

Planning, Partnerships and Population Health Committee

Thu 14 July 2022, 10:00 - 12:30

Teams

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

📄 PPPH_Agenda_14July22 FINAL.pdf (2 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral Chair

1.3. Minutes from the previous meeting held on the 7 April 2022 for approval

Attached Chair

📄 PPPH_Item_1.3_Unconfirmed Minutes PPPH Committee 07 April 2022.pdf (12 pages)

1.4. Matters arising from the previous meeting

Oral Chair

1.5. Planning, Partnerships and Population Health Action Log

Attached Chair

📄 PPPH_Item_1.5_Action Log_July22.pdf (3 pages)

10:00 - 10:00
0 min

2. ITEMS FOR APPROVAL/ RATIFICATION / DECISION

2.1. Healthy Weight: Healthy Wales Whole System Approach to Obesity Prevention

To Follow Consultant in Public Health

10:00 - 10:00
0 min

3. ITEMS FOR ASSURANCE

3.1. Covid19 Vaccination Programme 2022-2023: Review of Phase 3 Delivery 2021/22. Review of Q1 Delivery 2022/23, and Look Forward to Q2-Q4 2022/23

Attached Director of Public Health

📄 PPPH_Item_3.1_COVID19 Vaccination Programme 2022-23.pdf (4 pages)

📄 PPPH_Item_3.1a_COVID Vaccination Plan 2022-23.pdf (49 pages)

10:00 - 10:00
0 min

4. ITEMS FOR DISCUSSION

Powell Bethan
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4.1. Overview of Strategic Renewal Priorities and Arrangements

Attached *Director of Planning and Performance*


 PPPH_Item_4.1_Overview of Strategic Renewal Priorities and Arrangements.pdf (21 pages)

4.2. Primary Care Cluster Plans

Attached *Director of Primary, Community Care and Mental Health*

 PPPH_Item_4.2_Primary Care Cluster Plans_July_2022.pdf (5 pages)

 PPPH_Item_4.2a_Appendix_1_North Cluster IMTP Priority Projects.pdf (4 pages)

 PPPH_Item_4.2a_Appendix_2_Mid Cluster IMTP Priority projects.pdf (3 pages)

 PPPH_Item_4.2a_Appendix_3_South Cluster IMTP Priority Projects.pdf (6 pages)

4.3. Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)

Attached *Director of Therapies and Health Science*

 PPPH_Item_4.3_Delivery of Multi Agency Plan for Additional Learning Needs.pdf (7 pages)

4.4. Regional Integrated Fund Update

Attached *Director of Finance, Information and IT*

 PPPH_Item_4.4_Regional Integrated Care Fund Update.pdf (7 pages)

4.5. Powys Regional Partnership Board Market Stability Report

Attached *Director of Primary, Community Care and Mental Health*

 PPPH_Item_4.5_Market Stability Report Cover paper.pdf (4 pages)

 PPPH_Item_4.5a_Market Stability Report Final Draft June 2022.pdf (122 pages)

4.6. Committee Risk Register

Attached *Interim Board Secretary*

 PPPH_Item_4.6_PPPH Committee Risk Report_July_2022.pdf (2 pages)

 PPPH_Item_4.6a_Appendix_A_PPPH_RiskRegister_July_22.pdf (11 pages)

4.7. Development of Committee Annual Programme of Business

Attached *Interim Board Secretary*

 PPPH_Item_4.7_Committee_Work Programme_2022-23.pdf (5 pages)

10:00 - 10:00
0 min

5. ITEMS FOR INFORMATION: Appendices Relating to Item 4.5:

Attached *Director of Primary, Community Care and Mental Health*

A number of Appendices contain Confidential Information which are for Internal use only

10:00 - 10:00
0 min

6. OTHER MATTERS

Oral *Chair*

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

Oral *Chair*

6.2. Any Other Urgent Business

Powell Bethan
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Oral *Chair*

6.3. Date of the Next Meeting: 20 October 2022, Via Microsoft Teams

Oral *Chair*

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

**14 JULY 2022,
10:00– 12:30**

VIA MICROSOFT TEAMS



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached/Oral	Presenter
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting held, 7 April 2022	Attached	Chair
	1.4	Matters arising from the minutes of the previous meeting	Oral	Chair
	1.5	Planning, Partnerships and Population Health Committee Action Log	Attached	Chair
	2	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
10:05	2.1	Healthy Wales Whole System Approach to Obesity Prevention	<i>Attached</i>	<i>Consultant in Public Health</i>
	3	ITEMS FOR ASSURANCE		
10:20	3.1	COVID-19 Vaccination Programme 2022/23: <ul style="list-style-type: none"> Review of Phase 3 Delivery 2021/22 Review of Q1 Delivery 2022/23 Forward Look to Q2-Q4 2022/23 	Attached	Director of Public Health
	4	ITEMS FOR DISCUSSION		
10:35	4.1	Overview of Strategic Renewal Priorities and arrangements	Attached	Director of Planning and Performance
10:55	4.2	Primary Care Cluster Plans	Attached	Director of Primary, Community Care and Mental Health
11:15	4.3	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018)	Attached	Director of Therapies and Health Science

11:45	4.4	Regional Integrated Fund Update	Attached	Director of Finance, Information & IT
12:00	4.5	Powys Regional Partnership Board Market Stability Report	Attached	Director of Primary, Community Care and Mental Health
12:15	4.6	Committee Risk Register	Attached	Interim Board Secretary
12:20	4.7	Development of Committee Annual Programme Business	Attached	Interim Board Secretary
	5	ITEMS FOR INFORMATION		
		<i>Appendices relating to item 4.5 are inclusive within the Agenda pack for information only.</i>		
	6	OTHER MATTERS		
12:25	6.1	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
12:30	6.2	Any Other Urgent Business	Oral	Chair
	6.3	Date of the Next Meeting: <ul style="list-style-type: none"> 20 October 2022, 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, considering the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@nhs.wales.uk).

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

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

UNCONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 7 APRIL 2022
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis
Ian Phillips
Ronnie Alexander
Kirsty Williams

Independent Member (Committee Chair)
Independent Member (Committee Vice-Chair)
Independent Member
Independent Member

In Attendance:

Claire Madsen
Hayley Thomas

Director of Therapies and Health Sciences
Director of Primary, Community Care and Mental
Health
Interim Board Secretary
Executive Director of Finance, Information & IT
Consultant in Public Health
Chief Executive Officer

James Quance
Pete Hopgood
Alison Merry
Carol Shillabeer

Observers:

Phil Jones

Audit Wales

Apologies for absence:

Stephen Powell

Executive Director of Planning and Performance

Committee Support:

Bethan Powell

Interim Corporate Business Officer

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PPPH/22/01	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.</p> <p>The Chair expressed sincere thanks to Trish Buchan, former Chair, of the Planning, Partnerships and Population Health Committee for successfully navigating the committee over recent months.</p>
PPPH/22/02	<p>DECLARATIONS OF INTERESTS</p> <p>The Vice Chair of the Health Board wished to declare that they are a current member of the Healthy Wales Oversight Board, given the item 'Strategic Weight Management' on the agenda for discussion.</p>
PPPH/22/03	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 18 JANUARY 2022</p> <p>The Committee APPROVED the minutes of the meeting held on 18 January 2022, as being a true and accurate record.</p>
PPPH/22/04	<p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>There were no matters arising.</p>
PPPH/22/05	<p>COMMITTEE ACTION LOG</p> <p>The Committee received the Action Log and NOTED the following updates:</p> <ul style="list-style-type: none"> • PPPH/21/22: To provide an update on changes to Integrate Care Funding to be brought to future meeting. <i>The Committee AGREED for a summarised report to be brought back for information.</i> • PPPH/21/23: A review of the models of care within the North Powys Programme given the review of SAIL to be brought forward in the 2022/23 Committee work programme. <i>The Director of Planning and Performance to clarify timescales.</i>

	<ul style="list-style-type: none"> • PPPH/22/01: The Committee were informed that a review of progress against the Health and Care Strategy would be undertaken in Q1 of 2022/23. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022.The Director of Planning and Performance to clarify timescales. • PPPH/21/24: Executive Team to reflect upon Powys's interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan. This is being reflected in the current work being undertaken on Committee work plans. Timescales to be confirmed <p>The following Actions had been completed and would be closed:</p> <ul style="list-style-type: none"> • PPPH/21/19: Matters that had been deferred into 2021/22 would be scheduled to return to committee for consideration in 2022/2023. RPB – Start Well, live well age well. <ul style="list-style-type: none"> -PSB update - Population Health and Wellbeing assessment -Smoke free Premises -Weight management -School age screening Items are set for discussion with the exception of School Age Screening which is due for discussion at the Delivery and Performance Committee on 3 May 2022. • PPPH/21/08: It was clarified that the population health priorities had informed the IMTP development for 2022/23. This is reflected within the IMTP priorities.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/22/06	There were no items for inclusion in this section.
ITEMS FOR DISCUSSION	
PPPH/22/07	<p>REGIONAL PARTNERSHIP BOARD PROGRAMMES REPORTING: START WELL, LIVE WELL AND AGE WELL</p> <p>The Director of Primary, Community Care and Mental Health services presented the paper, noting that this report had been supported in their previous role as The Director of</p>

Planning and Performance, which has now been appointed to Stephen Powell from 1 April 2022.

The Regional Partnership Board update, provided the Committee with an overview of the long-term vision of the health and care strategy which identifies the importance of enabling people to 'Start Well, Live Well and Age Well' through a focus on well-being, early help, and support, the big four health challenges and joined up care.

Powys' Regional RPB work is driven by the following RPB Partnerships and Programmes.

- start Well
- live Well (Removing Disability Barriers)
- live Well (Mental Health)
- age Well

The Start Well Partnership is aimed at meeting some of the key priorities of the Start Well Board across the spectrum of need, whilst helping ensure to address the needs that are more clearly understood from early appraisal of the impact of the COVID pandemic.

The core purpose of the Live Well Removing Disabling Barriers Partnership is removing barriers that get in the way of people living a good life. This has been very much shaped in response to citizen coproduction and a move away from a deficit approach where 'problems' are related to the person experiencing disability to a social model.

The Dementia Home Treatment Team has taken on board feedback from service users and has now begun to accept referrals directly from Part 1 Memory Assessment Service. It was noted that formal outcome measures would be introduced in the near future and the Health Board plan to review how these are completed by patients / carers in order to facilitate a better response rate.

The Age Well Partnership supports older people to live a thriving and independent life for as long as possible, with an emphasis on maximising opportunities with Technology Enabled Care; reducing isolation and loneliness; and ensuring appropriate accommodation options for a range of needs.

The Committee discussed and AGREED that an update would be provided at a future meeting in terms of how longer-term plans shall be funded and how does this fit in with Cluster development.

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	<p>Action: Interim Board Secretary/Director of Planning and Performance</p> <p><i>If the expectation is that the RIF funding is to taper downward, how does the Health Board plan to work with external partners to decide the future of these projects?</i> The Chief Executive confirmed that this would be reviewed to ensure delivery of the best possible outcomes and to provide an update at a future Planning, Partnerships and Population Health Committee for assurance.</p> <p><i>The RPB focuses on the percentage of increasing Dementia issues within the older population and its effectiveness, will the public be sighted on the process to improve its strategy?</i> The Chief Executive reported that the RPB has a new incoming Chair with the aim to increase the impact and evaluation in providing a clear understanding of what the long-term strategy will look like and what needs to be established to achieve successful outcomes. The committee discussed and AGREED to receive feedback on RPB long term strategy content and its frequency to be added to the work programme.</p> <p>Action: Interim Board Secretary</p> <p><i>In terms of the RPB Regional Infrastructure Finance Facility (RIFF) chart, what do the numbers mean?</i> The Chief Executive reported that the assessment of alignment with models of care and key priorities convey a current scoring, the higher scores convey a greater alignment demonstrating a connection to the guidance provided by Welsh Government. The aim is to satisfy the guidance through a higher scoring, providing an opportunity to modify better outcomes of the strategy and to provide assurance that the work is aligning to a stronger position. The lower scoring provides a consensus approach to manage local issues without escalation.</p> <p>The Committee DISCUSSED and NOTED the report.</p>
<p>PPPH/22/08</p>	<p>STRATEGIC CHANGE REPORT</p> <p>The Consultant in Public Health presented the report providing the committee with an update on Strategic Change Programmes, including Stocktake. Many of the Strategic Change Programmes were suspended due to the Covid-19 pandemic, some of these are now starting to be restored frequently in different ways, or as part of recovery planning.</p>

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It was noted that this is 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 are re-shaping the plans of both the health board and neighbouring partners.

The Strategic Change Stocktake process was paused and superseded by the processes developed during 2020 as part of the Covid-19 response; tracking of strategic plans and renewal were then transacted through the quarterly planning process and the ongoing logging of service changes as part of the revised Commissioning Assurance Framework process providing the updates and monitoring on neighbouring service change.

Reconfiguration of Stroke Services at Hereford and Worcester Hospitals

It was reported that over the last 6 years, the Hereford and Worcester Integrated Care System and Stroke Programme Board have been developing a sustainable service model for stroke and Transient Ischemic Attack services across Herefordshire and Worcestershire.

During this period, reconfiguration of stroke services has remained a system priority due to the ongoing challenges around the specialist stroke consultant workforce and ability to sustainably deliver services in line with national clinical and performance standards. A service model has now been proposed by the Integrated Care Stroke Programme Board, Trust Executive teams, ICS Clinical Forum and Regional Stroke Board.

The service model is subject to public, patient and stakeholder engagement and consultation. The Programme Board have confirmed that they are planning to commence with pre-consultation engagement shortly and will work with the Health Board and Community Health Council leads to develop an engagement plan which will ensure full and appropriate engagement with Powys residents and stakeholders.

Due to ongoing demand across all workstreams and the requirement to prioritise essential services, is it yet clear what is unlikely to be achieved?

The Director of Primary, Community Care and Mental Health reported that overall, across Wales, there is a requirement for hyper acute stroke units, in addition to further upstream

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	<p>the plan. The Committee RECEIVED the action plan for 2022/23.</p> <p><i>How is assurance provided to ensure engagement with Primary Care and that General Practitioners adopt this pathway to take the appropriate actions within Levels 2-3?</i></p> <p>The Consultant in Public Health reported that at present, weight management pathways are being utilised across Primary care. The Renewal programme provides weight management efforts through GP referral pathways for services such as bariatric surgery, recognising that the North and South Powys localities address pathway issues differently. It was reported that difficulties regarding further funding is known Nationally, and Powys are locally developing a case of investment where progress has been made.</p> <p><i>With Commercial Weight loss classes no longer available from the end of March 2022, is there additional support for patients and is there further funding to support additional classes?</i></p> <p>The Consultant in Public Health reported that the Commercial Weight loss classes were funded by a bid submitted during 2019 whilst a pathway was developed. Funding to support Adults only through Weight Management vouchers are now available from March 2022 which are limited and commissioned for utilisation across Powys, however no additional funding is available at present.</p> <p>THE Committee APPROVED the Strategic Weight Management Pathway Level 1-4 Overview Report.</p>
PPPH/22/10	<p>SMOKE FREE PREMISES (AND VEHICLES) REGULATIONS (2018) COMPLIANCE REPORT</p> <p>The Consultant in Public Health presented the Smoke Free Premises Report on behalf of the Director of Public Health. The report concludes the smoke free regulations which came in across Wales in March 2021, and, as a result, the Health Board has been legally required to ensure that healthcare facilities are smoke free. A temporary exemption remains in place for Mental Health units, which will cease on 1st September 2022.</p> <p>Over the past year, several actions have been put in place to ensure that the Health Board complies with its legal responsibility to keep the healthcare estate smoke free.</p> <p>The report provided an update on the actions taken to ensure ongoing compliance with the regulations, including</p>

	<p>communications, supporting staff and service users who smoke to access support to quit, and working with the Mental Health team regarding designated smoking areas.</p> <p><i>With the temporary exemption of Mental Health Units, what plans are in place for the transition for Felindre Ward once the exemption is lifted in September and should the approach be standardised?</i></p> <p>The Consultant in Public Health reported that the Welsh government policy lead fully recognises that the NHS does not have full enforcement at present and plans would be developed with the Local Authority to implement encouragement and advice to the population of Powys residents. A briefing would be provided and circulated to members of the committee with regards to future plans for Powys sites to become Smoke free and the standardised approach across Wales.</p> <p>Action: Consultant in Public Health</p> <p><i>What is the approach to enforcement and how is this being developed with the LA?</i></p> <p>The Consultant in Public Health responded and highlighted those representatives from Powys County Council Environmental Health Team attend the Smoke Free Regulations group for the Organisation to discuss the development of an approach to enforcement. According to Welsh Government Enforcement Guidance it was highlighted the importance to sustain a defence of 'reasonable steps' and to evidence the same having been taken. It is recommended therefore that each premises should keep a documented record of incidents and outcomes. A review of recording systems used in other health boards has been undertaken and Datix is the most common system being trialled in health boards in Wales for this purpose. It was agreed for a detailed briefing would be provided and circulated to members of the committee with regards to the approach to enforcement and future development with the Local Authority.</p> <p>Action: Consultant in Public Health</p> <p>The Committee DISCUSSED and NOTED the Smoke Free Premises report.</p>
PPPH/22/11 Powell Bethan 07/07/2022 16:11:56	<p>COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER</p> <p>The Interim Board Secretary highlighted to the Committee that the Corporate Risk Register is a part of the development programme, providing a summary of the significant risks to the delivery of the Health Board's strategic objectives.</p>

	<p>Through monitoring the Committee based risks, assurance is provided to The Board where Executive Directors review and update the register to ensure it reflects the latest position. It was agreed that the development of the partnership Corporate Risk Register would be reviewed.</p> <p>Action: Interim Board Secretary and Committee Chair</p> <p>The Committee DISCUSSED and NOTED the Corporate Risk Register.</p>
PPPH/22/12	<p>WELLBEING ASSESSMENT AND POPULATION ASSESSMENT BRIEFING PAPER</p> <p>The Consultant in Public Health presented the report on behalf of the Director of Public Health and highlighted the Well-being Assessment (WBA) and the Population Needs Assessment (PNA) for Powys. The two assessments have differing legislative requirements, aims and content, but are presented together, because of the high degree of overlap between them. The WBA examines well-being from a wider perspective, whereas the PNA has a narrower focus on the provision of health and care services.</p> <p>The two assessments have been collaboratively developed as part of a combined process. This report summarises the key content and changes since the previous assessments, and also covers practical limitations related to their development (including data gaps and the difficulties with their preparation related to COVID).</p> <p><i>Will easy read versions be available to the public summarising the assessment outcomes?</i></p> <p>The Chief Executive Officer reported that the approach to a standardised summary would be produced and made available to the public. Feedback would be provided to the Regional Partnership Board in relation to the broader populations needs.</p> <p><i>The health needs assessment implies a high risk in terms of the social care system impacting the demand and capacity of the health board's plans, how will PTHB monitor this to mitigate the risks?</i></p>

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The Chief Executive reported that there does appear to be an imbalance without a technical overview to influence and reflect named issues within this report. It was agreed that PTHB would ensure Digital and Wellbeing assessments would be reflected throughout the health needs report to provide assurance and would be discussed during a future Board Development meeting.

Action: Interim Board Secretary

As a result of the pandemic, there has been a significant growth in Children eligible for free school meals, what mechanisms are in place to ensure Children are seen across the community from a safeguarding perspective?

The Chief Executive officer reported that cashless systems are now implemented within schools across Powys, recognising that the growth increase of children eligible for free school meals does provide the unrecognised needs. It was reported that the Population Needs Assessment (PNA) provides live detail of the future health and social care needs across Powys from identifying existing and future care and support needs, it also focuses on the services and assets that are currently available to meets the needs of children. It also identifies actions that are required to address any gaps in services or unmet needs relating to 8 of the following core themes:

- Children and young people
- Older people
- Health
- Physical disabilities and sensory impairment
- Learning disability and autism
- Mental health
- Carers who need support
- Violence against women, domestic abuse, and sexual violence

It was agreed that the detail would inform the Health and Care Strategy and will be picked up across Partnerships in order to alleviate elements collaboratively. A further detailed assessment statement would be provided to committee members in due course by the Consultant in Public Health.

Action: Consultant in Public Health

The live report will be available to the public on the PTHB and Powys County Council website.

Action: Interim Board Secretary

The Committee DISCUSSED and NOTED the assessment reports.

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ITEMS FOR INFORMATION	
PPPH/22/13	There were no items for inclusion in this section.
OTHER MATTERS	
PPPH/22/14	ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES There were no items noted.
PPPH/22/15	ANY OTHER URGENT BUSINESS No other urgent business was declared.
PPPH/22/16	DATE OF THE NEXT MEETING 14 July 2022 at 10:00, via Microsoft Teams.

DRAFT

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Key:

Completed
Not yet due
Due
Overdue
Transferred

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

ACTION LOG JULY 2022



Minute	Meeting Date	Action	Responsible	Progress Position	Completed
PPPH/21/22	18 Jan 2022	Update on changes to Integrated Care Funding to be brought to future meeting for information	Director of Finance and IT	The Committee agreed for an update to be provided to Committee members on 14 July 2022.	
PPPH/21/24	18 Jan 2022	Executive Team to reflect upon Powys's interface with clinical networks. Item to be brought forward in the 2022/23 Committee Work Plan.	Interim Board Secretary	This is being considered within the work programmes.	
PPPH/21/23	18 Jan 2022	A review of the models of care within the North Powys Programme given the review of SAIL to be brought forward in the 2022/23 Committee work programme.	Director of Planning and Performance	Work is ongoing regarding Demand and Capacity modelling to inform the Outline Business Case, An update to be provided to committee in July 2022.	

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PPPH/22/05	07 April 2022	A review of progress against the Health and Care Strategy would be undertaken in Q1 of 2022/23. Timescales to be identified and clarified. Any learning from the review would inform the Annual Plan due for development in the autumn of 2022.	Director of Planning and Performance	
PPPH/22/07	07 April 2022	The committee to receive feedback in terms of the RPB long term strategy content and frequency to be added to the work programme	Interim Board Secretary	
PPPH/22/10	07 April 2022	A briefing to be provided to committee members regarding future plans for Powys sites to become smoke free and the standardised approach across Wales.	Consultant in Public Health	A briefing from the Consultant in Public Health was circulated to committee members on 16 May 2022
PPPH/22/11	07 April 2022	To review the development of the	Interim Board Secretary & Committee Chair	

		partnership Corporate Risk Register.			
PPPH/22/12	07 April 2022	Digital and Wellbeing assessments to be reflected within the health needs report. To be discussed at a future Board Development session	Interim Board Secretary		
PPPH/22/12	07 April 2022	To provide a further detailed statement of the Wellbeing and Population assessment to committee members.	Consultant in Public Health	Final versions of the assessments are now available and have received approval by the Board.	
PPPH/22/12	07 April 2022	A live report of both the Wellbeing and Population assessments to be available on PTHB website	Interim Board Secretary	Uploaded to PTHB Website on 31.05.2022	
PPPH/22/12	07 April 2022	To provide a briefing regarding the approach to enforcement and future development with the Local Authority and to be circulated to committee members.	Consultant in Public Health	A briefing from the Consultant in Public Health was circulated to committee members on 16 May 2022	

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		Date of Meeting: 14 July 2022
Subject:	COVID-19 Vaccination Programme 2022/23: Review of Phase 3 Delivery 2021/22, Review of Q1 Delivery 2022/23, and Forward Look to Q2- Q4 2022/23	
Approved and Presented by:	Mererid Bowley, Director of Public Health and Hayley Thomas, Director of Primary & Community Care and Mental Health Services	
Prepared by:	Adrian Osborne, Programme Director (COVID- 19 Vaccination and TTP)	
Other Committees and meetings considered at:	Executive Committee, 29 June 2022	

PURPOSE:

The purpose of this paper is to review delivery of the COVID-19 vaccination programme in Powys in 2021/22 and Q1 2022/23, and to look ahead to current expectations for the programme from Q2 onwards.

RECOMMENDATION(S):

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

- **NOTE and DISCUSS the review of 2021/22 Phase 3 delivery and Q1 2022/23 delivery in Powys, and the forward look for the COVID-19 vaccination delivery plan for the remainder of 2022/23 including the priorities for Q2**

Approval/Ratification/Decision

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:

Following the publication of "Together for A Safer Future" in March 2022, Wales has already seen significant changes to the nationwide Test Trace Protect response measures. This has included the closure of the public PCR testing infrastructure and the ending of a wide range of legal restrictions.

Subject to public health conditions, further steps are planned towards COVID Stable measures by the end of June.

It is therefore very clear that vaccination remains a critical tool to enable the continued relaxation of the protective measures that have been in place since March 2020.

As set out in the Welsh Government Vaccination Strategy, "Vaccination has had an enormous impact on the course of the pandemic – vaccines have helped to weaken the link between the virus, serious illness, hospitalisations and death. They have saved countless lives in Wales, in the UK and worldwide. They have given us the freedom and confidence to restart our lives in the midst of an ongoing global health emergency."

Powys Teaching Health Board has led the way in Wales since the commencement of the vaccination programme, seeing the highest uptake rates of all health boards and setting the pace for the whole of the country. Maintaining this pace will be challenging alongside the vital programme of

recovery and renewal. But it remains essential that we have the vaccination workforce and wider infrastructure in place to respond to known requirements (e.g. spring boosters in line with JCVI guidance), expected requirements (e.g. planning for an autumn booster) as well as unknowns (e.g. potential for further expansion of spring boosters as well as surge response).

There are also opportunities to build on the learning from COVID-19 vaccination and take further steps towards a more integrated approach across all immunisation programmes for our communities.

The attached report therefore provides a:

- Review of Phase 3 Delivery 2021/22
- Review of Q1 Delivery 2022/23
- Forward Look to Q2-Q4 2022/23

NEXT STEPS:

- **Ongoing delivery and review of the COVID-19 Vaccination Programme**

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				X
Disability				X
Gender reassignment				X
Pregnancy and maternity				X
Race				X
Religion/ Belief				X
Sex				X
Sexual Orientation				X
Marriage and civil partnership				X
Welsh Language				X
<p>Statement</p> <p><i>This paper aims to ensure that PTHB continues to deliver a COVID-19 vaccination programme in line with national requirements in order to maintain vital protection for people most vulnerable to serious illness from COVID-19 including hospitalisation and death, and thereby also reducing wider risk to the health and care service and the workforce. The proposed delivery model aims to maintain access for people and communities across Powys, including through a continued "leaving no one behind" workstream to identify and delivery key actions to reduce vaccine inequity and improve vaccine equity.</i></p>				

Risk Assessment:					
	Level of risk identified				Statement <i>The document includes a summary of high level risks to delivery of the programme including actions under way to mitigate risk and further actions under consideration.</i>
	None	Low	Moderate	High	
Clinical		X			
Financial			X		
Corporate		X			
Operational				X	
Reputational		X			

COVID-19 Vaccination Programme 2022/23

Review of Phase 3 Delivery 2021/22

Review of Q1 Delivery 2022/23

Forward Look to Q2-Q4 2022/23

Version 1.0, Last updated 4 July 2022

Adrian Osborne, Programme Director (adrian.osborne@wales.nhs.uk)

Powell Bethan
07/07/2022 16:11:56

Introduction (1)

Following the publication of “Together For A Safer Future” in March 2022, Wales has already seen significant changes to the nationwide Test Trace Protect response measures. This has included the closure of the public PCR testing infrastructure and the ending of a wide range of legal restrictions.

Subject to public health conditions, further steps are planned towards COVID Stable measures by the end of June.

It is therefore very clear that vaccination remains a critical tool to enable the continued relaxation of the protective measures that have been in place since March 2020.

As set out in the Welsh Government Vaccination Strategy, “Vaccination has had an enormous impact on the course of the pandemic – vaccines have helped to weaken the link between the virus, serious illness, hospitalisations and death. They have saved countless lives in Wales, in the UK and worldwide. They have given us the freedom and confidence to restart our lives in the midst of an ongoing global health emergency.”

Powys Teaching Health Board has led the way in Wales since the commencement of the vaccination programme, seeing the highest uptake rates of all health boards and setting the pace for the whole of the country. Maintaining this pace will be challenging alongside the vital programme of recovery and renewal. But it remains essential that we have the vaccination workforce and wider infrastructure in place to respond to known requirements (e.g. spring boosters in line with JCVI guidance), expected requirements (e.g. planning for an autumn booster) as well as unknowns (e.g. potential for further expansion of spring boosters as well as surge response).

There are also opportunities to build on the learning from COVID-19 vaccination and take further steps towards a more integrated approach across all immunisation programmes for our communities.

Introduction (2)

It is clear therefore that COVID-19 vaccination planning will remain subject to change during 2022/23.

An initial draft COVID-19 Vaccination Plan for 2022/23 was approved by PTHB Executive Committee on 20 April 2022. The Committee:

- **NOTED the publication of the COVID-19 Vaccination Strategy for Wales 2022 and the Welsh Government Planning Parameters for COVID-19 Vaccination**
- **NOTED that work is under way to develop a longer term model for integrated immunisation with potential alignment with wider population health**
- **NOTED the current known requirements for COVID-19 vaccination in spring/summer 2022**
- **DISCUSSED and AGREED the draft COVID-19 vaccination delivery plan for 2022/23, which will continue to evolve in response to WG and UK national policy and guidance**

An updated plan providing a review of delivery in Q1 and a forward look to Q2-Q4 was approved by the Executive Committee on 29 June 2022. The Committee:

- **NOTED the review of 2021/22 Phase 3 delivery and Q1 2022/23 delivery in Powys**
- **NOTED the forward look for the COVID-19 vaccination delivery plan for the remainder of 2022/23 including the priorities for Q2**

The interim plan is now being presented to the Planning, Partnerships and Population Health Committee on 14 July 2022 for discussion and scrutiny. The Committee is asked to:

- **NOTE and DISCUSS the review of 2021/22 Phase 3 delivery and Q1 2022/23 delivery in Powys, and the forward look for the COVID-19 vaccination delivery plan for the remainder of 2022/23 including the priorities for Q2**

COVID-19 Vaccination in Powys

Review of Phase 3 2021/22

This section of the report provides an overview of performance and delivery during Phase 3 2021/22

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Phase 3 Review: Overview of Phase 3 of the COVID-19 Vaccination Programme in Wales

Welsh Government published their Phase 3 requirements for the COVID-19 Vaccination Programme in Wales in October 2021 ([Phase 3 - COVID-19 Vaccination Strategy for Autumn/Winter 2021 \(gov.wales\)](#)).

This was published with the following initial aims, although development and implementation of Phase 3 was subject to significant change including the UK-wide response to the Omicron variant:

- All individuals identified as severely immunosuppressed, as set out in the JCVI advice, will be prioritised for an urgent appointment at the time best for them.
- We will offer the vaccine to all 12 to 15 year olds by 1 November with the majority of those who come forward vaccinated in October.
- By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment. Eligible Care Homes residents will be offered their vaccination by 1 November.
- By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment. Eligible Care Homes residents will be offered their vaccination by 1 November

This following pages provide an overview of our delivery of the Phase 3 COVID-19 vaccination requirements in Powys during 2021/22.



Phase 3 Review: Vaccination Programme Phase 3 2021/22 delivery has been completed

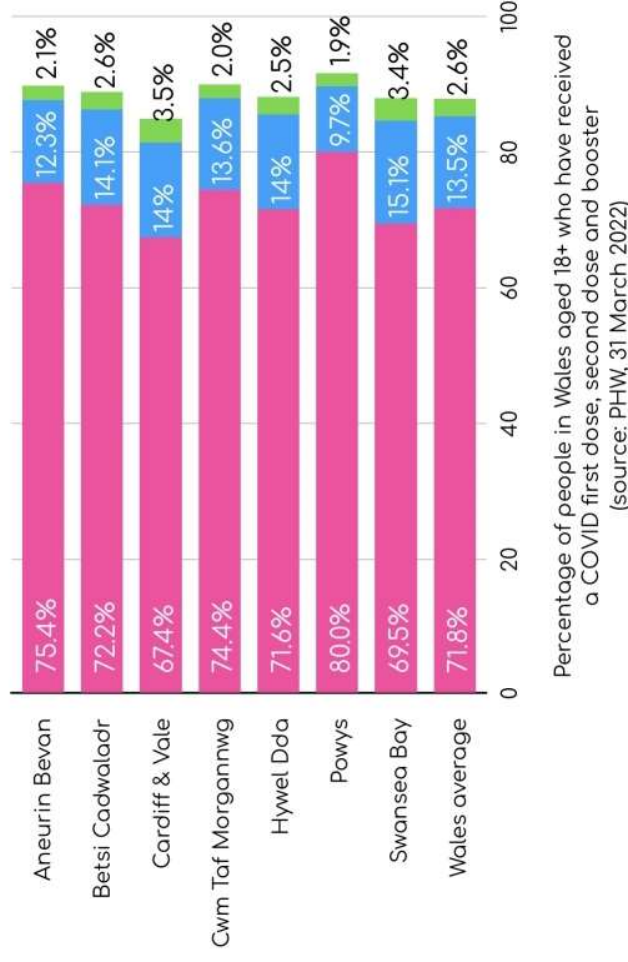
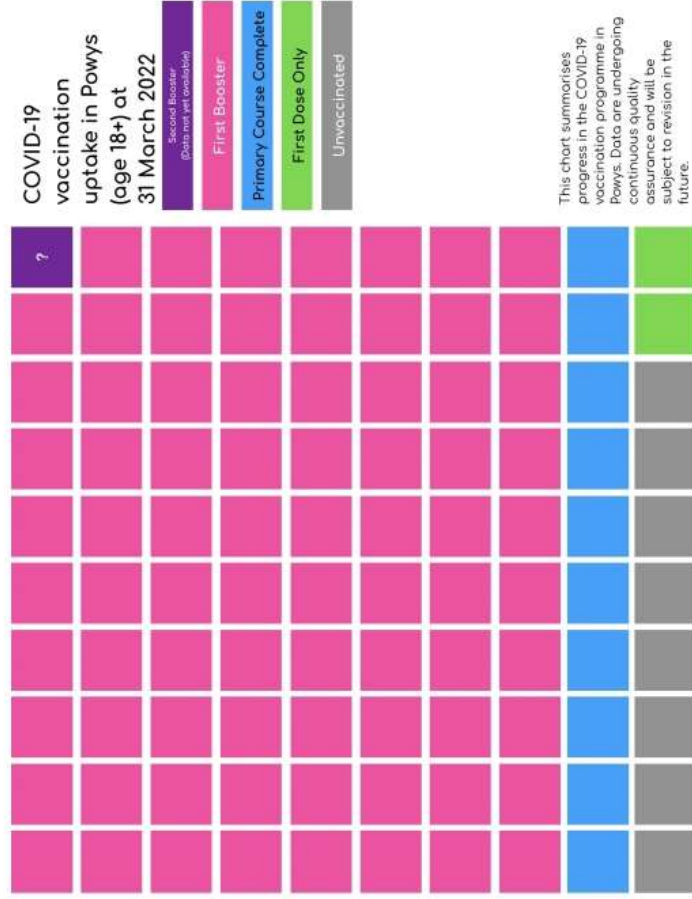
Phase 3 Performance

National Aim 1: All individuals identified as severely immunosuppressed, as set out in the JCVI advice, will be prioritised for an urgent appointment at the time best for them	Achieved
National Aim 2: We will offer the vaccine to all 12 to 15 year olds by 1 November with the majority of those who come forward vaccinated in October.	Achieved
National Aim 3: By 31 December, we will have offered the majority of those who are eligible for a booster a vaccine appointment. Eligible Care Homes residents will be offered their vaccination by 1 November.	Exceeded
National Aim 4: We will continue to work to ensure no-one is left behind and maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.	Achieved
<p>Phase 3 headline performance based on PHW comparators (source: PHW, uptake as at 31 March 2022):</p> <ul style="list-style-type: none"> 80.0% of the adult population have received their booster dose (Wales: 71.8%) 89.7% of the adult population have completed their primary course (Wales: 85.3%) 83.7% of 16-17 year olds have received their first dose and 72.8% have received their second (Wales: 76.3%, 60.75%) 66.9% of 12-15 year olds have received their first dose and 48.4% have received their second (Wales: 59.7%, 39.2%) 	

Progress against Phase 3 Programme Aims

To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	Achieved	"Always Open" offer remained in place through drop-in arrangements.
To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.	Achieved	Uptake was the highest of all health boards in Wales. Updated guidance implemented to offer boosters to 16-17 year olds and extending first & second doses to 5-11 year olds
To deliver a safe, prudent and timely booster programme in line with national guidance.	Achieved	Booster uptake was the highest of all health boards in Wales. Programme accelerated in response to significant new requirements in November and December, and the new target to offer all eligible individuals a booster by end December was also ACHIEVED.
To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.	Achieved	As well as implementing the third primary dose, a booster was also offered to this cohort in response to new national guidance. Booster uptake for this cohort was the highest of all Health Boards in Wales.
To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.	Achieved	An interim COVID-19 vaccination delivery plan for 2022/23 was developed in response to new Welsh Government planning guidance published on 14 February 2022, and approved by Executive Committee on 20 April 2022.

