

Planning Partnerships and Population Health Committee

Tue 20 February 2024, 10:00 - 12:30

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS
0 min

1.1. Welcome and Apologies

Chair

1.2. Declarations of Interest

All

1.3. Minutes from the previous meeting held 16 November 2023

To follow Chair

PPPH_1.3_Unconfirmed_Minutes 16 November 2023.pdf (16 pages)

1.4. Planning, Partnerships and Population Health Action Log

Attached Chair

PPPH_1.4_Action Log February 2024.pdf (1 pages)

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

There are no items for approval/ratification/decision.

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

3.1. Deep Dive - Diabetes

Presentation Director of Public Health

3.2. Strategic Change Report

Attached Director of Planning, Performance and Commissioning

PPPH_3.2_Strategic Change Cover Paper.pdf (3 pages)

PPPH_3.2a_Strategic Change Stocktake.pdf (31 pages)

PPPH_3.2b_Service Change Engagement Report.pdf (16 pages)

3.3. Endoscopy Services

Attached Director of Operations/ Director of Community & Mental Health

PPPH_3.3_Endoscopy Update Feb 24.pdf (10 pages)

3.4. Socio Economic Duty

Attached Director of Public Health

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 PPPH_3.4_ Socio-economic Duty.pdf (12 pages)


3.5. Regional Partnership Board Update - Age Well

Attached *Director of Operations/ Director of Community & Mental Health*

 PPPH_3.5_RPB Age Well Assurance Report_February 2024_Updated.pdf (8 pages)

3.6. Population Screening Programme uptake

Attached *Director of Public Health*

 PPPH_3.6_ Screening Briefing.pdf (11 pages)

10:00 - 10:00 4. ITEMS FOR DISCUSSION 0 min


4.1. Annual Assessment of Committee Effectiveness

Attached

 PPPH_4.1_ committee effectiveness Feb 2024.pdf (18 pages)

4.2. Review of Terms of Reference

Attached

 PPPH_4.2_Review of Committee Terms of Reference cover paper.pdf (4 pages)

 PPPH_4.2a_App1_PPPH Terms of Reference.pdf (10 pages)

10:00 - 10:00 5. ITEMS FOR INFORMATION 0 min


There are no items for information

10:00 - 10:00 6. OTHER MATTERS 0 min

6.1. Committee Risk Register

Attached *Director of Corporate Governance*

 PPPH_6.1_PPPH Committee Risk Report_Feb24.pdf (2 pages)

 PPPH_6.1a_Committee Risk Register_Dec23.pdf (8 pages)

6.2. Committee Work Programme

Attached *Director of Corporate Governance*

 PPPH_6.3 PPPH Committee work plan Feb24.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: 16 May 2024, via Microsoft Teams

6.6. Confidential Items

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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. North Powys Wellbeing Programme - including Models of Care

To follow

Associate Director of Estates

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 16 NOVEMBER 2023
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Vice Chair)
Ronnie Alexander	Independent Member
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
Kate Wright	Medical Director
Hayley Thomas	Interim Chief Executive Officer
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director of Corporate Governance
Claire Roche	Director of Nursing and Midwifery
Adrian Osborne	Assistant Director of Communications and Engagement
Samantha Ruthven- Hill	Assistant Director of Planning
Clare Lines	Assistant Director Commissioning Development
Nichola Kelly	Senior Manager Planned Care
Luke Jones	Designated Education Clinical Lead Officer

Observing

Andrea Blayney	Community Health Council
Bethan Hopkins	Audit Wales

Apologies for absence:

Claire Madsen	Director of Therapies and Health Sciences
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Committee Support:

Belinda Mills	Corporate Governance Officer
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PPPH/23/18	<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>
PPPH/23/19	<p>DECLARATIONS OF INTERESTS</p> <p>There were no Declarations of Interest made.</p>
PPPH/23/20	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 11 MAY 2023</p> <p>The Committee APPROVED the minutes of the meeting held on 11 MAY 2023, as being a true and accurate record.</p> <p>The following comment was raised regarding minute PPPH/23/08 – In terms of multiple regional pathways, where are the process of principle vulnerabilities as things are wrong with principle?</p>
PPPH/23/21	<p>COMMITTEE ACTION LOG</p> <p>The Committee Action Log was received, and ongoing actions were discussed.</p> <p>PPPH/22/57b – Endoscopy Services:</p> <p>The Director of Corporate Governance confirmed an update on endoscopy was scheduled for the February meeting, in the meantime a verbal update was provided. The Senior Manager of Planned Care outlined that clinical endoscopists have driven the transition of endoscopy services since August. The Cytosponge Capital pilot began in October and had received very positive feedback from patients and staff. Clinical Endoscopists have also received training in nasal endoscopy and will begin work in the new year. The lead nurse for endoscopy has been appointed as the Joint Advisory Group (JAG) lead nurse nationally. The JAG annual review for the Endoscopy unit in Brecon was successful in January 2024.</p> <p>The JAG accreditation process for Llandrindod Wells will start shortly with the intention of gaining a second JAG accredited service.</p> <p>Independent Members asked the following questions for assurance.</p> <p><i>Does the accreditation visit also include Transnasal Endoscopy and Cytosponge or is it purely for conventional endoscopy?</i></p>

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	<p>The Senior Manager Planned Care explained this would include a wide range of services. Its objective is to guarantee the presence of quality, safety, and environmental standards for the service as a whole.</p> <p>PPPH/22/56 – Evidence based data for PTHB outcomes:</p> <p>The Director of Planning, Performance and Commissioning highlighted that benchmarking encompasses a broad range of indicators and covers all domains of the health service. At present, the Health Board utilises numerous systems to gain insight into services including:</p> <ul style="list-style-type: none">• CHKS, which the Health Board subscribes to for obtaining pertinent information.• A contract is in place with Commissioner Support Unit.• 'getting it right first time' (GIRFT) initiative, which offers an extensive amount of information concerning the effectiveness of theatre pathways, endorsed with clinical approval from multiple royal colleges.• The NHS Benchmarking Club, an additional source of benchmarking data, is also in place. <p>Wales itself produces a lot of information through Public Health Wales and the National Value Health Portal which is helping address value-based healthcare in Wales. Financial information for Wales is also available via The Vault.</p> <p>There are some identified areas in England that also have low population density which would be appropriate to benchmark against. Other sources of benchmarking include service specific benchmarking, Audit Wales and Digital Health and Care Wales are also active in this area.</p> <p>PPPH/23/07, PPPH/23/08, PPPH/23/10, PPPH/23/09 – noted as closed.</p> <p>ARAC/22/104c and PPPH/22/07 – It was noted that these two actions were no longer needed as they form part of a report to Board on 29 November 2023.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/23/22	<p>IMTP – DRAFT PLANNING APPROACH 2024</p> <p>The Director of Planning, Performance and Commissioning presented the report which provided an update on the planning approach for 2024 onwards.</p> <p>Attention was drawn to the following matters:</p> <ul style="list-style-type: none">• Current year plan included;

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- Confirmation the 10 year strategy developed in 2017 was still the right plan for the Health Board and aligned with Healthier Wales and national priorities
- Current performance against plan included;
- Reflections on first six months, key areas of focus and expected deliverables for remaining six months
- Future planning arrangements – noting the planning guidance for 2024/25 not yet published
- The need to use benchmarking data;
- The need to work in partnership with the County Council;
- The rationale for developing a five year rather than a three year plan;
- The skeletal plan and timetable to approval

Independent Members sought assurance by asking the following questions:

When does the Strategic Framework reach the Board, or does it go through Delivery and Performance then to the Board?

The Director Corporate Governance explained that it is included in the forward work plan for Board in March with Board Development sessions also planned.

Do we lead or follow other organisations strategic plans, such as the Public Service Board or the Regional Partnership Board? Do we drive their agendas and their strategies or do their strategy drive ours?

The Director of Planning, Performance and Commissioning explained that the situation was complex because health has its own planning requirements. The partnership space is interesting as there are statutory responsibilities for the Regional Partnership Board. For those areas that are beyond the control of the Health Board partnership working is essential. Planning in Wales is notably strong across that partnership horizon.

In relation to the PESTLE process why is there no reference within the political and the social categories of the need to consider pandemic influence specifically in relation to COVID but also more generally?

The Director of Planning, Performance and Commissioning noted the challenge of achieving balance amidst the ongoing impact of COVID. This included addressing backlogs and health inequalities.

The Assistant Director of Planning added that after years of conducting PESTLE analysis, the speed of change, along

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	<p>with the Regional Partnership Board’s involvement, has resulted in a significant transformation.</p> <p><i>What are the potential contradictions within the planning process?</i></p> <p>The Director of Planning, Performance and Commissioning noted that contradictions are seen widely. It is inevitable that people will end up in specific pathways based on their condition, as the NHS aims to connect them with trained experts in their specific area, however, medicine will not transform into holistic pathways immediately. Many additional services are being introduced to address more patient needs.</p> <p>The Committee:</p> <ul style="list-style-type: none">• CONSIDERED the report and approach set out to develop the next 5-year plan.• RECOMMENDED the approach to the Board for consideration at its meeting on the 29 November 2023.
ITEMS FOR ASSURANCE	
PPPH/23/23	<p>STRATEGIC CHANGE REPORT</p> <p>The Director of Planning, Performance and Commissioning introduced the report which provided an updated stocktake of Strategic Change programmes around Wales and into England which may have an impact on PTHB services and patients.</p> <p>The report was compiled with intelligence from various sources and close collaboration with the commissioning team, who gathered information from contracting and performance review meetings as well as regular commission discussions.</p> <p>The communications and engagement team in NHS Wales have been receiving valuable updates through their peers, networks, and communication leads.</p> <p>A caveat was added to state the report is only as up to date as the intelligence gathered. This is a complex environment with various organisation delivering strategic change.</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none">• Each region's involvement in the National Stroke Review and their efforts to advance regional aspects of it• Aerated Concrete issue and how it impacts Powys

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- The hospital transformation program in Shropshire, Telford and Wrekin (Future Fit).

These updates demonstrate how major strategic change programmes lead to service change and reflect in consultation and engagement requirements in line with the guidance.

Independent Members sought assurance by asking the following questions:

Can assurance be provided that representations are being made to partners to ensure that the impact on Powys residents is not missed when strategic change is proposed?

The Chief Executive Officer stated that there have been instances where the Health Board was not given prior information about certain proposals that potentially impact on the population of Powys. The Chief Executive has asked if a map of all changes across Wales currently under consideration and any new changes proposed could be produced nationally. Other stakeholders have also expressed their interest in a way of sharing an overarching picture in terms of change.

There are other forums where key changes are discussed on a regular basis. However, there are occasions where PTHB are a few days or weeks behind on updates and this has caused some issues occasionally, but for majority of the time, it works well.

The Assistant Director of Communications and Engagement added that historically, partners from England have been more effective in engaging a specific group, partly because they have a better understanding of establishing relationships between providers and people who seek their services.

Llais has a crucial role as a national organisation, to ensure that any issues raised locally, such as those in Llais and Cwm Taf region, are investigated for potential cross-border implications that should be considered during the planning stage.

The Director of Planning, Performance, and Commissioning noted that there will be an increased level of activity taking place within the Health Board and English Commissioners as some are facing difficulties with staffing, and the quality and effectiveness of certain services they offer. It is possible that the Health Board will see an increase in localised initiatives from the Welsh Government aimed at promoting

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	<p>specific areas of expertise in planned care as a proactive measure.</p> <p>The Committee</p> <ul style="list-style-type: none"> 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.
PPPH/23/24	<p>PRIMARY CARE CLUSTER PLANNING REPORTING AGAINST DELIVERY</p> <p>The Director of Finance, Information and IT presented the report which provided the Committee with an overview and update on the Primary Care Cluster Planning Progress against delivery 2023/24. The report includes three appendices that outline the main focus areas for each of the three clusters.</p> <p>It is crucial to have a proper Benefit Realisation Process in place to effectively quantify the impact of these actions, as these areas of work are funded and when the funds are exhausted, a decision is required as to continue or to stop the service. The benefits realisation process enables correct resource allocation decisions to be made.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>When reviewing the summaries of progress, there is mention of diabetes specifically in the context of the South region only. Can you please provide an explanation for why the increase in diabetes and the importance of preventing diabetes are only discussed in connection with the South region?</i></p> <p>The Director of Finance, Information and IT explained that there is a National Diabetes Programme adopted by our clusters that focuses specifically on cluster plans and the use of cluster funding for programmes and is included in the appendices. This does not imply that it is their sole activity, but they opt to utilise that resource.</p> <p><i>Reviewing the report there is no indication of multi professional engagement in primary care clusters. To what extent are our primary care colleagues actively involved in this project? Do you believe they are effectively involving all stakeholders?</i></p>

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	<p>The Director of Finance, Information and IT explained that Powys is in a good position because there are collaboratives established for different staff groups or professional groups. However, for these are not in place for optometry. The use of Multi-Disciplinary Team across clusters has improved over time.</p> <p>As part of this an update on the planning approach in terms of meeting the strategic plan for primary care and the Accelerated Cluster Development arrangements, it was requested the minutes from cluster meetings around how the wider multidisciplinary team are working are circulated.</p> <p>Action: The Director of Finance, Information and IT</p> <p>The Committee</p> <ul style="list-style-type: none"> RECEIVED the paper and took ASSURANCE that the primary Care Cluster Planning progress in in place and reporting against progress.
PPPH/23/25	<p>NWSSP PERFORMANCE (MID-YEAR) REPORT</p> <p>The Director of Finance, Information and IT presented the report which provided summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30 September 2023.</p> <p>It was noted that many significant factors are related to the workforce in terms of recruitment and these measures also involve performance against purchase to pay.</p> <p>There are interesting indicators on payment performance and recruitment and the time to shortlist by managers and a comparator for all organisations are also included for better understanding. This is the shared services partnership performance that links into the actions and processes in the Health Board.</p> <p>There was a six-monthly review meeting with shared services colleagues and any areas of improvement are picked up and worked through that as actions together.</p> <p>The Committee RECEIVED the report.</p>
PPPH/23/26	<p>ACCELERATED SUSTAINABLE MODEL (PLANNING AND APPROACH)</p> <p>The Chief Executive presented the report which provided an update on the emerging work in relation to a sustainable model for health and care in Powys. There has been some substantial work undertaken by the team both during the discovery and design phases.</p>

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<p>Patterson, Liz 16/02/2024 13:26:56</p>	<p>The detailed report in Annex 1 summarises the key messages from the Discovery Phase and describes the key characteristics of the Sustainable Approach. Work was not done in a sequential order and there were areas in the discovery stage that need to be embedded in this year's plan.</p> <p>In respect of frailty within Powys, a more primary care approach is being taken, and there have been excellent involvement and leadership within the clusters and across to the Regional Partnership Board (RPB).</p> <p>The programme has reached a point where details of the plan have to be shared with the aim of building a more longer-term plan which will help drive a phased delivery through partnerships. The sharing of details with various partners is already underway with involvement from social services, members of the RPB and third sector.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>When are we able to move to the next stage of the Sustainable Model where specific actions and associated benefits of those actions such as cost savings, increased quality of service are identified?</i></p> <p>The Assistant Director Commissioning Development stated that there are things that should already be seen coming to fruition now because it is being done in phases, so for example, community cardiology which has been accelerated has all the performance reports available and are showing the number of patients that have been prevented from going through District General Hospitals (DGH). Of the 340 patients seen in Powys, only 15 have had to go on to DGH. Reports on other areas of focus will become available as part of the phased approach.</p> <p>The Chief Executive added that community wide consultation and engagement will be necessary as the model gathers pace.</p> <p>The Director of Planning, Performance and Commissioning added that there is the need to clarify the model and build numbers around it so that there is clarity on both the phasing of it, the resources required and expected outcomes and outputs.</p> <p><i>In relation to partnerships, can we build the vision into the plan so that it is possible to gauge the level of interest from various partners?</i></p> <p>The Assistant Director Commissioning Development stated that this is one of those moments where partnership is</p>
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	<p>something that everybody including the leadership are all aligned on and that to date has not encountered anyone who does not want to collaborate. It is also about getting the partnerships right not just within Powys but with strategic partners across the border.</p> <p><i>In relation to Health Prevention, how big a transformation is our Health promotion agenda going to be under this model compared to what we do now?</i></p> <p>The Assistant Director Commissioning Development explained that it is key to the model and areas like Diabetes, Obesity are key areas that will be pulled out as they are intergenerational.</p> <p>The Committee</p> <ul style="list-style-type: none"> • RECIEVED the “Better Together” report and ENDORSED the next steps set out in this paper.
PPPH/23/27	<p>HEALTH PROTECTION SUMMARY REPORT</p> <p>The Director of Public Health presented the report which provided a summary of health protection incidents/outbreaks responded to during the last 12-18 months, and an update on the transition of TTP (Trace, Test, Protect) programme to respond to a wider health protection threats.</p> <p>The response to health protection incidents in Wales has been extremely challenging, not only in relation to COVID-19, but also the wider range of health protection incidents that have occurred over the last 18 months.</p> <p>Independent Members sought assurance by asking the following questions: <i>Given the financial pressures faced by the local authority what is the level of confidence that they will be able aid control of an outbreak?</i></p> <p>The Director of Public Health stated that the Environmental Health Officer and their team have played an active role in developing control plans for Wales. In addressing the COVID-19 outbreak, the local authority and Health Board have implemented surge responses, which deviated slightly from their pre-pandemic approach. Environmental Health is currently facing a backlog, which they are actively addressing with the assistance of the Health Protection Team. Nationally, discussions are being held regarding the future allocation of resources for Health Protection, taking into account the necessary roles and responsibilities. However, this process is proving to be</p>

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	<p>challenging.</p> <p><i>Regarding the Ukrainian Refugee Resettlement are you confident that the systems are sufficiently sensitive to identify those areas of vulnerability?</i></p> <p>The Director of Public Health stated that there is a working group in Powys led by the local authority, that is responsible for the resettlement of individuals from Ukraine. These individuals are registered with GP practices and there is an enhanced level of agreement with GP practices to provide necessary healthcare and support. The local community, including social networks and families, have responded positively and are providing additional assistance. The Ukrainian resettlement group, led by the local authority monitors this situation closely.</p> <p>The Committee:</p> <ul style="list-style-type: none">• RECIEVED the contents of the report regarding health protection incidents/outbreaks responded to during the last 12-18 months taking ASSURANCE that a process is in place to collect and report the information• NOTED the requirement from Welsh Government to transition from TTP to develop an integrated, agile Team to respond to 'all hazards'• NOTED funding allocation is for the financial year until 31st March 2024.
PPPH/23/28	<p>CHILD IMMUNISATION ANNUAL REPORT</p> <p>The Director of Public Health presented the report which provided an update regarding the uptake of childhood vaccinations across Powys from 01 April 2022 to 31 March 2023. The Childhood Immunisation Schedule includes several immunisations from birth to the age of five.</p> <p>There was a drop in MMR 2 uptake during the pandemic's emergency phase. This may have been due to pressures in primary care clinics and families not attending or scheduling appointments on time. The vaccine recovery timeline has improved to 91.1% for age 4 in the past year and 93.9% for age 5 in Q1 of this year for two MMR vaccines.</p> <p>There was variation in GP practices, with the North and South having better uptake than Mid Powys. Two catch up campaigns were launched to address the low uptake of MMR vaccines, with one focused on primary care between October and March, targeting Polio catch up. Additionally, a summer appointment was made for school aged children</p>

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	<p>4 to 16 to receive any missed vaccines at the vaccination centres.</p> <p>There was a risk in the media around MMR outbreaks, given the current outbreak in Cardiff and work is continuing across Wales to cleanse data, actively offer MMR and ensure the status of individuals is known and access is easily available to the vaccine.</p> <p>The Committee:</p> <ul style="list-style-type: none">• CONSIDERED the uptake in childhood immunisations and took assurance of the actions being undertaken to maintain and/or further increase the uptake of childhood immunisations, including targeted catch-up campaigns.
PPPH/23/29	<p>ADDITIONAL LEARNING NEEDS (ALN) <i>The Designated Education Clinical Lead Officer (DECLO) joined the meeting.</i></p> <p>The Director of Therapies and Health Sciences presented the report providing an overview of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (hereafter, the ALN Act), its background to the organisation and its ambitions for 2023 – 2024. The report set out key activity over the past year, key priorities for the next year and the risks for the Health Board associated with the ALN Act.</p> <p>The ALN Act has been live from September 2023 with implementation phased over the period through to September 2024. The Act is designed to deliver better outcomes and experience for children and young people with ALN through identification of learning needs early and ensuring that voices and wishes of young people are central to the decisions made about them. The Act places a number of new statutory duties on Health Boards to ensure collaboration takes place.</p> <p>In Powys, while confirmed data is not yet available, existing data suggests 3,500 children will have ALN requirements, a significant proportion of whom have healthcare needs directly relevant to their learning needs. The Act was established with no additional funding provided, it is anticipated that it will place significant pressures on Operational Services, especially children's therapy services and children's speech and language therapy.</p>

