting to make a positive difference (figure 2.3).



Figure 2.3 Percentage of children reaching their 4th birthday and up to date with all scheduled vaccines by health board: 01/07/2023-30/09/2023



Source: COVER 148 report, Public Health Wales

Call to action

Parents/guardians

Take your child to have their vaccination when invited. Check with your health visitor or GP if you think they may have missed any.

Individuals

Make sure you are up-to-date with all your vaccinations, and attend your vaccination appointment when invited.

Health Visitors and School Nursing

Check the immunisation status of children and help anyone missing a vaccine to access it.

Powys Teaching Health Board

Monitor uptake of vaccines and take targeted action to reduce inequity in uptake between communities and groups.

Health and Social Care Staff

Take up the offer of vaccination to help protect yourselves, your loved ones and the people you care for.

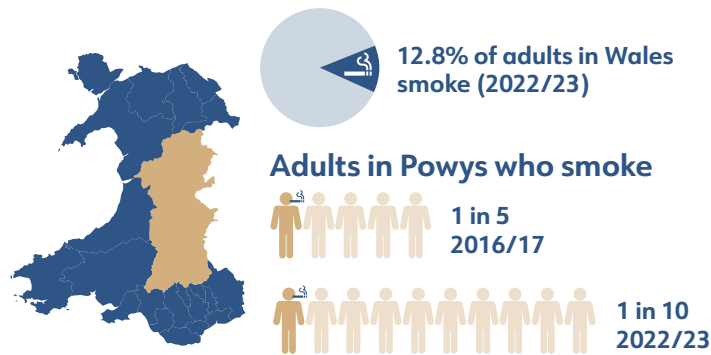
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Chapter 3 – Promoting healthy behaviours in Powys

This chapter focuses on two of the public health priority issues for Powys: smoking and alcohol.

Ambition for a smokefree Powys by 2030

The ambition is for Wales to be smokefree by 2030¹ with less than 1 in 20 adults smoking. To do this, our focus locally is on preventing people from starting to smoke and supporting people to give up.



Source: National Survey for Wales

A multi-agency Powys Nicotine Reduction Steering Group oversees the work locally. In July 2023 a tobacco control summit was held attended by representatives from the health board, third sector, Powys County Council and Police. At the summit, vaping was also highlighted as a growing concern, and addressing vaping amongst young people was agreed as a local priority action.



Powys Tobacco Control Summit 4th July 2023

Tackling vaping in young people in Powys

Whilst the vast majority of young people do not vape, data is indicating an increasing proportion of children and young people vaping daily and reporting nicotine dependency. Examples of local work includes:

- An information and guidance resource on vaping was developed to support educational settings in Powys. It was shared in the summer term 2023 with schools and partners working with young people.
- Prevention and treatment services have been working together to develop a pathway to ensure young people can get timely and easy access to support services when needed.
- Engagement work with some local young people has identified messages that would prevent them vaping. This is to inform the development of a communications campaign.



Preventing young people smoking

Most smokers start before the age of 18, so it is important to help prevent young people from starting to smoke in the first place. JustB SmokeFree is a schools-based smoking prevention programme delivered 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 in 2022-23 academic year:

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

These schools are again participating in 2023-24, along with:

- Newtown High School - Newtown & Presteigne
- Ysgol Bro Hyddgen, Machynlleth
- Ysgol Gwernyfed, Three Cocks



When approached about taking part in JustB, I knew this would be a great opportunity for our school, and I was not disappointed. Pupil health and wellbeing is very important at our school, and we recognised that taking part would contribute to pupils' physical wellbeing and meets the principles of the new curriculum for Wales.

I was really impressed with the strategy of identifying influential members of the year group, and was intrigued as to how the project would work. It involved a huge range of engaging and educational activities, keeping the pupils on their toes and maximising opportunities for learning. The pupils were all thoroughly engaged. They were able to go back into school, and confidently relay their knowledge to their peers in informal settings.

We have participated in the project for a second year, and our Smoke Free Ambassadors from last year were disappointed when they couldn't take part again!

Ruth Bullions – Assistant Head for Wellbeing Ysgol Maesydderwen

It was an interesting experience, partly because some of it was just having fun and doing fun activities, and then the rest of it was us learning facts and sometimes having serious conversations which is an interesting combination.

Charlotte Robson – Smokefree Ambassador

Stop smoking support

In Wales, stop smoking support is available through 'Help me Quit.' Services were greatly hit during the pandemic, but considerable work is being done to improve the access and range of services in Powys to make it easier for smokers to access support, and to reorientate services to those in greatest need.



As well as telephone support, the local Smoking Cessation Team is providing more face-to-face clinics in a range of settings, such as some GP surgeries. Groups have re-commenced, including an evening group in Brecon Hospital. There are also 22 community pharmacies across Powys now providing a smoking cessation service.

Promotional work is also being undertaken to increase public awareness of these services and how to access them. This has included GPs sending text messages to their patients who are smokers.

A positive difference is being seen; more than 400 smokers made a quit attempt in April-December 2023, 53% higher than the same period in 2022.

Help Me Quit

Through 'Help Me Quit', smokers can get free, confidential and non-judgemental support from stop smoking experts. Different options are available tailored to meet individuals' needs:

- Face to face or over the phone
- One to one or in a group meeting with other smokers in local community venues, health centres or pharmacies.
- Free stop smoking medication to help prevent cravings

People are 3 times more likely to give up if they have support from Help me Quit than attempting to give up on their own.

For more information visit helpmequit.wales, e-mail helpmequit@wales.nhs.uk or call freephone 0800 085 2219.

The Powys Smoking Team can be contacted directly via a dedicated email: StopSmoking.Powys@wales.nhs.uk.

Paul's story

Paul sought help to give up smoking after finding out he had cancer, like many people he thought 'it'll never happen to me'. He successfully gave up with support from Help Me Quit. Paul said:



"I needed to stop... The service provided me with options of different things to help me give up. I also had the option if I needed to talk about it, I could ring up, have a chat about any issues or any problems I was having with it, then have regular weekly meetings to see how I was progressing... [My] sense of smell and taste are completely different to when I smoked. Breathing is better, a lot better than it was. So, for me, giving up smoking was the only choice. I had to give up but I couldn't do it on my own."

Tackling harmful alcohol drinking

Alcohol drinking is generally seen as a normal part of our culture. But there is no safe limit where it does not affect health,² and the harm can be widespread affecting, for example relationships, mental health, people's employment.

Shifting how we see alcohol in a country where drinking alcohol is part of day-to-day life is challenging

Prof Sir Frank Atherton, Chief Medical Officer for Wales³

Chapter 1 showed that whilst adults in Powys have some of the lowest rates of heavy alcohol drinking in Wales, young people in Powys have the highest alcohol drinking rates.

The evidence suggests that managing the price of alcohol is one of the best ways to get heavy drinkers to drink less, and in Wales in March 2020 this was brought into place through minimum unit pricing.

At a local level we can support people through identifying those who are drinking too much and give them brief advice. Staff on the front line can undertake 'Making Every Contact Count'.

Also, schools and youth services can ensure young people receive support, through providing accurate information and education programmes to give them the skills to have healthy behaviours.

Brief advice is a cost-effective intervention where professionals use their everyday contact with people to discuss and encourage behaviours that will lead to positive changes, including providing information on where to access further help.

Helping to keep young people safe during the Royal Welsh Show week

During the period of the Royal Welsh Show each summer, Builth Wells town centre attracts significant numbers of evening visitors, the majority aged under 30.

The Builth Wells Safety Group brings together a wide range of partners. Working in partnership, the aim is to help ensure the safety of visitors and the wider community in the town centre, and relieve pressure on public services. The Group, building on learning from previous years, used a range of approaches for the summer of 2023 such as:

- Setting up a safe pedestrian walking route
- Night time patrols by Powys Youth Workers and Street Pastors, who were able to signpost and support individuals
- Commissioning additional medical provision from St Johns Ambulance Cymru.
- Developing a 'Have Fun, Take Care, Stay Safe' communications campaign.



As well as a bilingual video for social media, posters and banners were displayed in prominent town centre locations, event sites and licensed premises. Using an agricultural theme, the campaign was targeted at young people to encourage them to think about how much alcohol they were drinking, to think about their behaviour and to look after their friends.

Call to action

Smokers

Contact *Help Me Quit* to start your smoking cessation journey.

Schools

Reinforce school grounds as a smoke-free site, prohibiting vaping as well as smoking.

Take part in the Just B SmokeFree programme when invited.

Everyone

Report anonymously any outlets which are illegally selling vapes to young people via noifs-nobutts.co.uk.

Powys Teaching Health Board

Reinforce all hospital sites as smoke-free.

Frontline staff

Make Every Contact Count by asking patients if they are smokers, provide smoking cessation aid as appropriate and refer to stop smoking services.

Powys County Council

Enforce legislation around smoke-free premises and vehicles, and the illegal and illicit sale of cigarette and vapes.

Enforce legislation around underage sales of alcohol.

Adults who drink alcohol regularly

Be aware of how many units of alcohol you are drinking, and not exceed 14 units per week.

To keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis.

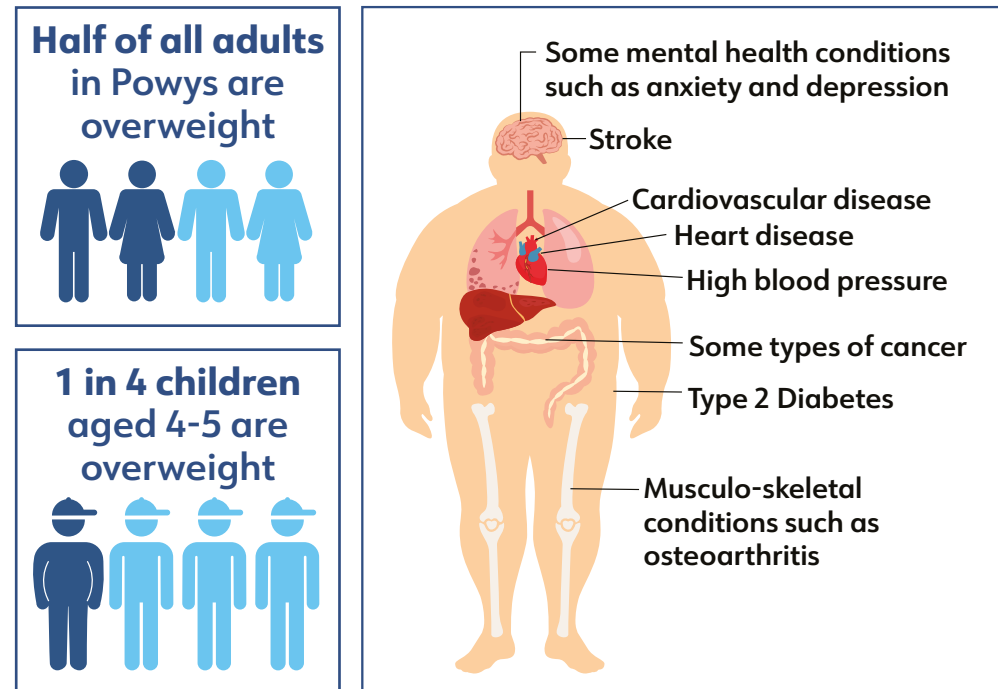
The more someone drinks, the greater the health risks.⁴

<14 units per week



Chapter 4 – Healthy Weight: Healthy Powys

Being overweight increases the risk of developing a range of common health conditions. In Powys half of all adults are overweight or obese.



By the time they are in their first year of school, 1 in 4 children aged 4-5 in Powys are already overweight or obese,¹ approximately 6 children in an average class.

The factors that influence our weight are complex. There are a wide range of interacting environmental, social and economic factors influencing what we eat and drink and how active we are. In Powys we are using a new 'whole system approach' to tackle overweight and obesity. This means that partners are working together to understand and improve the local system in ways that will help people to achieve and maintain a healthy weight. The Powys Public Service Board has agreed this work as one of its priorities.

A series of workshops, summarised in figures 4.1 and 4.2, have helped to narrow down the priority areas to children (up to the age of five), families and access to healthy food with a focus on:

- Breastfeeding
- Introduction to solid foods (weaning)
- Cooking skills
- Affordability of healthy food.

The whole system approach aligns to, brings together and builds on existing work in Powys, examples of initiatives in place are outlined below. These support people to eat healthily and are aimed particularly at those with the highest needs, such as those living in more deprived communities.

Figure 4.1 Visual minutes from the stakeholder engagement event: December 2022

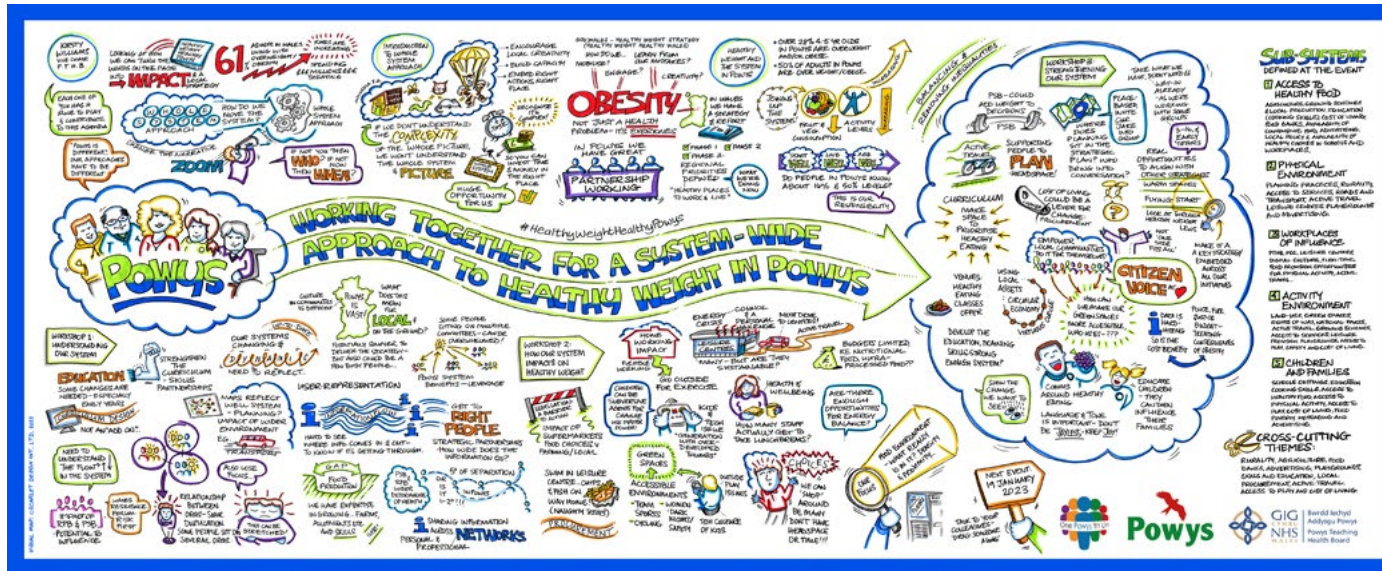


Figure 4.2 Visual minutes from the stakeholder engagement event: January 2023



The Healthy Start Scheme supports eligible parents on lower incomes by providing financial help to buy healthy food and milk.

Uptake has been lower than expected and varies across Powys. So that more eligible families can benefit, work is underway to address the barriers to uptake identified locally. This includes promoting the scheme with the public, and working with local retailers.

In the first half of 2023, average uptake for Powys was below 60%. However, the trend is showing some promising results, with uptake reaching 81% in the initial target area of Ystradgynlais.

Ydych chi'n feichion neu oes gennych blant o dan 4 oed?
 Gallech gael help i brynu Ffrwythau, llysiâu, Codlysiau, Ilaeth a Ilaeth Formiwla i Fabanod.
 Gallwch hefyd gael fitaminau Healthy Start am ddim.