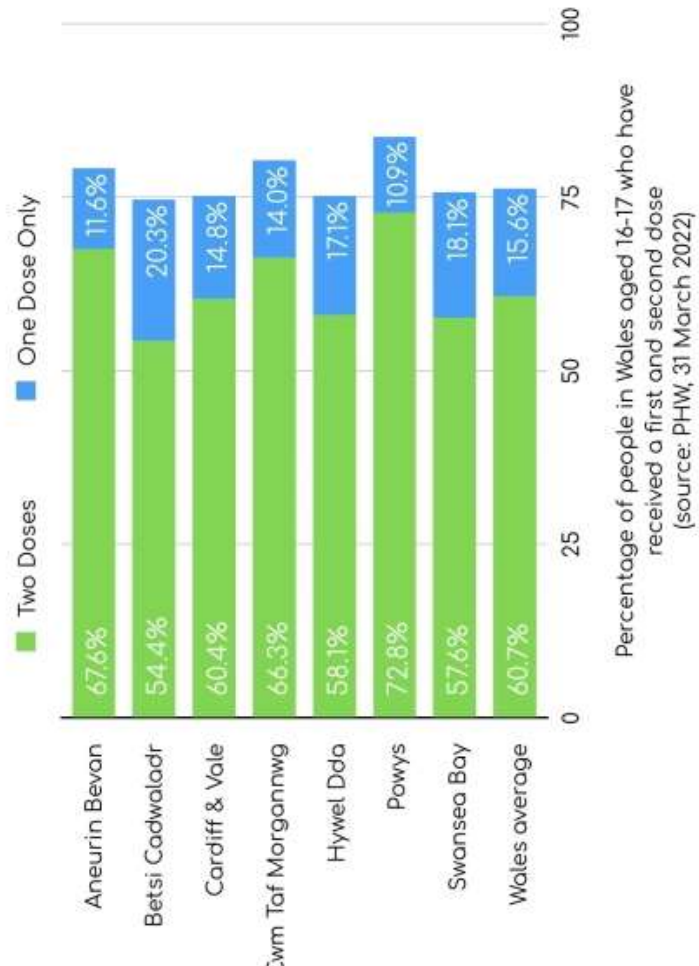
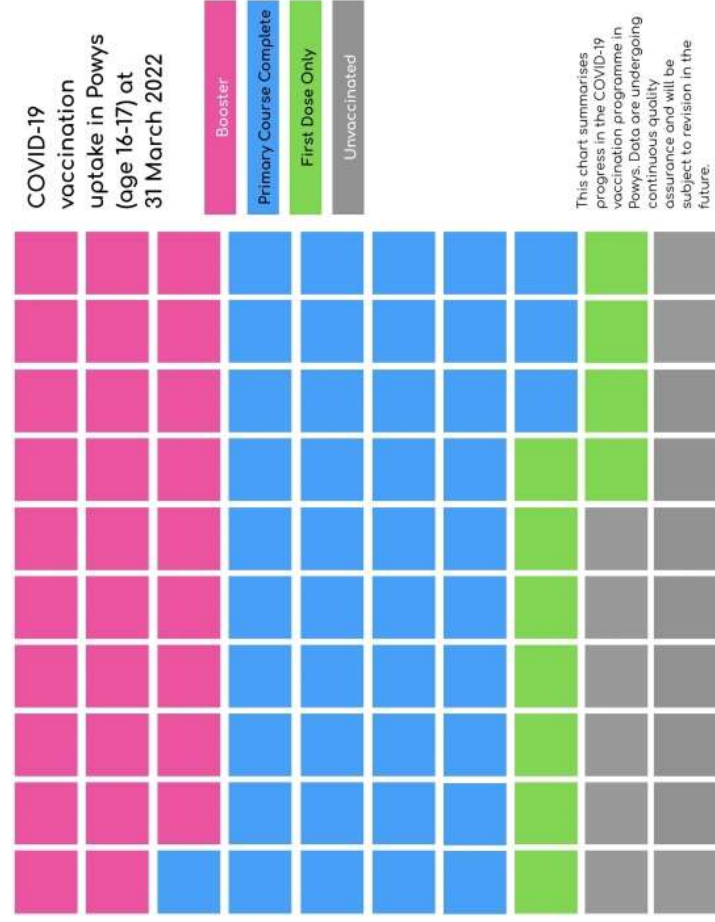
Phase 3 Review: Vaccination Programme 2021/22 Year End Performance - Over 18s



As at 31 March 2022, 80% of all adults in Powys had received their booster. This represents over 89% of all those adults who completed their primary course. This was the strongest performance of all health boards across Wales.

At the end of 2021/22, WIS had not yet been configured for the booking and recording of second boosters, so data were not available for year end progress on spring booster delivery. Updated information about spring booster delivery during Q1 2022/23 can be found later in this report.

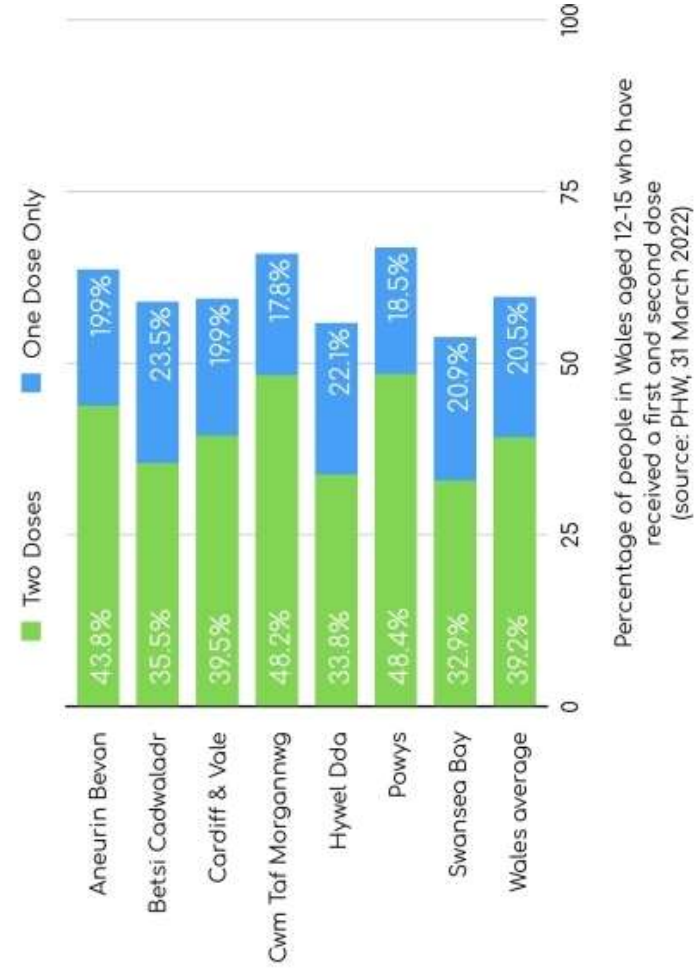
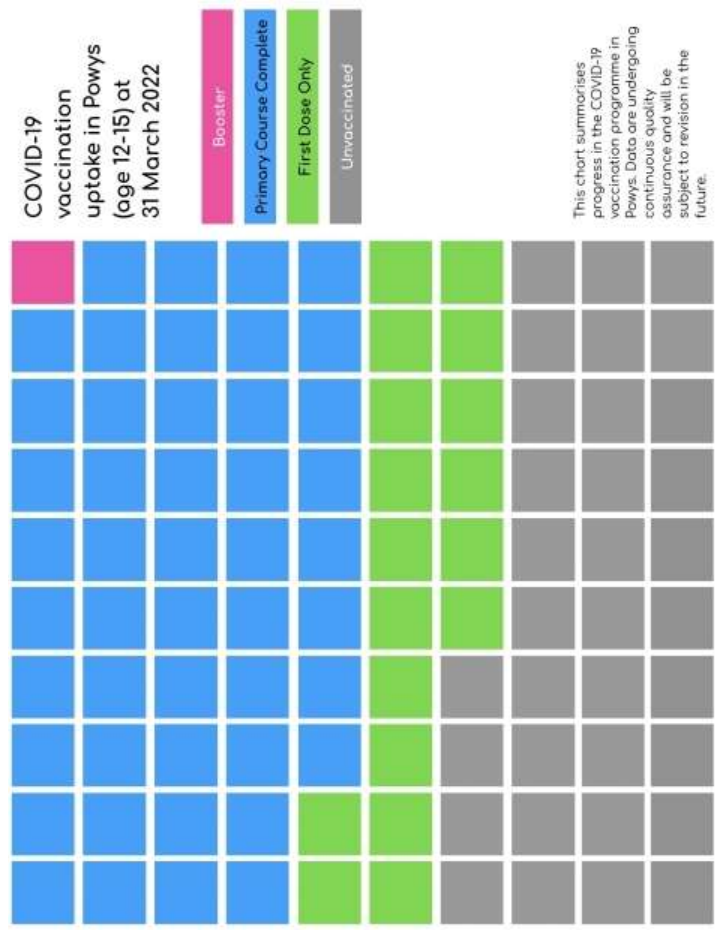
Phase 3 Review: Vaccination Programme 2021/22 Year End Performance - 16-17s



As at 31 March 2022, 83.7% of all 16-17 year olds had received their first dose and 72.8% have completed their primary course. This was the strongest performance of all health boards across Wales.

Booster doses began in early March. Many of this age group received their second dose in January and therefore were not yet eligible for their booster by end March. National comparative data for booster uptake begin in April, end March uptake in Powys was estimated at 29% compared with a Wales average of 18%. Updated information about 16+ booster delivery during Q1 2022/23 can be found later in this report.

Phase 3 Review: Vaccination Programme 2021/22 Year End Performance - 12-15s

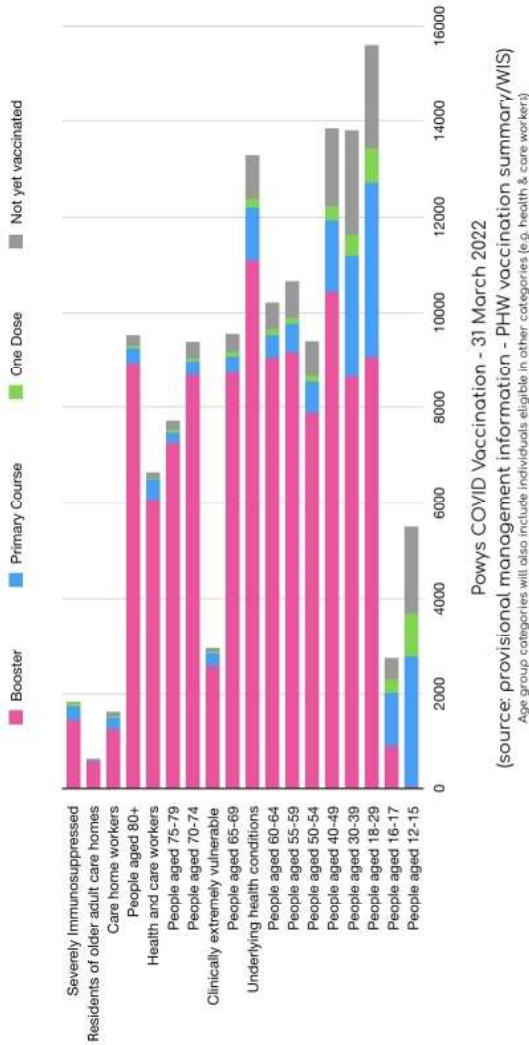


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As at 31 March 2022, 66.9% of all 12-15 year olds had received their first dose and 48.4% had completed their primary course. This was the strongest performance of all health boards across Wales.

Only those 12-15 year olds with underlying health conditions that put them at higher risk of serious illness from COVID-19 are eligible for a booster dose, with booster doses offered based on the three month interval since primary course.

Phase 3 Review: Vaccination Programme 2021/22 Year End Performance Per Cohort

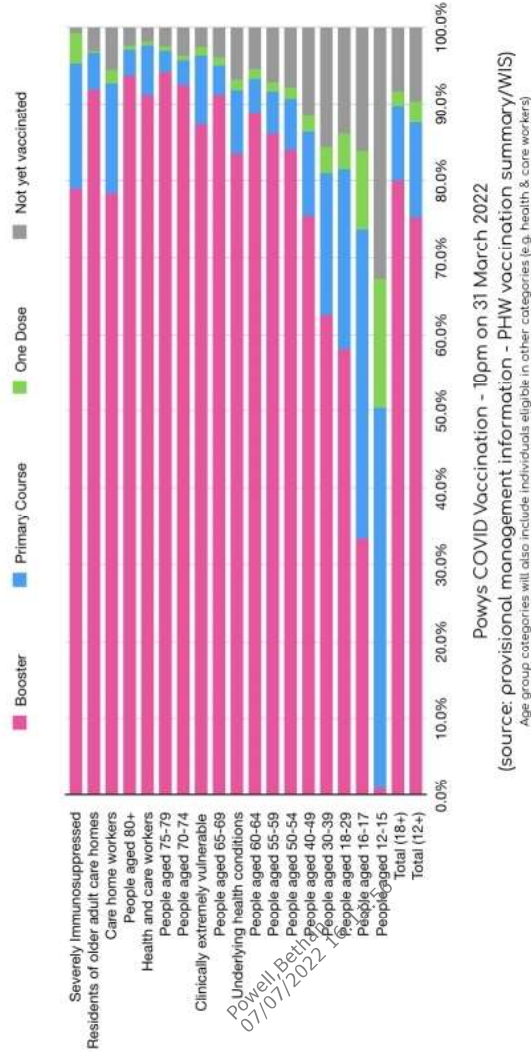


The charts on the left indicate COVID-19 vaccination per vaccination cohort as at 31 March 2022.

Booster uptake exceeded 75% in all cohorts from age 40-49 and higher, but decreased into lower age groups.

Whilst boosters for 16-17 year olds were under way, but many of this age group had not yet reached the three month interval with invitations due in April and May.

In the 12-15 age group, boosters are currently recommended for very limited eligibility including those with clinical conditions that put them at serious risk of severe illness from COVID-19.



Phase 3 Review: Vaccine Equity

We have continued to review vaccine uptake across the county and take action to address variance. As at 30 June 2022, first booster uptake varied at MSOA level from 64% (Newtown South West) to 83.4% (Crickhowell). Key actions have included continuing to work with the third sector including community transport organisations, pop up activities in Ystradgynlais, targeted engagement and social media activity, and maintaining a flexible drop-in offer to enable people to attend at a time convenient for them.

MSOA Number (PHW)	MSOA Number (ONS)	MSOA Name	Indicative Area	Booster uptake all age groups
Powys 001	W02000097	Vyrnwy	Llanrhaeadr, Llanfyllin	74.80%
Powys 002	W02000098	Gulfsfield Brook	Gulfsfield	77.50%
Powys 003	W02000099	Welshpool	Welshpool	66.90%
Powys 004	W02000100	Dyfi	Machynlleth, Banwy	77.10%
Powys 005	W02000101	Ffridd Faldwyn	Montgomery, Forden	76.30%
Powys 006	W02000102	Gregynog	Llanfair Caereinion, Tregynon	77.50%
Powys 007	W02000103	Wantyn's Dyke	Churchstoke, Kerry	76.80%
Powys 008	W02000104	Newtown North East	Newtown North East	71.90%
Powys 009	W02000105	Newtown South West	Newtown South West	64.00%
Powys 010	W02000106	Clywedog	Llanidloes, Llandinam	76.40%
Powys 011	W02000107	Radnor Forest	Knighton, Presteigne	77.60%
Powys 012	W02000108	Elan and Ithon	Rhayader	78.40%
Powys 013	W02000109	Llandrindod	Llandrindod	73.10%
Powys 014	W02000110	Irfon and Edw	Builth, Llanwrtyd	79.70%
Powys 015	W02000111	Wye and Llynfi	Bronllys, Hay	81.50%
Powys 017	W02000113	Brecon	Brecon	74.30%
Powys 018	W02000114	Crug Hywel	Crickhowell	83.40%
Powys 020	W02000112	Beacons Epynt	Sennybridge, Talybont	83.20%
Powys 021	W02000115	Sarn Helen	Ystradgynlais	76.30%

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Phase 3 Review: Learning from Phase 3

Colleagues involved in the COVID vaccination programme were invited to share their reflections on Phase 3 through an online questionnaire.

The questionnaire was shared via Team Brief, Pulse, Operational Delivery Group and Powys Announcements.

Key themes from learning and reflection on Phase 3 are summarised on this page and overleaf.

Thinking about the vaccination programme overall, what has gone well, and what are you most proud of?

“We have been saving lives.”

“There has been incredible teamwork and resilience.”

“We have had the highest vaccination uptake of all health boards in Wales.”

“It has been a tremendous feat of organisation, including responding quickly at short notice to frequent changes in the programme”

“I have been part of a historic programme”

“The accessibility and availability of the service, including regular drop-ins to make it as convenient as possible for residents.”

“The team has been incredibly adaptable.”

“I returned from retirement to be part of a great team ... and I didn’t quite expect to still be here 15 months later!”

“It has been such a team effort, with staff, volunteers and partners all playing a key role

Phase 3 Review: Learning from Phase 3

Theme	Key Lessons Learned
Overall strategy and governance	<ul style="list-style-type: none"> The programme has shown great resilience and agility to respond to multiple changes in requirements, including at very short notice (e.g. 12 December announcement of acceleration of booster programme). Powys has set the pace for the rest of Wales and indeed the UK. Governance structure has generally provided clarity of decision making (GOLD/Execs, Strategic Oversight Group, Operational Delivery Group, Clinical Services Strategy Group, Daily Pulse). Multiple changes in senior personnel during the year but pace of programme has been maintained. National co-ordination of the programme now feels less clear and there is increasing confusion regarding national requirements and expectations. Opportunities to strengthen core vaccination team to reduce reliance on district nursing for care homes and/or housebound Continue to explore opportunities for co-administration and further alignment with flu and other immunisation programmes Vaccine eligibility and intervals becoming increasingly complex
Clinical strategy and delivery	
Venues and Site Logistics including Outreach	<ul style="list-style-type: none"> Excellent support from estates and facilities for temporary decommissioning of Showground for Winter Fair and relocation of Newtown Smaller venue in Newtown is challenging after long term tenure in Maldwyn Leisure Centre
Booking & Administration, Digital & Technology	<ul style="list-style-type: none"> WIS not always keeping pace with local requirements and patient expectations. Citizens not able to self-book, requiring complex workaround (online booking) to help deal with acceleration of the programme. During peak times it can be difficult to prioritise cross-checking etc. to address data quality issues – booster acceleration was highly challenging
Vaccine Supply / Waste	<ul style="list-style-type: none"> Support from national team to enable Powys to focus on Pfizer rather than additional challenge of multiple vaccine types Paediatric formulation presents particular challenges (at risk cohort delivery was equivalent to one vial per 200 square miles)
Primary Care	<ul style="list-style-type: none"> Capacity within primary care has been challenging particularly given sickness absence, other priorities & demands, venue constraints (e.g. to accommodate 15 minute wait) Relaxation of some requirements (e.g. 15 minute observation period) increases opportunity for primary care delivery Scope to continue to expand (wholesale dealers licence?) including to continue discussions around co-administration
Communication & Engagement	<ul style="list-style-type: none"> Positive use of social media and digital channels to help inform, manage demand and expectations, reduce waste (e.g. reserve list) and support ramp up (e.g. online booking) Frequent touchpoints with MSs/MPPs, CHCs etc. as well as public Q&A and stakeholder bulletins to maintain transparency openness and engagement
Workforce including teamwork and wellbeing	<ul style="list-style-type: none"> Staff have shown amazing dedication and resilience but frequent short term contract extensions lead to uncertainty for staff Cannot sustain a model where input from some services (e.g. pharmacy) is at expense of other priority delivery Concerns about end of temporary register impact on registrant workforce; B3 administration remains in place following renewal of national protocol to March 2023.
Leaving No One Behind	<ul style="list-style-type: none"> Team capacity and logistical challenges have meant it can be difficult to deliver mobile/outreach model (vaccine governance & cold chain, workforce, assurance) Options for the year ahead for a more distributed model particularly if pace of delivery can be more steady “take the vaccine to the people not the people to the vaccine”
Partnerships	<ul style="list-style-type: none"> Support from volunteers has been invaluable – challenge of maintaining support during quieter periods and after extended vaccination programme (17 months since launch) Excellent support from PCC, Maldwyn and RWAS for venues
Other issues	<ul style="list-style-type: none"> Experience of anti-vaccination campaigners has been challenging

COVID-19 Vaccination in Powys

Review of Q1 Delivery 2022/23

This section of the report provides an overview of performance and delivery during Q1 2022/23.

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Q1 Delivery: Planning for COVID-19 Vaccination in 2022/23

Planning for COVID-19 Vaccination delivery in 2022/23 has continued to be based on national planning guidance from Welsh Government and advice from the Joint Committee on Vaccination and Immunisation (JCVI).


On 14 February 2022 (embedded top), Welsh Government set out the planning assumptions for COVID-19 vaccination in 2022/23. This asked “all health boards and partners to begin planning on the basis of the following ‘most likely’ scenario whilst retaining the flexibility to ‘surge’ should an urgent response be required:

- A spring booster for the over 65s, older care home residents and those aged 16 and above in clinical risk groups with a main vaccination window of April and May;
- A spring booster for universal 12-15 year olds when they become eligible at a 12 week interval;
- An autumn/winter annual booster for cohorts 1-9, with a main vaccination window of September to December; and
- An emergency surge response, mirroring delivery during the Omicron Booster surge, to nationally deliver 40k vaccines a day for 3 weeks, should there be a need to respond to a variant of concern or should vaccine waning prompt urgent action.”

On 21 February 2022, the JCVI announced an initial spring booster campaign, offering a second booster around six months after the first booster to (a) care home residents (b) people aged 75 and over and (c) people aged 12 and over who are immunocompromised ([Joint Committee on Vaccination and Immunisation \(JCVI\) statement on COVID-19 vaccinations in 2022: 21 February 2022 - GOV.UK \(www.gov.uk\)](#)). This guidance document also set out the JCVI’s interim view


that “an autumn 2022 programme of vaccination will be indicated for persons who are at higher risk of severe COVID-19”. The published JCVI spring requirements were narrower than the national planning assumptions, and Welsh Government wrote to health boards on 21 February to advise that we should continue to plan against the wider definition (embedded centre).

Welsh Government’s headline requirements were summarised in their COVID-19 Vaccination Strategy for 2022, published on 24 February 2022 (embedded bottom). More information about the Welsh Government COVID-19 Vaccination Strategy for 2022 is set out overleaf.




Cyflwynwyd Cyffwrdd Iechyd a Gwasanaethau Cymdeithasol
Pŵl Weithrebu GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol
Director General Health and Social Services/
Public Health and Social Services Group
Uywoddaeth Cymru
Welsh Government

Our Ref: JPIEGSB



Cyflwynwyd Cyffwrdd Iechyd a Gwasanaethau Cymdeithasol/
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Director General Health and Social Services/
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Uywoddaeth Cymru
Welsh Government


Our Ref: JPIEGSB
21 February 2022



Mae Brechu yn achub bywydau
Vaccination saves lives

**COVID-19
Vaccination Strategy for 2022**

February 2022



DIODELLU CYMRU
KEEP WALES SAFE

Dear Colleagues

On Monday 14 January I wrote to you published advice on a spring booster campaign on the early and universal second booster dose in the spring for:

- adults aged 75 years and over
- residents of care homes for
- individuals aged 12 years and over in the [Green Book](#)

In making this recommendation they internationally which suggests that old immunity due to a decreased capacity to produce or vaccine and much more vaccine programme, older persons are done.

The JCVI's advice is narrower than the modelling of a potential wave in May / summer and our concern in cases as a result of the wave in the summer to come. We have said many times that we will continue to update you where

As we begin 2022, there are grounds for optimism that the current wave of COVID-19 cases is coming to an end. However, we must remain vigilant and continue to monitor the situation closely. We will ensure you are kept up to date as the situation evolves.

We continue to be guided by the latest advice from the Joint Committee on Vaccination and Immunisation (JCVI) for Wales. Their advice to a Joint Committee on Vaccination and Immunisation (JCVI) for Wales. Their advice to a Joint Committee on Vaccination and Immunisation (JCVI) for Wales. Their advice to a Joint Committee on Vaccination and Immunisation (JCVI) for Wales.

On the COVID-19 vaccination programme in the coming months to implement JCVI advice.

1. There is therefore an expectation of delivery:
 - a booster dose (4th dose of mRNA immunosuppression) for 12-15 year olds
 - a booster dose for 12-15 year olds
 - a booster dose for 12-15 year olds
 - contacts of the immunosuppressed
 - ensuring all measures have been taken to ensure the safety of the vaccine
 - ensuring all measures have been taken to ensure the safety of the vaccine
 - ensuring all measures have been taken to ensure the safety of the vaccine

Uywoddaeth Cymru
Welsh Government

Q1 Delivery: Welsh Government COVID-19 Vaccination Strategy for 2022

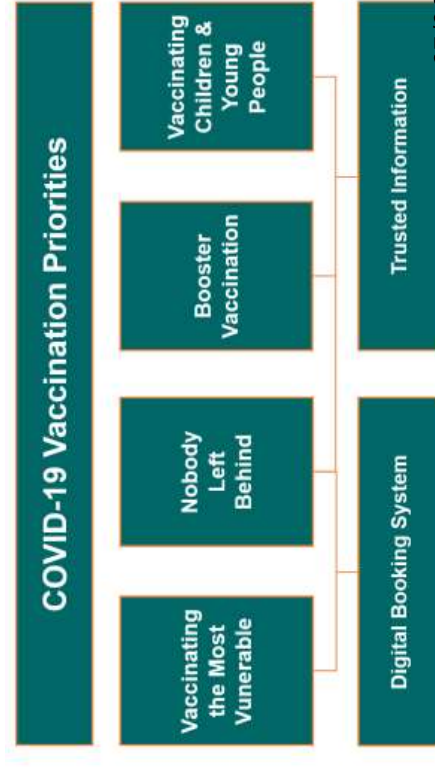
Welsh Government published their COVID-19 Vaccination Strategy for 2022 on 24 February 2022 ([COVID-19 vaccination strategy 2022](https://gov.wales/covid-19-vaccination-strategy-2022) | GOV.WALES). This reinforced that vaccination remains a critical tool to enable the continued relaxation of the protective measures that have been in place since March 2020: “Vaccination has had an enormous impact on the course of the pandemic – vaccines have helped to weaken the link between the virus, serious illness, hospitalisations and death. They have saved countless lives in Wales, in the UK and worldwide. They have given us the freedom and confidence to restart our lives in the midst of an ongoing global health emergency.”

The strategy focused on six key areas (bottom right) and set out a series of aims for 2022:

- **Vaccinating the most vulnerable:**
 - We will offer all eligible people who are severely immunosuppressed an appointment for their booster dose, at the optimum time, as advised by their clinician.
 - We will monitor and encourage uptake among the frontline health and social care workforce
- **Nobody left behind:**
 - We will continue to engage with under-served communities to re-affirm the offer of a COVID-19 vaccination.
 - Working with health boards, partner organisations, community voices and those with lived experiences, we will implement further interventions to narrow the equity gaps in vaccine coverage in Wales across all age groups.
- **Booster vaccination:**
 - We will offer a second spring booster to all eligible over 75 year olds, residents of care homes for older adults and individuals aged over 12 years who are severely immunosuppressed, in line with the JCVI advice and green book.
- **Vaccinating children and young people:**
 - We will ensure there is age appropriate information for children and young people and that there continues to be a child centred approach to delivery.
- **Digital booking system:**
 - For the roll out of the two-way text and online rebooking systems to enhance user experience and for people to have a convenient way to reschedule appointments if needed.
- **COVID Pass**
 - We will develop the NHS App for Wales.
 - We will continue to work to ensure people are able to access their personal vaccination records in a safe and secure manner, which allows access to international travel in line with agreed international standards.

- **Supply:**
 - We will continue to keep waste to a minimum, ensuring our programme is as efficient as possible and that we use every available dose of vaccine.

The strategy also outlined ambitions for the longer term, including planning for likely scenarios for the spring and the autumn/winter, retaining surge capacity if we need to respond to a new variant or pandemic wave, and establishing a new National Immunisation Framework that is fit for the future.



Q1 Delivery: PTHB Q1 Plan for COVID-19 Vaccination in 2022/23

Based on the published JCVI vaccination requirements at that time, as well as the expectations set out in the Welsh Government's planning assumptions, it was clear that this would represent a very significant programme of COVID-19 vaccination for PTHB, particularly given the scale and pace required for a spring booster programme at the levels anticipated by the Welsh Government planning assumptions. The health board therefore undertook a rapid review of workforce and operational requirements, and developed an interim COVID-19 Vaccination Plan which was reviewed and approved by Executive Committee on 20 April 2022 (available on request from the Programme Director).



This enabled the health board to plan for an interim model based on delivery of W/G planning assumptions, and particularly to address:

- Workforce risks (fixed term contracts were in place to 31 March and 30 June, with vaccination staff increasingly seeking other roles, so extension were agreed to January 2023 to enable delivery of the autumn booster expectations).
- Venues risks (e.g. the lease at RWAS was in place to 31 March and was subsequently extended to end June with further work under way to identify alternative premises in mid Powys from summer 2022; Newtown Day Centre does not have sufficient capacity to accommodate peak vaccination requirements and search is under way for alternatives in north Powys)
- Delivery risks (competing delivery requirements within the health board will mean that decisions around redeployment and the local options framework become ever more complex, and the specific risks in relation to release of staff for surge requirements are noted).

The Q1 Plan recognised that delivery of the COVID-19 vaccination programme in 2022/23 also needs to be considered as a transition year, ideally moving towards a more fully integrated approach to immunisation and/or wider public population health that also takes account of future changes to Test Trace Protect arrangements once these are announced.

Since publication of the Welsh Government COVID-19 Vaccination Strategy and the agreement of the PTHB interim plan there have been a number of further developments:

- **Spring Boosters:** Delivery requirements have remained at the levels recommended by the JCVI and have not expanded to include the wider cohorts anticipated in the Welsh Government planning framework. The main programme concludes by 30 June 2022 with “leaving no one behind activity” during July. Eligibility has been confirmed as all individuals will include those aged 75 and over as at 30 June 2022, and the number of people identified on the Welsh Immunisation System as “immunosuppressed” has been updated to reflect the Green Book guidance for the spring booster programme.
- **12-15 year olds:** There has been no expansion in first booster eligibility to include all 12-15 year olds.
- **Autumn Boosters:** On 19 May 2022 the JCVI published interim advice on an autumn COVID-19 booster programme (www.gov.uk/government/publications/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme). There current view is that an autumn booster should be offered to:
 - residents in a care home for older adults and staff
 - frontline health and social care workers
 - all those 65 years of age and over*
 - adults aged 16 to 64 years who are in a clinical risk group

17/49 **Welsh Government has asked health boards to continue to plan on the basis of an autumn booster programme for people aged 50+*

Q1 Delivery: Programme Aims and Principles

Based on known and anticipated requirements in March/April 2022, the health board identified the following Programme Aims for 2022/23:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:	Aim 6
To continue to offer vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver a safe, prudent and timely spring booster programme in line with national guidance when published.	To continue to deliver vaccination for children and young people aged 5-17 in line with national guidance.	To deliver a safe, prudent and timely autumn booster programme in line with national guidance when published.	To ensure a surge plan is in place to deliver c. 2.5k doses per day for 3 weeks if needed	To continue to review COVID-19 vaccination delivery in order to transition to a "business as usual" model in line with the National Immunisation Framework
"Always open" offer in place	Spring booster offer in place for P0, P1.1, P2.1 and P3 by end June	First & second dose offer for 5-11s. Booster offer for all 16-17s (12-15s TBC)	Subject to confirmation - metrics TBC	Surge plan in place	Future model in place for 2023/24, subject to National Immunisation Framework

Our programme delivery principles for 2022/23 are:

 <p>PRINCIPLE 1 DO WHAT MATTERS</p>	 <p>PRINCIPLE 2 DO WHAT WORKS</p>	 <p>PRINCIPLE 3 GREATEST NEED</p>	 <p>PRINCIPLE 4 OFFER ACCESS</p>	 <p>PRINCIPLE 5 BE PRUDENT</p>	 <p>PRINCIPLE 6 WELL</p>
Offer vaccination to eligible individuals based on the latest available recommendations from the JCVI and Welsh Government.	Follow national advice from the JCVI and Welsh Government based on the latest clinical evidence and behavioural science. Continue to review our experience of COVID-19 vaccination, share best practice and plan for the future. Integrate COVID-19 vaccination with wider immunisation and population health programmes as appropriate.	Offer first, second third and booster dose vaccination to any adult registered or resident in Powys who has not yet taken up the offer. Continue to review delivery to identify and implement local priorities for "leaving no one behind".	Deliver a vaccination model that best uses the resources available to us to meet need, reduces vaccine waste, and takes account of the overall impact from COVID and non-COVID harms on our communities, and transition to an integrated approach to COVID-19 vaccination by 2023/24.	Continue to work with partner organisations and community voices to narrow equity gaps in vaccine coverage	

Q1 Delivery: Anticipated delivery requirements for 2022/23

The Welsh Government planning parameters translated into the following high-level delivery programme in 2022/23, which is subject to change:

	Q1 2022/23 Apr-Jun	Q2 2022/23 Jul-Sep	Q3 2022/23 Oct-Dec	Q4 2022/23 Jan-Mar
Always Open	Maintain “always open” offer for first, second, third and booster doses			
Children and Young People	Boosters for 12-15 year olds (3 mths) April to June (up to 3000 people) <i>Included in WG planning assumptions but not yet recommended by JCVI</i>	2 nd doses for 5-11 year olds (12wks) Mainly July to September		
Adult Boosters	1 st doses for 5-11 year olds (up to 9500 people) Mainly April to July	Spring boosters for JCVI cohorts (up to 22000 people in P0, 1.1, 2.1, 3) March-July, 3-6 month interval	Autumn boosters for JCVI cohorts (up to 65000 people in P0-6) September-December, 3-6 month interval	Autumn boosters for WG cohorts (up to 15,000 additional people in P7-9) September-December, 3-6 month interval <i>Included in WG planning assumptions but not yet recommended by JCVI</i>
Surge	New variant / surge response Planning assumption is c.2000 vaccine doses per day for three weeks			
Development Approach	Legacy State	Develop Autumn Approach	Testing Future State	Plan for Longer Term
Green = JCVI published requirements (including interim autumn booster guidance)				Blue = Set out in WG Planning Parameters but not yet confirmed

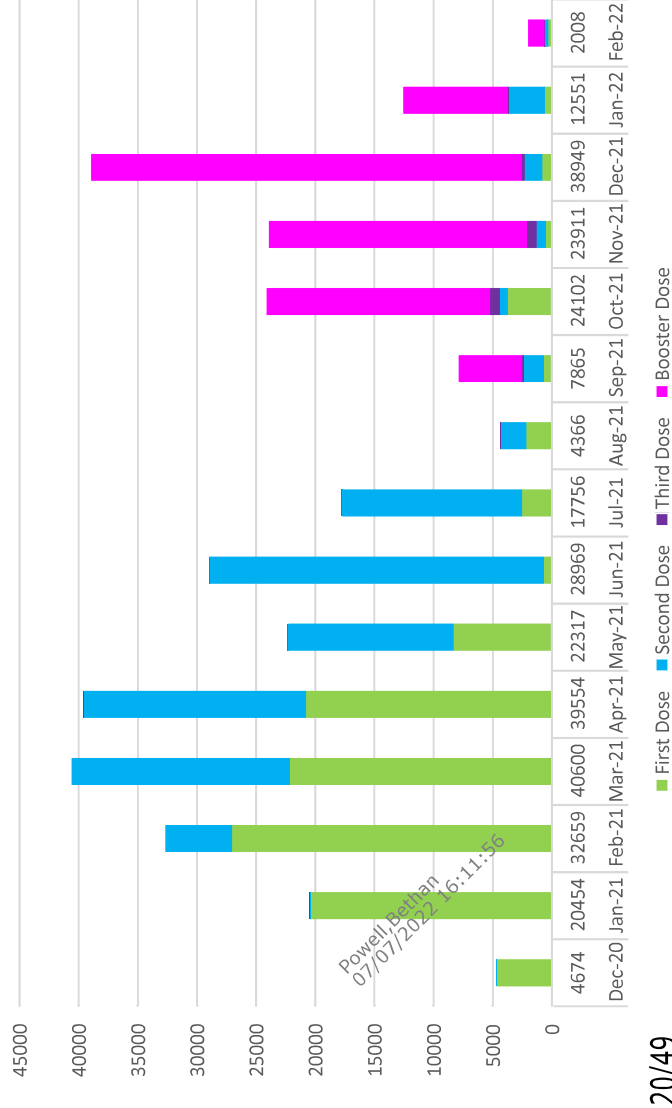
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Q1 Delivery: Modelling our COVID-19 Vaccination Requirements in 2022/23

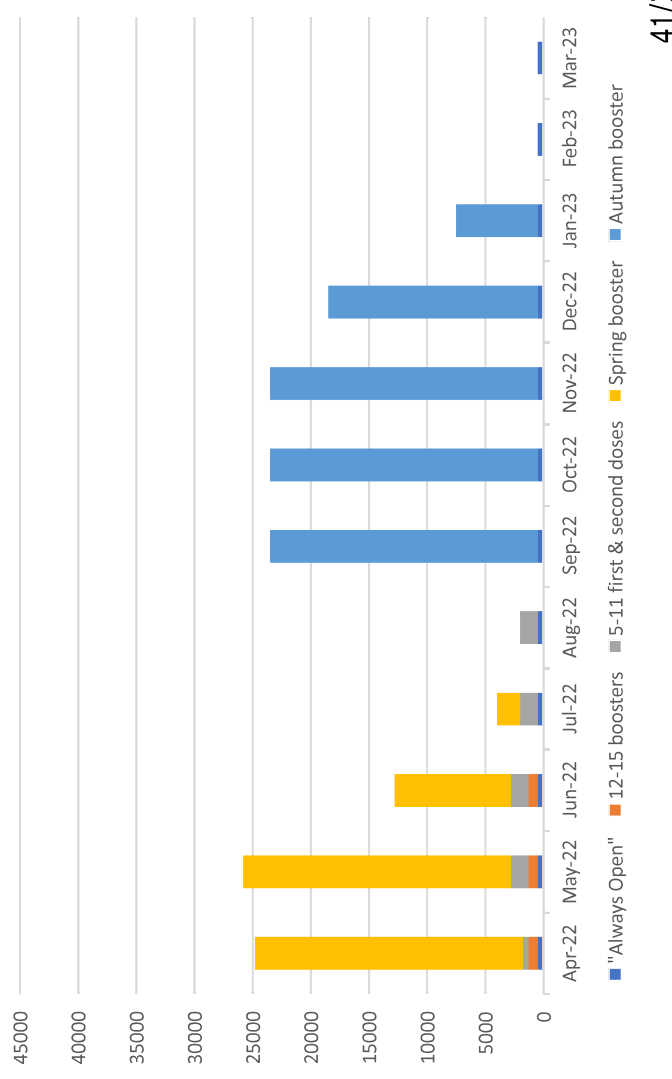
Detailed modelling was undertaken to right size our operational delivery model for Q1 and to plan for longer term:

- During 2021/22 the COVID-19 Vaccination Programme in Powys delivered approximately 220,000 doses. The delivery profile in 2021/22 is shown bottom left.
- Activity modelling for 2022/23 has been undertaken based on the Welsh Government planning assumptions. This indicates that the health board should plan for c.160,000 doses in 2022/23 in addition to surge requirements (which could be initiated at any time subject to public health conditions and would require delivery of c.56000 doses in a three week period).
- Based on WG planning assumptions, activity could peak at around 25000 doses per month (excluding surge requirements). This compares with the peak delivery to date of 40000 doses per month to date (in March 2021, April 2021 and December 2021). Delivery at this scale will therefore continue to require venues with the ability to ensure throughput at scale and pace.
- A more detailed activity plan was included in the Minimum Data Set (MDS) for the Integrated Medium Term Plan (IMTP).
- 2022/23 forecast assumes that demand curve can be smoothed across the delivery period to reduce peaks and troughs in workforce requirements, but flex will be needed to accommodate uncertainty in vaccine delivery & supply, uncertainty of timing of national guidance and strategy etc.