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	<p>An ALN Implementation Steering Group has been established as a joint and shared mechanism for coordinating partner activities in relation to the Act with Powys County Council.</p> <p>An agreement was made with the Council that a key priority area was establishing an efficient person-centred operational process through which the Health Board can collaborate with Education and fulfil statutory obligations under the Act.</p> <p>Progress has been made in recent months with an operational model having been agreed, supported by a standard operating procedure which aligns closely with the approach that some of the neighbouring Health Boards and their partner local authorities. Training has been provided for relevant Health Board and Council staff formal implementation the new operational model was imminent.</p> <p>A suite of high quality short films to give information to families and education professionals about the role of NHS services under the Act have been developed in collaboration with Swansea Bay and Hywel Dda University Health Boards.</p> <p>At present there is no national reporting requirement with regards to the ALN Act. However, Welsh Government have indicated that they are looking to establish a performance and accountability framework, this will include clarification of relevant data sets.</p> <p>Internal Audit Services will be carrying out an audit on the Health Board's activities under the Act over the next quarter which will provide feedback and learning. With the new operational processes in place and data capture systems to be addressed shortly, the Health Board will be in a much stronger position over the next year to fully understand the impact on those operational processes, some of which are challenging in terms of meeting referral to treatment time requirements.</p> <p>There is a risk to the Health Board in respect of failing to comply with its statutory duties under the Act. From a clinical perspective, the ultimate risk is children not receiving improved outcomes. This particular risk currently is caused by not having reliable systems in terms of data capture and limited capacity within the Health Board to</p>
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<p>Patterson, Liz 16/02/2024 13:26:56</p>	<p>fulfil the requirements of the Act in terms of clinical, administrative staffing and project support.</p> <p>The Director of Corporate Governance added that the recommendation in the report deliberately does not ask for assurance about the Health Board's compliance to the Act but to consider the activities and the plan to date moving forward.</p> <p>The Chief Executive Officer also acknowledged some of the challenges outlined and advised that this issue will be picked up in the Joint Executive meeting with the Local Authority to ensure this is given Executive level attention across both organisations.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given that we do not know if we are meeting our statutory duties, when will we know, and how quickly can we get that information so that we know we are exercising due diligence on this matter as a Board.</i></p> <p>The Chief Executive Officer explained that in terms of timescale, a meeting has been expedited to further discuss the ALN issue and after that meeting, the timescale can be confirmed and brought back to the Committee for assurance.</p> <p><i>Noting the operational issues and the process issues with the County Council as well as capacity issues across the Health Board how big a constraint is that, and where does that sit amongst many other issues in terms of risk and in terms of ability to meet our statutory duty?</i></p> <p>The Designated Education Clinical Lead Officer explained that the Health Board is in a place where the implementation of the processes is imminent. Positive with digital colleagues has taken place to enable the system to capture data. However, it will be necessary to ensure that within operational services there is capacity to capture data accurately.</p> <p>The Chief Executive summarised that the current position is that there is a plan and actions are in place to get the Health Board to a position at the end of this financial year, the position and compliance will be known.</p> <p>A meeting has been arranged with Joint Executive and the Local Authority to expedite this topic and further discuss all ALN issues. The outcome of this meeting will be brought back to Committee.</p>
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	<p>Action: Director of Therapies and Health Science</p> <p>The Committee</p> <ul style="list-style-type: none">• REVIEWED the attached report and ACCEPTED this as an accurate overview of the requirements of the Act and activity from the Health Board to fulfil these requirements.• TOOK assurance regarding activity to date and plans moving forward to meet the requirements of the ALN Act.
PPPH/23/30	<p>WINTER RESPIRATORY VIRUS PLAN UPDATE 2023/24</p> <p>The Director of Public Health gave a presentation which provided an update of the model for the winter respiratory vaccinations. It is a blended model of delivery, through 2 vaccinations centres and 7 GP practices vaccinating various cohorts. Outreach clinics in community hospitals are also provided particularly targeting those areas where GP practices were not able to participate. Finally mobile teams support vaccinating in care homes and District Nursing team, support vaccination in households.</p> <p>Approximately 65,000 individuals were impacted by a change in eligibility and reporting. New guidelines now include one vaccine, and a booster shot. Reporting has changed to use population denominators instead of eligibility denominators.</p> <p>First appointment uptake rate is 46%, compared to the Welsh average of 38% as of early November, and it is expected to increase over the next few weeks as more eligible cohorts get vaccinated.</p> <p>Vaccination was offered in descending order of priority, starting with severely immunosuppressed, and progressing downwards in age groups.</p> <p>In relation to flu vaccination, the Health Board is on track to reach 75% target. Clusters show higher flu uptake in eligible population, especially in 2-3 year olds and those aged 65.</p> <p>There was a 35% uptake with staff flu vaccination, and some of the improvements that have been put in this year into the programme. Every staff member has a personal invitation, and better data capture is in place to determine who has accepted the offer. This will assist teams in targeting outreach and clinics.</p>

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	The Committee RECEIVED the update and NOTED the Winter Respiratory Plan would be considered by the Board at its next meeting in November.
ITEMS FOR DISCUSSION	
PPPH/23/31	<p>DEEP DIVE PROPOSALS – DETERMINE A PROGRAMME OF POPULATION HEALTH FOCUSED TOPICS</p> <p>The Director of Public Health gave a presentation providing an overview of the change in population demography for Powys and predicted future changes in the NHS in the next 10 years. Welsh Government statisticians have analysed projections for the NHS in the next 10 years which show a growing elderly population and rise in chronic diseases, including multiple chronic diseases. Living longer has many impacts, but it always means an increase in long term conditions. The biggest increase in modelling is in diabetes and chronic pain.</p> <p>A deep dive into diabetes was agreed to be provided to the Committee in February 2024.</p>
ITEMS FOR INFORMATION	
PPPH/23/32	There were no items for information.
OTHER MATTERS	
PPPH/23/033	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the Committee Work Programme and stated that due to the cancellation of the August meeting, some of the items in red have been rescheduled into future meetings.</p> <p>The Committee NOTED the Work programme.</p>
PPPH/23/34	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>The Committee noted the Additional Learning Needs (ALN) item would be raised to the Board for awareness.</p>
PPPH/23/35	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/23/36	<p>DATE OF THE NEXT MEETING</p> <p>20 February 2024 at 10:00, via Microsoft Teams.</p>

Belinda Mills									 <div>Bwrdd Iechyd Addysgu Powys Powys Teaching Health Board</div>
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									
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.	28-Feb-24		On track	
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (NONE)									
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 20.02.2024)									
20th October 2022	PPPH/22/57b	DPP	Endoscopy Services	An update on Endoscopy Services to be provided to a future meeting	09.05.23 update - item added to work programme for Aug 2023 Committee meeting 16.11.2023 update - August update circulated to PPPH Committee via email, substantive item on endoscopy added to Feb 2024 Committee meeting - new date request 20.02.24 update - update included in agenda for Feb 24 meeting.	24.08.23	20.02.2024	Completed	
16-Nov-23	PPPH/23/29	DoTHS	ALN	Outcome of joint meeting with local authority to discuss ALN to be reported to Committee	20.02.2024 update - This will be reported verbally to the February meeting and has been added as an agenda item to meeting 1 of 2024/25.	20.02.2024		Completed	

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Planning, Partnerships and
Population Health Committee

Date of Meeting:
20 February 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 24 January 2024

PURPOSE:

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

RECOMMENDATION(S):

The Committee is asked to:

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

Approval/Ratification/Decision¹

Discussion

Information

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:

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.

NHS Wales Planning Guidance was issued in December 2023 and all organisations are currently developing plans for next year onwards, to be submitted by the end of 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).

Additional information provided since the last report submission has been highlighted in red for ease when reviewing.

DETAILED BACKGROUND AND ASSESSMENT:

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

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

NHS Wales Planning Guidance was issued in December 2024 and all organisations are currently developing plans for next year onwards, to be submitted by the end of 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.

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 Llais.
- The report is updated on a quarterly cycle.

Strategic Change Update

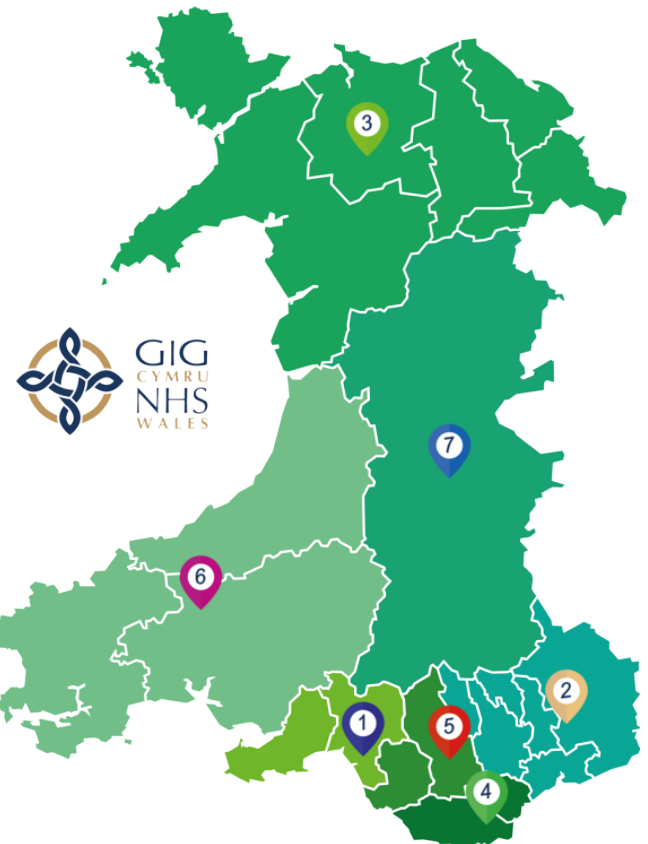
Review of Neighbouring Plans for 2023/24

February 2024

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Purpose

- This paper presents an update of strategic change for 2023/24.
- This provides a broad, whole system view of each area's strategic change ambitions
- This assists in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents
- It should be noted that organisations are currently developing Plans for 2024 onwards which may impact on their strategic change intentions, this will be reflected in a future stocktake once known



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Changes in Health Board Escalation Statuses

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

Routine Arrangements (lowest level), Enhanced Monitoring, Targeted Intervention, Special Measures (highest level)

Health Board	Current Status
Aneurin Bevan UHB	<ul style="list-style-type: none"> Targeted intervention for planning and finance Enhanced monitoring for performance and outcomes related to urgent and emergency care at The Grange hospital
Betsi Cadwaladr UHB	<ul style="list-style-type: none"> Special measures
Cardiff and Vale UHB	<ul style="list-style-type: none"> Enhanced monitoring for planning and finance
Cwm Taf Morgannwg UHB	<ul style="list-style-type: none"> Enhanced monitoring for planning and finance Enhanced monitoring for maternity and neonatal Enhanced monitoring for quality and governance, leadership and culture, trust and confidence Targeted intervention for quality issues relating to performance
Hywel Dda UHB	<ul style="list-style-type: none"> Targeted intervention
Powys tHB	<ul style="list-style-type: none"> Enhanced monitoring for planning and finance
Swansea Bay UHB	<ul style="list-style-type: none"> Enhanced monitoring for maternity and neonatal Enhanced monitoring for planning and finance Targeted intervention for performance and outcomes

Overview – key areas of impact for Powys

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

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

All areas in Wales have developed plans for 2023 - 2024. **Further planning is underway to develop plans for 2024 onwards, in response to the NHS Wales Planning Guidance issued in December 2023**

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

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

ARCH programme includes regional centre of excellence / regional services

South West Wales Cancer Centre programme in place

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

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

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

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

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

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

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

ABUHB have a three year plan which follows up on major transformation in recent years. A further review of their strategy took place in the Autumn and will be reflected in their plan for 2024 onwards



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

Annual Plan 2023 – 2024

BCUHB have an annual plan for the current year, which summarises the population profile and health need of North Wales and sets the context for the longer term whilst also focusing on stabilisation, special measures and recovery in year.

The plan has 9 strategic priorities :

- Prevention and Health Protection
- Primary Care
- Planned Care
- Urgent and Emergency Care
- Cancer
- Mental Health, Substance Misuse and Learning Disability
- Women's Services
- Children
- Wider Delivery

There are also a set of areas that are enabling effective delivery which are workforce, digital, estates and capital, partnership, governance, organisational development, quality, innovation and improvement, finance and value, social responsibility.

In 2018 the long term plan for health, well-being and healthcare was published called “Living Healthier, staying well”. The strategy is aligned to Welsh Government’s “ A Healthier Wales: our Plan for Health and Social Care ambition for health and social care services to work more closely together.

There are a number of goals which make up the plan:

- Improve physical, emotional and mental health and well-being for all
- target our resources to people who have the greatest needs and reduce inequalities
- Support children to have the best start in life
- work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being
- Improve the safety and quality of all services
- Respect people and their dignity
- Listen to people and learn from their experiences

The health board approved a Clinical Services Strategy approved in August 2022. This provides a framework to help shape the future direction, strategic clinical intentions and priorities of the board by setting out a ‘blue print for large scale-service redesign.

Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

BCUHB appointed a new chief executive who formally took on the substantive role in January 2024

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 Wellbeing Assessment updated Spring 2022 Engagement carried out to gather insights from residents and stakeholders to inform the refresh of the plan Wellbeing Plan finalised in Quarter 1
PTHB Integrated Plan 2023 - 2026	<ul style="list-style-type: none"> PTHB approved the Integrated Plan 2023 – 2026 at the Board meeting on 29 March 2023 The Plan for 2024 onwards is in development and is set in a Five Year context, continuing to be shaped by the shared long term Health and Care Strategy, 'A Healthy, Caring Powys' and in the context of the Powys Wellbeing Plan; the plan will respond to the NHS Wales Planning Guidance and Financial Allocation Letter published in December 2024
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 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 in Q3 For further detail on engagement please refer to PTHB Service Change Engagement Report (appended).
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)

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 2023/2024	<p>Supporting these aims are a set of annually agreed priority areas. The Priorities for 2023 / 2024 were developed taking into account current priorities, clinical priorities identified by the Clinical Advisory Group, themes and issues identified by the Mid Wales Social Care Group, Commissioning Group and Growing Mid Wales Partnership and feedback from the public.</p> <ul style="list-style-type: none"> Urology - Hywel Dda UHB are leading on the development of the national Urology Health Pathway for which it has been assigned the lead and this was due to be launched in December 2023. However, clarification is needed over whether the work was putting into place new pathways or just a collation of current pathways across Wales. It was noted that Betsi Cadwaladr UHB has not signed up to the national health pathways work and that Powys THB was not part of this arrangement. Ophthalmology - The Mid Wales Planning and Delivery Executive Group have agreed that the joint Ophthalmology Consultant Lead post between Hywel Dda UHB and Powys THB be covered through a sessional arrangement. Colorectal - The Mid Wales Colorectal Group are working on the development of Phase 1 to establish a colorectal clinic (provided by Hywel Dda UHB) at Newtown for Powys patients (currently they travel to Bronglais General Hospital). Bronglais General Hospital: Delivering Excellent Rural Acute Care - The action plans supporting the implementation of the strategy have all been reviewed other than the digital plan for which a review meeting was held on the day after the MWCAG meeting. Workshop on Shared learning for Six Goals and Equip – The projects will be fully evaluated and the outcomes understood before consideration for taking forward across Mid Wales. Regional Diagnostic Centre - The draft report on the work being undertaken to explore the establishment of a rural Regional Diagnostic Centre has not yet been finalised.
Rural Health and Care Wales	MWJC also established Rural Health and Care Wales, working in collaboration with Universities as a centre for excellence in rural health and social care.

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Mid and South West Wales



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

Strategy / Plan	Key Points
Annual Plan 2023 / 24	<p>HDUHB were not in a position to produce a balanced financial plan for 2023/2024 and therefore submitted an Annual Plan.</p> <p>The plan set out four domains of Our People, Our Patients, Our Future and Our Communities.</p> <p>The plan was structured around 8 goals:</p> <ul style="list-style-type: none"> • Grow and Train our Workforce • Support and Retain our Workforce • Safe and High-Quality Care • Accessible and Kind Care • World-class Infrastructure • Sustainable Services • Healthier Communities • Positive Impact Beyond Health <p>This continues to be framed by the longer term strategy 'A Healthier Mid and West Wales' with a future service model designed around a new Urgent and Planned Care Hospital and hub for specialist children and adult services, supported by a network of hospitals and community hubs provided locality based care. Consultation on the location of the new hospital has concluded and recommendations on the shortlist have been finalised.</p> <p>HDUHB is developing a Clinical Services Plan to bridge operational challenges and plans for a new hospital network.</p> <p>In August 2023 HDUHB declared an internal major incident at Withybush Hospital as it seeks to identify the scale and impact of the Reinforced Autoclaved Aerated Concrete (RAAC) found in the hospital building. RAAC is a material that was commonly used in the construction of buildings between the 1960s and 1990s. Its presence has been confirmed at Withybush Hospital and at a limited part of Bronglais Hospital. The health board is working with a Welsh Government approved external contractor to identify the scale of the issue – this involves surveying each of the RAAC planks on site. Where structural issues are identified, the extent of the remedial work is also being assessed.</p> <p>Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).</p> <p>An interim Chief Executive Officer has been appointed to the Health Board from February 2024 for a period of up to a year.</p>

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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
Recovery and Sustainability Plan 2023/24 – 2025/26	<p>SBUHB have submitted a Recovery and Sustainability Plan, following the approach taken in 2022/2023. The key areas are:</p> <ul style="list-style-type: none">• An Integrated and Partnership Approach• Commissioning Quality and Outcomes Driven Care• Becoming a Population Health Focused Organisation• Ministerial Priorities• Planning Approach• Deliverables• Key Service Change Critical Path 22/23• Demand and Capacity Assumptions and Modelling• Improving Efficiency• Minimum Data Set 22/23• Service Change and Improvement• Quality and Safety• Population Health• Primary and Community Care• Pan Cluster Planning• Urgent and Emergency Care• Planned Care• Cancer• Mental Health and Learning Disabilities• Children, Young People and Maternity• Regional and Tertiary Services: ARCH & RSSPP• Resources• Workforce• Digital• Capital and Estates• Sustainability and Decarbonisation• Finance• Delivery and Execution <p>The plan follows on from significant transformation work already undertaken including centralization of acute medicine at Morriston Hospital, with next steps to include centralization of elective orthopaedic surgery and rehabilitation at Neath Port Talbot Hospital, increase surgical capacity at Singleton - 3 x modular theatres, Modernisation of Adult Mental Health Services, Learning Disability Service Redesign and the development of the South West Wales Cancer Centre (SWWCC) in Singleton Hospital. SBUHB are also progressing with a population health strategy.</p> <p>Each region is engaged in their part of the national Stroke review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).</p> <p>Singleton's maternity and neonatal service was placed into enhanced monitoring by Welsh Government in December following a report by Healthcare Inspectorate Wales (HIW). Swansea Bay University Health Board (UHB) announced on 12 December that it has commissioned an independent review of its maternity and neonatal services in order to maintain public confidence in the care being delivered. The review team consists of a Consultant Obstetrician, Midwifery Lead, Neonatal Nursing Lead, Neonatologist Lead and an engagement lead. The oversight panel will be independently chaired by an individual with no links to the Health Board – to be announced in the New Year. The review is expected to take 10 months to complete.</p>

Independent review into Maternity and Neonatal services in Swansea Bay

South West Wales Cancer Centre

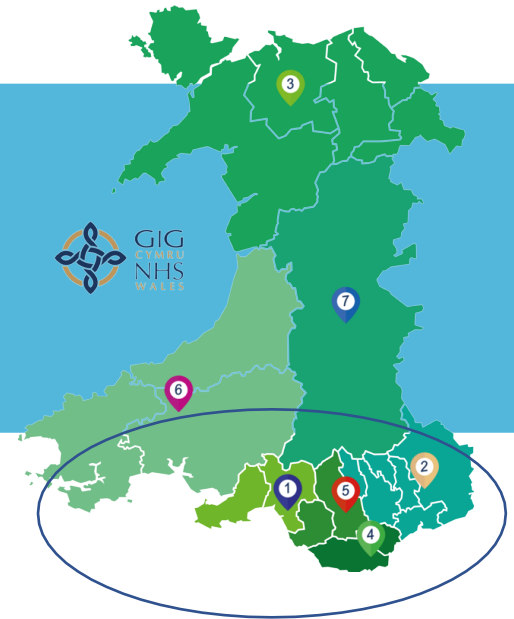


- South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDUHB).
- SWWCC serves nearly one-third of the 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
South West Wales Cancer Centre (SWWCC) Regional Strategic Programme	<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>