Are you pregnant or do you have children under the age of four?
 You could get help to buy fruit, vegetables, pulses, milk and infant formula.
 You could also get free Healthy Start vitamins.

www.healthystart.nhs.uk
 @NHSHealthyStart

Eat Smart, Save Better is a free 1-hour course that aims to support people to learn more about eating healthily on a budget. Anyone can attend, but it is particularly aimed at people living in more deprived communities and those managing on a tight budget. A range of partners are involved: the health board's Dietetic Team, Powys County Council Health Protection Team, Bwyd Powys Food and Stori Powys (Powys Libraries).

In November and December 2023, 10 sessions were held in 9 libraries across Powys, with 84 participants in total. January to March 2024, 10 schools were targeted, and a total of 19 sessions held with 111 parents attending.



Promoting healthy weight in early years and educational settings

Early years, schools and other educational settings can play a key role in supporting children to maintain a healthy weight. Examples of local initiatives are shown here.

Bach a lach (Small and Healthy)

started life as our way of delivering the Healthy Preschool Scheme in Powys. It focused on working with preschools to promote physical literacy, physical activity and healthy eating, for example by providing training for staff and resources for settings. Since then, the Bach a lach approach has been introduced to primary schools across Powys, and this aspect of the programme is now delivered through a partnership with Powys County Council's Sports Development Team. Bach a lach is now fully embedded in how we deliver both the Healthy Preschools Scheme and the Healthy Schools Scheme and is helping to ensure that staff in educational settings have the confidence, knowledge and skills to make physical activity and healthy eating part of everyday life for learners.



Foodwise for Life is a nine week weight management course for overweight adults. The health board's Dietetic Team delivered 17 courses over 2023/24.

Foodwise for Life

Is losing weight important to you?

Are you currently feeling motivated to lose weight?

Would you like to join a supportive group to learn more about achieving a healthy weight, share tips and encouragement?

Foodwise for Life is a 9 week weight management programme developed by the Public Health Dietitians in Wales

Learn more about:

- A healthy way to lose weight
- Becoming more active
- Portion sizes
- Food labels
- Changing eating habits
- Dealing with hunger & cravings
- Overcoming barriers
- Healthy food swaps

The Powys Healthy Preschool Scheme is now focusing on the theme of nutrition and oral health. Where possible, plans for the Scheme are being aligned with the whole system approach to healthy weight, such as working with preschools settings to look at their policies for providing food, including snacks and drinks.

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Food and Fun is a school-based programme funded by Welsh Government. It provides food and nutrition education, physical activity, enrichment sessions and healthy meals to children during the school summer holidays. The programme's aims include improving children's physical activity levels, healthy eating behaviours, mental health and emotional wellbeing, aspirations, educational attainment and school engagement.

Schools in Powys have support to deliver it from Powys Teaching Health Board's Dietetic Team and the Healthy Schools Team, and Powys County Council. In 2023, seven Powys schools took part, although over 40 were eligible. More schools are being encouraged to join the programme, and 10 have signed up for 2024.

Reflecting on his experience with Food and Fun over a number of years, Carl Hyde, Headteacher at Ysgol Calon y Dderwen in Newtown, said:

Having been part of the Food and Fun programme for over 5 years, it's been great to see it build on the experiences we offer each year. Our parents wanted something to engage children over the summer holidays and Food and Fun does just that. Not only does it help to support children to be active, through specially arranged sporting opportunities with local clubs and sports leaders, it also promotes healthy eating behaviours and provides healthy meals. The Summer holidays have traditionally been a time when children spend 6 weeks away from school, during our food and fun programme, their time in school is spent in a very different kind of way, but just as productive.

The programme also helps reduce financial and family stress with children taking part in fully funded activities both in school and through outside providers. We've seen a massive benefit to the school. We found that children are in a better frame of mind to come back to school in September.

Food and Fun has become part of the wellbeing programme that we have developed in the school. We are proud to offer our children many learning opportunities which embrace our outdoor space. These are part of the curriculum as well as extra curricular.

Throughout the year, as part of each school day, all children get around 15 minutes of activity walking around the school in the fresh air, completing up to a mile each time. Another successful initiative we've set up is a bike bus, named F-Ride-Day. Every Friday a group of our children meet at the far end of our catchment estate and cycle into school. It's a great way of building their confidence in cycling, and reduces congestion around the school gate.

Call to action

Powys Teaching Health Board

Promote and support breastfeeding, including joining the Breastfeeding Welcome Scheme.
Achieve UNICEF Baby Friendly accreditation.

Frontline staff

Make Every Contact Count by raising the issue of weight and signposting to sources of support.
Attend Making Every Contact Count training to increase your skills and confidence.

Pre-school settings

Have healthy and tooth-friendly policies to support children to have a healthy diet and to be active.
Achieve the Gold Standard Healthy Snack award.

Schools

Support learners to have a healthy diet and to be active, including having healthy policies.
Give learners healthy food and drink options, and opportunities to be physically active such as The Daily Mile and promoting active travel.
Only offer healthy options in vending machines.
Sign up to the Food and Fun programme if eligible.

All organisations, including public, voluntary, and private (shops, businesses, cafes etc)

Promote a healthy diet and physical activity for employees and clients.
Provide healthy food and drink options, and encourage uptake. Make the healthy choice, the easy choice.
Provide facilities for nursing mothers and join the Breastfeeding Welcome initiative.
Encourage active travel.

Chapter 5 – Addressing inequities in Powys

Chapter 1 outlined how there are differences in people's health and wellbeing, which could be down to a number of factors. Public sector organisations in Powys have been working to address the needs of the different sectors of the population. However, the **Socio-Economic Duty**, which came into force in March 2021, has highlighted that there is more that can be done, specifically for those living in less favourable social and economic circumstances. **Actions to embed the Duty should help to reduce inequities and improve health outcomes.**

This chapter also outlines some of the other work being undertaken to tackle inequities.

Guiding future action

Powys Health Equity workshop

In November 2023, the Public Health Team brought together key stakeholders to increase understanding of health equity. Ideas to help improve decision-making in relation to socio-economic disadvantage included:

- engaging with service users to understand the views and needs of those affected by decisions made
- increasing professionals' understanding of inequalities.

Other work to take advantage of opportunities to reduce inequalities included:

- building on integrated working between services
- reviewing services' referral pathways.

The Socio-Economic Duty

The Duty aims to improve decision-making to help deliver better outcomes for people and communities who experience socio-economic disadvantage.

When making strategic decisions, public sector bodies now have a legal responsibility to consider the need to reduce inequalities of outcome resulting from socio-economic disadvantage.

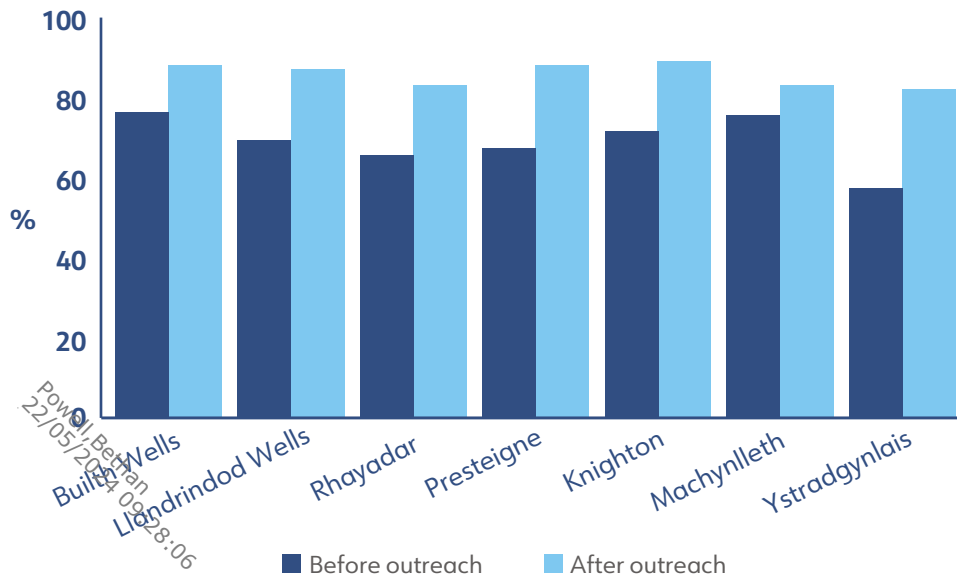
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Addressing variations in vaccine uptake

As seen across Wales, there are variations in uptake of routine vaccinations in Powys. Work is being undertaken locally to understand and address this variation. During 2023/24 this included:

- a polio vaccination catch-up programme
- an MMR catch-up programme
- enhanced monitoring of pre-school childhood immunisation lists to inform action
- targeted Covid-19 vaccination outreach sessions in areas with lower uptake (figure 5.1)
- developing a Vaccine Equity Strategy for Powys.

Figure 5.1 Percentage uptake of Covid-19 before and after targeted outreach by area: spring campaign 2023



A place-based approach - Healthy Ystradgynlais

Ystradgynlais is one of the most deprived areas in Powys. Services covering the area are taking a focussed place-based approach to improve outcomes for local residents.

A 'Healthy Ystradgynlais' community well-being event was held in February 2024 in The Welfare Hall, organised by the Health Protection Team of Powys County Council. Over 30 organisations supported the event, sharing information about the services they provide, including: the Department for Work and Pensions, Dyfed Powys Police, Mid and West Wales Fire Service, Freedom Leisure. Powys Teaching Health Board gave flu vaccinations, raised awareness of exposure to blood borne viruses, and offered testing for hepatitis B and C, HIV and syphilis.



Nearly 300 residents attended throughout the day. As well as finding out about the support available to them, residents were able to have a say in future projects taking place in the area through a wellbeing survey.



Armed forces personnel and Veterans

Service life can impact on serving personnel, veterans, and their families in many ways, including disadvantages in accessing healthcare. For example, frequent relocation means that it can be challenging to know what services are available in their new area.

The Powys Armed and Ex-Forces Forum was first established in 2013, and although suspended during the pandemic, it was re-established in March 2023. The Forum includes representation from the armed forces, veterans, Powys County Council, health and third sector organisations. It aims to address the healthcare disadvantages faced by the Armed Forces community and, specifically, to ensure that the health board complies with the Armed Forces Covenant Legal Duty that was introduced in November 2022.

Key areas of focus for the Forum include working towards accreditation of various schemes to ensure quality standards for healthcare services are being met. Future work will include promoting the Armed Forces Covenant Duty to health board staff through policies and training, and improving signposting of veterans to services.



Presentation of plaque for the 'At Ease' garden developed at Bronllys Hospital site.

Quality standards in healthcare

Wales GP practices Veterans Accreditation Scheme

Since the scheme's launch in June 2023, a quarter of Powys GP practices have achieved veteran-friendly accreditation. This includes undertaking specialist training on veterans' health and wellbeing, and promoting fair treatment and respect for people who have served and their families.

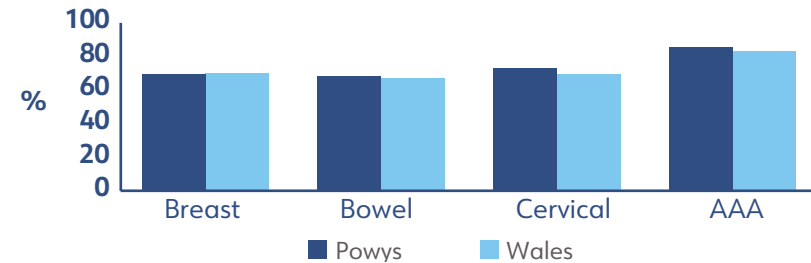
Screening

There are five national adult population-based screening programmes in Wales, which Public Health Wales have responsibility for. Overall, uptake in Powys generally compares favourably with the rest of Wales (figure 5.2). However, within Powys there is some variation, which tends to follow national patterns such as women being more likely to take part than men, people from more deprived areas are less likely to take part.

The programmes were paused during the pandemic, and there have been challenges getting the services back up to full recovery. Breast screening has taken the longest, but different actions to increase the number of appointments include using an additional mobile unit, extended hours including some weekend working, and consolidating sites to avoid moving the mobile unit as moving reduces the number of appointments available.

Work is also underway to allow people to make an informed choice about taking part by addressing barriers for different groups. An example has been the development of information in different formats, including Easy Read and British Sign Language films.

Figure 5.2 Percentage uptake for national screening programmes: 2021/22



Source: Public Health Wales Screening Division

What is Screening?

Screening aims to detect the early stages of disease or prevent disease occurring.

By identifying people at higher chance of having a health condition, more effective treatment options can be offered, or information provided to help them make decisions about their future care.

Screening can also reduce the chance of developing a serious condition, preventing ill-health and the harm that would have otherwise occurred.

Wales Screening programmes	Eligible population	Type of test	Screening Interval
Breast Test Wales	Women and people with breasts aged 50-70	Mammogram (x-ray)	Every 3 years
Bowel Screening Wales	People aged 51-74 (Lowering to 50 in 2024)	Postal home test kit	Every 2 years
Cervical Screening Wales	Women and people with a cervix aged 25-64	Cervical screening ('smear') test	Every 5 years
Diabetic Eye Screening Wales	People with diabetes aged 12 years and over	Photograph of the eye	Every 1 to 2 years depending on risk of diabetic eye disease
Wales Abdominal Aortic Aneurysm (AAA) Screening	Men aged 65	Ultrasound scan	One-off

For more information: <https://phw.nhs.wales/services-and-teams/screening/>

Increasing awareness of cancer screening

Lingen Davies Cancer Fund Powys Cancer Champions

This initiative started in Powys in the summer 2023, and focusses on cancer awareness, prevention and early diagnosis.



Volunteer 'Cancer Champions' are recruited from across the community, and supported to have conversations with their family, friends, colleagues and neighbours to increase understanding of cancer signs and symptoms and key prevention messages. It also aims to increase uptake of cancer screening, sharing information about the importance of attending screening, reassuring and encouraging people to attend.



By the end of March 2024, 168 Cancer Champions had been trained from a range of backgrounds and organisations, including: Powys Association of Voluntary Organisations, Freedom Leisure National Exercise Referral Scheme, The Bracken Trust Cancer Support Centre, Cyfle Cymru, GP

practices in Newtown and Machynlleth, Dementia Matters, Care and Repair, Pool, Young Farmers, Health and Social Care college students.

For further information: www.cancerchampions.co.uk

Improving access to services in Powys

Diabetic Eye Screening Wales

To address inequities in access and reduce travel times to screening for people with diabetes in Powys, Diabetic Eye Screening Wales are developing a team to be based in mid Powys. Being based locally will reduce travel times for staff and allow more options for clinic appointment times.

Building back the DESW service in Powys since the pandemic has been challenging. Some of the clinic venues previously used are no longer available. Clinic locations is something being explored further.

Call to action

Public Bodies

Embed the Socio-Economic Duty, ensuring decision-making considers those who experience disadvantage to enable all individuals to have the best health outcomes.

Frontline staff

Undertake training to support the armed forces community and signpost appropriately.

GP Practices

Register to become a 'Veteran Friendly' GP Practice.

Encourage patients to take up their screening invitation when invited.

Individuals

Consider taking part in screening when invited.

Watch out for cancer signs and symptoms, and seek help if anything is unusual.

Powell, Bethan
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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		Date of Meeting: 16 May 2024
Subject :	Primary Care Cluster Plans Update	
Approved and Presented by:	Deputy Chief Executive & Director Finance, Digital and Interim Director of Primary Care	
Prepared by:	Assistant Director Primary Care	
Other Committees and meetings considered at:	PTHB Executive Committee 2 May 2024	

PURPOSE:

The purpose of this paper is to provide 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.

RECOMMENDATION(S):

The Committee are asked to:

- **RECEIVE** the updates on 2023/24 plans taking **ASSURANCE** against delivery
- **RECEIVE** the overview of plans for 2024/25 providing any **COMMENTS** on the plans **NOTING** they will be provided to the Planning, Partnerships and Population Health (PPPH) Committee in May.

Approval/Ratification/Decision¹	Discussion	Information
x	✓	✓

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

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

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

EXECUTIVE SUMMARY:

A total of £870k recurrent funding is 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. As per Welsh Government expectation, successful projects are being scaled up where applicable and mainstreamed or are planned to be mainstreamed into core funding across the health board footprint.