Monthly COVID-19 Vaccinations in Powys
(Actual 2021/22)



Monthly COVID-19 Vaccination in Powys 2022/23 forecast
(WG Planning Assumptions)

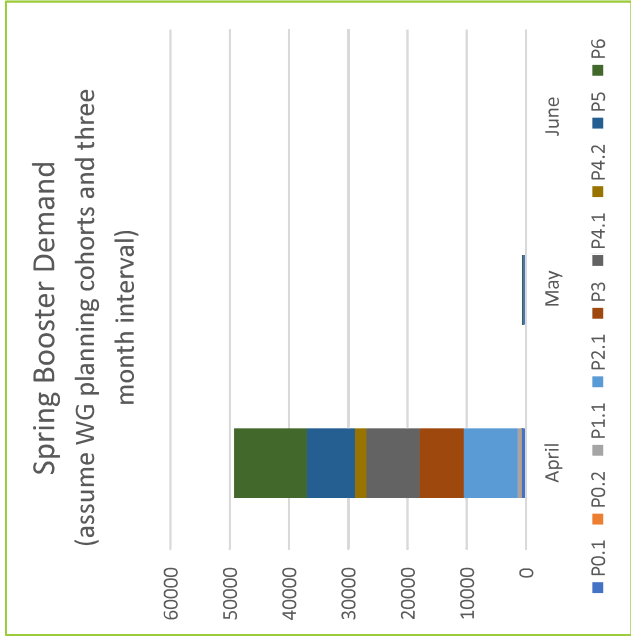
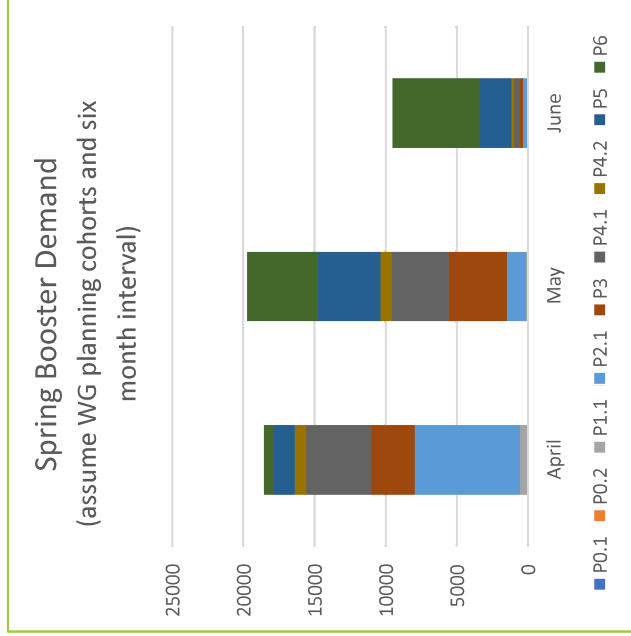
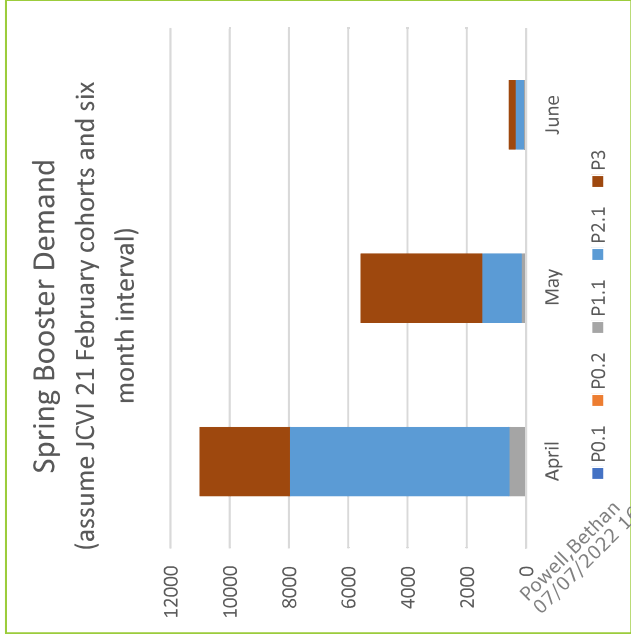


Q1 Delivery: Spring Booster Scenarios

Planning for the spring booster programme needed to take account of a number of uncertainties, particularly (a) eligibility and (b) dose interval. Three modelling scenarios were undertaken in order to put in place workforce and operational delivery plans for the spring:

- Cohorts specified in the JCVI recommendations published on 21 February 2022, six month interval since first booster
- Cohorts specified in the WG planning parameters, six month interval since first booster
- Cohorts specified in the WG planning parameters, three month interval since first booster

Whilst we retained readiness to expand the spring booster programme, actual delivery requirements reflected a cohort size of c.22000 (to include the wider definition of “immunosuppression” in the updated Green Book guidance and all individuals turning 75 by 30 June 2022) with a dose interval of six months with operational flexibility to reduce to three months.



17000 people by end June
Peak monthly demand 11000
Most P0 not yet due

47000 people by end June
Peak monthly demand 20000
Most P0 not yet due

50000 people by end June
Most people reach 3 months by end April
Around half of P0 (535) due in May

Q1 Delivery: Spring Booster Delivery Parameters

In common with previous phases on the COVID-19 Vaccination Programme, spring booster delivery needed to be planned based on considerable uncertainty at the outset, with detailed requirements being confirmed during the delivery phase:

- One full dose of adult/adolescent formulation of Comirnaty (Pfizer/BioNTech) except where contraindicated (e.g. allergy pathway). The vaccination programme in Powys continues to focus on Comirnaty rather than Spikevax (Moderna) to reduce vaccine supply chain and operational risk & complexity. This is a vaccine type that our teams are used to, and the smaller vial size helps to reduce waste in a sparsely populated rural area.
- Offered to everyone in the following cohorts:
 - P0.1 to P0.3 (severe immunosuppression) – *Welsh Government advised that the spring booster should be offered to everyone aged 12+ in P0.1 and P0.2 (immunosuppression at the time of the first or second dose) acknowledging that some people in these cohorts may no longer have immunosuppression (e.g. completed course of treatment) on balance of risk versus benefit. Individuals eligible in P0.3 were identified at a national level and uploaded to the Welsh Immunisation System in May 2022.*
 - P1.1 (residents of care homes for older adults)
 - P2.1 (people aged 80 and over)
 - P3 (people aged 75 to 79)
- Vaccination commencing week beginning 21 March, initially via manual booking until the Welsh Immunisation System was updated on 8 April to enable system generated appointments (SGA) and on-pathway recording of vaccination.
- Initially on six month interval since previous dose, but reducing during the spring to a minimum of three months to provide spring protection and interval before the expected autumn programme.
- Individuals are eligible for a spring booster whether or not they have received a first booster to offer maximum protection to those most vulnerable to severe illness from COVID-19.
- Cut off date for spring booster eligibility is 12 March (i.e. any booster after this date should be treated as a spring booster even if it is the first booster).
- Spring booster programme to conclude by end July (main programme ends 30 June 2022 with everyone aged 75 on or before this date to be invited, potential to mop up eligible individuals during July if unable to attend in June).
- Preparedness for expansion in eligibility towards Welsh Government planning parameters: P4.1 (people aged 70-74), P4.2 (people who are clinically extremely vulnerable), P5 (people aged 65-69) and P6 (people aged 16-64 with underlying health conditions) – note that the Green Book now merges the P4.2 and P6 definitions but these groups are not currently merged in WIS. *As at 17 June 2022 there has been no expansion in spring booster eligibility.*

Q1 Delivery: 2022/23 Vaccine Assumptions

2021/22

During 2021/22, vaccine delivery in the Powys COVID-19 vaccination programme has focused on the following vaccine types:

- Pfizer-BioNTech (Comirnaty)
 - First, second and third primary doses for people aged 12 and over
 - Booster doses for people aged 12 and over
- AstraZeneca:
 - First and second doses for people aged 50 and over
 - Vaccination where agreed through the allergy pathway
- Pfizer-BioNTech (Comirnaty) paediatric formulation from Q4 2021/22
 - First and second doses for people aged 5-11 (third primary doses not yet due for 5-11 year olds with immunosuppression)

Whilst other parts of Wales have been using Moderna (Spikevax) the additional complexities of Powys geography and infrastructure mean that we have focused our delivery on Pfizer and AstraZeneca.

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2022/23

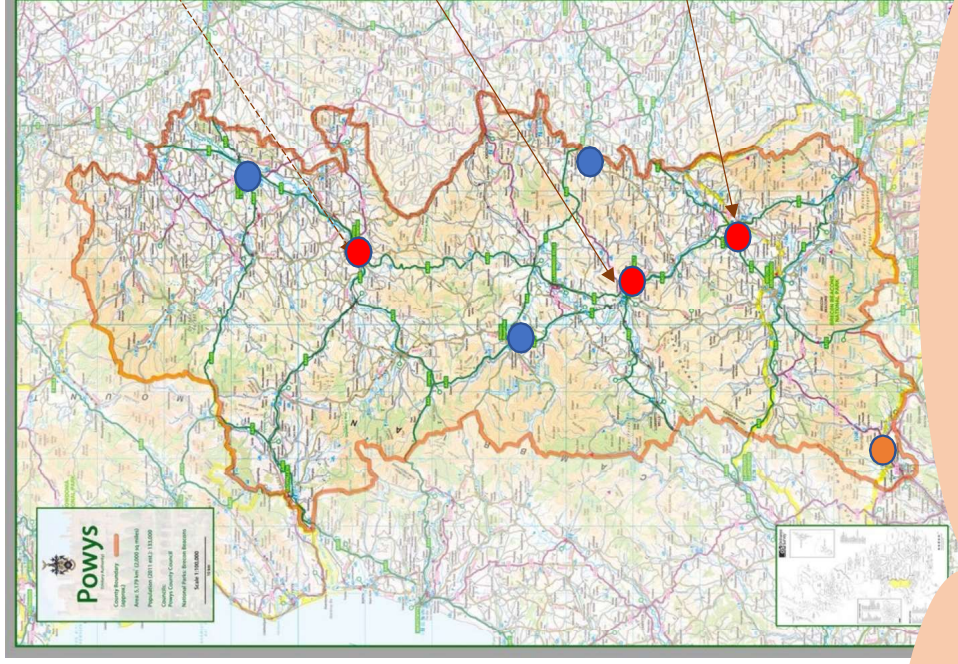
In Q1 2022/23 our local vaccination programme in Powys has focused on:

- Pfizer-BioNTech (Comirnaty)
 - First, second and third primary doses for people aged 12 and over (paediatric formulation is now recommended for people age 12 born on or after 1 September 2009).
 - Booster doses for people aged 12 and over (subject to eligibility)
 - Second booster doses based on current and future guidance
 - Autumn booster doses based on future guidance
- Pfizer-BioNTech (Comirnaty) paediatric formulation
 - First and second doses for people aged 5-11 (third primary doses not yet due for 5-11 year olds with immunosuppression)
 - Paediatric formulation is also now recommended for people age 12 born on or after 1 September 2009.
- AstraZeneca:
 - As appropriate (e.g. agreed through the allergy pathway)

Moderna (Spikevax) continues to be available within the NHS in Wales. Whilst its potential for use within Powys will be kept under review, our focus for the spring booster campaign will be the vaccine types listed above. Whilst Moderna has some benefits (e.g. it is ready-constituted), the vial size (22 half doses for the booster programme) presents a challenge for delivery in a sparsely populated area such as Powys alongside the added complexity of managing vaccine governance for multiple vaccine types.

Q1 Delivery: Geography and Sites

Planning for delivery and scale and pace during 2022/23 will require us to maintain sizeable venues that can accommodate the large population numbers that will be eligible based on current Welsh Government planning parameters. Main vaccination centres should be maintained as hubs for ongoing delivery:



North Powys catchment
c. 70,000
(Arwystli, Dyfi Health, Llanfair
Caereinion, Llanfyllin,
Montgomery, Newtown,
Welshpool*)

Mid Powys catchment
c. 25,000
(Builth Wells, Knighton,
Llandrindod Wells, Presteigne*,
Rhayader*)

South Powys catchment
c. 50,000
(Crickhowell, Brecon, Haygarth,
Ystradgynlais)

● Rhayader, Presteigne and Welshpool
practices are delivering the spring
booster for 75+ for their patients

● Ystradgynlais pop up (April and June
2022)

Newtown Park Street Day Centre – leased until February/March 2023

- Main Vaccination Centre
- 6 Lanes (4 lanes needed if JCVI advice only)
 - 40 Hours a week
 - 8 Hours a day over five days
 - 2000 appointments per week
 - No capacity to expand for peaks in demand so would need to revisit larger site options if requirements expand beyond existing JCVI guidance

Royal Welsh Showground Builth Wells - until 15 June 2022

- Mass Vaccination Site
- 6 Lanes (3 lanes needed if JCVI advice only)
 - 40 Hours a week
 - 8 Hours a day over five days
 - 1300 vaccines per week
 - Capacity to expand for peaks in demand
 - Available to end June before decommissioning for Royal Welsh Show – new venue being commissioned from July 2022

Bronllys Concert Hall – part of PTHB estate so available on ongoing basis

- Mass Vaccination Site
- 6 Lanes (3 lanes needed if JCVI advice only)
 - 40 Hours a week
 - 8 Hours a day over five days
 - 1750 vaccines per week
 - Capacity to expand for peaks in demand

Surge requirements will continue to be dependent on the support available from the wider workforce including bank and local options framework. We will need to maintain the skills of the auxiliary workforce in order to retain readiness for surge response.

A domiciliary model will be retained for vaccination of care home residents and people who are housebound. MVC staff to provide support to DN teams for care home vaccination with a view to taking full responsibility by autumn booster. Opportunities for MVC support to housebound delivery subject to capacity,

Q1 Delivery: Focus on Equity

Vaccine equity has continued to be a key issue for delivery of the COVID-19 vaccination programme in Wales, including in planning for the spring booster campaign. The sparse geography of Powys presents particular challenges for the delivery of services (including vaccine governance and supply, safe and resilient staffing etc.) as well as for access services. Key actions to improve equity within resource and compliance constraints have included:

- Maintained a network of main mass vaccination centres across the county to provide an accessible vaccine hub for north, mid and south Powys. These began with appointment-based clinics generally across the Monday to Saturday period with each site operating 4-5 days per week. After the main appointments were completed, sites opened up to drop-in spring boosters to offer highly flexible access for eligible individuals.
- Invitation to participate issued to the three GP practices that had participated in the autumn booster programme (Rhayader, Presteigne and Welshpool). GP practice participation focused on those practices who had opted to participate in the autumn 2021 booster programme due to their familiarity with the Pfizer/BioNTech vaccine and help manage risk and complexity across the wider programme.
- Undertook outreach and domiciliary vaccination for care home residents and people who are housebound, through partnership between district nursing teams and the COVID-19 vaccination team.
- Delivered pop up events in Ystradgynlais in March (booked appointments) and June (booked appointments and drop in), with the latter also opened to residents of Neath Port Talbot for drop in spring boosters. Drop in also offered at Countryside Festival at the Royal Welsh Showground in May.
- Targeted social activity and messaging to areas with lower uptake.
- Continued to work with third sector partners including community transport to overcome barriers to access.

The county geography has also presented a challenge during the spring for the delivery of first and second doses for children aged five to eleven, particularly those in clinical risk groups. With a small cohort size, spread sparsely across 2000 square miles it is difficult to create a “critical mass” for service delivery whilst minimising waste:

- Outreach clinics were established in local clinic venues across the county (Newtown, Brecon, Ystradgynlais, Welshpool, Llandrindod Wells) for the 5-11 year olds with clinical risk factors. However, we faced significant challenges due to small numbers in this cohort and large vaccine vial size which meant that we could not offer flexible appointment times through this approach and experienced very high levels of vaccine wastage.
- When eligibility was extended to all 5-11 year olds we moved to a “partial booking” approach through our three main vaccination centres plus pop up in Ystradgynlais. This approach invited households to contact us to arrange an appointment at their convenience. We have seen low conversion from invitation to appointment and therefore plan to issue a second invitation to all households using a “full booking” approach where a designated date and time will be offered, inviting people to attend, rearrange or cancel. These appointments will take place during July and August, and aim to offer families as much flexibility as possible to take up the offer of COVID-19 vaccination for 5-11 year olds during the summer holiday period.
- The booking team is also undertaking active call and recall for 5-11 year olds in clinical risk groups who have not yet taken up their invitation, as this group are at increased risk of serious illness due to COVID-19.

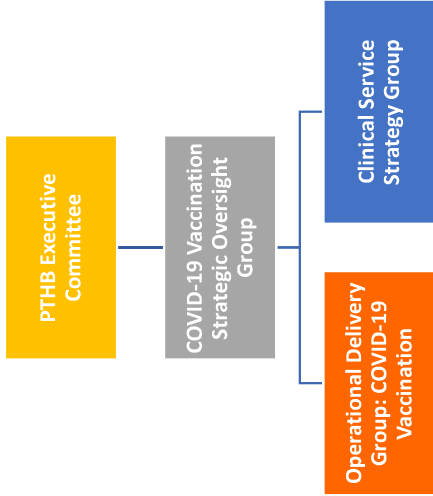
First dose uptake in this cohort is currently 37.1% compared with a Wales average of 37.9%.



Spring Booster uptake per registered GP practice population in Powys for people aged 80+ (as at 29 June 2022) varies from 81.9% to 90.6%
(data is presented per GP registered population for reporting purposes only, as most spring boosters have been delivered via HB clinics)

Q1 Delivery: Programme Governance

During Q1 the PTHB COVID-19 vaccination programme has continued to be part of the PTHB Executive Committee governance arrangements. A Strategic Oversight Group has been in place since December 2020 and continued to meet at least monthly. This had a direct reporting arrangement to PTHB Executive Committee to ensure rapid escalation and resolution of issues. Day to day delivery was managed through an Operational Delivery Group (meeting at least weekly) and Pulse (meeting daily or as required). Programme governance arrangements were reviewed at the end of Q1 and the Strategic Oversight Group was stood down.



The programme has been delivered in partnership with:

- Welsh Government and Public Health Wales; National COVID-19 Vaccination Programme
- The Dyfed Powys Local Resilience Forum
- Primary Care Services
- Powys County Council
- The independent and third sectors

It has also been informed by the national, regional and local pandemic and civil contingency response arrangements including those for Dyfed Powys as noted above, Welsh Government and cross border system resilience arrangements.

It has also been informed by ongoing engagement with the Powys Community Health Council.

COVID-19 Vaccination Strategic Oversight Group		
Purpose	<ul style="list-style-type: none"> Lead the development and delivery of the COVID-19 vaccination programme in Powys Monitor the clinical and non-clinical performance and outcomes of the programme Ensure the programme remains compliant with national guidance and professional advice Oversee development of the programme's communication and stakeholder plan Responsible for the high-level programme risk register 	
Reporting	<ul style="list-style-type: none"> Exception and highlight reporting to Executive Committee Exception and highlight reporting from Operational Delivery Group 	
Chair	<ul style="list-style-type: none"> Deputy Chief Executive (Senior Responsible Owner) 	
Membership	<ul style="list-style-type: none"> Director of Workforce, OD and Support Services Director of Primary & Community Care and Mental Health Director of Finance and IT Director of Public Health Director of Nursing Medical Director Director of Therapies and Health Science Programme Director Consultant in Public Health Medicine 	
Secretariat	COVID-19 Vaccination and TTP Programme Office	
Frequency	At least monthly	
Review	Terms of reference to be reviewed April 2022	
Work Areas		Executive Lead
Clinical Strategy & Delivery		Director of Therapies and Health Science / Medical Director / Director of Nursing and Midwifery
Venues and Site Logistics (including supply/waste/transport)		Director of Workforce & OD and Support Services / Director of Environment
Vaccine Supply / Waste / Delivery		Director of Primary & Community Care and Mental Health / Chief Pharmacist
Booking and Documentation		Director of Finance and IT
Workforce		Director of Workforce & OD and Support Services
Primary Care		Director of Primary & Community Care and Mental Health
Engagement and Communications		Programme Director
Care Homes / Housebound		Director of Primary & Community Care and Mental Health
Strategy / Model		Programme Director / SRO
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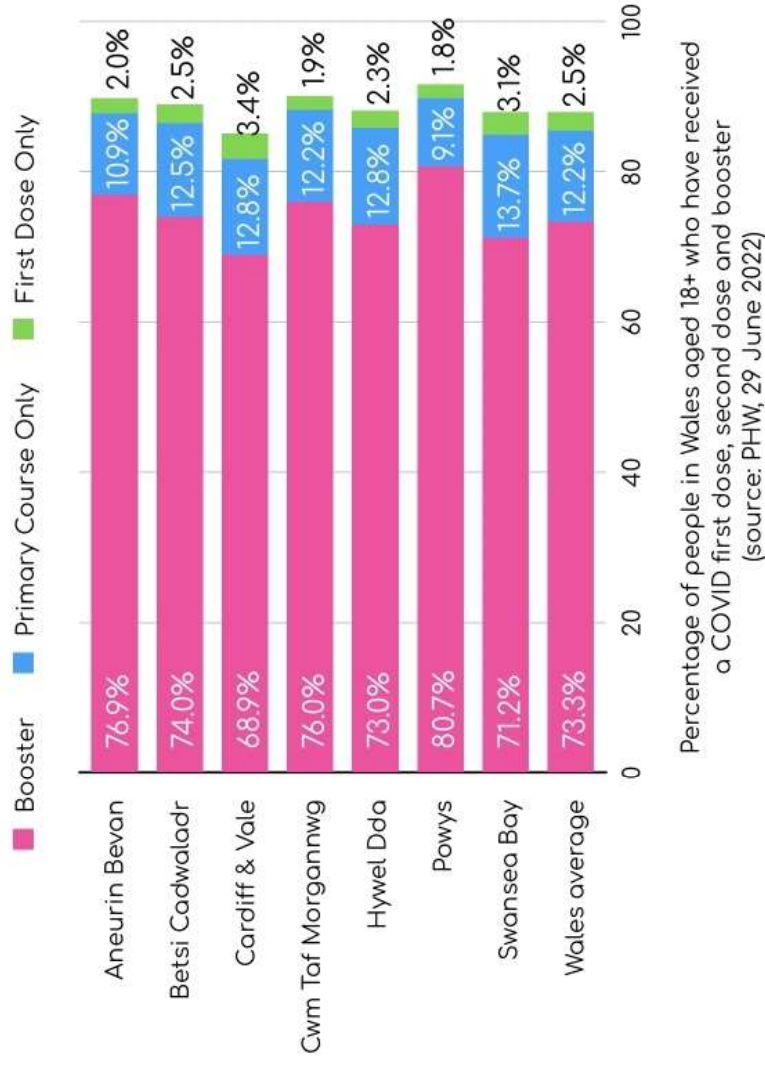
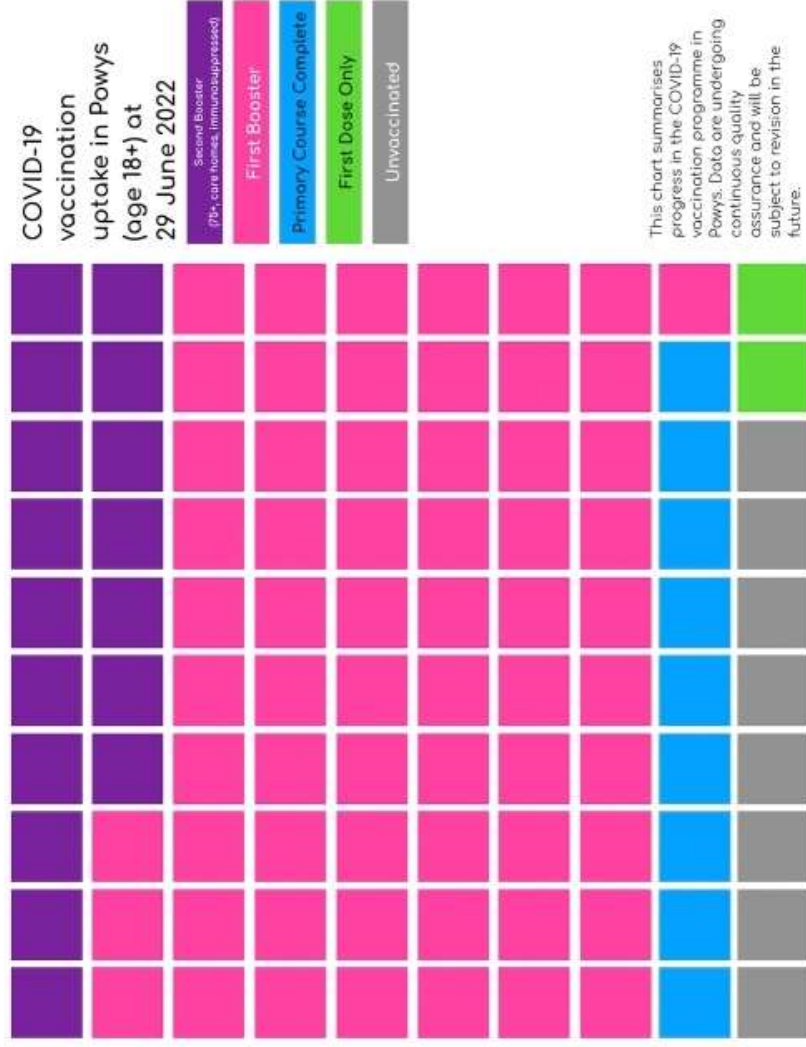
Q1 Delivery: Headline Performance against programme aims (Aims 1 to 3)

Aim	Work Area	Status	Comments
Aim 1: To continue to offer vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	Drop In	In place	Drop-in offer remains in place for first boosters (16+) and first & second doses (12+).
	Outreach	In place	Outreach activities have included two events in Ystradgynlais (April and June) and at the RWAS Spring Fair / Countryside Festival (for people attending the Spring Fair).
	Over 75s	In place	Offer to over 75s has been made. Drop-in remains open to end July for those who have not take up the offer. Uptake is currently highest of HBs in Wales.
Aim 2: To deliver a safe, prudent and timely spring booster programme	Care Homes	In place	All care homes have been visited. Re-visits in place to enable vaccination of those who were not able to receive the vaccine at previous visits (e.g. ill health, not in attendance). Weekly planning meetings in place to maintain delivery. Uptake is currently in line with Wales average.
	Housebound/Inpatient	In place	Mop up continues to end July. Some learning from vaccine governance to build into Autumn planning.
	Immunosuppressed	In place	An issue was identified that led to over identification of immunosuppressed individuals at a national level. The national mitigation plan has been implemented at a local level. Uptake is currently highest of HBs in Wales.
Aim 3: To continue to deliver vaccination for children and young people aged 5-17 in line with national guidance.	Other cohorts	None planned	No intelligence received to suggest that other cohorts will be added to the spring booster campaign
	5-11s	We have had low uptake following first invitation. Second invitation planned for summer holidays.	An open offer was launched as soon as 5-11 vaccination was announced, via an online web form, and promoted via digital and community channels. This was followed by partial booking letters to all households. However, uptake remains below Wales average. A number of factors may contribute to this (a) some HBs issued full booking letters which appear to have been associated with higher uptake (b) some HBs issued their invitations earlier in the spring whereas PTHB focused on spring boosters and we may see lower uptake associated with lower perception of risk (c) the sparse geography of Powys may present an access challenge compounded by challenge of vaccine wastage (10 dose vials). We are therefore issuing a second invitation using a “full booking” approach for those who have not yet taken up the offer, this will offer a timed appointment during the school holidays with flexibility to rearrange. We are also adopting a higher tolerance of vaccine waste to enable more flexible delivery.
	12-15s	In place	First and second doses continuing and available on a drop-in basis, and boosters in place by invitation for small cohort of eligible individuals. Uptake remains highest of HBs in Wales.
27/49	16-17s	In place	First & second doses and boosters continuing and available on a drop-in basis.

Q1 Delivery: Headline Performance against programme aims (Aims 4 to 6)

Aim	Work Area	Status	Comments
Aim 4: To deliver a safe, prudent and timely autumn booster programme in line with national guidance when published	Develop overarching autumn booster plan.	On schedule	Initial JCVI guidance on the Autumn Booster programme was published on 19 May and signals an offer to everyone aged 65+ as well as people aged 16+ in clinical risk groups, frontline health & care workers. We have been asked by Welsh Government to continue to plan on the basis of 50+. Main vaccine scenarios are (a) continue based on existing Comirnaty/Spikevax (b) new bivalent Spikevax vaccine (c) hybrid of new and existing vaccines. Work is under way to be ready to adopt Spikevax if needed (e.g. staff training, review SOPs).
	Plan and implement PTHB vaccination clinic capacity and delivery	On schedule	High level modelling has taken place and initial staffing and delivery assumptions have been developed. Venues in place for south and mid Powys (subject to commissioning of new mid Powys venue) but further work needed to secure necessary capacity in north Powys.
	Plan and implement primary care capacity and delivery	On schedule	Discussions are under way with primary care to discuss their involvement focused on three priority groups (a) people with COPD [see below regarding flu alignment] (b) people aged 80+ and (c) people aged 75+. A key dependency is the availability of national pack-down for delivery to primary care due to our limited capacity to undertake this locally.
	Agree and implement priorities for flu alignment	On schedule	Initial guidance from Welsh Government indicates that 2022/23 is a transitional year for COVID and flu alignment, recognising that significant planning has already taken place both for flu and for COVID vaccine administration. National planning processes are due to be aligned, with a goal for increasing co-administration over the coming years (subject to the need for continued annual COVID and/or flu vaccination). Initial work has taken place locally to consider local alignment priorities (e.g. PTHB staff, care homes, people with COPD).
	Overall	Awaiting national guidance	Locally we have undertaken some initial workforce mapping which is based on the Welsh Government planning assumptions which indicatively require us to step up to 2000-2500 doses per day for three weeks. This would require approximately 30wte registrant vaccinators in addition to the COVID vaccination workforce, which would have a significant impact on wider HB activity. In terms of venue capacity, venues in mid and south Powys should be adequate for surge delivery but additional venue capacity would be needed in North Powys Further guidance is awaited from WG on surge planning.
Aim 5: To ensure a surge plan is in place to deliver c. 2.5k doses per day for 3 weeks if needed	Local alignment	Subject to national framework	Our draft Vaccination Plan 2022/23 enables us to maintain a core workforce and delivery infrastructure but recognises that decisions are still needed on how to embed the vaccination programme within wider “business as usual” activities for the health board. This also needs to include ensuring that there is a resource utilisation plan to ensure that the COVID-19 vaccination workforce is usefully deployed during the summer and/or if demand are lower than forecast.
	National Framework	National framework awaited	Priority work areas for the development of the National Immunisation Framework have been agreed at a national level, and work is under way

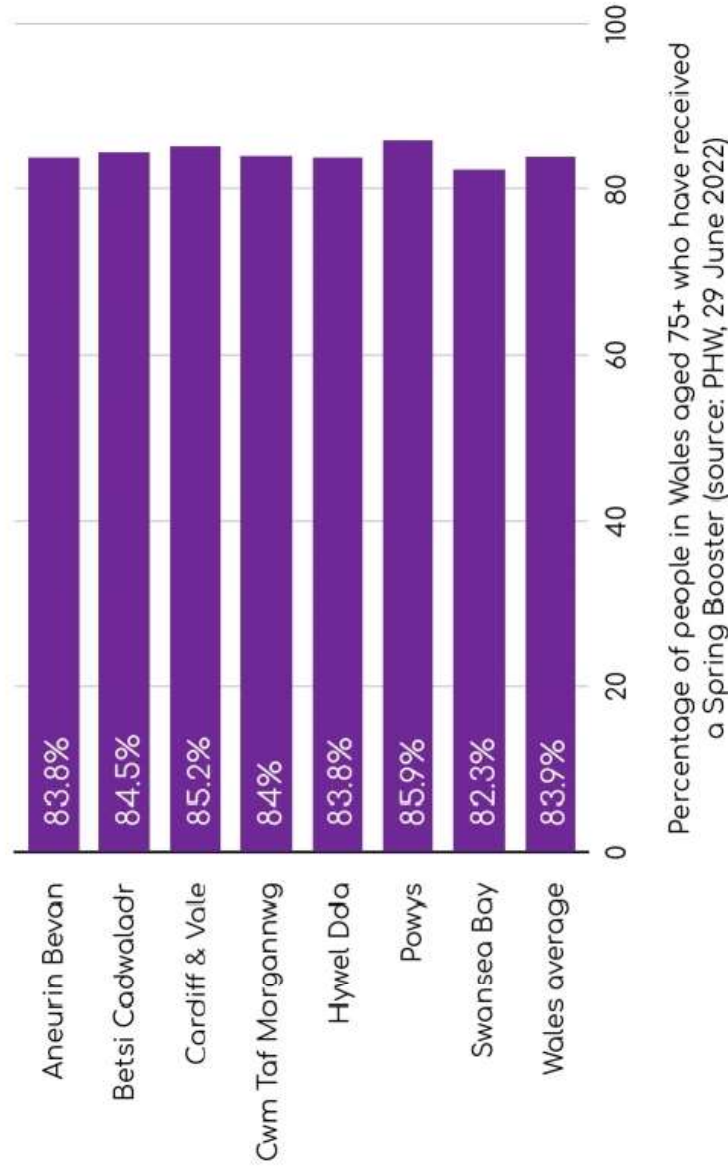
Q1 Delivery: Over 18s



Over 80% of all adults in Powys have received their booster. This represents nearly 90% of all those adults who completed their primary course. This remains the strongest performance of all health boards across Wales (booster uptake range: 68.9% to 80.7%. Wales average: 73.3%).

First doses, second doses and boosters remain available on a drop-in basis for everyone aged 18+.