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South / South East Wales



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ARCH Programme



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

Programme

Key Points



Service Transformation

- Regional Pathology and Genomics Centre of Excellence Project – development of an Operations Delivery Network for Pathology to create a single hub and management / leadership structure; will not change service delivery
- Regional Eye Care Services
- Regional Dermatology Services
- South West Wales Cancer Centre (SWWCC) - see next page for further detail
- Neurological Conditions Regional Services
- Cardiology Regional Services
- Stroke Regional Services – development of Comprehensive Regional Stroke Centres; Powys catchment is included in South West Wales Region footprint

Service Transformation – Pipeline

Develop regionally agreed approaches including scope, programme delivery and governance, regional service models, resourcing and management for:

- Oral & Maxillofacial Surgery
- Radiology Services
- Orthopaedics
- Endoscopy
- Children's Services

Other Regional Projects/Programmes

Sexual Assault Recovery Centre (SARC): Established a regional programme to work with the National Programme to deliver the agreed national workforce and service model, establish a Regional Children's Hub, and ISO accredited services for Adults.
Transforming Access to Medicines (TRAMS)

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Cwm Taf Morgannwg University Health Board

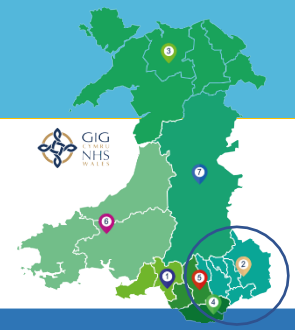


Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

Strategy / Plan	Key Points
<p>Three Year Plan 2023 – 2026</p> <p>Stroke 16/02/2024 13:26 patterson.Liz</p> <p>Service disaggregation in relation to Bridgend Boundary transfer</p>	<p>CTMUHB have submitted a Three Year Plan which sets out the context, drivers, major projects which will deliver transformation and the implementation of the Clinical Services Strategy 'CTM 2030 Our Health Our Future'.</p> <p>Four strategic goals have been identified:</p> <ul style="list-style-type: none"> • Creating Health • Sustaining Our Future • Improving Care • Inspiring People <p>Five major projects are noted:</p> <ul style="list-style-type: none"> - Regional Diagnostic and Treatment Centre for South East Wales - Redevelopment of Maesteg Community Hospital as an Integrated Health and Care Hub - Acute site utilisation – review and mapping - Building Healthier Communities - Integrated primary and community services <p>Each region is engaged in their part of the National Stroke Review. CTMUHB and CAVUHB are currently engaging as the South Central region on the future shape of stroke services. For further detail please refer to PTHB Service Change Engagement Report (appended to this report).</p> <p>Swansea Bay UHB and Cwm Taf Morgannwg UHB have been working together since the Bridgend Boundary Change on 1st April 2019 to review the contractual arrangements and jointly plan the disaggregation of the services. CTMUHB report that during 2023/24 no disaggregations have directly impacted Powys residents.</p>

Aneurin Bevan University Health Board

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



Strategy / Plan	Key Points
Three Year Plan 2023 - 2026	<p>ABUHB developed and submitted a three year plan. The plan has three core themes of quality, efficiency and workforce. It builds on the plan submitted last year particularly the life course approach and role as a population health organisation. ABUHB is now a 'Marmot region' and this is reflected in the plan. They will be undertaking a full review of our overall health board strategy this autumn.</p> <p>There are 5 priorities: Every child has the best start in life, Getting it right for children and young adults, Adults in Gwent live healthily, and age well, Older adults are supported to live well and independently, Dying well as part of life</p> <ul style="list-style-type: none"> • Focus from Clinical Futures Programme : Stroke Rehabilitation, Minor Injuries, Maternity Led Units, Role of Enhanced Local General Hospitals, Range of Pathway Redesign Programmes. • ABUHB has concluded 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, 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. For further detail refer to PTHB Service Change Engagement Report (appended to this report). • Free-standing midwifery-led units across the health board, engagement complete / final configuration approved by Board. • Development of a new satellite radiotherapy unit on the Nevill Hall Hospital site, to enhance overall capacity and local accessibility - all progressing. No other issues currently reported by ABUHB. • Each region is engaged in their part of the National Stroke Review. For further detail on those areas with live engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).

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Cardiff & Vale University Health Board



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

Strategy / Plan	Key Points
Annual Plan 2023 – 24	<p>CVUHB have produced an Annual Plan 2023 – 24 and confirmed that as for the previous year, they are unable to deliver a financially balanced plan. CVUHB have therefore submitted a one year plan with key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term.</p> <p>The key areas in the Plan are:</p> <ul style="list-style-type: none"> • Overview of delivering our priorities • Urgent and Emergency Care • Planned Care, Cancer and Diagnostics • Specialist Services • Mental Health • Regional Priorities <p>This continues to be set in the context of their long term strategy 'Shaping our Future Wellbeing'. Developed prior to the pandemic and currently being refreshed this sets out goals for population health and wellbeing:</p> <ul style="list-style-type: none"> • Baseline and Horizon Scanning • Model of Care and Pathways <p>This includes increasing clinical service delivery closer to home, increasing unplanned and emergency and specialised delivery at University Hospital Wales and increasing planned, elective, non acute protected service delivery at University Hospital Llandough.</p> <p>Each region is engaged in their part of the National Stroke Review. CTMUHB and CAVUHB are currently engaging as the South Central region on the future shape of stroke services. For further detail please refer to PTHB Service Change Engagement Report (appended to this report).</p>
Stroke	
Allergy Services	CVUHB have ceased the provision of secondary care allergy services from outside Cardiff and Vale from 1 st November 2023. Welsh Government has asked all Health Boards for information to map alternative provision.

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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	
<p>South East Wales Regional Portfolio</p> <p>Patterson, Liz 16/02/2024 13:26:56</p>	<p>The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises several programmes of work, current statuses and headline notes provided below (further detail available in Delivery Board papers):</p> <ul style="list-style-type: none"> • Orthopaedics – Rescoping of the regional clinical services plan/ review of waiting list and backlog by specialty; clinical pathway analysis and planning underway, some delays experienced; Workforce workshop planned January 2024 • Diagnostics – remains at Business Case stage with some delays, resource planning arrangements underway <ul style="list-style-type: none"> - Radiology –Regional arrangements being finalised; to focus on modernisation programme - Endoscopy – model option appraisal; site feasibility testing continuing - Pathology –PID to be finalised and endorsed, non financial option appraisal due March 2024 - Ophthalmology – clinical lead appointed; some delays including recruitment, cataracts workstream progressing with outsourcing contract process underway and expected to start January 2024 • Stroke – gap analysis completed of current services against 2023 National Stroke Clinical Guidelines, Demand and Capacity modelling completed, Phase 1 of Communication and Engagement Plan completed and Findings Report being produced, Outline Business Case stage • Cancer – scoping and programme stand up to commence • Regional Planning workshop due to be held in October 2023 rescheduled for 6 December; recognition of need to deep dive into portfolio ‘strategic roadmap’ / risks and issues, outputs being considered January 2024 to inform programme development • Regional Digital Planning Conference held and agreement to develop regional Digital Steering Group • Governance being reviewed between Local and Regional programmes

All Wales

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NHS Executive (from 1st April 2023)

Strategy	Key Points
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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.

National Clinical Framework Implementation Programme

An update has been provided in October 2023 following the conclusion of staff consultation on the implementation of National Strategic Clinical Networks within NHS Wales. The following National Strategic Clinical Networks are being established:

National Strategic Clinical Network for Cancer (Live 01 October 23)

National Strategic Clinical Network for Cardiovascular Conditions (Live 01 October 23)

National Strategic Clinical Network for Child Health

National Strategic Clinical Network for Critical Care, Trauma, and Emergency Medicine (Live 01 October 23)

National Strategic Clinical Network for Diabetes (Live 01 October 23)

National Strategic Clinical Network for Gastrointestinal Conditions

National Strategic Clinical Network for Maternity and Neonatal Services

National Strategic Clinical Network for Musculoskeletal Conditions and Orthopaedics

National Strategic Clinical Network for Neurological Conditions

National Strategic Clinical Network for Respiratory Conditions

National Strategic Clinical Network for Women's Health

These networks will go live in phases, with the first set starting as of 1st October 2023

Previous Planned Care Specialty Boards transition into Implementation Networks

These are supported by Operational Delivery Networks and Communities of Practice

RISP

A national Radiology Informatics System Procurement (RISP) programme is under way across Wales to deliver "a seamless end-to-end electronic solution from receipt of a referral to the delivery of a radiology report". Digitisation of radiological equipment across Wales aims to optimise patient care, quality and outcomes but may impact on the overall configuration and location of imaging services nationally and locally.

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is responsible for the joint planning of Specialised and Tertiary Services on behalf of Local Health Boards in Wales.
This will change in 2024 when the new arrangements for NHS Wales National Commissioning are implemented.

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

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

EASC & NCCU will become part of the new arrangements for NHS Wales National Commissioning in 2024 when these are implemented.

Strategy/ Plan	Key Points – from review of recently published Plan(s)
<p>EASC Integrated Medium Term Plan 2023 / 26</p> <p>https://easc.nhs.wales</p>	<p>EASC submitted an IMTP which is described as an iterative development of the existing plan, which recognises the significant challenges that NHS Wales has faced over the previous 12 months and as such takes a pragmatic approach to breadth and scale of change and delivery that can take place over the timeline of this plan.</p> <p>The plan covers 3 broad areas: 1. Commissioning approach and work plan; 2. Priorities for commissioned services 3. Wider system requirements and expectations. The Commissioning priorities for 2023/6 are:</p> <ul style="list-style-type: none"> - Quality and Safety - Performance Improvement - Performance Enablers - Financial sustainability and efficiency - Commissioning intentions for commissioned services (2023/24) - Informatics and Ambulance - Quality Indicators with an increased focus on outcome measures - Maximising the impact of Six Goals for Urgent and Emergency Care Programme outputs - Transfer, Repatriation and Discharge Services - NHS 111 Wales - EASC's role as an integral part of national commissioning - Value based approaches to commissioned services
<p>EMRTS / Air Ambulance Service</p> <p>Patterson, Liz 16/02/2024 13:26:56</p>	<p>Air Ambulance Services are provided by the Wales Air Ambulance Charitable Trust and commissioned by EASC.</p> <p>EASC is leading a service development process looking at how EMRTS operates and options for the future:</p> <ul style="list-style-type: none"> • Phase 1 (complete): Constraints and options with investment objectives / benefits and weights • Phase 2 (complete): updated options with benefits and risks, • Phase 3 (expected Feb 2024) seeking views on a short list of options <p>It is anticipated that recommendations will be made to a meeting of EASC in March 2024.</p> <p>For further detail on the associated engagement on-going please refer to PTHB Service Change Engagement Report (appended to this report).</p>

Welsh Ambulance Services Trust (WAST)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 – 2026	<p>WAST have submitted an Integrated Medium Term Plan (IMTP) for a three year period, set in the context of the NHS Wales Planning Framework and the EASC Commissioning Intentions for 2023/24.</p> <p>It continues to be framed by WAST's long term strategy 'Delivering Excellence' published in 2019 which sets strategic objectives for the period up to 2030 and describes the ambition, enablers and fundamentals which continue to shape the WAST IMTP.</p> <p>There are three priorities set out:</p> <ul style="list-style-type: none"> - A focus on improving outcomes and experience for our patients and reducing harm, by providing the right advice and care, in the right place, every time - A focus on improving our people's workplace experience, enabling them to be the best they can be - A focus on delivering a balanced and transformational plan, by delivering exceptional value <p>Key service areas set out in the plan:</p> <ul style="list-style-type: none"> - NHS Wales 111 including digital first vision and platforms, extension to urgent dental care, strengthened leadership and career pathways, remote clinical assessment capacity in the wider healthcare community - Working with health boards on Same Day Emergency Care, pathways for fallers, chest pain, breathing problems and those with mental health needs - EMS Operational and Clinical Transformation to balance urban and rural areas and performance whilst continuing to 'invert the triangle' with specific actions on red performance, use of data to stratify responses, maximising the Clinical Support Desk, consult and close rates and case management through a new Amber Virtual Ward, alternatives to conveyance, Advanced Paramedic roles etc - Ambulance Care encompassing re-rostering in Non Emergency Patient Transport, the move of Urgent Care Service to Ambulance Care, transfer and discharge services - The case for further change through formal engagement, demand and capacity review and independent scrutiny of evidence - 'Our People' application of Kings Fund 3Cs framework – culture, capability and capacity - Financial Plan – WAST are submitting a balanced revenue position

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Digital Health and Care Wales (DHCW)

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 – 26	<p>DHCW have confirmed that they are unable to submit a financially balanced plan. They have submitted an Integrated Medium Term Plan 2023 – 26. This sets out Five Missions each with a set of Digital Deliverables and Outcomes:</p> <ul style="list-style-type: none"> • Be the Trusted strategic partner and a high quality, inclusive and ambitious organisation • Drive better values and outcomes through innovation • Expand the digital health and care record and the use of digital to improve health and care • Deliver high quality digital products and services • Provide a platform for enabling digital transformation <p>The plan also highlights that DHCW runs over 100 live services and integrates with many more. They deliver major national digital transformation programmes, some of which will reach significant milestones in this period:</p> <ul style="list-style-type: none"> - Digital Services for Patients and the Public: NHS Wales App and Website - National Data Resource: transition to live cloud platform and national API management platform - Digital Medicines: proof of concept for primary care transfer to community pharmacies; electronic prescribing; shared medicines record and NHS Wales App/website - Diagnostics systems for radiology and laboratory information management <p>Roadmaps are also provided in the IMTP for key national services:</p> <ul style="list-style-type: none"> - New National Critical Care system - Welsh Patient Administration System: expanding the digital health and care record, particularly through the Welsh Clinical Portal and Welsh Nursing Care Record <p>Digital Health and Care Wales (DHCW) has welcomed the publication of the Welsh Government’s refreshed <u>Digital and Data Strategy for Health and Social Care.</u></p> <p>The updated strategy provides a national direction for digital and data to improve the experience of health and social care staff and users, tackle key strategic challenges facing the sectors and help people to lead happier, healthier and longer lives.</p> <p>It places a focus on inclusive and user-centred digital and data services and how the use of innovative new technologies can empower people to manage their own health and prevent illness.</p> <p>The core aims of the Digital and Data Strategy for Health and Social Care are to:</p> <ul style="list-style-type: none"> • transform our digital skills and partnerships • build digital platforms that meet the needs of Wales • focus on making services digital-first

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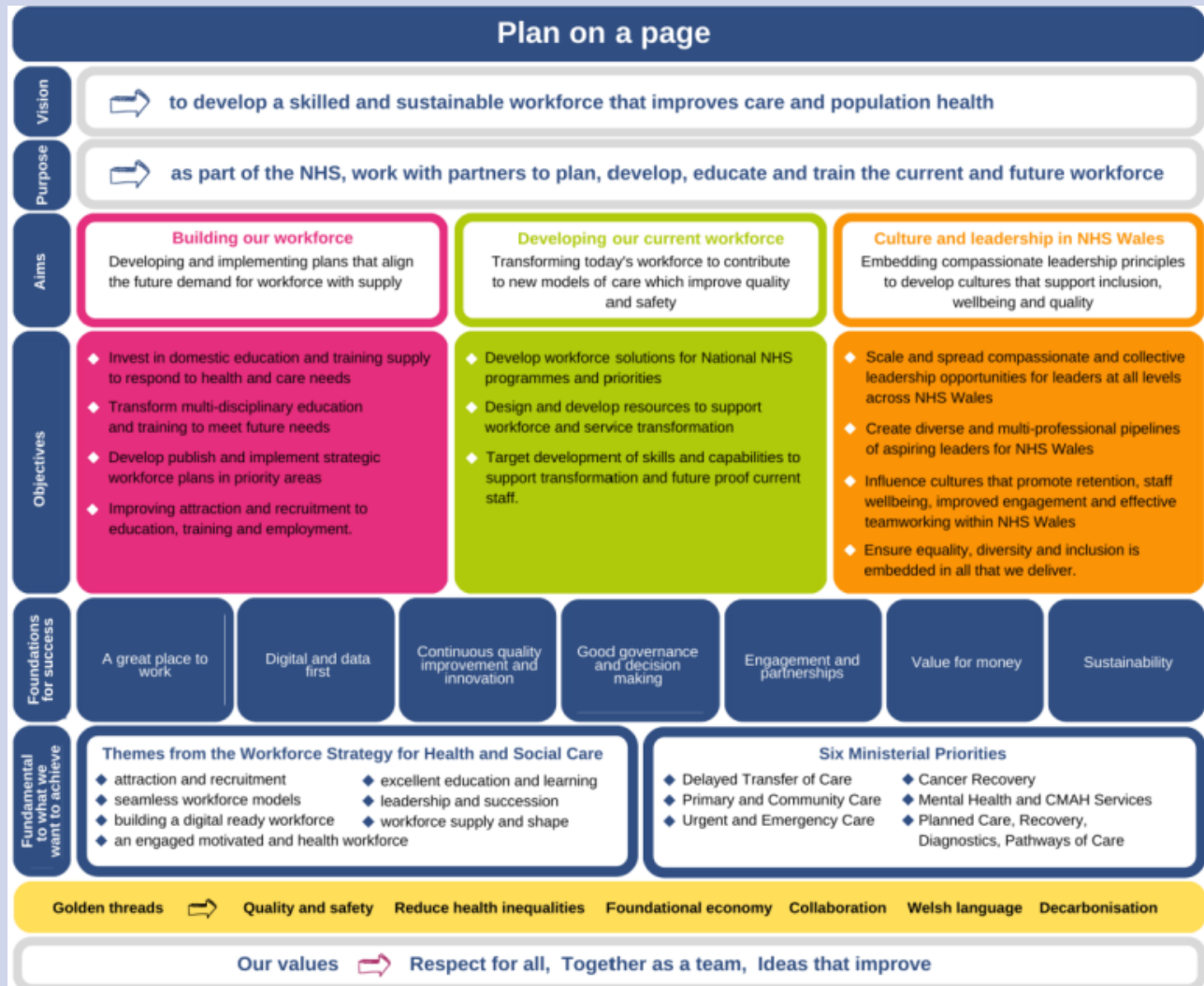
Health Education and Improvement Wales (HEIW)

Strategy/ Plan

IMTP 2023 - 26

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

HEIW have published a three year Integrated Medium Term Plan. The plan builds on the previous year with newly identified and simplified strategic aims. A number of strategic objectives relate to the National Workforce Implementation Plan launched by Welsh Government and the Education and Training Plan approved in January 2023.



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Public Health Wales

Strategy/ Plan

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

Strategic Plan 2023
- 26

PHW have published a Strategic Plan 2023 – 2026, this sets out the following Strategic Priorities:



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

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

The new strategy aims to:



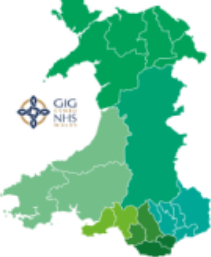


- Maximise benefits for the health and well-being of people in Wales.
- Develop globally responsible people and organisations.
- Respond to global health threats and benefit from international opportunities.

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

A mandate letter for Public Health Wales and other NHS organisations will be issued from Welsh Government recognising their more specialist roles in the system early in the New Year. This will supplement the Planning Framework received in December 2023.

