

# Planning, Partnerships and Population Health Committee

Tue 18 January 2022, 10:00 - 13:00

via Teams

## Agenda

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10:00 - 10:00  
0 min

### 1. PRELIMINARY MATTERS

 PPPH\_Agenda\_18Jan22 Final.pdf (2 pages)

#### 1.1. Welcome and Apologies

#### 1.2. Declarations of Interest

#### 1.3. Minutes from the previous meeting held 13th October 2021

 PPPH\_Item\_1.3\_Minutes 12 October 2021.pdf (10 pages)

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

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

 PPPH\_Item\_1.5\_PPPH Action Log\_Jan22.pdf (1 pages)

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10:00 - 10:00  
0 min

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

There are no items for inclusion in this section

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10:00 - 10:00  
0 min

### 3. ITEMS FOR DISCUSSION

#### 3.1. Integrated Medium Term Plan (IMTP) update

*Attached*                      *Director of Planning and Performance*

 PPPH\_Item\_3.1\_IMTP Update\_Jan2022\_110122.pdf (8 pages)

 PPPH\_Item\_3.1a\_FIRST DRAFT\_IMTP 2022\_25\_130122.pdf (63 pages)

#### 3.2. Regional Partnership Board Programmes Reporting: i. North Powys Wellbeing Programme Memorandum of Understanding

*Attached*                      *Director of Planning and Performance*

 PPPH\_Item\_3.2\_211215 PPPH Committee North Powys Update Report V3.pdf (7 pages)

 PPPH\_Item\_3.2a\_MoU NPWP - final draft 4 Jan 2022\_Mtg 190122.pdf (4 pages)

 PPPH\_Item\_3.2b\_PPPH Slides Informal Executive Committees 220118 2021v5 print version.pdf (11 pages)

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10:00 - 10:00  
0 min

### 4. ITEMS FOR INFORMATION

Party: Stella  
01/13/2022 12:43:24

## 4.1. Welsh Renal Clinical Network Briefing

*Information*

 PPPH\_Item\_4.1\_WRCN Briefing Paper for 180122.pdf (5 pages)

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10:00 - 10:00  
0 min

## 5. OTHER MATTERS

**5.1. Items to be brought to the attention of the Board and Other Committees**

**5.2. Any Other Urgent Business**

**5.3. Date of the Next Meeting**

7 April 2021 via Microsoft Teams

Party Stella  
01/13/2022 12:23:24

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



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**18 JANUARY 2022,  
10:00 – 12:00  
VIA TEAMS**

**AGENDA**

<b>Item</b>	<b>Title</b>	<b>Attached/Oral</b>	<b>Presenter</b>
<b>1</b>	<b>PRELIMINARY MATTERS</b>		
1.1	Welcome and Apologies	Oral	Chair
1.2	Declarations of Interest	Oral	All
1.3	Minutes from the previous Meeting held, 12 October 2021	Attached	Chair
1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
1.5	Planning, Partnerships and Population Health Committee Action Log	Attached	Chair
<b>2</b>	<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>		
	<i>There are no items for inclusion in this section</i>		
<b>3</b>	<b>ITEMS FOR DISCUSSION</b>		
3.1	Integrated Medium Term Plan (IMTP) update	Presentation	Director of Planning and Performance
3.2	Regional Partnership Board Programmes Reporting: i. North Powys Wellbeing Programme Memorandum of Understanding	Attached	Director of Planning and Performance
<b>4</b>	<b>ITEMS FOR INFORMATION</b>		
4.1	Welsh Renal Clinical Network Briefing (Attached)		
<b>5</b>	<b>OTHER MATTERS</b>		
5.1	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
5.2	Any Other Urgent Business	Oral	Chair
5.3	Date of the Next Meeting: • 7 April 2021, via Microsoft Teams		

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

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

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

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

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01/13/2022 12:23:24



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

**UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON TUESDAY 12 OCTOBER 2021  
VIA MICROSOFT TEAMS**

**Present:**

Trish Buchan	Independent Member (Committee Chair)
Ian Phillips	Independent member (Committee Vice-Chair)
Melanie Davies	Vice-Chair
Rhobert Lewis	Independent member
Ronnie Alexander	Independent member

**In Attendance:**

Carol Shillabeer	Chief Executive
Claire Madsen	Director of Therapies and Health Sciences
Hayley Thomas	Director of Planning and Performance
Jamie Marchant	Director of Primary, Community Care and Mental Health
Pete Hopgood	Executive Director of Finance, Information & IT Services
Stuart Bourne	Director of Public Health
Samantha Ruthven-Hill	Assistant Director of Planning
Rani Mallison	Board Secretary
Andrea Blayney	CHC
Phil Jones	Audit Wales

**Apologies for absence:**

Rebecca Collier	Healthcare Inspectorate Wales
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**Committee Support:**

Holly McLellan	Senior Administrator/Personal Assistant to Board Secretary
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PPPH/21/01	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
PPPH/21/02	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared.</p>
PPPH/21/03	<p><b>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE</b></p> <p>There were no previous meetings held of the Planning, Partnerships and Population Health Committee.</p>
PPPH/21/04	<p><b>MATTERS ARISING FROM PREVIOUS MEETINGS</b></p> <p>No matters arising were declared.</p>
PPPH/21/05	<p><b>COMMITTEE ACTION LOG</b></p> <p>There were no action log updates.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
PPPH/21/06	There were no items for inclusion in this section.
<b>ITEMS FOR DISCUSSION</b>	
PPPH/21/07	<p><b>Strategic Planning: Performance and Key Planning Parameters</b></p> <p>The Director of Planning and Performance presented the report which provided the Committee with a draft version of the Powys Planning Framework and Parameters, which incorporated a section on IMTP requirements and approach. The report was provided as part of the scoping and preparations for the production of the IMTP (Integrated Medium-Term Plan) 2022/23 – 2024/25. The IMTP strategic framework was due to be presented to PTHB Board on 26 November 2021.</p> <p>The report and the Planning Framework attached were presented alongside two complementary reports on Population Needs Partnerships and Strategic Change.</p>

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Together the suite of reports was intended to set out the key considerations for the Committee and to enable a full stocktake of the key factors which would inform the IMTP.

The three Rs of 'Resilience, Recovery and Renewal' were proposed as key phases of the cycle in the short, medium and long term. This would enable contingency and local options planning as part of the IMTP 2022 – 2025:

- Resilience: continued response to Covid and actions to ensure organisational resilience in the short term.
- Recovery: recovery planning and action in the short and medium term.
- Renewal: taking a longer-term horizon to achieve sustainable transformation and renewal.

*The Chair requested comments on the long-term approach.* The return to IMTP was welcomed, it provided a different overview and the return to renewal was appropriate where capacity allowed.

*Given that final guidance from Welsh Government would not be available until October to November 2021 to what extent were any changes in guidance expected to impact the IMTP?* The Director of Planning and Performance responded that any further guidance was not expected to significantly impact PTHB's approach. Assurance could be taken from the continuous communication with Welsh Government which allowed PTHB to adapt the approach where necessary.

*To what extent was PTHB reliant on other Health Boards decisions? Could further information be provided on the performance position 'this is a change of currency from 'waiting times' to experience and outcomes for those waiting'? For the public there was no substitute for being seen.*

The Director of Planning and Performance responded that the statement referred to the broader support for harm that had been adapted. PTHB had some complexity with other Health Boards but differed due to commissioning relationships. The last stage for the IMTP needed to be completed before alignment with other Health Boards plans could proceed.

*How would PTHB increase its capacity? In terms of implementation and review, how would staff engagement be ensured?*

The Director of Planning and Performance responded that Directorates would be requested to outline their priorities. Check and challenge monitoring through the Board would be

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	<p>employed to monitor progress. The Local Partnership Forum would be engaged and discussion would be prioritised.</p> <p>The Director of Public Health noted that the IMTP would be important to population health. The Director of Primary, Community Care and Mental Health added that the IMTP was familiar to PTHB and would lead to more robust processes in 2022/23.</p> <p><i>Given that the PTHB outcomes were set in 2017 what assurance could be provided that they would be met?</i></p> <p>The Director of Planning and Performance responded that a report on the 10-year vision would be brought to Committee to help update the area plan. This would not be featured in the current IMTP. Discussion with stakeholders would be required, more information would be brought to the next Committee meeting. The Chief Executive added that since 2017 COVID-19 had brought challenges and opportunities. It would be necessary to take stock of the current position and what was required to deliver the commitments. Due to the timing this would not be inline to inform the 2021/22 IMTP.</p> <p>The Committee Chair noted that the Committee supported the direction of work for the IMTP.</p> <p>The Committee NOTED and DISCUSSED the Draft Powys Planning Framework and Parameters and provided feedback to inform the development of the IMTP strategic framework which would subsequently be presented to PTHB Board on 26 November 2021.</p>
<p>PPPH/21/08</p>	<p><b>Overview of PTHB Population Health Priorities and Key Priorities</b></p> <p>The Director of Public Health presented the report which provided the current partnership priorities for population health in Powys as captured in three documents:</p> <ul style="list-style-type: none"> <li>• The Public Services Board (PSB) Wellbeing Plan</li> <li>• The Regional Partnership Board (RPB) Local Area Plan</li> <li>• The Powys Health and Care Strategy</li> </ul> <p>In reviewing each, a large number of actions were identified which contributed to population health. When taken together, they could be identified as five collective themes or priorities: place, behaviours, early years, education and skills, and equity (of access).</p> <p>Assurance would need to be sought about the recognition of population health priorities as part of forthcoming IMTP development.</p>

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	<p><i>To what extent could the Overview of PTHB Population Health Priorities and Key Priorities and the Strategic Planning: Performance and Key Planning Parameters reports be combined?</i></p> <p>The Director of Public Health responded that there were significant areas of crossover between the documents therefore there was potential for them to be combined in future reporting. As one of the largest employers within Powys, PTHB needed to use assets effectively to improve population health.</p> <p>The Committee Chair raised that how PTHB commissioned would benefit from consideration.</p> <p><i>Population health needed to be more central to core business, renewal and partnership. Was the definition of ownership clear in order for PTHB not to go outside its parameters, for instance who was responsible for housing?</i></p> <p>The Director for Public Health responded that Housing was part of social quality of health. It was important to help staff to think more holistically. The Committee Chair noted that the key role of the Committee was defined in the Committee Terms of Reference.</p> <p>The Committee NOTED and DISCUSSED the report.</p>
<p>PPPH/21/09</p>	<p><b>Overview of PTHB Statutory Partnerships and Joint Committees</b></p> <p>The Director of Planning and Performance presented the report which provided a stocktake of the key partnerships and planning arrangements. The paper provided further detail, to enable a follow up discussion. It was presented alongside two complementary reports on the Planning Framework and Approach for the development of the Integrated Medium-Term Plan 2022-2025 and Powys Population Needs being provided by the Director of Public Health.</p> <p>Together the suite of reports was intended to set out the key contextual considerations for the Committee as part of the development of the IMTP (Integrated Medium-Term Plan).</p> <p>It should be noted that this was a changing picture, given the ongoing public health emergency in relation to the response to the Covid-19 pandemic and the longer-term recovery efforts which were re-shaping the plans of both PTHB and neighbouring partners.</p> <p><i>Was more information available on the Welsh Renal Clinical Network?</i></p>

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	<p>The Director of Planning and Performance responded that more information would be brought to Committee.  <b>Action: Director of Planning and Performance</b></p> <p><i>Was the opportunity to divert patients between providers positive?</i></p> <p>The Chief Executive responded that there were both positives and negatives. Work was being undertaken with multiple partners in an open dialogue so patients could switch pathways when needed. Digital and home working allowed for the exploration of additional capacity from England.</p> <p>The Committee Chair noted that it was hoped this work could help to address economic and equality responsibilities.</p> <p><i>If a patient switched pathways to an English provider did it impact their planning cycles?</i></p> <p>The Director of Planning and Performance responded that discussion was underway with NHS England. The planning was based around integration and sustainability. More detail would be available on the submission of the IMTP in January 2022. Where long waiting patients were switched to English services it did not count as a change of pathway.</p> <p>The Committee NOTED and DISCUSSED the report.</p>
<p>PPPH/21/10</p>	<p><b>North Powys Wellbeing Programme Planning Framework</b></p> <p>The Director of Planning and Performance presented the report which provided an overview of the Service Planning Framework which had been developed to support the service design required to develop the Strategic Outline Case (SOC) and beyond, and would be applied based on the following national policy drivers:</p> <ul style="list-style-type: none"> <li>• A Healthier Wales</li> <li>• Social Services and Wellbeing Act</li> <li>• Wellbeing of Future Generations Act</li> <li>• National Clinical Framework</li> </ul> <p>It was a working internal document which helped to set a framework to support partners working on the programme. The proposed multi-agency wellbeing campus development in the centre of Newtown would include a number of settings on the same site, and the naming of each of these settings had come under scrutiny and review by a range of different audiences. Though the framework set out the proposed terminology and definitions, there would need to be a period of public engagement around the naming of facilities.</p>

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	<p><i>Was a Rural Regional Centre synonymous with being a hospital?</i></p> <p>The Director of Planning and Performance responded that a Rural Regional Centre was a hospital but with an enhanced service. It would be important to clearly differentiate between the two as Rural Regional Centres provided different services to standard hospitals.</p> <p><i>Was there any learning from the north being drawn on in the south of Powys?</i></p> <p>The Director of Planning and Performance responded that the integrated model of care provided learning from the south. Work was being undertaken on cross Health Board working. An open conversation with the public would be necessary on regarding the naming of Rural Regional Centres. The Chief Executive added that it was a matter of making the definition of facilities and their names clear to the public.</p> <p><i>To what extent was communication with the community on the naming of Rural Regional Centres important?</i></p> <p>The Director of Planning and Performance responded that communication with the community was essential in order to instil a feeling of ownership of the Rural Regional Centres. The term Hospital implies sickness as apposed to reflecting the wellness and wellbeing of the community.</p> <p>The Committee NOTED and DISCUSSED the content of the framework and recognised that this was a live document that would be continually updated.</p>
<p>PPPH/21/11</p>	<p><b>Overview of Strategic Renewal Portfolio Priorities and Arrangements</b></p> <p>The Director of Planning and Performance presented the report. The PTHB renewal priorities were identified following a review of the evidence base and learning from COVID-19. Significant progress had been made in Q1 and Q2 to progress arrangements to deliver renewal alongside other organisational priorities:</p> <ul style="list-style-type: none"> <li>• The CEO-led Renewal Strategic Portfolio Board had been established (with approved Portfolio Initiation Document);</li> <li>• Lead Directors had been confirmed for each Renewal Priority area;</li> <li>• Each programme within the portfolio had an approved Programme Initiation Document;</li> <li>• The CEO-led Renewal Core Group was meeting weekly;</li> </ul>

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- £2.5M non-recurrent revenue funding had been secured from Welsh Government, plus £550k capital for phase 1 (2021/22 financial year);
- The Renewal Set Up Co-Ordination Team had been established;
- Recruitment was underway to renewal posts, with WOD support secured to fast-track the process.

Key risks and pressures to the renewal portfolio included:

- Non-recurrent funding at present (likely to be further funding);
- Ability to recruit to posts;
- Pace versus staff wellbeing;
- Ongoing response to COVID-19 pandemic – harm from delayed care was equally part of the challenge.

The Chief Executive raised that when developing the Strategic Renewal Portfolio wave 3 of COVID-19 was expected to have been less significant than it had been. It would be key to evaluate what elements of the Renewal Programme would increase resilience. It was being assessed if the Renewal Programme could be accelerated, consideration was needed as to whether PTHB was being ambitious enough.

*How did the Strategic Renewal Portfolio fit in the wider framework of work, was it part of the year 1 IMTP?*

The Director of Planning and Performance responded that detail would be given in the year 1 IMTP, outline and direction of travel in year 2 with the content provided in the year 3 IMTP.

*In terms of ambitiousness, were PTHB's resources being maximised effectively?*

The Chief Executive responded that it was necessary to keep in mind the scale and spread of the issue. Testing changes on a smaller scale would reduce risk rather than scaling changes immediately. Pathway redesign work may be required. Confidence needed to be built into delivery, allowing achievable proposals to be implemented.

The Director of Planning and Performance noted that the risk appetite would need to increase in order to move at scale and speed.

The Chair noted it would be important to keep a top down view while ensuring staff were engaged.

*To what extent were the aspirations of the renewal priorities realistic and deliverable given the impact COVID-19 had had on staff?*

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	<p>The Chief Executive responded that this would be a topic which would benefit from engagement from the whole Board.</p> <p><i>To what extent was relying on value-based health care realistic for achieving goals?</i></p> <p>The Director of Planning and Performance responded that the Powys Planning Framework and IMTP Strategic Framework would help inform on the effectiveness of value-based health care moving forward. The Director of Finance, Information &amp; IT Services added that a value-based approach was essential. There would be a priority in effective resource deployment and embedding the value-based culture and understanding to enable delivery. The Director of Public Health noted that a value-based approach was strategically fundamental. It would be valuable to discuss the approach to quality and cost outcomes for the Powys population. The Director of Therapies &amp; Health Science confirmed that there was significant clinical enthusiasm for value-based health care.</p> <p>The Committee NOTED and DISCUSSED the Renewal Strategic Portfolio arrangements.</p>
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**ITEMS FOR INFORMATION**

<p>PPPH/21/12</p>	<p><b>Committee Terms of Reference, approved by Board 29 September 2021</b></p> <p>The Board Secretary presented the report. In-line with Standing Orders and the Board’s Scheme of Delegation and Reservation of Powers, the Health Board had established a committee to be known as the Planning, Partnerships and Population Health Committee.</p> <p>The scope of the Committee extended to all areas of Planning, Partnership Working and Population Health, across the full breadth of the Health Board’s responsibilities.</p> <p><i>To what extent was the work programme reflective of the Committees discussion?</i></p> <p>The Committee Chair responded that this would be picked up with the Director of Planning and Performance and Board Secretary.</p> <p>The Committee NOTED the report.</p>
<p>PPPH/21/13</p>	<p><b>Board and Committee Priorities 2020/21, approved by Board 29 September 2021</b></p> <p>The Board Secretary presented the report which provided the workplan for the Board based on its agreed Annual Plan, which was inclusive of its committees, and outlined where</p>

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	<p>these priorities would be delegated to for oversight in the remainder of 2021/22. The role of the Board's committees would be key in providing assurance to the Board that its priorities and actions were being progressed and associated risks were being mitigated effectively.</p> <p>The workplan of the Board (inclusive of its committees) would need to remain under review as the year progressed to ensure that it remained proportionate and appropriate.</p> <p>The Committee NOTED the report.</p>
<b>OTHER MATTERS</b>	
PPPH/21/14	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>There are no items for inclusion in this section</p>
PPPH/21/15	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no urgent business.</p>
PPPH/21/16	<p><b>DATE OF THE NEXT MEETING</b></p> <p>18 January 2021 at 10:00, via Microsoft Teams.</p>

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Key:

Completed
Not yet due
Due
Overdue
Transferred

**PLANNING, PARTNERSHIPS AND  
POPULATION HEALTH COMMITTEE**

**ACTION LOG JANUARY 2022**



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

Minute	Meeting Date	Action	Responsible	Progress Position	Completed
PPPH/21/09	12 Oct 21	Information on Welsh Renal Clinical Network to be provided to Committee on 18 <sup>th</sup> January 2022	Director of Planning and Performance	On agenda	Complete

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<b>Planning, Partnerships and Population Health Committee</b>		<b>Date of Meeting: 18 January 2022</b>
<b>Subject :</b>	<b>IMTP (Integrated Medium Term Plan) Update</b>	
<b>Approved and Presented by:</b>	<b>Director of Planning and Performance</b>	
<b>Prepared by:</b>	<b>Assistant Director of Planning</b>	
<b>Other Committees and meetings considered at:</b>	<p>The PTHB Planning Framework (which includes the context, evidence base and strategic framework) has been considered at Board Development, Planning, Performance and Population Health Committee, Executive Committee and PTHB Board.</p> <p>The Three Year Strategic Priorities that form the strategic framework of the IMTP were agreed at PTHB Board on 24 November.</p> <p>The IMTP is also informed by financial, workforce and organisational performance and these are regularly reported to Committee(s) and PTHB Board.</p>	

**PURPOSE:**

This report provides the Committee with an update on the development of the IMTP (Integrated Medium Term Plan) for 2022 – 2025. It should be noted that Welsh Government have postponed the submission of the IMTP to the end of March 2022, to enable capacity to be focused on responding to the ongoing public health emergency of the pandemic.

This report therefore provides an interim update as work on the development of the IMTP has been partially suspended to enable organisational capacity to focus on system resilience and surge planning. It is expected that the final work on the IMTP will resume in late January 2022 / early February 2022, subject to national / local escalation requirements. It is expected that the IMTP will be submitted for consideration and approval to PTHB Board at its meeting on 30 March 2022.

A working draft version is provided at Appendix 1 and feedback is welcomed.

### RECOMMENDATION(S):

The Committee are asked to NOTE the Update

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

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

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

### EXECUTIVE SUMMARY:

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

This report provides the Committee with an update on the development of the IMTP (Integrated Medium Term Plan) for 2022 – 2025.

Welsh Government have postponed the submission of the IMTP to the end of March 2022, to enable capacity to be focused on responding to the ongoing public health emergency of the pandemic.

This report therefore provides an interim update as the final stage of work on the IMTP has been partially suspended to enable organisational capacity to focus on system resilience and emergency response.

It is expected that the final stage of work on the IMTP will resume in late January 2022 / early February 2022, subject to national / local escalation requirements.

It is currently anticipated that the IMTP will be submitted for consideration and approval to PTHB Board at its meeting on 30 March 2022.

The exact timing and mechanisms will be subject to continuous appraisal to manage risk in the context of the balance of priorities in relation to the response to the phase of the pandemic and escalation requirements.

The submission deadline currently set by Welsh Government is March 2022 and therefore the process will be designed to meet that timescale, with the IMTP drafted and submitted for approval at PTHB Board in March 2022.

A working draft version is provided at Appendix 1 and feedback is welcomed.

## DETAILED BACKGROUND AND ASSESSMENT:

Welsh Government have postponed the submission of the IMTP to the end of March 2022, to enable capacity to be focused on responding to the ongoing public health emergency of the pandemic. This report therefore provides an interim update setting out work completed to date and work to be resumed in the New Year.

### Progress to date:

- The PTHB **Planning Framework and Parameters** (which includes the context, evidence base and strategic framework) were considered at Board Development, Planning, Performance and Population Health Committee, Executive Committee and agreed at PTHB Board in the Autumn 2021.
- The core **Values and Principles**, developed by our workforce and stakeholders, remain fundamental at this challenging time and these are also set out in the PTHB Planning Framework.

- The Planning Framework also provides a recap of the shared long term Health and Care Strategy, **A Healthy Caring Powys**, setting the ambition for transformation and collaboration across public and third sector organisations who have worked together to respond to the pandemic.
- The **Three Year Strategic Priorities** that form the strategic framework of the IMTP were subsequently agreed at PTHB Board on 24 November.
- A working draft version of the Integrated Medium Term Plan has been produced on this basis and is provided at Appendix 1.
- This takes into account the **NHS Wales Planning Framework 2022 – 2025** which reaffirms the Ministerial and Government priorities for health and care, as reported in detail to PTHB Board in November 2021.
- It also takes into account various **correspondence from Welsh Government** (detailed in the previous report to Board) which note the importance of delivery, workforce, finance and recovery and particular areas including Planned and Unscheduled Care, Recovery Fund, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.
- As for previous plans since the onset of the Covid-19 pandemic, the priorities have been developed in the context of considerable **complexity**, with an emerging syndemic impact on **population health** which will be felt for many years to come, as described in greater detail in the report to PTHB Board in November 2021.
- Joint **Population Needs and Well-being Assessments** are being undertaken and the findings are informing the plans of key partnership bodies and the constituent organisations including the health board.
- Plan development to date has drawn on a thorough review of **reflections, learning** and continuously emerging **evidence base**, to understand the position in relation to both the Covid-19 pandemic response and it's wider impacts (as detailed in the PTHB Planning Framework and Parameters).
- Extensive **staff and stakeholder engagement** has been achieved (up to the suspension of the final stage of work), this has included involvement of **Committees/ Board Development** during the Autumn 2021 with outputs used for the production of a '**PESTLE**' (Political, Economic, Sociological, Technological, Legal and Environmental factors) and a '**SWOT**' analysis (Strengths, Weaknesses, Opportunities and Threats).
- The dissemination and use of a Step by Step Guide for **Directorate Planning**, along with Directorate support sessions provided by the Planning Team. The **outputs** were presented by Lead Executives at Executive IMTP sessions held in November and early December 2021.

- The Plan therefore reflects the ongoing need to respond to the Covid-19 pandemic, alongside the 'three Rs' of Resilience, Recovery and Renewal, taking a **phased and cyclical** approach to delivery for the next three years, to ensure **system resilience** alongside **regional and national collaboration**.
- As noted in the report to PTHB Board in November, particular circumstances for Powys are recognised with a **flexibility to tailor** the NHS Wales Planning Framework. The **cross border** arrangements form an important part of the particular context for Powys healthcare.
- The complex **partnership landscape** is captured in the Planning Framework, which provides an updated stocktake of **strategic change** programmes.
- **Regional arrangements** were reflected in the detailed report to PTHB Board in November 2021 in relation to the Regional Partnership Board, Public Services Board and Mid Wales Joint Committee in particular.
- The Integrated Commissioning Plan for the **Welsh Health Specialised Services Committee** (WHSSC) and the three year IMTP for the **Emergency Ambulance Services Committee** (EASC) are notable components in relation to plan alignment and are reflected in the IMTP Strategic Priorities.
- The development of plans for each of the three Powys **Clusters** has commenced and will be rescheduled in line with the national change in timescales for submission of the Integrated Medium Term Plan.
- A **JET (Joint Executive Team) meeting** was held with Welsh Government on 16<sup>th</sup> November and an **informal planning engagement meeting** has been held at the end of November 2021, at which progress regarding the IMTP was shared and the Three Year Strategic Priorities were noted. Further meetings have been temporarily postponed by Welsh Government.