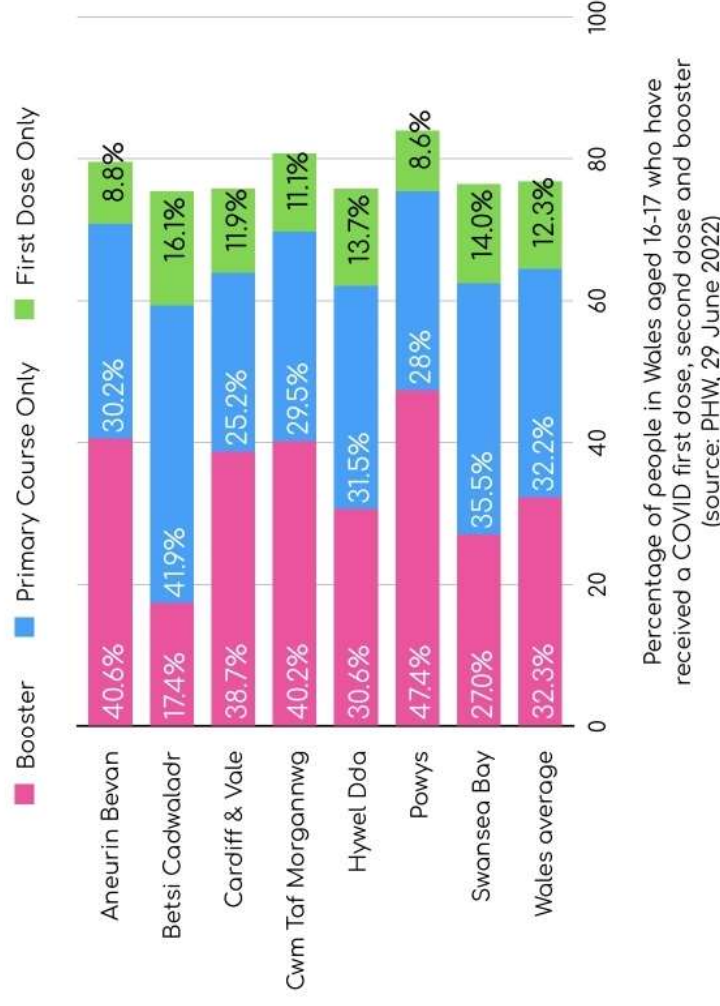
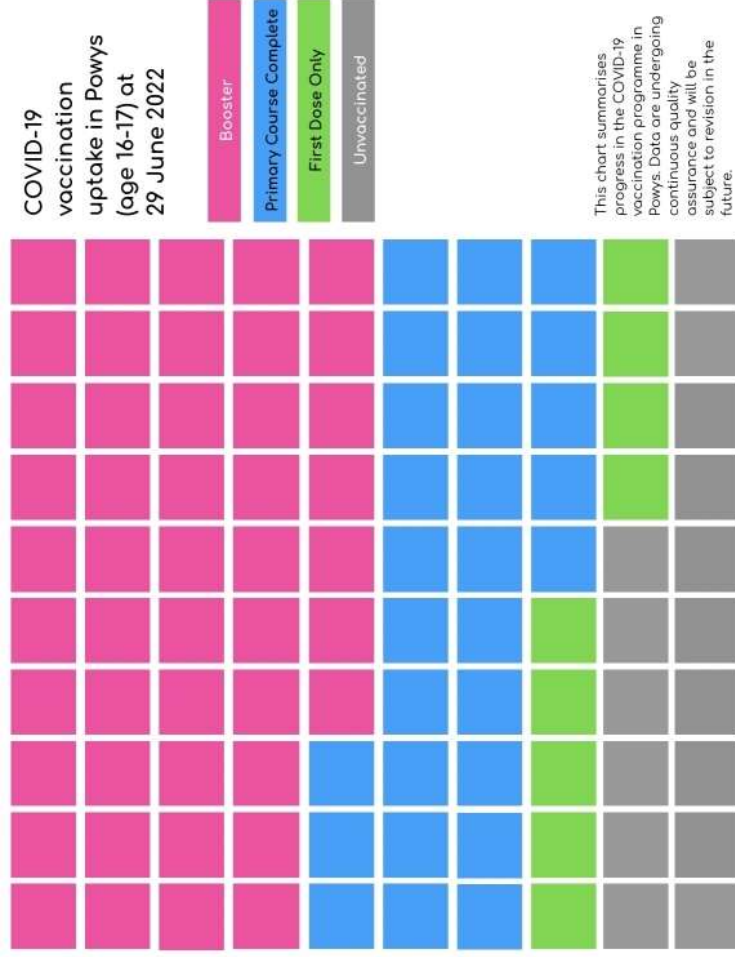
Q1 Delivery: Spring Boosters



85.9% of adults aged 75 and over have received their COVID-19 spring booster. This is the highest rate of all health boards in Wales (range: 82.3% to 85.9%, Wales average 83.9%). 81.7% of Powys care home residents had received a spring booster by 29 June 2022 (compared with a Wales average of 82.8%) and 66.8% of people with immunosuppression (Wales average 53.0%).

Spring boosters have now ended, except for individuals unable to receive their spring boosters in June (e.g. due to illness or recent COVID infection).

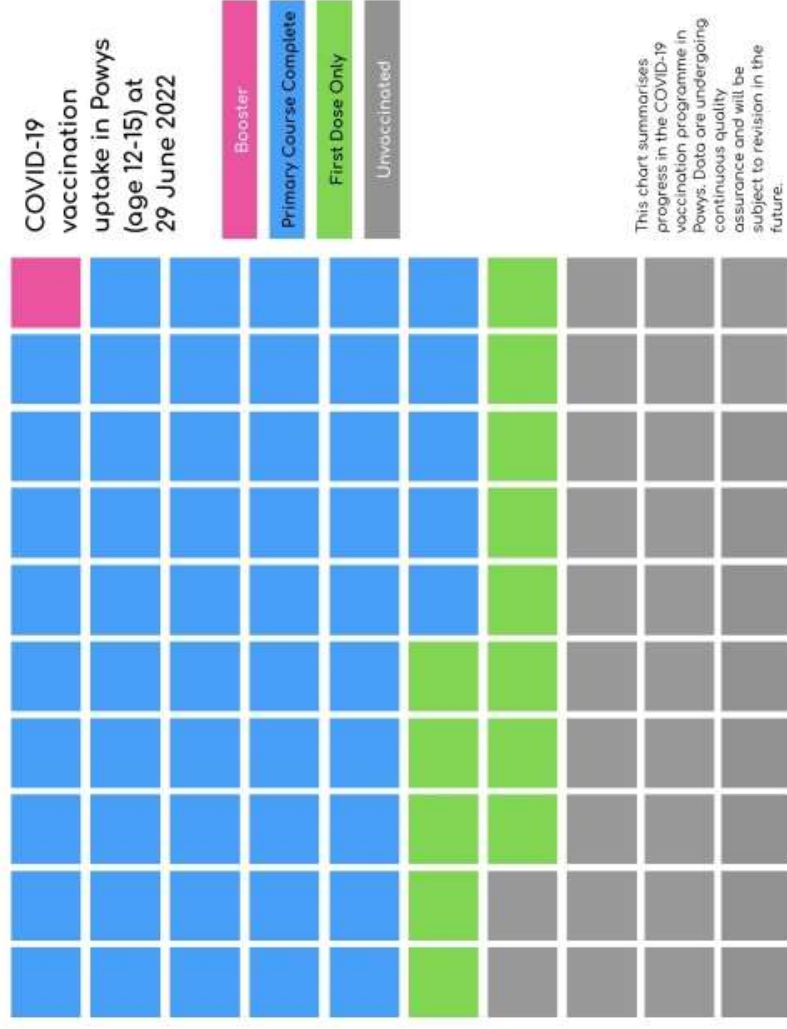
Q1 Delivery: 16-17s



47.4% of all 16-17 year olds in Powys have received their booster. This is the highest rate of all health boards in Wales (range: 17.4% to 47.4%, Wales average: 32.3%).

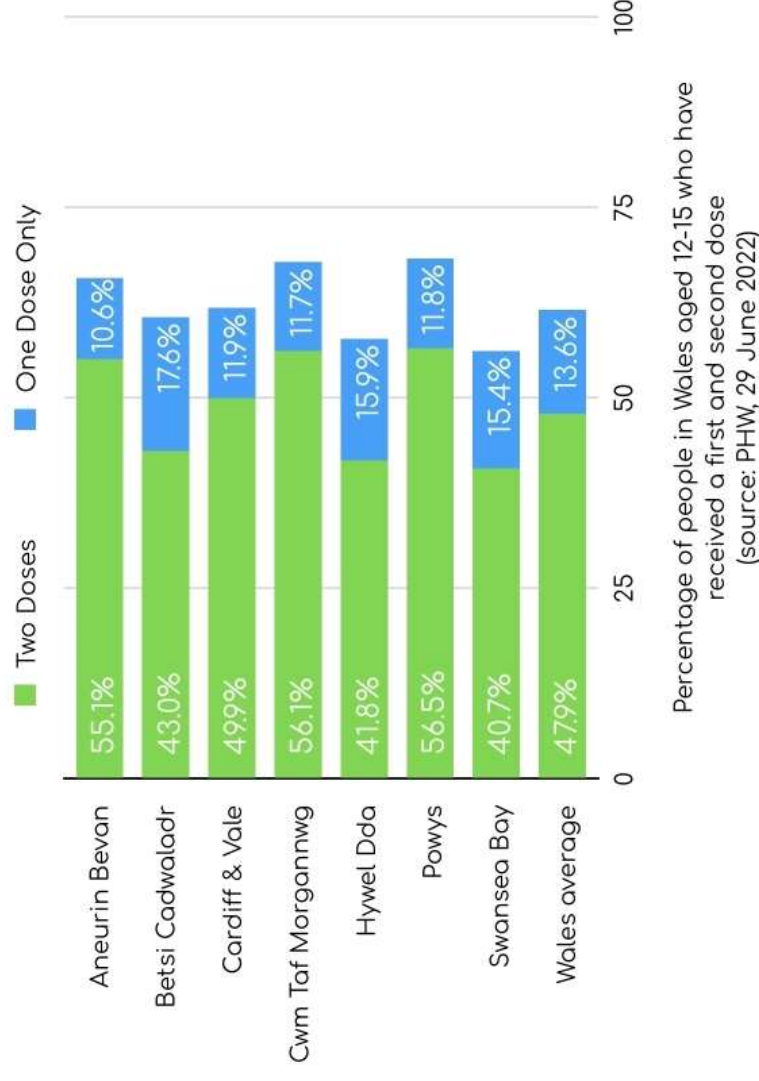
First doses, second doses and boosters remain available on a drop-in basis for everyone aged 16-17.

Q1 Delivery: 12-15s

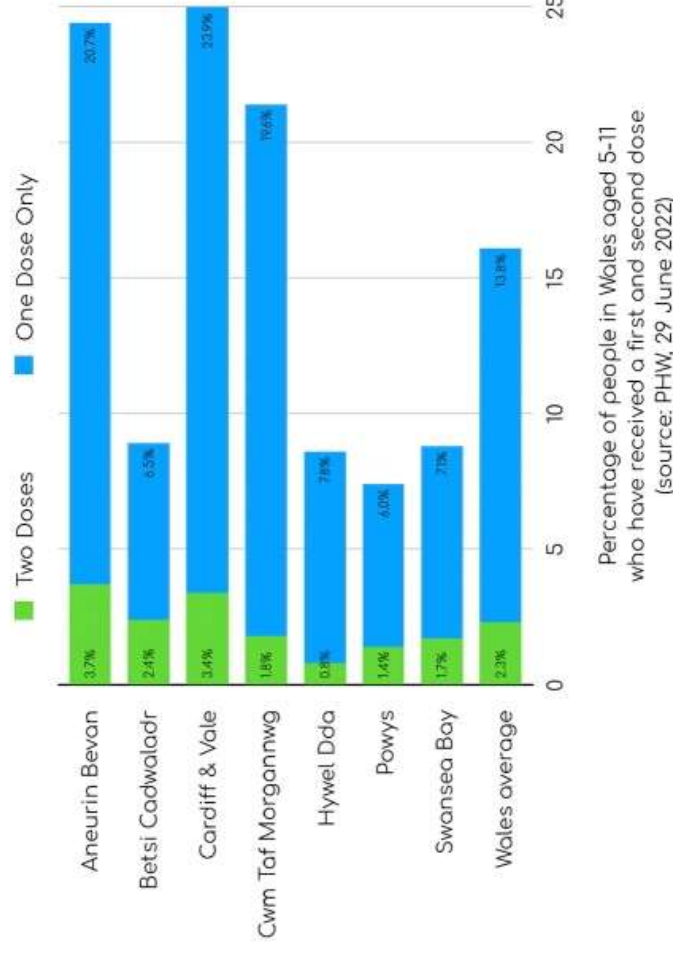
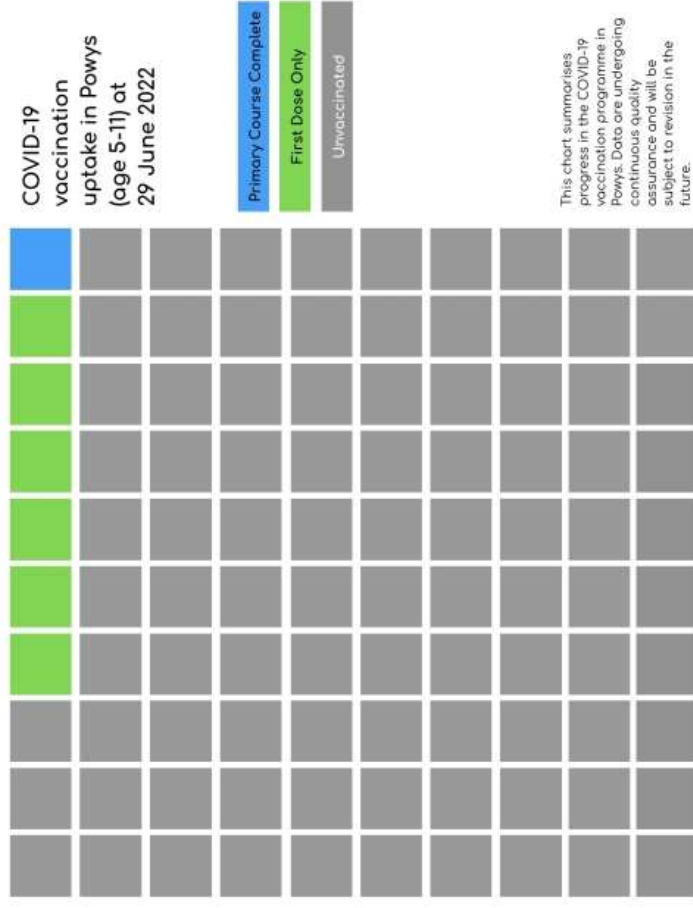


68.3% of all 12-15 year olds have received their first dose and 56.5% have completed their primary course. This remains the strongest performance of all health boards across Wales.

Only those 12-15 year olds with underlying health conditions that put them at higher risk of serious illness from COVID-19 are eligible for a booster dose, and booster doses are currently being offered based on a three month interval since primary course. 35.3% of this cohort have received their booster, compared with a Wales average of 23.2%.



Q1 Delivery: 5-11s



Two doses of COVID vaccination are recommended for 5-11 year olds in clinical risk groups. First dose uptake in Powys (37.9%) for a cohort size of c.350 individuals. This is in line with Wales average (38.2%), and the team continues to contact households to make the offer. 5-11 vaccination is now also available on a drop-in basis.

JCVI has also recommended a “non urgent offer” of two doses of COVID vaccination to all 5-11 year olds. In Powys this offer was opened in February 2022 through an online self-referral form, and following this “partial booking” letters have been issued to all households, and drop-in sessions have begun. Despite these steps, 7.4% of 5-11 year olds in Powys have received a first dose compared with a Wales average of 16.1%. “Full booking” letters (with timed/dated appointments) are now being issued to all households for appointments over the summer holiday period to maximise the opportunity to increase protection for this group.

COVID-19 Vaccination in Powys

Forward Look to Q2-Q4 2022/23

This section of the report sets out current expectations from Q2 onwards including continued transition to “business as usual” through the development of a National Immunisation Framework.

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Forward Look: Planning for COVID-19 Vaccination in Q2-Q4

Welsh Government Planning Assumptions (14 February 2022) and the Welsh Government COVID-19 Vaccination Strategy for 2022 remain the key planning documents for 2022/23.

In addition, on 19 May 2022 the JCVI has published interim advice for an autumn booster programme. The JCVI's current view is that in autumn 2022, a COVID-19 vaccine should be offered to:

- residents in a care home for older adults and staff
- frontline health and social care workers
- all those 65 years of age and over
- adults aged 16 to 64 years who are in a clinical risk group

Welsh Government has asked health boards to continue to plan for the provision of an autumn booster to all those aged 50 years of age and over.

Final guidance from the JCVI is expected later this summer, following which Welsh Government is expected to published an updated Vaccination Strategy for COVID-19 and Flu.

This means that the key programme aims carried forward from Q1 are as follows:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:	Aim 6
To continue to offer vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver a safe, prudent and timely spring booster programme in line with national guidance when published.	To continue to deliver vaccination for children and young people aged 5-17 in line with national guidance.	To deliver a safe, prudent and timely autumn booster programme in line with national guidance when published.	To ensure a surge plan is in place to deliver c. 2.5k doses per day for 3 weeks if needed	To continue to review COVID-19 vaccination delivery in order to transition to a "business as usual" model in line with the National Immunisation Framework
"Always open" offer in place <small>Approved by Bethan 10/07/2022 16:11:56</small>	Conclude mop up by end July 2022	Continue first & second dose offer for 5-11s, including implementation of actions to improve uptake (e.g. full booking model). Implement any new guidance as required	Continue initial planning based on interim JCVI guidance and emerging guidance on flu alignment. Final planning once final guidance and updated Welsh Government strategy in place.	Continue to review surge planning in line with national requirements	Continue to participate in develop of National Immunisation Framework and plan and deliver increased integration for 2023/24 in line with national framework.

Forward Look: Wider National Context – National Immunisation Framework

In their COVID-19 Vaccination Strategy for 2022, Welsh Government set out a commitment to develop a National Immunisation Framework.

The development of the national framework is being guided by a series of design principles:

- **Person centred services:** where people recognise the importance of vaccination, can access their record, know which vaccinations they are due and are able to identify ways to get vaccinated as close to home as possible
- **Inclusion and engagement central to service design and delivery:** local and national infrastructures and systems in place to enable inclusion and engagement to be at the root of our vaccination services in Wales
- **Centrally developed framework delivered locally:** overarching national framework with flexibility for tailored interventions at a local level to meet local population needs
- **Value-based approaches which provide return on investment:** recognising the inherent value element of vaccination in preventing disease and ensuring value for money in the approaches deployed
- **Data driven and evidence-based approach:** timely, accurate data and behavioural insights provided to ensure the service is person centred, innovative and effective
- **Partnership working:** Ongoing and meaningful engagement with partners to ensure person centred services that deliver outcomes and value for money
- **Continuous improvement:** evaluation of approaches undertaken regularly to understand impact on behaviours, sharing best practice and adapting deployment models when necessary
- **Digital solutions to support the operation of services and improve patient experience:** with digital solutions complying with industry best standards, including in terms of the Welsh language, whilst supporting access for those who are digitally excluded

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A series of national Task and Finish Groups was established to develop a set of recommendations, which have been refined and agreed by the National Programme Board:

1. Eligibility

- Recommendation 1: The framework should include the commitment to clear and timely Welsh Government strategy and policy in line with clinical advice and guidance, including from the JCVI.
- Recommendation 2: To support effective delivery and workforce planning, including in the event of an outbreak, and to maximise uptake, the new national framework should set 'vaccination campaigns', with a view to improving uptake and facilitating operational efficiency, while recognising the principle of 'nobody left behind'. Alignment of cohorts where possible should be pursued, allowing coordination and impact of messaging even where co-administration is not possible.

2. Public Vaccination Literacy

- Recommendation 3: The framework should set the expectation of co-production of patient information materials to inform the public about the benefits and delivery of the vaccination service.
- Recommendation 4: Vaccination training for all health and social care professionals to raise awareness of the importance and value of vaccination across professions and services.
- Recommendation 5: All health boards should develop a vaccine equity strategy and programme of work with dedicated public health input. The following principles should be treated as a checklist for health boards when developing their strategies: Provision for identifying groups with low vaccination uptake; Provision for determining barriers to uptake; Partnership working and meaningful engagement with community champions, trusted voices and third sector organisations; Co-production of tailored interventions; Evaluation of actions and interventions.

3. Vaccine Registry

- Recommendation 6: Design and develop an integrated vaccination registry by autumn 2023.
- Recommendation 7: Design and develop a person-centred digital vaccination portal by autumn 2023. Work should consider development of: booking /rebooking; consent; display of eligibility; certification and patient information.

4. Deployment

- Recommendation 8: The framework should make clear that current models which are seen as 'best practice' with high take-up and positive patient experience should be utilised by all organisations. A repository should be developed and maintained to facilitate the sharing of best practice.
- Recommendation 9: The framework should make permanent the clinical advice and support provided through the COVID-19 vaccination programme, including the ability to develop Patient Group Directions, and extend this to all vaccination programmes.
- Recommendation 10: The framework should seek to adopt the COVID-19 tested approach to skill mix for vaccination to wider vaccination programmes, in terms of vaccinators but also more broadly in terms of the wider support team around vaccinators. The focus should be on delivery of outcomes, which would include seeking to adopt models that support a wider public health and reduction of harms approach.
- Recommendation 11: The framework should set an expectation around developing an increased, sustainable core vaccination team resource, maximising skill mix, and centrally co-ordinated within LHBs. This will enable strategic workforce planning and facilitate the maximising of wider health gains. For example, by freeing up school nurses to enable them to focus on other priorities including child emotional well-being, screening and health promotion.
- Recommendation 12: The framework should recommend that where vaccination is provided at a community level, opportunities should be sought for venues to serve as a hub for wider health protection, social care and other related local services.

5. Governance

- Recommendation 13: Undertake a scoping exercise to understand what data (quality, activity and finance) is required to be collected to support the operation of the new framework, ensuring a clear outcomes-focus, including to: Agree a minimum data set for each vaccination programme; Enable behavioural change in terms of uptake; Enable surveillance; Support delivery and performance management
- Recommendation 14: Develop clear, integrated governance at National and Health Board level to enable effective and efficient vaccination delivery (including performance and accountability) and continuous improvement, with an assessment and understanding of the resource position built in.

The continued development of our COVID-19 vaccination strategy and plans in Powys will reflect the emerging National Immunisation Framework.

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Forward Look: Focus on Flu Alignment

As a first step in delivering the National Immunisation Framework, a single Flu and COVID-19 vaccination strategy is expected later this year following publication of final JCVI guidance on the autumn booster programme.

The provisional aim of this strategy is to maximise flu and COVID vaccination uptake through an integrated approach to strategy, planning, governance and public engagement. The strategy will support the achievement of service efficiencies, and whilst it will include further transitional steps to co-administration it does not anticipate a single delivery model in 2022/23.

Key aspects of the single programme are expected to include:

- National strategy: Integrated strategy to be published following JCVI advice on Covid autumn programme
- Planning: Integrated planning, overseen by the Director for Planning and enabled by the Planning and Delivery Group
- Governance: Integrated arrangements
- Public engagement: Integrated communications strategy
- Delivery: Mixed model, with 'proof of concept' approach for co-administration targeting specific cohorts

This will act as a first step to wider integration of governance for all immunisation programmes in Wales:



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Across Wales, health boards will be asked to look at potential for co-administration in pathfinder areas which indicatively may include:

- Frontline health and social care workers
- Care home residents and staff
- At risk groups / COPD

Other pathfinder areas may be added subject to final JCVI guidance on the COVID-19 autumn booster programme.

Forward Look: Wider National Context – COVID and Flu Alignment (2)

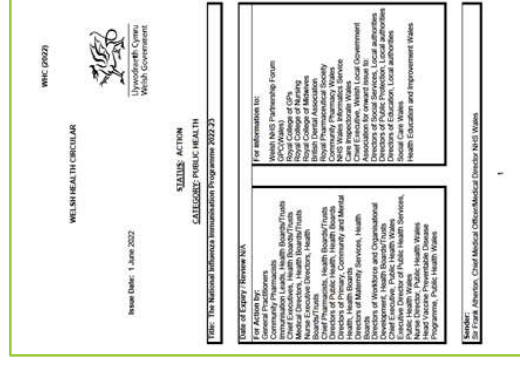
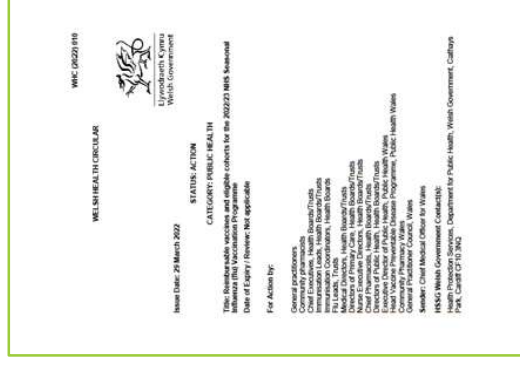
Initial NHS Wales influenza immunisation guidance was published on 29 March 2022 (top right), with updated guidance on 1 June 2022 (bottom right). There are currently some key differences between flu COVID-19 eligibility, although final guidance is expected later this year.

Cohorts	Flu?	COVID Autumn Booster?
children aged two and three years on 31 August 2022	Yes	No
children in primary school from reception class to year 6 (inclusive)	Yes	No
children in secondary school from year 7 to year 11 (inclusive)*	Yes	No
people aged six months to less than 50 years in clinical risk groups	Yes	16+
people aged 50 years and older	Yes	People aged 65+*
all adult prison residents	Yes	TBC**
pregnant women	Yes	TBC**
carers	Yes	TBC**
people with a learning disability	Yes	TBC**
staff in nursing homes and care homes with regular client contact	Yes	All care home staff***
staff providing domiciliary care.	Yes	Yes***
staff providing frontline NHS/Primary care services	Yes	Yes***
healthcare workers (including healthcare students) with direct patient contact	Yes	Yes***

* Welsh Government has asked health boards to plan based on 50+ whereas interim JCVI advice recommends 65+

**** Final JCVI guidance will clarify the “clinical risk groups” for COVID autumn boosters**

*** Green Book includes current definitions of health and care staff



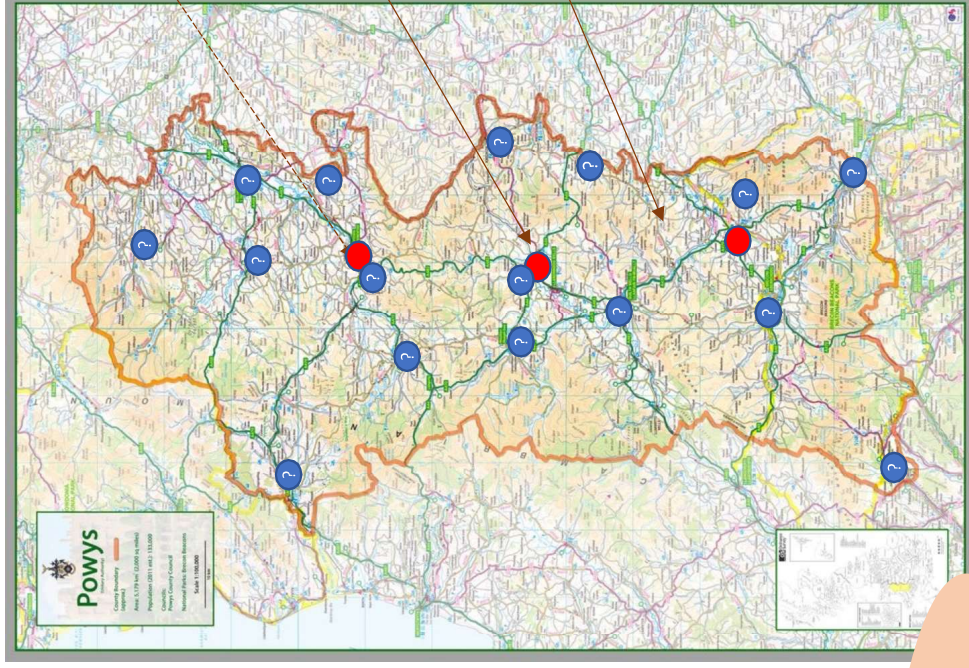
Forward Look: Autumn Booster Delivery Parameters

In common with previous phases on the COVID-19 Vaccination Programme, initial autumn booster planning is undertaken in the context of considerable uncertainty, with detailed requirements expected later in the summer and into the autumn. Our current assumptions are as follows:

- Autumn booster to be offered to everyone in the cohorts P0-P9:
 - P0 currently includes individuals aged 12+ but interim JCVI guidance recommends 16+ only
 - P7-9 (age 50-64) are included in Welsh Government planning parameters but interim JCVI guidance recommends 65+ and people aged 16+ in clinical risk groups (P0-6)
- Vaccination commencing 1 September through to end December. Any booster provided during this period counts as an autumn booster (even if it is a first booster).
- Initially on six month interval since previous dose, but reducing during the autumn to a minimum of three months.
- Individuals are eligible for an autumn booster if they have completed a primary course, whether or not they have received a first booster or spring booster.
- Autumn booster programme to conclude by end December (with everyone within the agreed age eligibility category by this date to be invited).
- Vaccine supply scenarios:
 - Continue with existing vaccine types (Comirnaty and Spikevax, in which case Comirnaty would be utilised in Powys)
 - Research trials under way on new bivalent Spikevax which may be approved/recommended for use
 - Hybrid of existing and new vaccines
- Based on these assumptions we are planning for the following delivery settings:
 - Domiciliary and outreach services for care homes (COVID-19 vaccination team) and people who are housebound (district nursing and LD nursing teams)
 - Participating GP practices for agreed cohorts:
 - Scenario 1: Adults with COPD
 - Scenario 2: Adults with COPD and everyone aged 80 and over
 - Scenario 3: Adults with COPD and everyone aged 75 and over
 - PTHB vaccination clinics including pop-up locations for all cohorts not included above
 - Note that local constraint including medicines management capacity mean that the COVID-19 vaccination programme in Powys will not expand to community pharmacy in 2022.
- This will mean that the greatest scope for co-administration with flu in Powys is likely to be as follows:
 - PTHB staff (the health board is responsible for COVID vaccination and flu vaccination)
 - People with COPD (GP practices have purchased flu vaccine for their patients and can be offered the opportunity to engage in COVID vaccination for this cohort via the PCCS:!)
 - People aged 75+ (as above)

Forward Look: Autumn Booster Geography and Sites

Planning for delivery and scale and pace during 2022/23 will require us to maintain sizeable venues that can accommodate the large population numbers that will be eligible based on current Welsh Government planning parameters. Main vaccination centres should be maintained as hubs for ongoing delivery:



North Powys catchment
c. 70,000

(Arwystli, Dyfi Health, Llanfair
Caereinion, Llanfyllin,
Montgomery, Newtown,
Welshpool*)

Mid Powys catchment
c. 25,000

(Builth Wells, Knighton,
Llandrindod Wells, Presteigne*,
Rhayader*)

South Powys catchment
c. 50,000

(Crickhowell, Brecon, Haygarth,
Stradgynlais)

? All practices invited to participate
based on (a) COPD (b) 80+ (c) 75+

Newtown Park Street Day Centre
Lease until February/March 2023
Main Vaccination Centre

This venue does not have sufficient capacity to meet the autumn booster requirements to an additional or larger replacement venue will be required.

Llandrindod Wells Welsh Government Building
Lease until January 2023
Mass Vaccination Centre

This is a new venue currently being commissioned, with opening planned by end July 2022. It replaces the Royal Welsh Showground which closed in June 2022.

Bronllys Concert Hall
Lease until February/March 2023
Main Vaccination Site

Surge requirements will continue to be dependent on the support available from the wider workforce including bank and local options framework. We will need to maintain the skills of the auxiliary workforce in order to retain readiness for surge response.

A domiciliary model will be retained for vaccination of care home residents and people who are housebound. Responsibility for care homes will move from DN team to MVC team to ensure that DNs can focus on their core responsibilities.

Subject to the level of engagement by GP practices, additional outreach activities may be considered.

Forward Look: Focus on Equity

Equity considerations sit at the heart of the autumn booster programme design:

- We will maintain a network of three main vaccination centres to provide access to COVID-19 autumn boosters in north, mid and south Powys.
- Equity factors have informed our decision making in relation to relocation of our mid Powys vaccination hub following the end of our lease arrangements with the Royal Welsh Showground, and the new location in Llandrindod Wells has benefits of improving access in the east of the county, access for Llandrindod Wells which is an area of higher levels of deprivation, and proximity to transport networks for bus and rail travel in the heart of the county. The centre is also within walking distance for the immediate Llandrindod Wells community.
- GP practices have been invited to participate, with a focus on people aged 75+ and those with COPD.
- Domiciliary and outreach services will remain in place for people who are housebound including care home residents.
- Outreach activities will remain under active consideration, particularly linked to areas where GP practices have been unable to participate due to other pressures and demands.
- Ongoing partnership with Powys Association of Voluntary Organisations to maintain community participation and engagement, including through volunteering and community transport.

A local vaccine equity group is being established ahead of the autumn booster programme to focus on learning from the first boosters and spring boosters, and identify a programme of action to maintain and improve vaccine equity for the autumn booster programme in 2022. This work will pilot the emerging requirements of the National Immunisation Framework by considering areas such as:

- Provision for identifying groups with low vaccination uptake
- Provision for determining barriers to uptake
- Partnership working and meaningful engagement with community champions, trusted voices and third sector organisations
- Co-production of tailored interventions
- Evaluation of actions and interventions.

All-Wales data (see right) helps us to understand key areas of potential variation by age, sex, deprivation, ethnicity, learning disability and pregnancy which may be amenable to local action to improve equity.

Table 1.3. Coverage of a **booster dose** of COVID-19 vaccination by age-group and sex, in Wales, at 10/03/2022.

Age Group	Male			Female		
	Denominator	Vaccinated (n)	(%) 95% CI	Denominator	Vaccinated (n)	(%) 95% CI
80+	74,838	68,543	91.6 (91.4-91.8)	105,512	96,523	91.5 (91.3-91.6)
70-79	155,056	143,493	92.5 (92.4-92.7)	168,072	155,419	92.5 (92.3-92.6)
60-69	195,983	170,954	87.2 (87.1-87.4)	199,869	177,200	88.7 (88.5-88.8)
50-59	234,344	183,591	78.3 (78.2-78.5)	229,875	190,852	83.0 (82.9-83.2)
40-49	202,522	128,185	63.3 (63.1-63.5)	191,855	139,804	72.9 (72.7-73.1)
30-39	222,437	110,425	49.6 (49.4-49.9)	213,650	124,190	58.1 (57.9-58.3)
18-29	249,186	107,907	43.3 (43.1-43.5)	239,474	117,352	49.0 (48.8-49.2)
16-17	36,254	3,864	10.7 (10.3-11.1)	34,459	3,902	11.3 (11-11.7)

Booster uptake is higher amongst women than amongst men in most age cohorts, and booster uptake increases with age.

Table 2.2. Coverage (%) of a COVID-19 vaccination booster dose by age-group and WIMD quintile of deprivation of area of residence, in Wales, at 10/03/2022.

Age Group	Quintile of deprivation of area of residence (WIMD)	Booster dose		
		Denominator	Vaccinated (n)	(%) 95% CI
80+ Years	1- Most deprived	25,472	22,463	88.2 (87.8-88.6)
	2	32,534	29,610	91.0 (90.7-91.3)
	3	37,749	34,484	91.4 (91.1-91.6)
	4	41,318	38,305	92.7 (92.5-93)
	5 -Least deprived	42,570	39,932	93.8 (93.6-94)

Higher levels of booster uptake are associated with lower levels of deprivation.

Table 3.2. Coverage of a **booster dose** of COVID-19 vaccination by age-group and ethnic group, Wales, at 10/03/2022.

Age Group	White			Black, Asian, Mixed and Other Combined		
	Denominator	Vaccinated (n)	(%) 95% CI	Denominator	Vaccinated (n)	(%) 95% CI
80+	159,306	149,499	93.8 (93.7-94)	1,915	1,526	79.7 (77.8-81.5)
70-79	283,620	265,867	93.7 (93.7-93.8)	3,938	3,198	81.2 (80-82.4)
60-69	329,217	297,754	90.4 (90.3-90.5)	6,800	6,800	78.4 (77.5-79.2)
50-59	371,910	314,074	84.4 (84.3-84.6)	13,242	11,157	73.2 (71.5-73.9)
40-49	292,908	213,700	73.0 (72.8-73.1)	22,845	14,236	62.3 (61.7-62.9)
30-39	318,796	182,985	57.4 (57.2-57.6)	25,212	10,789	42.8 (42.2-43.4)
18-29	339,568	172,680	50.9 (50.7-51)	26,532	9,830	37.0 (36.5-37.6)
12-17	152,333	6,193	4.1 (4.4-7)	15,317	581	3.8 (3.5-4.1)

Booster uptake is higher amongst combined white ethnic groups than amongst combined black, Asian, mixed and other ethnic groups.

Forward Look: Working in Partnership with Primary Care

Ongoing discussions are taking place with GP Practices regarding participation in the COVID-19 vaccination programme in 2022/23. This takes account of wider strategic opportunities and challenges including the ambition for increased alignment with flu vaccine administration versus the workforce and demand pressures on the sector.

For the spring booster, only those practices previously involved in the 2021 booster programme were commissioned to participate: Presteigne, Rhayader, Welshpool. Key factors include PTHB medicines management capacity for vaccine and governance training as most practices have not yet used Cominaty (Pfizer/BioNTech), Booking/Information capacity to support practices with WIS administration and SGA runs, primary care capacity and pressures to accommodate vaccination alongside other work priorities and pressures.

Wider GP practice participation in the autumn booster programme will be invited, focusing on three participation scenarios:

- Patients with COPD (to maximise opportunities for co-administration)
- Add patients aged 80 and over (to maximise vaccination closer to home for older residents, and increase opportunities for co-administration)
- Add patients aged 75 to 79 (to maximise vaccination closer to home for older residents, and increase opportunities for co-administration)

Key planning challenges including uncertainty around autumn booster (eligibility, dose interval etc.), extent to which flu and COVID vaccine supply can be reliably aligned, fridge capacity for multiple vaccines, workforce capacity for aligned administration (flu and COVID vaccines not yet available in a combined dose), patient “choice” regarding co-administration.