The plans for 2024/25 continue to build on the priorities and projects from 2023/24 and as Clusters continue to become more established there is strengthening alignment with Start Well, Live Well and Age well priorities.

The three key priority areas of Frailty, Urgent and Emergency Care, and Mental Health continue as Pan Powys priorities for 2024/25 and there are several new Cluster frailty pilot projects being developed across the Clusters along with other projects including supporting the delivery of local pathways.

DETAILED BACKGROUND AND ASSESSMENT:

Clusters were originally established in 2014 with a view to gather local intelligence and encourage the testing of new models of care to meet local needs more effectively.

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

It is recognised that the local workforce across the Health and Social Care landscapes continue to be best placed to understand the needs and experience of local communities, and to inform and influence the delivery and development of wider public service plans.

The Accelerated Cluster Development (ACD) Programme recognises Clusters as the most local level of service planning and coordination, responsible for:

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

2023/2024 Outcomes

During 2023/24 the new interface arrangements of emerging Collaboratives feeding into Clusters has started to embed, recognising the journey continues to fully establish across all professions. The Regional Partnership Executive Group has Cluster Leads as core members and Clusters have started to contribute into the Start Well, Live Well and Age well priorities.

The 2023/24 cluster plans were inclusive of reflecting on ministerial priorities, along with supporting capacity and sustainability across primary and community care at individual cluster level.

The 2023/2024 cluster plans identified key priorities including:

- Resilience of the workforce and resources
- Essential service provision and business continuity
- Releasing value through Pathway Service development and redesign
- Frailty - whole system approach
- Mental health - prevention and wellbeing

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- Urgent care and Same day Care - 6 goals
- Access and provision to Community and Primary Care Services

The 2023/2024 cluster initiatives tested and introduced through ring fenced cluster funding are summarised in the following Appendices. Welsh Government expectation is that successful projects are scaled up where applicable and mainstreamed or are planned to be mainstreamed into core funding across the health board footprint.

Appendix 1 – Summary of Cluster funding use 2023-24

Appendix 2 – Cluster spending scaled up/mainstreamed 2023/24

2024/25 Plan Priorities

The plans for 2024/25, continue to build on the priorities and projects from 2023/24. The three key priority areas of Frailty, Urgent and Emergency Care, and Mental Health continue to be agreed across all clusters as Pan Powys Priorities.

Clusters continue to become more established through strengthened alignment with Start Well, Live Well and Age well priorities, through the following key areas:

- **Early help and prevention models of care** – improving access to Primary Care, though, First Contact Practitioner services, Frailty service provision, Diabetes Prevention, GP Dermatology services.
- **Integrated Joined up Care** – provision of care closer to home, the development of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.
- **Workforce Futures** - collaborating with the Health and Care Academies for the provision of education, training and development of the workforce, enabling alternative recruitment models, portfolio careers, and expanding opportunities for greater rural placements.
- **Continued Transforming in partnership** – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services.
- **Strategic National Workforce Plan for Primary Care** – alignment to the plan re training and future workforce requirements in Primary Care.
- **All Wales National Diabetes Prevention Programme** – In place for all 3 clusters.

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2024/25 Project Summaries

Several new Cluster frailty pilot projects are being developed across the Clusters supporting the delivery of services to some of the most vulnerably frail patients across all the Clusters, these include development of:

- Frailty Coordination service in the South Cluster
- Frailty Specialist Nurse service in the North
- Pharmacy professional led frailty medicines management service in the Mid
- Pan Powys AHP Frailty specialist service
- Dental Nurse Oral Educators Pan Powys.

Summary of pilot projects for 24/25 include:

- North Cluster - eight live projects
- Mid Cluster - eight live pilot projects
- South Cluster - eight live projects

In addition to the Frailty projects, other pilot projects include:

- First Contact MSK professionals, across all Clusters – supporting improved access, early intervention, improved patient outcomes, and capacity across the system.
- Pharmacy Professionals – across two of the Clusters (North and Mid)
- CRP Point of Care Testing – South Cluster – supporting the wider development of POCT services across the Health Board
- Health Promotion Facilitators, in two of the Clusters – increasing awareness of how to access Primary and community services, sharing health and wellbeing information across communities, promoting early help and support, improving access.
- Pre-diabetes (AWDPP All Wales Diabetes prevention) – all three Clusters are supporting the national pilot delivery of the new service, improving pathways of care, providing early intervention, and improved outcomes for patients.
- Early Intervention Persistent Pain Management Practitioner Role in the South Cluster, supported by the Bevan Commission Exemplar Programme, providing an early intervention, support, and medication optimisation service.

Appendix 3 details a summary of 2024/25 projects

Appendix 4 North Cluster Plan 2024/25

Appendix 5 Mid Cluster Plan 2024/25

Appendix 6 South Cluster Plan 2024/25

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NEXT STEPS:

- To continue to support Clusters in the delivery of their 2024/25 Cluster Plan.
- To support Clusters in the planning cycle and development of plans beyond 24/25.
- To support and strengthen the service development role of Clusters within the Regional Partnership Board Executive Group.
- To support and strengthen collaborative groups across all areas to progress to reach equivalent maturity.
- To support clusters to identify the mainstreaming of pathways
- To ensure appropriate arrangements in place to track outcomes and benefits realisation to influence future decisions.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
Age	X				<p>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</p>
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				Statement
	None	Low	Moderate	High	<p>Please provide supporting narrative for any risks identified that may occur if a decision is taken</p>
Clinical	X				

Financial	X				
Corporate	X				
Operational	X				
Reputational	x				

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Summary of Cluster use of share of £20 million in 2023-24

Health Board Name: Powys Teaching Health Board

Cluster Name: North

Total recurrent allocation to cluster: £398,001

Name & short description of spending plan	Objective of spending plan	Results/benefits expected by March 2024	Planned spend in 2023-24 £	Recurrent or non – recurrent spend?
Digital transformation – Implementation of a digital Patient App	Improved Access to health and wellbeing services through Digital transformation	<ul style="list-style-type: none"> • Creating alternative access to health and wellbeing information • 24/7 medication ordering • Virtual booking of GP appointments • Increased social media presence • Proactive health messaging • More local promotion of National campaigns 	15,000	Recurrent (Sept 2024)
Pharmacy professional support for sustainability, transformation, and access within GP Practices	Pharmacy professional support for sustainability, transformation, and access	<ul style="list-style-type: none"> • Creating GP capacity to treat more patients with complex medical needs • Increased access to right Professional first time • Improved medicines optimisation • Reduction in incidents of medicines related harm 	170,000	Recurrent (Sept 2024)
Provision of direct access to a Musculoskeletal First Contact Professional within Primary Care	MSK-FCP	<ul style="list-style-type: none"> • Improved patient outcomes and recovery timescales • Reduced referrals to other NHS departments/ improved patient satisfaction 	40,000	Recurrent (Dec 2024)

		<ul style="list-style-type: none"> • More capacity and value created across the system • Upskilling of clinical workforce 		
Improved pathways of care for patients through increase Primary Care collaboration with Secondary & specialist Care providers	Pathways and Service development	<ul style="list-style-type: none"> • Improved pathways of care for patients • Improved collaboration between Primary and Secondary Care • Improved planning and collaboration with commissioners of services • Review and design of provision of services closer to home 	5,000	Recurrent
Local Health Facilitator Role	Patient Comms and Engagement	<ul style="list-style-type: none"> • Improved engagement with Cluster population, on local health messages • Increased knowledge of services available to local population • Increase knowledge on how to access local services • Consistent & timely messages to whole cluster population • Increased knowledge on services available in local community, including 3rd sector, health and social care. 	40,000	Recurrent Sept 2024
Promotion and expansion of service provision of Community Pharmacy schemes and Optometry services	Increase access and service delivery	<ul style="list-style-type: none"> • Increasing knowledge & awareness of local services • Improving access to local services 	7,000	Non - recurrent
Winter Resilience Cluster Triage solution	Pilot a Cluster collaborative 3 rd party Acute Triage service to provide additional remote capacity from a single supplier	<ul style="list-style-type: none"> • Provide additional acute demand sustainability to those practices with greatest need on daily basis • Maintain planned same day access for patients • To support provision of same day F2F capacity 	120,000	Non - recurrent

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Summary of Cluster use of share of £20 million in 2023-24

Health Board Name: Powys Teaching Health Board

Cluster Name: Mid

Total recurrent allocation to cluster: £179,819

Name & short description of spending plan	Objective of spending plan	Results/benefits expected by March 2023	Planned spend in 2023-24 £	Recurrent or non – recurrent spend?
Digital transformation – Implementation of a digital Patient App	Improved Access to health and wellbeing services through Digital transformation	<ul style="list-style-type: none"> • Creating alternative access to health and wellbeing information • 24/7 medication ordering • Virtual booking of GP appointments • Increased social media presence • Proactive health messaging • More local promotion of National campaigns 	9,840	Non recurrent
Provision of direct access to a Musculoskeletal professional within Primary Care	MSK-FCP	<ul style="list-style-type: none"> • Improved patient outcomes and recovery timescales • Reduced referrals to other NHS departments/ improved patient satisfaction • More capacity and value created across the system • Upskilling of clinical workforce 	48,840	Recurrent
Local Health Facilitator Role	Patient Comms and Engagement	<ul style="list-style-type: none"> • Improved engagement with Cluster population, on local health messages 	47,000	Recurrent

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		<ul style="list-style-type: none"> • Increased knowledge of services available to local population • Increase knowledge on how to access local services • Consistent & timely messages to whole cluster population 		
Optometry - Hypertension detection	Early diagnosis and preventative interventions	<ul style="list-style-type: none"> • Pilot concept of opportunistic early detection of Hypertension 	2,000	Non recurrent
Optometry – Pre Reg-Optometrist	Supporting workforce development in the optometric workforce by employing a pre-registration optometrist to work between primary and secondary care.	<ul style="list-style-type: none"> • Pilot of a new recruitment model for the Mid cluster. 	40,218	Non recurrent - 2 year funding

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Summary of Cluster use of share of £20 million in 2023-24

Health Board Name: Powys Teaching Health Board

Cluster Name: South

Total recurrent allocation to cluster: £292,146

Name & short description of spending plan	Objective of spending plan	Results/benefits expected by March 2023	Planned spend in 2023-24 £	Recurrent or non – recurrent spend?
Digital transformation – Implementation of an interactive digital Cluster website	Improved Access to health and wellbeing services through Digital transformation	<ul style="list-style-type: none"> • Creating alternative access to health and wellbeing information • 24/7 medication ordering • Virtual booking of GP appointments • Increased social media presence • Proactive health messaging • More local promotion of National campaigns 	12,000	Recurrent Mar 24 – extended to March 25
Pharmacy professional support for sustainability, transformation, and access within GP Practices	Pharmacy professional support for sustainability, transformation, and access	<ul style="list-style-type: none"> • Creating GP capacity to treat more patients with complex medical needs • Increased access to right Professional first time • Improved medicines optimisation • Reduction in incidents of medicines related harm. 	37,123	Recurrent Mar 25
Provision of direct access to a Musculoskeletal professional within Primary Care	MSK-FCP	<ul style="list-style-type: none"> • Improved patient outcomes and recovery timescales • Reduced referrals to other NHS departments/ improved patient satisfaction 	140,000	Recurrent Dec Mar 25

		<ul style="list-style-type: none"> • More capacity and value created across the system • Upskilling of clinical workforce 		
Project Scoping & development	Project Scoping & development	<ul style="list-style-type: none"> • Supporting time for development of project concepts • Implementation, delivery and reporting of projects 	15,000	Recurrent Mar 24
Pain management and wellbeing	Provide education, early intervention, support, and medication optimisation	<ul style="list-style-type: none"> • To provide education to patients and professionals • To create CPD modules for Primary Care Professionals • To support the refinement and development of pathways 	43,303	Recurrent to Sept 24
Pre-Diabetes Prevention – AWDPP Model	Early diagnosis and preventative interventions	<ul style="list-style-type: none"> • Reduction in the number of people developing type 2 diabetes 	30,000	Recurrent to Mar 24
Opportunistic AF testing – Flu clinics	Early diagnosis and preventative interventions	<ul style="list-style-type: none"> • Early identification of undiagnosed AF 	10,000	Recurrent to Mar 24
CRP testing	Point of Care Testing pilot - Early diagnosis and preventative intervention	<ul style="list-style-type: none"> • Supporting antimicrobial prescribing - learnings to inform wider PtHB project 	6,000	Recurrent to Mar 24

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Cluster spending scaled up/mainstreamed

Health Board: Powys Teaching Health Board

Cluster Name: North

Cluster Initiative / project scaled up / mainstreamed from 2023/2024		
Name of Scheme	Description / Benefits	Health Board investment
Cluster Initiative / project proposal to scale up / mainstream in HB IMTP 2024/2026		
Name of Scheme	Description / Benefits	Health Board investment
MSK FCP	<ul style="list-style-type: none"> Improved patient outcomes and recovery timescales Reduced referrals to other NHS departments/ improved patient satisfaction More capacity and value created across the system. Upskilling of clinical workforce 	Dec 2024 - TBC £40,000 - £100,000

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Cluster spending scaled up/mainstreamed

Health Board Name Powys Teaching Health Board

Cluster Name: MID

Cluster Initiative / project scaled up / mainstreamed from 2023/2024		
Name of Scheme	Description / Benefits	Health Board investment
Cluster Initiative / project proposal to scale up / mainstream in HB IMTP 2024/2026		
Name of Scheme	Description / Benefits	Health Board investment
MSK FCP	<ul style="list-style-type: none"> Improved patient outcomes and recovery timescales Reduced referrals to other NHS departments/ improved patient satisfaction More capacity and value created across the system. Upskilling of clinical workforce 	July 2024 - £78,000 per year
Health Promotions Facilitator	<ul style="list-style-type: none"> Improved engagement with Cluster population, on local health messages Increased knowledge of services available to local population Increase knowledge on how to access local services Consistent & timely messages to whole cluster population 	£23,000 funding extension through Cluster for additional 6 mths – to explore how the role can support RPB early prevention and awareness agenda

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Cluster spending scaled up/mainstreamed

Health Board Name Powys Teaching Health Board

Cluster Name: SOUTH

Cluster Initiative / project scaled up / mainstreamed from 2023/2024		
Name of Scheme	Description / Benefits	Health Board investment
Cluster Initiative / project proposal to scale up / mainstream in HB IMTP 2024/2026		
Name of Scheme	Description / Benefits	Health Board investment
MSK FCP	<ul style="list-style-type: none">• Improved patient outcomes and recovery timescales• Reduced referrals to other NHS departments/ improved patient satisfaction• More capacity and value created across the system.• Upskilling of clinical workforce	Jan 2026 - TBC £ 125,000 per year
Dedicated Pharmacy professional Cluster support	Pharmacy professional supporting sustainability, transformation, and access to Primary Care	£37,123 transferred to Health Board April 2024

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Summary Cluster Pilot Projects 2024-25

North Cluster

Funding Project Title	New or Existing Project	Collaborative/Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
Provide a consistent activity or project title, one per unique activity	Is this a new activity for 24/45 or part of a previous cluster plan?	Which Collaborative /dept does this Project Affect?	Simple and to the point - no need to go into specific objectives	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of the funding? I.e., transformation funding, cluster funding etc.	What is the status – short description only
Frailty Practitioner Service	New (2024 plan)	GMS, AHP, Professional Nursing, 3 rd Sector	Introduction of North Frailty Practitioner Coordination Service	<ul style="list-style-type: none"> To support the coordination and delivery of services and care to the most severely frail 	Population Health	Spring 2026	£345,614	Cluster	Currently in development
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	Commence January 2024
Pharmacy Team	Existing (from 2022-23 plan)	GMS	Continued provision of the Cluster Pharmacy Professionals within GP Practices across the Cluster	<ul style="list-style-type: none"> Creating GP capacity to increase time for patients with complex medical needs. 	Early Help and Support	30/09/2024	£408,383	Cluster	Started on track