Work to be completed January – March 2022:

Submission of the Integrated Medium Term Plan 2022 – 2025 is now required by Welsh Government by 31 March 2022 therefore further work will be carried out to finalise the plan from January to March to meet that deadline.

A working draft version is provided at Appendix 1 and feedback is welcomed, this will be used to inform and shape the final stage of work which will also include:

- Detailed **financial planning** following receipt of the NHS Wales Allocation Letter at the end of December 2021 (subject to separate reporting on Financial Position and Strategy made to Committee/s and PTHB Board).
- Final agreements regarding contributions to national commissioning arrangements as part of **WHSSC** (Welsh Health Specialised Services Committee) and **EASC** (Emergency Ambulance Services Committee).

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- Detailed **workforce planning** including alignment with national strategy and direction provided by Health Education and Improvement Wales (HEIW) and completion of the Minimum Data Set (MDS) Workforce component.
- Completion of **Directorate level 'SMART' milestones and actions** to provide assurance of delivery intention whilst recognising greater flexibility will be required in the context of the ongoing public health emergency.
- Trajectory setting for **core activity and planned care** as part of the Minimum Data Set (MDS) Operational component.
- Finalising and updating underpinning plans and programmes in key areas of **transformation** and **partnership** including:
  - Covid Response and Prevention (incorporating Test, Trace and Protect; Vaccination and Booster Programme)
  - Renewal Portfolio
  - North Powys Well-being Programme
  - Health and Care Academy and Workforce Futures
  - Innovative Environments Strategic Framework (encompassing Decarbonisation and Biodiversity)
  - Digital First Strategic Framework (including alignment with Digital Health Care Wales and NHS Shared Services Plans)
  - Clinical Quality and Patient Experience Frameworks
  - Finalising the three Cluster Plans in line with the IMTP and Accelerated Cluster Development programme
- Alignment with other system draft plans will also be progressed where these are available through peer networks and neighbouring organisations

## NEXT STEPS:

Further work will be carried out to finalise the Three Year Integrated Medium Term Plan 2022 – 2025 as noted in this report.

The development of the Integrated Medium Term Plan is also informed by **financial, workforce and organisational planning and performance**, which are regularly reported to the appropriate Committee(s) and PTHB Board by the respective Executive Leads.

A working draft version is provided at Appendix 1 and feedback is welcomed, this will be used to inform and shape the final stage of work.

Due to the change in the Welsh Government timescale for submission, it is now expected that:

- **The Integrated Medium Term Plan will be provided to PTHB Board for consideration and approval at its meeting on 30 March 2022**

- The Integrated Medium Term Plan will be submitted to Welsh Government on 31 March 2022.

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

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

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FIRST DRAFT – INTERNAL  
WORKING DOCUMENT



# Integrated Medium Term Plan 2022-2025

## A Healthy Caring Powys

*Resilience*

Parry Stella  
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*Recovery*

*Renewal*

# MESSAGE FROM CHAIR AND CHIEF EXECUTIVE

We are pleased to introduce the Integrated Medium Term Plan (IMTP) for Powys Teaching health board for the period 2022/2023 to 2024/2025. This is a plan in a context unlike any other. It has been two years since the last medium term plan, as health boards and other partners responded to the public health emergency of the Covid-19 pandemic and its impacts.

But Powys is also a place unlike any other. The strength of the community response to the pandemic has been remarkable and humbling. We have all made an enormous collective effort to keep Powys safe, working hand in hand from the initial stages where the focus was on preventive measures to the more recent population vaccination programme which is the first line of defence against emerging variants of coronavirus. Our staff, partners, third sector, volunteers and patients have got us to this point and we are grateful to all those who continue to work with us going forward.

Returning to a medium and longer term focus is challenging when we are still responding to great uncertainty and the ongoing public health emergency, but it does provide some time for reflection and learning. It allows us all to recommit to our collective ambition for 'A Healthy Caring Powys'. We are mid way through our shared long term Health and Care Strategy and it has a new importance as a regional anchor strategy as we recover, build resilience and focus on renewal. Our plan sets how we will transform the way we provide care for the Powys population, enabling people to start well, live well and age well.

This in turn takes us 'Towards 2020', the shared Powys Wellbeing Plan which focuses not only on now but the future generations of Powys who will inherit the legacy of our efforts. The Health Board has an important role as an employer and an anchor in the community as well as a healthcare provider and our plan covers the key actions we are taking to contribute to wider well-being, including decarbonisation, the foundational economy and social partnership.

There is a strong connection between our vision and the ambition for 'A Healthier Wales' set out by Welsh Government, which in turn provides a foundation for the National Clinical Framework and NHS Wales approach to the recovery of healthcare.

The health board is both a provider and a commissioner of healthcare for our population, who access services in both Wales and England. We have a strong track record in taking a 'whole system approach'. We have natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys and a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

We have a set of guiding principles, developed with all of our stakeholders including our communities in Powys, which enable us to direct our efforts towards what matters to our population and what works to improve well-being. We are clear in our ambition that this has to include the social, economic, environmental and cultural life of the county.

Our Transformation programmes are developing ways of working that break traditional boundaries to design services that are centred around the community and the person, joining up education, housing, health, care and the independent, community and voluntary sectors. Hand in hand with this, we have a programme of immediate recovery work focused on the impact of the pandemic on waiting times and access to healthcare in the here and now.

There are challenges ahead. We have reset our ambition but are mindful of the need for balance in this plan, not only financially but in the wider sense. The recovery from Covid will not be linear and we will need to balance resources, pace and ambition to ensure that the wellbeing of our communities and our staff is paramount.



Professor Vivienne Harpwood (Chair)

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Carol Shillabeer (Chief Executive)

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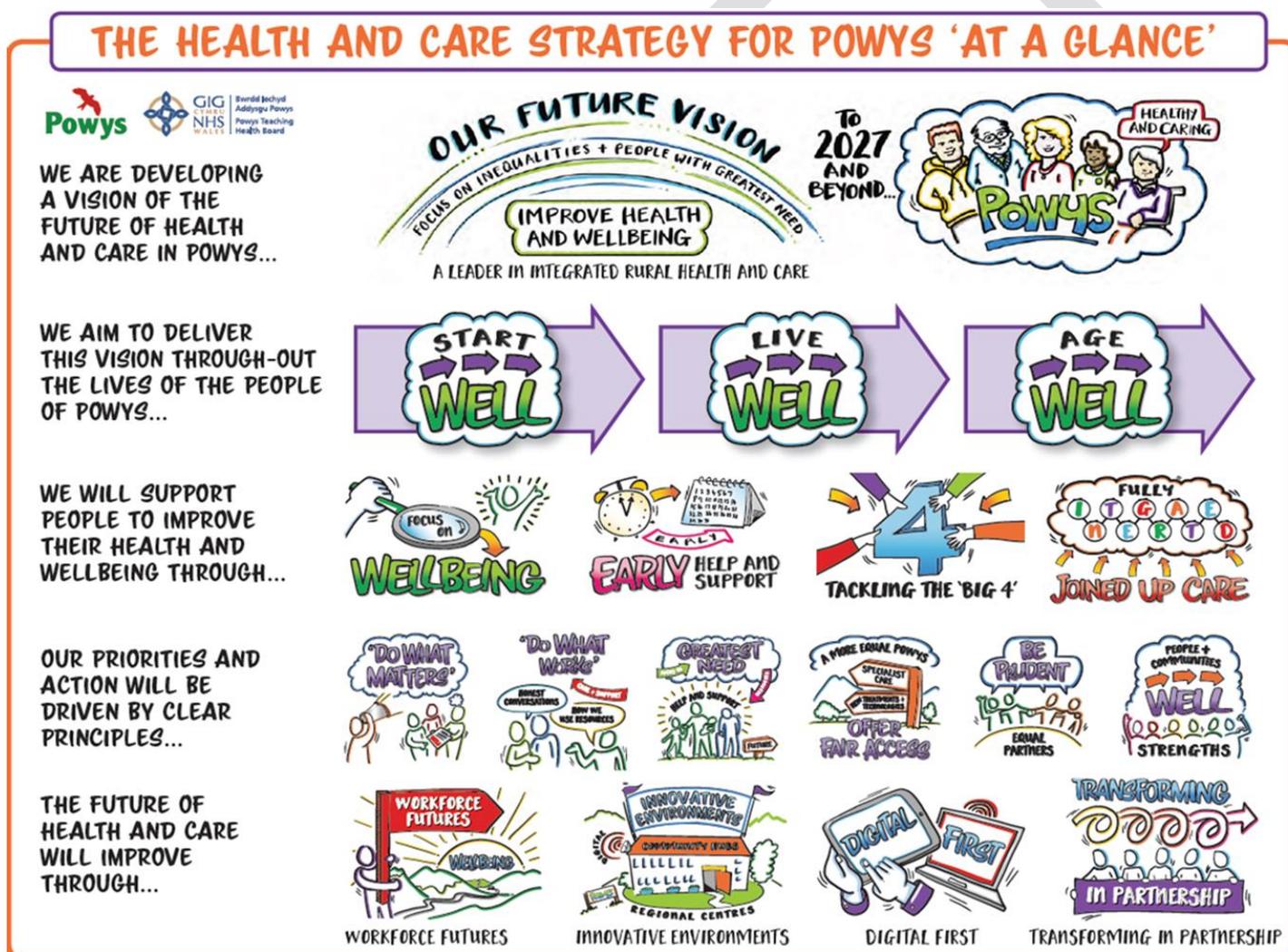
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# Introduction and Strategic Context

This is a plan in a context unlike any other. It has been two years since the last medium term plan, as health boards and other partners responded to the public health emergency of the Covid-19 pandemic and its impacts. But Powys is also a place unlike any other. The strength of the community response to the pandemic has been enormous, from the initial stages where the focus was on preventive measures to the more recent vaccination programme.

Returning to a medium and longer term focus is a challenging when we are still responding to great uncertainty and the ongoing public health emergency, but it does provide some time for reflection and learning. It allows time for reflection and learning, and a time to recommit to our collective ambition for 'A Healthy Caring Powys'.

We are mid-way through our shared long term Health and Care Strategy which covers the period up to 2027 and even looks beyond that at longer term sustainability. This has a new importance as an anchor strategy as we recover, build resilience and focus on renewal.



This in turn takes us 'Towards 2020', the shared Powys Wellbeing Plan which focuses not only on now but the future generations of Powys who will inherit the legacy of our efforts. The Health Board has an important role as an employer and an anchor in the community as well as a healthcare provider and our plan covers the key actions we are taking to contribute to wider well-being, including decarbonisation, the foundational economy and social partnership.

There is a strong connection between our vision and the ambition for 'A Healthier Wales' set out by Welsh Government, which in turn provides a foundation for the National Clinical Framework and NHS Wales approach to the recovery of healthcare.

The health board is both a provider and a commissioner of healthcare for our population, who access services in both Wales and England. We have a strong track record in taking a 'whole system approach'.

We have natural geographic sub-regions in the County which are reflected in the Cluster footprints of North, Mid and South Powys and a leadership role regionally within the Powys Regional Partnership Board, Public Services Board and Mid Wales Joint Committee.

## Guiding Principles

We have a set of guiding principles, developed with all of our stakeholders including our communities in Powys, which enable us to direct our efforts towards what matters to our population and what works to improve well-being. We are clear in our ambition that this has to include the social, economic, environmental and cultural life of the county.



### THOSE WHO PROVIDE HEALTH AND CARE SERVICES IN POWYS WILL:

- LISTEN TO THE PEOPLE OF POWYS ABOUT THEIR HOPES, FEARS AND OPINIONS ON HEALTH AND CARE SERVICES.
- PROVIDE CARE WHICH MEETS THE NEEDS OF THE INDIVIDUAL AND HELPS THEM MANAGE THEIR OWN CARE BUDGET.
- INFLUENCE HOUSING, EDUCATION, LEISURE AND IN-WORK POVERTY TO REDUCE HEALTH INEQUALITIES.
- HELP COMMUNITIES DEVELOP HUBS AND ACTIVITIES THAT ENCOURAGE CULTURAL WELLBEING, PHYSICAL ACTIVITY AND SOCIAL INTERACTION.
- MAKE THE MOST OF THE OPPORTUNITIES THAT DEVELOPMENTS IN TECHNOLOGY BRING TO IMPROVE COMMUNICATION, DELIVER NEW SERVICES AND PROVIDE SERVICES AT MORE CONVENIENT TIMES.
- ENCOURAGE PEOPLE TO DEVELOP A WELLNESS PLAN, BE AWARE OF THE IMPACT OF THEIR LIFESTYLE AND ACT WHEN THE TIME IS RIGHT.
- IMPROVE ACCESS TO SERVICES, PROVIDE BETTER SCREENING, EARLY DIAGNOSIS AND SUPPORT.
- WORK TO THE SUSTAINABLE DEVELOPMENT PRINCIPLE UNDER THE FUTURE GENERATIONS ACT'S FIVE WAYS OF WORKING TO DEVELOP SUSTAINABLE SERVICES AND PROMOTE THE WELSH LANGUAGE.
- DELIVER SERVICES AS CLOSE TO PEOPLE'S OWN HOMES AS POSSIBLE TO SAVE PEOPLE TIME AND MONEY AND REDUCE CARBON EMISSIONS. PEOPLE WILL ONLY NEED TO TRAVEL OUT OF COUNTY TO RECEIVE SPECIALIST CARE AND COMPLEX SERVICES WHICH WE CANNOT SAFELY PROVIDE THROUGH DIGITAL TECHNOLOGY OR CLOSER TO HOME.

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## Powys Outcomes

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

### Focus on Well-being

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

### Provide Early Help and Support

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

### Tackle the Big Four

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

### Ensure Joined up Care

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

### Develop Workforce Futures

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

### Promote Innovative Environments

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

### Digital First

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

### Transforming in Partnership

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

## Latest Evidence

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys.

Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county.

the [Well-being Assessment](#) and the [Population Needs Assessment](#) are being updated and provide further insight into the demographic and socio economic factors that are often called the 'wider determinants of health'. This three year plan draws on the key emerging insights for Powys.



**Powys is a large, rural county. It covers a quarter of the land mass of Wales and is the most sparsely populated county in England and Wales. More than half of the county's residents live in villages and small hamlets.**

This geography makes it hard to provide the same level of services for everyone. Many people tell us that, although they do not want to leave their community, access to services and social isolation is a problem, in particular for those who are older and live in more remote locations.

### **Inequity of Service:**

- Evidence shows that people in the most deprived areas in Powys live more years in poor health compared to people in the least deprived areas. Health inequalities increase when services do not reach those who are at most risk. However, health inequalities can be reduced when services work together with a focus on early intervention, adverse childhood experiences, wellbeing and independence.
- Evidence shows that the difference in cognitive outcomes between children from the least and most deprived areas continues to grow over 10 years. Across Wales there is also a clear link between levels of deprivation and rates of overweight or obesity. 28.4% of children

who live in the most deprived areas are overweight or obese compared to 20.9% in the least deprived.

- Just over 1 in 5 children in Powys are estimated to be living in poverty, after housing costs have been considered. Children who grow up in poverty are more likely to have poor health which can have an effect on the rest of their lives. This is a particular concern in the areas of north Powys that score high on several factors associated with the Welsh Index of Multiple Deprivation (WIMD).
- Unhealthy lifestyles increase demand on health and social care services and reduce people's ability to live a fulfilling life. Although rates of physical activity in Powys are above the Wales average, nearly 6 in 10 adults are overweight or obese and this figure is predicted to rise. Just under 1 in 5 adults in the county smoke and 4 in 10 drink more than the recommended amount.
- Developments in technology are changing how we provide some health and social care services and support. For example, more people can access services in or closer to home.
- Population changes mean there will be more older people and fewer younger people living in Powys in the future.

And while people are living longer, these years are not always healthy. New treatments are also being developed which could help more people live for longer, but they are costly. To meet future demand we must change the way we deliver services so they are both affordable and sustainable.

- Services around the county's borders are changing. The Shrewsbury and Telford Hospital NHS Trust, the main acute hospital provider for many north Powys communities, is changing its services and moving more to Telford. Every year around 65,000 people travel out of county for day-case and outpatient procedures. With the right workforce, facilities and diagnostics, we could provide many of these services locally.
- We depend on volunteers to deliver care and are fortunate enough to enjoy strong support for this. However, to maintain levels of care we must improve how we support our volunteers and continue to recruit new ones. Covid-19 has presented an opportunity for care to be delivered differently, utilising volunteers to establish community response teams and maximising technological opportunities to provide care through digital means.

There is consensus that the impact of the pandemic will be felt for many years, with a complex effect on health, well-being and inequalities.

The World Health Organisation describes increasingly critical areas of risk which include serious mental health issues and suicide, increased alcohol consumption, chronic ill-health and further excess morbidity and mortality.

Various sources refer to a 'syndemic' impact, meaning there is a cumulative effect for those with existing health conditions and a clear social gradient in how this is experienced.

Research points to particular impacts on children and young people, vulnerable groups

inequalities. The NHS Wales Planning Framework refers to **five harms** which encompass the impact of covid itself and the impacts of changes in healthcare and wider society.

The report 'Placing health equity at the heart of the Covid-19 sustainable response and recovery' (The Welsh Health Equity Status Report, 2021) set out the wider socio-economic impact in Wales. The report emphasises the profound interdependence between population and community well-being. It noted the window of opportunity that exists to adopt and accelerate solutions to achieve healthier and more resilient people, societies and economies.

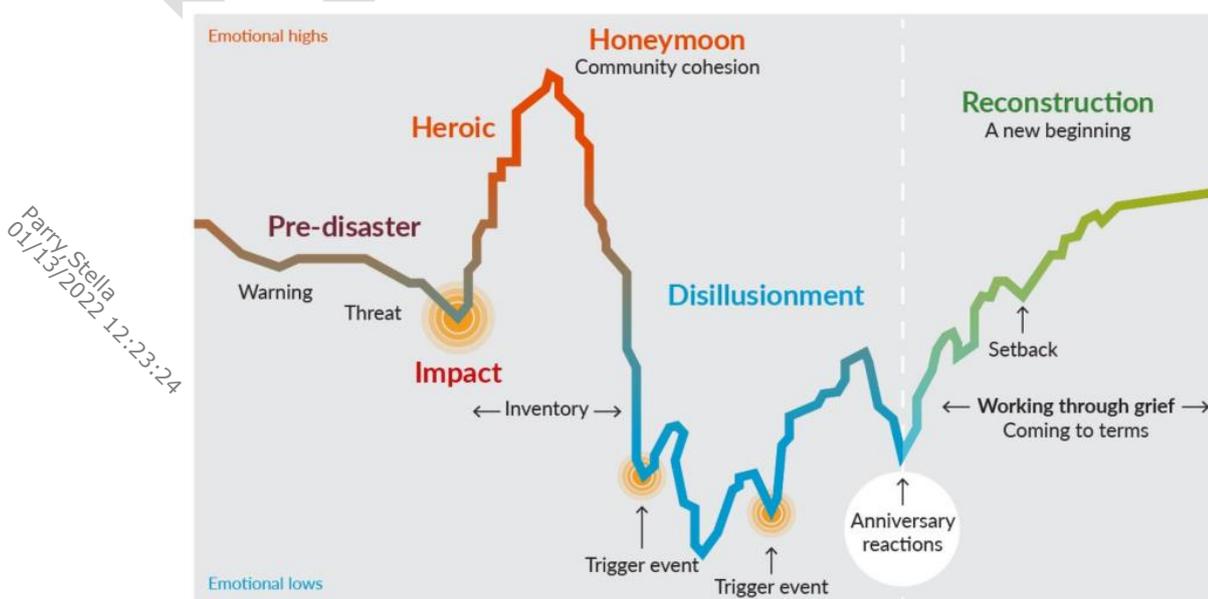
The health board commissioned a report to understand the syndemic impact of the pandemic for the Powys population, high level projections are noted below. The baseline was taken from 2019/20 and the impact is profiled to 2022/23:

- The proportion of working-age adults limited a lot by long-standing illness will increase from 18.1% to 24.4%. In Powys this is 4,719 more adults.
- The proportion of working-age adults with musculoskeletal problems will increase from 17.1% to 19.4%. In Powys this is 1,723 more adults.
- The proportion of working-age adults with heart and circulatory problems will increase from 12.8%, to 15.5%. In Powys this is 2,023 more adults.
- The proportion of working-age adults with respiratory problems will increase from 8.2% to 10.6%. In Powys this is 1,797 more adults.
- The proportion of working-age adults with endocrine and metabolic problems will increase from 7.9% to 10.9%. In Powys, this is 2,247 more adults.
- The proportion of working-age adults with mental health problems will increase from 8.8% to 11.9%. In Powys, this is 2,322 more adults.

Evidence relating to the impact of the Pandemic, (Catherine Woodward, 20

The Kings Fund have identified insights from recovery work globally. Their key finding is that recovery should focus on understanding what individuals and communities need to cope with the impacts of a disaster, and be in a better position to withstand the next one.

The Kings Fund note four priority areas: Mental Health, community need, not leaving anyone behind, collaboration. The disaster recovery model shows the process will be a 'long haul' over 10–15 years and progress will not be linear.



## Modelling Assumptions

In Powys, the national modelling in relation to the progress of the pandemic is used as a guide in planning, and surge planning as a component of that approach, and has been updated as part of the development of the IMTP and Minimum Data Set.

A key source of modelling is from the Wales' Technical Advisory Group (TAG) which is a group of experts that provide technical advice and updates to Welsh Government. It considers emerging outputs from SAGE (the UK Government Scientific Advisory Group for Emergencies); Welsh modelling forecasts and situation reports.

The forecasts are provided for NHS Wales, Local Resilience Forums and Strategic Co-ordination Groups as well as external stakeholders. The advice is updated periodically and includes briefings on the latest modelling of Covid-19 at a Wales level.

Oversight and surveillance of Covid-19 locally is in accordance with the PTHB Prevention and Response Plan and agreed local governance arrangements, which take into account national requirements.

Local modelling utilises the nationally available intelligence, underpinned by:

- An evidence based approach, utilising national and international data, policy and technical guidance
- Regular review to ensure any new modelling is considered as it is released to take into account new scenarios and emerging Covid-19 variants under investigation or concern
- Robust local surveillance and intelligence including R value and other Covid Situation Analysis
- A collaborative approach building on regional working across England and Wales
- The Minimum Data Set trajectories and alignment

Powys has a complex set of healthcare pathways spanning England and Wales and therefore modelling of demand is carried out for directly provided services and commissioned services. Powys residents access District General Hospital and Specialist Care from a range of providers with the largest activity into Shropshire and Herefordshire. The analysis of demand and capacity is multi-dimensional including:

- Population Healthcare Demand Trends
- Strategic Demand and Capacity analysis
- Commissioned Services
- Directly managed Provider Demand and Capacity Planning

The Minimum Data Set provides an assessment of our demand and capacity in key areas of delivery including Test, Trace and Protect, Core Services and Bed Model, Planned Care, Workforce and Finance. Partner organisations also provide information relating to Ambulance and Screening services.

To date surge capacity within Powys has been planned and delivered through the existing health board infrastructure. This has proved to be sufficient, during non peak and peak times which has included two periods of surge seasonal pressures / pandemic waves.

Plans have also been drawn up for additional capacity which remain available if at any point it becomes necessary to revisit these, particularly in the context of emerging variants which present a continuing level of uncertainty in relation to capacity required.

*Will be updated prior to submission to ensure reflects latest position / developments*

## Legislative and Policy Requirements

The NHS Wales Planning Framework published on 9 November 2021 set out the context of the impact of Covid and the balance of risk of different harms, in a time of extreme pressure particularly over what is recognised to be a challenging winter and longer term period ahead.

The Ministerial priorities are noted and are wide ranging spanning health and social care response to the pandemic, NHS recovery and population health.

The Framework states that “as a country we must continue to respond to the immediate challenges of Covid, whilst turning our attention to longer-term sustainability and improvement of population health”.

### 8 Ministerial Priorities Health & Social Care

- Covid-19 Response
- NHS Recovery
- Population health, pandemic experience and health inequity
- Healthier Wales
- NHS finance and managing within resources
- Mental health and emotional well-being
- Supporting the health and care workforce
- Working alongside social care

The key national policy drivers and expectations are also noted:

- the vision and ambitions in 'A Healthier Wales'
- the Wellbeing of Future Generations (Wales) Act
- the National Clinical Framework and associated Quality and Safety Framework / Quality Statements
- The Foundational Economy in Health and Social Care Strategy
- Reduction of Health inequalities and health inequity
- Cross cutting policies including NHS Wales Decarbonisation Strategic Delivery Plan
- Coronavirus Control Plan
- Health and Social Care Winter Plan
- Strong leadership and accountability at local, regional and national levels
- Health boards must work together across organisational boundaries
- NHS Outcomes Framework and Delivery Framework

- Renewed focus on recovery
- Whole system approach
- Build on learning and experiences across health and care
- Digital technology and innovation
- Accelerated and embedded change to revolutionise delivery
- Access to care closer to home
- Urgent and Emergency Care Six Goals
- Planned care focus – waiting lists, cancer, equity, Mental health and wellbeing, children and young people
- Prudent health care principles and value based healthcare
- Infection and protection control measures
- Health and care workforce, partnerships and cooperation to address fragility; agile workforce planning to address peak demand and surge and for ongoing sustainable services
- Managing within existing resources, strong financial control
- Working in partnership

PTHB has routine monitoring status. Some key areas were highlighted in the 'Escalation and Intervention Letter' received from Welsh Government in August 2021: the restarting of commissioned services in England and Wales with a focus on patient experience; managing the relationship with partner organisations, and communication with the local population to explain the options available in accessing services.