A national contracting mechanism is in place through PCCS:I arrangements, which include a requirement for GP practices to set out how engagement in COVID-19 vaccine delivery will be managed against access to core services.

Q1 2022/23 Apr-Jun	Q2 2022/23 Jul-Sep	Q3 2022/23 Oct-Dec	Q4 2022/23 Jan-Mar
Invitation to those practices who participated in the autumn booster to participate in the delivery of the second booster (Presteigne, Rhayader, Welshpool) COMPLETE	Work with practices towards delivery of the Autumn booster. Focus on vaccine governance, training, PCCS:I arrangements, co-administration opportunities etc. during the summer in readiness for autumn programme.	Ambition for increased alignment with flu vaccine administration. Opportunities for participation in Autumn booster programme.	Planning for 2023/24.

Forward Look: Q2 Priorities (1/4)

Based on current expectations, the following priorities have been identified for Q2. These are subject to change:

Work Area	Q2 Priorities	Status	Current Position	Lead
1. Strategy and Governance	1.1 Implement updated governance and leadership arrangements including alignment with flu	New	<ul style="list-style-type: none"> Interim DPH in post from 27 June 2022 Handover under way from Programme Director 	<ul style="list-style-type: none"> Director of Public Health
	1.2 Continue surge planning subject to guidance from Welsh Government	New	<ul style="list-style-type: none"> Outline local workforce modelling is in place, but further detail on national requirements is awaited from Welsh Government. 	<ul style="list-style-type: none"> Programme Director
	1.3 Develop detailed implementation plan for autumn COVID/flu delivery subject to national guidance	New	<ul style="list-style-type: none"> Awaiting national COVID/flu vaccination strategy and final JCVI guidance 	<ul style="list-style-type: none"> Programme Director
	1.4 Review and learn lessons from spring booster delivery	New	<ul style="list-style-type: none"> Staff away day has taken place on 16 June 2022 	<ul style="list-style-type: none"> Programme Director Strategic Clinical Lead for COVID-19 Vaccination Service Development Manager
2. Vaccine supply, waste, transport	2.1 Develop and approve updated SOPs to include Spikevax (Moderna)	New	<ul style="list-style-type: none"> Work plan in place to review and update SOPs by mid August 	<ul style="list-style-type: none"> Pharmacy Lead Strategic Clinical Lead for COVID-19 Vaccination
	2.2 Continue implementation plan for Wholesale Distribution Authorisation	New	<ul style="list-style-type: none"> RP training has been undertaken Work plan in place with aim of achieving Wholesale Distribution Authorisation by March 2023 	<ul style="list-style-type: none"> Pharmacy Lead
	2.3 Undertake core training models for Spikevax administration	New	<ul style="list-style-type: none"> Immunisers have been undertaking Spikevax online modules 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination
	2.4 Continue horizon scanning for vaccine supply and guidance for autumn booster programme	New	<ul style="list-style-type: none"> Local programme leads attend national programme meetings for latest intelligence 	<ul style="list-style-type: none"> Programme Director Pharmacy Lead Strategic Clinical Lead for COVID-19 Vaccination

Forward Look: Q2 Priorities (2/4)

Workstream	Q2 Priorities	Status	Current Position	Lead
3. Clinical model and delivery	3.1 Conclude spring boosters	New	<ul style="list-style-type: none"> Plan in place to conclude spring boosters by end July 2021 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination Service Development Manager
	3.2 Implement plan for increasing 5-11 uptake	New	<ul style="list-style-type: none"> Consideration under way of “full booking” offer during summer holidays 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination Service Development Manager
	3.3 Finalise and implement clinical model for autumn booster	New	<ul style="list-style-type: none"> Modelling of demand and staffing has taken place Final workforce modelling under way to identify gaps and recruitment requirements 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination Workforce Lead
	3.4 Agree and implement plan for MVC staff to deliver care home autumn boosters	New	<ul style="list-style-type: none"> Initial discussions under way, and MVC have gained valuable experience from spring booster campaign supporting DNs 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination
	3.5 Agree and implement plan for DNs and LD nursing to deliver housebound autumn boosters	New	<ul style="list-style-type: none"> Learning under way from incidents in spring booster programme 	<ul style="list-style-type: none"> CSG lead and MH/LD lead
	3.6 Agree and implement plan for inpatient autumn boosters	New	<ul style="list-style-type: none"> Weekly planning meetings will be convened, building on experience of spring boosters 	<ul style="list-style-type: none"> CSG lead
4. Venues & Logistics	4.1 Commissioning of Llandrindod Wells Main Vaccination Centre	New	<ul style="list-style-type: none"> Venue handover took place on 20 June Commissioning plan in place for new venue to be operational by end July 2022 	<ul style="list-style-type: none"> Programme Director Service Development Manager
	4.2 Ensure updated venue SOPs for Llandrindod Wells	New	<ul style="list-style-type: none"> Subject to handover of venue 	<ul style="list-style-type: none"> Service Development Manager Facilities Manager Clinical Lead (South)
	4.3 Plan for venue capacity in North Powys	New	<ul style="list-style-type: none"> Initial scoping under way to ensure sufficient capacity for the autumn booster programme 	<ul style="list-style-type: none"> Programme Director
5. Performance and Reporting	5.1 Update dashboard ready for autumn booster reporting	New	<ul style="list-style-type: none"> Subject to confirmation of autumn booster requirements 	<ul style="list-style-type: none"> Information Lead

Forward Look: Q2 Priorities (3/4)

Workstream	Q2 Priorities	Status	Current Position	Lead
6. Workforce	6.1 Finalise workforce modelling for autumn booster programme and recruit as required	New	<ul style="list-style-type: none"> Modelling of demand and staffing has taken place Final workforce modelling under way to identify gaps and recruitment requirements 	<ul style="list-style-type: none"> Strategic Clinical Lead for COVID-19 Vaccination Workforce Lead
	6.2 Review and update volunteering requirements	New	<ul style="list-style-type: none"> Ongoing forum in place with PAVO to discuss volunteering 	<ul style="list-style-type: none"> Facilities Managers Volunteering Lead
	7.1 Lessons learned from spring booster	New	<ul style="list-style-type: none"> Meeting with practice managers took place on 21 June 2022 	<ul style="list-style-type: none"> Programme Director Primary Care Lead
	7.2 Agree practice-per-practice engagement in autumn booster programme	New	<ul style="list-style-type: none"> Meeting with practice managers took place on 21 June 2022 	<ul style="list-style-type: none"> Programme Director Primary Care Lead
7. Primary Care	7.3 Agree PCCS:1 arrangements per practice	New	<ul style="list-style-type: none"> Subject to above 	<ul style="list-style-type: none"> Programme Director Primary Care Lead
	7.4 Confirm vaccine distribution arrangements for primary care	New	<ul style="list-style-type: none"> Initial discussions under way with national team including setting up practices on Immform 	<ul style="list-style-type: none"> Pharmacy Lead
	7.5 Finalise autumn booster arrangements prior to implementation	New	<ul style="list-style-type: none"> Subject to above 	<ul style="list-style-type: none"> Programme Director
	8.1 Implement overseas vaccination protocol	New	<ul style="list-style-type: none"> Initial planning has taken place but awaiting final SOPs from the national team 	<ul style="list-style-type: none"> Service Development Manager
8. Booking and Admin	8.2 Implement WIS cleanse for autumn boosters	New	<ul style="list-style-type: none"> Subject to discussion with national team 	<ul style="list-style-type: none"> Service Development Manager
	8.3 System set up for autumn booster invitations including any changes to online booking	New	<ul style="list-style-type: none"> Awaiting further national guidance 	<ul style="list-style-type: none"> Service Development Manager
9. Flu Alignment	9.1 Implement COVID-19 and Flu Strategy once received	New	<ul style="list-style-type: none"> Subject to confirmation of autumn booster requirements 	<ul style="list-style-type: none"> Director of Public Health Programme Director

Forward Look: Q2 Priorities (4/4)

Workstream	Q2 Priorities	Status	Current Position	Lead
10. Leaving No One Behind	10.1 Re-establish vaccine equity group	New	<ul style="list-style-type: none"> Initial request for expressions of interest sent 	<ul style="list-style-type: none"> Programme Director PH Lead
	10.2 Identify priority actions to improve vaccine equity for autumn booster programme	New	<ul style="list-style-type: none"> Subject to above 	<ul style="list-style-type: none"> PH Lead
11. Engagement and Comms	11.1 Continue regular engagement with CHC representatives	New	<ul style="list-style-type: none"> Last meeting took place 16 June 2022 	<ul style="list-style-type: none"> Programme Director
	11.2 Continue regular engagement with MSs and MPs	New	<ul style="list-style-type: none"> Email brief issued on 17 June 2022 	<ul style="list-style-type: none"> Programme Director
	11.3 Continue regular engagement with Cabinet and Councillors	New	<ul style="list-style-type: none"> Email brief issued on 17 June 2022 	<ul style="list-style-type: none"> Programme Director
	11.4 Implement comms actions arising from vaccine equity priorities	New	<ul style="list-style-type: none"> Subject to 10.2 	<ul style="list-style-type: none"> PH Lead Comms Lead
	11.5 Reset web content ahead of autumn booster programme	New	<ul style="list-style-type: none"> Awaiting national guidance 	<ul style="list-style-type: none"> Programme Director Comms Lead

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2022/23 Risk Management

The principal risks to programme delivery from Q2 onwards are summarised below. These are the risk scores before mitigation.

Catastrophic	5						
Major	4				Risk that insufficient vaccination workforce leads to greater burden on wider PTHB workforce and delivery of wider priorities if surge plan enacted. Risk of low uptake due to insufficient communication and/or engagement locally or nationally and/or insufficient behavioural insights to influence risk perception, vaccine confidence etc.	Risk of poor performance/experience if insufficient staffing is in place. Risk to wider delivery of health services if there is over-reliance on COVID-19 vaccination delivery in primary care at the expense of other GMS	Risk that autumn booster and/or vaccination surge cannot take place at scale and pace due to lack of venue capacity in North Powys
Moderate	3				Risk of sub-optimal invitation processes due to lack of WIS refresh before autumn booster to re-align people to responsible HB and relevant cohort. Risk of under-utilisation of staff due to uncertainty around vaccination requirements and ongoing model. Risk of vaccine wastage due to cold chain failure, stock management, electricity outage etc. Risk of harm from COVID-19 outbreak due to insufficient IPC measures and risk assessment in place. Risk of injury etc due to insufficient health and safety assessment and mitigation / risk of insufficient measures to mitigate protest action. Risk of excess cost and/or opportunities for co-administration with flu are missed if autumn booster / flu scenarios not adequately aligned	Risk to timely and prudent delivery if key national enablers (e.g. WIS updates, PGD template, JCVI guidance / national announcements, vaccine supply, patient information materials, DHCW capacity for SGA run / mailing house capacity etc.) not in place. Risk of structural inequity if insufficient action taken to identify and address equity issues and barriers to access. Risk of adverse impact on wider healthcare delivery, recovery and renewal due to continued reliance on DN teams for care home vaccination. Risk that autumn booster requirements are not met due to insufficient contract/performance management with primary care.	
Minor	2				Risk that delivery model is not sufficiently aligned with future direction of travel for integrated immunisation framework leading to cost, complexity etc. Risk of poor patient experience / reputation due to lack of clarity and communication around eligibility Risk of harm from incorrect vaccine type / dose (e.g. ineligible, adult vaccine for under 12) etc. Risk to delivery of wider vaccination priorities if adequate processes not put in place for overseas vaccination enquiries		
Negligible	1						
		1	2	3		4	5
		Rare	Unlikely	Possible		Likely	Almost Certain

2022/23 Risk Management

Active risk management is under way.

Risk Description	Initial Score	Actions under way	Mitigated Score	Further actions to be considered	Risk Appetite
Risk that autumn booster and/or vaccination surge cannot take place at scale and pace due to lack of venue capacity in North Powys	5x4=20	Task and finish group in place Active search for alternative venues Engagement with primary care for key cohorts Workforce modelling for seven day working	4x4=16	Conclude task and finish work to agree venue plan including liaison with PCC re Park Street. Secure necessary workforce and develop traffic management plan.	3x3=9
Risk of poor performance/experience if insufficient staffing is in place.	4x4=16	Workforce modelling has taken place – good position in mid and south but some challenges in north particularly linked to venue. Recruitment under way. Appetite for bank/overtime hours being scoped.	3x3=9	Finalise workforce model subject to agreement on north Powys venue model (e.g. need to update workforce model if a single venue with sufficient capacity to accommodate the programme cannot be identified)	3x2=6
Risk to wider delivery of health services if there is over-reliance on COVID-19 vaccination delivery in primary care	4x4=16	Participation of GP practices targeted to over 75s (local access for older residents) and people with COPD (national target for flu alignment) to ensure that focus on wider GMS can be maintained and achieve right balance between GP and MVC delivery. Participation will be via PCCS:1 which requires practices to submit a plan to demonstrate how GMS will be maintained.	3x2=6	Finalise and agree PCCS:1 arrangements with participating practices. Ensure that sufficient capacity is available within HB programme if there is limited GP practice participation.	2x2=4
Risk that autumn booster requirements are not met due to insufficient contract/performance management with primary care	4x3=12				
Risk that insufficient vaccination workforce leads to greater burden on wider PTHB workforce and delivery of wider priorities if surge plan enacted.	3x4=12	Workforce modelling for surge has been undertaken. Exec Committee discussions on Local Options Framework approaches to releasing workforce if required, and risks raised to national programme Successful delivery of spring booster programme makes a surge response less likely.	3x3=9	Further detail regarding national surge planning expectations is awaited from the national team	2x3=6
Risk of low uptake due to insufficient communication and/or engagement locally or nationally and/or insufficient behavioural insights to influence risk perception, vaccine confidence etc.	3x4=12	Vaccine equity group being re-established. Participating the development of the national marketing campaign. Ongoing engagement with MSs, MPs and CHC. Initial publicity issued through key channels to raise awareness of forthcoming autumn booster campaign.	3x3=9	Implement national marketing campaign at a local level. Implement agreed actions developed through vaccine equity group. Maintain engagement with MSs, MPs and CHC.	2x3=6
Risk to timely and prudent delivery if key national enablers (e.g. WIS updates, PGD template, JCVI guidance / national announcements, vaccine supply, patient information materials, QHCW capacity for SGA run / mailing house capacity etc.) not in place.	4x3=12	Requirement for national enablers has been escalated to national programme team	Escalated to national team	Keep under review through engagement with national programme	Escalated to national team
Risk of structural inequity if insufficient action taken to identify and address equity issues and barriers to access.	4x3=12	Local vaccine equity group re-established Lessons learned from each phase of the programme National monitoring of variance by key demographics in place	3x3=9	Implement agreed actions developed through vaccine equity group.	3x2=6
Risk of adverse impact on wider healthcare delivery, recovery and renewal due to continued reliance on DN teams for care home vaccination.	4x3=12	MVC teams have increasing supported care home vaccination during spring booster programme, with planning under way for MVC team to lead and deliver the programme in the autumn	3x3=9	Fully implement MVC-led vaccination in care homes	2x2=4

Thank You

Agenda item: 4.1

**Planning, Partnerships and
Population Health Committee**

**Date of Meeting:
14 July 2022**

Subject:	Overview of Renewal Strategic Portfolio and Arrangements
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Assistant Director Transformation and Value & Team
Other Committees and meetings considered at:	The Renewal Portfolio Overview was presented to the Executive Committee acting as the Renewal Strategic Portfolio Board on 06 July 2022.

PURPOSE:

The purpose of this report is to provide the Planning, Partnerships and Population Health Committee with an overview of the Renewal Portfolio including progress and risks.

RECOMMENDATION(S):

The Committee is asked to note and discuss the report.

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

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

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

EXECUTIVE SUMMARY:

This report gives an overview of the progress being made by a portfolio of programmes driving forward recovery and longer-term service “renewal”.

The Renewal programmes span: urgent and emergency care, frailty and the community model; cancer, respiratory, circulatory and mental health conditions; children and young people; and diagnostics, ambulatory and planned care. A programme for value-based health care is also in place.

Highlights and key issues in the first quarter of the financial year 2022/3 include:

- £284k has been secured (non recurrently) from the Wales Cardiac Network to assist with the implementation of the community cardiology service for Powys, which is a key step in transforming diagnostics within the county to provide services closer to home and to detect conditions earlier at more treatable stages. However, the very tight time scales for implementation, including clinical posts, is a significant challenge.
- 972 “FIT” tests were given across Powys between November and April in response to possible symptoms of bowel cancer to help identify it at an earlier more treatable stage. (189 of the tests were positive).

- The use of temporary insourcing has enabled patients to be diagnosed and treated more quickly within Powys following the backlogs which built up through the pandemic, enabling services such as endoscopy to recover quicker than predicted.
- All patients waiting over 26 weeks for services within Powys have been contacted. Information about wellbeing has been strengthened on the health board website. Subsequent hits to the website show patients were searching for information about pain, coping with worry, eating well, wellbeing and mood, being active, smoking cessation and reducing alcohol.
- A Wet Macular Degeneration service has been extended into mid Powys and a nurse eye care injector is in place. Clinical outcomes are above the national average.
- The Breathe Well Programme has been subject to an internal audit receiving "reasonable assurance" overall, with 4 areas found to have substantial assurance and one reasonable. Between November 2021 and May 2022 159 patients overdue for follow-up by an in-reach respiratory consultant have been reviewed with over 50% being transferred or discharged and the process is continuing. 62 patients have commenced the Virtual Pulmonary Rehabilitation programme to date, with a 64% completion rate. Oxygen reviews have taken place, resulting in 34/76 (45%) patients having clinically inappropriate equipment removed, reducing harm and clinical risk. In addition to 141 patients on the spirometry backlog being cleared, a third of referrals were found to be inappropriate resulting in a strengthening of referral criteria.
- Recruitment of staff remains challenging, but funding such as that secured for community cardiology should increase clinical capacity. A series of other proposals have been submitted nationally in relation to funding including for value based health care (in relation to frailty, falls, dermatology and atrial fibrillation) outpatient transformation and eye care.

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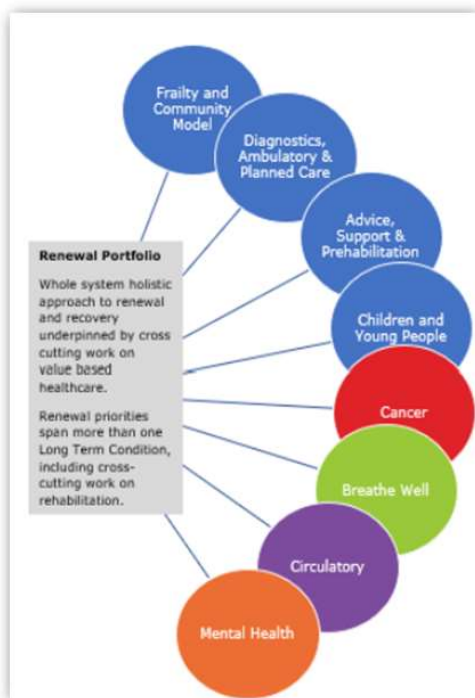
DETAILED BACKGROUND AND ASSESSMENT:

Background

Major requirements for renewal emerged from an appraisal of the impact of the pandemic. However, this is also a time of unprecedented opportunity for Powys, highlighting the importance of delivering more services closer to home, focusing on the things that matter most to the wellbeing of the population and those things which will make the most impact.

The Integrated Medium Term Plan (IMTP) sets out a phased and cyclical approach spanning "Resilience, Recovery and Renewal":

- **Resilience:** continued response to Covid and specific service and wider organisational resilience
- **Recovery:** recovery planning and action in the short and medium term, that supports rather than undermines longer term renewal
- **Renewal:** working to drive tangible service change that delivers improved outcomes, experience and cost with longer term sustainable transformation



A Renewal Strategic Portfolio Board has been established to drive forward transformation with the focus, pace and scale needed.

The scope of the Portfolio is whole system and transformative, which may include redesign of current activity, embedding a Value-Based health care approach. This means understanding outcomes, experience and cost to help the health board allocate resources to the right place to deliver the best outcomes for Powys people within the resources available.

In particular, the Renewal programmes are contributing to achieving the following strategic priorities:

- Develop and implement a progressive, whole system diagnostic, ambulatory, and planned care model, delivering care closer to home
- Improve access to high quality prevention and early intervention services for children, young people, and families
- Implement improvements in early diagnosis, treatment, and outcomes for people with or suspected of having cancer
- Implement improvements in outcomes, experience, and value in circulatory disease (Stroke, Heart Disease, Diabetes)
- Implement the Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young People's Respiratory care

- Undertake a Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist mental health services.
- Design and deliver a frailty and community model enhancing outcomes, experience, and value and the six goals for urgent and emergency care
- Implement Value-Based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources.

There is a lead Executive Director for each of the Renewal Programmes:

Renewal Programme	Executive Lead
Urgent and Emergency Care, Frailty and Community Model	Co-chaired: Medical Director (MD) Director Primary Community and Mental Health (DPCMH)
Diagnostics, Ambulatory & Planned Care (including Advice, Support and Prehabilitation)	Director of Planning and Performance (DPP)
Children and Young People	Director of Nursing & Midwifery (DoNM)
Mental Health	Director Primary Community and Mental Health (DPCMH)
Cancer	Medical Director (MD)
Breathe Well (Respiratory)	Director of Therapies and Health Science (DoTH)
Circulatory	Director of Public Health (DPH) (Chaired by the Chief Executive Office on an interim basis whilst the DPH was recruited.)
Value Based Health Care	Medical Director (MD) and Director of Finance (DoF)

Maturity

A number of the programmes have only been established within the last year and, at points, have had to be suspended and staff redeployed to assist with the challenges of mass vaccination and Omicron. Thus, the programmes are at different points of development. A maturity matrix has been developed to help assess the development of the programmes over the next three years. The maturity matrix has been considered by each programme and scoring, against the matrix, has been considered at the Renewal Strategic Portfolio Board (overleaf).

Renewal Programmes Maturity Matrix					
Programme	Level				
	1	2	3	4	5
Purpose & Governance	Priority identified Milestones being identified Programme being established Exec lead identified	Approved PID, with clear purpose and scope Agreed Executive lead Programme established Reporting arrangements agreed High level milestones Risks identified within risk register	Approved PID Executive leadership Detailed programme plan (with workstreams where required) Reporting against plan and milestones Risk management underway	Approved and reviewed PID Executive leadership Reporting against programme plan and managing risk	Clearly defined governance structure. All contributors agree governance structure and actions are aligned. Risks reduced in line with target risk score.
Process	Process being developed via <u>PID</u> . (Analyse/Plan/Do/Review) .	<u>Analyse</u> : Detailed analysis undertaken to understand what should be happening (expected), what's <u>actually happening</u> (observed), gap analysis and options.	<u>Plan</u> : Analysis undertaken – with clear prioritised plan - including option appraisal/Board approval/identification of statutory processes required	<u>Do</u> : Controlled Implementation of necessary pathway changes with compliance with statutory processes	<u>Review</u> : undertaken to ensure objectives achieved (ongoing reliable metrics, patient experience, evaluation/lessons learned).
Collaboration	Stakeholder mapping being undertaken	Stakeholders identified (<u>those</u> to be directly involved/informed) Potential leads and links identified	Clarity about what the programme leads on and the links needed.	Active involvement of key clinical staff, enabling professionals and partners	Evidence key stakeholders collaborating to achieve agreed plan.
Outcomes	High level indication that outcomes need to be improved.	Identification of existing/gaps: - clinical outcomes - patient reported outcomes - patient experience -expenditure. Identification of improvement needed.	Process agreed for clinical outcomes; patient reported outcomes; patient experience. Improvement trajectories agreed.	Improvement trajectories tracked and reported. Benchmarking. Implementation of processes for improving information about clinical outcomes/patient reported outcomes/ experience Tracking of expenditure	Improvement trajectories in place, tracked and being achieved. Population level outcomes identified and monitored. Clinical and Patient reported outcomes collected and tracked Patient experience influencing services Shift in allocation of resources in line with evidence of value.
Future Development	Prioritised within IMTP	High level delivery plan in place	Clear <u>programme</u> plan for the next year, linked to the objectives in the organisational annual plan	Clear three-year programme plan, aligned to the organisational plan	Next three-year priorities embedded in IMTP or decision to return to business as usual

Risks within the portfolio

A portfolio risk register has been developed and is summarised in a “heat map” below.

Renewal Portfolio Risk Heat Map				
Very High			0	
High			10	
Medium			4	
Low			0	
Total Number of Portfolio Risks			14	
Impact	Major	4	<p>RSPB 2. Inability to deliver the renewal portfolio due to inability to recruit and retain sustainable workforce model within the primary, community and mental health directorate. RSPB 4. Portfolio and Programmes are unable to recruit to posts.</p> <p>RSPB 1. Inability to deliver commitment to Welsh Government in relation to PTHB recovery funding [being managed over more than one financial year] RSPB 5. Portfolio and Programmes are not interfacing appropriately with all Wales initiatives and meetings. RSPB 8. PTHB GPs and clusters are unable to engage with the Programmes within the Portfolio. RSPB 9. Capacity of key PTHB clinical staff to be involved in numerous Programmes and workstreams. due to RSPB 10. Capacity of key clinical staff beyond Powys (i.e. secondary care) to be involved in relevant Programmes and workstreams (Omicron and current levels of covid have impacted on this) RSPB 14: inability to deliver future models of care due to Inability to recruit and/or retain workforce model within the primary, community and mental health directorate</p>	

	Moderate	3	RSPB 6. Portfolio and Programmes are not interfacing appropriately with PTHB Resilience work.	RSPB 7. Portfolio and Programmes are not interfacing appropriately with North Powys Wellbeing Programme. RSPB 11. Capacity of enabling PTHB departments and services to be involved in numerous Programmes and workstreams. RSPB 12. Inability to obtain the information and data support required for the Portfolio. RSPB 13. Inability to deliver medicine optimisation required for the Portfolio
	Minor	2	RSPB 3. Financial risk associated with managing large scale change.	
			2	3
			Unlikely	Possible

Renewal Programme Risks (current risks scores 15 and above)

Each of the renewal programmes has a risk register and risks with a current risk score of 15 or above are reported to each Renewal Strategic Portfolio Board (RSPB) meeting. There are now no risks scoring above 16.

Programme Risk over 15	Action/current status summary
Breathe Well: Delayed Services (including diagnosis, routine referrals and follow-up). [16]	Breathe Well is addressing the backlogs of respiratory patients. The Programme Board reviewed this risk on the 29/06/2022 and agreed it should remain at 16 until assurance is received that patients are being risk stratified in line with their clinical circumstances. Assurance is being sought from external consultants. Some improvement in long waiters seen, but the overall waiting list is growing. In terms of the review of the in-reach consultant follow-up back log, approximately 50% of the patients reviewed so far could be discharged or transferred from the consultant list using the new Multi-Disciplinary Team (MDT) approach developed within Powys.
CYPF 7: Inability to deliver the activities required to improve the service available to children and young people who require complex care. [16]	The focus of the Children and Young People's Renewal Programme is being revised to ensure it will address the issues which matter most for children as a population and will have the greatest impact. (Renewal Strategic Portfolio Board 06.07.2022.)
Diagnostic, Ambulatory and Planned Care (DAPC): Diagnostic Workstream: Insufficient Clinical Resource and capacity availability to deliver the Diagnostic Workstream efficiently [this relates to realising service change]. [16] DAPC Programme: DAPC 12: Risk that neighbouring Health Boards may step down planned care. [16]	Diagnostics Workstream: Workforce and Organisational Development representation now included in the Diagnostic Workstream and discussions around creative workforce modelling is underway. DAPC Programme: Commissioning communication channels are in place to inform Powys Teaching Health Board of temporary changes in service provision. Continue to ensure good engagement with neighbouring health boards and trusts via programme board and other governance structures. Develop alternative offers through repatriation and insourcing opportunities. Patient Tracking Lists (PTL) being sought.
Advice Support and Prehab: ASP 11 Risk that neighbouring health boards may step down planned care. [16]	See above. Mitigating actions in place aligned to programme priorities. The Advice Support and Prehab risk register is now combined within the overarching DAPC risk register.

ASP 1.7 Programme unable to deliver due to a lack of access to data and intelligence. [16]	
Mental Health 3: Multiple plans/different competing priorities New strategies and plans aligned with Mental Health (nationally and locally) are undergoing significant changes currently and some priorities are dependent on other planning/resources and funding and all need multiple partner input and cross partnership agreement. Without having full oversight of concurrent plans (and priorities), strategic and operational planning across partners may result in competing priorities and resources. [16]	The Draft Strategic Review of Mental Health terms of reference Renewal Strategic Portfolio Board being developed. (Renewal Strategic Portfolio Board 06.07.2022.)
Urgent and Emergency care, Frailty and Community Model: 1: Patient harm including deconditioning due to delayed or failed recognition or response to frailty (Frailty is not recognised early enough due to: Lack of agreed frailty scoring; Inability to share frailty scores across primary, community and secondary care; Inconsistent geriatric assessment processes; Inappropriate admissions; Delayed transfer of care; fragmented pathway; Absence of written Treatment Escalation Plans (TEPs); Lack of home support; Delays in accessing primary and community services for frail people.) [16] 2: Resources are spent on inappropriate or low value activity, including inappropriate admissions; delayed discharge and use of out of county community hospitals for frail older people. [16] 6: Complex and inequitable historic arrangements to ensure capacity for optimal frailty model [16] 8: Health inequalities in relation to frail people are not identified and addressed leading to poorer outcomes for some patients. [16] 12: Complexity of the 6 Goals for urgent and emergency care interdependencies and reporting. [16] 13: 6 Goals interface and resourcing implications. [16]	Mitigating actions in place aligned to the Urgent and Emergency care and Frailty and Community Model programme priorities.
Cancer 1.13: Risk of death or significant harm for patients with cancer due to delayed diagnosis or treatment. [16]	Mitigating actions identified in Cancer programme plan and underway but at present the risk remains.

Capacity: Staffing challenges feature on both the portfolio and programme risk registers. Recruitment to approved posts has continued within a competitive workforce market. Most posts were appointed to last year and recruitment is continuing. Where it has not been possible to recruit to key posts creative workforce models are being developed to deliver the planned objectives.

Further recruitment to clinical and professional capacity is underway in a number of priority areas: additional clinical sessions have been secured to assist the orthopaedic pathway redesign; funding has been secured to help put in place the first tranche of the community cardiology service; and further proposals have been submitted to Welsh Government in relation to outpatient transformation, Value-Based health care and cancer. WG has made available funding to help implement the Six Goals work in relation to urgent and emergency care and recruitment has been initiated to support this.

Finance

An update was provided to Welsh Government on the 6th of May 2022 in relation to the non-recurrent revenue and capital streams received in the previous financial year.

As the work on some programmes had to be suspended at different points of the pandemic, but needed to be completed, or permanent recruitment was necessary a continuing commitment was made within PTHB. The forecast spend in relation to this is summarised in the table below.

	Forecast spend 2022-23 £	Forecast spend 2023-24 £	Forecast recurrent spend £
Renewal	1,680,262	849,853	664,435
Notes			
1. Excludes non pay costs			
2. Where no one currently in post have costed at top of scale			
3. Excludes pay awards / inflation			
4. Phasing for Insourcing to be confirmed			

A number of additional funding streams are being made available nationally. For 2022/23 PTHB has secured an additional non-recurrent revenue allocation of £283,688 to support the implementation of the Community Cardiology model.

Value based health care funding proposals have been submitted in relation to frailty, falls, atrial fibrillation and dermatology. Proposals have been submitted in relation to Planned Care Outpatient Transformation (£450k) and work is also underway in relation to proposals in relation to urgent and emergency care (£900k). PTHB and the Wales Cancer Network are working together to secure funding to research the possibility of providing a Rapid Diagnostic Centre within Powys (£20k).

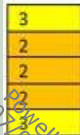
Progress within programmes

The next section summarises progress within programmes.

Diagnostics, Ambulatory & Planned Care: *Develop and implement a progressive, whole system diagnostic, ambulatory and planned care model, delivering care closer to home*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Diagnostic, Ambulatory and Planned Care	DPP	✓	✓	✓	✓

Maturity Matrix

	Insourcing project review complete, contract extended for 6 months to support potential repatriation opportunities such as low complexity Orthopaedic and Cataract. Progress is continuing against the Eye Care and Dermatology Plans. Diagnostic Strategic Plan being drafted.
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Action (B/R/A/G)	Update
Review and evaluate impact of the Insourcing project Q1	Insourcing project review completed following the lessons learnt workshop. Report drafted and approved by Programme Board and Renewal Strategic Portfolio Board.
Secure access to medical speciality advice Q1	On course for securing speciality Orthopaedic advice.
Agree phased implementation for the Diagnostic Strategic Plan Q1	The Diagnostic strategic plan has been drafted and workstream is in place. It reflects the Phase 1 implementation set out in the Delivery plan for 2022/23 (community cardiology service; cancer FIT testing, Rapid Diagnostic Centre access, cytosponge and transnasal endoscopy; Breathe Well sleep and spirometry; and dermatology. Existing modelling also incorporated.
Implementation of Eye Care Plan Q1	Wet AMD service has been extended into mid Powys. Powys Teaching Health Board 1st nurse eye care injector. Clinical outcomes above national average for Wet AMD. Multi-Disciplinary Team for eye care including ophthalmic scientist and hospital optometry. One stop eye care clinic established in Llanidloes October 2021 with Multi-Disciplinary Team patients no longer need to travel to Bronglais Hospital (HDUHB) and face significant wait for eye care scans/biometrics. One stop clinic established in Welshpool in early 2022. Plans in progress to further extend all eye care pathways into North Powys as part of North Powys Transformation Programme, one stop clinics in Newtown and potential cataracts in OP setting, ocularplasty in Outpatient setting undertaken by specialist nurses etc. Digital eye care record roll out in Powys Teaching Health Board to be lead with pilot in Ystradgynlais Community Hospital with National Planned Care Clinical Lead who is a Powys Teaching Health Board in reach ophthalmologist. Hydroxychloroquine Screening Service for eye care & rheumatology patients under development with successful equipment bid to Welsh Government Renewal Fund. Dedicated paediatric eye care clinic South Powys children no longer have to travel to Hereford. One stop clinic with consultant, orthoptist, Powys Teaching Health Board eye care nurse. The Powys Teaching Health Board Eye Care Multi-Disciplinary Team will be presenting at the Oxford Ophthalmological Congress in July 2022 retraining optometrists and running a wet AMD service at a community hospital No patients waiting over 36 weeks for 1st appointment, no patients waiting over 52 weeks for cataracts (March 22)
Implementation of Dermatology Plan Q1-Q4	Clinically led - Plan is in progress, work being undertaken pan Powys on Dermatology Services to review processes and pathways - Workshop to be held to review current services and plan for pan Powys Dermatology Service using GPs with special interest in Dermatology.
Work with other health boards on regional diagnostic and planned care regional solutions including orthopaedics, cataracts and endoscopy Q1-Q4	Executive representation on National Boards in place. Use of Powys Teaching Health Board Theatre and Endoscopy facilities need to be part of networked regional solutions. This has also been reaffirmed through the Getting It Right First Time review of Orthopaedics.
Implement plan to maximise theatre and endoscopy utilisation Q1-Q4	Phase one of Insourcing including Theatre and Endoscopy closed. Phased 2 depends upon Patient tracking List information being secured from other health boards and NHS trusts.
Develop the Ambulatory Care Strategic Plan and Model, implementation including Ambulatory Care Centres Q2-Q4	In progress. Workshop to clarify scope scheduled for Quarter 2 to support the draft of the Ambulatory Care Strategic Plan. This will need to include the implications arising from the Six Goals and Five Goals work.
Ensure robust improvement trajectories are in place and are being monitored Q1-Q4	Underway however as revised pathways are put in place there is a development task in ensuring new or revised trajectories are in place and monitored.

Key Successes & Issues:

- Following the successful insourcing project PTHB met Ministerial targets in Referral to Treatment (RTT) sooner than expected
- Three bids submitted against the Outpatient Transformation Fund to Welsh Government
- Diagnostic Workstream established and well attended final version of Diagnostic Strategic Plan in draft
- Stepping down of Planned Care in cross border health boards continue to impact commissioned services and waiting times.

Number of patients waiting over 104 weeks for treatment (Ministerial Measure: Improvement towards a national target of zero by 2024)

Powys provider services have successfully reduced wait over 104 weeks to zero, the health board is compliant with the minister's target.



Number of patients waiting over 36 weeks for treatment (Ministerial Measure: Improvement towards a national target of zero by 2026)

Powys provider has reduced waiters over 36 weeks to 41, this is the best in Wales & England. This improvement is better than predicted.

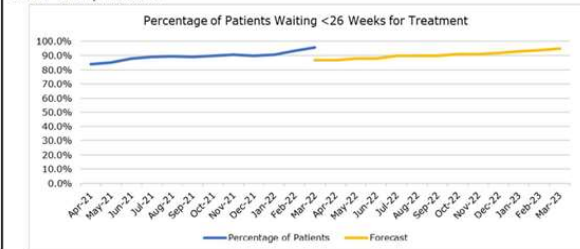


Number of patients waiting over 52 weeks for a new outpatient appointment (Ministerial Measure: eliminating over 52 week waits by October 2022)

Provider services have successfully reduced waits over 52 weeks to zero, the health board is already compliant with the minister's target.