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NHS Wales Shared Services Partnership

Strategy/ Plan	Key Points – from review of recently published Plan(s)
IMTP 2023 - 26	<p>NWSSP agreed its Provisional IMTP at its January Board meeting and at that point were intending to submit a financially balanced plan (no subsequent changes known at time of producing this report so that is the latest position known). NWSSP have set out a smaller number of key organisational priorities and a Strategy Map as shown below.</p> <div><div><p>Key Priorities for 2023-24</p><div><p>1. Good financial governance - We are committed to a balanced budget, compliance with our breakeven duty and a targeted re-investment plan for those NWSSP services that directly support NHS recovery and Ministerial Priorities.</p></div><div><p>2. Decarbonisation and Climate Change - We will provide whole system leadership to the NHS in Wales through the provision of expert guidance to others in delivering their local Decarbonisation Action Plans and support to the national Health and Social Care Climate Emergency Programme.</p></div><div></div><div><p>3. Implementation of our new Digital Strategy - With digital as a critical enabler, we will drive innovation, adopt new technologies and ensure secure ways of working that enhance the digital workplace for our staff. We will be more data driven, automate more and improve system performance and reliability, in partnership with Digital Health and Care Wales.</p></div><div><p>4. Employee Wellbeing - We will continue to provide support to all our staff to support their physical, mental, and financial wellbeing. We will continue to adopt a strong partnership approach with our Trades Unions as we navigate future change, to ensure the voices of our staff are heard and acted upon.</p></div><div><p>We are determined to optimise opportunities to further improve our standards of quality, and ensure consistency, across the full range of services we provide. Delivery of our plan will be challenging, with continued uncertainty around the wider economic environment and the ensuing level of risk to the assumptions in our financial plan particularly. However, we feel there remains sufficient stretch in our plan to delivery innovation and excellence in the services we provide.</p></div></div><div><p>NWSSP Strategy Map <i>Delivering Value, Innovation & Excellence through Partnership</i></p><p>Our Values</p><ul style="list-style-type: none">Listening & Learning To continually reflect upon and improve the quality and effectiveness of all we do.Innovating To be courageous and creative through continuous improvement.Taking Responsibility For brave and compassionate decisions and making the right things happen.Working Together Inclusively with colleagues, customers, and suppliers.<p>Our Strategic Objectives</p><p>Our People Working together to be the best that we can be</p><p>Outcomes</p><ul style="list-style-type: none">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 well-being throughout the organisation to support our staff.We will listen and learn from our staff to co-produce innovative solutions with our partners.<p>Our Services Driving the pace of innovation and consistently providing high quality services</p><p>Outcomes</p><ul style="list-style-type: none">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.<p>Our Value Maximising the benefit, efficiency, and social impact of what we do for our partners</p><p>Outcomes</p><ul style="list-style-type: none">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.</div></div>

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England

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Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin was created on 1 July 2022, replacing NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), as part of Shropshire Telford and Wrekin (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.</p> <p>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 The Outline Business Case (OBC) for the transformation of hospital services across SaTH has been formally approved by the Department of Health, NHSE and Treasury in the latest and penultimate stage of national approval. The UK Government Independent Reconfiguration Panel (IRP) have published their report which reconfirms the direction of travel. A specific recommendation from the IRP was 'the healthcare needs of the residents of mid Wales must continue to be considered as part of the Shrewsbury and Telford Hospitals Transformation Programme (HTP)'. SaTH has appointed Integrated Health Projects (IHP) as its design and construction partner to progress the HTP. IHP will support the Trust as it prepares to take the HTP plans through the final stage of the national approval process and transform acute hospital services for its communities. Preparatory works are expected to start on the Royal Shrewsbury Hospital site from January 2024, with hoardings and site cabins being developed.

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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	<p>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):</p>  <p>Further information is available at Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System (hwics.org.uk)</p>
Programme	Key Points
Stroke Programme	<p>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).</p>

Subject:	NHS Service Change Engagement and Consultation Report
Approved and Presented by:	Director of 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:	<p>The PLANNING, PERFORMANCE AND POPULATION HEALTH COMMITTEE is asked to:</p> <ul style="list-style-type: none">• NOTE and DISCUSS the NHS Service Change Engagement and Consultation Report• 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">• ABUHB agreed at their meeting on 24 January to proceed with the overnight closure of NHH MIU from 1am to 7am following the recent period of engagement• Phase 3 engagement on EMRTS / Air Ambulance is under way• A co-ordinated programme of public/stakeholder engagement encompassing the health board’s Accelerated Sustainable Model and PCC’s Sustainable Powys programme is under way (<i>new 24-001</i>)• A report has been received on Phase 1 of the Bevan Commission “Future of Health and Care” programme <p>Since the last report:</p> <ul style="list-style-type: none">• a unique identifier has been added for each engagement/consultation programme to aid tracking.• Hywel Dda University Health Board new hospital location has been archived (consultation has ended and recommendations on the next steps have been agreed). <p>This paper was previously reviewed at Executive Committee on 24 January 2024.</p>

NHS Service Change Engagement and Consultation Log

Q3 Update to Planning, Partnerships & Population Health Committee

Last updated 2 February 2024

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Engagement and Consultation Exception and Highlight Report		
Engagement Under Way:	23-002 South Central Wales Stroke Services [temporarily paused]	TBC
	23-010 EMRTS / Welsh Air Ambulance Phase 3	1 Feb to 29 Feb TBC
Consultation Under Way:	None	
Engagement Planned or Under Consideration:	23-001 Bevan Commission Conversation – Future of Health and Care	Phase 2 awaited
	23-004 North Powys Wellbeing – Newtown Campus OBC	TBC
	23-005 Hepatopancreatobiliary Services in South Wales	TBC
	23-006 National Stroke Review	TBC
	24-001 Accelerated Sustainable Model / Better Together / Sustainable Powys - NEW	19 Feb to 18 Mar
Consultation Planned or Under Consideration:	23-007 South Wales Specialist Auditory Hearing Implant Services	During 2024 TBC
	23-008 Herefordshire and Worcestershire Stroke Services	During 2024 TBC
Outcome awaited:	23-003 South East Wales Cataract Services	13 Nov to 2 Feb
Watch List:	BCUHB PET CT, South Wales Oesophagogastric Cancer Surgery, CAVUHB allergy services, WVT haematology services	
Implementation:	23-009 Minor Injury Unit Services in ABUHB	11 Sep to 1 Dec
	23-011 Belmont Branch Surgery in Gilwern (task and finish group in place)	
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"> None <p>Archived in previous reports:</p> <ul style="list-style-type: none"> Hywel Dda new hospital location (consultation has ended and next step recommendations made) 	Any programmes can be re-opened in future reports if further engagement or consultation actions become apparent.

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Engagement Paused	23-002 South Central Wales Stroke Services
Current Status	<ul style="list-style-type: none"> Engagement is currently paused. Paused: Further updates are awaited. No further updates received since the November engagement/consultation log.
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 at 1 February 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"> 1 February 2024

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Current Status	<ul style="list-style-type: none"> Phase 3 engagement is taking place from 1 – 29 February 2024. Health Boards are asked to amplify the engagement through their local channels to support participation by people who may be digitally excluded. Coordinated listing being developed so consistent approach agreed with all health boards.
Lead Body	<ul style="list-style-type: none"> EASC with EMRTS and Welsh Air Ambulance Charity
Overview	<ul style="list-style-type: none"> EASC is leading the service development process to agree the future model for EMRTS/WAA 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 sets out the final two options agreed following an options appraisal on 12 January 2024. and seeks public feedback so that a final decision on the way forward can be made by a meeting of the EASC Committee expected in March 2024.
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 2 engagement took place from 9 October 2023 to 12 November 2023. Phase 3 engagement is taking place from 1 to 29 February 2024. Following phase 3, it is expected that a final recommendation will be made to a meeting in public of EASC in March 2024
Key Materials	<ul style="list-style-type: none"> Phase 3 engagement information is available from the EASC website at EMRTS Service Review - Emergency Ambulance Services Committee (nhs.wales) Information is also be available from the PTHB website at https://pthb.nhs.wales/air-ambulance Information about Phase 3 is also being shared via the health board's social media channels (Facebook, X and NextDoor), via the GovDelivery subscription service, via stakeholder syndication and through other mechanisms to support participation by digitally excluded residents.
Engagement Planning	<ul style="list-style-type: none"> The latest information is available from https://pthb.nhs.wales/air-ambulance Fortnightly touchpoints are in place between HB engagement leads, EASC, EMRTS and WAA Charity.
Llais Liaison	<ul style="list-style-type: none"> Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison Touchpoint meeting on 8 January 2024 and 22 January 2024 provided an opportunity to look ahead to Phase 3 plans.
Last Updated	<ul style="list-style-type: none"> 1 February 2024

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. We are now awaiting further details of Phase 2 engagement (if agreed). 	
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 	
Last Updated	<ul style="list-style-type: none"> 1 February 2024 	

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 13 December 2023.
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"> 15 January 2024

Under review	23-005 Hepatopancreatobiliary Services in S. Wales
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"> • 1 February 2024

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Under review	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 is 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"> Whilst a coordinated national period of engagement on an initial issues paper was originally mooted from Q2 2023/24 as the first phase of longer-term programme of engagement, individual regions are undertaking a more local approach to engagement each with potential interdependency for Powys: <ul style="list-style-type: none"> North: questionnaire issued to recent stroke patients to gather experience, work under way to plan a next phase of wider service user and stakeholder experience South Central: questionnaire issued to recent stroke patients, Period of engagement has been paused (qv). South West: planning under way to issue questionnaire to recent stroke patients South East: planning under way to issue questionnaire to recent stroke patients, current focus on stroke rehabilitation model
Key Materials	<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 and has met on 25 August 2023 and 18 October 2023. Llais representation is via the Regional Director for Gwent. Meetings are due to be 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"> 1 February 2024

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Engagement Planned	24-001 Accelerated Sustainable Model
Current Status	<ul style="list-style-type: none"> COMMENCING SOON: Engagement is being planned in partnership with Powys County Council 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 events is due to commence from 19 February.
Lead Body	<ul style="list-style-type: none"> PTHB with PCC
Overview	<ul style="list-style-type: none"> 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. 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.
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"> Workshops have been planned in partnership with PCC commencing 19 February 2024 and continuing until the 18 March 2024.
Key Materials	<ul style="list-style-type: none"> Planning under way to consider materials and formats for workshop sessions including a short introductory video Engagement HQ project for both with potential for feedback. Further information will be added once details are confirmed.
Engagement Planning	<ul style="list-style-type: none"> Meetings established and taking place to ensure PCC/PTHB are sharing plans/working together in planning said workshops and considering other communication needs around PR/internal comms etc.
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	1 February 2024.

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<div> <div>Consultation expected 2024</div> <div>23-007 S.Wales Specialist Auditory Hearing Implant Devices</div> </div>	
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 WHSSC governance including implementation of a designated provider process. The designated provider process has not yet concluded.
Lead Body	<ul style="list-style-type: none"> 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"> WHSSC 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"> WHSSC continue to liaise nationally with Llais Tîm Arwain. Regular local liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	<ul style="list-style-type: none"> 1 February 2024

<div> <div>Consultation expected 2024</div> </div>	<div>23-008 Herefordshire & Worcestershire Stroke Services</div>
<div>Current Status</div>	<div> <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. No further updates received since the October engagement/consultation report. </div>
<div>Lead Body</div>	<div> <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. </div>
<div>Overview</div>	<div> <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. </div>
<div>Impact and interdependency</div>	<div> <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, Morriston Hospital, Prince Charles Hospital). However, a review of stroke services in South and West Wales is being established, with a National Stroke Programme Board now established. Interrelationship with proposals for the future shape of stroke services in Wales (q.v.) </div>
<div>Key Dates</div>	<div> <ul style="list-style-type: none"> Further details awaited on the next steps </div>
<div>Key Materials</div>	<div> <ul style="list-style-type: none"> Website for engagement period: https://pthb.nhs.wales/hereford-stroke </div>
<div>Engagement Planning</div>	<div> <ul style="list-style-type: none"> A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders. </div>
<div>Llais Liaison</div>	<div> <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. Regular touchpoints between PTHB and Llais provide an opportunity to review the current position including on 1 November 2023. </div>
<div>Last updated</div>	<div> <ul style="list-style-type: none"> 5 January 2024 </div>

Outcome Awaited	23-003 South East Wales Cataracts
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. The outcome is awaited.
Lead Body	<ul style="list-style-type: none"> ABUHB, CTMUHB, CAVUHB
Overview	<ul style="list-style-type: none"> The engagement is focusing on steps to increase availability of cataract surgery
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"> 2 February 2024

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- 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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Implementation Under Way	23-009 MIU Services in ABUHB
Current Status	<ul style="list-style-type: none"> Engagement recently concluded: Following engagement from 11 September 2023 to 1 December 2023, ABUHB agreed at a meeting of their Board to endorse the overnight closure of NHH MIU between 01:00 and 07:00. The implementation date has not yet been confirmed.
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.
Key Materials	<ul style="list-style-type: none"> Further information is available from the ABUHB website at Provision of Minor Injury Unit Services 12-week Engagement - Aneurin Bevan University Health Board (nhs.wales) including a briefing document, FAQs and survey Information has been shared by PTHB through our website, social media channels *including the final drop in date and intranet and, also through direct email to key stakeholders.
Engagement Planning	<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 have held two dedicated meetings with Llais Powys representatives to discuss plans for engagement with Powys stakeholders and continue to use our fortnightly touchpoint meetings to review progress and next steps.
Last Updated	<ul style="list-style-type: none"> 1 February 2024

Implementation Under Way		23-011 Belmont Branch Surgery, Gilwern	
Current Status	<ul style="list-style-type: none">• IMPLEMENTATION: Formal engagement took place from 10 January 2023 to 6 March 2023. Decision taken at meeting in public of PTHB Board on 24 May 2023 to endorse the recommendation of the Branch Practice Review Panel and accept the closure application. Branch closed 30 November 2023.		
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 home the Gilwern Branch Surgery is their most local GP surgery branch. GP primary care services will continue to be available from War Memorial Health Centre in Crickhowell. War Memorial Health Centre is 3.2 miles from Gilwern. The nearest alternative five GP practices are between 3.5 and 7 miles from Gilwern and are accepting new patients.		
Key Dates	<ul style="list-style-type: none">• Engagement plan discussed at Executive Committee on 14 December 2022.• A period of formal engagement took place from 10 January 2023 to 6 March 2023.• A meeting of the Branch Practice Review Panel took place on 28 April with a meeting of the board on 24 May 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.		
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.• Planning for the community event was led by MCC but with PTHB input. PTHB Engagement Manager attended on the day.		
Llais Liaison	<div><div><div>Patterson, Liz</div><div>11/02/2024 13:26:56</div></div><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 is in place to take forward further development and delivery of the mitigation plan which includes Llais representation, with two-monthly updates to meetings of PTHB Board (most recently on 31 January 2024)</div>		
Last updated	<ul style="list-style-type: none">• 1 February 2024		

Planning, Partnerships and Population Health Committee		Date of Meeting: 20 February 2024
Subject:	Endoscopy Service Update	
Approved by:	David Farnsworth, Interim Executive Director of Operations/Director of Community & Mental Health	
Presented by:	Lucie Cornish, Interim Assistant Director Community Services	
Prepared by:	Nicola Kelly, Senior Manager Planned Care	
Other Committees and meetings considered at:	N/A	

PURPOSE:

This paper aims to provide the Committee with a high-level service update relating to endoscopy within Powys Teaching Health Board (PTHB) which covers both the symptomatic service and bowel screening service in response to action PPPH/22/57b.

RECOMMENDATION(S):

The Committee is asked to:

- **DISCUSS** and **NOTE** the update and the operational actions, risks and corporate support requirements outlined to manage the delivery of Endoscopy Services within Powys Teaching Health Board.

Approval/Ratification/Decision¹	Discussion	Information
	✓	✓

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

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	✓
	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 purpose of this report is to provide the Committee with an update on Endoscopy service within Powys and national programme requirements relating to Endoscopy, including areas where the Community Service Group has made significant improvements or has challenges.

Actions are advised where performance is not compliant with national or local Powys Teaching Healthboard (PTHB) annual plan targets as well as highlighting both short and long-term risks to delivery.

DETAILED BACKGROUND AND ASSESSMENT:

Core Endoscopy Service (Symptomatic)

The endoscopy service in Powys is provided by in reach consultants from Cwm Taf Morgannwg University Health Board (CTMUHB), PTHB clinical endoscopists (gastroscopy only) and PTHB supporting clinical and decontamination workforce. All PTHB clinical staff also support the bowel screening service and theatre services.

The service is delivered from Llandrindod Hospital and Brecon Hospital. Most patients from North Powys access endoscopy services from Hywel Dda University

Health Board (H DUHB), Betsi Cadwaladr University Health Board (BCUHB) and Shrewsbury and Telford NHS Trust (SaTH).

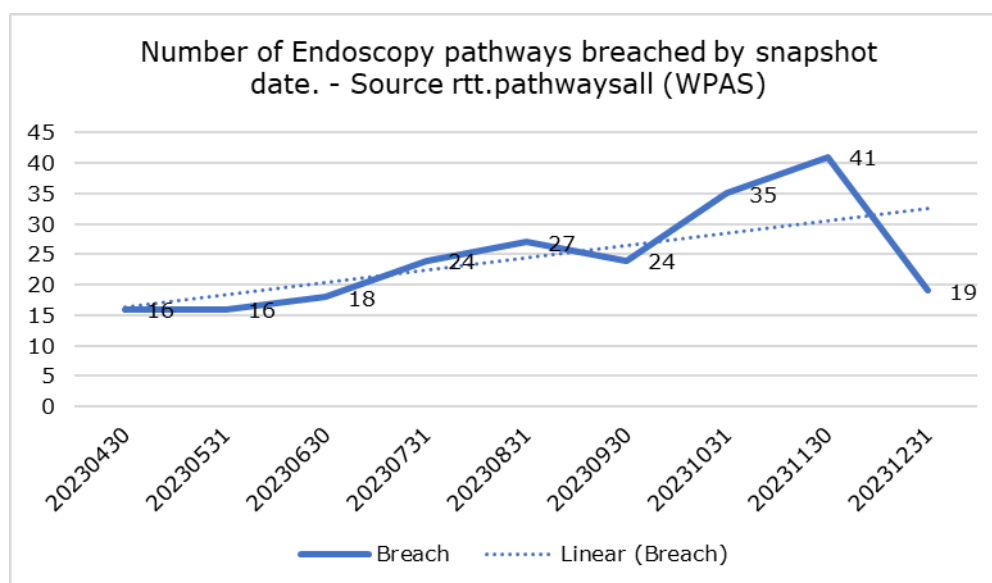
Endoscopy Waiting Times

The latest (December 2023) reported position for patients waiting over 8 weeks is 19 (4 colonoscopy, 1 gastroscopy, 14 sigmoidoscopy). The longest waits (December 2023) are 36 weeks colonoscopy, 29 weeks sigmoidoscopy, 10 weeks gastroscopy. This is an improving position supported by additional in sourced capacity from November 2023. The wait for urgent suspected cancers (USC) patients (December 2023) is between 7-14 days, patient satisfaction surveys still report excellent levels of care.

Dec 23 – Endoscopy Waiting Times Position (8 week target)

Specialty	Sub Spec	Total patients	Patients waiting 8 weeks or longer
Diagnostic Endoscopy	Colonoscopy	30	4
	Flexible Sigmoidoscopy	27	14
	Gastroscopy	40	1

(Source Dec 23 PTHB PowerBI)



Following Covid the PTHB endoscopy service re-started in late July 2020 with a focus on urgent suspected cancers (USC), urgent and overdue surveillance patients. The backlog of patients was successfully cleared during Q4 2020/21 with excellent progress maintained utilising additional lists provided by PTHB clinical endoscopists. Unfortunately, since June 2021 there have been significant reductions in capacity due to in reach fragility and PTHB nurse endoscopist vacancy. In 2022/23 capacity shortfalls were met utilising an insourcing provider

Medinet and plans are in place to continue this arrangement subject to contract renewal/finance. The service continues to work with the PTHB Commissioning Directorate and the Regional Endoscopy Programme to review options for additional capacity, mutual aid, utilisation of PTHB endoscopy environment.

It is important to note that all health boards have significant backlogs in USC, urgent and routine endoscopy patients, the national shortfalls in capacity are reported to Welsh Government via monthly health board level demand and capacity modelling which is refreshed monthly. Pre-covid the modelling exercise illustrated a national shortfall in capacity particularly in colonoscopy and this was also evident in the PTHB level model.

PTHB Endoscopy Clinical Support

The clinical team consists of both nurses and operating department practitioners. They work across surgical services and endoscopy with duties ranging from Pre-assessment and scrub to day ward management. This requires an extensive knowledge and skills base across all specialities including endoscopy which makes recruitment challenging in an already highly competitive recruitment market and retention of staff difficult. The aim for the service in the medium term is to have discreet endoscopy roles, and a separate endoscopy service. To support this objective a new Band 7 (0.8wte) clinical leadership post for endoscopy was developed and successfully recruited to in 2022. The overarching post of Clinical Lead for Theatres and Endoscopy vacant since June 2022 was re-banded in 2023/24 and successfully recruited to in October 2023.

PTHB Clinical Endoscopists

In Q3 2022/23 PTHB's first clinical endoscopist trainee (gastroscopy) successfully completed the National Endoscopy Training Programme sponsored by PTHB with training provided in Powys in conjunction with CTMUHB. This post compliments the Advanced Nurse Endoscopist (gastroscopy) role already recruited to within the service and has enabled a significant increase in service capacity to support repatriation of PTHB patients from neighbouring health boards. The clinical endoscopy team are leading service transformation with programme management support from PTHB Transformation Team with the development of a capsule sponge service (commenced October 2023) and trans nasal endoscopy (TNE) service. Unfortunately, due to the impact of industrial action on the availability of consultant training supervision the implementation of TNE in Powys will move beyond March 2024. These services will improve patient experience and access times.