Further areas were highlighted in the 'Annual Plan 2021/22 – Parameter Letter' received from Welsh Government on 30 September 2021 which covered plan delivery, workforce, finance and recovery. The NHS Delivery framework for 2021/22 was also attached to this letter. Whilst this relates to the current year, it is helpful in indicating key requirements.

Further letters were received in October 2021 which set out further areas of focus including Planned Care and Unscheduled Care sustainability, Recovery Fund allocation, Critical Care, Endoscopy, Clinical Strategy for Orthopaedics and Local Options Framework.

## Performance and Quality

The PTHB Strategic Priorities are informed by the current position of the organisation in relation to key performance measures and delivery against the agreed plan. The detailed position is reported regularly to PTHB Board, this is available at <https://pthb.nhs.wales/about-us/the-board/>.

Of particular note is the scale of the impact of the pandemic for the population and for the provision of healthcare, in Powys as it is across Wales and the UK. There is a significant challenge in relation to people waiting for diagnostics, treatment and care as a result of the pandemic and the changes in healthcare required to respond to the public health emergency.

The past two years has seen extra-ordinary changes in demand. There was a significant decrease in demand in some areas of healthcare such as hospital provision, in line with the first phase of the pandemic and the UK wide lockdown measures in Spring and Summer 2020. This returned to normal levels very quickly over the Autumn / Winter of 2020 and there followed a wave of backlog demand across the whole system during 2021.

This is a challenge which will not be met by existing approaches or existing resources, it will require radical solutions founded in a value based healthcare approach, nationally, regionally and locally. It will need to be grounded in an understanding of the experience and outcomes for those waiting and those at greatest risk.

The health board has commenced important work, led by Clinical Executives, on a programme of [Renewal](#) and [Value Based Health Care](#), with priorities informed by the evolving learning and evidence base on the harms and impact of the pandemic.

This has focused in the initial phase on the immediate actions to address waiting times, but it is longer term in its ambition to rebuild access in the context of a sustainable model of care for Powys.

This provides an important point of connection with the shared Health and Care Strategy, [A Healthy Caring Powys](#), and the transformation work being taken forward in partnership in the Powys and Mid Wales region. These include the [North Powys Well-being Programme](#), [Workforce Futures](#), [Digital First](#) and clinical collaboration led by the [Mid Wales Joint Committee](#) in key specialities (detailed in later sections of this plan).

The Health Board has developed a [Clinical Quality Framework](#) to ensure high quality, safe and effective services and quality assurance. The revised Putting Things Right policy and reset of the Committee structure is also a key enabler for both commissioning and provider services as part of the overall board assurance framework. Key areas include maternity and neonatal services and partnership work on safeguarding and vulnerable groups.

The implementation of this will take into account Welsh Government's Quality and Safety Framework and the Wales Audit Review of Quality Governance. This ensures preparedness for the Health and Social Care (Quality and Engagement) (Wales) Act which comes into force from April 2023 and includes duties of quality and candour.

The NHS Wales Performance Framework and National Outcomes Framework is being reviewed by Welsh Government in 2021/22 and this will inform the PTHB Improving Performance Framework for 2022 – 2025.

An [Evaluation of Ways of Working](#) was commissioned by the health board to understand in detail the changes in services and the views of clinicians, teams and service users.

A number of themes emerged:

- Benefits of virtual and alternative ways of working for patients with increased flexibility, choice and access
- New ways of working can support greater self-care, promoting independence and ownership for patients and carers
- Staff have developed skills which can be shared further
- There are opportunities for further adoption and scale
  - "Effective health care and services are not dependant on the ability to see clients in person, alternative approaches can increase client satisfaction, ease of access and increase the provision available."*
- The shift to remote communication has been well received
- In many cases it was reported as leading to easier contact and collaboration
- Access and equipment issues can however cause frustration
- There is a critical role for IT support, infrastructure & systems
- A high value is placed on staff engagement and perception of value at work
- Culture is key: leadership and management; value and recognition; staff health and well-being and behaviour
- Most people reported a positive experience at work, pride and feeling that they matter
- Great adaptability and strength has been shown with a sense of shared commitment and work 'community'
- There is a drive for quality improvement and innovation and streamlined decision making and governance
- Learning on preparedness including Personal Protective Equipment (PPE), procedures, skills and capabilities
- There is a wish to maintain and build the momentum to ensure readiness to meet needs of service users.

*"The level of care that I have witnessed from all staff has been second to none. it has made me proud to work for the health board and to be able to call them my colleagues"*

The **NHS Staff Survey 2020** also highlighted improvements in areas such as engagement and motivation, whilst recognising the need for improvement and a focus on culture, communication, management and team working.

There is a clear message to build on the streamlined ways of working using the **Compassionate Leadership Approach, Healthy Working Relationships model** and **Organisational Development Framework**.

The Annual Report 2020/21 published earlier this year included a number of examples of where teams have used alternative ways to provide care <https://pthb.nhs.wales/about-us/key-documents/annual-reports-annual-accounts-and-annual-quality-statements/powys-teaching-health-board-annual-report-2020-21/>



## Challenges and Achievements

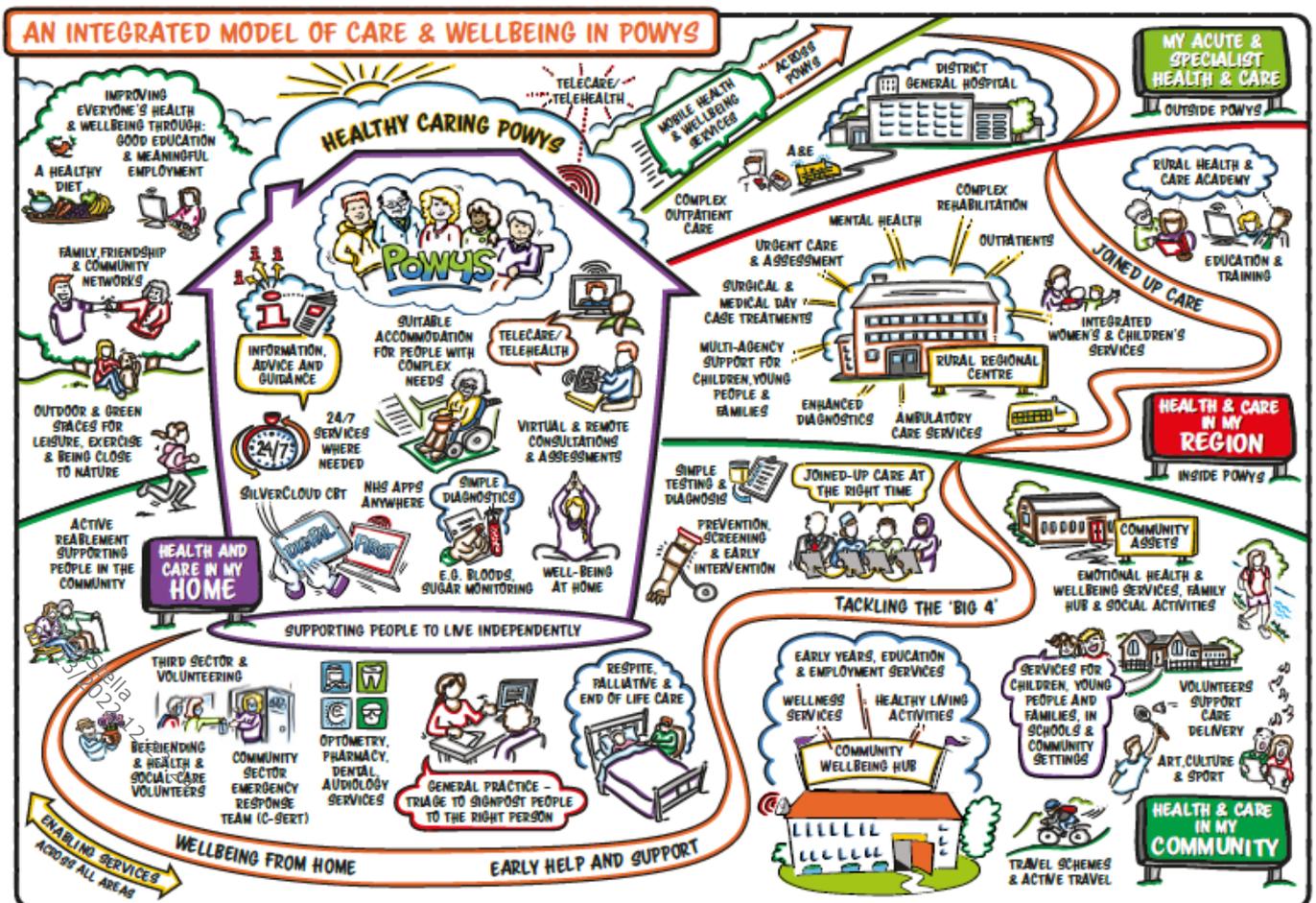
There have been great challenges over the past two years but there have also been significant achievements. Services have been disrupted through the pandemic and access has been more difficult, but wholesale adaptations have been made to minimise the impact of this. The health board has maintained essential healthcare for the Powys population and put in place a programme of work to recover access and renew key areas of healthcare.

Individuals and teams are going above and beyond, using new and different working patterns, changes to physical environments, new types of equipment and infection control and the use of digital and other means to keep clinics and services open.

- Extensive redeployment was carried out to develop and deliver a **Clinical Response Model** to respond to the public health emergency presented by the pandemic
- Comprehensive **communications and engagement** campaigns were delivered to support the national messages to keep individuals and communities safe.
- New **staff support** mechanisms were set up including staff-led and focused social media content which supported immediate dissemination of key messages but also provided a collective, peer to peer support and discussion forum
- Significant work was implemented on **quality, safety and infection control** measures – throughout clinical and professional practice and in relation to estates and guidance
- Systems were established to support the provision, training and use of **personal protective equipment** (PPE) with support from colleagues in the military services
- **Estates and equipment** have been redesigned; improvements include the installation of enhanced oxygen supply and ventilation systems in community hospitals
- **Primary Care** contractors rapidly adapted to ensure life-essential and life-critical care was provided maintained throughout
- **Community Care** teams pioneered new approaches to ensure essential care continued to be provided including setting up online clinics and postal deliveries of key supplies
- **Therapies and pain management services** rolled out online resources and groups to ensure support for complex and vulnerable patients and those recovering from covid
- The health board played a key role in managing **patient flow** across a complex network of healthcare systems in both England and Wales with a home first ethos, utilising discharge to recover and assess and virtual wards in addition to the bed base
- Support plans were implemented for **care homes** including testing, primary care and therapy input particularly for respiratory needs, the management of Section 33 arrangements and implementation of the Commissioning Assurance Framework
- Changes to services as a provider and a commissioner are tracked to ensure that any **service or pathway changes** for Powys residents are understood and communicated
- Communications were enhanced with key **stakeholders** including briefings with the Community Health Council and local politicians, cabinet members and partners
- Entirely **new forms of health service** have been established at pace and at scale through collaboration between public services, partners, volunteers and communities
- This includes the set-up of **Test, Trace and Protect** in partnership with Powys County Council and the **Covid-19 Vaccination** programme. Both of these have been crucial in reducing the risk of serious disease and death from the virus.

Even with the challenges faced, there has continued to be progress against the Well-being Objectives and ambition in our Health and Care Strategy of 'A Healthy Caring Powys':

- The health board has taken important steps in 2021 on [climate change](#), with Board approval of the PTHB Biodiversity Delivery Plan and Decarbonisation Delivery Plan,
- [Transformation programmes](#) have been restored and are progressing with significant large scale changes on the [Powys Model of Care](#) – breaking traditional boundaries to design a social and integrated model centred around the community and the person
- The [North Powys Well-being Programme](#) has been revitalised and is driving forward a social model across education, housing, health and care which is founded in the sustainable development principle and five ways of working
- Clinical leadership has been key to the development of a significant [Renewal Portfolio](#), which is taking forward both immediate recovery work focused on waiting times and longer term programmes to develop resilient, value based models and services
- We have developed our [Clinical Quality Framework](#) and [Board Assurance Framework](#), to target quality improvement work and strengthen feedback on patient experience
- We are developing our [intelligence capability](#), linked to [system resilience](#) planning and giving us greater lines of sight across both unscheduled and planned care pathways
- The [Regional Partnership Board \(RPB\)](#) and [Public Services Board \(PSB\)](#) renewed the commitment to the Health and Care Strategy and the Well-being Plan and have been working jointly to update the Population Needs Assessment and the Well-being Assessment in 2021, contributing to the understanding of the Powys population and the wider socio-economic impacts and determinants of health
- The [North, Mid and South Powys Clusters](#) have reviewed and reformed their plans in parallel with the IMTP this year, resetting their aims in line with the ambition for Accelerated Cluster Development



## Summary of Opportunities and Challenges

### The External Context – Key Factors

PESTLE Analysis			
High level summary of the key Political, Economic, Sociological, Technological, Legal and Environmental Factors			
<b>Political</b>	<p><i>Complex socio-political context</i></p> <ul style="list-style-type: none"> <li>- Pandemic response and impact</li> <li>- EU Exit impacts</li> <li>- New Government Programme / Priorities in Wales</li> <li>- Changes in political programme for health and care in England</li> <li>- Local Authority Elections 2022</li> </ul>	<b>Technological</b>	<p><i>Scale and pace of innovation</i></p> <ul style="list-style-type: none"> <li>- Significant digital innovation</li> <li>- Issues with infrastructure, equipment and inequality of connectivity / skills</li> <li>- New ways of working, complex task to safely identify and maintain these</li> <li>- New health technology</li> </ul>
<b>Economic</b>	<p><i>Uncertain fiscal outlook due to pandemic</i></p> <ul style="list-style-type: none"> <li>- The changing nature of work and employment landscape</li> <li>- Increasing rates of inflation</li> <li>- Aggregated impact on household income / disposable income</li> <li>- Pressure on public expenditure but also additional funding made available</li> <li>- EU Supply chain issues</li> </ul>	<b>Legal</b>	<p><i>Significant legislative developments:</i></p> <ul style="list-style-type: none"> <li>- Existing legislative requirements are significant in relation to health and care</li> <li>- New legislative instruments / bills this year / next year in Wales</li> <li>- Significant new Health and Care Bill planned in England</li> </ul>
<b>Sociological</b>	<p><i>Increasing inequalities is a key issue</i></p> <ul style="list-style-type: none"> <li>- Pandemic recovery historically linked with social change / civil movements</li> <li>- Loss of social connectivity and educational disruption</li> <li>- Emerging evidence of syndemic impact</li> <li>- NHS emerging as an 'Anchor institution'</li> </ul>	<b>Environmental</b>	<p><i>Growing urgency on climate change</i></p> <ul style="list-style-type: none"> <li>- Key area of focus in Wales and UK Wide / Internally with significant legislative changes</li> <li>- Challenging set of targets including decarbonisation by 2030</li> <li>- Wider sustainability and co-production approach</li> </ul>

### The Internal Context – Key Factors

SWOT Analysis			
High level summary of the key Organisational Strengths, Weaknesses, Opportunities and Threats/Challenges			
<b>Strengths</b>	<ul style="list-style-type: none"> <li>- Shared long term Health and Care strategy</li> <li>- Learning, ways of working, innovation</li> <li>- Workforce &amp; volunteers</li> <li>- Routine monitoring status</li> <li>- Current financially balanced plan</li> <li>- Maintained essential healthcare throughout pandemic, directly provided services</li> </ul>	<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>- Workforce challenges</li> <li>- Continued pressure of pandemic response</li> <li>- Reduced capacity for forward planning</li> <li>- Restrictions on physical space due to covid</li> <li>- Complexity of planning landscape</li> <li>- Varied ownership and engagement in planning</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>- Acceleration in agile ways of working</li> <li>- Partnership and system opportunities</li> <li>- Growing workforce from community and volunteers</li> <li>- North Powys flagship transformation programme</li> <li>- Rural health and care academy</li> <li>- Renewal Programme</li> <li>- Alignment to Primary Care Clusters / Cluster Planning</li> </ul>	<b>Threats/Challenges</b>	<ul style="list-style-type: none"> <li>- Complex sovereign / partnership governance</li> <li>- Additional challenge of working across multiple footprints and cross border</li> <li>- System and capacity pressures</li> <li>- Service fragility</li> <li>- Staff well-being</li> <li>- Fiscal outlook and public spending implications</li> <li>- Infrastructural challenges for digital innovation and integrated clinical access / records</li> </ul>

## Strategic Risks

There remains considerable uncertainty and complexity over the next three year planning horizon. The modelling of the presentation of the Covid-19 pandemic is described in more detail earlier in this document.

A responsive approach and the use of local options decision making will continue to be necessary in this context. There are known and emerging delivery challenges in relation to access to services. The impact on well-being at a population health level is a growing area of risk.

Alignment across complex planning arrangements will be a key challenge across and between service areas, organisations, partnerships and geographies.

The key strategic risks are set out in the diagram and further detail provided in each section of the plan and in the PTHB Board Assurance Framework.

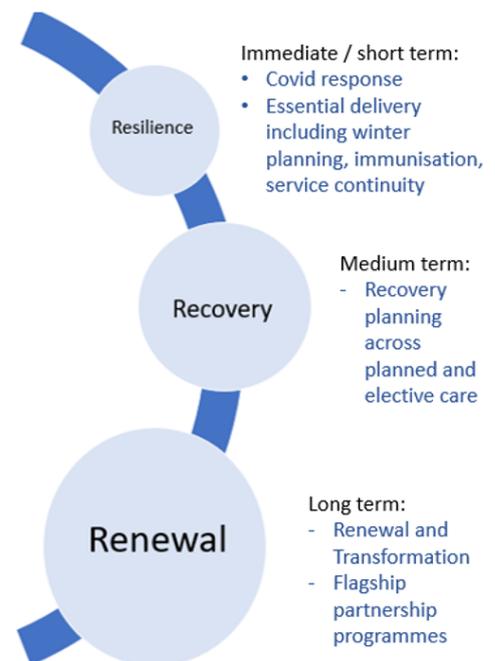


## Resilience, Recovery and Renewal

Given the ongoing public health emergency, a phased and cyclical approach is central to delivery for the next three years. The three Rs of 'Resilience, Recovery and Renewal' will be used to review and reset priorities in line with contingency and local options planning:

- Resilience: continued response to Covid and organisational resilience
- Recovery: recovery planning and action in the short and medium term
- Renewal: working with a longer term ambition for sustainable transformation

There are challenges ahead. We have reset our ambition but are mindful of the need for balance in this plan, not only financially but in the wider sense. The recovery from Covid will not be linear and we will need to balance resources, pace and ambition to ensure that the wellbeing of our communities and our staff are paramount in everything we do.



# Strategic Priorities 2022/23 - 2024/25

Alignment to Ministerial Priorities

<p>Population Health Covid Response Recovery Social Care</p> <p><b>Population Health &amp; Wellbeing</b></p> <ul style="list-style-type: none"> <li>Population Needs Socio Economic Duty; Health Inequalities, 5 harms</li> <li>Health Improvement and Promotion</li> <li>Immunisation and Screening</li> <li>Covid Prevention and Response</li> <li>Advice, Support and Prehabilitation</li> <li>Social Model of Health &amp; Wellbeing</li> </ul>	<p>Recovery Covid Response</p> <p><b>Primary and Community Care</b></p> <ul style="list-style-type: none"> <li>Primary Care</li> <li>Accelerated Cluster Development</li> <li>Children and Young People</li> <li>Therapies and Nursing</li> <li>Diagnostics, Ambulatory and Planned Care</li> <li>Frailty &amp; Community Model</li> </ul>	<p>Recovery Population Health Mental Health</p> <p><b>Four Major Programme Areas:</b> (Refocused on Recovery / Renewal/ Resilience)</p> <ul style="list-style-type: none"> <li>Cancer</li> <li>Circulatory</li> <li>Respiratory</li> <li>Mental Health</li> </ul>	<p>A Healthier Wales Recovery</p> <p><b>Clinical Model and Pathways</b></p> <ul style="list-style-type: none"> <li>Planned Care</li> <li>Urgent and Emergency Care</li> <li>Acute and Specialist Care</li> <li>Clinical Quality Framework and Patient Experience</li> </ul>
<p><b>Workforce Futures</b></p>	<p><b>Digital First</b></p>	<p><b>Innovative Environments</b></p>	<p><b>Transforming in Partnership</b></p>
<p>Workforce</p> <p><b>Workforce Futures Strategic Framework</b></p> <ul style="list-style-type: none"> <li>Designing, Planning and Attracting the Workforce</li> <li>Leading the Workforce</li> <li>Engagement and Wellbeing</li> <li>Education and Training</li> <li>Partnership and Citizenship</li> </ul>	<p><b>Digital First Framework</b></p> <ul style="list-style-type: none"> <li>Digital Care</li> <li>Digital Access</li> <li>Digital Infrastructure &amp; Intelligence</li> </ul>	<p><b>Innovative Environments Strategic Framework</b></p> <ul style="list-style-type: none"> <li>Climate Change Emergency &amp; Decarbonisation</li> <li>Discretionary and Major Capital Programme</li> <li>Facilities and Estates Compliance</li> <li>Research and Development</li> <li>Multi Agency Campus development</li> </ul>	<p>Social Care Population Health</p> <p><b>Partnership &amp; Collaboration</b></p> <ul style="list-style-type: none"> <li>System Working England &amp; Wales</li> <li>Commissioning Assurance Framework</li> <li>Financial Plan <span>Finance</span></li> <li>Governance</li> <li>Integrated Planning and Performance</li> <li>Value Based Health Care</li> </ul>

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## Focus on Wellbeing



### Powys Outcomes

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

### Strategic Priorities

#### Deliver a Population Health and Wellbeing Approach

- Population Needs: Prevention; Socio Economic Duty; Addressing Five Harms and Health Inequalities
- Health Improvement and Promotion: Immunisation and Flu; Screening
- Covid Prevention and Response: Test, Trace and Protect; Covid-19 Vaccination
- Advice, Support and Prehabilitation
- Social Model of Health & Wellbeing

### Key Interdependencies

- Population Health is a ministerial priority and this approach supports delivery against the socio-economic duty and the Strategy for a Foundational Economy
  - This builds upon the work to deliver against the Future Generations (Wales) Act and the Social Services and Wellbeing (Wales) Act including the principle of sustainable development, prevention and the Five Ways of Working
  - The NHS Wales Coronavirus Control Plan / NHS Wales Planning Framework and other Welsh Government directions are key to balancing the immediate and longer term priorities for population health in the context of a public health emergency
  - The national modelling and assumptions provided by the Welsh Government Technical Advisory Group are used to inform local modelling and planning
  - International / national / regional and local research and evidence has been used to inform the Covid Prevention and Response planning and the longer term renewal and transformation plans
  - Local delivery is set in the context of delivery against key national programmes and policy including Building A Healthier Wales, Healthy Weight, Healthy Wales
- Partnership and regional working is key to delivery in this area and is shaped by the shared Health and Care Strategy (which forms the Area Plan of the Powys Regional Partnership Board) and Powys Wellbeing Plan, Towards 2020 (the inter-generational strategy of the Powys Well-being Board)

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## Why is this important – what are the high impact actions we will take?

Promoting well-being and preventing ill health is fundamental to population health and in the current context, this includes responding to the Covid-19 pandemic. With the emergence of new variants changing the course of the pandemic there remains a public health emergency that must be addressed.

This plan must also look further than the immediate public health emergency, to set out how we will take steps to recover and when possible and safe to do so, how we will renew and transform services for the population.



Flexibility will be required to balance the 'five harms' and respond in an agile way to the virus and developments in technology such as **vaccines and treatments**.

The priority will be actions that are life critical and life essential; there are national frameworks in place that will be used to guide **local options** in the immediate term.

Key components of the **covid response** including **testing** and **vaccination** will be increasingly embedded into the population health approach alongside action on **health inequalities, improvement, immunisation, screening and promotion**.



The Powys **Well-being Assessment** and **Population Assessment** are being updated and emerging findings have been used to inform this plan. Further work is underway to engage with stakeholders, partners and the public to ensure that it has captured what matters to the people of Powys.

All partners have agreed to carry out a 'mid-term review' of the **Health and Care Strategy** to evaluate progress against the outcomes set out for the Powys population, refining objectives and resetting action across partnership plans as necessary.



Intensive work will be progressed on the **Renewal Portfolio** and this includes a workstream for Advice, Support and Prehabilitation which is centred around **prevention**.

A **social model of health and wellbeing** is being pioneered through the North Powys Wellbeing Programme for adoption by the Powys Regional Partnership Board. This connects to regional planning across the Mid Wales health system and wider in NHS Wales and England (summary overleaf).

This plan is an important bridge on the journey back to the ambition in the longer term strategy. It has to tackle conflicting demands of the immediate and urgent health challenges but it also has to act as a vehicle to address the longer term harms.

We are not starting from scratch in facing the challenges ahead. The long term partnership strategy 'A Healthy Caring Powys' has been reviewed in the context of the pandemic and all partners agree that it is even more important and relevant, to set a shared ambition and address the impact of the pandemic in relation to wider harms and worsening inequalities.