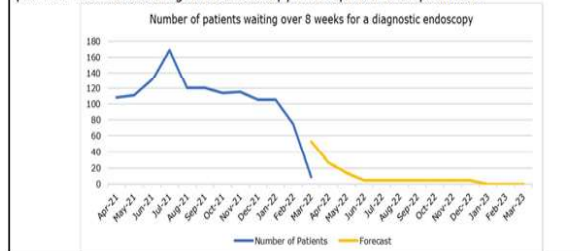
Number of patients waiting under 26 weeks for treatment (Ministerial Measure: Improvement towards a national target of 95% by 2026)

Planned care performance as a provider is very positive, at present the health board is 96% compliant, achieving the ministers target of 95%. This improvement is better than predicted.



Number of patients waiting over 8 weeks for diagnostic endoscopy (Ministerial Measure: Improvement trajectory to zero by March 2026)

Powys performance has significantly improved, utilising insource capacity in March the provider has reduced diagnostic endoscopy waits quicker than predicted.

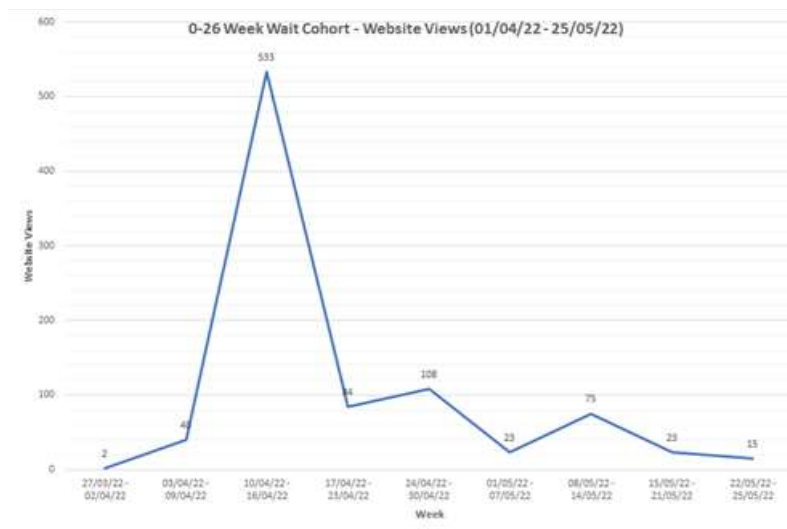


Specialty	Outpatients	Pre-Op	Theatre
General Surgery	252	26	24
Oral Surgery	-	27	62
Endoscopy	-	-	131

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Advice, Support & Prehabilitation as a work stream of the Diagnostics, Ambulatory and Planned Care Programme

Action (B/R/A/G)	Update
Embed Advice, Support & Pre-habilitation offer within orthopaedics Q1	Advice & Support provided to Powys-managed patients in April 2022 across specialties including orthopaedics.
Implement orthopaedic redesign, incorporating GIRFT review Q1-Q4	Getting It Right First Time (GIRFT) recommendations received and reviewed. Task & Finish Group established to implement the actions. Monthly meetings established with Chief Executive Officer/GIRFT to report progress. Clinical sessions secured for 12 months to support the review and future strategy. Pathway mapping and data analysis underway to help inform future pathway redesign.
Review Patient Liaison, Advice, Support & Pre-habilitation pilot Q2	Workshop held on 17/06/22 to discuss advice, support & prehabilitation model. Evaluation report in draft. Discussion at Informal Executive Committee scheduled for July 2022.
Learning from future GIRFT reviews for elective general surgery, gynaecology and stroke services Q2-Q4	Data submitted to GIRFT Team and preparations underway for Gynaecology GIRFT review on 21/07/22. General surgery and stroke reviews will be later in 2022/23.



Key Successes & Issues:

- Webpage hits by specific type of advice: pain (72 views), coping with worry (35 views), eating well (34 views), wellbeing & mood (16 views), being active (12 views), smoking cessation (12 views), alcohol (11 views).
- Data prepared to send texts to 1,174 new patients on Powys-managed waiting list (these are patients referred after 14/04/22 when the last text message was sent) - texts to go out week commencing 04/07/22.
- Updated version of PTHB Advice & Support website developed. Patient Liaison Team preparing to support with validation of Powys managed follow-up work.

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The Children and Young People's Programme is being revised to focus on children as a population. (The Women and Directorate's progress against the Quarter 1 actions in the Delivery Plan has been reported separately.)

Tackling the Big Four

Cancer: *Implement improvements in early diagnosis, treatment and outcomes for people with or suspected of having cancer*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Cancer	MD	✓	✓	✓	✓

Maturity Matrix

3
2
3
2
3

FIT services available for all GP Practices. Patients in north and south Powys able to access Rapid Diagnostic Centres. Wales Cancer Network Optimal Pathways Senior Project Manager post is currently vacant, PTHB to be included in interviewing panel. Initial mapping of Upper and Lower Gastrointestinal pathways completed, and initial findings have been shared with health boards although the findings are very generic and of very limited value. Monthly PTHB harm review panels, chaired by Cancer Clinical Lead continue. Further development of Business Intelligence tool for live tracking of patients on Suspected Cancer Pathway.

Action (B/R/A/G)	Update
Progress Plan to improve access to FIT testing Q1	All general practices can now access symptomatic FIT services: In north Powys and Ystradgynlais FIT testing is currently accessed directly through the Public Health Wales Laboratory. In Mid Powys access is via Wye Valley NHS Trust. Brecon, Crickhowell & Talgarth access via Aneurin Bevan University Health Board.
Improve access for Powys residents to rapid diagnostics centres for vague symptoms Q1	North Powys patients can access Rapid Diagnostic Centre via Betsi Cadwaladr University Health Board (Wrexham), South Powys patients can access a Rapid Diagnostic Centre via Aneurin Bevan University Health Board (Newport), although this service is currently suspended due to capacity issues & Swansea Bay University Health Board (Neath Port Talbot). Mid Powys patients do not currently have access to a Rapid Diagnostic Centre and options are being explored.
Work with Wales Cancer Network on Optimal pathways and quality statement Q1	Initial mapping of Lower Gastro Intestinal pathways completed and initial findings presented to health boards by the Wales Cancer Network in May 2022. However, the findings are generic. However Powys Teaching Health Board and the Wales Cancer Network are working together to ensure more detailed pathway mapping is available.
Finalise suspected cancer pathway tracking & harm review approach Q1	Monthly Powys Teaching Health Board harm review panels, chaired by Cancer Clinical Lead, have commenced. Health boards have agreed to provide Powys Teaching Health Board with breach reports and pathway reviews for cancer breaches for Powys patients. However, there are some inconsistencies with the quality and timeliness of some reports which are being raised with relevant health boards. The Suspected Cancer Pathway dashboard is now able to report by patient residency as well as by provider for closed cases for patients receiving their treatment in Wales. Shrewsbury and Telford Hospitals NHS Trust & Wye Valley NHS Trust are providing patient treatment lists for open cases. Non-recurrent Wales Cancer Network funding being used to develop a Power Business Intelligence Tool for cancer reporting to enable live tracking of patients on a suspected cancer pathway.

Key Successes & Issues:

- All GP practices can access symptomatic FIT services;
- Funding to explore feasibility of implementing a Rapid Diagnostic Centre in Powys sought in partnership with the Wales Cancer Network;

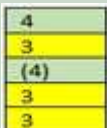
- Significant progress with cancer pathway tracking and harm review approach, expecting progress with the Business Intelligence tool to enable live tracking of patients.

Number of Symptomatic FIT Tests Undertaken in Primary Care							
	Nov	Dec	Jan	Feb	March	April	TOTAL
Positive	45	26	30	40	31	17	189
Negative	123	123	144	126	181	86	783
TOTAL	168	149	174	166	212	103	972

Breathe Well (Respiratory): *Implement the Breathe Well Programme, specifically aimed at repatriating care closer to home and on Children and Young People's Respiratory care*

Renewal Priority Programme	Exec Lead	PID	Prog- Board	Q1 Report	IMTP 22-25
Breathe Well	DoTH	✓	✓	✓	✓

Maturity Matrix

	Chief Executive Officer Public briefing presentation about Breathe Well on 08/06/22. Children & Young People's Workstream Terms of Reference agreed at Programme Board on 29/06/22 for workstream to commence in Quarter 2.
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Action (B/R/A/G)	Update
Develop & implement plan to meet Respiratory Quality Statement Q1-Q4	Updated draft of Respiratory Quality Statement received in June 2022 and PTHB has provided feedback to Welsh Government. It is anticipated that publication of final Quality Statement will be in Quarter 2 (by September 2022).
Undertake next stage of outpatient activity redesign and repatriation through options appraisal and implementation of medical model Q1-Q3	Draft options appraisal considered by Breathe Well Programme Team on 16/05/22 and updated version considered by Breathe Well Programme Board on 29/06/22. Proposal to refine analysis of medical-only duties as part of options appraisal will be considered by the Renewal Strategic Portfolio Board on 06/07/22, which would mean implementation by the end of Quarter 4.
Develop approach on advice, support and treatment provided to children and young people with respiratory conditions and their families, to strengthen adherence to asthma plans Q1-Q2	Terms of Reference for the Children & Young People's Workstream to be agreed at the Breathe Well Programme Board on 29/06/22. First workstream meeting to be established in Quarter 2.
Phased approach to respiratory diagnostics closer to home, embedding spirometry model and sleep clinics, scoping fractionised exhaled nitric oxide and full lung function testing Q1-Q4	Health Care Support Workers recruited to support respiratory diagnostics - spirometry clinics underway, sleep diagnostics also underway. Fractional exhaled Nitric Oxide (FeNO) and lung function testing in place and recruitment to second Physiology post will expand capacity for delivery.

Key Successes & Issues:

- Cumulative number of in reach consultant follow-up patients reviewed between November 2021 and May 2022 = 159
- Cumulative number of patients removed from follow-up list between November 2021 and May 2022 = 73
- Review of further tranches of patients underway with over 50% of follow up patients able to be discharged or transferred from consultant list.
- Virtual pulmonary rehabilitation programme - to date, 62 patients commenced a programme, with 64% completion rate, 18/32 had improved MRC Dyspnoea Scale score after (14 were unchanged).
- Oxygen reviews resulted in 34/76 (45%) patients having clinically inappropriate equipment removed, reducing harm and clinical risk
- In addition to 141 patients on the spirometry backlog being cleared, a third of referrals were inappropriate therefore clear referral criteria put in place
- Overall reasonable assurance finding for Breathe Well programme. (four areas had substantial assurance and one was reasonable assurance)

Circulatory: *Implement improvements in outcomes, experience and value in circulatory disease (Stroke, Heart Disease, Diabetes)*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Circulatory	DPH / [CEO until DPH appointed]	✓	✓	✓	✓

Maturity Matrix

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Future Circulatory Programme Board meetings to be chaired by Director of Public Health. Circulatory Programme Plan being developed / implemented. Community cardiology business case approved by Wales Cardiac Network, non-recurrent funding for 2022-2023 of £283,688 confirmed.

Action (B/R/A/G)	Update
Gap analysis and Phased Plan Q1	Mapping of Diabetes, Stroke and Cardiac Quality Statements being undertaken to inform gap analysis underway involving clinical leads. There is not yet an agreed phased plan.
Cardiac workforce development Q1	Cardiac workforce developments to deliver the approved community cardiology business case using non-recurrent Cardiac Network funding in 2022/23 with Workforce and Organisation Development support underway but some difficulties in recruitment to fixed term posts.
Community Cardiac Service development Q1-Q4	Community cardiology business case approved by Wales Cardiac Network. Non-recurrent funding for 2022-2023 of £283,688 confirmed. Recruitment of Implementation Manager – Community Cardiology Services underway but difficulties being experienced.
Improve access to diagnostics in line with national programmes Q1	Community Cardiology implementation and stroke diagnostic developments to align to Powys Teaching Health Board Diagnostic Strategic Plan. This will be ongoing through the year.

Evidence based primary and secondary stroke prevention Q1-Q4	Atrial fibrillation registers and enhanced primary care services for stroke prevention in place. Prevention programmes in place e.g., Invest in your health will need to continue to review evidence base.
Equitable access to cardiac rehabilitation for all pathways Q2	

Key Successes & Issues:

- The Circulatory Programme Board is back up and running and the last meeting chaired by Chief Executive Officer due to the Executive lead post being vacant.
- Community cardiology business case approved by Wales Cardiac Network. Non-recurrent funding for 2022-2023 of £283,688 confirmed.
- Recruitment at pace to posts associated with the Wales Cardiac Network non-recurrent funding underway but timescales to achieve delivery are very challenging.
- Detailed analysis undertaken with the Delivery Unit diabetes atlas, indicating a potential issue in relation to toe amputations which is being further explored.
- Further information in relation to pregnancy and eye care for diabetic patients will be available later in the year.

Mental Health: *Undertake a Strategic Review of Mental Health, to improve outcomes from high quality, sustainable services, including specialist mental health services*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Mental Health	DPCCMH	See comment	See Comment	✓	✓

Maturity Matrix

To be confirmed	Mental health strategic review to be undertaken.
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Action (B/R/A/G)	Update
Undertake a Strategic Review of Mental Health services; including specific work on the following areas: Q1-Q4	In Quarter 1, a Programme Manager and Project Support Officer post were agreed to support delivery of the strategic review. Formal Terms of reference are being produced.
Deliver against Dementia Action Plan 2018-22 including Memory Assessment Redesign Q1-Q4	Workshops with OA MH Services have prioritised vision / strategy for future delivery including design for MAS. MAS Team Leads will be introduced (awaiting job matching outcome and dependant on success of recruitment process) in Quarter 2.

Implement the milestones of the Deliver Powys Talk 2 Me 2 Strategy Q1-Q4	A multi-agency launch event for Talk to me to in PTHB is planned for the 30 th June which will share work undertaken to build an intelligence profile to support local prioritisation of actions for the forthcoming year. The launch will also see the formalisation of a new sub group in the governance of the Live Well Mental Health Partnership which will also act as the 'regional' forum for Suicide and Self Harm Prevention as required by Welsh Government. A bereavement pathway has been designed which enhances support available for families and communities.
Roll out Children and young people's emotional health and resilience service Q1-Q4	Primary Mental Health (PMH) Child Adult Mental Health Services (CAMHS) criteria has been developed to separate from Specialist CAMHS so that a lowered threshold is clear those Children and Young People requiring support from Primary Mental Health. There is an enhanced focus on early intervention work to avoid issues/illness becoming chronic and CAMHS has developed more group work within Primary Mental Health to include Anxiety management, managing strong emotions and fearless parenting support. Ongoing work with partners on the wider emotional health and resilience service continues.

Key Successes & Issues:

- Terms of Reference for Strategic Review to be confirmed.

Urgent, Emergency Care, Frailty & Community Model: *Design and deliver a frailty and community model enhancing outcomes, experience and value and the six goals for urgent and emergency care*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
Urgent and Emergency Care, Frailty and Community Model	MD/ DPCCMH	✓	✓	✓	✓

Maturity Matrix

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Combined Programme Board established June 2022 and revised PID approved. Workshop held 27 June 2022 to confirm Six Goals priorities for submission to Welsh Government. Falls workstream proceeding at pace with a programme of work planned to the September Programme Board meeting. Partnership approach to the culture and risk appetite work confirmed with Improvement Cymru. Interim limited project support in place for the falls work stream in July due to staff turnover. Programme to be managed by Transformation Programme Manager with admin support during this period, alongside portfolio related duties.

Action (B/R/A/G)	Update
Complete work on overarching model following Gap Analysis (community hospitals and community services) Q1	High level model developed following completion of the initial gap analysis, approved by Programme Board and Core Group. During Quarter 1 the decision was taken to create a combined Urgent, Emergency, Frailty and Community Model programme including the 6 Goals requirements. The model needs to reflect both and the Executive Director co-Chairs agreed 23.06.22 that a workshop should be organised to complete the detailed model.
Frailty Scoring Project Q1-Q4	A frailty scoring work steam has been established under the programme. There has been limited progress due to the focus on 6 Goals for Urgent and Emergency Care in May and June.
Culture and change – joint work with Improvement Cymru Q1-Q4	A work stream has been established under the programme, chaired by the Assistant Director of Innovation and Improvement. Partnership agreement with Improvement Cymru and QLab drafted. Workshop held 21.06.22 to confirm approach and timelines.
Development of workforce model Q1-Q4	Medical job descriptions in development. Workforce model dependent on model of care developed through workshop above.

Treatment Escalation – confirmation of approach Q1	Existing Treatment Escalation Plan (TEP) appropriate for use in hospital settings and in place. Audit due to be undertaken. Hospital Treatment Escalation Plan advised as not suitable for use in community settings. All Wales Treatment Escalation Plan suitable for use in the community needed but no timeline available for this. Progress to be reported through programme arrangements.
Complex Geriatric Assessment Development, Implement Q1-Q4	Dependent on workforce model.
Revise Falls pathway to ensure integrated Q1-Q3	Work stream established chaired by Head of Therapies. Two Value Based Healthcare funding proposals prepared on prevention of falls and response to falls in care homes, outcome awaited. Workshop to be held 27.07.22 with clinicians and professionals to revisit the Powys Teaching Health Board offer for people at risk at falls (prevention) through to those that have fallen in the community, including what works well in Powys and what needs review. Task and finish sessions will then be conducted through August 2022 with outputs of the work to be considered by the Programme Board in September 2022.
Confirm cross-cutting approach for end of life within model Q1	Clear interface with programme to be established. Programme Board agreed 20.06.22 end of life (including unexpected deterioration) priorities linked to the frailty model and 6 Goals to be reported through programme arrangements to avoid duplication of effort.
Feedback loop from improved intelligence Q1-Q4	Powys Teaching Health Board Advanced Information Analyst has undertaken work to combine national Emergency Departments Data Set, Welsh Ambulance Service NHS Trust data and Powys Teaching Health Board provider data to provide more insight on the falls data in relation to the general Powys population and those living in care homes. More work to be undertaken to strengthen and interpret findings to inform future developments.

Key Successes & Issues:

- Combined Urgent, Emergency, Frailty and Community Model Programme established and workstreams in place;
- Good progress being made with falls and culture/risk appetite workstreams;
- Limited interim support arrangements in place from 4th July due to staff turnover.

Six Goals Urgent, Emergency Care

Action (B/R/A/G)	Update
Goal 1 – Co-ordination planning and support for populations at greater risk of needing urgent or emergency care <ul style="list-style-type: none"> • Build on cluster led risk stratification and virtual wards Q1-Q2	Virtual ward questionnaire developed and analysed by Programme Board. Findings highlighted extent of variation across Powys. Frailty assessment and scoring agreed as key priority following workshop held 27.06.22.
Goal 2 – Signposting people with urgent care needs to the right place, first time <ul style="list-style-type: none"> • Deliver 24/7 Urgent Care Model, work with partners to review utilisation of NHS 111 Wales & Enhanced Directory of Services – Test potential for Urgent Primary Care Centres (UPCCs) Q1-Q4	Agreed priorities: Scope implementation of mental health support via GP and third sector in South Powys pilot and opportunity to link with 111; Scope single point of access to triage and signposting; Emphasis on preventing out of hours calls and ShropDoc
Goal 3 – Clinically safe alternatives to admission to hospital <ul style="list-style-type: none"> • Review Same day emergency care pathways Q1-Q2 • Review Intermediate care (set up) pathways Q1-Q2 • Assess Specialty advice and guidance lines Q1 	Agreed priorities: Scope discrete high impact Same Day Emergency Care pathways that could be delivered in primary care; Formally scope acuity of patients that could be stepped up 24/7 into community hospital setting; Reablement from day 0; Dementia Home Treatment Team deployed consistently across Powys; Participate in national Consultant Connect recommissioning process.

Goal 4 – Rapid response in physical or mental health crisis <ul style="list-style-type: none"> Work with WAST to deliver optimal 999 pathways Work with commissioned partners to ensure quality, safe and timely care in Emergency Departments- annual cycle Q1-Q2	Agreed priorities: Scope Physician Triage of Ambulance Stack; Implement updated Commissioning Assurance Framework.
Goal 5 – Optimal hospital care and discharge practice from the point of admission <ul style="list-style-type: none"> Build on progress made across the system to improve patients in hospital/in the community waiting for response and reduce average length of stay to 28 days Q1 Implement SAFER patient flow guidance Q1-Q2 	Agreed priorities: Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys; Build on winter system resilience work to further reduce length of stay; Culture and risk appetite work in conjunction with Improvement Cymru.
Goal 6 – Home first approach and reduce the risk of readmission <ul style="list-style-type: none"> Optimise home first ethos and support discharge to assess and recover, reducing lengths of stays and delays in transfers to improve outcomes, review rehabilitation and reablement arrangements-annual Q1-Q4 Work with the care sector to improve resilience in domiciliary and residential/ nursing care and processes Q1-Q2 Partnership work with Welsh Ambulance Services; annual plan Q1 Learning from the System Resilience/Winter Plan; identification of further high impact changes across the Regional Partnership Board TBC 	Agreed priorities: Social care Discharge to Recovery Assess (D2RA) to be implemented fully in line with requirements; Scope implementation of day 0 repatriation from out of county Emergency Department piloted in north Powys; Review needs assessment and simplify.

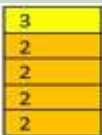
Key Successes & Issues:

- Priorities for 6 Goals plan agreed for submission to Welsh Government 30.06.22;
- 6 Goals “triumvirate” resourcing being progressed including clinical leadership to support the transformation of urgent and emergency care pathways

Value Based Health Care (VBHC): *implement value-based healthcare to deliver improved outcomes and experience, including effective deployment and management of resources*

Renewal Priority Programme	Exec Lead	PID	Prog-Board	Q1 Report	IMTP 22-25
(Value Based Health Care)	DoF & MD	✓	✓	✓	✓

Maturity Matrix

	Survey of PTHB services to understand PROMs and PREMs already in use underway. Links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems to discuss how PROMs and PREMs for Powys patients treated in England can be fed into Welsh system. Awaiting further details of all Wales INNU work. Continuing difficulty securing medicine optimisation pharmacists.
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Action (B/R/A/G)	Update
Further strengthen the Transformation and Value team, including research assistants, Masters and PHD Students Q1-Q3	Transformation & Value Team strengthened through Analyst from April 2022. First attempt to secure Master level student not successful - further attempts to take place in Quarter 2/Quarter 3. Value Based Medicine Optimisation Pharmacists remain challenging to recruit. Powys Teaching Health Board funding joint Professor of Health Economics post by new academic year.
Analysis of low value interventions Q1, Review with BCUHB Q2, update Interventions not Normally Undertaken (INNU) Policy Q3 Q1-Q4	Analysis of low value interventions underway. Powys Teaching Health Board Interventions Not Normally Undertaken Working Group established and supportive of the 'once for Wales' approach - awaiting further detail of this.
Develop and implement consistent approach to PROMS and PREMS Linking with OD Framework, implement a range of engagement activity that helps embed Value Based Healthcare Q1-Q4	Survey of Powys Teaching Health Board services to understand Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) already in use underway. Links with Welsh Value in Health Centre to national work and contact made with English Integrated Care Systems to discuss how Patient Reported Outcome Measures and Patient Reported Experience Measures for Powys patients treated in England. Regional 'Bringing Value to Life' Education Programme held in March 2022 and Powys Teaching Health Board is continuing to work with Betsi Cadwaladr University Health Board and Hywel Dda University Health Board to scope further regional engagement events.

Key Successes & Issues:

- Transformation & Value Team strengthened (Analyst in post, Costing support secured, VBHC programme management in place), Medicines Optimisation Pharmacists challenging to recruit.
- Links made with Welsh Value in Health Centre and English Integrated Care System around PROMs and PREMs.
- Four proposals to improve patient outcomes in relation to frailty, falls, atrial fibrillation and dermatology put forward by PTHB for additional high-value intervention Value Based Healthcare funding in May 2022 – decision expected imminently.

Conclusion

Renewal and recovery work which was affected by the pandemic during 2021/22 is being completed, alongside new work to help patients whose treatment was delayed. New ways of working which will help to transform patient pathways in the longer-term, so that the health board's funding is focused where it will have the greatest impact on improving outcomes, experience and costs.

NEXT STEPS:

There will be continued implementation of the Renewal Portfolio programmes, with further reports about progress to Board Committees.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age				x
Disability				x
Gender reassignment	x			
Pregnancy and maternity	x			
Race				x
Religion/ Belief	x			
Sex	x			
Sexual Orientation	x			
Marriage and civil partnership	x			
Welsh Language	x			
<p>The Renewal Portfolio is embedding an approach to improve outcomes, including tackling inequalities. It has specific work focused on frail people who are usually older. Learning from the pandemic the Renewal programmes will seek to be proactive in considering ethnicity.</p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical			x	
Financial			x	
Corporate		x		
Operational			x	
Reputational			x	
<p>The main body of the report sets out the risks above 15 in the portfolio and programmes and the actions in place to reduce the risk.</p>				

Agenda item: 4.2

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		Date of Meeting: 14 July 2022
Subject :	Primary Care Cluster IMTP Update	
Approved and Presented by:	Deputy Chief Executive & Interim Director of Primary Care, Community & Mental Health Services	
Prepared by:	Assistant Director Primary Care	
Other Committees and meetings considered at:		

PURPOSE:

The purpose of this paper is to provide the Committee with an overview of the process on the development of the Cluster IMTPs and their priorities for 2022/23.

RECOMMENDATION(S):

The Committee are asked to note the Update.

Approval/Ratification/Decision ¹	Discussion	Information
x	✓	x

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

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

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

EXECUTIVE SUMMARY:

This report provides the Committee with an update on the process of how Clusters worked to develop their Cluster IMTPs (Integrated Medium-Term Plans and their priorities 2022-23.

DETAILED BACKGROUND AND ASSESSMENT:

Clusters were originally established in 2014 with a view to gather local intelligence and encourage the testing of new models of care to meet local needs more effectively. Whilst significant progress has been made, there is variation between clusters in relation to the maturity of collaborative working and the impact for patients and communities across Powys and Wales.

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

It recognises the local workforce across the Health and Social care landscapes have and continue to be best placed to understand the needs and experience of local communities and to inform and influence the delivery and development of the wider public service plans.

With the introduction of the Accelerated Cluster Development programme (ACD) from April 2022, this year was seen as a 'transition year' for clusters, as we move towards the Pan Cluster Planning arrangements, and the full implementation of the 'ACD' model.

Each year Clusters have been expected to refresh their cluster needs assessments to inform their IMTP plans, for the year 2022/23 this was relaxed.

As the Regional Partnership Board (RPB) develop population Needs Assessments to inform the development of their Area Plans for March 2022, and the Public Service Board (PSB) develop the local Wellbeing Plans, due to be published in May 2023, these assessments and reports will help inform the future priorities for both the Pan Cluster Planning Group and Cluster beyond 2022.

The Cluster Plans and a 'look' forward approach have been essential as we work towards addressing challenges for our populations, whether these be issues of sustainability and access, health inequality or disease specific conditions.

The requirement for cluster planning for this year of transition, was to produce a one-year plan for 2022/23, reflecting the ambition needed to build capacity across primary and community care at a cluster level, to support the implementation of the Primary Care Model for Wales, with the aim of delivering the right care, at the right place, first time.

The cluster plans have focused on projects that were representative of the Welsh Government Ministerial priorities, linking to:

- Continued response to COVID Recovery (including vaccination, access, and backlogs)
- Strengthening relationships with stakeholders (including Local Authority Social Care and Tier 0/1 mental health providers)
- Increased capacity
- Introducing approaches to managing obesity, diabetes, mental well-being, and the wider health inequality agenda, as well as
- Outlining the approach to the Accelerated Cluster Development programme for Government and Ministerial priorities, as set out by the Director General in July 2021, whilst linking to the Strategic Programme 4 Core Strategic Priorities:
 - Accelerated Cluster Development
 - Urgent Primary Care
 - Community Infrastructure
 - Mental Well-being

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The Clusters IMTPs have continued to explore alternative ways to maximise the delivery of services for both Primary and Secondary Care through:

- Identifying priority projects to meet the needs of their patient population
- Identifying alternative ways to access services
- Continued implementation of the MDT model
- Introduction of Pharmacists, First Contact Practitioners in MSK and Mental Health Services
- Developing GP led Dermatology services
- Expansion of services to help reduce the 'backlog' of long-term condition management
- Strengthening of the collaboration between all 4 Primary Care contractors.

Further detail on projects are included in:

Appendix 1 – North Cluster IMTP Priority projects

Appendix 2 – Mid Cluster IMTP Priority projects

Appendix 3 – South Cluster IMTP Priority Projects

Review and Governance

Clusters are supported with the delivery of the IMTP projects, by the Head of Primary Care Development & Support, and the Cluster Development Manager who provide support with the development of the project proposal documentation, defining value-based outcomes, budgetary planning, and monthly progress reviews.

NEXT STEPS:

- To continue to support Clusters in the delivery of their 2022/23 IMTPs.
- To support and continue to facilitate collaboration between all cluster members.
- To support Clusters proactively through this ACD transitional year
- To work with Clusters to continue to deliver the Primary Care Model for Wales within Powys.

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

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

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North Cluster IMTP 22/23 Q1 Progress Summary

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected by end March 2023	Strategic alignment: Ministerial priorities	Strategic alignment: SPPC key programme priorities	Activity/ project budget	Planned Delivery	Q1 Status	BRAG
Covid Recovery	Existing (ongoing from 2021-22 plan)	Continued support and development of recovery services with regards to services such as health and wellbeing, phlebotomy, chronic disease etc.	<i>Continued recovery of services and prioritisation of work</i>	NHS Recovery	Urgent Primary care	£73,000	Q1-Q3	On going	
Enhanced Shropdoc Flu Cover	Existing (ongoing from 2021-22 plan)	To support continued access to services during delivery of flu vaccination clinics.	<i>Continued access to services.</i>	Population health	None	£9,300	Q3-Q4	<i>Dates finalised with provider and Cluster</i>	
Provision of Pharmacy services to North Cluster Practices	New (2022-23 plan) 2 year <i>pilot</i>	Introduction of dedicated Pharmacy professionals into 6 of the North Cluster Practices. Working as part of the practices multi-disciplinary team.	<i>Working as part of the practices multi-disciplinary team, pharmacy input will improve patient care, reduce incidents of medicines related harm, reduce cost of prescribing and drug errors, whilst reducing the daily acute demand around all areas of medicines management.</i>	A Healthier Wales	Accelerated cluster Development	£250,000	Q1-Q4	<i>Project has been scoped, with formal agreement awaited from Cluster members. Delay to implementation from Q1 to Q2.</i>	
Health & Wellbeing Officer	New (2022-23 plan) 2 year <i>pilot</i>	Recruitment and employment of a Health Promotion Officer to support and expand the role of Third Sector, increasing use of practice apps and information readily available to patients.	<i>Improved engagement with 3rd Sector & Cluster population. Consistent & timely messages to whole cluster population, which will lead to improved health outcomes.</i>	Supporting the health and care workforce	Community Infrastructure	£40,000	Q2-Q4	<i>Working in partnership with 3rd sector organisation, with agreement sort from Cluster members in July</i>	

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Expanding the Pharmacy Common Ailment Community Scheme	New (2022-23 plan)	Supporting and expanding the remit of the Common Ailment Community Pharmacy Scheme, working with the community Pharmacist to identify areas of speciality. Working collaboratively. Utilising GPs with special interest, such as Dermatology and ENT conditions	Reduce same day demand for GP appointments. Increased patient access to experienced community health professionals.	Population health	Accelerated Cluster Development	£5,000	Q2-Q4	Project and Community Pharmacy lead to be established.	
Independent Prescribing Mentoring and Support for Community Pharmacist	New (2022-23 plan)	Supporting community pharmacists & other health care professionals to become independent prescribers through GPs providing Mentorship and support.	Increased number of IP Pharmacists across the cluster, additional routes for patients to access services. Reducing demand for same day GP appointments.	Population health	Community Infrastructure	£15,000	Q2-Q4	Link with community Pharmacy Representative made, and with PTHB Meds Management – central fund identified to support with IP training. Cluster allocated budget to be reviewed.	
Promotion of Optometry & Primary Care Services within the community	New (2022-23 plan)	Improving communication & public awareness about collective working of Primary care and the services available through Optometrist within the North cluster.	Improved patient knowledge on routes of access to all areas of Primary Care.	Population health	Community Infrastructure	£2,000	Q2-Q4	Linked to the Health and Wellbeing officer and digitisation Projects – promotion through the use of a dedicated app will improve access. Working in partnership with 3 rd sector organisation, with agreement sort from Cluster members in July	
Digitisation, Apps, and IT innovation	New (2022-23) 2-year pilot	To support alternative access routes to Primary Care services and collation of data, through the introduction	Alternative routes of access for patients, reduction in footfall to sites, improved accuracy of information and messages.	Population health	Accelerated Cluster Development	£15,000	Q2-Q4	An App has been identified, supported by all Cluster members, formal agreement is sort	

		of new technology advances and innovative apps, such as My Surgery Website, Accurx Plus/Florey, Medlink, econsult, etc, cluster website, and to support innovative measures that improve the working of practices, contributing to providing more efficient patient care and systems, such as the use of voice recognition typing, or acquisition of medical equipment that would improve patient care.	efficiencies in delivery of services.						from Cluster members in July.	
Training and Development	New (2022-23 plan)	Training and development funding accessible to cluster membership for development of both clinical and non-clinical team members	Increased skills across all areas all cluster members.	Supporting the health and care workforce	Accelerated Cluster Development	£10,000	Q1-Q4	On going		
Facilitating Student nurse placements		Develop mutually beneficial links with universities, to proactively facilitate workforce placements of student nurses into Primary care, whilst exploring and developing Primary Care modules to be incorporated into the Universities nurse training course.	Establish placements, future proofing Practice Nurse Recruitment	Supporting the health and care workforce	None	0	Q1-Q4	Started on track – with presentations from Training facilitators, and links to individual practices generated. Links with Glyndwr, Bangor and Swansea being explored.		