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				<ul style="list-style-type: none"> Reduction in incidents of medicines related harm 					
Digital Patient App	Existing (2022-23 plan)	GMS	Providing an alternative access route to Health and Wellbeing information & access to Primary Care, pending the full launch of the NHS Wales app	<ul style="list-style-type: none"> Creating alternative access to health and wellbeing information 24/7 medication ordering Virtual booking of GP appointments Increases social media presence. Proactive health messaging 	A Healthier Wales	30/09/2024	£10,500	Cluster	Started on track
Health and Wellbeing Facilitator	Existing (ongoing from 2021-22 plan)	PAVO	Continued provision of a dedicated Health & wellbeing Promotion Officer	Improved engagement with 3rd Sector & Cluster population. Consistent & timely messages to whole cluster population	A Healthier Wales	31/10/2024	£82,449	Cluster	Started on track
MSK FCP	Existing (2022-23 plan)	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PtHB	<ul style="list-style-type: none"> Improved patient outcomes and recovery timescales reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system 	Early Help and prevention	30/12/2024	£67,000	Cluster	Started on track

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Winter Resilience (Triage Overflow)	New (2022-23 plan)	GMS	Overflow outsourced Triage Solution implemented during a 12-week period to demonstrate alternative appointment delivery solution.	Resilience in individual practices combined with resilience as a Collaborative.	Supporting Health & Care Workforce	15/03/2024	£149,810	Cluster	Started on track
Secondary Care Collaboration	Existing (2022-23 plan)	GMS	Build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings.	Improved pathways of care for patients, improved partnership working with specialist providers.	Joined up Care / Transforming in partnership	31/03/2023	£5,000	ACD	Re-Occurring Project

MID Cluster

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status
Provide a consist activity or project title, one per unique activity	Is this a new activity for 24/45 or part of a previous cluster plan?	Which Collaboratives does this Project Affect?	Simple and to the point - no need to go into specific objectives	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of the funding? I.e., transformation funding, cluster funding etc.	What is the status – short description only

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AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofessional AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	Commence January 2024
GMS Pharmacy Professional skills	New (2024/25)	GMS	Provision of Pharmacy skills to support delivery of Frailty priorities	Improved coordination of care for those patients on Frailty registers Creating GP capacity to increase time for patients with complex medical needs. Reduction in incidents of medicines related harm	Population health	March 2026	£180,000	Cluster	Currently in Development
Cluster wide MSK First Contact Practitioners	Existing (2022-23 plan)	GMS & AHP	The provision of First Contact Practitioner Physiotherapy services	Reduced MSK workload for GP's FCP appointments being made available. Reduction in the number of referrals into secondary care	A Healthier Wales	30/05/2024	£70,000	Cluster	Started - On track
Health & Wellbeing Facilitator	Existing (2022-23 plan)	ALL	Facilitate better health outcomes, through proactive localised health promotion, education, and engagement.	Maximise positive health outcomes through health promotion activity, by collectively supporting the communities across North Powys.	A Healthier Wales	31/03/2024	£93,890	Cluster	Started – On-track
Patient App	Existing (ongoing from 2021-22 plan)	GMS	To fill the gap of no NHS Wales App. App	Patient access to digital information and booking tools	Supporting the health and care workforce	30/11/2024	£1,200	Cluster	Started – On-track

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Pre-Reg Optometrist	Existing (2022-23 plan)	Optometry	Development of a new Optometry recruitment model for Powys	Strengthening and attracting a new work force to Powys	Supporting the health and care workforce	30/10/2025	£40,218	Cluster	On-hold – Q2 24/25
Optometry Hypertension Pilot	Existing (2022-23 plan)	Optometry	To establish the usefulness of a Hypertension service	Reduce unnecessary referrals to general practice & reduce waiting time before systemic investigations	A Healthier Wales	N/A	£2,000	Cluster	On-Hold

South

Funding Project Title	New or Existing Project	Collaborative/ Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)
Provide a consist activity or project title, one per unique activity	Is this a recent activity for 24/45 or part of a previous cluster plan?	Which Collaboratives/department is the lead?	Overview	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of this funding? I.e., transformation funding, cluster funding etc.
MSK FCP Physiotherapy	New (2023 -24 plan)	AHP & GMS	Direct access to a Musculoskeletal professional within Primary Care	Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home	A Healthier Wales	31/08/2025	£243,648	Cluster

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Prediabetes AWDPP	New (2022-23 plan)	GMS	Introduction of the AWDPP and enhance pre-diabetes care.	Reduction in the number of patients developing type 2 diabetes.	A Healthier Wales	31/03/2024 extension to 2025 in progress	£78,000	Cluster
Frailty coordination Service	New (2023/24)	GMS	Introduction of a South Cluster frailty coordination service	To support the coordination and delivery of care to those patients identified as Moderately and severely frail	A Healthier Wales	Spring 2026	£353,114	Cluster
Dental Nurse Oral Health Educator	New (2024 plan)	Dental	Provision of a dedicated and skilled frailty dental nurse practitioner, to engage via local MDT / Community Resource teams to support care of frail patients.	To have developed preventive oral health care plans packages for patients within the cohort.	Population Health	Spring 2026	tbc	Cluster
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofession AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHS Wales
Digital Developments	Proposed (2024/25)	GMS & All	Scoping of cluster digital developments to support Cluster MDT working and coordination of care, Frailty service provision, Cluster web page development.	Improved access to services and education	Digital Futures	tbc March 2025	£15,000	Cluster

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Pain Management Professional	Existing (ongoing from 2021-22 plan)(ext 2023-24)	GMS	Early intervention, support, and medication optimisation service through a Primary Care Pharmacy Pain Management Practitioner	Maximise function and quality of life for patients with persistent pain and Reduce Opioid/Gabapentoinoid prescribing and culture.	Population Health	30/09/2024	£65,355	Cluster
Cluster GMS Website	Existing (ongoing from 2021-22 plan)	GMS & All	Expansion of ICT and patient access via cluster website	Increased access for patients. Increased technology available for patient reviews, requests. Streamlining of services across the cluster.	A Healthier Wales	Re-Occurring – 31.03.24	£14,000	Cluster

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North Cluster Plan 2024-2025

North Powys Cluster RPB Executive Group

Cluster Executive Summary:

23/24 has seen the new Cluster model continue to transition, with all members of the Cluster, along with the wider Health and social care organisations coming together to genuinely collaborative, innovate and develop solutions to meet the needs of the North Powys population. With the Cluster becoming firmly established within the health and social care landscape as an important forum to identify operational service priorities, discuss, plan and pilot innovations.

Meeting the needs of the population to access services continues to be the priority for the Cluster seeing the continued delivery of dedicated Pharmacy Professionals within GP Practices, embedding of a dedicated local Health Promotion Facilitator role, a dedicated Patient Digital App allowing patients 24/7 access to healthcare information. As well seeing several new pilot service innovation developments being implemented including the development of a Community Pharmacy led Health check service, a new recruitment and training model for Optometry, a winter resilience Acute Triage service to support access to GP practices over the 3-month period.

Provision of services and coordination of care to some of the most vulnerably frail population across North Powys, was a priority for the Cluster in 23/24. Working collaboratively and in partnership with all Cluster members, Powys Teaching Health Board and the Regional Partnership Board, several services to support existing services, and the coordination of care have been developed as pilots, which will be delivered through the Cluster. Services include a GP Practice led Frailty Specialist Nurse service, as well as a Dental Nurse lead health and education service for housebound patients, and an Allied Health Professional led service to support the care of complex frail patients and the development of a Powys wide Comprehensive Geriatric Assessment. Frailty services will remain a key priority for the Cluster in 24/25.

The provision of mental health services will continue to be a priority for the Cluster in 24/25, with the voluntary 3rd sector being an important partner in the provision of such services. Working in partnership with 'MIND', a new pilot face to face mental health service for the young, will be piloted within a practice in the North Cluster.

There continues to be workforce and service challenges across all healthcare professions, continuing to develop strong links with the new Primary Care and Community Academy, developing and delivering skills development sessions across the Clusters, and investing in our workforce continues to be a Cluster priority for 24/25.

Key Cluster Actions 2024/25:

Outline priorities and actions for 2024/25:

Improving Access to Primary & Community Services

- **MSK FCP pilot** – improving access, outcomes, and capacity across the system.
- **Pharmacy Professionals within GP Practices** – supporting the PCMW.
- **Health and Wellbeing facilitator** - increasing awareness of how to access Primary and community services, sharing health and wellbeing information across communities, and in partnership with early years and schools' services, promoting key Health and wellbeing messages, with a focus on prevention, including increasing obesity awareness of National messaging, Mental Health in young people and sexual health for teenagers.
- **Allied Health Professionals** – supporting frail patients, Meds Management dietician services, and supporting Diabetic Retinopathy clinics with podiatry foot screening.
- **Digital Patient App** – providing alternative 24/7 access to Primary and community care health & wellbeing information, through adoption and promotion of NHS Wales app.
- **Improving provision and access** to services provided within the Community, as alternatives to GP and Out of hours services – 3rd sector Mental Health services, Pharmacy Common Ailment scheme, Optometry and Dental services
- **Vulnerable & disadvantaged groups** – proactively identifying groups across Cluster, scoping the services provided, and pathways for access.

Pathways of Care, essential services, and business continuity

- Building **collaborative service development relationship with Commissioners and Secondary Care** providers – to improve pathways of care across cluster providers & services.
- **Supporting the development & design of 'in' county services** – Diagnostics, Cardiology, Dermatology, Transgender services
- **Review of the provision of services** which are essential to Cluster providers in meeting the needs of the population supporting a 'Sustainable model of Care' for Powys patients, including Care Homes, Virtual Wards, Respiratory, Cardiology, Cancer, Obesity, Diabetes prevention, Falls, Frailty, Transgender, Refugees, Anticipatory Care planning.

North Cluster Plan 2024-2025

As the Cluster continues to mature, alternatives to traditional models of delivering services are being considered, we will continue to explore different service delivery models, which may include Charity organisations, Health & Social Care providers or establishing a Community Interest Company.

Whilst there continues to be many priorities and challenges across the Cluster, and wider health and social care organisations, following the success of 23/24, the Cluster vision continues to be a shared one, to work collaboratively with all partners and patients to improve the health and wellbeing of our local communities, developing innovative and cost-effective long-term service solutions, providing greater access to services, closer to our patient's homes.

Dr Waseem Aslam – North Cluster Lead

- Increasing use of **Consultant Connect services** across all Collaboratives to support clinical decision making and pathway development.
- Supporting the implementation of the All-Wales Social prescribing framework and digital solutions to support the health and wellbeing of patients.

Urgent & Emergency Care

- **Frailty Services & virtual wards** – map & reviewing current service provision and programme work, improving care across the cluster to those with most vulnerable needs – including Virtual Wards, Dental, Optometry, Community Pharmacy, Community services, and the development of Powys wide Complex Geriatric Assessments, and Anticipatory Care planning tools.
- **Point of Care Testing** – supporting the development of POCT models across the Cluster
- **Planning and modelling for Winter** to meet increasing system demand across all Primary & Community services – including the role of MIU's and Minor illness services.

Mental Health and Wellbeing

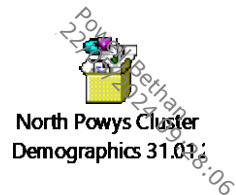
- Exploring the provision of Mental Health services in young people
- Continued Cluster adoption and promotion of the National '111 press 2' service

Workforce & Wellbeing

- Working in partnership with the **Primary and Community Care Academy** for the provision of education, training, and development of the workforce, enabling portfolio careers, facilitating stronger links with universities, and expanding opportunities for greater rural placements and enabling development of alternative recruitment models.
- Supporting development, skills, and knowledge of professionals, both clinical and non-clinical to support the delivery of agreed Cluster priority projects.

Health Needs Assessment Summary:

North Cluster Demographic 2022



Powys Population Needs Assessment 2022/ Area Plan 2023



Workforce Profiles 2024/25:

North GMS Collaborative Workforce Profile



North GMS collaborative workfc

North Cluster Plan 2024-2025

 <p>Powys Population Needs Assessment Map</p>	 <p>Powys Area Plan A Healthy, Caring Pow</p>	
<p>Key achievements/successes related to the 2023/24 Cluster Plan:</p> <ul style="list-style-type: none"> Continued development of partnerships with Voluntary sector organisation and promotion of services Scoping & design of Frailty Coordination service, to support the care of severely frail patients in the North Cluster Continued development of the health facilitator role – increasing awareness of access to Primary, Community, and 3rd sector services Delivery of a Cluster digital Patient App prior to launch of a national service App Successful delivery of First contact Practitioner service in 1 practice – MSK service provision – working collaboratively AHP & GMS Delivery of Community Pharmacy skills training to improve knowledge on Dermatology Cancer conditions. Implementation of a Winter Resilience pilot – to support winter demand planning to test an alternative delivery model. <p><i>Powell, Bethan 22/05/2024 09:28:06</i></p>	<p>Key reflections / challenges related to the 2023/24 Cluster Plan:</p> <ul style="list-style-type: none"> The development and implementation of clear pathway project governance during 23/24 has provided an equitable foundation for development of ideas and projects across all cluster members. 23/24 has seen increased engagement with the wider health board, services, programme teams and the RPB. This has provided Cluster with some opportunities for earlier engagement and the sharing of Cluster priorities and ideas, to influence the development of wider system priorities, for example development of Frailty priorities. 23/24 has continued to be a transition year for Clusters with the role and voice of Clusters continuing to need to still be established within the wider organisational planning landscapes. Identifying wider organisational initiatives and priorities within Clusters, and how these are developed and taken forward within the wider health and care landscape are still being developed and will continue throughout 24/25. Development of timely coherent winter pressure planning and engagement across the Cluster and wider system, proved to be a challenge in 23/24 - there is a need 	<p>Emerging alignment with PCPG Plan 2023/26 / RPB Area Plan 2023/2028</p> <p>Health and Social care organisations across Powys have a shared vision of creating sustainable services that meet the needs of the population, which highlight the importance for people to ‘Start Well’, ‘Live well’ and ‘Age Well’ through a focus on well-being, early help, and support, the big four challenges and joined up care.</p> <p>There is continued emerging service development alignment with RPB Executive group and Area Plan priorities, through the following key areas:</p> <p>Early help and prevention models of care – improving access to Primary Care, though, First contact Practitioner services, Frailty service provision, Diabetes Prevention, GP Dermatology services.</p> <p>Integrated Joined up Care – which includes provision of care closer to home, the development of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.</p> <p>Workforce Futures - collaborating with Health and Care Academies for the provision of education, training, and development of the workforce, enabling alternative recruitment models and portfolio careers, facilitating stronger links with universities and expanding opportunities for greater rural placements.</p> <p>Transforming in partnership – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional approach to the provision of frailty services</p>

North Cluster Plan 2024-2025

	<p>in 24/25 for a more collaborative planning approach to be undertaken.</p> <ul style="list-style-type: none">• Following the successful delivery and realised value of some pilot projects – establishing opportunities for longer term development, planning, and continued delivery of these services, working in partnership with all organisations will be established in 24/25.	
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North Cluster Plan 2024-2025

Funding Project Title	New or Existing Project	Collaborative/Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status	Comments
Provide a consistent activity or project title, one per unique activity	Is this a new activity for 24/45 or part of a previous cluster plan?	Which Collaborative /dept does this Project Affect?	Simple and to the point - no need to go into specific objectives	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of this funding? I.e., transformation funding, cluster funding etc.	What is the status – short description only	Comments you feel may be relevant here – for example barriers to success, workforce issues etc.
Frailty Practitioner Service	New (2024 plan)	GMS, AHP, Professional Nursing, 3 rd Sector	Introduction of North Frailty Practitioner Coordination Service	<ul style="list-style-type: none"> To support the coordination and delivery of services and care to the most severely frail 	Population Health	Spring 2026	£345,614	Cluster	Currently in development	
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprotection AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	Commence January 2024	AHP coordination and delivery
Pharmacy Team	Existing (from 2022-23 plan)	GMS	Continued provision of the Cluster Pharmacy Professionals within GP Practices across the Cluster	<ul style="list-style-type: none"> Creating GP capacity to increase time for patients with complex medical needs. Reduction in incidents of medicines related harm 	Early Help and Support	30/09/2024	£408,383	Cluster	Started on track	Availability of continued suitable Professionals is a possible risk to the project delivery
Digital Patient App	Existing (2022-23 plan)	GMS	Providing an alternative access route to Health and Wellbeing information & access to Primary Care, pending the full launch of the NHS Wales app	<ul style="list-style-type: none"> Creating alternative access to health and wellbeing information 24/7 medication ordering Virtual booking of GP appointments Increases social media presence. Proactive health messaging 	A Healthier Wales	30/09/2024	£10,500	Cluster	Started on track	
Health and Wellbeing Facilitator	Existing (ongoing from 2022-23 plan)	PAVO	Continued provision of a dedicated Health & wellbeing Promotion Officer	Improved engagement with 3rd Sector & Cluster population. Consistent &	A Healthier Wales	31/10/2024	£82,449	Cluster	Started on track	Resource availability continues to be a potential risk to the delivery of this project

North Cluster Plan 2024-2025

	2021-22 plan)			timely messages to whole cluster population						
MSK FCP	Existing (2022-23 plan)	GMS & AHPs	Continued development of an MSK-FCP service in partnership with PTHB	<ul style="list-style-type: none"> Improved patient outcomes and recovery timescales reduced referrals to other NHS departments/ improved patient satisfaction more capacity and value created across the system 	Early Help and prevention	30/12/2024	£67,000	Cluster	Started on track	
Secondary Care Collaboration	Existing (2022-23 plan)	GMS	Build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through facilitating Cluster and Collaborative lead attendance at quarterly Commissioning/provider meetings.	Improved pathways of care for patients, improved partnership working with specialist providers.	Joined up Care / Transforming in partnership	31/03/2023	£5,000	ACD	Re-Occurring Project	

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Cluster Plan Priorities 2024-2025

South Powys Cluster RPB Executive

Cluster Executive Summary:

Building on the long history of collaborative working across the South Powys Cluster, the past 12 months has seen the Cluster become firmly established within the health and social care sphere as an important forum to identify service priorities, discuss and plan innovations.