## Social Model for Health and Wellbeing

### Current Model

- A current lack of shared vision, a need for a joined up strategic approach and understanding of Social Model for Health
- Evaluation of methods of delivery not in place and no mechanism for measuring impact of wellbeing services offered
- Pockets of good practice in communities, strong volunteering and wellbeing provision in some areas but no framework bringing it together
- Scale of health needs from population currently unknown, new ways to support wellbeing and wellness need to be developed

### Future Model: Citizen Led Placed Based Community Approach to preventing diseases and illnesses, improving wellbeing and reducing social isolation

*Population Groups: general population, all ages*

Access to Advice, Guidance & Wellbeing Activities	Framework for Change	Co-production (& relationships)	The context in which people live, work and play
<ul style="list-style-type: none"> <li>• Directory of wellbeing services and sign posting to non-statutory / third sector services</li> <li>• Social model; Commissioning Framework enabling access to green and blue spaces, opportunities for social interaction</li> <li>• Promote independence and self-care; advice, wellness services, community support</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership and cultural change to embed new ways of working and new relationships</li> <li>• Comprehensive evaluation toolkit to measure impact</li> <li>• Pathways with evidence based referrals to social &amp; green prescribing</li> <li>• Smarter ways to provide services, best use of resources in their communities, deliver outcomes that matter to people</li> </ul>	<ul style="list-style-type: none"> <li>• Build relationships; engage with communities, establish community partnerships</li> <li>• Establish shared vision and goals, principles, ways of working to empower community to build on their own</li> <li>• Identify good practice and share learning</li> <li>• Community cohesion, empower communities to manage local needs, work with providers to support and meet needs as an alternative to statutory intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Health and care academy providing education, training and development, <del>inc.</del> volunteers and carers</li> <li>• Enhanced services locally providing new career and job opportunities</li> <li>• Universal and targeted services to those with the greatest needs, ensuring equity, bringing together wellbeing activities, housing, debt management, health, and care, holistic and personal support for those most vulnerable</li> </ul>

The social model is part of the pioneering work being taken forward as part of the North Powys Wellbeing Programme, with applicability across the whole of Powys and the wider region.

It is recognised by all partners that a shift is required, to forge new relationships between public services and communities.

A holistic understanding of residents' needs will drive the outcomes that are wanted in Powys and ensure the greatest value is achieved from public services.

Shared decision making and co-production will be key to face the challenges ahead and identify sustainable, innovative, shared solutions that work for the communities of Powys.



Health and wellbeing has been affected by the impact of the pandemic, including the reduction in non-Covid NHS activity and wider societal actions. Central to the health board's approach is reducing the potential for harm from this.

The NHS Operating Framework 2020/21 (Quarter 1) identified four harms of Covid and the need to address all of them in a balanced way, with the fifth cross-cutting harm explicitly recognising the important impact of inequality on the harm experienced by people in Wales.

This was subsequently updated to five harms:

- Harm directly arising from Covid
- Indirect harm due to pressures on the health and care system and changes in healthcare activity such as cancellation or postponement of care and treatment
- Harms arising from population based measures such as lockdown and shielding, including educational harm, psychological harm and isolation
- Economic harms such as unemployment and reduced business income
- Exacerbated or new inequalities in our society

This was updated to reflect changes in the pandemic and a focus from direct to indirect harms (Technical Advisory Group Five Harms Arising from COVID-19: Consideration of Potential Baseline Measures, 9 July 2021, Welsh Government).

The shared ambition to meet this challenge is the creation of an integrated model of health and well-being across the Powys region, led by the Regional Partnership Board, as summarised below.



**Evidence tells us that:**

- People enjoy better health and wellbeing when they are active partners in their own care.
- Education is a key way to encourage positive lifestyle behaviours in people of all ages.
- Encouraging children and young people to live healthy lifestyles now helps them to live more healthy lives in the future.
- A positive working environment and well-paid work that people can take pride in helps create social and economic wellbeing.
- A positive living environment, including good-quality housing, affordable heating and easily accessible local amenities, helps people enjoy good health and wellbeing.
- Services are most effective when they are universally accessible but reflect differing need.
- Targeted health promotion and disease

prevention in deprived communities and through schools helps reduce the impact of the 'Big 4' diseases: mental health, cancer, respiratory and circulatory disease.

**We expect the new integrated model will:**

- Promote independence and self-care where possible.
- Use digital and traditional paper-based channels to publish and share information about community wellbeing activities to help people engage with local groups and develop the friendships and social networks that are essential to maintain resilient communities.
- Use voluntary sector and social networks and increase green and social prescribing so that people can take part in more community-based activities to improve their health and wellbeing.



- Provide one-stop, universal and targeted early and primary prevention services at integrated community hubs that bring together education, welfare, housing, leisure, health, social care and the third sector.
- Support an active travel infrastructure (where appropriate) to encourage people to choose active travel and reduce their carbon footprint.
- Help people achieve a healthy weight through, for example, access to dietetics, behavioural change approaches and physical activity specialists.
- Influence housing, education, leisure and in-work poverty to improve health outcomes and reduce health inequalities.
- Provide opportunities for employment, training and career progression that help people stay living and working in Powys, enjoy job satisfaction, increased wellbeing and contribute to the growth of the local economy.
- Help people manage their behaviour and clinical risk in new ways such as delivering programmes from community venues and through digital technology.
- Make sure we have a skilled and supported workforce who are equipped to provide children, young people and their families with high-quality services, in line with new legislation and best practice.

**Focus on Well-being**  
**Summary of Three Year Strategic Priorities and Key Actions**

<b>Population Needs, Prevention and Inequalities</b>	Provide expert advice, leadership and action in Powys on public health including the assessment of population needs and inequalities (the five harms); with assimilation into organisational and partnership plans and actions	DPH
	Implement local actions set out in Welsh Government <i>Healthy Weight: Healthy Wales 2020-2022 Delivery Plan</i>	DPH
	Implement a comprehensive weight management pathway for adults and children, young people and families	
	Better integrate the specialist stop smoking service	
	Support the revision to the Public Service Board Wellbeing Plan to ensure population health priorities are recognised	
	Deliver Equalities and Welsh Language Work Plan ( <i>Equality impact assessment, Welsh Language standards</i> )	ADCS
<b>Health Improvement &amp; Promotion</b>	Re-engage with community pharmacies stop smoking services and explore options for delivering in primary care	DPH
	Achieve seasonal influenza vaccination uptake targets	
	Explore and respond to variation in routine vaccination (including COVID) and screening uptake in Powys	
	Invest <i>Building a Healthier Wales</i> prevention and early years funding in line with national priorities and governance	
	Continue to deliver Healthy Schools and Healthy Pre-schools schemes, including "Bach a Iach".	
	Manage the transfer of Powys Local Public Health Team staff from PHW into PTHB	
<b>Covid Prevention &amp; Response</b>	Coordinate regional arrangements to respond to COVID-19	DPH DoPP
	Explore and respond to impact of COVID on population health outcomes to inform planning for year 2	
	Delivery of Covid Vaccination Programme	
<b>Advice, Support and Prehabilitation</b>	Delivery of the Advice, Support and Prehabilitation Workstream (Renewal Portfolio)	DoPP
<b>Social Model of Health &amp; Wellbeing</b>	Strategic modelling to develop and test model function, viability and affordability	DoPP
	Detailed service design and development of business cases for North Powys Wellbeing Programme	
	Implementation of change projects; evaluation against Regional Partnership Board Outcomes framework	

# Early Help and Support



## Powys Outcomes

- I can easily access information, advice & assistance to remain active & independent
- As a child and young person I have the opportunity to experience the best start in life
- I have easy access, advice and support to help me live well with my chronic condition

## Strategic Priorities

### Delivery of the Primary and Community Care Model

- Primary Care
- Accelerated Cluster Development
- Children and Young People
- Therapies and Nursing
- Diagnostics, Ambulatory and Planned Care
- Frailty & Community Model

## Key interdependencies

- Primary Care Contractors and the North, Mid and South Powys Clusters are pivotal to the delivery of Early Help and Support as noted in more detail to follow
  - The National Programmes for Primary Care and Accelerated Cluster Development are key drivers, alongside the work on primary care contract reform
  - There are complex and multi layered local, regional and national interdependencies in relation to delivery against the NHS Wales Recovery Plan and National Clinical Framework (refer to Strategic Context for further detail)
  - These include a range of programmes in the areas of diagnostics, ambulatory and planned care which span multiple clinical pathways and health conditions (such as the work of the NHS Collaborative overseen by the collective NHS Executives)
  - The recovery and renewal of healthcare is interdependent with national programmes including Healthy Child Wales and cross border arrangements
- There have been important developments in ways of working across clinical and professional disciplines such as nursing and therapies and our local work will be set against the work of national bodies including the Royal Colleges and peer networks

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## Why is this important – what are the high impact actions we will take?

Early Help and Support was coined as an objective at the start of the Health and Care Strategy in 2017 but remains relevant. It is repeated and renewed in the messages we hear from continuous engagement with our population and partners.

In the context of the responding to the Covid-19 pandemic, it does have a new meaning. There has been a disruption in healthcare over the past two years, with changes in the way people have accessed support and longer waits to access care. There is a greater need than ever before to build and transform the ways in which people can get early help and support.

### Resilience

The first point of contact for many people in Powys is primary and community care, and the maintenance of essential services across General Practice, Dentistry, Optometry, Pharmacy, Therapies, Community Teams and Nursing remains the immediate priority. Flexibility and adaptability will continue to be needed as the pandemic evolves.

A continuous assessment and targeted action for system resilience to stabilise delivery will be used in line with National programmes for Recovery, Primary Care, Accelerated Cluster Development, Planned Care and Unscheduled Care.

### Recovery

The three 'Clusters' of North Powys, Mid Powys and South Powys have developed plans in parallel with the IMTP which set out the path for the year ahead and beyond. Innovations will be increasingly embedded to support recovery, including multi-disciplinary team working, risk stratification and case management, and digital care.

A systematic approach is in place to track and ensure targeted action to address fragility in primary care contracted services and wider community provision including the third sector.

### Renewal

Clusters are uniquely placed to understand the needs of their communities and over three years, the Clusters will drive work to locally and regionally in their geographies.

The Pharmaceutical Needs Assessment completed in 2021 also provides an important platform for sustainable delivery in the medium and longer term as does the national work on primary care contract reform.

National and regional programmes of work are centrally important for a whole system approach to renewal. These include the NHS Wales collaborative and recovery work/ National Clinical Framework. Key areas are eye care, diagnostics, endoscopy and orthopaedics.

Clinical leadership is at the heart of the health board's approach to the immediate resilience efforts and the recovery longer term. The following page highlights the key programmes of work within the PTHB Renewal Portfolio that are delivering Early Help and Support.

## Renewal Portfolio

### **Diagnostics, Ambulatory Care and Planned Care**

A renewed approach with an ambitious Diagnostics Strategy over three years will radically transform patient pathways improving outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia and rare diseases, as well as increasing access closer to home. It will provide early help and support and prevent harm from delayed or inappropriate intervention. This includes expansion of diagnostics provision outside district general hospitals:

- Imaging: CT, MRI, ultrasound, plain X-ray
- Cardiorespiratory: echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis
- Pathology: phlebotomy
- Endoscopy

### **Frailty & Community Model**

Frailty is a loss of resilience that means people do not bounce back quickly after a physical or mental illness, an accident or other stressful event. This means a relatively 'minor' health problem, such as a urinary tract infection, can have a severe long term impact on someone's health and wellbeing.

A robust frailty and community model is a major renewal priority following an assessment of learning and evidence including the impact of the pandemic. This includes approaches adapted to successfully maintain more people within their own homes. This will improve outcomes through more intensive community and home based care; a renewed frailty pathway will include those at risk of falls. With a clear prevention and home first ethos, it will ensure equity of access across Powys and work across boundaries with partners to help people live as independently as possible and to prevent avoidable secondary care admissions.

### **Children and Young People**

There is evidence of a significant impact emerging as a result of the pandemic, especially for the most vulnerable children and young people. Universal access to the Healthy Child Wales and Healthy Weights Programmes, screening, immunisation and vaccination remain key to promote healthy growth and wellbeing and reduce inequalities.

Increased access for those who are looked after will be taken forward in partnership with children and carers, the council, care providers and agencies.

A refreshed approach will also be implemented to support children with complex care needs and disabilities including support to manage chronic disease.

The implementation of an emotional health and wellbeing service, an all age eating disorder service and the redevelopment of the neurodevelopmental service are also set out in the section on Tackling the Big Four.

Research points to particular impacts arising from the pandemic on children and young people and other vulnerable groups.

The Children’s Commissioner report ‘Childhood in the time of Covid’ set out the key ways in which children’s lives have been impacted as a result of the Covid 19 crisis. <https://www.childrenscommissioner.gov.uk/coronavirus/>

A nationwide survey of the views and experiences of children and young people in Wales was carried out in January 2021 and provided insights which have informed the work nationally and locally on renewal. <https://gov.wales/coronavirus-and-me-wales-young-people-asked-about-their-thoughts-and-concerns-during-pandemic>

The learning and evidence base highlights the need for a holistic approach to physical, emotional and psycho-social need and for children, young people and families to shape and inform the priorities.

Equity of provision is an underpinning principle, taking into account the inverse care law and the compounded impact on children and young people who are vulnerable and in need, including those requiring protection and children who are looked after.

Children, young people and all of those who are impacted by the pandemic will need support that enables them to be at the heart of decisions made about them, building on relevant networks and communications to support informed choices.

In this context, the Powys Regional Partnership Board has a long term ambition for an integrated model of health and well-being to provide early help and support as below:



**Evidence tells us that:**

- Inequalities experienced in childhood affect people’s outcomes in later life. For example, children who experience disadvantage are more likely to adopt harmful behaviours which can lead to mental illness, cancer, heart disease and diabetes. When agencies work together they are more likely to identify at-risk children early and provide families with the right support at the right time.
- People with long-term conditions account for around 50% of all GP appointments and 70% of inpatient bed days. When they take part in health promotion and disease prevention activities, these people can benefit from a long-term reduction in their disease burden. Where people with long-term conditions need ongoing support, multi-agency intervention can help them stay at home for longer and only go into hospital when there is a clear need.
- Early screening and diagnostic testing and quickly establishing care pathways can

reduce the long-term burden of disease. When people have help to adopt a healthy lifestyle and access mental health support they can change their behaviour and further reduce the long-term burden of their disease.

**We expect the new model of care and wellbeing will:**

**HELP CHILDREN START WELL**

- Recognise the importance of the first 1000 days of a child’s life and provide activities that help children develop resilience as they move into adulthood.
- Ensure provision of good quality childcare and improve early years parenting and transition to school programmes so that every child starts school ready to learn.
- Make sure every child has the support they need to reach their full potential at school.
- Provide early intervention, multi-agency services for families who are most in need so that more children who are at risk stay at home.

**HELP COMMUNITIES BECOME SELF-SUSTAINING & MORE RESILIENT**

- Help people draw on their own strengths and the support available to them in their community to reduce the need for statutory interventions.
- Make better use of public buildings so we have more facilities from which communities and providers can bring children, young people and adults together

to share skills and experience through a wide range of intergenerational activities.

**SUPPORT PEOPLE WITH LONG-TERM CONDITIONS TO LIVE WELL**

- Monitor people’s lifestyles so we can target resources to meet need and reduce the impact of clinical and social risk factors.
- Identify people who are at risk of developing a disease and provide prompt local diagnosis, one-stop services (including counselling and psychology) and support at home.
- Provide more, and increase access to expert patient programmes and advance care planning so people can support themselves and manage any urgent interventions to reduce hospital admissions.
- Give people the support, care and equipment they need to live as independently as possible.
- Help clinicians and professionals with specialist interests work together to improve local services through a more integrated approach across agencies.



**Early Help and Support**  
**Summary of Three Year Strategic Priorities and Key Actions**

<b>Primary Care</b>	Delivery of General Practice work plan ( <i>General Medical Service renewal and recovery, contract reform, sustainability, integrated working, out of hours</i> )	DoF
	Delivery of Dental Services work plan ( <i>Recovery, additional access for mid Powys, Directed Enhanced Service, oral surgery, training offer, paediatric dental support, mobile unit, Community Dental Service nurses, recruitment</i> )	
	Delivery of Optometry work plan ( <i>Implementation of contract reform, development of clinical roles, delivery against national eye care recovery plan</i> )	
	Delivery of Pharmacy Work Plan	
<b>Accelerated Cluster Development</b>	Delivery of Cluster Plans 2022 – 2023 Delivery in line with national Programme for Primary Care and Accelerated Cluster Development	DoF
<b>Children &amp; Young People</b>	Deliver the maternity assurance and safety improvement plan	DoN
	Deliver the children, young people and families programme ( <i>Renewal Portfolio</i> )	
	Deliver the Women's and Sexual Health improvement plan	
	Implementation of the paediatrics remodel including therapies	
	Support delivery of the additional learning needs and education tribunal wales act 2018	
<b>Therapies &amp; Nursing</b>	Delivery of Clinical Model for Therapies and Health Science ( <i>Rehabilitation, Diagnostics, Musculoskeletal, Children's Therapies, Pelvic Health, Audiology</i> )	DoTH DoN
	Implementation of Point Of Care Testing / Medical Devices review and implementation of recommendation	
	Delivery of Clinical Model for Nursing ( <i>District Nursing, Ward Based Nursing, Role Development</i> )	
	Delivery of Complex Care Project	
	Delivery of Safeguarding arrangements	
<b>Diagnostics, Ambulatory &amp; Planned Care</b>	Delivery of the Diagnostics, Ambulatory and Planned Care programme ( <i>Renewal Portfolio</i> )	DoPP
<b>Frailty &amp; Community Model</b>	Delivery of the Renewal Frailty and Community Model Programme ( <i>Renewal Portfolio</i> )	MD

# Tackling the Big Four



## Powys Outcomes

- I have easy access to support, information and early diagnosis
- I have early intervention and appropriate treatment
- My treatment and support is high quality, evidence based and timely as locally as possible

## Strategic Priorities

### Delivery of Four Major Programme Areas:

(Refocused on Recovery /Renewal/Resilience)

- Cancer
- Circulatory
- Respiratory
- Mental Health

## Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care.
- The work locally and regionally is aligned with the NHS Wales Collaborative programmes. There are inter-relationships with national and regional leads and a link being forged with the new lead for the National Clinical Framework.
- The local approach for Mental Health delivers against the ministerial priority and the national strategy through Powys Together for Mental Health. Joint working with Social care and other partners including the Third Sector is a key interdependency.
- The Regional Partnership Board is a key mechanism for collaboration and takes a life course approach with groups established for Start Well, Live Well and Age Well – the Live Well group delivering work against Powys Together for Mental health and emerging priorities including the 'Missing Middle' provision for emotional health.
- The Cancer Programme builds on local work with Macmillan on Improving the Cancer Journey and national work on the suspected cancer pathway and recovery plan/ clinical framework and the Cancer Transformation Strategy (South Wales).
- The Circulatory Programme is aligned with the national Implementation Groups for Heart Conditions, Stroke and Diabetes. There are a number of strategic change programmes for stroke across Wales and cross border within the NHS Future Fit programme and the Herefordshire and Worcestershire Integrated Care system.
- National work including the Dementia Strategy, Together for Mental Health and Together for Children and Young People are key drivers in local approaches
- There are relationships across Transformation and Renewal Programmes and dependencies on external investment already in place or for further stages.

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## Why is this important – what are the high impact actions we will take?

'The big four' was identified during the work carried out at the start of the Health and Care Strategy and refers to the causes of ill health and disease for the population of Powys. Recent evidence shows that these areas remain key for the Powys population and have an even greater importance. This includes the findings from the current stages of work on the population assessments being undertaken by both the Powys Regional Partnership Board and the Powys Public Services Board, as well as the emerging evidence of the pandemic impact.

It is known that there is a 'syndemic' impact, which means that existing long term conditions and health difficulties are exacerbated as a result of the impact of the covid pandemic, both as a direct impact on health and the wider impact on population and individual wellbeing.

The disruption in healthcare and in people's lives and communities has led to changes in the way support has been accessed and this has particularly significant implications in key conditions including cancer, circulatory conditions and respiratory health. There are similarly complex challenges in relation to mental health and emotional wellbeing and this is clear in the intelligence available nationally and locally on activity and demand.

### **Resilience**

There are four major programme areas which comprise Cancer, Circulatory, Respiratory (Breathe Well) and Mental Health & Emotional Wellbeing.

Each programme is profiled to include immediate actions in support of system resilience and the stabilisation of provision (see overleaf for a summary of each area).

Systematic tracking will be utilised to understand immediate issues of fragility or changes in pathways and services across the pathways used by Powys residents.

### **Recovery**

The four programmes include targeted action to recover healthcare and address backlogs in waiting lists and access.

Action taken in the short and medium term will be carefully appraised using value based healthcare methodology. It is clinically led, ensuring the best available evidence base to inform decisions and ensure that recovery focused work is consistent with the longer term model of care.

### **Renewal**

The four programmes are now established within the overarching Renewal Portfolio governance and delivery framework - ensuring all efforts are focused towards the longer term benefits for the population as well as immediate problems such as access times.

The Renewal work is geared towards opportunity assessment and alignment with national and regional work including the Implementation Groups in key condition areas and the National Clinical Framework/ A Healthier Wales.

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## Renewal Portfolio – Big Four

### Cancer Programme

- Collaborate through the clinical network to ensure transparency and support equity of access and consistency in standards of care
- An immediate system-level focus on recovering the pre-pandemic waiting list volume with systematic tracking and harm review approach
- More cases of cancer detected at earlier, more treatable stages through more timely access to diagnostic investigations – including scoping of community diagnostics and rapid diagnostic centre in Year 1
- The Single Cancer Pathway and its Nationally Optimised Pathways fully embedded in local service delivery
- Person-centred cancer care is culturally embedded and supported by a common approach to assessing and managing people's needs

### Circulatory Programme

- Collaboration through clinical networks to support equity of access, standards of care and address variation including for those with protected characteristics and welsh language
- Develop use of metrics, clinical audit, PROMs and peer review for patient outcomes
- System-level pathway design to recover to pre-pandemic activity
- Cardiac service model with improved diagnostics, high risk management, interventions and rehabilitation
- Rehabilitation, early intervention, high risk management and long term physical, communication, cognitive and psychological support for stroke survivors and carers including peer and group support
- Manage interdependencies with strategic change programmes assessing impacts of proposed developments pathways including Stroke (Wales and cross border)
- Person-centred care with assessment and management of needs, including Making Every Contact Count

### Breathe Well (Respiratory) Programme

- Delivery of respiratory priorities and compliance with standards in Draft Quality Standard with local, regional and national partners
- Implement Children and Young People's Respiratory Plan and strengthen advice, support and treatment
- Finalise medical model options appraisal with phased implementation  
Phased implementation of respiratory diagnostics closer to home  
Establish Powys respiratory multi-disciplinary team
- Ensure safe repatriation of appropriate outpatient activity

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## Mental Health and Emotional Well-being

'Together for Mental Health' is the strategy for improving the mental health and emotional well-being of the people of Powys. The 'Live Well Partnership: Mental Health' is responsible for the implementation of the strategy through our detailed delivery plan. People who use Mental Health Services are central to identifying and delivering on our shared priorities for mental health.

The key focus of the Mental Health service during 2022-2025 is on the continued development of local, sustainable and person-centred mental health services:

- Develop sustainable models of care suitable for the needs of children and adults
- Design and deliver the Sanctuary House model with third sector partners
- Complete the roll out of 111 single point of access to mental health services
- Deliver against Dementia Plan 2018-2022 and new Dementia Strategy for Wales
- Implement suicide and self-harm reduction ('Talk to me 2' strategy) and co-produced pathway for those effected by suicide
- Redesign Memory Assessment services to improve diagnosis and support
- Complete roll out of 'the missing middle' Children's and young people emotional health and resilience service with Children's Social Service and third sector
- Reconstruct Community Drug and Alcohol services

The Learning Disabilities service is aligned to the Joint Commissioning Strategy and joint service model with Powys County Council, key priorities for the Health Board are:

- Minimising anti-psychotic prescribing with continuous monitoring
- Review all out of county placements
- Implement Positive Behavioural Support plans
- Embed the Health Equalities Framework into every day practice
- Seamless transition from children's services into adulthood
- Promote the traffic light system
- Improve access and support in general hospitals and implement care bundles
- Increase the up-take of Annual Health checks within Primary care
- Implementation and audit of key pathways for dementia and Epilepsy

The health board has developed services for children in collaboration with partner agencies, aimed at early intervention to help prevent problems escalating:

- Delivery of Start Well Programme including Youth Support and Emotional Health Workstream and Access into Services Workstream (delivering against Welsh Government's 'Together for Children and Young People' Programme)
- Implementation of the NEST Framework to address the emotional health and wellbeing needs of children and young people and ensure access and a voice
- Single point of access with central referral hub to ensure 'no wrong door'
- Focus on building resilience to improve emotional health and wellbeing
- Positively influencing how children think and feel and by preventing bullying, abuse, neglect, domestic violence and substance misuse
- Enhanced by the Welsh Government CAMHS in-reach to schools pilot to provide emotional health and well-being under The Whole Schools Approach agenda

## Mental Health and Emotional Well-being (continued)

For the Integrated Autism Service, there will be a focus on improving waiting times. Despite the Covid-19 Pandemic, during 2020/21 diagnosis time was reduced from 18 months to 12 months but there is more to do.

- Improve waiting times and meet the 26-week target
- Introduction of screening process to identify clients who do not meet the IAS criteria and improve their opportunity to access other services at an early stage
- Use of video as part of the assessment process
  - Work with Neurodevelopment Service to improve transition arrangements
  - Support the ASC lead of Powys in the development of stakeholder groups.
  - Establish the service as a key source of advice and guidance for autism

The Powys Perinatal and Infant Mental Health Steering Group will implement the Strategic and operational plan in line with the Royal College of Psychiatrists Standards for Community Perinatal Mental Health Services and the All Wales Perinatal Mental Health Programme. This reflects the importance of the first 1000 days initiative.