To support patients to wait well the PTHB endoscopists have also been instrumental in the development of peer support groups providing holistic lifestyle support to patients. The PTHB clinical endoscopist team will look to further enhance service

provision with nurse prescribing training due to commence from 2024/25. Whilst the service has been successful in training and recruitment of clinical endoscopists to support gastroscopy, recruitment to the vacant post to support colonoscopy has been unsuccessful despite numerous recruitment rounds and a revised job description. There is a national shortage of colonoscopy skills and development, training of these staff is being considered at a national level.

Joint Advisory Group (JAG) Accreditation

JAG accreditation is awarded to endoscopy services who have been assessed and have demonstrated that they meet the JAG quality standards. These cover all aspects of an endoscopy service, ensuring that they: continually improve the quality and safety of the care provided, maintain a strong focus on ensuring patients have a positive experience, provide excellent training and development opportunities for all staff and uphold a safe and comfortable environment for patients and staff. The endoscopy suite in Brecon is the only community hospital site in Wales, currently JAG accredited, this status was continued following the successful JAG Annual Review in May 2023. To maintain accreditation PTHB will undertake a full accreditation assurance inspection in March 2024 this process will also form part of the initial assessment for the Llandrindod site accreditation.

The assurance inspection involves detailed process, staffing and environment review and will require evidence of strengthened speciality medical leadership to meet assurance requirements. Speciality leadership has been challenged due to fragility of in reach services and consultant retirement, however the Interim Medical Director Planned Care post appointed Sept 23 has been supporting the service with medical oversight and the review of service operating protocols. If JAG assessment criteria are not fulfilled, then a deferral notice may be issued with a 6-month improvement plan for re-assessment.

Environment and Decontamination

Significant progress has been made in terms of the endoscopy environment within Powys with the newly refurbished unit in Llandrindod operational, decontamination equipment and medilogik data capture system secured in 2021/22. There are several further investment requirements including a bid for an electronic tracking system for scopes which is currently awaiting funding. Decontamination management and processes have been strengthened with dedicated support from Estates and Infection Prevention Control teams. The service is currently piloting the Scan4Safety digital stock management system which enables digital stock tracking to patient level improving patient safety, traceability, operational productivity, and supply chain efficiency.

Clinical Pathways and Patient Tracking

For many patients the endoscopy pathways within Powys span CTMUHB and other health board diagnostics and USC multi-disciplinary services which can be complex from a service user and operational management perspective. With funding from the National Single Cancer Pathway in July 2023 the service successfully recruited to a cancer training officer post to support the administrative tracking for cancer patients. Further work will be undertaken to review support/advocacy models for patients on these pathways as part of learning from a patient experience root cause analysis as part of the Waiting Well Service 3Ps (Promoting healthy behaviours, Preventing deconditioning whilst waiting, and Preparing for treatment recovery) roll out in 2024/5.

Clinical Incidents

The newly appointed Senior Clinician Theatres/Endoscopy and Interim Assistant Medical Director Planned Care have enhanced clinical leadership support for incident management within the service. Incidents have identified the need to improve cross organisational pathways and a review of the service operating protocols has taken place including access criteria to support this.

Public Health Wales (PHW) PTHB hosted Bowel Screening Wales (BSW) Service

In addition to fragilities within the PTHB core endoscopy service concerns around the sustainability of the PTHB Bowel Screening Service are on-going. The BSW Endoscopy Service has historically been provided by a locum consultant from HDUHB (2 sessions per month), PTHB specialist nurse (Band 7 0.4wte) and an administrative officer and operates from Brecon Hospital. Support staffing for the BSW service is provided by the main PTHB endoscopy/ decontamination workforce and as with the core endoscopy service most patients from North Powys access screening services from HDUHB, BCUHB and SaTH.

Bowel Screening Waiting Times

Bowel screening uptake for all PTHB residents October 2023 is 66.9% (target 60%) and the current waiting time from assessment to diagnostic is 8 weeks (target 4 weeks Jan 24). An area of concern in terms of the bowel screening pathway is the waiting time for histology, this service is currently provided by Aneurin Bevan University Health Board (ABUHB). As of October 2023 there was 16.7% compliance with the 7-day target for receipt of results. This was formally escalated via the PTHB Commissioning Assurance Framework in 2022/23 and ABUHB have advised that they have staffing, capital, and insourcing plans in place to address this. Wait times have reduced but are still outside the target.

Bowel Screening Optimisation

As part of the NHS Wales commitment to improving cancer outcomes in Wales the age for bowel screening test eligibility has already been lowered from 60 years of age to 55 and is being lowered to 50 years in a phased approach in conjunction with increasing the test sensitivity as detailed below:

- Year 3 – October 23 – September 24 invite 51- to 54-year-olds and FIT positivity threshold reduction from 150ug/g to 120ug/g
- Year 4 – October 24 – September 25 invite 50-year-old and FIT positivity threshold reduction from 120ug/g to 80ug/g

This optimisation has led to an increase in demand and subsequent increase in service capacity requirements which is challenging to accommodate with a small fragile service. BSW forecasting advises that for the PTHB to accommodate all PTHB residents the service will need to increase from its current 4 sessions a month to 16 sessions a month by October 2024. Increased demand will also require additional histology/pathology capacity from ABUHB and CTMUHB. Additional capacity requirements are currently fully funded by PTHB allocation from BSW.

Bowel Screening Nursing

From 2021 to date due to PTHB staffing gaps specialist nursing cover has been provided by the central Bowel Screening Wales team. The PTHB Band 7 Specialist Screening Practitioner post has been advertised multiple times with support from PHW without successful recruitment. As with core endoscopy services there is a nationwide skills shortage in bowel screening nursing. The PTHB nursing recruitment to cover specialist nurse vacancies both fixed term and part-time has been a challenge with many unsuccessful recruitment rounds. In July 2021 BSW undertook an options appraisal for PTHB service nursing sustainability, the PHW preferred option was a shared nurse post (Band 6) PTHB/CTMUHB. The PTHB preferred option was a centrally managed post as part of wider team BSW team. The shared post has been successfully recruited to on two occasions but unfortunately due to logistics base outside Powys staff have been difficult to retain. In December 2022 PTHB service successfully recruited to a band 6 (0.48wte) developmental post, a further band 6 post has been successfully recruited in 2023/4.

Bowel Screening Endoscopist

The Directorate have asked PHW BSW to consider sustainability options for the consultant post, this request has been noted by BSW. Since 2019 the Directorate has liaised with PTHB Commissioning Team and requested support for bowel screening sessions from both Welsh Health Boards and NHS England providers,

this includes on-going service sustainability planning with the Mid Wales Collaborative.

Additional ad hoc capacity has been secured from HDUHB locum consultant and the PTHB service currently operates an average of 4 sessions per month.

Options around insourcing for both nursing and endoscopists have also been explored this can be challenging as clinicians are required to be accredited to Welsh bowel screening and English accreditations must be converted. Non-medical bowel screening training has only recently commenced in Wales, the Directorate will work with BSW to explore opportunities for PTHB nursing in this area but to note, general endoscopy nursing recruitment is a shortage speciality. There is a national shortage of screeners with many screening endoscopists due to retire in the next 5 years, this has been highlighted by the National Endoscopy Programme.

Risk Management and Escalations

Endoscopy service fragility including Bowel Screening has been on the Directorate risk log since 2019, is on the fragile services log and has been escalated via the Commissioning Assurance Framework since 2019.

National Programmes

- The service is fully engaged in the Welsh National Endoscopy Programme, which now sits as a workstream under the National Diagnostics Programme/Strategy and the national Getting It Right First Time General Surgery Programme. There are four separate endoscopy workstreams covering clinical pathways, workforce, demand and capacity and infrastructure in addition to Directorate Manager, Unit Manager, in addition to Regional Endoscopy Meetings and subgroups. The volume of meetings and information requests/deadlines is a challenge to manage within the small PTHB Planned Care staff resource.
- Planning proposals for regional endoscopy capacity in Southeast Wales, Southwest Wales, and North Wales are currently being developed by Regional Planning Groups. Regional Plans will need to be considered under Renewal/Transformation/Commissioning and in terms of future developments in North Powys.
- Dr Helen Griffiths, PTHB Advanced Clinical Endoscopist has recently been appointed as the National JAG Lead Nurse. Dr Griffiths has extensive experience in the development of endoscopy services. This has included roles as nurse consultant, clinical endoscopist, national nurse advisor to the NHS Bowel Cancer Screening Programme and decontamination advisor to the British Society for Gastroenterology.

NEXT STEPS:

The Committee is asked to:

- **DISCUSS** and **NOTE** the update and the operational actions, risks and corporate support requirements outlined to ensure the achievement of targets.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	✓			
Disability	✓			
Gender reassignment	✓			
Pregnancy and maternity	✓			
Race	✓			
Religion/ Belief	✓			
Sex	✓			
Sexual Orientation	✓			
Marriage and civil partnership	✓			
Welsh Language	✓			

Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	✓			
Financial	✓			
Corporate	✓			
Operational	✓			
Reputational	✓			

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Introduction: The Socio-Economic Duty

- The Socio-economic Duty came into force on 31 March 2021, under the Equality Act 2010.
- It places a legal responsibility on public sector bodies, including Local Health Boards, to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage when they are taking strategic decisions.
- It aims to deliver better outcomes for people and communities who experience socio-economic disadvantage through better decision-making.
- It supports the seven goals in the Well-being of Future Generations (Wales) Act 2015: Achieving a More Equal Wales.
- Public bodies are encouraged to embed the Duty into their systems and approaches so that it makes a systematic difference rather than being a tick-box exercise.
- The Socio-economic Duty provides an opportunity for organisations to change the way they think, act and deliver services to the most deprived groups. The Duty can be used as a lever to routinely embed thinking about the impact of decisions on socio-economically disadvantaged groups into systems and processes within the organisation.
- A toolkit is available to support implementation (*A guide to using the Socio-economic Duty in policy and practice in Wales at: [Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage \(nhs.wales\)](https://www.nhs.uk/wales-wellbeing/future-generations/wales-wellbeing-toolkit/)*).

“Socio-economic disadvantage”

- Living in less favourable social and economic circumstances compared to others in the same society.
- Results from complex interactions of a wide range of factors e.g. poverty, material deprivation, health, housing, education, poor access to basic goods and services, limited social mobility and a lack of expectations.
- Someone who experiences socio-economic disadvantage may be income deprived, live in a deprived area or belong to a community that disproportionately experience poverty and social inequality, for example, lone parents or some larger ethnic minority families.
- Socio-economic disadvantage is a determinant of inequality of outcome.



Source: WG, Wellbeing of Future Generations website ([The Well-being of Future Generations | GOV.WALES](https://www.gov.wales/well-being-of-future-generations))

Background: The relationship between socio-economic disadvantage and inequality of outcome

Socio-economic disadvantage is a determinant of inequality of outcome. Contributing factors include:

Area deprivation

- more deprived areas have poorer health (physical and mental) and social outcomes and poorer outcomes for factors that influence health eg lower educational attainment or poor house (eg damp, cold)
- NB: area-based measure may hide rural deprivation

Low/no wealth

- link between wealth (savings, financial resources etc) and health
- wealth may be a greater driver of population health than income inequality
- wealth itself is influenced by factors such as educational attainment, employability and earnings

Socio-economic background

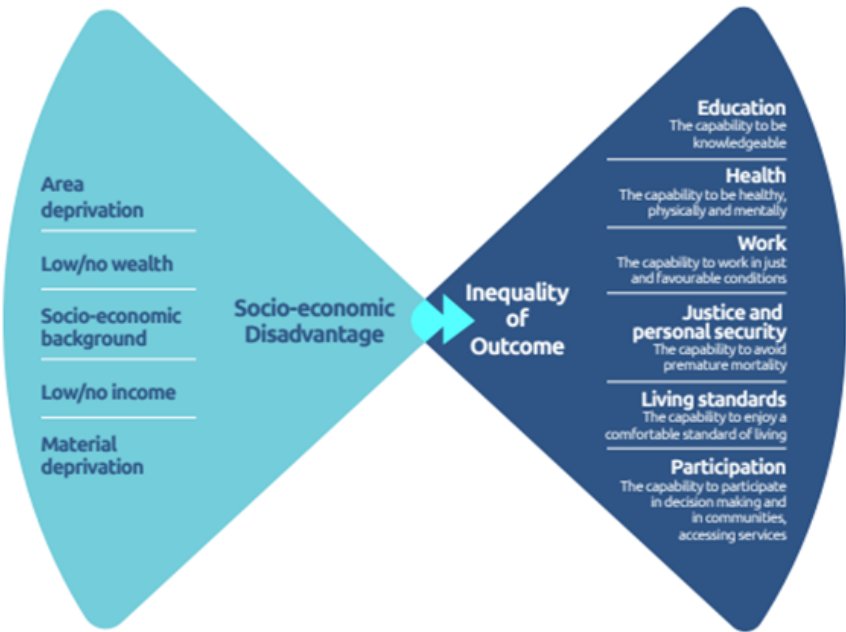
- factors include: parental education and occupation, household income, income/other support such as free school meals
- generational element: correlation between parents' income, educational attainment etc and child's; socio-economic position, health and health inequalities transmitted from one generation to the next

Low/no income

- low income is strongly correlated with poor health and poor mental health
- higher incomes are associated with higher healthy life expectancy/longer time spent in good health
- lower income families are more likely to be unable to heat their home (leading to health problems) and less likely to have access to a car (affecting access to affordable food, employability etc)
- rising cost of living has a higher impact for low-income families

Material deprivation

- inability to afford things such as goods, services and activities that people would usually be able to afford
- associated with negative health outcomes eg low mental wellbeing


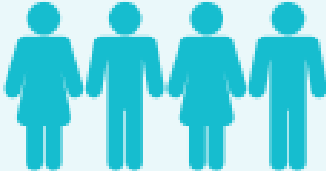



(Source: A More Equal Wales, 2021)¹

Source: PHW, A guide to using the Socio-economic Duty in policy and practice in Wales.

Three lenses for considering socio-economic disadvantage under the Socio-economic Duty in Wales:

- communities of place
- communities of interest
- intersectionality

Socio-economic disadvantage		
		
Community of place	Community of interest	Intersectionality
Shared geographical locations, for example where people work or live.	A shared identity, for example lone parents or care leavers.	The way in which characteristics such as gender, race or class can interact and produce unique and often multiple experiences of disadvantage.

“Intersectionality”

Refers to the duty to consider the ways in which different aspects of someone’s identity such as gender, race or class interact or overlap leading to multiple impacts and or unique experiences of disadvantage.

Examples: “disabled single parent” or “young black care leaver”.

Overlapping characteristics may not be obvious from the data, but considering these and seeking views from those with lived experience will help to ensure that policies and processes better meet their needs.

Background: Guidance for implementing the Socio-economic Duty

A toolkit to support implementation has been published by PHW: *Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage: a guide to using the Socio-economic Duty in policy and practice in Wales* ([Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage \(nhs.wales\)](#)). This aims to support organisations to understand their responsibilities under the Duty and to embed the Duty into their decision-making. It highlights the importance of leadership and recommends a system level change.

Guidance includes a five-stage approach for paying due regard to the Socio-economic Duty which covers identifying the need to carry out an assessment, how to complete an assessment, the cycle of reviewing the policy or intervention, and reporting to senior decision-makers or Board members.

Carrying out an impact assessment				
Plan	Evidence	Assessment and improvement	Strategic decision makers	Recording
Is the decision a strategic decision?	What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this decision? Have you engaged with those affected by the decision? Have you considered both places and communities of interest?	What are the main impacts of the proposal? How can the proposal be improved so it reduces inequalities of outcome as a result of socio-economic disadvantage?	This stage is for decision makers to confirm that due regard has been given, for example executives and non-executive directors, board and committee members. They must be satisfied that the body has understood the evidence and likely impact, and has considered whether the policy can be changed to reduce inequality of outcome as a result of socioeconomic disadvantage.	This stage is the process of evidencing and recording how 'due regard' has been given. At this stage changes to the decision should be made and recorded.

Source: Adapted from A More Equal Wales¹

Canolfan Gyhoeddus Sefydliad Iechyd y Byd a Fudmodd a Gŵyl Iechyd a Llesiant

World Health Organisation Collaborating Centre on Investment for Health and Well-being

Polisi

GIG CYMRU NHS WALES

Iechyd Cyhoeddus Cymru Public Health Wales

Maximising opportunities for health and wellbeing for people and communities experiencing socio-economic disadvantage:

A guide to using the Socio-economic Duty in policy and practice in Wales.

Authors: Sara Elias, Lewis Brace and Professor Jo Peden

June 2023

Source: PHW, A guide to using the Socio-economic Duty in policy and practice in Wales.

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The toolkit includes a checklist for organisations to use to assess their progress in complying with the Duty:

Check-list of questions to enable internal system change

- Is there an understanding and awareness from Board level to delivery teams in your organisation of what the Socio-economic Duty is and what is needed to meet the duty?
- Do you have a process to ensure strategies are reviewed in light of the Socio-economic Duty?
- Do you have an integrated impact assessment process?
- Is the impact of strategies on lower socio-economic groups and other inequalities in health highlighted on Board paper templates?
- Do you have an authentic process to ensure co-production and the voices of people who are affected by deprivation are heard?
- Can you be assured that the Socio-economic Duty is not just a tick-box exercise but genuinely being used to embed improving health inequalities in the work your organisation does?
- Do you have champions for the Socio-economic Duty across your organisation including at Board level?

Equality Impact Assessment Process

An Equality Impact Assessment Process is in place and includes an Equality Impact Assessment Template. This should be completed for new policies, new strategies, new services and proposed service changes. The template includes consideration of socio-economic conditions as part of the equality impact assessment process.

Strategic Equality Plan

A draft Strategic Equality Plan has been developed (pending Board approval).

Board and Committee Papers

The templates for board and committee papers have been updated and include a new Committee Briefing Template (in PowerPoint) for papers for information, discussion, assurance (the template that has been used for this briefing), and an updated Committee Paper Template (in Word) which is to be used for papers for decision.

The impact assessment section of the Committee Paper Template now includes "socio-economic status" as one of the criteria which must be considered as part of the decision-making process (see right under the heading "equality").

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:

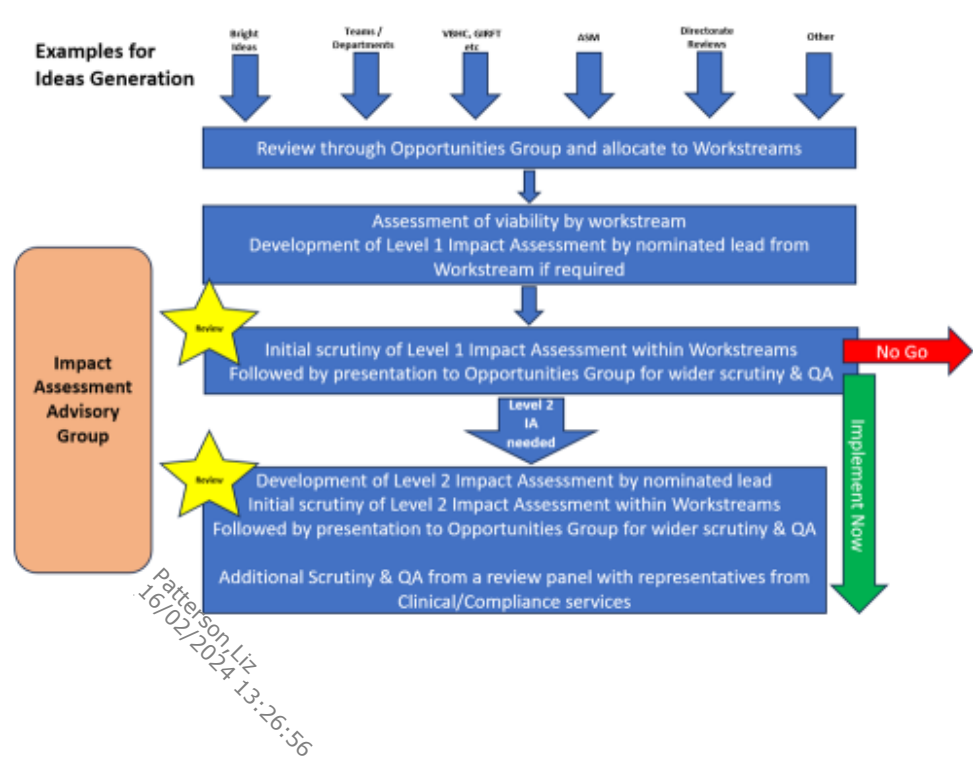
	Level of risk identified			
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (13-25)
Clinical				
Financial				
Corporate				
Operational				
Reputational				

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.