23/24 has seen the new Cluster model continue to transition, with all members of the Cluster, along with the wider Health and social care organisations coming together to genuinely collaborate, innovate and develop solutions to meet the South Powys population priorities.

Seeing successful pilot service developments being introduced, such as a First Contact MSK service in partnership with the GMS and Allied Health professionals collaborative and the wider health board, the redevelopment of an Early intervention Pain Management service working in partnership with the Bevan Commission, the introduction of an Optometry Low Vision service in partnership with Powys County Council service, and the continued pilot of a CRP testing program within GMS practices supporting the development of wider health board point of care testing services in the community.

Much of the year has seen the Cluster members developing the most ambitious program the cluster has ever attempted, that of a holistic frailty service, recognising the opportunities for all members, to improve the coordination of care and support of services, to some of some of the most vulnerable population in South Powys. Recognising the wealth of experience across the Cluster members, Health board and RPB, and initiatives already underway across the wider system, the Cluster pilot service will be introduced at the beginning of 24/25.

Whilst there continues to be many priorities and challenges across the Cluster, and wider health and social care organisations, following the success of 23/24, the Cluster vision continues to be a shared one, to work collaboratively with all partners and patients to improve the health and wellbeing of our local communities, developing innovative and cost effective long term service solutions, providing greater access to services, closer to our patients homes.

Dr Anthony Morgan – South Cluster Lead

Key Cluster Actions 2024/25:

Outline priorities and actions for 2024/25:



Improving Access to Primary & Community Services

- **MSK FCP Pilot** – improving access, outcomes, and capacity across the system.
- **Allied Health Professionals** – supporting frail patients, Meds Management dietician services, and expanding Diabetic Retinopathy clinics.
- **Improving provision and access** to services provided within the Community – increasing education of 3rd sector services, Pharmacy Common Ailment scheme, Optometry and Dental services.
- **Vulnerable & disadvantaged groups** – proactively identifying groups across Cluster, scoping the services provided, and pathways for access.
- **Digital Patient Access** – continuing to provide alternative 24/7 website access to Cluster Primary and Community care health & wellbeing information – continue website development and promotion of NHS Wales App

Pathways of Care, essential services, and business continuity

- Building **collaborative service development relationship with Commissioners and Secondary Care** providers – to improve pathways of care across cluster providers & services.
- **Supporting the development & design of 'in' county services** – Diagnostics, Cardiology, Dermatology, Transgender services
- **Review of the provision of services** which are essential to Cluster providers in meeting the needs of the population supporting a 'Sustainable model of Care' for Powys patients, including Virtual Wards, Respiratory, Cardiology, Cancer, Obesity, Diabetes prevention, Falls, Frailty, Transgender, Refugees, Women's, and Childrens Refuge services.
- **Waiting List Patient Support services** – supporting patients awaiting surgery supporting PtHB education through 'Keeping well while you wait' scheme.

Cluster Plan Priorities 2024-2025

	<p>Urgent & Emergency Care</p> <ul style="list-style-type: none"> • Frailty Services & Virtual Wards in line with the Enhanced Community Model – map & reviewing current service provision and programme work, improving care across the cluster to those with most vulnerable needs – including Virtual Wards, Dental, Optometry, Community Pharmacy, Community services, and the development of Powys wide Complex Geriatric Assessments, and Anticipatory Care planning tools. • Point of Care Testing – supporting the development of POCT models across the Cluster • Planning and modelling for Winter to meet increasing system demand across all Primary & Community services – including the role of MIU's and Minor illness services. <p>Mental Health and Wellbeing</p> <ul style="list-style-type: none"> • NHS 111 press 2 service – continue to support the development of this service, support the education and awareness among patients and communities. <p>Workforce & Wellbeing</p> <ul style="list-style-type: none"> • Wellbeing services for cluster and collaborative employees and independent contractors, raising awareness of the provision of services and identifying routes of access. • Working in partnership with the Primary and Community Care Academy for the provision of education, training and development of the workforce, enabling portfolio careers, facilitating stronger links with universities and expanding opportunities for greater rural placements and enabling development alternative recruitment models. • Supporting development, skills and knowledge of professionals, both clinical and non-clinical to support the delivery of agreed Cluster priority projects.
<p>Health Needs Assessment Summary:</p> <p>Cluster Population Demographic</p>  <p>South Powys Cluster Demographics 31.01.2024 09:28:06</p>	<p>Finance and Workforce Profiles 2023/24:</p> <p>GMS Workforce Profile</p>  <p>South GMS collaborative info:gr</p>

Cluster Plan Priorities 2024-2025

Powys Population Needs Assessment 2022, Area Plan 2023



Powys Population Needs Assessment 2022



Powys Area Plan A Healthy, Caring Powys

Key achievements/successes related to the 2023/24 Cluster Plan:

- Continued development of partnerships with Voluntary sector organisation and promotion of services
- Provision of an Enhanced Pre-diabetes Service – supporting those at an increased risk of type 2 diabetes from developing the condition
- Continuation and relaunch of Primary Care pain management service within one practice within the cluster, supported by the Bevan Commission, recognised as an Exemplar project.
- Scoping & design of Frailty Coordination service, to support the care of moderately and severely frail patients in the south Cluster.
- First contact Practitioner – MSK service provision – working collaboratively AHP & GMS
- First contact Practitioner - Mental Health wellbeing service provision – successfully delivered in partnership with Mind service up to July 2023 - prior to launch of National 111 press 2 service.

Key reflections / challenges related to the 2023/24 Cluster Plan:

- The development and implementation of clear pathway project governance during 23/24 has provided an equitable foundation for development of ideas and projects across all cluster members.
- 23/24 has seen increased engagement with the wider health board, services, programme teams and the RPB. This has provided Cluster with opportunities for earlier engagement and the sharing of Cluster priorities and ideas, to influence the development of wider system priorities, for example development of Frailty priorities.
- 23/24 has continued to be a transition year for Clusters with the need of the role and voice of Clusters continuing to still be established within the wider organisational planning landscapes.
- Identifying wider organisational initiatives and priorities within Clusters, and how these are developed and taken forward within the wider health and care landscape

Emerging alignment with PCPG Plan 2023/26 / RPB Area Plan 2023/2028

Health and Social care organisations across Powys have a shared vision of creating sustainable services that meet the needs of the population, which highlight the importance for people to 'Start Well', 'Live well' and 'Age Well' through a focus on well-being, early help and support, the big four challenges and joined up care.

There is continued emerging service development alignment with RPB Executive group and Area Plan priorities, through the following key areas:

Early help and prevention models of care – improving access to Primary Care, though, First contact Practitioner services, Frailty service provision, Diabetes Prevention, GP Dermatology services.

Integrated Joined up Care – provision of care closer to home, the development of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.

Workforce Futures - collaborating with the Health and Care Academies for the provision of education, training and development of the workforce, enabling alternative recruitment models and portfolio careers, and expanding opportunities for greater rural placements.

Continued Transforming in partnership – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services.

Cluster Plan Priorities 2024-2025

<ul style="list-style-type: none"> CRP testing project introduced for Winter 23 to support antibiotic prescribing and diagnosis. Further development of the cluster website providing remote access/clinical reviews, patient education, voluntary sector links 	<p>are still being developed and will continue throughout 24/25.</p> <ul style="list-style-type: none"> Development of timely coherent winter pressure planning and engagement across the Cluster and wider system, proved to be a challenge in 23/24 - there is a need in 24/25 for a more collaborative planning approach to be undertaken. Following the successful delivery and realised value of some pilot projects – establishing opportunities for longer term development, planning and continued delivery of these services, working in partnership with all organisations will be established in 24/25. 	
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List activities or projects planned to commence during 2024-25, as well as those planned.

Funding Project Title	New or Existing Project	Collaborative /Dept	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment : Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status	Comments
Provide a consistent activity or project title, one per unique activity	Is this a recent activity for 24/25 or part of a previous cluster plan?	Which Collaborative/dept is the lead?	Overview	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of this funding? I.e., transformation funding, cluster funding etc.	What is the status – brief description only	Comments you feel may be relevant here – for example barriers to success, workforce issues etc.
MSK FCP Physiotherapy	New (2023 -24 plan)	AHP & GMS	Direct access to a Musculoskeletal professional within Primary Care	Improved outcomes, reduce referrals to secondary care. Improved service for patients, closer to home	A Healthier Wales	31/08/2025	£243,648	Cluster	Started on track	Working in partnership with PTHB, to develop a new service model, resources dependant
Prediabetes AWDPP	New (2022-23 plan)	GMS		Reduction in the number of patients	A Healthier Wales	31/03/2024 extension to	£78,000		Started, delayed	Recognising delays to implementation

Cluster Plan Priorities 2024-2025

			Introduction of the AWDPP and enhance pre-diabetes care.	developing type 2 diabetes.		2025 in progress		Cluster		on of service – extension to project to March 25 proposed
Frailty coordination Service	New (2023/24)	GMS	Introduction of a South Cluster frailty coordination service	To support the coordination and delivery of care to those patients identified as Moderately and severely frail	A Healthier Wales	Spring 2026	£353,114	Cluster	Delayed - provisional commence spring 2024	Currently being procured
Dental Nurse Oral Health Educator	New (2024 plan)	Dental	Provision of a dedicated and skilled frailty dental nurse practitioner, to engage via local MDT / Community Resource teams to support care of frail patients.	To have developed preventive oral health care plans packages for patients within the cohort.	Population Health	Spring 2026	tbc	Cluster	Pilot currently in development	Development as a Pan Powys project total cost £204k over 2 yrs) to be allocated by capitation
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofession AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	Commence January 2024	AHP coordination and delivery
Digital Developments	Proposed (2024/25)		Scoping of cluster digital developments to support Cluster MDT working and coordination of care, Frailty service provision, Cluster web page development.	Improved access to services and education		tbc March 2025	£15,000	Cluster	Currently in development	
Pain Management Professional	Existing (ongoing from 2021-22 plan)(ext 2023-24)	GMS	Early intervention, support, and medication optimisation service through a Primary Care Pharmacy Pain Management Practitioner	Maximise function and quality of life for patients with persistent pain and Reduce Opioid/Gabapentinoid prescribing and culture.	Population Health	30/09/2024	£65,355	Cluster	Started on track	Project supported by Bevan Commission 2023/24
Cluster Pharmacy Team	Existing (ongoing from 2021-22 plan)	GMS	Supports the provision of a Cluster GMS Pharmacy Team	Providing Meds Management care for patients with complex medical needs.	A Healthier Wales	Q1 24 Review	£31,000	Cluster	Reoccurring Funded Project	Re-occurring historic funding commitment.

Cluster Plan Priorities 2024-2025

Cluster GMS Website	Existing (ongoing from 2021-22 plan)	GMS & All	Expansion of ICT and patient access via cluster website	Increased access for patients. Increased technology available for patient reviews, requests. Streamlining of services across the cluster.	A Healthier Wales	Re-Occurring – 31.03.24	£14,000	Cluster	Historic funded Project	Project established originally for 2 yrs – funding initial set up and licence costs for website
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Cluster Plan 2024-2025

MID Powys

PCPG Powys RPB (Regional Partnership Board) Executive Group

Cluster Executive Summary:

Building on the foundations of the previous year and following the introduction of the Accelerated Cluster Development Programme in 22-23, partnership working has continued to be strengthened throughout 23/24, with greater engagement and collaboration between independent contractors, PAVO and Community Services bringing greater benefits to our Cluster population. We recognise there is still a need to work more collaboratively as one Cluster group, to affect and influence real change for the developing and planning of services that reflect our local population, recognise our geographical challenges such as, cross border provision, to meet the needs of our population.

The Voluntary Third Sector have continued to be an important partner in the provision of services and in supporting patients accessing both planned and acute care providers. The importance and value that their services provide continue to be essential for all our communities and patients.

Sustainability of all Primary Care services continues to be a priority for the Cluster, with a focus on strengthening and delivering successful value-based pilots projects, to provide long term service sustainability provision, such as the Musculoskeletal (MSK) First Contact Practitioner Service, which is continuing to improve access, support and outcomes for those patients presenting with MSK conditions.

There continues to be workforce and service challenges across all healthcare professions within the Mid Cluster, exploring new recruitment models, developing strong links with the 'Primary and Community Care Academy', to facilitate student and Pre Reg Pharmacist rural placements, strengthening links with the local Universities, to develop Student Nurse education modules and placements, to delivering focused skills development sessions to all professionals, investing in education and skills development of our workforce continues to be a Cluster priority.

Whilst there continues to be many priorities and challenges across the Cluster and wider health and social care organisations. Following the success of 23/24, the Cluster vision continues to be a shared one, to work collaboratively with all partners and patients to improve the health and wellbeing of our local communities, developing innovative and

Key Cluster Actions 2023/24:

Recognising the ministerial, health board and local population needs, the following details the outline priorities and actions for 2023/24:

Improving Access to Primary & Community Services

- **MSK FCP pilot** – expanding development, improving access, outcomes, and capacity across the system.
- **Health and Wellbeing facilitator** - Continued awareness of how to access Primary and community services, sharing health and wellbeing information across communities, promoting early help and support.
- **Allied Health Professionals** – supporting frail patients, Meds Management dietician services, and expanding Diabetic Retinopathy clinics.
- **Dedicated digital Patient App** – providing alternative 24/7 access to Primary and community care health & wellbeing information.
- **Vulnerable & disadvantaged groups** – proactively identifying groups across Cluster, scoping the services provided, and pathways for access.
- **Improving provision and access** to services provided within the Community, as alternatives to GP and Out of hours services – 3rd sector Mental Health services, Pharmacy Common Ailment scheme, Optometry and Dental services
- **Pharmacy Professionals within GP Practices** – supporting the PCMW & frailty priorities to medicines management.