- Deliver Perinatal and infant mental health service within community services, to support parents and families and promote ways to well-being as well as prioritising prevention and early identification.
- Identification of training needs to improve access to specialist assessment and interventions, delivery of the IHV champions training to all Midwives, Health Visitors Nursery Nurses and Mental Health practitioners.
- Midwifery and Health visiting pilot silver cloud programme / self-referral
- Review the sustainability of the Perinatal Midwife work plan and how this continues to support the Perinatal and Infant Mental Health operational plan.
- Strengthen collaborative working through a Perinatal Community of Practice.
- Deliver 'Your voice project Powys' to improve service user co-production
- Develop pathways for psychological therapies in line with the NICE guidelines and adult psychology support for Birth Reflections and trauma service.
- Ensure regular Perinatal Mental Health supervision.
- Perinatal Quality Network Peer review against the RCP community standards to identify areas of improvement and resources to attain accreditation

Improvement will be driven forward in key services for older people to ensure that patients have access to timely and effective access to support:

- Memory Assessment diagnostic and post-diagnostic support re-design including non-medical prescribing clinical roles (supervised to Consultant Psychiatrists)
- Link up community based support including Third Sector for users and carers
- Delivery of final phase of dementia plan including specialist teams and GP training
- Develop the Cognitive Stimulation Therapy service test and refine new approaches
- Engagement with patients, families and stakeholders on the mental health model of care to improve outcomes for patients

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**TACKLING THE 'BIG 4'**

**Evidence tells us that:**

- The unknown effects of Covid-19 will directly impact how we manage survival rates and treatment for the Big 4. We know that Covid-19 has presented difficulties in accessing services, and increased waiting times for diagnostics and treatment
- Good mental health improves people's overall life chances including their education, home life, employment, safety, physical health, independence and life expectancy. Integrated, multi-disciplinary and multi-agency services that are easy to access help people enjoy good mental health and wellbeing and so live well.
- Although new treatments have resulted in better survival rates, cancer incidence rates and the demands on services continue to rise.
- Early identification of people who are at risk of developing diabetes, respiratory or circulatory diseases and musculoskeletal



disorders will help to prevent incidence and reduce people's long-term disease burden.

**We expect the new integrated model of care and wellbeing will:**

- Encourage people to reduce behaviours that contribute to the Big 4 (smoking, poor diet, physical activity, stress).
- Better identify and manage key clinical risk factors: high blood pressure, high cholesterol, high blood sugar.
- Reduce incidences of the Big 4 through better education and healthier work and lived environments.
- Make screening easy for people to access and ensure they are well informed about why they have been invited to attend screening and the importance of doing so.

- Use agreed pathways to address the Big 4 and improve outcomes based on national planning guidance and evidence.
- Remove the stigma around mental illness so that people who live with it are understood and valued in their community.
- Integrate mental and physical health services.
- Support the development of dementia friendly communities to enable people with dementia to stay living at home, in the community of their choice.
- Learn from existing work, for example that in Brecon, to create more intergenerational activities for school children and older people, in particular those who live in a residential care home or attend a day centre.

Tackling the Big Four Summary of Three Year Strategic Priorities and Key Actions		
<b>Cancer</b>	Delivery of the Cancer Delivery Programme (Renewal Portfolio) See previous pages for summary	MD
<b>Circulatory</b>	Implement the Circulatory Disease Programme (Renewal Portfolio) See previous pages for summary	DPH
<b>Respiratory (Breathe Well)</b>	Delivery of the Respiratory Breathe Well Programme (Renewal Portfolio) See previous pages for summary	DoTH
<b>Mental Health</b>	Deliver the (2022- 2025) Together for Mental Health Strategy for Powys See previous pages for summary	DoTH
	Design and deliver key pathways and models of support: Sanctuary House model of support; single point of access via 111, suicide and self harm reduction programme	
	Deliver the priorities in the Dementia Plan for 2018-2022 and prepare for the new Dementia Strategy for Wales; Redesign Memory Assessment Services	
	Roll out the Children's and young people emotional health and resilience service 'the missing middle'	
	Complete the tender and reconstructing of our Community Drug and Alcohol services.	

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# Joined Up Care



## Powys Outcomes

- I have timely access to equitable services as locally as possible
- I am treated as an individual with dignity and respect
- My care and support are focused around what matters most to me
- I receive continuity of care which is safe and meets my needs
- I am safe and supported to live a fulfilled life
- I receive end of life care that respects what is important to me

## Strategic Priorities

### Delivery of a sustainable clinical model and pathways

- Planned Care
- Urgent and Emergency Care
- Acute and Specialist Care
- Clinical Quality Framework and Patient Experience

## Key interdependencies

- Powys residents access care across multiple healthcare systems in both England and Wales and the health board is both a commissioner and a provider of care.
- The work locally and regionally is aligned with the National Programmes for Renewal, Planned Care and Unscheduled Care, Outpatient Strategy and the NHS Wales Collaborative/ Regional Fora (inc. Endoscopy, Eye Care, Orthopaedics, Diagnostics, ophthalmology, theatre capacity and utilisation)
- Stronger links are being made with the lead for the National Clinical Framework to align local planning and pathways.
- The IMTP is developed in alignment with the Integrated Commissioning Plan (ICP) for the Welsh Health Services Specialist Committee (WHSSC)
- The IMTP is developed in alignment with the plans for Emergency Ambulance Services Committee (EASC) and Welsh Ambulance Services Trust (WAST)
- Commissioning intentions and the agreement of Long Term Agreements / Service Level Agreements are developed alongside the planning process
- The PTHB Clinical Quality Framework has been updated in the context of the impact of the pandemic and the Health and Social Care (Quality and Engagement) Act 2020 particularly in relation to the Duty of Quality and Duty of Candour
- The National Clinical Framework: A Learning Health and Care System; Quality and Safety Framework: Learning and Improving and national Patient Safety Incident Framework set out the national ambition for improving the quality of care and local plans are aligned to delivery against these
- Research & Development planning and investment opportunities are developed in partnership with Health and Care Research Wales and Welsh Government

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## Why is this important – what are the high impact actions we will take?

The ambition for Joined Up Care emerged clearly through the engagement with our communities as part of the Health and Care strategy and it remains a cornerstone of our longer term vision for A Healthy Caring Powys. In the context of the pandemic, this is more important than ever, as the challenges that are faced by communities and healthcare providers will not be met by traditional approaches.

There is variation in the way care and support is provided and the outcomes and experience being achieved, between services and across geographies and population groups. And these inequalities are being exacerbated by the impact of the pandemic. This section promotes a 'whole system' view across Planned, Urgent and Emergency, Acute and Specialist care.

### Resilience

Delivery of life critical and essential healthcare remains the priority and the national choices framework will be used as necessary to set local options to the public health emergency.

A robust approach to bed and service base modelling will be carried out continuously in line with the national direction (Core / Planned Care activity in the Minimum Data Set will be updated quarterly and used as a management tool to monitor activity and recovery trajectories).

Patient level tracking is in place to track and reduce delayed transfers of care in the immediate term, with learning on system blocks to inform further work across the RPB.

### Recovery

Patient flow is critically important and the RPB System Resilience Plan will be extended to medium and longer term considerations to maximise and sustain system flow and support across multiple systems in both Wales and England.

Alignment with regional plans is key and will be prioritised based on risk, impact and benefits. Participation in both WHSCC and EASC mechanisms will be focused on the development of sustainable models to deliver equity including those living in our rural communities.

### Renewal

There are longer term actions to be taken forward over the next year and beyond to renew as a whole system:

- Ensuring the nursing and medical model is geared to support system flow and urgent care
- Enhancing enhance urgent care provision in Minor Injuries Units and Out of Hours
- Optimising the virtual ward and discharge to recover and assess models and embedding home first
- Improving access to domiciliary care and care homes
- Strengthening end of life and hospice support
- Action in key commissioned services in response to fragility / change and improvement plans: Shrewsbury and Telford Hospitals, Cwm Taf Morgannwg; South Powys (changes associated with the Grange)
- Next phase of implementation of Clinical Quality Framework to drive improvement

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## Planned Care

This IMTP reflects the important work on planned care across several areas of delivery



This section of the IMTP includes the summary plan for the operational delivery aspect of Planned Care, through the Community Services Group. This group of over 50 services is at the heart of delivery of our ambition for a sustainable model of care.

There are pivotal developments which will be mobilised over the next three years to drive forward both the long term ambition for Planned Care and the immediate priority to recover backlogs arising from the disruption in healthcare caused by the pandemic:

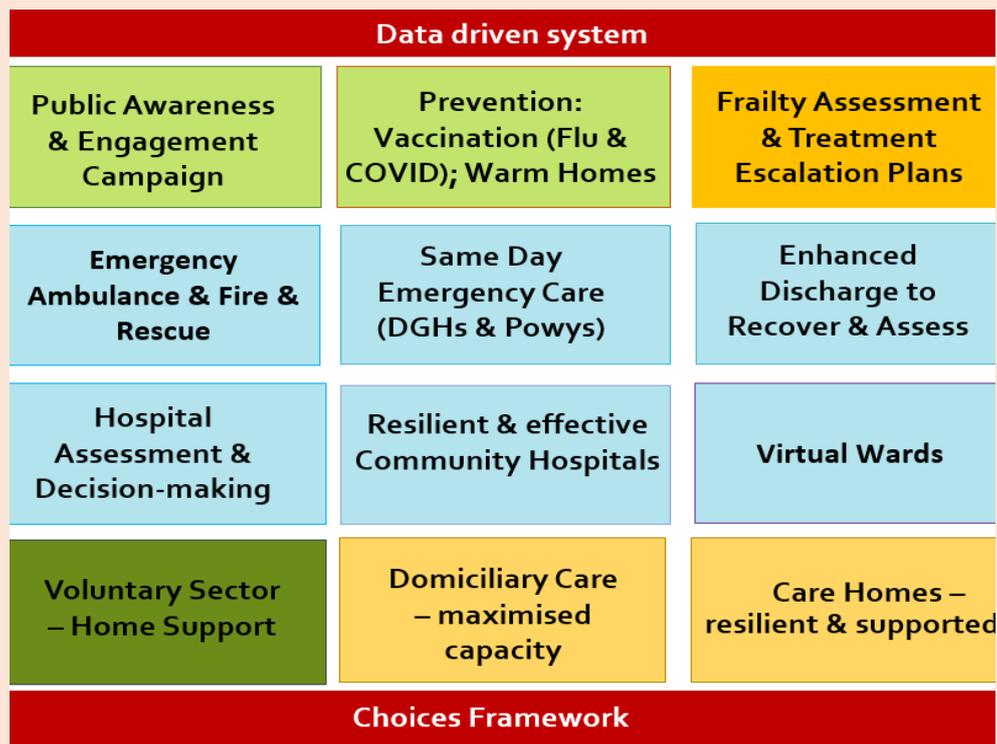
- Enhanced local and regional service offers to target key areas of waiting times with delivery of expanded endoscopy capacity as an immediate priority in Year 1
- Maximise diagnostic capability locally to support renewal and transformation work, including non-obstetric ultrasound as an immediate priority in Year 1
- Modernisation of outpatients particularly in relation to regional / national aligned priorities of ophthalmology and respiratory care
- Delivery of Medicines Management workplan including value based initiatives to embed improvements in practice
- 'Ways of working' – developing the workforce model to build resilience and harness opportunities in medical/ nursing and professional roles, including actively building on the multi-agency pandemic response

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## Urgent and Emergency Care

The challenges faced during the pandemic and over the recent winter period have highlighted the critical priority of building system resilience nationally, regionally and locally. Powys residents access urgent and emergency care from a large network of providers in both Wales and England and the health board has a complex and pivotal role in supporting resilience and flow across multiple healthcare systems.

A System Resilience Plan was agreed in the Autumn of 2021 across partners in the Regional Partnership Board in liaison with Welsh Government. This was mobilised and tracked at a granular level through Delivery Co-ordination arrangements set up by Strategic Gold Command. This took forward action across 16 Priorities:



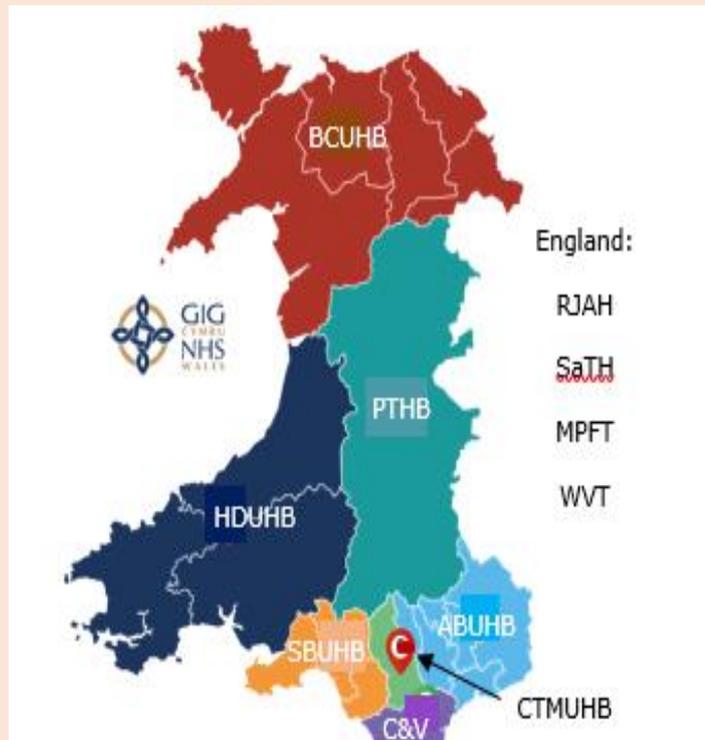
There remains uncertainty in relation to the system challenges ahead and a need to continue to build resilience in urgent and emergency care, in line with the national collaborative / commissioning work and the Six Goals framework.

Key priorities are set out in the summary plan in this section and reflect specific high impact changes to be embedded into system working:

- Build on progress made across the system to improve patient flow to minimise harm for patients in hospital / in the community waiting for responses
- Optimise the home first ethos and support discharge to assess and recover, reducing lengths of stay and delays in transfers to improve outcomes
- Enhancing the urgent care model and same day provision in Powys including District Nursing, Virtual Ward, Minor Injuries & Illness support and Out of Hours
- Working with the care sector to improve resilience in domiciliary and residential / nursing care and embed high impact changes and processes
- Partnership work with Welsh Ambulance Services; transformation ambitions as set out in the Emergency Ambulance Services Committee IMTP
- Learning from the System Resilience / Winter Plan; identification of further high impact changes across the Regional Partnership Board

## Acute Care

Residents in Powys access acute care from providers across England and Wales.



The greatest volume of patient flows for acute care are to the neighbouring District General Hospitals in England (Shrewsbury and Telford Hospitals NHS Trust, Hereford Hospital) and Bronllais Hospital in Aberystwyth. This reflects the larger population size in the North of the County and the associated healthcare pathways for that region.

Residents in the South of Powys access acute care from a number of providers in South Wales including Morriston Hospital in Swansea and Prince Charles Hospital in Merthyr Tydfil. The opening of the Grange Hospital and associated changes in Nevill Hall Hospital are important for residents in South East Powys.

A co-ordinated whole system approach is required to manage the complexity of these commissioned services especially in the context of increased population waiting times for District General Hospital (DGH) services across Wales and England.

The health board has a role to ensure that the needs of the Powys population for hospital and critical care is incorporated into recovery and system plans. A value based approach is set out in the IMTP to support system recovery planning with shared decision making, patient outcomes and prevention at its heart.

Oversight and management of areas in special measures and/or significant changes in provision is an ongoing priority and includes:

- Cross border network and integrated care systems (ICS) – notably:
  - Shropshire & Telford ICS: Implementation of NHS Future Fit / Hospital Transformation Programme (HTP) and interim service changes
  - Herefordshire & Worcestershire ICS: Stroke Programme
- Ockenden recommendations in relation to Shrewsbury and Telford Hospital Maternity and Neonatal provision
- IMSOP Outcomes in relation to Cwm Taf Morgannwg University Health Board Maternity provision
- The next stage of the South Powys Pathways programme in the above context
- Section 33 Development of Joint Commissioning in relation to Care Homes

The **Commissioning Assurance Framework** will be refreshed for use in 2022 onwards and improvements made to associated performance, contracting and invoicing processes. The **Draft Commissioning Intentions** for all main providers are included separately in the Supporting Information Pack.

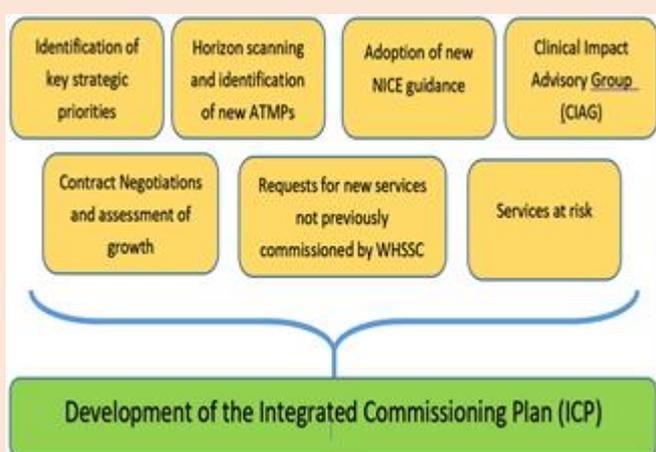
Refer to the section on **Transforming in Partnership** for further detail with regards to neighbouring Strategic Change programmes.

## Specialised Care

Powys residents access specialist care from providers in both England and Wales. The health board has a key role in ensuring that cross border considerations are taken into account as part of the national commissioning arrangements to ensure equity for the resident population in this context.

This includes participating in the leadership and management arrangements for the Welsh Health Specialist Services Committee (WHSSC), which works on behalf of all 7 Health Boards in Wales to ensure equitable access to safe, effective and sustainable specialist services for the people of Wales.

The WHSSC Integrated Commissioning Plan (ICP) is developed in response to NHS planning guidance and takes account National and ministerial priorities and makes commitments as to how it will ensure contribution to each of these.



The Integrated Commissioning Plan was developed during Winter 2021 and approved by Joint Committee on the 11<sup>th</sup> January 2022.

The plan outlines the commissioning priorities for the period 2022-2025.

The plan includes strategic priorities and a recovery profile for each of the main specialist services.

### Strategic Priorities 2022 - 2025

- Developing a Specialist Services Strategy for NHS Wales
- Development of a Specialist Mental Health Strategy
- Development of a Specialist Paediatrics Strategy
- Enhancing Major Trauma Provision
- Intestinal Failure Review
- Neonatal cot review
- Commissioning Specialist Services for the North Wales Population
- Ensuring equity for the Powys population
- All Wales PET programme
- Continuation of existing priority areas in relation to cancer and blood; cardiac; mental health and vulnerable groups; neurosciences; women and children, Welsh Clinical Renal Network.

Areas that are noted as challenging in relation to the recovery planning are Bariatric surgery; Cardiac surgery; Plastic surgery; Neurosurgery and Paediatric surgery.

WHSSC is committed to work with providers in NHS Wales and NHS England to continually assess the position through established contracting mechanisms and to seek to secure alternate pathways for Welsh residents where possible.

The Health Board will work with WHSSC to ensure equitable access for the Powys population and to monitor provision and impact of Covid19 on Specialist services with both Welsh and English providers.

## Quality and Patient Experience

- The PTHB **Clinical Quality Framework** has been refreshed against the 15 actions in the national Quality and Safety Framework to reflect the need for the organisation to function at every level as a quality management system
- This reflects the six domains of care (safe, effective, patient-centred, timely, efficient and equitable care)
- An action plan is in place against each of the Goals (as detailed below)
- The Patient Experience Framework is being refreshed in the context of the pandemic and the impacts on individuals, patients and carers and wider communities
- A whole system assurance approach is in place and continuously developed to enhance arrangements in key areas including maternity and commissioned services
- A Learning from Experience Group has been established and provides a clinically led forum to learn from mortality reviews and findings from clinical audits and further links will be made with the Health and Care Academy throughout the year

### PTHB Clinical Quality Framework Goals

1a **Safety** – Putting things Right; Serious incident management; learning; communication and support systems to raise concerns; safety alerts / notices

1b **Effectiveness** – Clinical audit; Clinical guidelines; Value based healthcare; Health and Care Standards; Peer review

1c **Experience** – Patient Experience Framework to be refreshed and set out systems for learning; intelligence; decision making and impact assessment

2 **Organisational culture** –compassionate leadership; organisational development; evaluation multi-disciplinary risk assessment;

3 **Clinical leadership** – roles and accountability; sustainable approach; design, review and action of performance / intelligence; deep dive approach

4 **Improvement methodology** – QI skills, project work; training and partnerships

5 **Intelligence** – Monitoring & assurance; service level dashboards; benchmarking

### Research, Innovation and Improvement Co-ordination Hub (RIIC)

The RIIC Hub in Powys is the coordination and driving vehicle for Research, Innovation and Improvement activity. It will build on its regional presence and networks across the seven health boards to capitalise on opportunities for engagement, learning, funding and collaborations. This will optimise the profile and reach of research and innovation in Powys, to broaden, sharing and contribution to the wider Wales agenda.

### Research and Development

Healthcare research and development will improve the quality of care for our patients, supporting work on prevention, earlier diagnosis, more effective treatments, better outcomes and faster recovery. High quality research is essential to further improve evidenced based practice. The health board has several actively recruiting research portfolio studies open and two portfolio studies opening on episiotomy and breastfeeding. The R&D plan has been completed and submitted to Health and Care Research Wales and reflects a number of funding opportunities. The SIREN Covid antibody study is also underway at both Bronllys and Welshpool sites.



**Evidence tells us that:**

- The longer a patient stays in hospital the higher their chances of being admitted to nursing or residential care are. People stay living independently for longer when they spend less time in hospital and receive appropriate care and support at home.
- Multi-agency assessment and holistic, personalised care can reduce duplication and eliminate gaps in service provision, address equity issues and ensure the needs of an individual are shared, understood and met in a timely way.
- It is not yet known the impact of Covid-19 on both demographics and demand. Changing demographics mean demand for complex health and social care packages will go up in the future.

**We expect the new model of care and wellbeing will:**

- Increase and improve multi-agency working across education, housing, welfare, emergency and healthcare

services to provide a seamless health and social care service.

- Involve people in making decisions about their care so that the services we provide are focussed on what matters most to them.
- Provide 24/7 multi-agency urgent care in the community for people who do not need to attend an emergency department or be admitted to hospital.
- Provide ambulatory care as locally as possible so that people receive a prompt diagnosis and improved access to treatments.
- Provide more local accommodation so that fewer children and adults are placed out of county.
- Coordinate care to prevent unnecessary hospital admissions and help people return home as soon as possible after a necessary admission.
- Encourage people to complete advance care planning and choose where they would like to receive end of life care.
- Support people with complex needs to live independently for as long as possible and, when it is no longer possible, to have prompt access to residential care.
- Provide reablement services that help people quickly regain as much independence as possible.

- Provide timely personalised care through anticipatory care planning and individual budgets.
- Work with children, young people and their families to co-produce plans and make the changes children need as quickly as possible.
- Provide a flexible and affordable mix of high-quality placements for children who are looked after that meet their individual needs and keep them as close to their home communities as possible, where safe to do so.
- Encourage good parenting, specialist support and well-planned journeys into adulthood so that children in our care achieve the best possible outcomes.
- Make sure every person who needs one has easy access to a key worker.
- Make sure people have clear information, before and throughout any statutory involvement, in a format they can access and understand and that contains key contact details, their current situation and the next steps that are planned.