Example for assurance: Executive Opportunities Group – Impact Assessment Process

In reviewing the savings proposals put forward as part of the financial opportunities work that commenced in 2023, the Executive Opportunities Group and its workstream groups have taken account of the impact of the proposals on socially-deprived groups in their decision-making. The decision-making process (below left) includes level 1 and level 2 impact assessments with the potential impact of socio-economic circumstances included in the list of characteristics for consideration in the level 2 impact assessment template (below right).

The decision-making process, including the impact assessment templates, are currently under review in order to support the financial opportunities work as it continues to develop into 2024/25.



Characteristic	Potential Impacts	Risk of Adverse Impact ³		
		Likelihood	Impact	Score
Summary	Use this space to summarise the key themes from your equality impact assessment. This could include general issues that apply across multiple equality characteristics (e.g. a general impact across a specific geography). The Adverse Impact score should be the highest individual score across all 12 quality standards. This content will be included in Section A.3			
Age	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Disability	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Gender Reassignment	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Marriage and Civil Partnership	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Pregnancy and Maternity	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Race	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Religion or Belief	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Gender	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Sexual Orientation	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Welsh Language	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Socio-Economic Circumstances	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Social Exclusion	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			
Carers	Use this space to describe the potential impacts including positive (+), negative (-), neutral (=).			

Example for assurance: Case Study - Belmont Branch Surgery, Gilwern



During Q3 2022/23, Crickhowell Group Practice submitted an application to the health board to close their Belmont Branch Surgery in Gilwern. Such applications are considered by the health board in accordance with our Branch Practice Review process. This included a process of engagement and impact assessment with patients and stakeholders, followed by analysis and conscientious consideration by the Health Board, which ensured that the Socio-Economic Duty was a key consideration in our deliberation and due diligence:

- The engagement materials included a draft Equality Impact Assessment that highlighted potential impacts in relation to socio-economic issues and sought feedback (January 2023)
- Key stakeholders with a potential interest in socio-economic impacts (e.g. Gwent Association of Voluntary Organisations) were identified as part of the stakeholder analysis and were invited to contribute to the engagement (January 2023)
- The engagement process actively encouraged comments and feedback on socio-economic impact, including through the engagement questionnaire (January to March 2023)
- An updated impact assessment was produced following engagement, reflecting the feedback and comments received (April 2023)
- The report on engagement summarised key themes including potential impacts on people facing socio-economic disadvantage (April 2023, see right)
- The impact assessment and report on engagement were presented to a meeting of the Board in May 2023 and formed part of its conscientious consideration of the application (May 2023)
- Deliberations by the Board included agreement of a mitigation plan which included specific actions to respond to issues raised in relation to socio-economic impact such as travel & transport, and digital access (May 2023)
- A task-and-finish group has been in place to support delivery and monitoring of the mitigation plan, with multi-sector representation (PTHB, ABUHB, Monmouthshire County Council, Llais in attendance) to ensure a broad focus on the determinants of health and on multi-agency action (updates to Board in July 2024, September 2024, November 2023, January 2024)

10.12 Socio Economic Disadvantage

Examples of potential impacts on people facing socio-economic disadvantage:

- People on lower incomes are more likely to be regular users of health services, for example due to health conditions where higher prevalence is associated with higher levels of deprivation. Changes to primary care services may have an increased impact for people on low income e.g. due to ability to drive and access to a vehicle, ability to pay for public transport and/or taxi fares etc.
- People on lower incomes may be less likely to have access to digital and telephone services due to cost of equipment, contracts, calls etc.
- People commented that Gilwern has an ageing population and for many local residents the branch surgery is within walking distance, and that Crickhowell is not easy to access by public transport.
- Particular concerns were expressed in relation to the Clydach area which is furthest south from Crickhowell.

Potential action that could be taken to mitigate the impact in relation to socio-economic disadvantage:

- Explore options to improve the availability of transport between the Gilwern area and Crickhowell.
- Strengthen the availability of telephone and online services for those who are able to use them – so that more face to face appointments are available for people on lower incomes who do not have access to these technologies and services.
- Review the approach to home visits, recognising that some people would now have further to travel for their appointment – including recognising any carer responsibilities.
- Review booking, appointments, prescriptions etc. including to reduce unnecessary trips (e.g. for ordering and collecting repeat prescriptions) and identifying alternatives to accessing these services digitally.
- Work in partnership with the community pharmacy in Gilwern to maintain and/or improve availability of services.
- Explore opportunities for working together across partners - are there ways of strengthening partnerships with ABUHB, public sector, third sector and business sector in North West Monmouthshire to consider alternative provision and to address the disadvantage that people on low income may experience from any changes?
- Specifically for patients in the Clydach area, explore appetite for other practices to extend their catchment to provide further opportunities for re-registration for those patients who are furthest from Crickhowell.

Extract from Engagement Report (above).
Regular reports on the mitigation plan have been presented to the Board (below)



Example for assurance: Vaccine Equity work (Public Health Team)

Inequalities are seen in the uptake of routine vaccinations: in Wales, a clear gradient in uptake is seen across deprivation quintiles with the lowest levels of uptake in the most socio-economically deprived quintile.

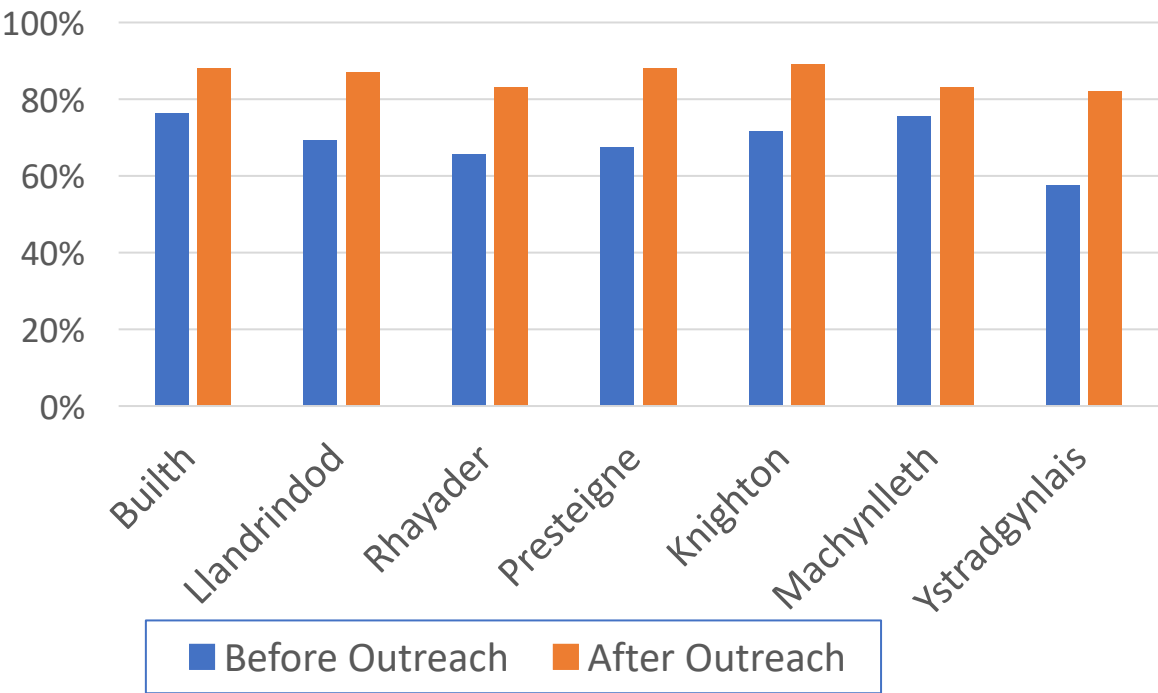
Inequitable vaccine uptake is also evident in Powys between deprivation quintiles although the pattern seen nationally is not always as apparent in Powys as it is in Wales as a whole, potentially reflecting the smaller numbers locally and the impact of rurality for example on ease of access to services.

The Powys public health team is leading work to understand and address variation and inequity in vaccine uptake in Powys. During 2023/24 this work has included:

- Delivery of a polio vaccination catch up programme
- Delivery of an MMR catch up programme
- Pre-school enhanced monitoring of pre school childhood immunisation lists
- COVID vaccination outreach sessions in targeted areas of lower uptake
- Developing a Vaccine Equity Strategy for Powys



Percentage uptake before and after targeted outreach by area (Spring Campaign)



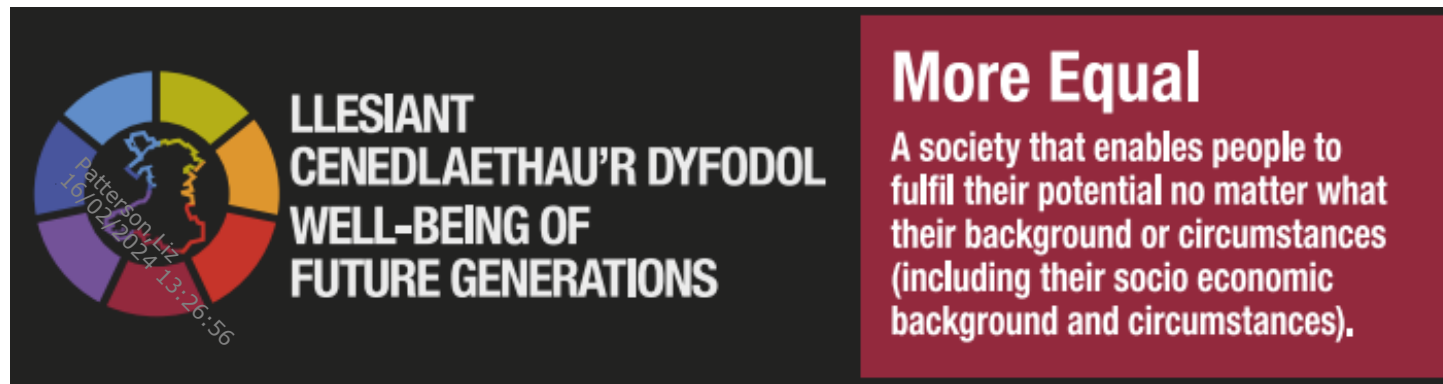
Example for assurance: Powys Health Equity Workshop (Public Health Team)

- During Q3 2023/34 the local public health team held a 'Powys health equity workshop' for key stakeholders with the potential to impact health inequalities. Participants attended from the health board, county council and third sector.
- Evidence was presented on health inequalities in Powys, including due to socio-economic disadvantage.
- Participants heard a presentation on the 'Healthy Ystradgynlais' project (an area of socio-economic disadvantage in Powys).
- The workshop identified organisations, projects and services that are working to improve health inequalities for the people of Powys.

The workshop including interactive sessions to identify gaps in provision and to generate ideas for future action which included:

- engaging with service users which would support the implementation of the Socio-economic Duty in relation to seeking and understanding the views and needs of those impacted by decisions
- improved integrated working which would have the potential to improve inequalities related to socio-economic disadvantage
- increasing understanding of inequalities which would have the potential to improve decision-making in relation to socio-economic disadvantage
- reviewing referral pathways using an inequalities lens.

Whilst this work is at an early stage, it provides evidence of the Duty being used in practice.



Summary

This briefing has provided an overview of the Socio-economic Duty and a link to a toolkit published by Public Health Wales to support public sector organisations in Wales to comply with the Duty.

By ensuring that the requirements of the Duty are met, the health board will be better able to reduce inequalities of outcome and to ensure that services meet the needs of people experiencing socio-economic deprivation.

The briefing has provided a range of examples to show some of the ways in which the health board is complying with the Duty.

Referring back to the checklist on slide 8, it can be seen that whilst the Duty will by its nature require ongoing work, the examples provided show that good progress has been made. These examples provide a firm foundation for ongoing work to embed the Duty across the breadth of work undertaken by the health board.

Recommendations

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

- NOTE the contents of this briefing
- TAKE ASSURANCE about the progress made in implementing the Socio-economic Duty in PTHB

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Briefing to Planning, Partnership & Population Health Committee on 20 February 2024		Agenda Item 3.5
Subject:	Age Well Partnership – Assurance Report	
Approved and Presented by:	Interim Executive Director of Operations / Director of Community and Mental Health	
Prepared by:	Interim Executive Director of Operations / Director of Community and Mental Health (Joint Chair of Age Well Partnership)	
Purpose:	The purpose of this paper is to update the Committee on progress of delivery of the Age Well Partnership.	
Recommendations:	The Planning, Partnership & Population Health Committee is asked to TAKE ASSURANCE that the Age Well Partnership is delivering the agreed objectives.	
Executive Summary:	<p>The Age Well Partnership continues to develop. The Age Well Plan and Resource Plan have been agreed for 2024/25 and additional years (subject to quality assurance and monitoring, and meeting population needs).</p> <p>Joint lead for Age Well Partnership has been agreed. This additional resource will support the partnership with the planning, monitoring and oversight of project and reporting.</p> <p>Risks identified: -</p> <ul style="list-style-type: none"> All Wales Dementia Care Pathway of Standards – we continue to work with Dementia Matters in Powys, however, there are ongoing concerns about the future operating model. We need to look at the gap and the resources required to meet the standards. Brecon Extra Care development – this work continues to be an area of concern as we are awaiting planning approval, which is being managed by the Innovative Capital Board. 	

Powys RPB Partnerships Overview

- The long-term vision of the **Health and Care Strategy** identifies the importance of enabling people to 'Start Well', 'Live Well' and 'Age Well' through a focus on well-being, early help and support, the big four health challenges and joined up care, as well as recognising the importance of key enablers.



- Powys RPB work is driven by the following key RPB Partnerships and Programmes: They each involve a much wider group of people and also have their own sub-groups that carry out more detailed work.

- ❖ **Start Well Partnership**
- ❖ **Live Well Partnership**
- ❖ **Live Well (Mental Health) Partnership**
- ❖ **Age Well Partnership**

- There are some themes that cut across all areas e.g. the needs of unpaid carers. These also have dedicated partnership groups to take forward work. A **RPB Executive Group** exists to oversee these areas.
- Through the strategic governance of the Powys Regional Partnership Board and partnership working more broadly, partners have continued to work together to develop integrated services and improve outcomes for people within the region. However, there are opportunities for further integration and integrated working.

Age Well Partnership – Overview

- As the older population in Powys is projected to increase faster than the rest of Wales, it is important that we enable older people to feel supported to live independently in a home of their choice and to remain healthy and active members of the community.
- The Partnership aims to support older people (including those with frailty and frailty of memory) to live a thriving and independent life, maximising opportunities in the community and providing care closer to home through an early intervention and prevention approach.
- Where individuals care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs, again, with an emphasis on a 'home first' ethos.



Age Well Partnership – Priority Areas of Work

Key Priority Areas

- Further develop and implement an early intervention and prevention model through locality-based support.
- Increase early help, support and inclusion opportunities to reduce loneliness and isolation.
- Ensure that Home First ethos is implemented, if a person requires hospital admission and reduce delayed transfers of care, through improved integrated working.
- Develop and implement an integrated community care approach focused on older people/frailty (including frailty of memory) to include modernising domiciliary care, reablement / rehabilitation, integrated brokerage function, trusted assessment, maximise use of direct payments / microenterprises, and enhancing community capacity including supporting unpaid carers.
- Supporting older people with where they live through further development of Extra Care and other accommodation and community-based solutions, including working with care home sector.



Age Well Partnership – Priority Areas of Work

Partnership Joint Chairs:

PCC Head of Adult Services / PTHB Assistant Director
Community Services Group

Partnership Joint Leads:

PCC Senior Strategic Commissioning Manager / PTHB
Urgent Care Lead



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Age Well Partnership – Priority Areas (1 of 3)

Priority Area	Progress	RAG
Home Support	<ul style="list-style-type: none"> • RPB confirmation of project funding for 2024/25 up to 2027. • Member/carer annual survey commenced November 2023 due for completion February 2024. • Continue to support PCC TEC Health Foundation bid & project. • Ongoing participation in Cardiff University research preventative approaches in social care. • Continued links/support to integrate/join up compatible workstreams (Dementia Community Pathway/Digital Communities/ NUIG/NPP/PTHB Frailty programme). • Approval to proceed to roll-out Home Support services as part of a wider early help and prevention at home offer in each locality via the EHP at Home Collaborative that is linked to, reflective of and integrated with the Age Well and Regional Partnership Boards. 	
Community Connectors	<ul style="list-style-type: none"> • Locality Networks continue to engage communities in local service development to meet identified needs and gaps in services, informing Powys Social Value Forum and Strategic Partnership working groups. • Input into MDT/VW/ASSIST/ DHTT screening has ensured referral to third sector services reducing pressure in the statutory sector. • Client surveys continue to demonstrate a high level of satisfaction. • Implementation of new case management system. • Additional funding has been obtained from Macmillan to sustain the Improving Cancer Journey project until 2026. • Work has begun to map out service delivery against the National framework for Social Prescribing. 	
Powys Befriending Services	<ul style="list-style-type: none"> • Service promoted at a wide range of community events, multi-agency networks and with a wide range of stakeholders, both increasing expression of interest from volunteers as well as potential referrals. • New staff appointed and the number of clients awaiting a match with a befriending volunteer reduced. • The service hosted a Ministerial Visit highlighting the approach to befriending in Powys. • Volunteers continue to be recruited to support clients following a robust induction process. • Implementation of new case management system. 	
All Wales Dementia Care Pathway of Standards	<p>The closure of Dementia Matters in Powys is a major risk to achieving task group one (community engagement) objectives and providing support to families and people effected by dementia. Capacity of staff to complete improvement projects to deliver the Standards is an increased risk in all areas, particularly the Dementia Friendly Hospital Charter Standard, as we move into Winter pressure and increased demand on staff.</p>	

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Age Well Partnership – Priority Areas (2 of 3)

Priority Area	Progress	RAG
Virtual Wallet	Virtual Wallet Now also providing a Payroll function, creating a more seamless route. PPL-Virtual Wallet is now the default offering and will be the commissioned provider from April 2024. Existing managed accounts and Payroll services being migrated to Virtual Wallet ready for April 2024. The work undertaken as part of the project has already delivered a reduced cost to managed account and Payroll functions for PCC for April 2024 onwards.	
Micro Enterprises	<ul style="list-style-type: none"> From April 2023 to June 2023, 32 key workstreams were identified to support the modernisation programme. The contract with Community Catalysts could not be extended due to funding constraints and so a 3 month handover period (April-June) took place to transfer the support for existing and new Self-Employed Personal Assistants to an in-house model. A dedicated officer now works to develop Micro enterprises with offer of support issued to all existing self-employed Personal Assistants (PA). Work undertaken to co-produce a new Direct Payment (DP) set up process. Development of the PA web (previously called the 'Care finder tool'), which supports the DP marketplace. The new tool has enhanced features and makes clear the functions that various DP carers / PAs and small organisations will be offering the DP recipient. The new Website is live and the Lead Officer funded by RIF/RPB is developing an awareness campaign to encourage Micro development and registration via the site. 	
Integrated Health and Social Care Brokerage Function	<ul style="list-style-type: none"> Trusted Assessor Domiciliary Care Pilot project begins with a single provider acting as trusted assessor for existing package increase/decrease, without the need for a full review/reassessment. Nine packages identified and being progressed through the draft pilot process. Exploring within PTHB in community hospital beds role as trusted assessor. 	
Unscheduled Care Improvement	<ul style="list-style-type: none"> Enhanced Community Care – review of virtual wards and community services in line with ECC/Further Faster, mini impact assessment completed. Additional three Discharge Liaison Officer officers integrated into the team, expanding the team to a total of four, as part of improvement plan to reduce average length of stay (LoS). Patient Flow Standard Operating Procedures embedded into BAU. Bi-annual internal bed census to 'deep-dive' into themes a trends of LoS ward-by-ward. Perfect Discharge Weeks held across two hospital wards to identify areas for improvement for discharge planning. Decrease in LoS for community hospitals with greater flow and reduction in repats from acutes due to alternative pathways. 	