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Cluster funded meeting cost GP Practices	New (2022-23 plan)	To facilitate agreed developments in line with IMTP priorities, build relationships and keep momentum	To continue to build on service provision, development, and collaborative working.	None	Accelerated Cluster Development	£18,375	Q1-Q4	Started & on track	
Cluster funded Meeting cost Pharmacy, Optometry & Dental	New (2022-23 plan)	To facilitate special attendance of Pharmacy, Dental and/or Optom professionals, at Cluster meetings in line with IMTP priorities, build relationships and keep momentum	To continue to build on service provision, development, and collaborative working.	None	Accelerated Cluster Development	£5,000	Q1-Q4	Started & on track Optometry and community Pharmacy Representation is in place. Contractual negotiations are continuing with Dental contractors, it is recognised that attendance at cluster may not occur until Q4	
Project Scoping and development	New (2022-23 plan)	Creation of cluster subgroups, for General Practice, Pharmacy, Optometry and Dental, for the scoping, development & implementation of Cluster vision/proposal/projects	Successful implementation of cluster plans, embedding of collaborative cluster working.	None	Accelerated Cluster Development	£15,000	Q1-Q4	Started & on track Project leads are being established from with the cluster to drive project forward.	
Secondary Care Collaboration	New (2022-23 plan)	To build productive and collaborative relationships with Secondary Care Providers, to improve pathways of care for patients, through quarterly meetings with senior managers.	Improved pathways of care for patients	Population health	Accelerated Cluster Development	£5,000	Q1-Q4	Project leads to be establish, with Pthb leads, meeting dates to be confirmed.	
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Mid Cluster IMTP Q1 Project Summary

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected by end March 2023	Strategic alignment: Ministerial priorities	Strategic alignment: SPPC key programme priorities	Activity/ project budget	Planned Delivery	Project Status	BRAG
Meeting attendance	Existing from 2021-22	To facilitate ensure regular multi-disciplinary monthly representation, at cluster and collaborative meetings for all contractors.	Improved collaboration between all contractors, and identification and development of opportunities for joint working.	A Healthier Wales	Accelerated cluster development	£17,500	Q1- Q4	Started & on track	
Digital Solutions - E Consult	Existing from 2021-22	To enable Practices to trial new ways of working – in this case remotely reviewing patients with a variety of chronic illness	To enable practices to offer remote Chronic disease reviews, and improve self-management and reduce need for f2f reviews	Population Health	Accelerated cluster Development	£3,456	Q1- Q4	Pilot practice have implemented software and are trailing all aspects. Q1 report awaited.	
Digital solutions- Medlink	Existing from 2021-22	To enable Practices to trial new ways of working – in this case remotely reviewing patients with a variety of chronic illness	To enable practices to offer remote Chronic disease reviews, and improve self-management and reduce need for f2f reviews	NHS Recovery	Accelerated cluster Development	£3,750	Q1-Q4	Pilot practice have implemented software and are trailing all aspects. Q1 report awaited	
Mid Powys Pharmacy Team - long term provision	Existing from 2021-22	Cluster to scope development and funding streams, outside of cluster and in partnership with the Health Board for the provision of long-term Pharmacy Professionals within Primary Care.	Utilising alternative health professionals to provide support to general practice, in a prudent approach to patient care - the right professional for the patient need. Pharmacy professionals are best placed to provide medicine reconciliations and to support patients with prescription queries and other practice staff also with medication advice and support. The team will address sustainability issues	Population Health	Accelerated Cluster Development	£7,000	Q1		

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			prescription requests, and access to current news and health information.	Health information, NHS direct and recognised symptom checkers.					
Covid Recovery	Existing (pre-dates 2021-22 plan)	To continue to support the cluster with maximising and creating services in response to the backlog of COVID-19 and the renewal of services.	Development and recovery of services, supporting the prioritisation of work.	NHS Recovery	Urgent Primary Care	£34,500	Q1-Q4	On-going	

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South Cluster IMTP 22/23 Q1 Progress Summary

Activity/ project title	New or existing activity	Brief activity/ project description	Results/ benefits expected by end March 2023	Ministerial priorities	SPPC key programme priorities	Activity/ project budget	Planned Delivery	Q1 status	BRAG
Cluster Pharmacy Team	Existing	Cluster contribution to extend the provision of the Red Kite Pharmaceutical APMS contract.	Continuation of the Primary Care Pharmaceutical service in South Powys to deliver safe, high- quality advice and services to patients. Including medicines reconciliation, reducing waste and safer prescribing.	Healthier Wales	Accelerated cluster development	£31,000	Q1 to Q4	Ongoing	
COVID renewal	Existing	To continue to support the cluster with maximising and creating services in response to the backlog of COVID-19 and the renewal of services.	Development of recovery services with regards to increased Phlebotomy and Chronic disease clinics, as well as pre-condition services such as diabetes.	NHS recovery	None	£100,000	Q1 to Q4	Increased Phlebotomy services have continued from previous year. Pre-condition services being planned and implemented further from Q1 onwards.	
Primary Care Transformation Training	Existing	Development of new and existing roles in line with WG priorities	Development of cluster staff in line with the vision for primary care to enable the	Supporting the health and care workforce	Accelerated Cluster Development	£45,000	Q1 to Q4	Ongoing	

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Dermatology phase 2	Existing	To improve the referral, early diagnosis, and management of skin conditions, through a dedicated specialist GP service.	continued enhancement and introduction of extended services to patients.	A Healthier Wales	Accelerated Cluster Development	£30,000	Q1 to Q4	A cluster service has been implemented within one of the practices. Extension of service is currently being scoped and planned	
Cardiology	Existing	Scope and development of a GP specialist Cardiology service	Development of such a service would enable some specialist cardiology services to be delivered within the primary care setting using agreed care pathways.	A Healthier Wales	Accelerated Cluster Development	£60,000	Q2 - Q4	Project currently in scoping stages.	
Pain Management	Existing	Continuation of 2-year Pain Management pilot to support opioid and gabapentinoid misuse/risk (Year 2 of pilot)	Improved health and wellbeing of patients who are/at risk of opioid and gabapentinoid reliance. Clinical education around pain improvements. Appropriate and reduced medication regimes implemented.	A Healthier Wales	Mental Wellbeing	£20,000	Q1 – Q3	Service is currently funded until Nov 22. Extension of service to be explored with Pthb - Q2	

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Cluster Website	Existing	Development and management of a cluster interactive website	Increased use of a Cluster wide website to deliver and improve access to services, clinics and advice for patients.	A Healthier Wales	Accelerated Cluster Development	£11,300	Q1 – Q4	Ongoing	
AF programme	Existing	Opportunistic community AF diagnosis, through provision of pulse checks during the influenza vaccination programme	An increase in the opportunistic diagnoses of atrial fibrillation in the public. Appropriate pathway and treatments completed.	Population Health	Accelerated Cluster Development	£10,000	Q3 -Q4	Planned winter 2022	
Increased collaboration with voluntary/third sector	Existing	Increased joint-working and expansion of services with 3 rd sector providers	Increased engagement, collaboration and opportunities for further joint working	A Healthier Wales	Accelerated Cluster Development	£10,000	Q1 – Q4	Q1 – working with MIND, the long term delivery of a Tier 0/1 service is being explored following initial funding from the SPPC.	
CRP machines	Existing	Antimicrobial Stewardship to continue to provide POC testing in the treatment of LRTIs and support antibiotic prescribing	Reduce antibiotic prescribing in South Powys. Promotion of delayed prescribing in line with NICE guidelines	Population Health	Accelerated Cluster Development	£5,000	Q1 – Q4	Ongoing	
Cluster Administration and Data collection	Existing	Contribution towards the administration costs and project	Completion of administration tasks, including writing up of business plan	Supporting the health and care workforce	Accelerated Cluster Development	£15,000	Q1 – Q4	Ongoing	

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Mental Health	Existing	management work carried out on behalf of the cluster	proposals, management of budget lines and work resulting from meetings	Mental health and emotional well-being	Mental well-being	£59,000	Q3-Q4	Project is part of a wider PthB Mental Health Pilot – recruitment is currently in process, with planned implementation in Q3	
Mental Health	Existing	Pilot the introduction of a dedicated Mental Health Out of hours 111 practitioner in partnership with Pthb	Increased Mental Health Service provision, to support increased access to Powys Community Mental Health Teams OOH.	Mental health and emotional well-being	Mental well-being	£21,000	Q3 21/22 – Q2 22	Initial project reporting completed. Engagement with wider PthB team to explore further funding opportunities and expansion of service, through 6 Goals funding.	
Mental Health	New	Implementation of a dedicated health and well-being service via the South Cluster CIC, to support patients with specific chronic disease conditions	Building on the current South Cluster CIC service, an 'Apple a day wellbeing service', will support patients wellbeing, and living with long term chronic diseases.	Mental health and emotional well-being	Mental well-being	£10,000	Q2 – Q4	'Apple a day service is currently in place', and scoping of an expanded service is planned in Q2.	
Mental Health	New	South Cluster CIC, to introduce an expanded	Improvement in the overall health and	Mental health and emotional well-being	Mental well-being	£3,000	Q1 to Q 4	Ongoing	

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Optometry BP	New	Health and wellbeing support service for practice teams. Explore the introduction of an Optometry based hypertension diagnosis service	Development of a collaborative project between the South cluster and Optometrist to identify patients with undiagnosed hypertension.	Population Health	Accelerated Cluster Development	£4,000	Q1 – Q4	Project is continuing to be scoped by Optometrist, with a view to trialling in Mid cluster	
Dental	Existing	To facilitate dental attendance at cluster, supporting with the development of Cluster working.	Increased collaboration between Dental and GPs, and the identification, and development of opportunities for joint working.	Population Health	Accelerated Cluster Development	£5,000	Q1 – Q4	Contractual negotiations are continuing with Dental contractors, it has recognised that attendance at cluster may not occur until Q4.	
Community Pharmacy	Existing	To facilitate community pharmacy attendance at cluster, supporting with the development of Cluster working.	Increased collaboration between Community Pharmacy and GPs, and the identification, and development of opportunities for joint working.	Population Health	Accelerated Cluster Development	£5,000	Q1- Q4	Ongoing	
Primary Care Technician	Existing	Implementation of a South Cluster dedicated Primary Care Technician, to arrange, and complete test	The introduction of such a role, will facilitate a dedicated resource for timely completing and facilitating of all	Population Health	Accelerated Cluster Development	£30,000	Q2	Scoping of role is currently underway.	

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Pre –Diabetes AWDPP	New	requests received from secondary care services.	test requests received from Secondary Care.	Population Health	Accelerated Cluster Development	£78,000	Q2-Q4	The service is part funded through the SPPC, and Cluster funds. Engagement with national teams is in place, service role is planned in Q2.	
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Agenda item: 4.3

PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE		Date of Meeting: 14 July 2022
Subject:	Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018) (ALN Act)	
Approved and Presented by:	Claire Madsen, DoTHS	
Prepared by:	Dr Luke Jones, Designated Education Clinical Lead Officer (DECLO) Louise Turner, Assistant Director, Women and Children's Services	
Other Committees and meetings considered at:	Executive Committee	

PURPOSE:

The purpose of this paper is to update the Committee regarding the ALN Act and its implementation, including key activity to date, multi-agency planning, and anticipated demand / capacity challenges.

RECOMMENDATION(S):

The Committee is asked to consider this paper for assurance regarding the preparations made to date, and to make any recommendations.

Approval/Ratification/Decision¹	Discussion	Information
x	✓	x

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level
Delivery of Multi Agency Plan for Additional Learning Needs

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	✓/x
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓/x
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓/x
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The ALN Act is now 'live', with a phased programme for implementation over the period to summer 2024. The current paper outlines the transformative intentions and potential of the ALN Act and describes statutory requirements that this new legislative framework places on Health Boards. Key activity that Powys Teaching Health Board has progressed to date to support the effective implementation of the Act is outlined. Key priorities for multi-agency activity to support the next phases of implementation are described. The Act will place significant demand / capacity challenges on NHS operational services, and these challenges, and work to assess and address these, is described in closing.

DETAILED BACKGROUND AND ASSESSMENT:

1 The ALN Act: an opportunity for transformation

The ALN Act replaces an outdated Special Educational Needs (SEN) system that was widely viewed as slow and unresponsive; impenetrable for families; unfair, with statutory protection of provision only for those with the most severe needs; insufficiently focused on what's important to children; poor at resolving disputes early; and placing insufficient duties on Health Boards.

The ALN Act aims to enable whole system change to transform how the needs of learners with additional learning needs (ALN) aged 0-25 are met, ensuring that they have the best possible access to education and the life chances that this enables. The Act is grounded in five underpinning principles:

1. A rights-based approach, with the views and wishes of the child, their parent or the young person at the centre of the process at all times
2. Early identification of needs, early help, and the prevention of escalation
3. Collaboration and a co-ordinated multi-agency approach to support learners
4. Inclusive education, with most learners helped to fully participate in mainstream education
5. A bilingual system, with all reasonable steps to secure provision in Welsh for those who require this

2 Health Board duties under the ALN Act

Health Boards are vital partners in supporting this transformation. To support the principle of collaboration, the Act places a number of statutory duties on Health Boards, notably:

- A timely response to Local Authority (LA) requests for information or help that LAs need to fulfil their duties under the Act
- A timely response to LA requests to consider whether there is any Health Board treatment or service likely to be of benefit in addressing a child's ALN, where this is provided as part of normal NHS provision.
 - This provision is termed Additional Learning Provision (ALP), and Health Boards are required to secure this where needed
 - All reasonable efforts must be made to secure this provision in Welsh where required
- Participation in processes (including meetings) through which person-centred, statutory Individual Development Plans (IDPs) to support learners are agreed
- Notifying Local Authorities where suspected ALN is identified in pre-school-age children
- Appointment of the Designated Education Clinical Lead Officer (DECLO), a co-ordinating and strategic role to ensure that the Health Board meets its duties under the Act and to support collaboration with partners

Health Boards also have a strategically vital, though *non*-statutory, role in working collaboratively with Education to support a transformation in inclusive practice within Education whereby more learners' needs can be met through high-quality universal provision. This is truly preventative work, necessary to meet needs at an early and emerging stage, preventing the escalation and 'race' to secure statements that was widely viewed as being endemic within the SEN framework. However, as this is not a statutory duty, there are risks of an insufficient focus in this area, which could lead to many of the challenges of the 'old' system being repeated in the 'new' system

3 Implementation and key activity to date

The ALN Act became lawful in September 2021, with implementation phased over a three-year period. At present, the ALN system applied only to learners with newly identified needs and those with non-statutory Individual Education

Plans in specified year groups. Further cohorts will fall under the ALN Act from September 2022, with implementation completed by summer 2024.

In line with the phased approach to implementation, much of the Health Board's activity to date has been around ensuring preparedness. This includes:

- Appointment to the post of DECLO (**Designated Education Clinical Lead Officer**)
- Implementing a comprehensive programme of training for Health Board staff from impacted operational services
- Developing a suite of training resources to support inclusive Education provision
- Establishing mechanisms for monitoring activity regarding Welsh Language requirements
- Awareness raising regarding Putting Things Right and establishing mechanisms to enable early resolution of concerns
- Work to develop a clear interpretation of the Act and its implications for the Health Board
- Development with Local Authority partners of effective multi-agency operational processes through which the Health Board's statutory duties are fulfilled.
- Work with Local Authority partners to ensure that our joint response to the Act is grounded in a shared vision and roadmap for transformation, and principles through which partners will collaborate

While the Act has been formally 'live' from September 2021, implementation arrangements mean that initial levels of statutory demand have been relatively low, though these (and associated demands on operational services) will increase significantly over the next period. In particular, it is worth noting that the numbers of referrals / requests to the Therapies services expected to be most impacted by the ALN Act (Speech and Language Therapy, Occupational Therapy, Physiotherapy) have been very low to date and are certain to increase markedly. To date:

- In the period to May 2022, 181 requests for information or help have been received by Health Board services. Responses have been completed by the Health Board within the statutory six-week timescale for 178 requests (98%), while for 3 the request has breached the statutory timescale.
- Over the same period, 27 requests for consideration for a relevant treatment or service have been received (100%). Responses have been within the statutory 6-week timescale for all of these requests.

Statutory requests for Health Board involvement are received through the multi-agency Powys Inclusion Panel (PIP), which enables a joint discussion of cases and supports an integrated and collaborative approach, in alignment with the underpinning principles of the ALN Act. This approach has been greatly valued by partners. Work is progressing with partners to ensure appropriate use of the relevant sections of the Act for requests for Health Board involvement.

NEXT STEPS:

1 Multi-agency collaboration and planning

Work with Powys County Council partners to establish a shared vision and a roadmap for transformation has led to the joint identification of a number of priority areas. These draft priority areas for work over the next period, which need to be finalised, are as set out in the text box below. To enable this collaborative agenda is progressed, conversations with Local Authority colleagues are progressing to agree a joint mechanism to support and monitor progress. This is likely to be through making modifications to Powys County Council's existing ALN Transformation structure.

Powys: Draft Priorities for Joint Work Towards ALN Transformation

- To take forward our shared and joint approach to co-production with children and their families so that in many more situations children have an equal platform for influencing the development and delivery of services, as well as stronger influence over how their ALN can be met. We will improve the ability of our staff to listen carefully and act on what children tell them. Together we will improve our ability to engage with children who have become hard to reach since the beginning of the Covid-19 pandemic.
- To work together to improve our use of outcomes data to measure the impact of our work
- To work together to build a joint collaborative approach to understanding future demand, and plan or commission our services to meet them. We know that demand is likely to increase but we need to work together much more closely to address it from a position of shared and detailed knowledge than we have in the past.
- To work together to understand the future demands on our workforce, and to design jobs and roles which will be rewarding for staff and cost-effective in meeting the needs of children with ALN in the future. We will also explore new workforce arrangements including how we can work more closely together in joint teams where appropriate, and how we can re-design pathways so that we can respond together most effectively to individual needs.
- To work together to develop effective partnership arrangements in localities across Powys, including local hub or cluster arrangements with multi-agency arrangements based on common geographical boundaries, which promote constructive engagement with the local community and the voluntary sector.

2 Identifying and addressing demand / capacity challenges

The ALN Act has been set up by Welsh Government as 'resource neutral' in terms of its impact on operational services, and accordingly no additional resource has been made available to operational NHS services to support its implementation. As noted previously in this paper, levels of demand on operational services have been relatively low to date. However, it is widely recognised nationally that the implementation of the Act will place significant demand / capacity challenges on operational NHS services moving forward.

There is no reason to think that Powys will be any different with regard to this.

Key anticipated demands relate to the requirement to respond to statutory requests within the mandated timescales and to participation in Joint Assessment Meetings (JAM). JAMs are meetings where children's Individual Development Plans are agreed based on a person-centred discussion and the involvement of NHS professionals (where involved in a child or young person's care) will be vital to delivering the intentions of the ALN Act. Limited data that has been made available by Powys County Council to date has made quantifying these demands challenging, and work is being progressed to enable this to be quantified with more precision. In addition, it is anticipated that the implementation of this new legislative framework, by elevating the profile of ALN and families' expectations, has potential to lead to an increased rate of demand on Health Board services and to increased expectations of services from families where NHS services are involved in supporting learners with additional needs.

There are significant risks if the demand / capacity challenges associated with the ALN Act cannot be met, including failure to meet children and young people's clinical needs through effective multi-agency working, breaching statutory duties, and legal challenge to the Health Board through Education Tribunal and potentially Judicial Review. The latter in particular would present significant financial and reputational risks to the Health Board.

Activity needs to be progressed as priority to enable:

- a projection of the demand / capacity challenges associated with the ALN Act,
- identification of mitigating actions that can be taken based on current resource, and
- identification of potential additional resource requirements needed to effectively mitigate the risks.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differentia	Positive
Age				Y
Disability				Y
The fundamental intention of the ALN Act is the development of an Education system, with Health Boards in a key supporting role, that is better able to meet the needs of learners up to the				

Gender reassignment	N				age of 25 with additional learning needs (i.e. those with a disability that impacts their learning), supporting them to achieve their longer-term aspirations. A bilingual ALN system is also a key intention of the Act.
Pregnancy and maternity	N				
Race	N				
Religion/ Belief	N				
Sex	N				
Sexual Orientation	N				
Marriage and civil partnership	N				
Welsh Language				Y	
Risk Assessment:					
	Level of risk identified				There are significant risks if the demand / capacity challenges associated with the ALN Act cannot be met by operational services, including failure to meet children and young people's clinical needs through effective multi-agency working, breaching statutory duties (a corporate as well as operational risk), and legal challenge to the Health Board through Education Tribunal and potentially Judicial Review. The latter in particular would present significant financial and reputational risks to the Health Board.
	None	Low	Moderate	High	
Clinical			Y		
Financial			Y		
Corporate			Y		
Operational			Y		
Reputational			Y		



Agenda item: 4.4

Planning, Partnerships and Population Health Committee		Date of Meeting: 14 July 2022
Subject:	Regional Integration Fund	
Approved and Presented by:	Pete Hopgood, Director of Finance, IT & Information Services	
Prepared by:	Christian Thomas, Assistant Director of Finance	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this paper is to provide the Committee with an update on the Regional Integration Fund (RIF), formally the Integrated Care Fund (ICF), jointly managed with the Local Authority and PAVO through the Regional Partnership Board.

RECOMMENDATION(S):

The Committee is asked to note:

- The transfer of funding from ICF to RIF in 22/23, and the requirement to match fund from core resources and the financial risk this will present to the RPB partners.
- Any financial risk in 22/23 is likely to be mitigated but will pose a significant challenge from 23/24 onwards.

Approval/Ratification/Decision	Discussion	Information
		✓

EXECUTIVE SUMMARY:

The Welsh Government (WG)'s Integrated Care Fund ceased in 21/22, and is being replaced by the Regional Integration Fund, which consolidates the ICF and other Transformation funding streams into one core Regional Integration Fund.

The RPB is in the process of finalising the 22/23 projects that will access this funding.

To access the fund there is a requirement from partners to Match-fund this from core funding. Whilst 2022/23 is a transition year in this respect, this will present organisations with an increasing financial risk in future years as projects transition from new models to becoming embedded, which will need to be considered in the planning cycle.

DETAILED BACKGROUND AND ASSESSMENT:

2022/23 is the first year of the Regional Integration Fund, which replaces the former Integrated Care fund.

These funds are allocated through the Healthboard whilst being jointly managed with the Local Authority and Voluntary Sector through the Regional Partnership Board, and its 'Cross Cutting and Resource Overview Group'.

The funds are allocated over a range of prioritised projects, each led by one of the region's partners. A breakdown of the ICF 21/22 ICF schemes can be found in Appendix 1, and whilst Appendix 2 is the current draft RIF programme plan for 22/23.

2021/22 ICF Allocation

The tables below summarise the 21/22 out-turn for the £4.6m ICF Revenue and £1.7m of ICF Capital funding:

2021/22 ICF Revenue:

Scheme	Health Board	Local Authority	Third Sector / Social Value	Grand Total
Age Well	£202,208	£435,460	£152,472	£790,140
Cross Cutting	£147,000	£625,326	£282,338	£1,054,664
Live Well - Disability		£436,288	£845,036	£1,281,324
Live Well - MH	£267,800			£267,800
Start Well	£200,000	£915,071		£1,115,071
Non ICF	£133,000			£133,000

Grand Total	£950,008	£2,412,145	£1,279,846	£4,641,999
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2021/22 ICF Capital:

Powys Extra Care Scheme - Brecon	£1,000,000
CRL: Health and Care Workforce Academy	£676,002
Grand Total	£1,676,002

2022/23 RIF allocation.

In 2022/23 Welsh Government have consolidated the ICF funding with the Integrated Autism, North Powys, Emotional Health & Wellbeing an Unpaid Carers Funding into the **£6.987m** RIF Allocation. The overall resource to the region remains the same.

To support the eventual mainstreaming of successful projects, WG have stipulated in the RIF guidance that partners will be required to match fund the WG allocation on a sliding scale, as projects mature and become embedded services. This places a requirement on Health boards and Local Authorities to financially support these programmes with core resources. To date the ICF programmes have been 100% funded by WG.

Projects led by the voluntary sector are not currently required to provide match funding.

This requirement is broken down into two:

- 1) £979k of Ringfenced priorities where WG continue to fund these fully, with no requirement to match resource from partners:

RPB	WG Investment	National Ringfenced Fund				
		IAS	Dementia	Memory Assessment Services	Unpaid Carers Hospital Discharge Engagement	National priorities total
Powys	£ 6,986,920.00	£ 337,000	£ 468,000	£ 133,000	£ 41,000	£ 979,000

- 2) £6m of funding requires evidence of match funding, split;

- a. £750k of infrastructure funding, where WG will fund 75% of the costs.
- b. £5.2m of projects that require an increasing level of match funding over the life of the project. From 10% in year 1 and 2, through to 30% in years 2 to 4, and eventually a requirement of 50% once a project is mainstreamed. The exact time frame will depend on the project itself and how quickly it takes to become embedded.

Regional Infrastructure Fund (75% up to £750,000)	New model development and national embedding fund	NEW MODEL DEVELOPMENT 90% WG FUNDING	NATIONAL EMBEDDING FUND 70% WG FUNDING
£ 750,000	£ 5,257,920.00	£ 1,577,376.00	£ 3,680,544.00

The split above is WG's suggested split of funding for 22/23.

This would equate to a match funding requirement of:

- £250k requirement for Infrastructure
- £175k for "New Model Development"
- £1,577k for National Embedding

The actual requirement is project by project specific, which is being work through currently with WG. Whilst this is still to be confirmed, indications for 2022/23 are the match funding requirement is likely to be:

- £218k requirement for Infrastructure
- £312k for "New Model Development"
- £992k for National Embedding

Guidance has been issued on what constitutes a matched fund. Ideally WG would like partners to contribute core cash resource to support mainstreaming of projects, however if there is strong evidence provided that current core resource is directly supporting these projects, this is allowable, although there are different interpretations of what is and what is not allowable which is being worked through with WG.

WG acknowledge that this guidance came out after the normal 22/23 Financial planning cycle, and organisations would not have factored in these requirements into those plans. WG are therefore allowing a high level of flexibility this year on what constitutes match funding and what is not allowable. As a result, it's not expected at this point, that this will present a financial risk this year.

It must be acknowledged however, that once this flexibility is removed from 23/24 onwards this will present a financial risk to both the Healthboard and Local Authority. This risk will increase year on year as projects transition over their lifecycle to from New Models to Embedded schemes as WG will taper the funding support according.

This will be partly mitigated, whereby the resource freed by WG tapering the funding on individual projects will in turn be free for the RPB to recycle into new projects. Therefore the overall WG funding to the region remains the same, whilst the individual partners share (and expected match funding required) may change over time, presenting risks to individual organisations that will need to be managed.

2022/23 Capital

The replacement to the Main ICF capital programme funding has yet to be agreed. The region has secured £285,300 for minor projects (previously the ICF Discretionary capital funding). These funds have yet to be allocated to individual projects, whilst projects are being prioritise the access this funding.

NEXT STEPS:

Following approval:

- Continue to work with WG and regional partners to clarify match funding guidance for this transition year, changes for next year, and the impact this has on individual projects and respective partner organisations.
- Following this clarification, quantify the financial risk to individual partners and identify mitigating actions to inform the next financial planning cycle.

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Appendices

Appendix 1 – 2021/22 ICF Revenue programme

Scheme	Local ref number	Project name	Project budget holder	Allocated budget 21-22
Start Well		Powys Together / Newtown Children's Zone for Families with Complex Needs - (cost reduction)	Local Authority	28,000
	K882			
	K910	Children on the Edge of Care Project	Local Authority	610,000
	K920	Missing Middle' Support for C&YP with emotional health needs - continuation funding (ring-fenced)	Health Board	200,000
	K922	Post Adoption Psychological Support Service - New Project	Local Authority	75,000
	K923	Emotional Health and Wellbeing Support for CYP - New Project	Local Authority	202,071
Start Well Total				1,115,071
Live Well - Disability	B302	Integrated Autism Service	Third Sector / Social Va	337,000
	K827	Transition	Local Authority	83,288
	K832	Community Connectors	Third Sector / Social Va	508,036
	K860	Home Support	Local Authority	250,000
	K880	Disability/Closer to Home	Local Authority	103,000
Live Well - Disability Total				1,281,324
Live Well - MH	K896	Dementia Home Treatment Team	Health Board	267,800
Live Well - MH Total				267,800
Age Well		Right Size Care Packages - OT/Social Worker (Reducing DC Packages)	Local Authority	114,000
	K834			
	K835	Virtual Ward & Integrated Team	Health Board	75,000
	K861	Health & Care Co-ordination Hub / Patient Flow Coordination Unit	Health Board	127,208
	K862	Befriending	Third Sector / Social Va	152,470
	K866	Enhanced Brokerage	Local Authority	67,249
	K867	Developing Integrated Commissioning Practice (Residential Care)	Local Authority	51,020
	K915	Digital Social Care (Ask Sara / Digital Wallet)	Local Authority	90,773
	K918	Micro-Enterprise development for Social Care / Community Catalysts	Local Authority	112,421
Age Well Total				790,141
Cross Cutting	K837	Workforce	Health Board	147,000
	K838	Engagement PAVO	Third Sector / Social Va	20,400
	K839	RPB Operational / Infrastructure Support	Local Authority	359,326
	K845	Welsh Language	Third Sector / Social Va	37,568
	K886	Assistive Technology	Local Authority	100,000
	K890	Carers	Local Authority	166,000
	K916	Social Value Forum - Community Development	Third Sector / Social Va	224,370
Cross Cutting Total				1,054,664
optional	optional	free text	select from list	0
optional Total				0
Non ICF	xxxx	Memory Assessment Services / Diagnostic Support	Health Board	133,000
Non ICF Total				133,000
Grand Total				4,642,000

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Appendix 2 – 2022/23 Draft RIF programme

Powys RPB

Allocation
Current Commitments

£	6,986,920.00	£	6,986,920.00
£	6,761,908.00	£	6,761,908.00

Ring Fenced Programmes & Infrastructure	Statutory Partners	Total Investment	WG Initial Allocation	WG Live Allocation
IAS		£ 337,000.00	£ 337,000.00	£ 337,000.00
Integrated Autism Service			£ 337,000.00	£ 337,000.00
Dementia Action Plan		£ 601,000.00	£ 601,000.00	£ 601,000.00
Home Support			£ 43,511.60	£ 43,511.60
Community Connectors			£ 92,035.00	£ 92,035.00
Memory Assessment Service			£ 133,000.00	£ 133,000.00
Dementia Home Treatment Team			£ 267,800.00	£ 267,800.00
Powys Befriending Service			£ 31,453.40	£ 31,453.40
Support for Unpaid Carers (All Age)			£ 33,200.00	£ 33,200.00
Memory Assessment		£ -	£ -	£ -
Project a				
Unpaid Carers		£ 41,000.00	£ 41,000.00	£ 41,000.00
Unpaid Carers (Additional)			£ 41,000.00	£ 41,000.00
RIF Infrastructure 75%		£ 873,480.00	£ 655,110.00	£ 655,110.00
Total		£ 1,852,480.00	£ 1,634,110.00	£ 1,634,110.00

Year 1 Acceleration Phase				
Models of Care & Project Contributions	Statutory Partners	Total Investment	WG Initial Allocation	WG Live Allocation
CBC - Prevention & Community Coordination		£ -	£ -	£ -
CBC - Complex Care Closer to Home		£ 66,931.11	£ 60,238.00	£ 60,238.00
Transition		£ 66,931.11	£ 60,238.00	£ 60,238.00
Promoting Good Emotional Health & Well-being		£ 707,752.22	£ 636,977.00	£ 636,977.00
The 'Missing Middle' Emotional Health and Wellbeing Project		£ 211,111.11	£ 190,000.00	£ 190,000.00
Therapeutic Attachment Team		£ 294,444.44	£ 265,000.00	£ 265,000.00
Workforce Futures Implementation		£ 202,196.67	£ 181,977.00	£ 181,977.00
Supporting Families		£ -	£ -	£ -
Home from Hospital Services		£ -	£ -	£ -
Accommodation Based Solutions		£ -	£ -	£ -
Programme Total		£ 774,683.33	£ 697,215.00	£ 697,215.00

Year 2 Acceleration Phase				
Models of Care & Project Contributions	Statutory Partners	Total Investment	WG Initial Allocation	WG Live Allocation
CBC - Prevention & Community Coordination		£ 552,202.22	£ 496,982.00	£ 496,982.00
Children & Young People		£ 197,123.33	£ 177,411.00	£ 177,411.00
Integrated Community Model		£ 28,353.33	£ 25,518.00	£ 25,518.00
Digital Projects		£ 326,725.56	£ 294,053.00	£ 294,053.00
CBC - Complex Care Closer to Home		£ 165,136.67	£ 148,623.00	£ 148,623.00
Diagnostic, Planned & Ambulatory Care		£ 165,136.67	£ 148,623.00	£ 148,623.00
Promoting Good Emotional Health & Well-being		£ 1,632,517.78	£ 1,469,266.00	£ 1,469,266.00
The 'Covid Recovery' Emotional Health and Wellbeing Project		£ 202,301.11	£ 182,071.00	£ 182,071.00
Support for Unpaid Carers (All Age)		£ 147,555.56	£ 132,800.00	£ 132,800.00
Core Team/ Enabling Leads / Whole System Change		£ 1,164,250.00	£ 1,047,825.00	£ 1,047,825.00
Social Model for Health		£ 103,701.11	£ 93,331.00	£ 93,331.00
Mental Health & Wellbeing		£ 14,710.00	£ 13,239.00	£ 13,239.00
Supporting Families		£ -	£ -	£ -
Home from Hospital Services		£ -	£ -	£ -
Accommodation Based Solutions		£ -	£ -	£ -
Programme Total		£ 2,349,856.67	£ 2,114,871.00	£ 2,114,871.00

Year 1 Embedding				
Models of Care & Project Contributions	Statutory Partners	Total Investment	WG Initial Allocation	WG Live Allocation
CBC - Prevention & Community Coordination		£ 1,413,874.29	£ 989,712.00	£ 989,712.00
Home Support		£ 248,637.71	£ 174,046.40	£ 174,046.40
Community Connectors		£ 622,762.86	£ 435,934.00	£ 435,934.00
Social Value Forum		£ 323,465.71	£ 226,426.00	£ 226,426.00
Powys Befriending Service		£ 219,008.00	£ 153,305.60	£ 153,305.60
CBC - Complex Care Closer to Home		£ 267,187.14	£ 187,031.00	£ 187,031.00
Closer to Home		£ 146,757.14	£ 102,730.00	£ 102,730.00
Virtual Wallet (& Care & Support Finder Tool)		£ 120,430.00	£ 84,301.00	£ 84,301.00
Promoting Good Emotional Health & Well-being		£ 95,228.57	£ 66,660.00	£ 66,660.00
Work, Leisure and Learning		£ 95,228.57	£ 66,660.00	£ 66,660.00
Supporting Families		£ 871,428.57	£ 610,000.00	£ 610,000.00
Edge of care		£ 871,428.57	£ 610,000.00	£ 610,000.00
Home from Hospital Services		£ 660,441.43	£ 462,309.00	£ 462,309.00
Modernising Domiciliary Care		£ 208,521.43	£ 145,965.00	£ 145,965.00
Unscheduled Care Improvement		£ 309,062.86	£ 216,344.00	£ 216,344.00
Technology Enabled Care		£ 142,857.14	£ 100,000.00	£ 100,000.00
Accommodation Based Solutions		£ -	£ -	£ -
Programme Total		£ 3,308,160.00	£ 2,315,712.00	£ 2,315,712.00

**Planning, Partnerships and
Population Health Committee**

**Date of Meeting:
14 July 2022**

Subject :	RPB Market Stability Report Social Services 2022
Approved and Presented by:	Director of Primary Care, Community and Mental Health Services
Prepared by:	Senior Strategic Commissioning Manager - Adult Social Services
Other Committees and meetings considered at:	Powys Teaching Health Board Executive Committee Powys County Council Cabinet meeting

PURPOSE:

The purpose of this paper is to introduce the Draft Market Stability Report for Social Services. The report informs on developments in Children's and Adults Social Services, commissioned provider services and community services since 2017, identifying challenges in the market and proposals for actions to be taken in future years via the Area Plan and Commissioning strategies going forward.

The report is intended to help Powys County Council and Powys Teaching Health Board to better understand the social care market within the Powys RPB area, particularly with respect to regulated services.

RECOMMENDATION(S):

To recommend to the Board for approval.

Approval/Ratification/Decision ¹	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	x
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The report is a requirement under the Code of Practice and Guidance under the Social Services and Well-being (Wales) Act 2014 Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports.

DETAILED BACKGROUND AND ASSESSMENT:

- Section 144B of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') requires local authorities to prepare and publish market stability reports.

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

- The primary audience for this document is local authorities and Local Health Boards, in their role as statutory partners of RPBs. The document will, however, also be of interest to other partner agencies and sectors represented on RPBs, including the third sector, care and support providers, housing representatives, citizens who need care and support, and their families and carers.
- The report provides an update on work undertaken to date. The final document will be submitted to the Council, the Health Board, the Regional Partnership Board and Welsh Government during July 2022.

NEXT STEPS:

Planning, Partnerships and Population Health Committee is requested to consider the report and recommend to the Board for approval. The final report will be published in bilingual format.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age			X	
Disability			X	
Gender reassignment			X	
Pregnancy and maternity			X	
Race			X	
Religion/ Belief			X	
Sex			X	
Sexual Orientation			X	
Marriage and civil partnership			X	
Welsh Language				X
The proposal will not disproportionately affect any of the protected characteristics.				
Risk Assessment:				

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



Powys Market Stability Report

July 2022

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Introduction

The Powys Regional Partnership Board (RPB) have prepared this report¹ as required by the Social Services and Well-being (Wales) Act 2014. It has been prepared in accordance with the 2021 guidance produced by Welsh Government concerning the production of Market Stability Reports² and is therefore the first of its kind.

The report focuses upon regulated social care services³ in Powys; particularly:

- the sufficiency and overall quality of provision of those services,
- current or developing trends affecting those services
- significant challenges facing those services
- and the impact of commissioning and funding on local authority social services functions.

The report also considers the wider provision of non-regulated and community services.

The report is intended to help Powys County Council and Powys Teaching Health Board to better understand the social care market within the Powys RPB area, particularly with respect to regulated services.

It is also intended that the information within the report will be of interest to current and prospective social care service providers, as well as citizens, particularly individuals with care and support needs, their families, and carers, and those who advocate and work on their behalf.

This report should be considered in conjunction with Powys' current Population Needs Assessment. Taken together, these studies are intended to provide those commissioning care and support in Powys with a comprehensive picture of current and projected demand and supply.

This report also sits alongside Market Position Statements produced by Powys County Council and Powys Teaching Health Board. Those documents examine population needs, trends and service requirements for a range of different care needs in more detail than is possible within the limitations of this Market Stability Report and are intended to give current and prospective service providers the detailed information needed to bid or tender for providing such services in Powys.

¹ For more information about Powys' Regional Partnership Board see: [HOME | Powys RPB](#)

² "The code of practice for local authorities (Part 1) is issued under section 145 of the 2014 Act, which gives the Welsh Ministers the power to issue codes on the exercise of social services functions. This means that local authorities, working in partnership to exercise their functions in respect of market stability reports, must act in accordance with the requirements contained in this code. The code describes how local authorities are to carry out market stability assessments, and what needs to be included in market stability reports. It describes how market stability reports relate to population needs assessments and area plans and sets out the timetable for carrying out assessments and submitting the reports." - Code of Practice and Guidance under the Social Services and Well-being (Wales) Act 2014 29 March 2021

³ Regulated services are those listed in Schedule 1 to the 2016 Act. They are registered with Care Inspectorate Wales in accordance with regulations made under that Act. The services are Care homes, domiciliary care, fostering, adoption, adult placements, advocacy, secure accommodation (for children) and residential family centres.

As well as establishing current levels of sufficiency, the report also considers the factors likely to affect sufficiency over the lifetime of the current population needs assessment. These include:

- changing patterns of demand
- changing expectations of people in Powys current and emerging trends
- challenges, risks, and opportunities
- how each of these will affect sufficiency of provision going forward into the next five-year period (this will link to the assessment of the stability of local markets for regulated and other care and support services)
- and how each of these will affect sufficiency of provision going forward into the next five-year period.