Joined Up Care Summary of Three Year Strategic Priorities and Key Actions		
<b>Planned Care</b>	Delivery of enhanced local and regional service offers including endoscopy as an immediate priority in Year 1 <i>Aligned with mobilisation of the renewal and transformation programmes/ long term model of care</i>	DPCCMH (DoPP Interim)
	Maximise diagnostic capability locally including non-obstetric ultrasound as an immediate priority in Year 1 <i>Aligned with mobilisation of the renewal and transformation programmes/ long term model of care</i>	
	Modernise Outpatients by operationalising agreed changes particularly in relation to regional / national priorities of ophthalmology and respiratory care	
	Delivery of Medicines management work plan <i>(inc Antimicrobial Stewardship, pharmacy support to mental health services, medicines governance)</i>	
	Implement sustainable medical and workforce model to build resilience and harness learning and opportunities	

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	<i>(Embedding learning from system resilience, new ways of working and multi-agency pandemic response)</i>	
<b>Urgent &amp; Emergency Care</b>	<p>Improve patient flow through an embedded and systematic approach to patient co-ordination</p> <p><i>Embedding longer term action on system resilience, optimising home first and discharge to recover and assess, effective hospital discharge and flow processes</i></p>	
	<p>Working in partnership to improve transfers of care, embedding effective system co-ordination</p> <p><i>Embedding longer term action on system resilience, tracking and preventing delays with pro-active and upstream system interventions and adaptations</i></p>	
	<p>Enhance the local urgent care and 'same day' services</p> <p><i>Including Virtual Ward, Minor Injuries &amp; Illness provision and Out of Hours, urgent care nursing provision</i></p>	DoPP
	<p>Partnership work with Welsh Ambulance Services and Emergency Ambulance Services Committee (EASC) to deliver transformation ambitions including immediate priorities in Year 1 IMTPs</p>	
	<p>Work with the care sector to improve resilience and assurance in domiciliary and residential / nursing care and embed high impact changes and effective pathways</p>	
	<p>Identification of further high impact changes across the Regional Partnership Board, and continued delivery of System Resilience Plan</p> <p><i>Including review of learning from System Resilience planning over winter / surge period, annual planning and longer term partnership transformation</i></p>	
<b>Acute Care</b>	<p>Delivery of whole system approach in context of system recovery planning and complex commissioning arrangements across England and Wales</p>	DoPP
	<p>Refresh the Commissioning Assurance Framework</p> <p><i>With associated improvements in performance, contracting and invoicing processes</i></p>	
	<p>Delivery of contracting and monitoring requirements</p> <p><i>Finalising Commissioning Intentions / Provider Intentions and agreeing Long Term Agreements (LTAs) and Service Level Agreements (SLAs)</i></p>	

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	<p>Ensuring needs of Powys population incorporated into multiple healthcare system and recovery plans</p> <p><i>DGH services including critical care and surge plans</i></p>	
	<p>Oversight and management of areas in special measures and/or significant changes in provision</p> <ul style="list-style-type: none"> <li>➤ <i>Cross border network and integrated care systems</i></li> <li>➤ <i>Ockenden recommendations in relation to Shrewsbury and Telford Hospitals' Maternity care</i></li> <li>➤ <i>IMSOP Outcomes in relation to Cwm Taf Morgannwg University Health Board Maternity care</i></li> <li>➤ <i>The next stage of the South Powys Pathways programme in the above context</i></li> </ul>	
	<p>Development of joint commissioning for care homes and delivery of Section 33 arrangements</p>	
<b>Specialised Care</b>	<p>Work with the Welsh Health Specialised Services Committee (Joint Committee and Management Group) to implement Integrated Commissioning Plan</p> <p><i>Ensure equitable access and outcomes for the Powys population and work in partnership to address variation</i></p>	DoPP
<b>Clinical Quality Framework &amp; Patient Experience</b>	<p>Deliver the Clinical Quality Framework</p> <p><i>Ensure that quality is at heart of all aspects of healthcare for the people of Powys</i></p>	DoN
	<p>Prioritisation and implementation of an effective quality management system across the organisation</p>	
	<p>Implement Patient Experience Framework, PROMS &amp; PREMS Frameworks</p>	
	<p>Delivery of the Research and development programme (<i>Research innovation hub, innovation and improvement, enable high quality clinical care, Quality Improvement capacity, clinical audit</i>)</p>	MD

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# Workforce Futures



## Powys Outcomes

- Those who I need to support me are able to make decisions and respond because they are well informed and qualified, If they can't help me directly they know who can
- As a carer, I and those who I care for are part of 'the team'
- I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities
- I am enabled to provide services digitally where appropriate
- I am engaged and satisfied with my work

## Strategic Priorities

### Delivery of the Workforce Futures Strategic Framework

- Designing, Planning and Attracting the Workforce
- Leading the Workforce
- Engagement and Wellbeing
- Education and Training
- Partnership and Citizenship

## Key Interdependencies

- Workforce planning is by its nature interdependent with each of the other well-being objectives and enablers in this plan and each of the teams in the organisation
- Workforce and Organisational Development are interlinked in the structure of the Directorate which brings together planning and development of the workforce
- There has been a significant growth in the organisation's workforce over the past two years and collaboration and 'social partnership' with the staff side of the organisation has been key to innovation and wellbeing support
- Partnerships with Powys County Council and others in the Powys Regional Partnership Board have been key to the flagship 'Health and Care Academy'
- Working with PAVO (Powys Association of Voluntary Organisations) and the third sector has created a vibrant volunteering programme with communities in Powys becoming part of key areas of delivery such as the Covid Vaccination Programme
- Workforce plans and policy also reflect innovations and progress in the national arena including the Health and Social Care Workforce Strategy launched by HEIW (Health Education and Improvement Wales) and SCW (Social Care Wales).

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## Why is this important – what are the high impact actions we will take?

Workforce planning has been central to the response to the pandemic and will remain a significant enabler, to build organisational resilience, support recovery and drive forward efforts for health and care renewal. The Workforce Futures Strategic Framework has proven to be crucial in supporting collaboration and progress in key areas of work such as the Health and Care Academy and the volunteering programme. Engagement with the staff side of the organisation has also been key to navigating the complex challenges of the past two years.



A robust **workforce plan** will provide a firm foundation for organisational resilience, drawing on the learning gained from the response to the pandemic and taking forward delivery against the 'Workforce Futures Strategic Framework'.

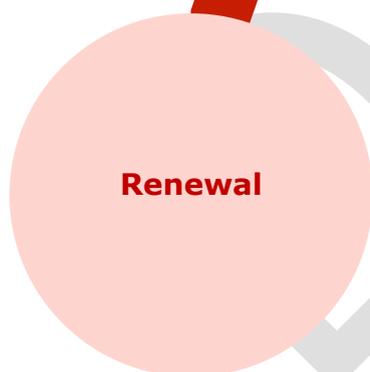
**Workforce assumptions** around staffing ratios, roles and deployment have been developed at pace during the pandemic and these will be tested and refined to ensure a **modular, multi professional workforce** approach that reflects **best practice** across clinical and professional disciplines.



The next phase of the **organisational design** process will reflect the significant learning and innovation of the past two years – whilst also responding to the challenges that have been faced and are likely to continue as a result of the pandemic.

This will provide a platform to build and test **workforce models and roles** in line with national developments and local strategy.

**Leadership development** will enable existing and next generation leaders to harness new ways of working for recovery.



Staff have been asked to make extra-ordinary efforts throughout the past two years and the focus on **well-being** support to help recover and restore will remain important.

A new workforce plan will enable a clear line of sight for the renewal of **employment pathways** in the longer term, supporting more **effective recruitment and retention** as part of a long term 'grow our own' model.

The **Health and Care Academy** will be central to this future facing, collaborative approach to workforce renewal.

There remain significant challenges ahead and there are risks to delivery not only in Powys but across NHS Wales and the wider UK in relation to health and care workforce fragility. However, there are new opportunities, to harness the developments in ways of working across partners, which create greater agility and flexibility in response. The Health and Care Academy will provide a hub for this modern workforce approach (see overleaf).

# Health and Care Academy

- This flagship development has been pioneered by the Powys Regional Partnership Board to increase local access to education, training and development across the health and social care sector
- It is a hub and spoke model that offers state of the art academic and training
- It is set up to provide flexible, practical, academic and digital learning
- The first Academy hub designed to stimulate learning opened in the Autumn
- The long term plan will see the Academy become a centre of excellence for research and an exemplar of rural professional and clinical education
- The Welsh Language active offer will be embedded into the curriculum
- Leadership and talent development across health and care will harness the best practice and thinking engaging with professionals, volunteers and carers to create a health and care 'sector of choice'



## The Health and Care Academy Model

Academi Iechyd a Gofal Powys  
Powys Health and Care Academy



Ysgol Addysg a Hyfforddiant Proffesiynol a Chlinigol  
School of Professional and Clinical Education and Training

**School of Professional & Clinical Education & Training** – This will build a strong reputation of applied study across all health and care specialities, giving learners the opportunities to gain professional and clinical skill and expertise in modern simulation environments, whilst studying alongside other multi-disciplinary teams and professionals embedding peer support and collaborative working.



Ysgol Ymchwil, Datblygu ac Arloesi  
School of Research, Development and Innovation

**School of Research, Development & Innovation** - The aim is to equip the County's health and care workforce with the skills and confidence to identify improvement needs in their areas, and to systematically make those improvements, measuring and demonstrating the impact that they have on citizen patient experience.



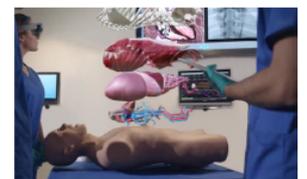
Ysgol Arweinyddiaeth  
School of Leadership

**School of Leadership** - Development of leaders across the whole health and care system in Powys. Investment in system and collective leadership and Wales Intensive Learning Academy (ILA) Digital Transformational Leadership



Ysgol Gwirfoddolwyr a Gofalwyr  
School of Volunteers and Carers

**School of Volunteers & Carers** - focus on providing education, training and development support to volunteers and carers, as a core and important part of the broader workforce. There will be a skills development portfolio on offer



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**Workforce Futures**  
**Summary of Three Year Strategic Priorities and Key Actions**

<b>Designing, Planning &amp; Attracting the Workforce</b>	Continue to implement an organisational design model that aligns the structures, to enable delivery of the Health and Care Strategy and Renewal Priorities	DWOD
	Provide career opportunities to attract new entrants into PTHB	
	Widen the flexible workforce capability	
	Deliver engaging recruitment campaigns	
	Develop an interest in entering a Health and Care career for school and college students	
<b>Leading the Workforce</b>	Invest in leadership and team development throughout the organisation, strengthening a culture of clinically and professionally led, value-based healthcare	
<b>Engagement &amp; Wellbeing</b>	Develop and deliver a multi-layered approach to staff engagement and wellbeing, supporting staff to recover from the pandemic and deliver our Renewal Priorities.	
<b>Education &amp; Training</b>	Develop innovative approaches to role and service development that underpins our 'grow our own' model	
<b>Partnership &amp; Citizenship</b>	Maximize opportunities for the use of volunteers including exploration of utilizing volunteers in a health & care 'frontline' setting to enhance the journey of patients/clients	
	Support care experienced, care leavers and those without a level qualification through a social partnership arena to access FE	
	Support pathways into employment for target groups i.e. UC claimants	

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# Digital First



## Powys Outcomes

- I am able to find and do what I need online, such as make or change appointments, pay my bills, self-assess or reach a doctor or consultant without having to travel
- I am helped to use technology and gain access to resources to allow me to be digitally independent

## Strategic Priorities

### Delivery of the Digital First Framework

- Digital Care
  - *Delivery of key programmes to support Digital Care and systems development to support digital delivery, telehealth and telecare*
- Digital Access
  - *Improvements in platforms, training and use of Artificial Intelligence*
- Digital Infrastructure & Intelligence
  - Infrastructure and digitalisation of health records, intelligence capability and improvements in cyber security and communications / management systems

## Key Interdependencies

- A huge acceleration in access and ways of working has demonstrated the pivotal nature of digital as an enabler across the organisation and its partnerships
- There are significant interdependencies with national system developments and delivery priorities set out by Digital Health and Care Wales:
  - National Data Resource (NDR)
  - WCP (Welsh Clinical Portal)
  - WCCIS (Welsh Community Care Information System)
  - WPAS (Welsh Patient Administration System)
  - WNCR (Welsh Nursing Care Record)
  - Welsh Results Reporting Service
  - WCCG (Welsh Clinical Communication Gateway)
  - Ophthalmology Digitalisation Programme
- Information and Communication Technology planning and support is delivered locally in partnership with Powys County Council
- Cross border connectivity is also important given the nature of health and care for Powys residents and the dependency with English providers and systems

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Why is this important – what are the high impact actions we will take?

There has been a large scale acceleration of digital systems and interfaces over the last two years and that provides a platform for further innovation. However there are challenges in relation to the infrastructure and significant work required nationally and locally to stabilise and progress developments in systems.

The Digital rollout will remain a significant focus to support the covid response and continue to provide more flexible and responsive access to care and support for the population as part of the efforts for recovery and renewal.



**Resilience**

The immediate priority remains support for the delivery of healthcare ensuring life critical and life essential care is accessible throughout the changing phases of the pandemic.

There has been an extra-ordinary uptake in the use of digital care to support planned and unscheduled care pathways, harnessing the benefits of telehealth and telecare.

There is a need to rationalise and stabilise digital delivery in the immediate term. This includes the review and replacement of legacy systems to enable a shift to a more resilient approach.

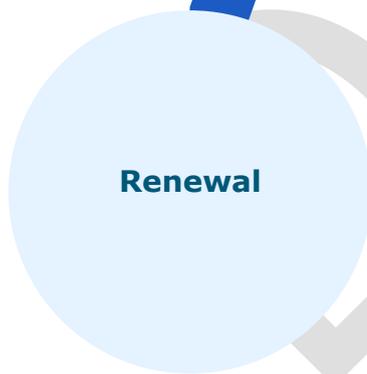


**Recovery**

The planning and delivery of the next phase of Digital rollout will be key to recovery efforts. This includes the adoption and support for new systems such as Office 365 which brings greater scope for flexible file sharing and agile team working.

The next phases of development in systems and infrastructure will improve access and security in line with national work.

Cross border functionality will be progressed to ensure the patient journey for Powys residents is fully encompassed within national, regional and local developments.



**Renewal**

There are ambitious programmes of work reaching into the longer term which will support renewal. These include the national schemes to take forward digital healthcare records and integrate clinical information systems.

Locally, there is also a focus on creating sustainable business intelligence capacity and capability. This will ensure that the longer term renewal of healthcare can be robustly interrogated to provide more granular surveillance and assessment of impact.

The Public Service Board is looking 'Towards 2040' to support digital connectivity in rural Powys, taking an inter-generational view to drive forward ambitions in the County.

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More than 7000 online appointments have taken place in Powys over the last 12 months supported by innovations including Attend Anywhere, Consultant Connect, developments in online delivery and apps:

Some one-to-one appointments are taking place online. "I'd had discomfort and pain for a number of years. The doctor suggested physiotherapy but I was disappointed to learn it would take place online. However, it has been very successful. My physiotherapist immediately detected the problem and demonstrated exercises. She would check on my progress in each appointment and tweak the exercises".

"Turning out for any appointment in Powys where you have to drive everywhere – was agony during my treatment so it was such a relief to have physiotherapy in the comfort of my own home! It was so convenient. I did not anticipate it being this successful and I'm extremely grateful for the time and help I have been given."

A new, local service started in Powys, working with children and adults who cannot use speech as their main way of communicating. "Virtual consultations help us to assess and support patients. We have offered virtual coaching and support. Much of what we do is also upskilling others such as teachers, parents and carers."

"The use of virtual technology, because of Covid, has probably fast-tracked our work as we have been able to provide bespoke online training. We have had a huge increase in referrals which is fantastic because there is more awareness of the support that is available and we can deliver it to more people who need it."

Exercise classes now take place online "Despite the challenges we have faced, Covid-19 has accelerated our digital progress. We have an online self-referral form, patients are sent questionnaires via email and consultations are available via easy to use videos. We're offering greater choice to patients wherever they live in Powys."

"Pulmonary rehabilitation patients can now join an online exercise group, improving access for anyone living in Powys so more people can benefit from this excellent programme and it is hoped that in time waiting lists will be reduced."

### Setting the Digital Landscape



**Digital First**  
**Summary of Three Year Strategic Priorities and Key Actions**

<b>Digital Care</b>	Implement key programmes to deliver Digital Care <i>Welsh Nursing Care Records (WNCR)</i> Phase 2 implementation of OfWCMS Eye Digitisation programme Electronic prescribing and medicines administration Bed management system	DoF
	Implement the cross border programme <i>Supporting liaison between DHCW and English trusts</i>	
	Enhance key systems to support delivery <i>System replacement of Canisc</i> <i>Electronic Test request (ETR)</i> <i>Implement Malinko</i>	
	Delivery of Telehealth and Telemedicine programmes	
<b>Digital Access</b>	Improvement of key platforms to enhance access <i>Delivery of next phase of Office 365</i> <i>Provision of virtual platforms for alternative clinic provision</i> <i>Digital developments in North Powys Well-being Programme</i> <i>Development of single sign in for clinical applications</i> <i>Inpatient access development including personalised screens</i> <i>Electronic Referrals</i>	
	Design, develop and implement training and administration <i>Role based access and training</i> <i>Implement digital dictation / scribing</i>	
	Develop and implement Artificial Intelligence (AI) <i>AI Robotics and machine learning</i> <i>AI support for out of hours</i>	
<b>Digital Infrastructure &amp; Intelligence</b>	Delivery of phased infrastructure improvement <i>Review and improve ICT service provision</i> <i>Implement managed print scheme</i> <i>Deliver telephony replacement programme</i> <i>Development of inpatient access interfaces</i>	
	Progress the digitalisation of health records	
	Enhance business intelligence capability and systems	
	Improvement programme for Cyber Security	
	Develop ward stock control system	
	Health care communications	

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# Innovative Environments



## Powys Outcomes

- I am part of a thriving community which has a range of opportunities for health and social care, social events and access to advice and guidance services to support my well-being
- I have access to a Rural Regional Centre providing one stop health and care shops – diagnostic, advice and guidance, day treatments, etc. which reduces unnecessary out of county travel
- I am encouraged and supported to use the great outdoors to support my well-being and care
- I am able to have my home adapted to help me to live independently and make me feel safe
- I have care in a fit for purpose environment that enhances my experience

## Strategic Priorities

### Delivery of the Innovative Environments Strategic Framework

- Decarbonisation Delivery Plan
- Biodiversity Delivery Plan
- Discretionary and Major Capital Programme
- Facilities and Estates Compliance
- Multi Agency Campus development

## Key interdependencies

- The issue of climate change and environmental sustainability is critical and immediate action is needed at a global, national and local level
- At an international level, commitments on climate change were made recently at the United Nations Climate Change Conference of the Parties 2021 (COP 26), building on existing national contributions within the 'Paris agreement' made by the United Nations in 2015 to mitigate climate change and strengthen resilience
- The health board has made a Board level commitment to supporting the Welsh Government declaration of a Climate Change and Nature Emergency
- The health board has duties under the Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016 and commits to the delivery of local actions in the national NHS Wales Decarbonisation and Biodiversity Plans; this complements work to maintain ISO14001 certification
- The ability to drive change is supported by targeted Capital funding from Welsh Government and the health board is working with the Welsh Government Energy Service and Re:fit Cymru to access further investment
- Investment opportunities will also be key to the progression of the ambitious vision for a multi-agency campus as part of the North Powys Well-being Programme

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Why is this important – what are the high impact actions we will take?

Innovative environments is an objective that relates to both the physical and the 'thinking' space needed for the delivery of healthcare in the next three years. There has been an accelerated development of physical and digital environments for care over the past two years driven by the response to the pandemic. Sustaining and building on this momentum will be key resilience, recovery and longer term renewal.

**Resilience**

**Estates maintenance** remains key and efforts to drive down the backlog are both a local and national area of priority. This includes enhancements to infrastructure and maintenance of ISO14001 to support the delivery of essential healthcare.

Robust arrangements for **Health and Safety** are in place and will continue to be closely tracked to ensure effectiveness.

Delivery of the **Discretionary Capital Programme** (IT, equipment and project work) is key to support compliance and the prioritisation of clinical space.

**Recovery**

An **Innovative Environments Strategic Framework** will guide the key high impact actions over the medium and longer term. This includes Delivery Plans for Decarbonisation and Biodiversity.

This will encompass **agile working** to support future thinking in relation to the integrated model of care. It will also align to national work including the Active Travel Plan, Net Zero building and Modern Methods of Construction.

**Renewal**

The **Major Capital Programme** is critical in delivering the Regional Rural Centre and Community Wellbeing hub model, which provides the form and function to the long term ambition for a sustainable, rural model of care for Powys.

Within this, the flagship scheme of the North Powys Well-being Programme is a **Multi Agency Campus Development** (see overleaf for summary including whole system benefits).

The health board recognises its **environmental impact** and is committed to building a sustainable approach which drives forward action against the international commitments made at COP26 and the national declaration of a **climate change and nature emergency**.

This will be driven by the implementation of the PTHB **Decarbonisation** and **Biodiversity** Delivery Plans. This includes joint work with the Welsh Government Energy Service and ReFit Cymru.

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## Environment Policy Statement

Climate Change is the single greatest challenge to global health and threatens all life on this planet. Without action this jeopardises not only our way of life, but also that of future generations.

Powys Teaching Health Board recognises its impacts on the environment and supports the Welsh Government's declaration of a Climate Change and Nature Emergency. The Board commits to prioritise the delivery of actions in the national NHS Wales Decarbonisation and Biodiversity Plans as a minimum, and strives to go beyond these wherever possible.

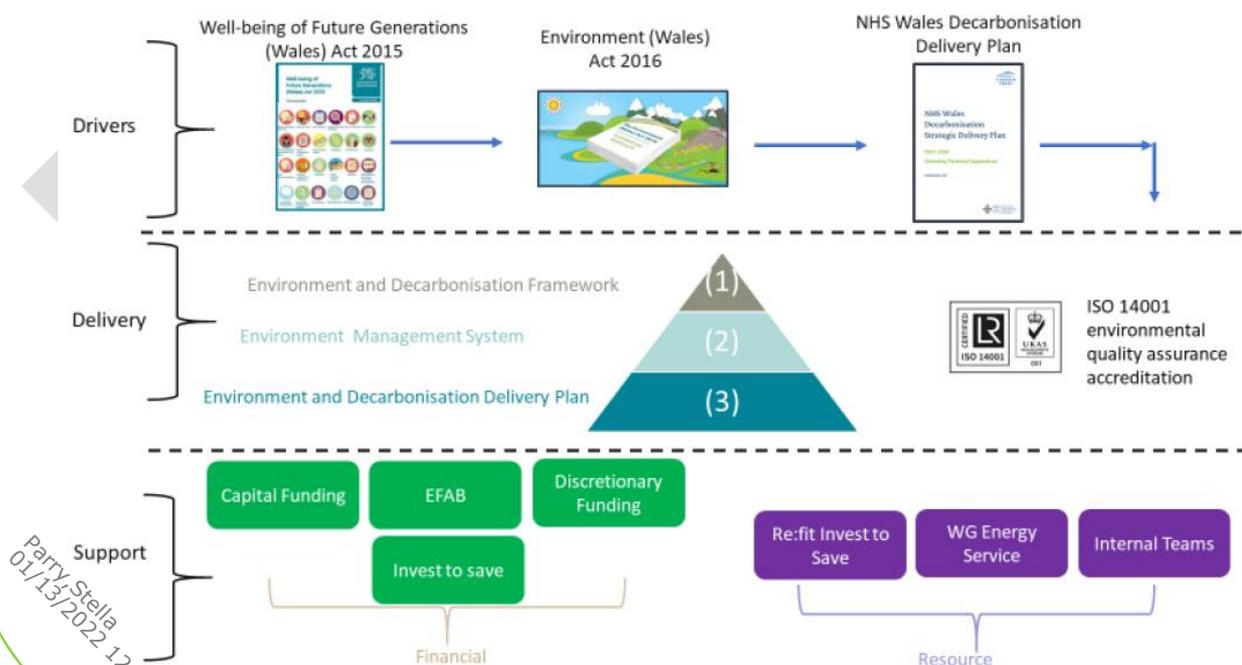
Environment and Sustainability will become a central theme throughout the organisation. 'Life cycle' principles, which consider environmental impacts of products and services, will support the decision-making processes.

Carbon reduction and biodiversity improvements will be made utilising our certified ISO14001 (2015) Environment Management System, for the benefit of patients, staff and the environment.

This will be done through five areas of activity:

- Waste
- Energy and Water
- Travel
- Procurement
- Building Design and Biodiversity

The Health Board will deliver against initiatives and actions in the 'NHS Decarbonisation Strategic Delivery Plan 2021-2030' and publish an updated delivery plan every two years. The Health Board is committed to continual improvement, reducing our impact on the environment and increasing the protection of biodiversity. This policy will be reviewed every three years or sooner, and progress reported for all to see.



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# Multi Agency Campus Development

## Rural Regional Centre – Multi Agency Campus

- Reduced travel and improved access to services for the North Powys population
- Advice and support for people who need advanced care to live a healthy life
- Access to community well-being hubs across the region
- Multi agency support for women, children, young people and families
- Integrated, multi-disciplinary teams via a one stop centre and one stop clinics
- Urgent care assessment and out of hours support
- Integrated support for psychology, disability, substance misuse and crisis care
- Intensive rehabilitation following trauma or stroke
- Enhanced diagnostics services available as locally as possible
- Ambulatory care, outpatients and some surgical and medical day cases

A multi-agency Wellbeing Campus in Newtown

Indicative Benefits Health, Care, Supported Living & Infrastructure



### Benefit Category 1 : Integrated Model

- Synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users
- Improved sign posting and uptake of wellbeing services, enabling people to self-manage and live independently; reducing social isolation and hospital admissions.
- Increase the value provided by Health & Care services
- Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.
- Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.
- Contribute to improved early years health outcomes

### Benefit Category 2: Sustainable workforce

- Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training – via the Health and Care Academy
- Improved recruitment and retention rates by making North Powys a more attractive place to live and work
- More integrated, sustainable and efficient workforce model through new ways of working co-location and collaborative working

### Benefit Category 3: Innovative Environment (Fit for Purpose Estate)

- Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment
- A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.
- Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.

### Benefit Category 4 Innovative Environment (Compliance)

- Improved estate-wide energy efficiency
- Increase in % utilisation of estate through sharing of accommodation across partners
- Compliance with statutory and mandatory estate code and improved functional suitability and reduced backlog maintenance

### Benefit Category 5: Decarbonisation

- Achieve BREAAAM Rating Excellent
- Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.
- More people using active travel in Newtown
- Increased number of electronic vehicle charge points on site
- Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.
- Environments are fully digitally enabled

### Benefit Category 6 : Regeneration

- Creating a 'destination' increasing footfall to the High Street and surrounding areas, with more choice for residents and visitors
- Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.

## Long term plans – Service design for multi-agency wellbeing campus

### Service Scoping

High level demand, capacity and financial modelling. Development of service specifications for health, care and supported living

### Strategic Outline Case

Sovereign bodies approve health, care and supported living and Infrastructure business cases. Welsh Government Gateway Review.

### Detailed Service Design

Clinical and professional workshops to re-design pathways and develop outline workforce plans

### Confirm service scope

Updated demand, capacity and financial modelling and service specifications in line with pathways. Readiness for change assessment undertaken.