Pathways of Care, essential services, and business continuity

- Building **collaborative service development relationship with Commissioners and Secondary Care** providers – to improve pathways of care across cluster providers & services.
- **Supporting the development & design of 'in' county services** – Diagnostics, Cardiology, Dermatology, Transgender services
- **Review of the provision of services** which are essential to Cluster providers in meeting the needs of the population supporting a 'Sustainable model of Care' for Powys patients, including Virtual Wards, Respiratory,

Cluster Plan 2024-2025

cost-effective long-term service solutions, providing greater access to services, closer to our patient's homes.

Sue Lewis – Cluster Development Manager (In absence of Cluster Lead)

Cardiology, Cancer, Obesity, Diabetes prevention, Falls, Frailty, Transgender, Refugees, Women's and Childrens Refuge services.

- **Waiting List Patient Support services** – supporting patients awaiting surgery supporting PtHB education through 'Keeping well while you wait' service scheme.

Urgent & Emergency Care

- **Frailty Services & virtual wards** – map & reviewing current service provision and programme work, improving care across the cluster to those with most vulnerable needs – including Virtual Wards, Dental, Optometry, Community Pharmacy, Community services, and the development of Powys wide Complex Geriatric Assessments, and Anticipatory Care planning tools.
- **Point of Care Testing** – supporting the development of POCT models across the Cluster
- **Planning and modelling for Winter** to meet increasing system demand across all Primary & Community services – including the role of MIU's and Minor illness services.

Mental Health and Wellbeing

- NHS 111 press 2 service – continue to support the development of this service, support the education and awareness among patients and communities.

Workforce & Wellbeing

- Developing alternative recruitment models across the cluster for all professions
- **Wellbeing services for cluster and collaborative employees and independent contractors**, raising awareness of the provision of services and identifying routes of access.
- Working in partnership with the **Primary and Community Care Academy** for the provision of education, training, and development of the workforce, enabling portfolio careers, facilitating stronger links with universities, and expanding opportunities for greater rural placements and enabling development alternative recruitment models.
- Supporting development, **skills, and knowledge of professionals**, both clinical and non-clinical to support the delivery of **agreed Cluster priority projects**.

Health Needs Assessment Summary:




Mid Powys Population Demographic 2021

Workforce Profiles 2023/24:

GMS workforce summary

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Cluster Plan 2024-2025

 <p>Mid Powys Cluster Demographics 31.01:</p> <p>Powys Population Needs Assessment 2022</p>  <p>Powys Population Needs Assessment M:</p>	 <p>Mid GMS workforce Infographic 05.12.23</p>
<p>Key achievements/successes related to the 2022/23 Cluster Plan:</p> <ul style="list-style-type: none"> Continued development the Musculoskeletal First Contact Practitioner Service, improving access, support, and outcomes for patients, in partnership with Allied Health Professionals & PtHB Embedding and expanding of the Mid Powys Health Promotion Facilitator role across all Practices, delivering training to communities and schools on key help messages. Continued expansion of a dedicated patient app within all GP practices across the mid Cluster, improving access to 24/7 health & wellbeing information, alternative access for booking appointments and re-ordering medications. <p><i>Powell, Bethan 22/05/2024 09:28:06</i></p>	<p>Key reflections / challenges related to the 2022/23 Cluster Plan:</p> <ul style="list-style-type: none"> The development and implementation of clear pathway project governance during 23/24 has provided an equitable foundation for development of ideas and projects across all cluster members. 23/24 has seen increased engagement with the wider health board, services, programme teams and the RPB. This has provided Cluster with some opportunities for earlier engagement and the sharing of Cluster priorities and ideas, to influence the development of wider system priorities, for example development of Frailty priorities. 23/24 has continued to be a transition year for Clusters with the need of the role and voice of Clusters continuing to still be established within the wider organisational planning landscapes. Development of timely coherent winter pressure planning and engagement across the Cluster and wider system, proved to be a challenge in 23/24 - there is a need in 24/25 for a more collaborative planning approach to be undertaken.
<p>Emerging alignment with PCPG Plan 2023/26 / RPB Area Plan 2023/2028</p> <p>Health and Social care organisations across Powys have a shared vision of creating sustainable services that meet the needs of the population, which highlight the importance for people to 'Start Well', 'Live well' and 'Age Well' through a focus on well-being, early help and support, the big four challenges and joined up care.</p> <p>There is continued emerging service development alignment with RPB Executive group and Area Plan priorities, through the following key areas:</p> <p>Early help and prevention models of care – improving access to Primary Care, though, First contact Practitioner services, Frailty service provision, Diabetes Prevention, GP Dermatology services.</p> <p>Integrated Joined up Care – provision of care closer to home, the development of Frailty services across the Cluster teams, a community approach to the coordination and delivery of care for severely frail patients.</p> <p>Workforce Futures - collaborating with the Health and Care Academies for the provision of education, training, and development of the workforce, enabling alternative recruitment models and portfolio careers, and expanding opportunities for greater rural placements.</p> <p>Continued Transforming in partnership – collaborating across Cluster and collaborative boundaries, to support innovation and improvement to models of care, through a multi professional and organisational approach to the provision of frailty services.</p>	

Cluster Plan 2024-2025

- Following the successful delivery and realised value of some pilot projects – establishing opportunities for longer term development, planning, and continued delivery of these services, working in partnership with all organisations will be established in 24/25.

List activities or projects planned to commence during 2023-24, as well as those planned/ initiated in 2022-23 (or earlier, if ongoing)

Funding Project Title	New or Existing Project	Collaborative	Brief Project Description	Results/ benefits expected by end March 2025	Strategic Alignment: Ministerial Priorities	Project End Date	Activity/ Project Budget	Funding Source(s)	Status	Comments
Provide a consistent activity or project title, one per unique activity	Is this a new activity for 24/25 or part of a previous cluster plan?	Which Collaboratives does this Project Affect?	Simple and to the point - no need to go into specific objectives	Anticipated benefits before end of March 2024	Which Ministerial Priority does this Project most align?	When will this project cease its run?	Total project budget allocation - include staff, equipment etc. costs	What is the source of this funding? i.e., transformation funding, cluster funding etc.	What is the status – short description only	Comments you feel may be relevant here – for example barriers to success, workforce issues etc.
AHP Frailty Professionals	New (2023/24)	AHP's	Multiprofessional AHP's supporting Frailty – within community, Meds Management, Home first, diabetic screening	To support delivery of services to frail patients, completion of CGA's, CRT integration, falls prevention and early help and support	Population health	March 2025	£380,000	NHs Wales	Commence January 2024	AHP coordination and delivery
Pharmacy Professionals - Frailty	New (2024/25)	GMS	Focus on the management of medication for the most vulnerable and frail patients.	Improved pathways of care for patients, reduction in Medicines related admissions	A healthier Wales	March 2026	£180,000	Cluster	Development	
Cluster wide MSK First Contact Practitioners	Existing (2022-23 plan)	GMS & AHP	The provision of First Contact Practitioner Physiotherapy services	Reduced MSK workload for GP's	A Healthier Wales	30/05/2024	£70,000	ACD	Started - On track	

Cluster Plan 2024-2025

				FCP appointments being made available. Reduction in the number of referrals into secondary care						
Health & Wellbeing Facilitator	Existing (2022-23 plan)	ALL	Facilitate better health outcomes, through proactive localised health promotion, education, and engagement.	Maximise positive health outcomes through health promotion activity, by collectively supporting the communities across North Powys.	A Healthier Wales	31/03/2024	£93,890	ACD	Started – On-track	Project extended until 31/03/2024
Patient App	Existing (ongoing from 2021-22 plan)	GMS	To fill the gap of no NHS Wales App. App	Patient access to digital information and booking tools	Supporting the health and care workforce	30/11/2024	N/A	ACD	Started – On-track	
Pre-Reg Optometrist	Existing (2022-23 plan)	Optometry	Development of a new Optometry recruitment model for Powys	Strengthening and attracting a new workforce to Powys	Supporting the health and care workforce	30/10/2025	N/A	ACD	Started-On-hold	Recruitment to commence January 2024 for start July/Aug 24
Optometry Hypertension Pilot	Existing (2022-23 plan)	Optometry	To establish the usefulness of a Hypertension service	Reduce unnecessary referrals to general practice & reduce waiting time before systemic investigations	A Healthier Wales	N/A	£2,000	ACD	On-Hold	

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Planning, Partnerships and Population Health (PPPH) Committee		Date of Meeting: 16 May 2024
Subject:	The Additional Learning Needs and Education Tribunal (Wales) Act 2018. Update Report.	
Approved and Presented by:	Claire Madsen, Executive Director for Therapies and Health Sciences.	
Prepared by:	Dr Luke Jones, Designated Education Clinical Lead Officer (DECLO)	
Other Committees and meetings considered at:		

PURPOSE:

This paper provides an update to a fuller report that was provided to the Planning, Partnerships and Population Health (PPPH) Committee in November 2023 where additional assurance were requested with regards the Health Boards compliance with the Act.

RECOMMENDATION(S):

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

- **RECEIVE** the attached report and accept this as an accurate overview of recent activity from the Health Board to fulfil the requirements of the ALN Act.
- Take **ASSURANCE** regarding activity to date and plans moving forward to meet the requirements of the ALN Act.

Approval/Ratification/Decision	Discussion	Information
✓	✗	✓

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

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

POWYS TEACHING HEALTH BOARD
 The Additional Learning Needs and Education Tribunal
 (Wales) Act 2018.
 Update Report for Planning, Partnerships and Population
 Health Committee

EXECUTIVE SUMMARY:

This paper provides an update to an ALN Annual Report that was provided to the Planning, Partnerships and Population Health (PPPH) Committee in November 2023.

Assurance is provided that the Health Board is fulfilling key legal requirements under the Additional Learning Needs and Education Tribunal (Wales) Act (hereafter, the ALN Act). This paper provides assurance that new operational processes through which these legal duties are fulfilled are now in place, supported by a digital infrastructure that will ensure accurate information regarding the Health Board’s compliance with its legal duties moving forward.

The Committee is invited to note that with the implementation of new operational processes, an increase in the number of statutory requests for involvement that the Health Board is subject to will increase. This will place demand / capacity challenges on operational services in the Women and Children's Directorate and may have implications for the Health Board's ability to comply with its statutory duties.

Assurance is provided that activity is 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, and that an interim plan is in place.

Finally, the Committee is asked to note that the planned ALN audit by Audit and Assurance services has not yet been carried out as planned but will be progressed over the coming months.

BACKGROUND AND ASSESSMENT:

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November Annual ALN Report to the PPPH Committee

An annual report to the PPPH Committee regarding the implementation of the ALN Act was provided in November 2023 (*ALN Annual Report for Planning, Partnership and Population Health Committee November 2024*). The Committee noted that the Health Board was not in a position to provide assurance that it was fulfilling its duties under the ALN Act, but that the report provided assurance regarding plans that would enable this to be the case from April 2024.

Planned activity that would enable the Health Board to provide assurance that it is meeting its duties under the ALN Act from April 2024 onwards was outlined. This included:

- The implementation of new operational processes through which the Health Board fulfils its duties under the ALN Act and ensuring a system for data capture is in place;
- Establishing a joint strategic approach to ALN in collaboration with Powys County Council;
- An audit of the Health Board's activity under the ALN Act, to be carried out by Audit and Assurance Services.

2 An Update on Progress

2.1 New operational processes through which the Health Board fulfils its statutory duties: For assurance

New operational processes through which the Health Board supports person-centred planning for learners with ALN, and through which it fulfils key statutory duties under Sections 65 and 30 of the Act, were formally 'launched' on the 15th April 2024. Training has been delivered to relevant Health Board and Council staff. Training will be provided to schools' staff in due course, by agreement with Powys County Council.

The new operational processes are supported by a digital infrastructure developed by the Health Board's Digital service. This enables the Health Board to report on its compliance with its statutory duties, meaning the Board will be well-placed to meet Welsh Government reporting requirements when these are introduced, probably in 2025.

Implementation of new operational processes was later than was initially planned. This is as because the work required to develop the digital infrastructure that supports the process was greater than had been anticipated. However, this digital infrastructure – the Powys ALN App – offers a positive solution to the reporting requirements of the Act, and

neighbouring Health Boards are currently seeking to adopt the App.

Realistically, it will be some 3-4 months until there is a meaningful period of data available for the Health Board to provide an update regarding its compliance with its legal duties under the new operational arrangements.

2.2 Current data regarding the Health Board's compliance with its statutory duties: For assurance

In the interim period, operational processes have been in place that enable NHS professionals to participate in person-centred planning and to fulfil key statutory duties. Data is captured via an Excel spreadsheet which shows a high level of compliance with the Health Board's statutory duties.

From December 2023 – February 2024, the Health Board has:

- Received four requests for information or help from the Local Authority that are required to support Local Authority decision-making under Section 65 of the ALN Act. All have been responded to within the statutorily-required 6 weeks
- Received 19 referrals through which the Health Board has been asked to consider whether there is a relevant treatment or service likely to be of benefit in addressing the child's learning needs. Three of these referrals have not yet been responded to but the 'deadline' has not yet elapsed. For the other 16 referrals, the Health Board has responded within the statutorily-required 6 weeks in 15 cases, responding outside of the deadline (by a single working day) in one case.

2.3 Anticipated increase in the number of statutory requests for involvement potential implications: For noting

It is estimated that some 3,500 children and young people in Powys have ALN, a significant proportion of whom have healthcare needs that are relevant to their ALN. Set against these numbers, the quantity of statutory requests noted above is very low.

At present, Health Board services are actively collaborating with Education to support children with ALN in many more cases than these numbers suggest. However, because of the variable processes and mechanisms by which this has been taking place, most of these are not formal / statutory requests and accurate data regarding most cases is therefore not available. Moving forward and with new operational processes in place, the Health Board will be able to reliably and accurately capture the numbers of children with ALN who are benefiting from the integrated working that is at the heart of ALN transformation, within the clear governance and accountability framework that the ALN Act provides.

All of this means that the number of statutory requests for involvement to which the Health Board is subject will increase significantly over the coming months. This will place new and additional demands on services in the Women and Children’s Directorate, and may result in challenges for the Health Board in complying with its statutory duties. An update report will be provided to the PPPH Committee in Autumn 2024 by which time the picture will be becoming clearer, and work will be progressing through to March 2025 to assess the demand / capacity implications of the Act on operational services.

2.4 Establishing a Joint Strategic Approach to ALN: For Assurance

In the November report, it was indicated that the Health Board aimed by the end of March to develop a plan for the next year that reflected a joint Health-Education strategic approach to ALN.

Powys County Council is currently in the process of developing a new ALN Strategy, which it aims to have completed by September 2024, and has agreed that this will become a joint ALN strategy for the Council and the Health Board. Work is planned to bring together key Health and Education colleagues to shape the development of the strategy over the coming months, and once the strategy has been finalised, a workplan to support its implementation will be developed.

In the interim period before this joint and longer-term strategy has been developed, a joint workplan for the remainder of the school year has been developed and progress will be monitored through the Powys ALN Integrated Steering Group.

2.5 ALN Audit: For Noting

Audit and Assurance services had planned to carry out an audit of how well the Health Board is fulfilling its duties under the ALN Act in December 2023 - January 2024. This audit has not been carried out as planned because of capacity pressures within Audit and Assurance services, and it has therefore been agreed that the audit will be carried out in July-September 2024.

This delay means the audit will be carried out at a point in time when more key activity will have been progressed, and when more data will be available, making this a useful time for points of learning and improvement to be identified, in advance of the next annual report to PPPH.

Risks

The ALN Act presents a risk of the Health Board failing to comply with its statutory duties and failing to establish with Powys County Council the

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effective collaboration needed to meet the Act's requirements. Consequences of this risk include:

- poorer outcomes and experience for children and young people as a result of them not benefitting from the joined-up approach they require to meet their needs;
- multiple breaches of the Health Board's statutory duties;
- challenge including potential complaints, appeals to Education Tribunal and potentially Judicial Reviews.

A previous cause of this risk, not having clear and effective operational processes through which the Health Board fulfils its key statutory duties under the Act or effective systems for providing assurance regarding compliance, has now been addressed. Ongoing causes of the risk are a limited capacity within the Health Board to fulfil the Act's requirements (clinical staffing, administrative staffing and project support); and interdependences with PCC that means that Council pressures and challenges impact directly on the Health Board's ability to progress work that is needed.