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Age Well Partnership – Priority Areas (3 of 3)

Priority Area	Progress	RAG
Dementia Home Treatment Team	The following milestones have been identified: - <ul style="list-style-type: none"> • Pan Powys Operational Policy development. • Evaluate new model of earlier intervention and assess demand and capacity. • Engage in AC Transformation programme. • Implement new model. 	
Memory Assessment Service	Team Leads are in place and are producing a 5 year development plan that requires endorsement from AC Transformation Programme Board and can then be submitted / embedded as part of project plan on a page.	
Extra Care Housing Scheme	<ul style="list-style-type: none"> • Neuadd Maldwyn (Welshpool): Expected to open towards the end of June/early July. Interested potential residents will go through a formal application and allocation process with assessments already having begun by a resourced team assigned to this project. There is a healthy pool of interest and applications, and a waiting list is in place. • Pont Aur (Ystradgynlais): The RSL (Pobl) is now working with a new Contractor (Willis Construction Ltd) and building, and renovation work will now continue at pace. The completion date is expected to be July/August 2025. • Brecon: The timescales have now been delayed to due to the planning application still being considered by Bannau Brycheiniog National Parks Authority. The understanding was for it to be considered at meeting on Dec 19th although it was withdrawn on 12th December as a consultee report was still awaited (Habitats Regulations Assessment). The application has been amended slightly by the Housing Association to include provision of a day centre service. Consequently, additional consultation is required, which is currently ongoing. The next committee meeting is scheduled for 20th Feb 2024, although it is currently unknown if this application will be included within that meeting. • Machynlleth: Discussions ongoing with Barcud regarding their proposal. Internal discussion ongoing on how to proceed with project. • Builth Wells: Project is expected to commence alongside recommissioning of Powys Owned Residential Care Homes in 2024/25. 	
Technology Enabled Care	As at the end of December, we have delivered 927 items of TEC to 528 service users / patients via 651 prescriptions. We estimate the cost avoidance to social care within the financial year will be £556k.	

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 3.6

Planning, Partnerships & Population Health Committee		DATE: 20 February 2024
Subject:	Population Screening Programmes update	
Approved and presented by:	Mererid Bowley, Executive Director of Public Health	
Prepared by:	Tracey Deacon, Head of Service: Public Health Programmes	
Other Committees and meetings considered at:	Executive Committee on the 7 th Feb'24	
PURPOSE:		
This report provides a summary of uptake of adult population screening programmes in Powys from April 2021 to the end of March 2022.		
RECOMMENDATION(S):		
The Planning, Partnerships & Population Health Committee is asked to: <ul style="list-style-type: none">Consider the uptake of adult population screening programmes and take assurance of the actions being undertaken to maintain and/or further increase the uptake of screening programmes.		
Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Screening promotes wellbeing by aiming to detect the early stages of disease or prevent disease occurring, helping to ensure support is provided as early as possible.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	Screening directly addresses cancer incidence and impact.
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

This document provides a summary of uptake of adult population screening programmes in the Powys population in 2021/22 (01 April 2021-31 March 2022).

Across Wales there is geographical variation in uptake of screening at health board and local authority level. Compared with the average for Wales, percentages in Powys are generally higher. Only for breast screening is uptake slightly below; Powys is 69.1% compared with 70% for Wales.

Within Powys there is some variation, which tends to follow the national pattern where participation in general:

- Decreases with increasing deprivation
- Increases with age
- Is slightly higher in women than men
- Is higher in those who have previously attended.

BACKGROUND:

Screening aims to detect the early stages of disease or prevent disease occurring. Through identification of people at higher chance of having a health condition, more effective treatment options can be offered, or information provided to inform decision making 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.

Screening programmes are evidence-based population interventions which have been recommended following rigorous evaluation against agreed criteria. Each UK country sets its own screening policy based on the recommendations of the UK National Screening Committee. In Wales, the Wales Screening Committee is the national advisory forum which considers the evidence and advises on the implementation of new programmes or modifications to existing programmes.

Public Health Wales's Screening Division deliver the following national adult population-based Screening Programmes in Wales:

Bowel Screening Wales

Breast Test Wales

Cervical Screening Wales

Wales Abdominal Aortic Aneurysm (AAA) Screening Programme

Diabetic Eye Screening Wales

RECOVERY SINCE PAUSE DUE TO PANDEMIC

All adult screening programmes were paused from 19 March 2020 due to the COVID-19 pandemic. There was a phased reinstatement of programmes, with a period of reduced capacity. The recovery of screening programmes, where all delayed participants have caught up, was achieved for bowel screening in October 2021, cervical screening in December 2021, AAA in March 2023, and diabetic eye screening by January 2024.

Full recovery in breast screening is still progressing but expected by July 2024. Actions being taken include using an additional mobile unit, extended hours including some weekend working, and consolidating sites to avoid moving which impacts on the number of appointments available. Powys areas serviced by the North Wales team have already recovered.

UPTAKE OF SCREENING BY PROGRAMME

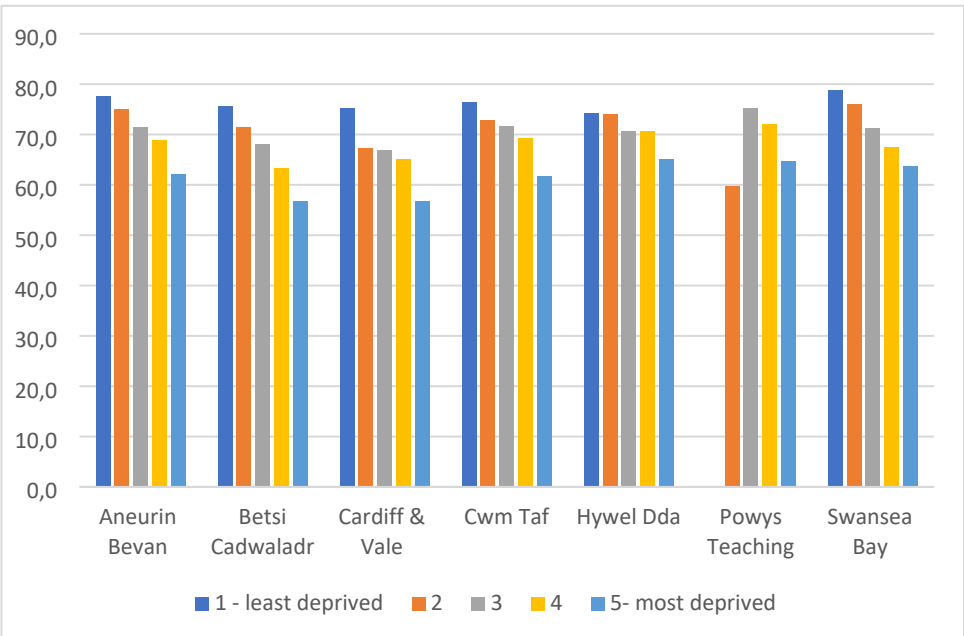
1.0 BREAST SCREENING

Breast Test Wales invite women and people with breasts aged 50-70 every 3 years for a mammogram (x-ray) to look for breast cancer before symptoms show. Most appointments are in one of the mobile clinics, which cover each GP surgery in Wales on a 3-year cycle.

Across Wales in 2021/22, uptake of breast screening was 70%, in Powys it was slightly lower at 69.1%. Overall in Wales, there was a social gradient in uptake, ranging from 60.9% in the most deprived areas compared with 76.2% in the least deprived, a range of 15.3 percentage points (figure 1).

The pattern was different in Powys where uptake was lowest in the second least deprived quintile. However, the data must be viewed with caution as less than 2,000 were invited overall, and the least deprived quintile data is not shown due to the small numbers.

Figure 1. Uptake (%) of Breast Screening by deprivation quintile by health board 2021/22



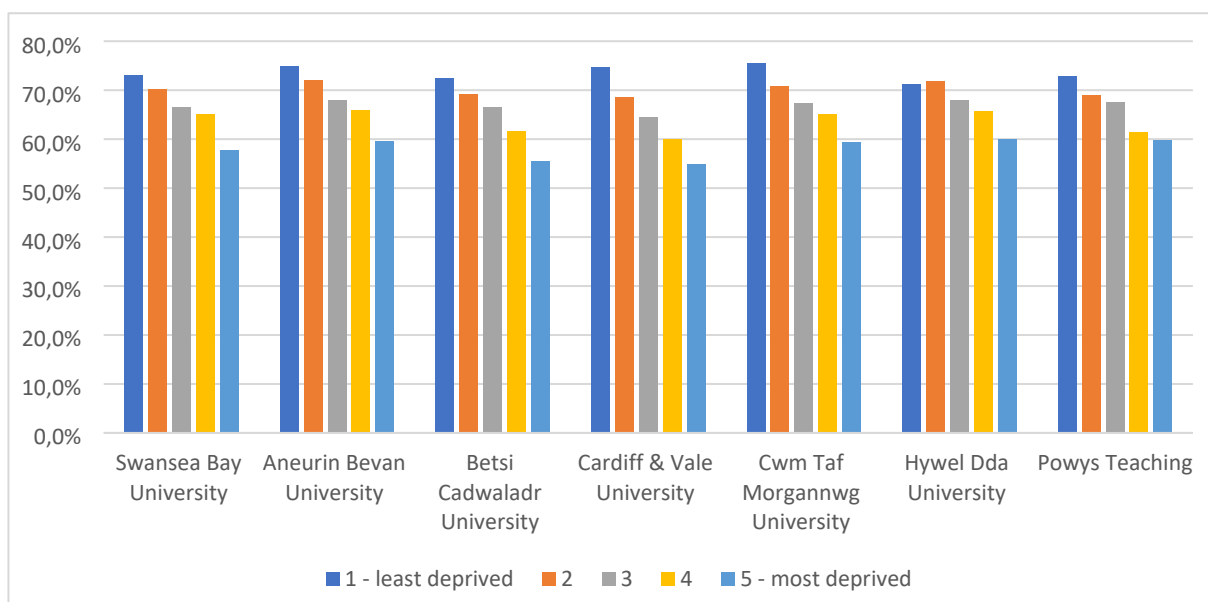
Uptake of breast screening increases with age, with uptake lowest in the youngest age group (50-52 year olds). People are more likely to attend if they have attended before, which aligns with the data showing that older people are more likely to attend.

2.0 BOWEL SCREENING

Bowel Screening Wales send people a home test kit in the post every 2 years. The test aims to find cancer at an early stage by measuring blood in poo. People are invited to complete the test and return it by post. All those aged 55-74 are eligible, but since October 2023 the age at which people are first invited is being lowered in a phased way; by the end of September 2025 all those aged from 50 will be invited.

Across Wales, uptake was 67.2% in 2021/22, with 68.0% in Powys. There was little variation overall across the health boards (figure 2). However, the range between the most and least deprived areas (57.9% compared with 73.8%) is 15.9 percentage points. In Powys the range was 13 percentage points (59.8% compared with 72.8%).

Figure 2. Uptake of Bowel Screening by deprivation quintile by health board 2021/22



The data shows that uptake increases with age, and that it is highest amongst those who had previously taken part.

For Wales, uptake in males was 65.8% and 68.6% in females. Powys was the second lowest health board in males at 65.4% but highest in females 70.5%, a range of 5.1 percentage points which was the greatest in Wales (a pattern seen in the previous year too).

3.0 CERVICAL SCREENING

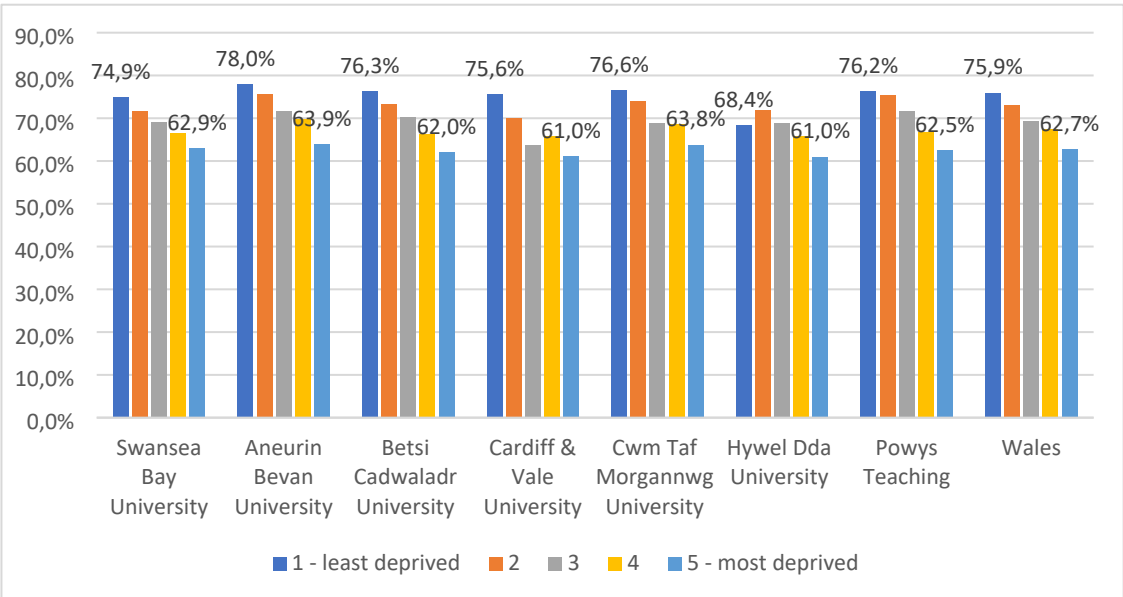
Some types of human papillomavirus (HPV) are responsible for almost all cases of cervical cancer. The cervical screening ('smear') test looks for the high-risk types of HPV that can cause cell changes on the cervix. Finding cell changes can prevent cervical cancer from developing. Women and people with a cervix aged between 25 and 64 are able to have cervical test undertaken by their GP practice. Those aged 50-64 are invited by Cervical Screening Wales every 5 years. Those

aged 25-49 were invited every 3 years, but since 2022, routine recall for those who did not have HPV in a sample changed to every 5 years.

For 2021/22, coverage across Wales was 69.6%, with 72.8% in Powys. The pattern in Powys was consistent with that of Wales as a whole, where uptake was lower in the most deprived areas and higher in the least deprived (figure 3).

The pattern in uptake by age in Powys was consistent with the average for Wales, where it tends to be lower in the youngest age group (25-29 year olds).

Figure 3. Coverage of Cervical Screening by deprivation quintile by health board 2021/22



4.0 ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

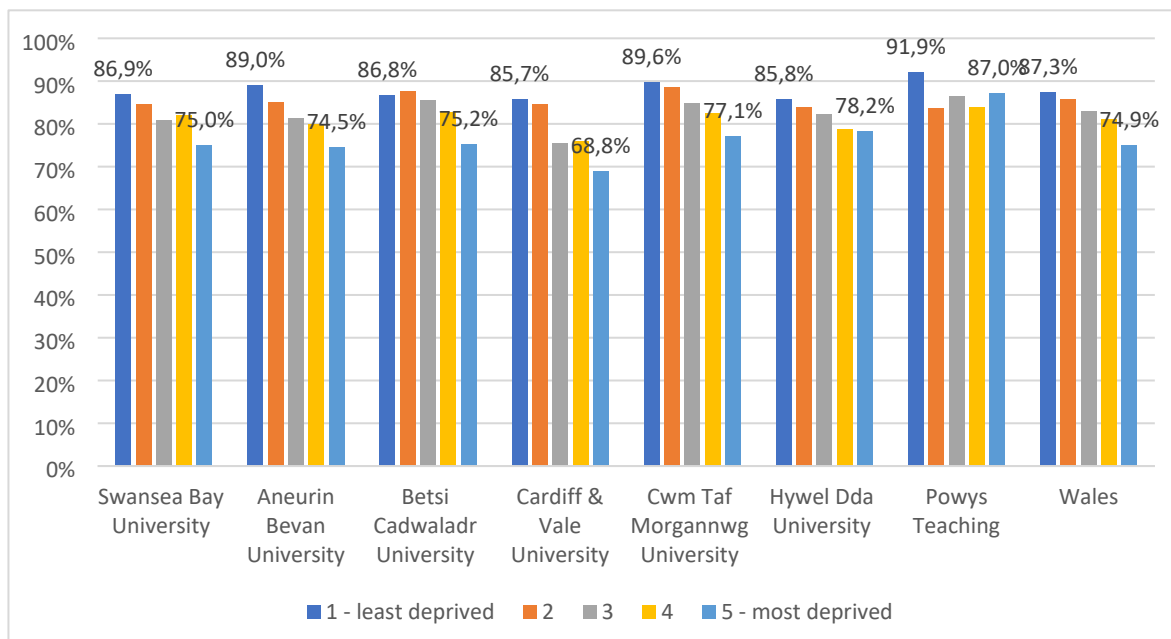
AAA screening looks for a swelling (aneurysm) of the aorta (the main blood vessel) in the abdomen. A ruptured AAA can lead to serious blood loss that will need immediate emergency treatment, but the chances of getting to hospital and surviving surgery are poor. Men over the age of 65 are invited by the Wales AAA Programme to attend for a one-off ultrasound scan at a GP surgery or local hospital.

Powys had the highest uptake out of all the health boards, 85.5% compared with 82.8% for all Wales in 2021/22.

Across Wales, uptake was 74.9% in the most deprived and 87.3% in least deprived quintile, a difference of 12.4 percentage points. Powys does not have a linear pattern, and the range was the only 4.9 percentage points. The data must be viewed with caution, however, as these represent small numbers of eligible men (approximately 1,000 invited in Powys).

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Figure 4. Uptake of AAA Screening by deprivation quintile by health board 2021/22



5.0 DIABETIC EYE SCREENING WALES (DESW)

Diabetic retinopathy is one of the most common causes of blindness in the UK. It has no obvious symptoms, so eye screening can identify the condition early on, enabling treatment to commence and help save a patient's sight. Everyone aged 12 years and over with a diagnosis of diabetes and registered with a GP in Wales is invited by DESW either annually or, since July 2023, bi-annually for patients identified as low risk. Patients receive eye drops and photographs of the back of each eye are taken with a specialised camera. Screening can be carried out within hospitals, health centres, community venues. There are mobile DESW screening teams who travel to different sites as scheduled, bringing a mobile camera with them.

The most recent DESW report published 31/01/2024 presents data for 2020/21 but only at an all-Wales level. This is due to the low number of participants invited as a consequence of the pause in delivery because of the pandemic, and the time taken to recover.

In 2020/21 uptake in Wales was 34%, obviously influenced by the pandemic. 45% of those screened had 'any retinopathy', a proportion higher than previous years, explained by the risk-based approach to restarting screening, inviting highest risk participants back first.

6.0 COMPARISON WITH ENGLAND

Direct comparison with screening programmes in England is not possible due to differences in the indicators and eligible populations. Using data available, however, suggests that screening in Powys in general compares favourably with the average for England as well as Wales.

2021/22

England				Powys	Wales
		Age	%	Age	%
Breast	Coverage	53-70 yrs	65.2	Uptake in 50-70 yrs	69.1
Bowel	Uptake	60-74 yrs	69.6	55-74 yrs	68.0
Cervical	Coverage	25-49 yrs	67.6	25-64 yrs	72.8
		50-64 yrs	74.6		
AAA	Coverage	65 yrs	70.3	Uptake 65 yrs	85.5

Uptake = % of participants responding to an invitation and attended within 6 months; Coverage = % of eligible population screened within the appropriate time period

Sources: Public Health England and Public Health Wales

NATIONAL WORK ADDRESSING INEQUALITIES

The national screening programmes aim to ensure that everyone eligible for screening has equitable access and opportunity to take up their screening offer. This includes being able to use reliable information to make a personal informed choice.

It is recognised that making an informed choice is influenced by language, cultural and economic factors that influence behaviour. Taking up an offer can be affected by a range of interlinked barriers, such as:

- logistical or physical challenges that reduce access to locations where screening is taking place. These could be economic or environmental factors.
- not receiving information in a way that enables individuals to gain the necessary knowledge to make an informed choice.
- preventative screening may not be considered as part of their social norm or cultural identity.

Tackling inequity is a key priority and the Screening Inequity Framework focuses action in five key areas as set out below:

1. Communication

Providing information in an accessible format (including Welsh, Easy Read, BSL and audio), with clear and consistent messages, tailored where there are specific barriers.

2. Community and engagement

Involving service users and people from underserved groups, understanding barriers to uptake, working with advocates and champions. Work to date includes the Trans community, ethnic minority communities, carers, those with a Learning Disability.

3. Collaboration

Collaborative work has included developing a national Screening Engagement Network for practitioners in health and the third sector. Work has also been undertaken with primary care to explore their data needs and to get endorsement by GPs on their patients Bowel Screening invitation and reminder letters. (Evidence shows that endorsement by the patient's GP improves uptake and reduced inequity in uptake.)

4. Service delivery

Actions include addressing barriers in access for service users, for example, by ensuring multiple methods of communication for service users to contact each programme. There is also ongoing work to identify and invite hard to reach groups, for example, those in long term care facilities and those in the military.

5. Data and monitoring

Actions to share data to inform action and targeted interventions.

POWYS SPECIFIC ACTIONS:

In addition to national work, targeted work to promote uptake of screening is underway locally. This includes:

1) Developing a Diabetic Eye Screening Wales mid-Wales team

A Public Health Wales DESW Mid-Wales Project Team has been established with the aim of helping improve health outcomes in Powys, by addressing inequity in access and travel times to screening for people with diabetes, bringing it more in line with provision in other parts of Wales.