## Quarter 1

## Quarter 2

## Quarter 3

## Quarter 4

### Accelerated projects established

Business cases agreed, baseline and indicator measures in place, reporting arrangements agreed.

### All projects operational

Recruitment in place by June 21. Early learning shared via case studies. Integrated community model improved.

### Sustainability plans

Agree sustainability arrangements for each of the projects.

### Evaluation & transfer of learning

All projects evaluated against outcomes and indicators and learning shared across Powys. Transfer to business as usual.

## Short term plans - improvements to the way services are provided

**Innovative Environments**  
**Summary of Three Year Strategic Priorities and Key Actions**

<p><b>Climate change, Decarbonisation and Biodiversity</b></p>	<p>Implement Decarbonisation and Biodiversity Delivery Plans:</p> <ul style="list-style-type: none"> <li>- Use of ISO14001 Environmental Management System including biodiversity and ecosystem impact tracking and improvements across sites and use of materials</li> <li>- Assess impact including use of COSHH to consider less environmentally harmful materials wherever practical</li> <li>- Maintain tree surveys and for every tree felled on PTHB land, at least 2 native trees planted</li> <li>- Waste reduction and management including recycling and reuse of waste products, pharmaceutical waste and medical gases, inhaler specific promotion/disposal and recycling, plastics in healthcare initiatives</li> <li>- Energy and water management including renewables; retrofit programme for energy efficient upgrade by 2030; low carbon heat generation solutions for all sites larger than 1000m2 by 2030; LED lighting by 2025</li> <li>- Sustainable transportation in line with Welsh Government's Active Travel Action Plan: vehicle management, remote working, pooling, future proofing site design for electric charging capability (in partnership with NHS Shared Services)</li> <li>- Procurement and purchasing including life cycle approach and weighting of sustainable services</li> <li>- Buildings Management Control System by 2023; BREAM standards for new build and refurbishments; enhanced biodiversity protections, future developments in line with net zero / Modern Methods of Construction</li> <li>- Proactive communication and engagement to ensure leadership and promote low carbon behaviours/ best practice and initiatives in carbon management</li> </ul>	<p>DoE</p>
<p><b>Discretionary and Major Capital Programme</b></p>	<p>Deliver Discretionary &amp; Major Capital Programme  <i>Key capital developments at community hospital sites: Machynlleth; Brecon Car Park; Llandrindod Wells Phase 2; Llanfair Caereinion Primary Care Centre)</i></p>	
<p><b>Facilities &amp; Estates</b></p>	<p>Deliver Facilities &amp; Estates Compliance &amp; Improvements  <i>Stores &amp; Distribution, Health &amp; Safety, Catering &amp; Food Hygiene, Support Services, Estates Compliance</i></p>	
<p><b>Multi Agency Campus</b></p>	<p>Delivery of Multi Agency Campus Development Programme  <i>(Strategic Outline Case / Outline Business Case Development Part of the North Powys Well-being Programme – refer to previous page for a summary of this work.</i></p>	

# Transforming in Partnership



## Powys Outcomes

- As a Powys resident I 'tell my story' once and I am confident that those looking after me are working together in my best interest
- The services I receive are coordinated and seamless
- I am able to access buildings and resources shared for multiple purposes, by multiple organisations
- My community is able to do more to support health and well-being

## Strategic Priorities

### National, Regional and Local Collaboration

- National and Regional Partnership (System Working across England and Wales): *inc. RPB, PSB, MWJC*
- Financial Plan
- Governance Programme
- Integrated Planning and Performance
- Value Based Health Care

## Key Interdependencies

- The anchor strategy for the region is the shared health and care strategy, A Healthy Caring Powys (Powys Regional Partnership Board)
- This is set in the longer term context of the Powys Well-being Plan, Towards 2040
- Both of the above are delivering against the national goals in A Healthier Wales, the Future Generations (Wales) Act and Social Services and Wellbeing (Wales) Act
- Strategic plans and programmes across the wider Mid Wales region are brought together through the Mid Wales Joint Committee for Health and Care with strong clinical leadership through the Clinical Advisory Group
- Powys has a unique position in the heartland of Wales, with a shared boundary with England and therefore has a role in multiple healthcare systems. Regional working has a complex meaning in this context as there is a need to understand and respond to diverse strategic programmes and service changes and identify both the opportunity and the risk of impact for the rural population of Powys.
- Collaboration will be important to ensure the greatest value can be achieved in the years ahead. This includes working as a team within and across NHS Wales – including the NHS Executive as it develops its role, peer networks and collaboration with key teams in Welsh Government such as the Finance Delivery Unit, Delivery Unit and Planning & Policy Teams to develop and measure progress against shared goals.

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## Why is this important – what are the high impact actions we will take?

There is a complex partnership landscape for health and care, particularly in Powys, with important interdependencies across NHS Wales and across the border into England.

Powys is considered a region given the size of its geographical footprint, covering a quarter of the landmass of Wales, albeit with a relatively small population size. It is unique in having one Regional Partnership Board and one Public Services Board which are co-terminus across the health board and the County Council.

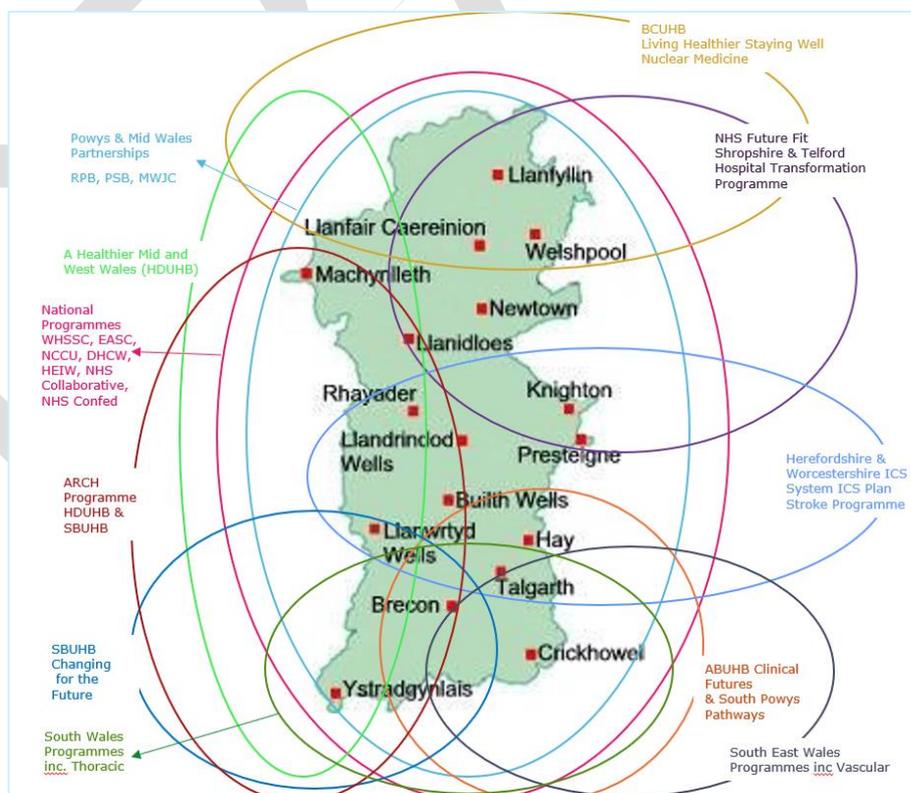
Powys is also a sub region within the wider Mid Wales footprint which is recognised as a formal planning area by Welsh Government, in line with the regional arrangements for North Wales and South Wales.

Key Regional Arrangements for Powys and the wider Mid Wales region include:

- Powys Regional Partnership Board
- Powys Public Services Board
- Powys Joint Partnership Board
- Mid Wales Joint Committee for Health and Social Care
- Other Regional Fora (Wales)
- Integrated Care systems (England)
- Regional 'strategic change' programmes as shown below

In addition there are a number of National arrangements (Wales and cross border):

- NHS Wales Health Collaborative / NHS Wales National Programmes spanning Recovery, Planned Care, Unscheduled Care, Primary Care, Accelerated Cluster Development, Climate Change and Decarbonisation, Value Based Healthcare, Health Technology, Digital, Workforce and Theme / Profession specific workstreams, Academic Partnerships, clinical and professional bodies
- NHS England / Improvement arrangements including the Health and Care Bill



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There is a strong track record of partnership working in Powys and this has enabled significant progress over recent years. The shared Health and Care Strategy agreed in 2017 was the first of its kind in Wales and provides a framework for the eight well-being objectives in this IMTP. This has provided the foundation for significant regional programmes to be taken forward through the Powys Regional Partnership Board, Powys Public Services Board and Mid Wales Joint Committee for Health and Care.



**System working** across England and Wales is essential to track, assess and respond to fragility and service change. Work will be prioritised according to impact and opportunity.

**Financial strategy** is a ministerial priority and a systematic value based healthcare approach will be used to maintain a balanced plan over three years.

Similarly, robust but adaptable **governance** together with **integrated planning and performance** will enable the provide accountability and assurance in the ongoing public health emergency and continued uncertainty.

The recovery of robust **planning and performance systems** will build on innovations including improving **intelligence** across urgent and elective care, cancer and diagnostics. Processes to enhance **service level reporting** will include regular use of the Minimum Data Set and key indicators to track recovery.

Targeted work across systems on **strategic programmes** to support these to reset, will include the Hospital Transformation Programme in Shropshire and Telford, multiple Stroke programmes, cross border and NHS Wales developments.

**Communication and Engagement** nationally and locally will be key to build and renew healthcare in partnership with stakeholders, staff, service users and residents.

The **Powys Regional Partnership Board** and **Mid Wales Joint Committee** have an important role in renewing the longer term shared ambition of 'A Healthy Caring Powys' and a mid-term strategy review will reset and refine shared priorities.

A clear framework for commissioning of the **third sector** will be developed, recognising the significant role of the sector in supporting communities during the pandemic and in the longer term as part of the renewal efforts in Powys.

A **Value Based Health Care** programme has been established as part of the Renewal portfolio, to support analysis, benchmarking, opportunity assessment and transformation with a focus on rural recovery and renewal.

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**Add Finance at Final Stage (reported separately until that point)**

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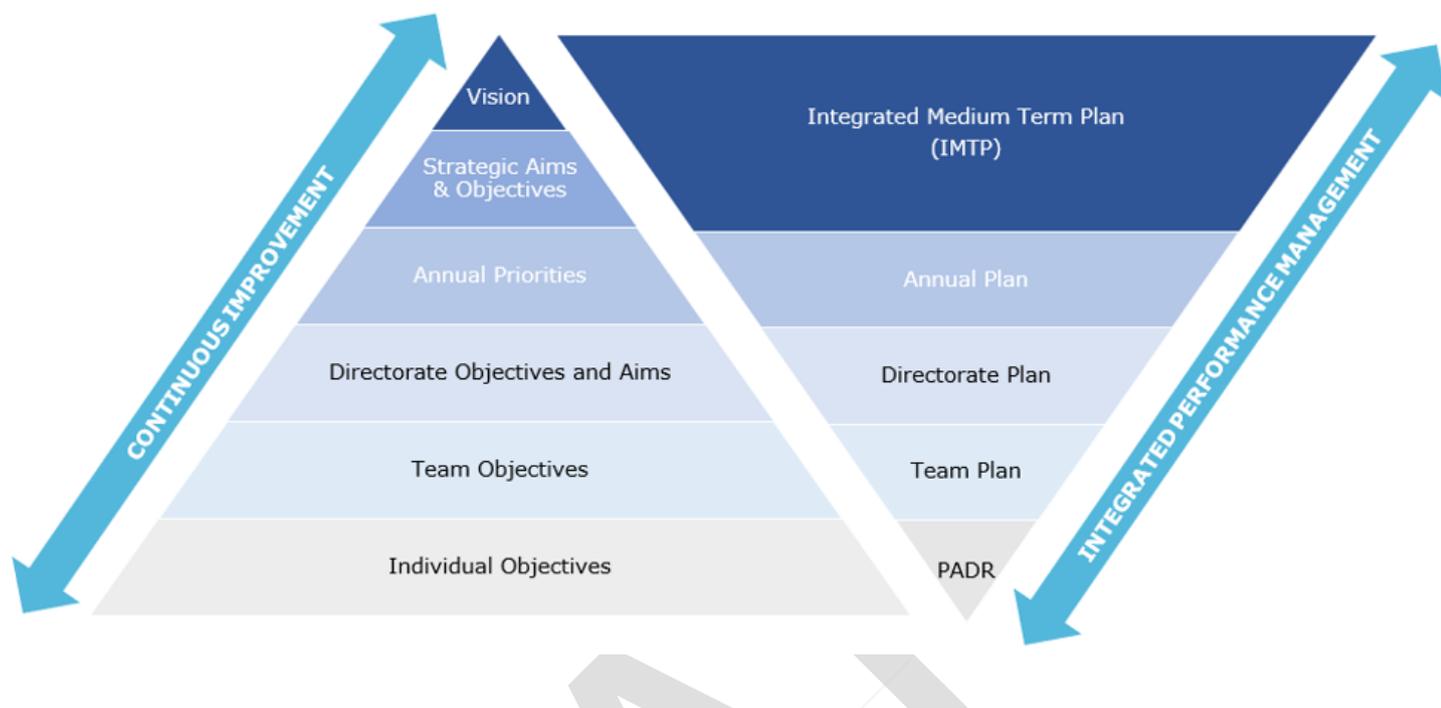
Add Governance Work Programme at Final stage

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**Transforming in Partnership**  
**Summary of Three Year Strategic Priorities and Key Actions**

<b>System working across England &amp; Wales</b>	Management of Strategic Change <i>Systematic tracking impact assessment, communications and engagement</i>	DoPP
	Targeted action on key live programmes with an impact on the Powys population	
<b>Financial Plan</b>	Delivery of Financial Strategy and Financial Plan	DoF
<b>Governance Programme</b>	Delivery of Governance Work Programme	BS
<b>Integrated Planning &amp; Performance</b>	Implement cycle of organisational planning <i>(Recover and renew the cycle of organisational planning, building capacity and expertise for directorate/service/portfolio planning and performance)</i>	DoPP
	Integrated performance approach <i>Refreshed framework and objectives; clear lines of sight from delivery to outcomes</i>	
	Performance reporting <i>Robust management information within the organisation, to committee, board and welsh government</i>	
	Strengthen performance intelligence <i>Urgent care and elective care dashboard, cancer and diagnostic dashboards, internal performance reporting</i>	
	Demand and capacity/minimum data set <i>Quarterly service group reviews against trajectories, modelling and activity</i>	
	Develop planning, information and performance reporting infrastructure, capacity and methods	
	Third sector <i>Vision and options for framework and grants approach; organisational process and register</i>	
<b>Value Based Health Care</b>	Delivery of the renewal value based healthcare programme <i>Renewal Portfolio</i>	Various Exec Leads
<b>Communications and Engagement</b>	Delivery of programme of Communications, with continuous and targeted engagement to support priorities in this plan	ADCS

## Delivery and Tracking of this Plan



### THE CHANGES WE EXPECT TO SEE

WHERE WE ARE NOW	WHERE WE WOULD LIKE TO BE BY 2027
Most people receive diagnostics, outpatient and day case treatments outside of Powys.	Most people receive diagnostics, outpatient and day case treatments in Powys.
Most children receive paediatric diagnostics, outpatient and day case treatments outside of Powys.	There is a small increase in the number of children who receive paediatric diagnostics, outpatient and day case treatments in-county. However, due to the specialist skills required for more complex diagnostics and treatments, most children will continue to receive this care outside of Powys.
Most people receive specialist care outside of Powys.	More people receive specialist care in Powys, including via digital applications when it is safe and effective to do so.
People receive rehabilitation services in a mix of acute and community settings.	More people receive rehabilitation services in community settings and their own home.
People travel to Cardiff or Stoke for complex rehabilitation services.	Some people receive complex rehabilitation services in Powys.
People receive most of their cancer diagnostics and treatments outside of Powys.	People who need less complex cancer diagnostics and treatments can receive these at the Rural Regional Centre or, where possible, in their home.
People can access different care and support services at home, depending on where they live.	All people can access the same care and support services at home and, when needed, can access 24/7 multi-agency care.
A small number of people can access urgent care at home or in a minor injuries unit.	More people can access urgent care at home, in the community or at the Rural Regional Centre.
Some people have access to technology that helps them self-care and live independently.	Most people who need it have access to technology that helps them self-care and live independently.
A large number of adults and children receive care through statutory services.	Multi-agency early help and support teams identify people in need early so fewer adults and children go into the care system.
Demand for health and care services is rising.	An investment into prevention and early intervention means more people enjoy good health and wellbeing and prevents demand for health and care services rising in the longer term.

<b>Planning, Performance and Population Health Committee</b>		<b>Date of Meeting: 18 January 2022</b>
<b>Subject :</b>	<b>North Powys Wellbeing Programme</b>	
<b>Approved and Presented by:</b>	<b>Hayley Thomas Deputy Chief Executive &amp; Director of Planning and Performance</b>	
<b>Prepared by:</b>	<b>Carly Skitt Assistant Programme Director</b>	
<b>Other Committees and meetings considered at:</b>	<b>NPWP Delivery Team NPWP Programme Board Executive Committee</b>	

**PURPOSE:**

**The purpose of this paper is to:**

- Provide a general update to the Committee on the progress of the programme.
- Share the high-level outputs of the demand and capacity modelling.
- Share the Memorandum of Understanding for the Multi-Agency Wellbeing Campus which describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development.

**RECOMMENDATION(S):**

The Committee is asked to NOTE for information the progress of the programme and the planned submission of the Strategic Outline Case for the Health, Care, Supported Living and Infrastructure.

The Committee are asked to DISCUSS the outputs of the demand and capacity modelling.

The Committee are asked to DISCUSS the Memorandum of Understanding in readiness for this to be submitted to PTHB Board on 26<sup>th</sup> January 2020.

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

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

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

**EXECUTIVE SUMMARY:**

The North Powys Programme Goal is to test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys.

A Programme Business Case (PBC) for a Multi- Agency Wellbeing Campus in Newtown was submitted to Welsh Government in November 2020. Welsh Government Strategic Investment have approved the PBC however there have been delays in obtaining Ministerial approval due to the complexity of needing to be signed off by three Ministers. If approved, the Strategic Outline Case (SOC) for the Health, Care, Supported Living and Infrastructure will be submitted early 2022.

A presentation is enclosed that provides a re-cap of the Programme and its key drivers, updates on the acceleration for change projects, progress on the Strategic Outline Case (high-level outputs of the demand and capacity modelling and initial benefits) and the Roadmap to.

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

## DETAILED BACKGROUND AND ASSESSMENT:

The programme goal is:

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys.

The Key Drivers are:

- Variation in service provision across Powys. Tackling inequalities in north Powys which are potentially widening due to the pandemic.
- There is a strong base of volunteering and community resilience in Powys, supporting a more social model for health.
- Demand for health and care services is increasing; we need to increase prevention and early help and support to be able to sustain services.
- More care can be provided closer to home, reducing unnecessary travel for people and families.
- New treatments and technology are creating new ways of working which can help with some of the workforce challenges.
- National policy and legislation –Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act, Programme for Government, Prosperity for All: A Low Carbon Wales 2019, National Climate Change Emergency and Net Zero Carbon Public Sector by 2030

Current position:

- Programme Business Case (PBC) for a Multi-Agency Wellbeing Campus in Newtown submitted to Welsh Government in November 2020. Welsh Government Strategic Investment have approved the PBC however there have been delays in obtaining Ministerial approval due to the complexity of needing to be signed off by three Ministers. If approved Strategic Outline Case (SOC) for the Health, Care, Supported Living and Infrastructure will be submitted early next year.
- Health and Care demand and capacity modelling work undertaken. Future demand and capacity understood for some areas based on evidenced based best practice, identifying opportunities to provide more services locally, including more outpatients, day cases, diagnostic and urgent care services.

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- Re-engagement activities have taken place with communities, staff, site stakeholder group, third sector and other partners, schools, primary care cluster and many others. The outputs of this will help to shape the SOC. Public survey for views on the campus now closed and are being analysed. Engagement will be ongoing into next year to support programme.
- Service specifications have been developed for the Rural Regional Diagnostic and Treatment Centre (Rural Regional Centre), Integrated Health and Care Centre and Community Hub (Community Wellbeing Hub), Library, Health and Care Academy and Supported Living accommodation.
- Early concept drawings are being created by local architects, ready to share more widely with stakeholders to receive feedback and further input as to what the campus could look like. These also provide options for where services are located on the site and will help determine where the school is positioned on the site to enable progress of the Schools OBC design work.
- We have developed some partnership principles for how the build and site will operate. A Memorandum of Understanding has been prepared ready for approval.
- The majority of short term accelerated projects are progressing well, although there have been some challenges in recruitment to some of the posts to support local Ophthalmology and Respiratory services.
- The Programme's Five-Year plan has been updated and key actions for 22/23 outlined. The programme team are further refining governance arrangements to support delivery of transformation change required to achieve programme outcomes. Ongoing challenges with operational capacity to support delivery of the programme due to the pressures of the pandemic.
- WG Performance Assessment Review rated Programme as being Amber with good leadership highlighted but also the need to re-engage since pandemic with securing funding and governance amongst the feedback raised.

Initial demand and capacity modelling has been undertaken, key areas required for the Strategic Outline Case were prioritised due to issues with resource and timescales. The high-level outputs are provided below:

### **Integrated Community Model**

Based on National Discharge to Assess and Home First model of care:

- Optimised care pathways,
- Rapid discharge from secondary care for recovery/reablement and assessment,
- Short as possible acute length of stay and no warehousing where patients will decondition and require a higher level of care on discharge

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Early modelling indicating:

- Currently there is a need to strengthen preventative services (to support admission avoidance or early discharge, and an over provision of bedded rehabilitation services).
- Inpatient provision in Newtown could an inpatient unit to support Step up, Step down, End of Life care, Specialist Stroke and Neuro Rehabilitation.

*(step up - admitted from home as an alternative to acute hospital admission and step down - transfer from acute hospital for people who require additional time and rehabilitation to recover but are unable to have this provided at home)*

### **Supported Living**

- Based on assessment by operational group. Proposed 12-place flexible development on site to support a range of needs.
- Early indications for accommodation for student, new staff and locum staff accommodation (proposed 6x 3-bed flats on site to provide for up to 18 students/staff at any one time).

### **Diagnostics, Planned and Ambulatory Care**

Based on Clinical Networks – assessment of repatriation, Diagnostics Richards Review, Benchmarking vs. UK and OECD demand and capacity, Best Practice: British Association of Day cases, Directory of Ambulatory and Interventions Not Normally Undertaken.

Early modelling indicating:

- Diagnostic Imaging services in the Rural Regional Centre CT scanner, MRI scanner, X-ray and ultrasound scanners (along with other diagnostics such as near patient testing etc).
- Planned care services could be provided for the majority of high volume low risk services, via outpatient clinic rooms, procedure rooms, a day case theatre and endoscopy facility. This would include digital and remote consultation and is based on assumptions of repatriation across specialties for elective day surgery, pre-operative assessment and outpatient consultations.
- Further work is required to confirm clinical & financial viability / economies of scale at an individual specialty level so not all services may be able to be provided locally.
- Short stay assessment, urgent ambulatory care indicating, assumed repatriation of some non-urgent/see and treat attendances).
- Maternity (ambition for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys).

All above is subject to further service planning, funding and resource.

A Memorandum of Understanding has been prepared between Powys Teaching Health Board and Powys County Council to describe how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, regional rural centre for health, community health & wellbeing centre, specialist housing, library and health and care academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment. This includes the following principles for the multi-agency wellbeing campus development:

- Cost effective public purse
- 'Do once' with no duplication
- Commitment to decarbonisation and biodiversity
- Deliver benefits from synergies and shared approach

The programme timetable has been further developed. Currently we are still working towards 2026 for the complete campus to be completed and operational. A number of benefits are being articulated as part of the development of the Strategic Outline Case, these are outlined within the presentation. There are significant risks associated with the delivery of this programme, particularly in relation to operational capacity, these are being monitored regularly by Programme Board.

#### **NEXT STEPS:**

The Memorandum of Understanding to be submitted to PTHB Board and Cabinet in January 2022.

The Strategic Outline Case will be submitted to Cabinet on the 1<sup>st</sup> March 22 and to PTHB Board on the 30<sup>th</sup> March 22.

Discussions are underway with project leads for the accelerated areas of change. Business cases will be updated and approved during Q4 (subject to Welsh Government revenue funding).

Further work will be undertaken to revise governance and implement resource required to deliver the programme plan for 22/23.