Planned activity noted in this paper will help to mitigate these risks. In the case of the demand / capacity challenges presented by the ALN Act, activity to articulate and quantify the demand / capacity implications of the Act will not of course in itself address these challenges, but it will allow them to be escalated so that decisions can be made so that decisions regarding this can be made.

NEXT STEPS:

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Winter Respiratory Vaccination Programme

Final Internal Audit Report

April 2024

Powys Teaching Health Board



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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



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Review reference:	PTHB-2324-21
Report status:	Final
Fieldwork commencement:	15 January 2024
Fieldwork completion:	01 March 2024
Debrief meeting:	13 March 2024
Draft report issued:	08 March 2024
Management response received:	26 March 2024
Final report issued:	04 April 2024
Auditors:	Ian Virgill, Head of Internal Audit Carl Mason, Principal Auditor
Executive sign-off:	Mererid Bowley, Executive Director of Public Health
Distribution:	Sarah Barnes, Head of Service: Public Health Programmes & Projects Wendy Day, Assistant Head of Public Health Nursing
Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Powys Teaching Health Board no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The overall objective of the audit was to review the development of structures and plans within the Health Board for the on-going delivery of vaccination programmes.

Overview

We have issued reasonable assurance on this area. Our review noted that the Health Board’s vaccination team performance, benchmarked against all of Wales, was lead (COVID) and second (Influenza) for the 2023/2024 cycle (January 2024).

The matters requiring management attention include:

- Improvements to the Governance Framework; and
- Improving engagement with other areas of expertise to mitigate risks.

Other recommendations / advisory points are within the detail of the report.

It is important to note that our assurance rating relates to the specific objectives of this audit, as detailed within the adjacent Assurance Summary table.

Report Opinion



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 An annual plan had been developed and appropriately approved.	Reasonable
2 There was effective ongoing publicity with the public and Health Board staff.	Reasonable
3 Appropriate structures are in place to ensure effective delivery of the WRVP.	Reasonable
4 There are robust processes in place for monitoring delivery against plan.	Substantial
5 Regular reporting of progress against plan to the Board (or other appropriate subcommittee) and actions taken to address any issues.	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Lack of forecast spreadsheet governance controls	1 Operation	Medium
2	Delivery of a consistent message across all media platforms	2 Operation	Medium
3	Non-compliance with existing controls and the absence of a Vaccine Operational Delivery Group (VODG) overarching governance framework.	3 Operation	Medium
4	Failure to engage with appropriate expertise when undertaking a risk assessment.	3 Operation	Medium
5	Lack of oversight for a Welsh Government key aim for dual vaccinations.	5 Operation	Medium

1. Introduction

- 1.1 The review of the Winter Respiratory Vaccination Programme (WRVP) was completed in line with the Powys Teaching Health Board's (the 'Health Board') 2023/24 Internal Audit Plan.
- 1.2 Respiratory illnesses thrive in winter putting the health and care system under significant stress every year. This impact is seen both in terms of staffing absence and in the volume of people who need to access NHS services during the season. Vaccination is a vital tool which helps to mitigate the effects of respiratory viruses circulating in the community, protect the vulnerable and supports the resilience of the NHS and care system at a time of great pressure.
- 1.3 In the autumn of 2022, the first WRVP for Wales was delivered by bringing together the COVID-19 and influenza (flu) vaccination programmes. This enabled health boards to coordinate the planning of both programmes and, where possible, to streamline delivery. To build on that success, Welsh Government issued guidance in August 2023 stating that in the Autumn and Winter 2023/24, the flu and COVID-19 Vaccination Programmes will again be brought together to form a single WRVP.
- 1.4 To implement the WRVP 2023/24 effectively, health boards should develop and share their plans for a single, coordinated, and coherent programme for both vaccines. Wherever possible, delivery models should be aligned to allow for coadministration, to help maximise efficiencies and reduce vaccination inequity.

The priority of the WRVP is to maximise uptake of both flu and COVID-19 vaccines for all those who are eligible. The Welsh Government's ambitions and expectations include:

- A COVID-19 vaccine should be offered to all those who are eligible by 30 November 2023;
- The flu vaccine should be offered to all those who are eligible, at the earliest possible opportunity; and
- The expectation for Health Boards and Trusts are set out in the following table:

	Flu	Covid-19
Frontline health and care workers	75% uptake	All frontline staff to be offered a vaccine at earliest opportunity
Other eligible adults and clinically vulnerable children	75% uptake	75% uptake

- 1.5 The Director of Public Health will be the Executive lead for this review.

1.6 Risks

The potential risks considered in this review are as follows:

- The WRVP is not effectively delivered;
- Increased levels of flu and Covid-19 in the Powys population;
- Pressure on the delivery of Health Board services due to increased levels of flu and Covid-19 in staff; and
- Reputational damage due to non-delivery of the Welsh Government ambitions and expectations.

2. Detailed Audit Findings

Objective 1: The Health Board has developed a plan for delivery of the WRVP 2023/24 in line with Welsh Government requirements, and it has been subject to appropriate review and approval.

- 2.1 The Health Board had developed a plan to deliver the WRVP in compliance with the Welsh Governments requirement. This was based upon the previous years' experience, flexed to meet changes in the target population cohorts. The plan was presented and approved by the Executive Committee on 23 August 2023 and the Health Board on 28 September 2023.
- 2.2 The planning process included adapting to the late reduction of Covid vaccine payments to GP surgeries, reducing their participation, and late delivery of the latest Covid vaccines, changing the cohort delivery sequence priorities.
- 2.3 Our review also established that several spreadsheets lacked Standard Operating Procedures to ensure mitigation of the inherent risks e.g. lack of clear audit trails and spreadsheet errors. (Matter Arising 1)

Conclusion:

- 2.4 Our review established that the Health Board had developed and implemented an appropriately authorised 2023/2024 plan which had the potential to meet the WRVP objectives. There is a need to address the absence of adequate spreadsheet governance. We have provided reasonable assurance for this objective.

Objective 2: There is effective ongoing publicity and communication with Health Board staff and the population of the Health Board area, to provide information regarding the delivery of the WRVP.

- 2.5 There is effective ongoing publicity and communication with Health Board Staff and the population of the Health Board area. Providing information regarding the delivery of the WRVP.
- 2.6 The Welsh Government and Vaccine Programme Wales (VPW) provides the overarching vaccination awareness campaigns. They utilise multiple media platforms, including TV and social media. This is augmented by the Health Board via its intranet site and local publicity e.g. GP surgeries, Health Centres and Pharmacies. Staff are targeted through the Health Board's intranet, team meetings and posters.
- 2.7 All those individuals eligible for the Covid vaccine receive appointment letters and reminders from GP surgeries/the Health Board.
- 2.8 Staff vaccinations are monitored by location and feedback is noted. Additional targeting is then undertaken to improve uptake and correct any misconceptions e.g. Their vaccine status could affect sick pay eligibility.
- 2.9 We did note that the Health Board's Internet site providing advice on Influenza vaccines had not been updated since the 9 September 2023. It does not reflect the

National Influenza Immunisation Programme 2023 to 24 (WHC/2023/023)
 GOV.WALES cohort list issued 28 September 2023. (Matter Arising 2)

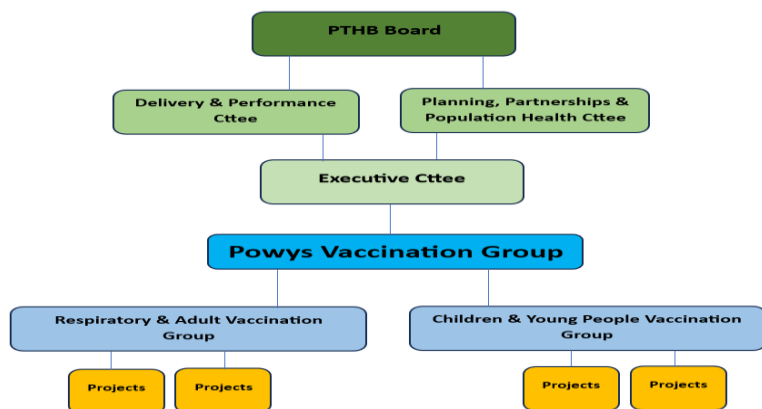
Conclusion:

2.10 Our review established that the Health Board had effectively augmented the Welsh Government WRVP vaccination campaign. Providing Effective ongoing publicity and communication with Health Board staff and the population of the Health Board area. We have provided reasonable assurance for this objective.

Objective 3: Appropriate structures, resources, and processes are in place to ensure effective delivery of the WRVP and achievement of the stated Welsh Government ambitions and expectations.

2.11 Our review was undertaken during a period of change for the Vaccination Operational Delivery Group (VODG). Proposals put forward by the Head of Service were still under discussion, with key documents including the Terms of Reference and Risk Log still in draft format. The restructuring of the groups below the PTHB Board and Executive Committee are included in the change process.

2.12 New reporting structure:



2.13 Review of both historical and proposed key documents e.g. Terms of Reference, Risk register, meeting minutes and action logs found that they did not comply with best practice. There is also an absence of Standard Operating procedures covering the VODG, Adult Nursing and Service Development. (Matter Arising 3)

2.14 The Welsh Governments overall vaccination target is 75% of the eligible population. As of 28 February 2024, the Health Board had achieved 62.9%. The highest rate achieved in Wales, which averaged 55.2%.

2.15 We noted that premises were hired by the Health Board to deliver vaccines without an agreed licence header agreement being in place to cover the inherent risks, for example Public Liability and damages. (Matter Arising 4)

Conclusion:

2.16 Our review established that there is a VODG governance framework in place, but it requires action to comply with best practice. We have provided reasonable assurance for this objective.

Objective 4: There are robust processes in place for monitoring delivery against the plan.

- 2.17 Our review noted that vaccine stock management is undertaken by a specialist team, overseen by a Senior Pharmacist. Vaccine usage is logged online at the vaccination sites, and daily stock records updated. Forecasts are based on footfall trends from the live data.
- 2.18 Vaccine has a limited shelf life, and this is taken into consideration when ordering. Surplus stock is highlighted and moved between locations to maximise usage. The methodology applied is efficient and effective.
- 2.19 Individual patient vaccination data input in real time into WIS and the National Influenza databases, are time and location stamped. This information forms the basis on which VODG plan and report their key benchmark progress. This compares the performance of all Welsh Health Boards, for example total population and individual cohort coverage.

Conclusion:

- 2.20 Our review established that there are adequate processes in place for the monitoring of vaccines deliveries against plan. We have provided substantial assurance for this objective.

Objective 5: There is regular reporting of progress against the plan to the Board (or appropriate sub-committee) and actions were taken to address any areas of underperformance.

- 2.21 The Executive Committee received and agreed a copy of the final plan on 28 August 2023, prior to the start of the rollout cycle in September 2023, and a final completed plan update 21 March 2024. During the cycle formal updates were provided to several sub committees including Planning, Partnerships and Population Health committee, the Local Partnership Forum, and Regional Partnership Board. Informal discussions were also undertaken throughout the cycle.
- 2.22 Lessons learnt are shared monthly with other Health Boards and half yearly for planning rollouts, chaired by the VPW Respiratory Planning and Delivery group. The next meeting is scheduled for 28 September 2024. The VPW have circulated lessons learnt questionnaires due for return in March 2024. When they will be collated for future discussion.
- 2.23 Informal ongoing communications are undertaken by Operational Heads and shared team chat room groups.
- 2.24 An exception was noted in relation to the oversight of dual Covid and Influenza vaccinations. These are not currently tracked and reported against the Welsh Governments aim of improving on the dual vaccination numbers from 2022-2023. (Welsh Health Circular WHC (2023)029). (Matter Arising 5)

Conclusion:

2.25 Our review established that there are adequate processes in place for the monitoring of vaccines deliveries against plan. However, the reporting of dual vaccinations has yet to be implemented. We have provided reasonable assurance for this objective.

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Appendix A: Management Action Plan

Matter Arising 1: Lack of forecast spreadsheet governance controls (Operation)	Impact
<p>The Autumn Booster 2023-2024 spreadsheet produced by Service Development contains several errors, which include: -</p> <ul style="list-style-type: none"> • Columns do not add and hard coded totals preventing a full reconciliation. • The Capacity Planning for Autumn 2023-2024 header dates are 2022-2023. • The Capacity Planning (71k) and the Autumn Booster (65k) spreadsheets have different populations. No reconciliation and/or written explanation is available. • The Autumn Booster 2023-2024 forecast does not include any auditable instructions to enable oversight/repetition. • Neither document has a Standard Operating Procedure. <p>Without an agreed population starting position and accurate recording of cohort population changes. It is difficult to validate the accuracy of the numbers used in the planning process. A lack of written procedures and appropriate document controls increases the risk.</p> <p>We do note that the live daily monitoring and stock forecasting as the programme progresses acts as a mitigating control for any errors in the initial forecast. (See Objective 4 Above)</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Reporting errors resulting in bad decisions; • Data loss or corruption; • Institutional knowledge loss; • Lessons are not learnt; and • Lack of oversight.
Recommendations	Priority
<p>1.1a Planning should start with the most up to date primary data.</p> <p>1.1b The population totals should be agreed at a fixed point in time.</p> <p>1.1c Population changes should be recorded, and clear auditable trails established.</p> <p>1.1d Check balances should be embedded to ensure accuracy.</p> <p>1.1e Spreadsheets should have Standard Operating Procedures to ensure consistency, protection, owner oversight, review periods, and retention.</p>	<p>Medium</p>

Agreed Management Action	Target Date	Responsible Officer
<p>1.1 Note:</p> <ul style="list-style-type: none"> • Planning always starts with the most up to date primary data provided by our information team which is based on the planning assumptions provided by VPW. • Population totals will be fixed at the time that the final JCVI advice is given to Health Boards, however before the advice is announced (usually a few weeks before the campaign) the planning assumptions change multiple times requiring multiple planning scenarios. • VPW Planning Assumptions and JCVI advice inform the population changes, however we can record these going forward on the front page of the spreadsheets along with a SOP to ensure consistency, protection, owner oversight, review periods and retention. • Because of the nature of the vaccination programme, population and planning changes with each campaign which means a new plan needs to be produced for each campaign. <p>Action: Develop a SOP and front sheet for the spreadsheet as per recommendations 1.1a-e to ensure consistency</p>	<p>August 2024</p>	<p>Kate Prothero, Service Development Manager</p>

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Matter Arising 2: Delivery of a consistent message across all media platforms (Operation)		Impact
<p>Childrens services highlighted the following issues as barriers to the delivery of children’s vaccines:</p> <ul style="list-style-type: none"> • Poor engagement by Headteachers e.g. sending out consent forms. • GDPR provided as a reason for refusing data requests e.g. parents phone numbers. <p>Possible remedies for overcoming these issues had not been explored.</p> <p>Our review also established that the PTHB Internet site providing advice on Influenza vaccines had not been updated since the 9 September 2023. It does not reflect the National Influenza Immunisation Programme 2023 to 24 (WHC/2023/023) GOV.WALES cohort list issued 28 September 2023. For example: the list does not include home schooled children, individuals experiencing homelessness and residents of Welsh Prisons.</p> <p>Flu Immunisation - Powys Teaching Health Board (nhs.wales)</p> <p>The National Influenza Immunisation Programme 2023 to 24 (WHC/2023/023) GOV.WALES</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Reporting errors resulting in bad decisions; • Data loss or corruption; • Institutional knowledge loss; • Lessons are not learnt; and • Lack of oversight.
Recommendations		Priority
<p>2.1a</p> <p>2.1b</p> <p>2.1c</p> <p>2.1d</p>	<p>Communications with Schools should also extend to Governors, increasing the level of school oversight.</p> <p>PTHB expert data protection advice should be sought to help overcome objections.</p> <p>Controls procedures are agreed that ensure all communications reflect the most up to date information.</p> <p>The procedure has an owner, reviewer, appropriate review periods and is communicated to all participating parties.</p>	<p>Medium</p>