Building back the DESW service in Powys since September 2020 has been challenging. The backlog and numbers waiting for screening has been exacerbated by a reduction in the number of venues/clinic capacity used previously (from 19 to 10 currently), despite some additional capacity being gained in current venues. The aim is to invite people to a venue within 45 minutes of their home by car. However, eligible patients in mid-Powys are being offered appointments further afield (sometimes Wrexham or Bala) to reduce the length of time they could otherwise be waiting (potentially up to 36 months based on current clinic capacity and numbers).

In order to improve access for people in the mid-Wales area, the intention is to create a small Mid-Wales screening team of approximately five people based in a central location. Having a team based in Powys will reduce travel times for staff and allow clinic times to be maximised, thus improving access for patients. To enable a mid-Wales Team to be recruited, DESW needs to identify a team base. Work is underway, with the support of PTHB Estates, regarding possible solutions.

2) Screening Champions

Screening Awareness training provides participants with the skills and knowledge to raise awareness of screening within communities, and to dispel myths and encourage uptake. A training session was held in December 2023, and 14 individuals attended from a range of organisations across Powys including: Powys County Council, PAVO, Llais and the Health Protection Team.

3) Local participation in the national Screening Engagement Network

This network has been recently set up with the aim of keeping partners up to date with screening developments, and to provide a platform to share good practice.

4) Lingen Davies Cancer Champions

Joint work with Lingen Davies Cancer Fund Powys Cancer Champion Initiative, who have so far (June-November 2023) recruited and trained 125 Cancer Champions. The Champions are volunteers equipped to have conversations with their family, friends and colleagues to increase their knowledge of issues such as cancer signs and symptoms, and encourage them to take part in screening.

5) Local participation in national Screening and Inequalities Group

This is a forum for sharing learning about local and national work. It provides an opportunity for Public Health Teams to share local knowledge and understanding, to improve uptake, equity of uptake and accessibility of national screening programmes.

6) Bowel Screening letter endorsement initiative

This initiative began in early 2023, and 12 Powys practices so far have opted to endorse the bowel screening letter.

NEXT STEPS:

The data presented provides an update on the uptake of screening in Powys April 2021-March 2022, and of recent activity to improve uptake and reduce inequalities. Recovery has continued since the pause in programmes due to the pandemic.

Screening programmes are population interventions offered at intervals in line with the evidence, therefore, for best effect and benefit it is crucial for programmes to build back services that are better, fairer and stronger to maximise and reduce inequity in uptake of screening and to recover the timeliness of the screening offer.

Further data is available online and will be updated as statistics become available. The data will be monitored to ensure uptake in Powys continues to remain high and that inequities are being addressed. Update reports will be brought to Committee.

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					<p>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.</p>
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

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

RISK ASSESSMENT:

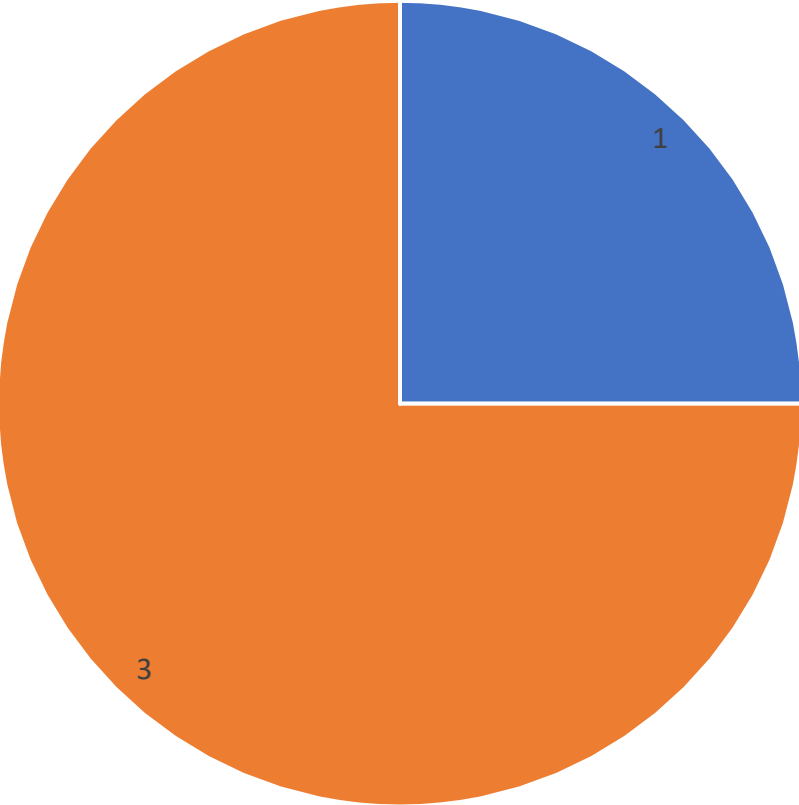
	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Patterson, Liz
 16/02/2024 13:26:08

Subject:	Committee Effectiveness – Planning, Partnerships and Population Health Committee
Approved and Presented by:	Director of Corporate Governance/Board Secretary
Author:	Director of Corporate Governance/Board Secretary
Purpose:	This presentation provides a summary of the responses received to the Committee Effectiveness questionnaire (PPPH); and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement.
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none">• DISCUSS the summary of the Committee Effectiveness survey and any areas for action/improvement.
Executive Summary:	<p>Each Committee of the Board is required to assess its effectiveness at the end of each year and to report its views to the Board on how governance arrangements might be improved. This is a key principle of good corporate governance which demonstrates a committee’s understanding of its remit and oversight responsibility and a culture of continuous improvement.</p> <p>The approach for 2023/24 contained a questionnaire and then discussion at the Committee meeting. The Committee effectiveness questionnaire focuses on the critical themes of: (i) composition and establishment, (ii) effective functioning, and (iii) assurance.</p>

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Responders



Executive IM

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Section 2 – Composition and Establishment

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Question	Lowest score	Highest score	Score as % of maximum
The Committee understand its role	3	4	88%
The Committee annual work plan covers all the relevant areas in terms of reference.	3	4	88%
The Committee has the membership, authority and resources to perform its role effectively.	4	4	100%
The right people attend meetings of the Committee to enable it to fulfil its role effectively.	2	4	88%
Committee members have the collective skills & experience needed to fulfil the terms of reference and to advise & assure the Board.	3	4	94%

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Section 3 – Effective Functioning

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Overview of ratings – Effective Functioning

Question	Lowest score	Highest score	Score as % of maximum
Meeting arrangements (frequency, time allocation) allow members individually and collectively to contribute to effective scrutiny and challenge.	3	4	94%
Committee meetings are conducted in a business - like manner and managed effectively with issues getting the time & attention proportionate to importance.	4	4	94%
Committee papers are of good quality and provide sufficient information (detail, presentation, timeliness) to enable the committee to fulfil its role.	2	4	75%
There is good monitoring of matters arising & agreed actions to support the Committee in its role.	3	4	94%

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Overview of ratings – Effective Functioning

Question	Lowest score	Highest score	Score as % of maximum
The Committee is briefed on urgent/emerging issues (policy, performance or new legal/regulatory obligations) in a timely and appropriate way.	3	4	94%
The Committee environment is one in which members can provide supportive but critical challenge on key/sensitive issues.	3	4	94%
Reports to the Board cover all key issues discussed at Committee. The Board takes due regard of the Committee’s views (i.e. recommendations, issues escalated, sharing of good practice).	3	4	94%
In meetings, we listen to and respect each other’s views.	4	4	100%

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- Agendas tend to have too many items included at each meeting
- Good to have focus on ASM at last meeting, and would benefit from greater time allocated to this area at each meeting as the Board moves to consult and design future healthcare provision to meets residents health needs
- Quality of committee papers, score is probably between 2 and 3. So more work to be done here.

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Section 4 – Assurance

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Overview of ratings – Assurance

Question	Lowest score	Highest score	Score as % of maximum
The Committee receives sufficient and timely reports and advice on key issues that clearly set out the analysis of the situation, the risks and the assurance the Committee can take in order to enable it to discharge its responsibilities.	3	4	88%
The Committee receives timely reports on the work of external regulatory and inspection bodies and other independent sources of assurance.	3	4	88%
The Committee receives regular and sufficient evidence that the organisation is learning and improving.	2	4	69%
Performance reporting is at an appropriate level to enable the Committee to identify areas where it requires further assurance.	3	4	81%
The Committee receives the assurance it needs to fulfil its role effectively.	3	4	81%

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Section 5 – General Comments

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Comments - what areas are going well?

- Well chaired
- Executives answer questions well
- Quality of reports
- Focussed inquiry.

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- Perhaps a greater focus on progress on addressing and improving health inequalities
- Broader agenda items from across organisation - cluster planning/primary care/ mental health services plans
- Less items on the agenda
- Delivery assurance
- The beginning of the journey on predictive modelling for Powys is a good development - more of that.

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- Any training is always useful.

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Comments – What areas should the Committee focus on in the future (incl. areas to be looked at more or less frequently)?

- Health inequalities. Monitoring public health measures that promote wellbeing and prevent disease
- More focus on Cluster planning/primary care provision and mental health service plans
- ASM needs sufficient time allocated at each meeting over next 12months as HBs moves to engage and design services to meet current and future needs of residents
- More emphasis on health protection

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Any Other Comments

- Committee is effectively Chaired
- We are getting there but there is more to do.

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Next Steps

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Actions	Timescale
1. Share content of the Effectiveness questionnaire with Committee	20 February 2024
2. Receive feedback from the Committee, discuss any actions / improvements	20 February 2024
3. Develop action plan, in partnership with Committee Chair, for Committee oversight based on Committee survey and contributions	Next Committee meeting (May 2024)
4. Committee feedback and key actions will be incorporated into summary report with other Committees’ feedback and shared with the Board	By end May 2024
5. Committee forward plan for 2024/25 is in development and will form part of the April Committee meeting (reviewed at each meeting)	Next Committee meeting (May 2024)
6. PTHB Chairs Forum will continue to develop an overarching role in committee focus areas and work plans	Ongoing

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Planning, Partnerships and Population Health Committee		Date of Meeting: 20 February 2024
Subject :	Planning, Partnerships and Population Health Committee Terms of Reference	
Approved and Presented by:	Helen Bushell, Director of Corporate Governance and Board Secretary	
Prepared by:	Liz Patterson, Interim Head of Corporate Governance	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is for the Committee to consider the Terms of Reference of the Planning, Partnerships and Population Health Committee in order to ensure that they remain fit for purpose.

RECOMMENDATION(S):

The Committee is asked to:

- **IDENTIFY** any suggested amendments to the Committee terms of reference in order to make recommendations to the Board in May 2024.
- **AGREE** that the Chair of the Committee and Director of Corporate Governance finalise any recommendations to the Board.

Approval/Ratification/Decision¹	Discussion	Information
✓	✓	

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

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

EXECUTIVE SUMMARY:	
<p>Under the Standing Orders of the Health Board, Board Committees are required to review their Terms of Reference on an annual basis. The existing Terms of Reference (Sept 2021) for the Planning, Partnerships and Population Health Committee are attached as Appendix 1.</p> <p>Any suggested changes will need to be recommended to the Board for approval.</p> <p>The Committee is asked to discuss the current terms of reference and identify any suggested amendments. The Chair of the Committee and Director of Corporate Governance will then take forwards any recommendations to the Board in May 2024 to take effect into 2024/25.</p> <p>It is suggested that the Committee specifically considers:</p>	
Section of Terms of Reference	Comment / Suggestions
2 - Purpose	Does this remain accurate and appropriate?

3 - Delegated Powers and Authority	Does this remain accurate and appropriate?
5 - Committee meetings	<ul style="list-style-type: none"> • The modern practice of holding meetings virtually should be reflected. • The ability to take any decisions via Chair's Action (where appropriate) should be added • Proposed change to wording to be x4 meetings per year instead of no less than quarterly
Tidying up	The document requires some general tidying up to ensure correct job titles are reflected

NEXT STEPS:

The Chair of the Committee and Director of Corporate Governance will take forwards any recommendations to the Board in May 2024 to take effect into 2024/25.

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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 - ASSESSMENT NOT REQUIRED				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
Statement				
Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical				
Financial				
Corporate				
Operational				
Reputational				
Statement				
Please provide supporting narrative for any risks identified that may occur if a decision is taken				

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Planning, Partnerships & Population Health Committee

Terms of Reference &
Operating Arrangements

September 2021

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1. INTRODUCTION

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

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

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

2. PURPOSE

2.1 ADVICE

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

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

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2.2 ASSURANCE

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

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

3. DELEGATED POWERS AND AUTHORITY

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

Strategic Planning

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

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

Partnership Working

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

Population Health

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

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

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

Authority

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

The Committee may seek any relevant information from any:

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

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

Access

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

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

Sub Committees

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

Committee Programme of Work

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

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x3

The Committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

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

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

4.3 By invitation:

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

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

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

Secretariat

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

Member Appointments

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

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

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

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and

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- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

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

Openness and Transparency

- 5.5 Section 3.1 of PTHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:
 - hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
 - issue an annual programme of meetings (including timings and venues) and its annual programme of business;
 - publish agendas and papers on the Health Board's website in advance of meetings;
 - ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
 - through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

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Withdrawal of individuals in attendance

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

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

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

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

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

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

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

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

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

7. REPORTING AND ASSURANCE ARRANGEMENTS

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

- 9.1 There may, occasionally, be circumstances where decisions which

would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

- 10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

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Planning, Partnerships and Population Health (PPPH) Committee		Date of Meeting: 20 February 2024
Subject:	COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER	
Approved and Presented by:	Director of Corporate Governance	
Prepared by:	Interim Head of Corporate Governance	
Other Committees and meetings considered at:	n/a	

PURPOSE:

The purpose of this paper is to provide the Committee with the December 2023 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS 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.

Approval/Ratification/Decision	Discussion	Information
x	✓	✓

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

Strategic Objectives:	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	
	5. Develop Workforce Futures	

Health and Care Standards:	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
	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.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Planning, Partnerships & Population Health Committee (20 February 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					

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

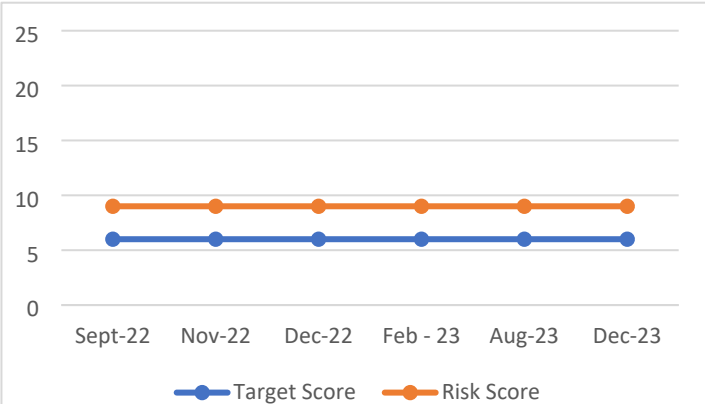
Risk Scoring

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 Risk that: ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys		Executive Lead: Director of Performance & Commissioning																							
Risk Impacts on: Organisational Priorities underpinning WBO 8		Assuring Committee: Planning, Partnerships and Population Health																							
		Date last reviewed: December 2023																							
<div>Risk Rating (likelihood x impact): Inherent: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6</div> <div>Date added to the risk register Risk Updated September 2022</div>	 <table><caption>Risk Rating Data</caption><thead><tr><th>Date</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></tbody></table>		Date	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	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.	
Date	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																							
Controls (What are we currently doing about the risk?) <ul style="list-style-type: none">Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership BoardHigh-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership BoardPowys Health and Care Strategy in place with Powys County Council and PAVOActive engagement with Mid Wales Joint CommitteeEngaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit		Mitigating actions (What more will we do?) <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Identify all existing partnerships and collaborations to inform development of a Framework</td><td>BS / DPP</td><td>31/03/2024</td></tr><tr><td>Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes</td><td>BS / DPP</td><td>28/02/2024</td></tr><tr><td>Development and population of a Partnership Register</td><td>BS</td><td>31/03/2024</td></tr><tr><td>Development of the Partnership Governance Framework for presentation to Board in December 2022</td><td>BS / DPP</td><td>31/03/2024</td></tr></tbody></table>			Action	Lead	Deadline	Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2024	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	28/02/2024	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	31/03/2024						
Action	Lead	Deadline																							
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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	31/03/2024																							
Current Risk Rating		Update including impact of actions to date on current risk score																							

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3 x 3 = 9

No further update

CRR 008

Risk that: the demand and capacity pressures in the primary care system lead to services becoming unsustainable

Executive Lead: Director of Finance and IT

Assuring Committee: Planning, Partnerships and Population Health

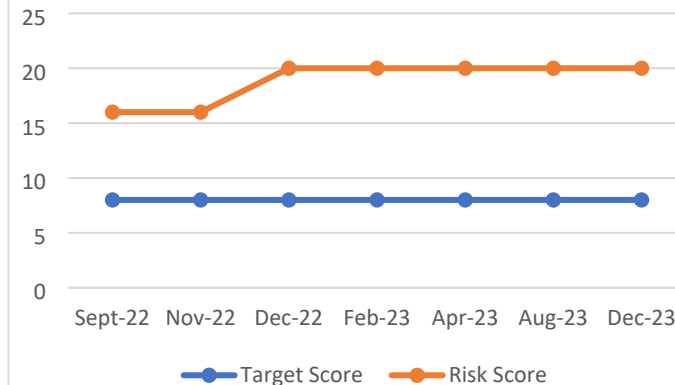
Risk Impacts on: Organisational Priorities underpinning WBO 4

Date last reviewed: December 2023

Risk Rating

(likelihood x impact):
Inherent: 4 x 4 = 16
Current: 5 x 4 = 20
Target: 2 x 4 = 8

**Date added to the
risk register**
Risk Updated
September 2022



Rationale for current score:

- 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. In addition, tripartite contract negotiations with GPC Wales have reached an impasse. WG have formally escalated situation and potential outcome unknown.
- RAAC (reinforced autoclaved aerated concrete) assessments currently being undertaken by all primary care contractors – assessment findings may have impact on future service delivery
- National roll out of SALUS OOH system has been terminated. Extension and associated costs for extending Shropdoc Adastra contract may have financial impact to PTHB.
- 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.

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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">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.RAAC assessment outcomes will be reviewed in conjunction with the PTHB Estates team during February 2024. Report to be submitted to WG by end of February.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 services, and assurances received there is no current anticipated risk to service supply with Adastra. Ongoing conversations with Shropdoc regarding SLA.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 toolNational NHS Primary Care Sustainability Assurance Framework being considered, national conversations ongoing.Regular discussions with Cluster Leads 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 suitability of 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

Meeting cancelled -
items due to be
reviewed

comments

Theme	Item Title	May 11/05/2023	August 24/08/2023	November 16/11/2023	February 20/02/2024
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				✓
Planning	IMTP-Approach for development				
Planning	IMTP - Draft Plan			✓	
Planning	Strategic Change Report	✓		✓	✓
Planning	Primary Care Cluster Planning Reporting against delivery				
Planning	Strategic Commissioning Framework Timeframe TBC				
Partnerships	Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work Programme				
Partnerships	Start Well				
Partnerships	Live Well			✓	
Partnerships	Age Well				✓
Partnerships	RPB delivery plan (ideally earlier in year)				
Partnerships	Integrated Care Fund (annual) and performance reports Timescales TBC (HB)				
Partnerships	Public Service Board (ideally earlier in year) -Wellbeing Plan		☒ signed off via EC		
Partnerships	North Powys Wellbeing Programme-including Models of Care				✓
Partnerships	NWSSP Performance Report	✓ Year-end		✓ Mid-year	
Partnerships	Accelerated Sustainable Model (planning and approach)			✓	
Partnerships	Partnership Governance Framework				

To first meeting in 24/25

Deferred to 2024/25 (Board agreed Nov 2023)

Partnerships	Arrangements for Engagement and Consultation in respect of service change/ Comms and Engagement report	✓			
Population Health	Population Health Needs Assessment and Wellbeing Assessment (next needed 2026/27)				
Population Health	Weight Management Pathway (to include Healthy Wales Assurance Report)	✓			
Population Health	Healthy Child Wellbeing Programme School Age Screening Programme Evaluation (CR) Health visiting programme	✓			
Population Health	Summary of screening programmes (uptake of screening programmes)			☒	✓
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
Population Health	Shared Services Performance Report (NB duplicate of line 26)				
Population Health	Primary Care Development Programme Highlight Report				
Population Health	Endoscopy Services				✓
Population Health	Additional Learning Needs (ALN)			✓	
Population Health	Winter Plan 2023/24				
Population Health	Tobacco Control Action Plan (Annually at request of Committee)			☒	Item will be to first Meeting 2024/25

To first meeting in 24/25

Second phase will also come to first meeting in 24/25

Will be scheduled into 24/25

To first meeting in 24/25

Key
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda

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