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

#### **IMPACT ASSESSMENT**

#### **Equality Act 2010, Protected Characteristics:**

	No impact	Adverse	Differential	Positive	<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					

**Risk Assessment:**

	Level of risk identified				<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

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**Draft Heads of Terms****Memorandum of Understanding****North Powys Multi-Agency Well-being Programme**

<b>Organisations</b>	<p>This Memorandum of Understanding (MOU) sets out the terms and understanding between the following organisations ('the Organisations'):-</p> <ul style="list-style-type: none"> <li>• Powys Teaching Health Board</li> <li>• Powys County Council</li> </ul>
<b>Purpose</b>	<p>The MOU describes how the Organisations will work together in creating a high quality, purpose-built multi-agency wellbeing campus development, accommodating a new school and playing fields, regional rural centre for health, community health &amp; wellbeing centre, specialist housing, library and health and care academy in Newtown. Shared and linked space and facilities will be an essential underpinning commitment.</p>
<b>Principles</b>	<p>The Organisations agree to observe the following principles for the MOU and campus development:</p> <ul style="list-style-type: none"> <li>○ Cost effective public purse</li> <li>○ 'Do once' with no duplication</li> <li>○ Commitment to decarbonisation and biodiversity</li> <li>○ Deliver benefits from synergies and shared approach</li> </ul>
<b>Actions</b>	<p>The Organisations will work together to create the proposed development through:</p> <ul style="list-style-type: none"> <li>• Agreeing details of any required property transactions using the established Land Transfer Protocols, releasing agreed areas of the site between the Organisations at market value, to support the dedicated healthcare elements of the Multi-Agency Well-being Campus.</li> <li>• Facilitating the timely transfer of the Properties to support each other's service objectives.</li> <li>• Agreeing a joint approach to site surveys and site investigations to inform and enable subsequent development activity.</li> <li>• Structuring the project into manageable and buildable steps, in line with RIBA stages, with phasing for infrastructure, school, health and care and other facilities across the six-year time horizon, while developing a flexible and unified approach to the overall design, carbon net zero planning and various procurement needs including construction.</li> </ul>

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- Agreeing a strategic definition for the wider campus and commitments in terms of shared space.
- Committing to supporting the delivery of the 21<sup>st</sup> Century School build to meet the required timescales whilst also recognising the balance of safeguarding and campus ethos.
- Committing to a building programme that allows the existing school and other council services [Children and Young People's Partnership / Library] to remain operational until the new facilities are completed and are able to be fully occupied.
- Committing to a building programme that enables the Park Street Clinic to remain operational until the new facilities are completed and able to be fully occupied.
- Developing governance and project management arrangements for the Multi-agency Wellbeing Campus project within the overall programme, including formalising SRO appointments and delegated authorities. If deemed appropriate, this may include arrangements for the appointment of a Project Director to lead the Campus project.
- Continuing to develop the Partnership Approach which will consider, at the appropriate time, arrangements for shared space management across the proposed development.
- Agreeing responsibility for Multi-Agency Well-being Campus maintenance liabilities / risks / costs, prior to completion to ensure these are understood, clear and documented.
- Carrying out feasibility studies into the proposed developments & transactions.
- Committing to a cohesive design philosophy and principles for the built estate on the campus, as far as funding and statutory regulations allows.
- Committing to a joint decarbonisation and biodiversity strategy for the site in terms of achieving carbon net zero and protecting and enhancing the natural resources of the site.
- So far as practicable, the Organisations shall have regard to environmental good practice and employ measures to promote energy / water efficiency and waste reduction when designing the building(s) / when carrying out works / when delivering services from the completed Multi-Agency Well-being Campus.

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	<ul style="list-style-type: none"> <li>To develop an energy strategy / a waste strategy / a water strategy/an environmentally friendly strategy (or policy) for the Building/Campus.</li> <li>Embedding principles of good stakeholder management and communication in terms of the site users and 'neighbours' to the campus site including Town Centre, Open Newtown, etc. - to be managed through the broader programme management arrangements.</li> </ul>
<b>Commitments</b>	The Organisations will ensure negotiations or agreements with third parties will align with the objectives of this MOU.
<b>Sharing Information &amp; Confidentiality</b>	<p>The Organisations will share information [compliance with UK GDPR / DPA 2018 to the extent that any information shared is 'personal data'] and reports on their respective properties but will not be liable for any inaccuracies.</p> <p>Each Partner undertakes not to disclose any confidential [to be defined by the parties] information to third parties for any purpose other than for supporting the negotiations and completing the property transactions.</p>
<b>Costs</b>	<p>Unless alternative arrangements for specific areas / projects / cost sharing are agreed by the Organisations in advance, the Organisations will bear their own costs when contributing to activities directly connected with this MOU.</p> <p>If an Organisation requires assistance relating to costs / additional work / resources / outsourcing / legal or technical advice or similar, it should first make a request to the other Organisation. The other Organisation will consider it. Dependent on circumstances, the Organisations could, if approved, then work together to reach agreement on any appropriate cost recovery / funding arrangements / alternatives.</p>
<b>Duration</b>	<p>This MOU will become effective upon signature by the relevant Organisation's authorised officials. It will remain in effect until modified or terminated.</p> <p>At any time, an Organisation can terminate this MoU by notifying the other Organisation in writing; a reasonable notice period of a minimum of three calendar months shall apply.</p> <p>This MOU can be modified, provided any modification(s) required are first agreed in writing by the Organisations.</p>
<b>Organisation Leads &amp; Reporting</b>	Each Organisation will appoint a senior member of staff to lead on the work of the partnership. The designated lead member of staff for each will report to its management teams and Boards as necessary to support the objectives of this MOU.

<b>The Council’s Contact</b>	TBC
<b>The Council’s Solicitor</b>	TBC
<b>The Health Board’s Contact</b>	Hayley Thomas / Wayne Tannahill
<b>The Health Board’s Solicitor</b>	TBC
<b>Further Conditions</b>	<ul style="list-style-type: none"> <li>• Formal approval from the Organisations’ management teams, Boards / Cabinet;</li> <li>• Formal approval from Welsh Government;</li> <li>• Planning &amp; other Statutory Consents;</li> <li>• Contract</li> </ul>
<b>Disclaimer</b>	<p>By signing this MOU and/or participating in the Project, the Organisations hereby irrevocably agree that their intentions are not to create any legal relations because the provisions of this MOU are not intended to be legally binding.</p> <p>The collaboration between the parties does not constitute a ‘partnership’ and there is no authority for either party to make commitments on behalf of the other.</p>

(Partner signature) .....

(Partner name) .....

(Partner organisation, position) .....

Date: .....

(Partner signature) .....

(Partner name) .....

(Partner organisation, position) .....

Date: .....

Party: Stella  
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**GOGLEDD  
POWYS**  
*Lles*

**NORTH  
POWYS**  
*Wellbeing*

# North Powys Wellbeing Programme

**Rhaglen Lles Gogledd  
Powys**

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# Re-cap Programme Goal

To test and deliver a new integrated model in North Powys in line with the Health and Care Strategy, and to support effective learning and transfer across Powys.

## Key Drivers....

- **Variation in service provision across Powys. Tackling inequalities in north Powys which are potentially widening due to the pandemic.**
- There is a strong base of **volunteering and community resilience** in Powys, supporting a more social model for health.
- **Demand for health and care services is increasing;** we need to increase prevention and early help and support.
- **More care can be provided closer to home,** reducing unnecessary travel for people and families.

- **New treatments and technology** are creating new ways of working which can help with some of the workforce challenges.
- **National policy and legislation** – – Future Generations Act, A Healthier Wales and Social Services and Wellbeing Act, Programme for Government, Prosperity for All: A Low Carbon Wales 2019, National Climate Change Emergency and Net Zero Carbon Public Sector by 2030



# Where we are now. 1

- Programme Business Case (PBC) for a Multi Agency Wellbeing Campus in Newtown submitted to Welsh Government in November 2020. If approved Strategic Outline Case (SOC) for the Health, Care, Supported Living and Infrastructure will be submitted early next year.
- Health and Care demand and capacity modelling work undertaken. Future demand and capacity understood for some areas based on evidenced based best practice, identifying opportunities to provide more services locally, including more outpatients, day cases, diagnostic services
- Re-engagement activities have taken place with communities, staff, site stakeholder group, third sector and other partners, schools, primary care cluster and many others... the outputs of this will help to shape the SOC. Public survey for views on the campus now closed. Engagement will be ongoing into next year to support programme.
- Alongside the modelling work, we have been working with operational teams to develop service specifications for the Rural Regional Centre, Community Wellbeing Hub, Library, Health and Care Academy and Supported Living accommodation.

## Where we are now. 2

- Early concept drawings are being created by local architects, ready to share more widely with stakeholders to receive feedback and further input as to what the campus could look like. These also provide options for where services are located on the site and will help determine where the school is positioned on the site to enable progress of the design work.
- We have developed some partnership principles for how the build and site will operate. A Memorandum Of Understanding has been prepared ready for approval.
- The majority of short term accelerated projects are progressing well, although there have be some challenges in recruitment to some of the posts to support local Ophthalmology and Respiratory services.
- Further refining governance arrangements to support delivery of transformation change required to achieve programme outcomes. Ongoing challenges with operational capacity to support delivery of the programme due to the pressures of the pandemic.
- WG Performance Assessment Review rated Programme as being Amber – Good leadership but need to re-engage since pandemic with securing funding and governance amongst the feedback raised.

# Acceleration for Change

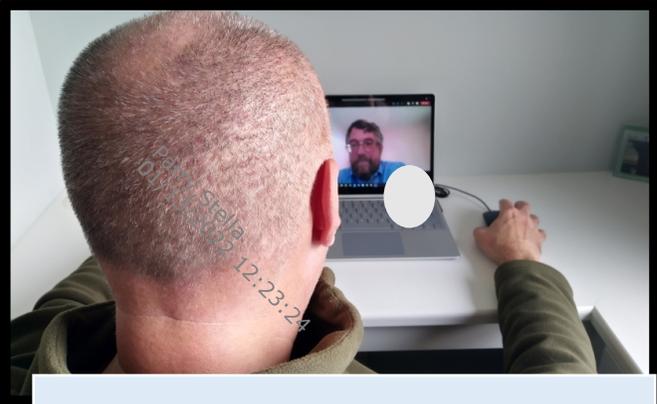


**Powys Together**  
69 sessions/activities delivered  
879 children  
341 adults  
Over 280 families supported

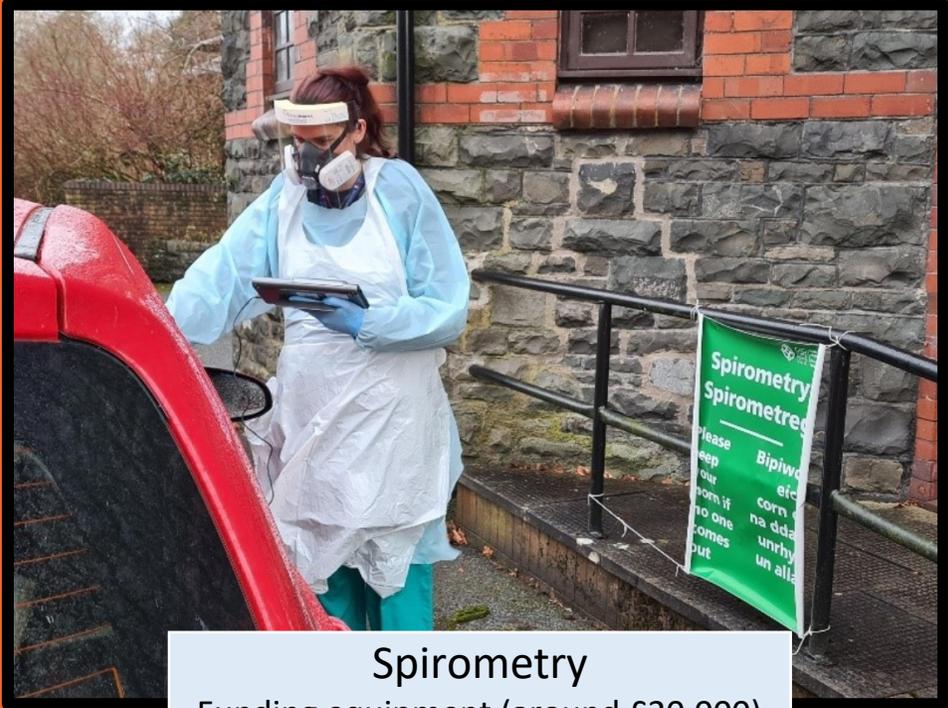
**Ophthalmology**  
Funding Ophthalmic  
Healthcare scientist (in post),  
Eye Care Nurse and  
Optometrist (recruiting).



**Bach a lach**  
Engaged with 234 teachers  
(Pre-school stage) &  
404 teachers (Foundation stage)



**Digital Facilitators**  
DNAs reduced from 18% to 4%



**Spirometry**  
Funding equipment (around £20,000)  
to improve services

# A multi-agency Wellbeing Campus in Newtown

## Health and Care Demand & Capacity Modelling



### Integrated Community Model

#### **Based on National Discharge to Assess and Home First model of care:**

- Optimised care pathways,
- Rapid discharge from secondary care for recovery/reablement and assessment,
- Short as possible acute length of stay and no warehousing where patients will decondition and require a higher level of care on discharge

#### **Early modelling indicating:**

- Currently there is a need to strengthen preventative services (to support admission avoidance or early discharge, and an over provision of bedded rehabilitation services.
- Inpatient provision in Newtown could support Step up, Step down, End of Life care, Specialist Stroke and Neuro Rehabilitation

*(step up - admitted from home as an alternative to acute hospital admission and step down - transfer from acute hospital for people who require additional time and rehabilitation to recover but are unable to have this provided at home)*

### Supported Living

- Based on assessment by operational group. Proposed 12-place flexible development on site to support a range of needs
- Early indications for accommodation for student, new staff and locum staff accommodation (proposed 6x 3-bed flats on site to provide for up to 18 students/staff at any one time)

***All above is subject to further service planning, funding and resource)***

# A multi-agency Wellbeing Campus in Newtown

## Health and Care Demand & Capacity Modelling



### Diagnostics, Planned and Ambulatory Care

**Based on Clinical Networks – assessment of repatriation, Diagnostics Richards Review, Benchmarking vs. UK and OECD demand and capacity, Best Practice: British Association of Day cases, Directory of Ambulatory and Interventions Not Normally Undertaken.**

#### **Early modelling indicating:**

- Diagnostic Imaging services in the Rural Regional Centre CT scanner, MRI scanner, X-ray and ultrasound scanners (along with other diagnostics such as near patient testing etc).
- Planned care services could be provided for the majority of high volume low risk services, via outpatient clinic rooms, procedure rooms, a day case theatre and endoscopy facility. This would include digital and remote consultation and is based on assumptions of repatriation across specialties for elective day surgery, pre-operative assessment and outpatient consultations.
- Further work is required to confirm clinical & financial viability / economies of scale at an individual specialty level so not all services may be able to be provided locally.
- Short stay assessment, urgent ambulatory care indicating, assumed repatriation of some non-urgent/see and treat attendances)
- Maternity (ambition for 45% of mothers deemed to be low risk to give birth outside of a DGH, in Powys)

***(All above is subject to further service planning, funding and resource)***

# A multi-agency Wellbeing Campus in Newtown

## Indicative Benefits Health, Care, Supported Living & Infrastructure

### Benefit Category1 : Integrated Model

- Synergies from integrated working with all partners resulting in strengthened community provision, more efficient pathways and better experience for service users
- Improved sign posting and uptake of wellbeing services, enabling people to self-manage and live independently; reducing social isolation and hospital admissions.
- Increase the value provided by Health & Care services
- Improve citizen experience, quality of care, reduce waiting times and speed up diagnosis.
- Offer an enhanced range of services in north Powys, improving geographical access to health and care (repatriation) and reducing inequalities.
- Contribute to improved early years health outcomes

### Benefit Category 2: Sustainable workforce

- Improved education and learning for staff and the public; upskilling staff, maximising and enhancing career opportunities through apprenticeships, employment and training – via the Health and Care Academy
- Improved recruitment and retention rates by making North Powys a more attractive place to live and work
- More integrated, sustainable and efficient workforce model through new ways of working co-location and collaborative working

### Benefit Category 3: Innovative Environment (Fit for Purpose Estate)

- Improved user experience, perception and confidence from accessing care in a modern, fit for purpose environment
- A purpose built environment to enable innovation in practice, flexible working with digitally enhanced facilities to improve efficiencies and future proof service delivery.
- Environment is more conducive to the holistic experience, and wellbeing of staff, patients and visitors supporting national and local policy objectives.

### Benefit Category 4 Innovative Environment (Compliance)

- Improved estate-wide energy efficiency
- Increase in % utilisation of estate through sharing of accommodation across partners
- Compliance with statutory and mandatory estate code and improved functional suitability and reduced backlog maintenance

### Benefit Category 5: Decarbonisation

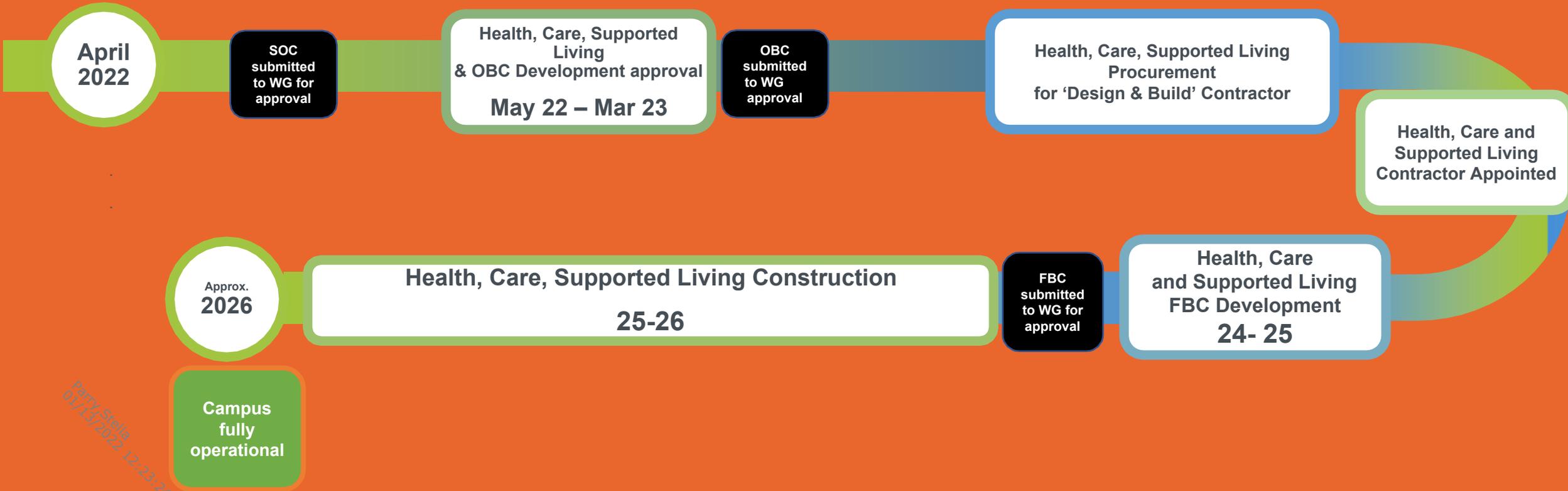
- Achieve BRE AAM Rating Excellent
- Reduced carbon footprint of the estate through reduced energy demand and increase in the number of sustainable products and technologies.
- More people using active travel in Newtown
- Increased number of electronic vehicle charge points on site
- Reduce miles travelled for service users and staff as a result of repatriation of services and increased use of digital technology reducing CO2 emissions.
- Environments are fully digitally enabled

### Benefit Category 6 : Regeneration

- Creating a 'destination' increasing footfall to the High Street and surrounding areas, with more choice for residents and visitors
- Additional Income brought into the Newtown area as a result of new jobs and opportunities linked to social value forum.



## Health, Care Supported Living and Infrastructure



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# Multi-Agency Wellbeing Campus Roadmap to 2026

## Ysgol Calon y Dderwen build

### Indicative timeline – November 2021

#### Current Position

- Strategic Outline Case (SOC) for new build school approved by Welsh Government December 2020
- Ysgol Calon y Dderwen opened in existing buildings September 2021
- Schedule of accommodation for new build school has been developed by PCC.

- HoWPS have been commissioned by PCC Schools Service to deliver RIBA 1, to include site feasibility studies to inform the development of early concept designs
- 2 Strategic Outline Cases (SOCs) in development by the North Powys Well-being Programme (infrastructure, health facilities/services) – expected to be completed by February 2022

- North Powys Well-being Programme site stakeholder group established
- Further engagement being planned by the North Powys Well-being Programme



#### Key Dependencies

- North Powys Well-being Programme completion of business cases in accordance with anticipated timescale and WG approval
- Approval by Transforming Education Programme Board and North Powys Well-being Programme Board as required
- Future progress of North Powys Well-being Programme

- HoWPS capacity / transitioning back to PCC
- Welsh Government approval of 21st Century Schools business cases as required
- Agreement of procurement strategy
- Agreement of decarbonisation / energy strategies for the campus
- Successful tendering process
- Planning approval



**Diolch yn fawr iawn**

***Thank you very much***

**<http://www.powyswellbeing.wales/>**

***Email/ebost: powyswellbeing.north@wales.nhs.uk***



<b>Planning, Partnerships and Population Health Committee</b>		<b>Date of Meeting: 18 January 2022</b>
<b>Subject :</b>	<b>Welsh Renal Clinical Network Briefing</b>	
<b>Approved and Presented by:</b>	<b>Deputy CEO / Director of Planning &amp; Performance</b>	
<b>Prepared by:</b>	<b>Assistant Director Transformation &amp; Value Transformation Programme Manager</b>	
<b>Other Committees and meetings considered at:</b>		

**PURPOSE:**

The purpose of this paper is to provide the Committee with an overview of the Welsh Renal Clinical Network and information about current and potential future dialysis arrangements for Powys patients.

**RECOMMENDATION(S):**

The Committee is asked to note the information within this report.

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

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

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

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

**EXECUTIVE SUMMARY:**

The Welsh Renal Clinical Network (WRCN) has delegated responsibility for commissioning adult specialised renal services for Welsh patients and is accountable to Welsh health boards through the Welsh Health Specialised Services Committee (WHSSC).

There are currently 53 Powys patients who dialyse at nine renal units in Powys and other parts of Wales and, for a very small number, in England, including less than five at Shrewsbury. There are potential changes in relation to some of the renal units as outlined below.

**DETAILED BACKGROUND AND ASSESSMENT:**

**Background**

The Welsh Renal Clinical Network (WRCN) is a sub-committee of the Welsh Health Specialised Services Committee (WHSSC) with delegated responsibility for commissioning adult specialised renal services, such as dialysis, for Welsh renal patients. Dialysis is a life maintaining therapy usually required over four hours at least thrice weekly.

### **Current arrangements**

Within Powys, there are two dialysis units within PTHB community hospitals. The renal unit at Welshpool Hospital has clinical oversight provided by Betsi Cadwaladr University Health Board (BCUHB). The Llandrindod Wells Hospital Renal Unit is run as one of many satellite clinics to the University Hospitals Birmingham (UHB) renal service. UHB holds and manages the contract with an independent specialist clinical provider, Fresenius, to provide fully managed dialysis services at Llandrindod Hospital and all clinical governance, Consultant care and activity allied to dialysis e.g., vascular access, is provided by UHB.

**Table 1: The number of Powys patients currently receiving unit-based haemodialysis**

<b>Location of the Renal Unit</b>	<b>Number of Powys patients</b>
Aberystwyth	5
Merthyr	Less than 5
Morrison	Less than 5
Welshpool	17
Wrexham	Less than 5
Llandrindod Wells	15
Hereford Kidney Treatment Centre	Less than 5
Queen Elizabeth Hospital Birmingham	Less than 5
Royal Shrewsbury Hospital	Less than 5
<b>Total</b>	<b>53</b>

### **Potential changes to current arrangements**

The current contract between UHB and Fresenius is due for renewal in 2022 and the WRCN is currently exploring options as part of the recommissioning process.

### **Reconfiguration in Shrewsbury & Telford**

Powys patients make minimal use of services in Shrewsbury and Telford Hospitals NHS Trust (SaTH), because as set out above, there is provision within two community hospitals in Powys. However, it should be noted, that PTHB and the WRCN have been advised by SaTH that it has been experiencing significant capacity challenges in terms of the provision for its overall population, most notably in the dialysis unit on the Royal Shrewsbury Hospital (RSH) site. However, this would only affect less than five Powys patients who will continue to access services at RSH based on clinical assessment. Table 2 provides further detail.

**Table 2: Commissioned capacity and utilisation of unit dialysis provision for the residents of north and mid Powys**

Location of the Renal Unit	Total number of Dialysis Stations for the total population served	Number of Powys (HB locality) resident patients dialysing at each unit
Welshpool	12	17
Royal Shrewsbury	24 (reduced to 19)	Less than 5
Princess Royal Telford	20	0
Llandrindod Wells	6	15

For the less than five Powys patients who are dialysing at RSH, after clinical review, it was deemed that none of these patients were clinically stable enough to be safely managed in an off-hospital site unit such as the satellite unit in Welshpool. Consequently, a clinical meeting was held between Consultants from both BCUHB (who provide the clinical governance for the Welshpool Hospital Renal Unit) and RSH and it was agreed that no transfers of care were to be actioned. Since that agreement, no further issues in relation to the dialysis of these patients have been raised by SaTH.

**NEXT STEPS:**

PTHB will continue to engage with the WRCN to ensure Powys patients have access to high quality, safe and appropriate renal services.

The agreement is that the less than five Powys patients who dialyse at RSH will continue to do so. The WRCN will continue to link with SaTH whilst they engage on these changes, but the less than five Powys patients will remain at RSH. PTHB will update the Powys CHC.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	Adverse	Differential	Positive	Statement
Age					

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<b>Disability</b>					<b><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></b>
<b>Gender reassignment</b>					
<b>Pregnancy and maternity</b>					
<b>Race</b>					
<b>Religion/ Belief</b>					
<b>Sex</b>					
<b>Sexual Orientation</b>					
<b>Marriage and civil partnership</b>					
<b>Welsh Language</b>					

**Risk Assessment:**

	Level of risk identified				Statement
	None	Low	Moderate	High	
					<p align="center"><b>Statement</b></p> <p align="center"><b><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></b></p>
<b>Clinical</b>					
<b>Financial</b>					
<b>Corporate</b>					
<b>Operational</b>					
<b>Reputational</b>					