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Agreed Management Action	Target Date	Responsible Officer
2.1a & c Action: Develop overarching communication strategy and action plan to cover all vaccinations	Sept 2024	Sarah Barnes, Head of Service: Public Health Programmes & Projects
2.1b Escalation has already commenced to address the issues currently experienced with accessing class lists and parent/carer contact details. Should there be a delay in the sign off of the ISP by the Local Authority, consideration will be given to communicating with school governors. Action: This is being actioned through the development of an ISP and is awaiting final sign off by the local authority	Ongoing	Wendy Day, Assistant Head of Public Health Nursing
2.1d Action: Recent review of the Standard Operating Procedure has been completed and will next be due for review in January 2027. The procedure has an owner, reviewer, appropriate review periods and is communicated to all participating parties.	Jan 2027	Wendy Day, Assistant Head of Public Health Nursing

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Matter Arising 3: Non-compliance with existing controls and the absence of a Vaccine Operational Delivery Group (VODG) overarching governance framework. (Operation)	Impact
<p>Our review was undertaken during a period of change for the Vaccination Operational Delivery Group (VODG). Proposals put forward by the Head of Service were still under discussion, with key documents including the Terms of Reference and Risk Log still in draft format. The restructuring of the groups below the PTHB Board and Executive Committee are included in the change process.</p> <p>Review of the historical and proposed governance framework highlighted several areas for improvement which include:</p> <p>Key operational areas that do not currently have a SOP:</p> <ul style="list-style-type: none"> • VODG overarching procedure. • PTHB Adult Nursing • Service Development (see Matter Rising 1 above) <p>Best practice not applied to Key documents:</p> <ul style="list-style-type: none"> • Risk Register. • Meeting Terms of Reference. • Actions Logs. • Meeting Minutes. • Document controls. <p>The PTHB School Nursing Team SOP at the start of the audit was out of review date (October 2022). This has now been completed and appropriately authorised. (February 2024).</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Reporting errors resulting in bad decisions; • Data loss or corruption; • Institutional knowledge loss; • Lessons are not learnt; and • Lack of oversight.
Recommendations	Priority
<p>3.1a The VODG should have an overarching SOP bringing together all reporting functions.</p>	<p>Medium</p>

3.1b	SOP should be written for each reporting function and linked into 3.1a above.	Medium	
3.2a	Committee Terms of Reference should be clearly defined, authorised, and include a defined quorum for key participants.		
3.2b	Actions should be clearly flagged, have an owner, delivery timeline, and a clear audit trail to the Action log. Closed actions should be linked to the appropriate minutes.		
3.2c	Final minutes should be retained in PDF format in a secure folder.		
Agreed Management Action		Target Date	Responsible Officer
3.1	Action: SOP for the Vaccination ODG and the Powys Vaccination Group to be developed	May 2024	Sarah Barnes, Head of Service: Public Health Programmes & Projects
3.2	<p>Note: The governance structure for the VODG (monthly) and PVG (Quarterly) has been developed. ToR have been written and agreed for each group. There are escalating processes in place to manage risks and issues.</p> <p>Project groups for each vaccination programme will be established prior to the start of the Winter Respiratory Programme and will report to the VODG initially and PVG and plans submitted to Executive Committee and Board for final approval/information.</p> <p>Action: Review all SOPs and processes for the groups e.g. Risk Management, ensuring remain fit for purpose.</p> <p>Action: Review all processes for information management as per 3.2a-c</p>	<p>June 2024</p> <p>June 2024</p>	<p>Sarah Barnes, Head of Service: Public Health Programmes & Projects</p> <p>Sarah Barnes, Head of Service: Public Health Programmes & Projects</p>

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Matter Arising 4: Failure to engage with appropriate expertise when undertaking a risk assessment (Operation)		Impact	
<p>The Vaccination Service team plans to vaccinate as many of the targeted population as possible include the hire of third-party premises in low distribution locations. Prior to occupation, the PTHB Special Estates Section (SES) should have in place a License Header Agreement and Health and Safety(H&S) checks should be undertaken.</p> <p>The audit review highlighted the lack of a complete risk assessment when hiring the Ystradgynlais FRC. The SES had not been consulted and a Header Agreement was not in place. A Clinical and H&S risk assessment had been undertaken.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Reporting errors resulting in bad decisions; Data loss or corruption; Institutional knowledge loss; Lessons are not learnt; and Lack of oversight. 	
Recommendations		Priority	
<p>4.1a</p> <p>4.1b</p> <p>4.1c</p>	<p>Risk management should follow a PTHB standard framework and include seeking expert advice when necessary. For example, consulting with the SES before hiring premises.</p> <p>The register should have an owner and periodic review date.</p> <p>The register should be included in the reporting cycle at the appropriate level.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
<p>4.1</p>	<p>Note:</p> <ul style="list-style-type: none"> In response to the recommendations in 4.1a the Vaccination Service will check with the Health & Safety team whether a Licence Agreement needs to be in place for short term venues e.g. for 5 days. 		

	<ul style="list-style-type: none"> The Vaccination service needs to be agile and respond quickly to offer vaccination to protect the public from infectious diseases. Requesting other busy departments such as the Estates Team to source non-Healthcare venues could slow down processes particularly when short window for vaccinations. <p>Action: Raise with the Health & Safety team and determine the correct processes to follow for Risk Assessment and document checking for external venues.</p> <p>Action: Escalate the points raised above to the Health & Safety Committee if findings have a n impact on the service or wider organisation activity.</p>	<p>June 2024</p> <p>17 June 2024</p>	<p>Sarah Barnes, Head of Service: Public Health Programmes & Projects</p> <p>Sarah Barnes, Head of Service: Public Health Programmes & Projects</p>
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Matter Arising 5: Lack of oversight for a Welsh Government key aim for dual vaccinations. (Operation)		Impact	
<p>Our review confirmed that scheduled meetings discussing progress against the plans are undertaken by VODG and reported to the Executive Committee.</p> <p>Data is provided by two separate online systems. WIS based on Health Board data and GP Surgeries. These form the basis for the reports.</p> <p>The Welsh Health Circular WHC (2023)029 highlighted the Welsh Governments aim of improving on the dual vaccination numbers, following its first rollout in 2022-2023. This was deemed to have streamlined the service and improved the patient experience. Patient Vaccine information is available online in WIS. Interviews established that tracking patient dual vaccinations from WIS is possible for only staff vaccinated by PTHB at this point in time. To date this has not been requested. As a result, it is not possible to provide oversight analysis.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Reporting errors resulting in bad decisions; • Data loss or corruption; • Institutional knowledge loss; • Lessons are not learnt; and • Lack of oversight. 	
Recommendations		Priority	
5.1a	Data should be accessed to track and plan progress against the stated aim for increased dual vaccination.	Medium	
5.1b	Regular updates should be included in the reporting hierarchy.		
Agreed Management Action		Target Date	Responsible Officer
5.1	<p>Note:</p> <ul style="list-style-type: none"> • The vaccination programme in PTHB can only offer co-administration of COVID and flu vaccination to PTHB staff. All other flu vaccinations are administered in primary care and are recorded on primary care systems which the Health Board is not able to access. 		

	<ul style="list-style-type: none"> • Anecdotal qualitative feedback from primary care providers has been that patients do not want both vaccines together- this is mirrored in the feedback we have received from staff attending the vaccination centres for their winter respiratory vaccines. • We can ask the information team to provide this data for us on any co-administration which takes place in our vaccination centres, however, we have not been asked by VPW to report on this. <p>Action: To review this, ask for 24/25 and to aim to develop plans that support co-administration*</p> <p><i>*without adequate systems and GP buy in this will not happen.</i></p>	<p>Sept 2024</p>	<p>Kate Prothero, Service Development Manager</p>
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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Agenda item: 6.1

Planning, Partnerships and Population Health Committee (PPPH)		Date of Meeting: 16 May 2024
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Director of Corporate Governance and Board Secretary	
Prepared by:	PA to Director of Corporate Governance and Board Secretary	
Other Committees and meetings considered at:	Executive Committee – 06 March 2024 Board – 20 March 2024	

PURPOSE:

The purpose of this paper is to provide the Committee with the February 2024 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the February 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 20 March 2024.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	

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

EXECUTIVE SUMMARY:

The 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.

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 Committee is asked to DISCUSS the risks relating to Planning, Partnerships and Population Health Committee and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The development of Committee risk registers will be progressed in order to provide greater oversight of the more detailed aspects of the risks, controls and mitigating actions within the Corporate Risk Register.

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Planning, Partnerships & Population Health Committee (16 May 2024) Committee Based Risk Register

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CORPORATE RISK HEAT MAP:

There is a risk that...

In-Committee Risks (Private)								
Impact	Catastrophic	5						
	Major	4						<ul style="list-style-type: none"> The demand and capacity pressures in the primary care system lead to services becoming unsustainable
	Moderate	3			<ul style="list-style-type: none"> Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys 			
	Minor	2						
	Negligible	1						
			1	2	3	4	5	
			Rare	Unlikely	Possible	Likely	Almost Certain	
			Likelihood					

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CORPORATE RISK DASHBOARD

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DP&C	CRR 007	Partnerships	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Open	6	✗	Planning, Partnerships and Population Health	Organisational Priorities underpinning WBO 8
DFIT	CRR 008	Safety	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	5 x 4 = 20	Averse	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4

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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.

Executive Lead:	
CEO	Chief Executive
DFIT	Director of Finance, Information and IT
DOPs	Director of Operations/Director of Community and Mental Health
DoNM	Director of Nursing and Midwifery
MD	Medical Director
DPH	Director of Public Health
DWOD	Director of Workforce & Organisational Development
DoTHS	Director of Therapies & Health Sciences
DP&C	Director of Performance and Commissioning
ADoEP	Associate Director of Estates and Property
DCG	Director of Corporate Governance

Risk Scoring

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

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

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CRR 007		Executive Lead: Director of Performance & Commissioning																									
Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Assuring Committee: Planning, Partnerships and Population Health																									
Risk Impacts on: Organisational Priorities underpinning WBO 8		Date last reviewed: February 2024																									
Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6	<table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Sept-22</td><td>6</td><td>9</td></tr> <tr><td>Nov-22</td><td>6</td><td>9</td></tr> <tr><td>Dec-22</td><td>6</td><td>9</td></tr> <tr><td>Feb-23</td><td>6</td><td>9</td></tr> <tr><td>Aug-23</td><td>6</td><td>9</td></tr> <tr><td>Dec-23</td><td>6</td><td>9</td></tr> <tr><td>Feb-24</td><td>6</td><td>9</td></tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	6	9	Nov-22	6	9	Dec-22	6	9	Feb-23	6	9	Aug-23	6	9	Dec-23	6	9	Feb-24	6	9	Rationale for current score: <ul style="list-style-type: none"> Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders. 	
Month	Target Score	Risk Score																									
Sept-22	6	9																									
Nov-22	6	9																									
Dec-22	6	9																									
Feb-23	6	9																									
Aug-23	6	9																									
Dec-23	6	9																									
Feb-24	6	9																									
Date added to the risk register Risk Updated September 2022																											
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)																									
<ul style="list-style-type: none"> Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board Powys Health and Care Strategy in place with Powys County Council and PAVO Active engagement with Mid Wales Joint Committee Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit 		Action	Lead	Deadline																							
		Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/05/2024																							
		Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	31/03/2024																							
		Development and population of a Partnership Register	BS	31/03/2024																							
		Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/05/2024																							
Current Risk Rating		Update including impact of actions to date on current risk score																									
3 x 3 = 9		No further update																									

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CRR 008 Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable		Executive Lead: Director of Finance, Information and ICT Assuring Committee: Planning, Partnerships and Population Health																												
Risk Impacts on: Organisational Priorities underpinning WBO 4		Date last reviewed: February 2024																												
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 2 x 4 = 8	<table border="1"> <caption>Risk Score History</caption> <thead> <tr> <th>Month</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sept-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-22</td> <td>8</td> <td>16.5</td> </tr> <tr> <td>Dec-22</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Apr-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Aug-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Dec-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb-24</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16.5	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug-23	8	20	Dec-23	8	20	Feb-24	8	20	Rationale for current score: <ul style="list-style-type: none"> ▪ 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. Over 50% of GP Practices reporting level 3/level 4 currently. Appointment/contact activity data confirms continued high patient demand. ▪ RAAC (reinforced autoclaved aerated concrete) assessments completed by primary care contractors – assessment findings may have impact on future service delivery. Currently being reviewed. ▪ Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list continues to demonstrate an increasing pressure on timely access to dental services. Currently there are approximately 5000 patients on the waiting list ▪ New Optometry Regulations in force Oct 2023, and ongoing implementation. National delays with WGOS4 clinical guidance, and on circulation believed to be not fit for purpose and local implementation deadline of 31st March 2024 may be compromised. 	
Month	Target Score	Risk Score																												
Sept-22	8	16																												
Nov-22	8	16.5																												
Dec-22	8	20																												
Feb-23	8	20																												
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Aug-23	8	20																												
Dec-23	8	20																												
Feb-24	8	20																												
Date added to the risk register Risk Updated September 2022																														

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Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
<ul style="list-style-type: none"> ▪ National tripartite contract negotiations with GPC Wales have concluded and 5% pay award for staff agreed. This will support some of the financial pressures being experienced in general practice. ▪ Monitoring and liaison with practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix and considering sustainability funding applications. National Contract Assurance Framework being finalised. ▪ Ongoing sustainability conversations with three practices ▪ Implementation of Accelerated Cluster Development Programme. ▪ Health Board management of GDS practices if contracts are handed back until tendering process is successful. ▪ Regular contact with Shropdoc to ensure continuation of out of hours services. Ongoing conversations with Shropdoc regarding SLA post current contract termination ▪ PTHB allocate new patients from the GDS waiting list to dental practices, however this is a slow process. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis. 	Action	Lead	Deadline
	<ul style="list-style-type: none"> ▪ Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of GP Escalation tool ▪ National NHS Primary Care Sustainability Assurance Framework being considered, national conversations ongoing. ▪ Regular discussions with Cluster Leads and LMC regarding ongoing demands and additional actions to manage peaks. ▪ Winter Resilience pilot agreed and implemented in North GMS Collaborative funded through Cluster budget. ▪ Implementation of the Accelerated Cluster Development Programme to meet national milestones. ▪ Utilising CDS service for increased input to support urgent GDS access provision when required. ▪ Optometry – PTHB linking into the National Implementation Board regarding WGOS4 guidance and feasibility of implementation deadline. 	DFIT	Ongoing
Current Risk Rating	Update including impact of actions to date on current risk score		
5 x 4 = 20	Mitigating actions continue to manage the risks		

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Planning, Partnerships and Population Health Committee 2024-25

Theme	Item Title	May 16/05/2024	August 15/08/2024	November 14/11/2024	February 04/02/2025
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
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				✓
Governance	Socio Economic Duty - Annual Assurance Report				
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 timeframe TBC				
Partnerships	Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work Programme			✓	
Partnerships	RPB delivery plan	✓			✓
Partnerships	Integrated Care Fund (annual) and performance reports Timescales TBC (HB)				
Partnerships	Public Service Board -Wellbeing Plan - a 5year plan, came in 2023/24 so next needed 2028/29				
Partnerships	North Powys Wellbeing Programme		✓		✓
Partnerships	NWSSP Performance Report	✓	Year-end	✓	Mid-year
Partnerships	Accelerated Sustainable Model	✓	✓	✓	✓
Partnerships	Partnership Governance Framework			✓	
Partnerships	Comms and Engagement report (Arrangements for Engagement and Consultation in respect of service change)	✓			
Population Health	Population Health Needs Assessment and Wellbeing Assessment (next needed 2026/27)				
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 PHW. Timeframe TBC				✓
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 a programme of population health focussed topics			✓ proposals	
	Deep dive Diabetes	✓			✓
Population Health	Shared Services Report				✓
Population Health	Primary Care Development Programme Highlight Report (HB)				
Population Health	Endoscopy Services	✓			
Population Health	Additional Learning Needs (ALN)	✓			✓
Population Health	Winter Plan 2024/35			✓	
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
Due to Committee
Find Exec Cttee date
Added to draft agenda

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