This report also seeks to answer some other key questions:

- is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?
- is the care and support provided of sufficient quality to meet individuals’ needs and enable them to achieve their personal well-being outcomes?
- have individuals’ sufficient choice and a say in how and where care and support is provided, and to what extent is care and support co-produced with users and carers?
- where are the gaps and areas of concern – i.e., where is supply insufficient to meet demand – and what are the main reasons for this, and lessons learnt?
- what is the likely impact of changing patterns of demand, changing expectations, and new and emerging trends, upon the sufficiency of care and support going forward?

This is the first Market Stability Report produced by the Powys’ Regional Partnership Board. It is envisaged that further reports will be produced every 5 years and that these subsequent iterations will build upon the data and analysis within this report.

Throughout this document we will refer to documents, reports and pieces of legislation and guidance to support the report. Please refer to the end of the report for documents and web links to access more detailed information.

How to read this report

This report is structured in separate sections. The initial part (pages 4 to 37) presents an overview of sufficiency and stability factors as well as partnership arrangements in general and for this report. The second part (please go [here](#)) will go into more detail about factors such as quality, sufficiency, and trends as well as non-regulated services.

Report Prepared by:
List authors/stakeholders <ul style="list-style-type: none">• Powys County Council• Powys Teaching Health Board• Powys Association of Voluntary Organisations

- Commissioned providers
- Community services and community groups

Editorial

- Martin Heuter – Senior Strategic Commissioning Manager
- Joe Wellard - Strategic Commissioning and Projects Manager - Regional Partnership Board
- Peter Lathbury – Strategic Commissioning Manager Older People's Accommodation

Section 1 – Overview of sufficiency, stability, and partnership arrangements

Executive summary and key challenges

This report will show how Powys County Council, Powys Teaching Health Board and third sector colleagues and other partners plan for and deliver service for children, adults with disabilities and older people. There are some key messages running through this report which are not unique to Powys and have been reported over time in the national media and via organisations such as the Kings Fund or the Older People's Commissioner for Wales, to name but a few. These messages are that

- Funding for the public sector in general and social services in particular has been under significant pressure since 2010; the austerity measures taken by successive governments after the financial crash in 2008/9 have taken their toll on budgets and the ability to fund services and manage rather than react to markets;
- Preventative services were amongst the first to experience significant challenges and these have reduced over time in line with the budget pressures;
- The pandemic has contributed to an already rising demand for services for older people and children; it is understood that many people are now presenting to Councils and the NHS with conditions which have worsened due to people not seeing their GP or specialist services, thereby their needs having become greater and more complex;
- Powys County Council and Powys Teaching Health Board have seen significant pressures to provide domiciliary care to older and vulnerable people in the community. Unfortunately waiting times for new packages of care have increased over the last year. This inevitably led (and still leads) to patients experiencing delays in leaving hospital with a package of care once they are medically fit for discharge. This situation is set to continue in the short term until measure put in place by the Council and the Health Board provide longer term solutions.
- Informal/family carers have been working tirelessly, especially during the pandemic to look after their relatives, friends, and neighbours. However, many carers have returned to work, leaving significant gaps in provision.
- Communities have come together to support vulnerable people where paid services were and are not able to deliver the often called 'low level' support. In fact, this support provides the bedrock for vulnerable people, but it must be understood that this support comes at a cost.
- Throughout 2020 and 2021 the Welsh Community Care Information System (WCCIS), designed and procured to allow community nurses, mental health teams, social workers, and therapists the digital tools they need to work better together, developed several performance failures, leading to significant service risks. These performance issues were escalated on a national level and questions remain over the effectiveness of the system going forward.
- Finally, we are now facing a 'cost of living' crisis with inflation running at levels not known for a generation, pushing many individuals, families, and businesses into challenging situations.

- Both our providers and the Council, Health Board and Third Sector providers have struggled for some time to retain and recruit staff. This trend became even more apparent during the pandemic and especially since the middle of 2021 staff have left their roles, sometimes for less challenging roles than those in social care front line services or through early retirement. Whilst this trend is felt across the UK, Powys as a very rural county sees particularly challenging times.

It is within this context that the partners in Powys have delivered, and commissioned services and this document aims to describe in some detail how services for children, young people, adults with disabilities, older people and carers have been and are working together. This report explains in detail not only the “as is” but also how partners interpret the information available to them and how this will lead to informed decisions for commissioning and provision for safe, high-quality services going forward.

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Policy Context

This Market Stability Report has been developed against the background of the worst pandemic for over a century, impacting profoundly on people who need care and those caring for them – whether unpaid or paid. Providers of services have also been severely affected and existing workforce pressures have increased. The challenges of the pandemic have introduced a great deal of uncertainty into care markets – making this report very timely and crucial in enabling us to consider our direction in commissioning and providing both regulated and unregulated support services in Powys.

The sector has also been dealing with historic systematic challenges which are now being magnified because of the pandemic⁴. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities have limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved.

Powys Teaching Health Board and Powys County Council are responsible for services within the same geographic area (the County of Powys), which brings with it distinct advantages for cooperating to achieve agreed outcomes. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities has limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved outcomes. Providers (particularly those running care homes for older people) have commented that prices have not kept pace with their costs and that their inability to remunerate staff at competitive levels is worsening ongoing workforce pressures. Ongoing public sector budget pressures have impacted upon commissioners' **ability to prioritise investment into preventative community-based services and support**. In 2018 the Welsh Government's Finance Committee Inquiry into "The cost of caring for an ageing population³" noted; *"the evidence shows that funding pressures, along with an increasing population, is resulting in a funding shortfall"*, Commissioners have also commented that prices for placements in care settings for children and working age adults are also increasing. Scarce resources have been absorbed in paying for placements in statutory services at the expense of preventative support, fuelling further levels of unmet need and exacerbating the trend towards increasing complexity as needs are not being addressed early.

Whilst these challenges are common across all regions, Powys has distinctive characteristics that accentuate the emphasis of these challenges locally. Firstly, **Powys is predominantly rural**. Secondly, **the working age population is falling, whilst there are increasing numbers of older people** retiring in and to the county and adults living longer with health conditions and Learning Disabilities. Both aspects have a considerable influence over the local care market, specifically:

⁴ [How Covid-19 has magnified some of social care's key problems | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/covid-19-social-care)

- additional cost and logistics of providing services within isolated communities and;
- increased demand for health and care just as the potential workforce and carer pool is shrinking.

The wider national policy context is one of a **long-term drive to help people to live independently in the community and reduce reliance on residential care**, as described in the Welsh Government's policy paper "A Healthier Wales". This applies across population groups and has been driven by changing public expectations as well as an awareness that, with a rapidly aging population, social care services will not be sustainable without better prevention and community support. For children, there is a similar emphasis on prevention and enabling children to live safely with their own families whenever possible. Prevention and early intervention are key planks of the well-being agenda – as articulated in the Social Services and Well-being (Wales) Act 2014 and more recently in the Welsh Government's A Healthier Wales plan which was updated in 2021. Both seek to improve outcomes for people by addressing the long-term national challenges such as health inequity, aging and climate change in ways which benefit future generations as well as the current population. The Well-being of Future Generations (Wales) Act 2015 sets out ambitious long-term goals for Wales and requires each area to produce Well-being assessments and local Well-being Plans.

The **contribution of unpaid carers** is a significant aspect to regional market stability and sufficiency activity. Building upon the vision for a 'Healthier Wales', a national Strategy for Unpaid Carers was launched in March 2021, which committed to *"embed the preventative aspects...more effectively in public services and move key providers of services, including the third sector, towards an improved model of support for unpaid carers."* This theme is reflected throughout this report with a specific chapter and our 'plan on a page' which can be found here. [Our Strategies and Plans on a Page – Powys County Council](#)

Partnership and collaboration are another key theme. Regional Partnership Boards were established in recognition that good outcomes for people can best be achieved through integrated health and social care services – with partners sharing a common vision and agenda, collaborating well at a local level and across the region. The requirements to produce PNAs and Well-being Assessments overseen by local Public Services Boards form part of this system of partnership arrangements, as of course do Market Stability Reports.

In January 2021 the Welsh Government published a White Paper setting out an ambition to **rebalance care and support**⁵. 'Rebalancing' includes an explicit commitment to a **mixed economy of provision** 'so that there is neither an over reliance on the private sector (including the voluntary and charity sector), nor a monopoly in the other direction', but is defined more broadly as a set of descriptors of the system change sought:

The Programme for Government goes further in relation to Children's Services, committing to 'eliminate private profit from the care of children looked after during the next Senedd term' (2026-31). Whilst the direction of travel has been

⁵ [Written Statement: Rebalancing Care and Support White Paper- next steps \(29 October 2021\) | GOV.WALES](#)

indicated, further detail on how this will be achieved, and the wider rebalancing agenda is awaited. In the meantime, this report is an opportunity to take stock of the care and support markets in Powys (and neighbouring counties with who we collaborate and assess the extent to which rebalancing is required).

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Methodology

The Market Stability Report has been shaped by five main sources of evidence;

- Analysis of data, both from published sources and bespoke data collections from Powys County Council, Powys Teaching Health Board and third sector partners;
- Review of key policy documents, strategies, and plans;
- a survey with third sector partners;
- documents which were drawn up especially during the pandemic, e.g., commissioning intentions and service specifications;
- Intelligence from the engagement programme to inform the Population Needs Assessment (PNA) and Well-being Assessments, including engagement with citizens, individuals with care and support needs and their carers.

Together these provide a strong evidence base. Working with the teams responsible for the Population Needs Assessment and Well-being Assessments has helped to maximise synergies and avoid duplication.

The assessment of care homes for older people was done first and considered both the stability and sufficiency of this market segment. This provided the opportunity to pilot some of the approaches which were then rolled out across other types of regulated services.

We decided to structure this report closely linked to the guidance document issued by the Welsh Government. This will make it easier, especially for policy makers, to appreciate the evidence we are providing within their context. There is an element of duplication throughout the document in the various chapters due to the wording of the guidance, we have tried to keep these to a minimum.

Demographic and geographic context

Powys covers one quarter of Wales's landmass and is a large, rural county with a low population density (26 people per sq./km compared to 148 people per sq./km in Wales).

Important characteristics of the population of Powys⁶ that affect the need for regulated services and how they are provided include:

- Population estimates indicate that there are 133,030 people living in Powys⁷
- Powys' population is older than both the population of Wales and the population of the UK overall
- Powys' population is predicted to continue to increase its average age and to increase in size in the coming years

⁶ Further information about Powys' population and analysis of its current and future service needs can be found in the Powys Population Needs Assessment 2022 [Population Needs Assessment \(powysrpb.org.uk\)](https://powysrpb.org.uk/population-needs-assessment)

⁷ Office of National Statistics, Mid-year estimates 2020

- Powys has 58,345 households, with an average household size of 2.2 persons
- WIMD category Access to Services show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales
- Over half (58.7%) of the Powys population lives in villages, hamlets, or dispersed settlements (Wales: 17.1%, 2011 Census, ONS) and must travel a long way to access services or meet up with others

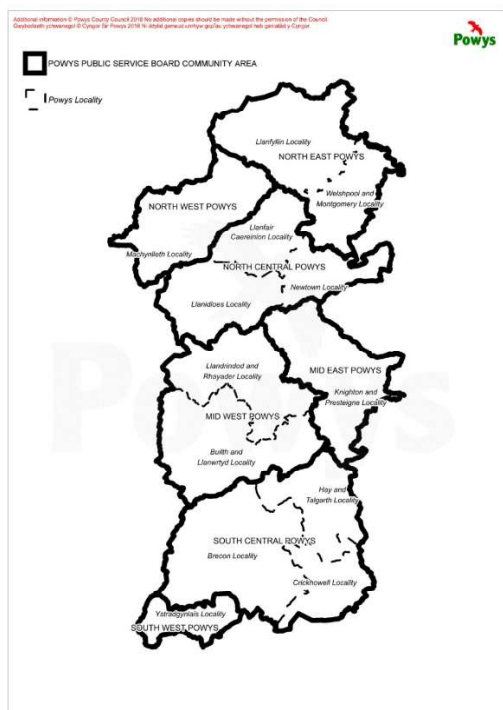
Powys has an older age population larger than both the Welsh and UK average. Powys residents aged 65 and over make up 27% of our population, the Welsh average is 21% and UK 19%.

Locality	# of people over the age of 60	# of people over the age of 80
Welshpool and Montgomery	6,100	1,410
Newtown	5,011	1,010
Llandrindod and Rhayader	5,002	1,093
Brecon	4,842	1,053
Knighton and Presteigne	3,880	741
Ystradgynlais	3,483	822
Llanfyllin	3,340	649
Hay and Talgarth	3,189	649
Crickhowell	2,931	568
Builth and Llanwrtyd	2,448	433
Llanidloes	2,444	523
Machynlleth	2,198	429
Llanfair Caereinion	2,161	357

Due to this higher aged population overall, Powys has a lower working age population than the Welsh and UK average, with 16- to 64-year-olds making up 57% of Powys overall population (Wales 61%, UK 62%). And lastly, 16% of Powys residents are aged 0-15, again lower than the Welsh and UK averages of 18% and 19% respectively.

The rural nature of Powys also has important implications for how services can be delivered. The county does not have a single large population centre, having several small market towns instead, each with their associated networks of smaller rural communities.

The county is divided into 7 community areas (which are further sub-divided into 13 localities based on the principal market towns) for public sector service planning and delivery purposes:



The 13 localities are:

- Brecon Locality
- Builth and Llanwrtyd Locality
- Crickhowell Locality
- Hay and Talgarth Locality
- Knighton and Presteigne Locality
- Llandrindod and Rhayader Locality
- Llanfair Caereinion Locality
- Llanfyllin Locality
- Llanidloes Locality
- Machynlleth Locality
- Newtown Locality
- Welshpool and Montgomery Locality
- Ystradgynlais Locality

The highest population concentrations within Powys are in:

- Welshpool and Montgomery locality (14% of Powys residents live in this area)
- Newtown (13% of Powys residents live in this area)
- Brecon (11% of Powys residents live in this area)

The Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd and Crickhowell localities have the smallest populations (each one accounts for 5% of the total population).⁸

The geography of Powys and its sparse population density presents a range of challenges for all forms service provision, including:

- Low tier community services are often based in the market towns with each community having its own network of provision. This is particularly apparent in respect of third sector services.

⁸ You can find more detailed information about Powys' population, economy, and wellbeing in Powys' Wellbeing Information Bank - [Wellbeing Information Bank - Powys County Council](#)

- Higher tier services often have to be accessed at out of county settings. This is particularly apparent in respect of acute healthcare needs.
- Low population numbers and population density have historically meant it was not viable to develop certain types of specialist services in-county, relying instead upon the ability to commission placements in out of county settings.
- The distribution of services mean that residents often need to travel to access them (either for themselves or as visitors), however the county has a sparse public transport network and frequency of services.
- Information, advice, and support services are often centralised and county-wide, and have to be accessed remotely by telephone or on-line rather than by face-to-face interaction.

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Market Overview

The ongoing pandemic (albeit reducing in impact at present) has had significant impacts on all of us, the general public, providers, and commissioners. As this document will demonstrate, whilst there have been remarkable achievements over the last few years in commissioning practice, providing both regulated, unregulated and community services, the pandemic has also highlighted the ongoing challenges in a health and care system across the board.

A combination of sustained public sector austerity and the wide-ranging impact of the pandemic is compounding pressures upon the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity – increasing pressure upon market stability.

Powys has been able to provide services in a challenging environment, both in terms of its geography and demographics, funding available to the key commissioners and providers and the pressures of Covid. However, there are some key issues which have been identified in this document requiring close observation and where necessary actions.

- **Demographics:** this has an impact not only on services required for older people, but also workforce. There is a net out-flow of people of a working age from Powys and due to its geography and infrastructure, recruitment, and retention of staff, both at managerial and front-line level has been and remains challenging. This is a factor which is beyond the health and social care sector's control although steps have been and are taken to promote Powys as a county to live and work well (see below work force). It is projected that the number of older people in Powys (those above 65 years of age) will have increased by almost 10,000 by the end of the decade at the same time as the working age depopulation occurs.
- **Geography:** as explained in the section "[Demographic and Geographic Context](#)", Powys is a county with partly deep rurality. We have experienced on several occasions domiciliary care providers not being able to provide services in such localities and if residents chose to live in such localities, this challenge will persist. Powys will have to consider how alternative accommodation in more suitable locations can be developed (e.g., Extra Care provision) to have viable alternatives for vulnerable people in Powys.
- **Budget pressures:** for many years funding from Welsh Government has been a concern to elected members and budget holders and this has to remain a key feature in discussions with Welsh Government;
- **Reliance** of third sector providers on Council and Health Board funding: a considerable number of our providers are heavily reliant on funding from the local public sector, which in times of budget restrictions has an impact on their ability to deliver services in our communities;

- **Care homes (Older People):** our Market Position Statement explains that on the whole residential care provision is sufficient, although there are at times challenges in certain localities. There is a different picture in nursing care: with an increasing number of people over the age of 80 with increased and sometimes complex (nursing) needs the number of nursing home places is sometimes not sufficient, depending on locality.
- **Domiciliary Care:** we have seen in recent years several providers exiting the domiciliary care market. Reasons for this include access to workforce, especially since the pandemic and profitability of work especially in remote rural areas (e.g., North Powys). Recent developments in e.g., the introduction of the social care levy and the rapidly increasing cost of fuel is adding to the challenges providers face and overall and capacity in the sector has reduced.

Preventative services: since 2010 funding for preventative services has been reduced over time, however in recognition of the substantial pressures' services have experienced because of continued increases in demand on support services, and in response to the Covid 19 pandemic, funding for preventative services has increased over the past two and a half years. Many of the services which were funded through the "Supporting People" programme are now funded via the Housing Support Grant, which is an amalgamation of Supporting People Programme Grant, Homelessness Prevention Grant and Rent Smart Wales Enforcement provided by the Welsh Government.

- Powys County Council have made a commitment to ongoing substantial investment in commissioning and procuring a wide range of **Housing Support Grant** funded services to bolster, complement and support the statutory services to ensure that the overall offer authorities provide helps people with their housing related support to secure the right homes with the right support for successful tenancies.

This includes funding for, among others, VAWDASV services across Powys; Mental Health specialist provision; sensory disability support; and generic floating support as well as internal funding allocations to our Housing Department and Adult Social Care, Children and Young People, Detached Youth Work, Community Alarms and Wardens; all with a view to strengthening and supporting our regulated services to ensure they are more sustainable within the marketplace.

All currently commissioned services are not due to go to tender for at least the next two years (until 2024) avoiding the attendant instability that competitive tendering can cause, notwithstanding the fact that underperforming providers will be quickly identified, and the necessary actions will be put in place to deal appropriately with such issues.

- **Work force (across all services):** Powys has access to a highly skilled, experienced, and motivated work force in both the public and third sector. However, especially in Health and Social Care, we have been

witnessing several staff leaving their profession due to the impact of the pressures that occurred during the pandemic. Care homes and domiciliary care for older people have been and are disproportionately affected by this, as is the supply of qualified nurses either directly employed by the Health Board and our nursing homes. Powys has taken steps to make the county an attractive place to work, this includes our Health and Social Care academy, "Grow your own" project and the ability for staff (in the Council) to often work remotely or undertaken 'blended' work. We have a "Workforce Futures" project which, in the long term, will have an impact on the workforce availability in Powys. However, in the short-term challenges will remain and the impact on our care home and home care providers will continue to be felt.

- **Cost of Living and Energy:** it would be negligent not to mention, at the time of writing this document, the yet unknown long-term impact of this. Inflation and energy costs will, in the short term have a detrimental impact on all care providers. Supplying a care home with energy will become increasingly costly and domiciliary care journeys will become even more expensive. There are limits to what providers and commissioners can influence here and it is for national policy makers to consider.
- **Active Offer:** feedback from providers and from the Care Inspectorate Wales (CIW) highlights that further work needs to be undertaken with commissioned providers to fulfil the requirement of people contacting or using services being able to communicate through the medium of Welsh.

Across adult services, some providers have, or are considering, handing back contracts, or stopping services, waiting lists remain and the cycle of increased demand over the Winter period continues. There is also limited access to some local specialist services – such as those focused on people with mental health issues, substance misuse, and critically, significant workforce shortages across all parts of the care and support market. We consider the market for especially older people's services, both in domiciliary and residential care to present significant risks due to workforce pressures, which in return lead to providers in domiciliary care having handed back care packages, leading to increased waiting times for package pick-up. In the residential/nursing home market we have witnessed providers at time struggling to cover especially weekend and night shifts to provide safe care.

Staffing is a nation-wide concern within the children's workforce and childcare sector and there is a lack of qualified staff available throughout Wales.

Supported living / housing has also seen significant workforce pressures with an unpredicted inability to recruit and retain staff. There is consistent feedback from across the sector about staff fatigue significantly impacting on morale and ability to maintain services that meet people's outcomes.

Rebalancing the market

Rebalancing means ...

... Away from complexity. Towards simplification

Away from price. Towards quality and social value.

Away from reactive commissioning. Towards managing the market.

Away from task-based practice. Towards outcome-based practice.

Away from an organisational focus. Towards more effective partnership ...

<https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

As this document will show, the health and social care market has shown resilience in several areas, especially during the pandemic. However, there are some concerns which are mostly about the ongoing pressures in the workforce supply, financial stability of some of our providers and some quality issues which in return are linked to an aspect of the workforce supply. These issues are discussed later.

Powys have acted over the last few years to put measures in place to deal with some of the challenges, key elements include:

- The Health Board has a key role in patient flow across a complex network of healthcare systems in both England and Wales and maintained a good response to supporting system flow through a challenging winter period via the delivery of the Winter Protection Plan. This encompassed the home first ethos and ways of working which were particularly important during the pandemic, with a focus on discharge to recover and assess and the virtual hospital model in addition to the community bed base itself.
- Ongoing work to reduce double handed care (reviewing people receiving care and the increased use of Technology Enabled Care);
- Ongoing work with micro providers providing domiciliary care and other, more low-level provision in the community, to respond locally where agencies struggle;
- modernisation of domiciliary care by reviewing brokerage functions and incentivisation of changes to care delivery practices.
- Commission flexible, comprehensive, and affordable placement options for Children looked after;
- Increase the number of available Foster and Shared Lives placements
- Responding to apparent care home (Older People) quality challenges, highlighted partly through our own reviews, partly via CIW inspections.

These issues cover mostly leadership and management and the level of training which staff attend to provide high quality care and support.

- Whilst the use of digital technologies, phone and email access and provision has increased the ability of the health service to support patients; 'face to face' services have had to change to accommodate the safety measures required. This has meant that the numbers of people being seen has been more limited, sometimes leading to longer waiting times and making access to care and support more difficult. Some people may also not have come forward to access advice when they have had worrying symptoms where in 'ordinary' times they would have been less hesitant to seek support.

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Strategic Policy Agenda

The provision and commissioning of regulated care services by the public sector in Powys is driven by the core principles embodied within the Social Services and Well-being (Wales) Act 2014:

- increased citizen engagement and ensuring voice and control for people who need care and support, and carers who need support
- prevention and early intervention
- the promotion of well-being
- co-production – citizens and professionals sharing power and working together as equal partners
- multi agency working and co-operation

These are included within Powys' principal strategic policy drivers affecting current and future provision of regulated social care services:

- Powys Health and Care Strategy⁹
- 'Towards 2040, Powys Wellbeing Plan' ¹⁰
- North Powys Wellbeing Programme¹¹ (Although focused on the redesign of health and care provision in North Powys the programme is developing a model of service provision for future implementation across Powys as a whole)
- Joint Commissioning Strategy and Plan for older people in Powys 2016-2021¹²
- Closer to Home and Edge of Care Strategy 2018 – 2023¹³
- Powys County Council Children's Services Children Looked After Strategic Framework 2018 – 2023¹⁴
- Powys Supporting People Local Commissioning Plan
- Joint Commissioning Strategy: Adults with Learning Disabilities in Powys (2015-2020) [Learning Disability Commissioning Strategy – Powys County Council](#)
- Integrated Medium-Term Plan (IMTP), PHTB (2017) [1922-IMTP.pdf \(wales.nhs.uk\)](#)
- Powys Commissioning and Commercial Strategy (2017-2020) [Commissioning and Commercial Strategy \(moderngov.co.uk\)](#)
- [Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities \(audit.wales\)](#) 2018
- (2018) Adult Services Improvement Plan (2017-23) [Adult Services Improvements – Powys County Council](#)
- Mental Health – our progress report can be found in the appendix at the end of this report: it builds on the Welsh Government's "Together for Mental Health delivery Plan 2019 -2022."¹⁵

⁹ See: [Health and Social Care Strategy.pdf \(moderngov.co.uk\)](#) and [Board Item 2.2 H&CS Appendix 11.pdf \(wales.nhs.uk\)](#)

¹⁰ See: [Read the 'Towards 2040, the Powys Well-being Plan' \(PDF\) \[5MB\]](#)

¹¹ See: [POWYS WELLBEING | WELLBEING | HEALTH](#) and ['An Integrated Model of Care & Wellbeing in Powys'](#)

¹² See: [Joint Commissioning Strategy and Plan](#)

¹³ See: [Closer to home Strategy.pdf](#)

¹⁴ See: [Children Looked After Strategic Framework](#)

¹⁵ [review-of-the-together-for-mental-health-delivery-plan-20192022-in-response-to-covid-19 0.pdf \(gov.wales\)](#)

- Delivery is framed around the eight well-being objectives defined in A Healthy Caring Powys¹⁶. These consist of four Well-being Objectives:
 - Focus on Wellbeing
 - Early Help and Support
 - The Big Four
 - Joined Up Care Supported by four Enabling Objectives:
 - Workforce Futures
 - Innovative Environments
 - Digital Powys¹⁷
 - Transforming in Partnership
- **Technology Enabled Care:** increased use of digital solutions to enable individuals to remain in their own homes, helping to reduce person-providing care (where this is safe) and make use of innovative solutions in e.g., care homes. ¹⁸

Health and Social Care Workforce

The experience of the Covid-19 pandemic has, besides putting significant pressures upon regulated and non-regulated services and service providers, served to emphasise some systemic pressures affecting services.

This is most apparent in respect of the care workforce in Powys, with many services that were already experiencing significant challenges with staff recruitment and retention, now facing real difficulties in being able to adequately meet the care needs of people and in meeting their contractual commitments to service commissioners.

The National Population Survey (Welsh Gov, 2020) estimates for each year will vary, but around 7,000 persons are employed in the care sector in Powys. A 4% fall in the working age population implies a fall of 280 employees from the Care Sector in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 persons that may need Adult Social Care support - a total gap of 1,330 persons by 2030. During the pandemic initially care homes for older people reported carer shortages on several occasions, leading to several situations where commissioners had to support with access to agencies providing short term staff supplements or even placing PCC staff in care homes for a short period of time (several days). Particular challenges arose where qualified nursing staff were unavailable to care homes to support residents within the guidelines provided by Care Inspectorate Wales. Care home providers are continuously recruiting into vacant positions but continue to report staff shortages; often homes have to fall back on staff working excessively long hours which in return impacts on staff wanting to remain in the profession.

Nursing home providers also struggled to retain and recruit qualified nursing staff, which is a requirement for them to provide. Whilst usually a provider would access agency staff on occasions of high pressure, during 2021 this proved

¹⁶ [4 Appendix 2 - Delivering the Vision - Joint Area Plan amended 12.03.18.pdf \(moderngov.co.uk\)](#)

¹⁷ [Digital Powys - Powys County Council](#)

¹⁸ [Technology enabled care - plan on a page \(2\).pdf](#)

difficult as many providers in Powys and in neighbouring authorities were in the same position, thereby the demand for agency staff outnumbered the supply.

A recent poll by the Royal College of Nursing (RCN) – May 2022 – indicate that nursing staff in health care settings are at a low, placing significant pressure on nurses working on wards. Although Powys does not have an acute hospital (but does run community hospitals), this reported challenge inevitably has an impact in the health and care system as described elsewhere in this document.

Powys is working across the Council, Health Board, and partner organisations to provide residents in Powys with incentives and routes into social care. A “Health and Social Care Academy” project is designed to address at local level the shortages of staff. To date a blueprint for training has been established and the first dedicated workspace at Bronllys Hospital near Brecon has been opened. This work is part of our “Workforce Futures” programme, bringing together partners in Powys and overseeing a variety of workstreams and project. This work is part of the Regional Partnership’s programme of work.

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Summary of Sufficiency Assessment

This section gives an overview of the key points to consider when assessing Powys’s situation. As it will become clear, the key issues as far as sufficiency is concerned consist of an **increasing demand, the reduced working age population and,** across all services, and the increasingly challenging **workforce situation**. Both will be discussed in more detailed later in this document.

Impact of population on sufficiency

Population Change	<p>The population projections for Powys indicate some significant trends in population numbers and associated service needs. Between 2021 and 2043 is it projected that Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.</p> <ul style="list-style-type: none">• The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a further reduction of -6.5% (-1,382 persons) projected by 2043 (Wales -3.8%). The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly increasing to 20,473 by 2043.• The 16-64 age group is projected to have a steady decline in Powys between 2021 and 2043. This equates to a reduction of -8.8% (-6,512) persons of working age (Wales -0.5%)• The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons), during the same period Wales 65+ age group will see a similar increase of 26.5%.• The 80+ age group is projected a significant increase in Powys of 63.7% (+6,318 persons), during the same period Wales 85+ age group will see a similar increase of 61%. <p>The increase in the number of elderly people in Powys will occur as the number of people of working age decreases. By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), whilst at the same time the working age population is projected to fall -8.8% (- 6,152).</p> <ul style="list-style-type: none">• Although the population aged 0-15 will reduce by 6.5%, reducing total population demand for regulated services for children and young people, this will be balanced by the reduction in the number of people of working age able to staff those services.• The projected 25% increase in population aged 65+ (with a 63% increase in population aged 80+) will significantly increase demand for care services for older people, whilst there will be a marked decline in people of working age able to staff such services. <p>This will create a gap between the number of people who will need help and support in their later years, and the number of</p>
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	working aged people available to staff the services that provide help and support.
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Population Deprivation	<p>The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (WIMD)¹⁹. Measurement across eight domains of deprivation (including for example income, employment, and housing) allows comparison of relative deprivation at small area-level in Wales. WIMD ranks 1,909 small areas in Wales, named Lower Super Output Areas (LSOAs).</p> <p>Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including</p> <ul style="list-style-type: none"> • Ystradgynlais 1 (in the top 10% most deprived in Wales) • Llandrindod East/West, Newtown East, Newtown South, and Welshpool Castle all ranked in the most deprived 20% in Wales • Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gynngrog 1 ranked in the most deprived 30% <p>Powys does not contain any LSOAs in the top 10% least deprived in Wales, but 10 LSOAs are in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least deprived we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaiarn North.</p>
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Population Health	<p>Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives.</p> <p>For the period 2017 to 2019, healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men. People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women; 61.2 for men.</p> <p>When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours.</p>
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Population Physical Disability	<p>In Powys, 35.67 people per 1,000 of the population are recorded as having a physical disability (in Wales as a whole, this figure was 9.17 per 1,000 population in March 2018). Powys is the second highest Local Authority in Wales with only</p>
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¹⁹ To understand more about WIMD in Powys, [click here to explore our interactive report.](#)

	<p>Conwy being higher with 35.97 residents per 1,000 population.</p> <p>In Powys, 20% of people of working age are Equality Act (EA) core or work-limiting disabled (Wales is 23%, 2015).</p> <p>5% of the working age people were claiming Disability Living Allowance.</p> <p>In February 2021, there were 2,577 Powys residents claiming Disability Living Allowance, the highest locality was Ystradgynlais with 466 residents, followed by Newtown locality with 341 residents claiming. The locality with the least number of residents claiming Disability Living Allowance with 97 in February 2021 was Llanidloes locality and Hay and Talgarth locality.</p> <p>In the same period, there were 6,270 Powys residents claiming Personal Independence Payment, the highest locality was Newtown locality with 1,032 residents, followed by Ystradgynlais locality with 860 residents claiming.</p> <p>The locality with the least number of residents claiming Personal Independence Payment with 199 residents in February 2021 was Crickhowell locality.</p>
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Population	
Sensory Impairment	<p>The latest data available (2018) shows there are 11.83 people per 1,000 population in Wales registered with having a sensory impairment. Powys is the highest local authority in Wales with 22.36 people per 1,000 population registered with a sensory impairment.</p> <p>The rate of people registered as severely sight impaired in Wales is 2.07 people per 1,000 population. Powys has the highest rate out of the 22 local authorities, with 3.56 people per 1,000 population registered as severely sight impaired.</p>

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	<p>individual learn new skills and provide information to carers. An assessment aims to identify problems that sensory impairment causes on a day-to-day basis. The rehabilitation officers work with individuals to put together a rehabilitation plan which will list the help needed to live independently.</p> <p><i>Wales Council of the Blind</i> and the wider sight loss sector are concerned about the reducing numbers of rehabilitation officers for the visually impaired (ROVIs) in Wales. The recommended number is 1 per 70,000 residents. There are 30.3 full time equivalent (FTE) in Wales compared to the recommended 44.9 FTE recommended. This shortfall will exacerbate an already challenging scenario where COVID-19 restrictions have created both a backlog of cases and additional cases due to lost skills and the impact of reduced services in primary and secondary healthcare.</p> <p>ROVIs are the only specialists qualified to work within social care with adults with sight loss. This reduction threatens the independence and well-being of future generations of blind and partially sighted people in Wales.</p> <p>Only six local authorities meet the minimum standard of employed ROVIs. Powys County Council is 7th out of the 22 local authorities with 1.8 FTE when the recommended is 1.9 FTE (-0.5%) The worst of the local authorities is Cardiff with only 1 FTE out of the recommended 5.2 FTE (-81%).</p>
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Population	
Learning Disability and Autisms	<p>In Powys, there were 401 people entered on the register with a learning disability on 31st March 2021. 380 (94%) are living within their communities.</p> <ul style="list-style-type: none"> • 15% are living in their own home • 34% are living with parents or family • 0.5% are living in foster homes • 45% are living in lodgings and supported living • 5% are in a local authority residential accommodation

Population	
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Children and Young People	<p>The number of children receiving care and support in Wales for the year 2020 shows Powys is the 10th highest (out of 22) local authority in Wales with 640 children (534 April 2022). Over the last three years in Wales, the number of children receiving care and support has increased by 5%. However, Powys has seen a 20% increase during the same period (Powys County Council – 2020).</p> <p>Lower-level support is offered through the Early Help service to support young people, with over 1,400 young people referred between April 2019 and March 2021. This includes one to one support for families, parenting support and information services.</p> <p>There are currently 3,545 (21%) pupils with Special Educational Needs (SEN)/Additional Learning Needs (ALN) in Powys. Of these,</p> <ul style="list-style-type: none"> • 57% (2,011) pupils are on School Action • 32% (1,119) are on School Action Plus • 12% (415) pupils have statements of SEN • 279 pupils attend one of the three special schools located in the county • 138 attend primary or secondary specialist centres based in local schools. <p>Powys currently has three special schools and two pupil referral unit (PRU) settings.</p>
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Population	
Older People	<p>The total population of people over the age of 60 in Powys (2022) is 48,261 and is expected to grow to 54,065 by 2030, an increase of 12%. ²⁰ In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as technology enabled care (TEC) and occupational therapy aids and adaptations. The number of people we are supporting through domiciliary care is increasing, leading at times to longer waiting times for a care package. By 2030, the number of elderly persons in Powys is projected to rise by 15%, while at the same time the working-age population is projected to fall 3,200 (4%) (Welsh Gov, 2018).</p>

Population	
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²⁰ Source: Powys Well Being Information Bank [Wellbeing Information Bank: View information about Powys' population - Powys County Council](#)

Carers	<p>Based on the 2011 Census there were 16,154 people living in Powys providing unpaid care, 12.1% of the Powys population (ONS, 2011). Carers in Powys provide many hours of care:</p> <ul style="list-style-type: none"> • 63% provided unpaid care for one to 19 hours per week • 13% provided unpaid care for 20 to 49 hours per week, and • 24% provided unpaid care for 50 or more hours per week <p>Most adult carers are retired (39%), 23% are caring full-time and do not have paid employment, and 12% do have part-time paid employment.</p> <p>In the last 10 years the ageing population in Powys has seen a significant increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. A report conducted by Carers UK in June 2020 shows that across the UK there is an estimated 50% increase in carers since the 2011 census. If we apply the Welsh national average, in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID19) to be 25,275, an increase of 56% (9,121) since 2011.</p>
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Population Language	<p>Powys promotes the use of the Welsh language service provision in a variety of ways, including promoting amongst Council staff language learning, having available a dedicated team of translators for official documents and monitoring the Active Offer by commissioned providers. The Council also asks of their commissioned providers that they can deal with enquiries of those wishing to communicate in Welsh.</p> <p>Some 20% of the population in Powys speak Welsh. Local variation, reduction in overall active language knowledge, consistent with other parts of Wales. Powys CC has a Welsh Language Promotion Strategy 2017-22. Powys' ambition is that by 2050 30% of the population speaks Welsh.</p>
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Impact of provision on sufficiency

Provision	
Older People's Care Homes	<p>As will be seen below Powys has a sufficient supply of residential care home places (although note the geographical differences). This will potentially decrease as alternative accommodation options are being developed and opened (i.e., Extra Care and Shared Lives schemes). There is, however, pressure on the nursing care homes market, which is already at times providing challenges to provide care near the person's ordinary residence (and their relatives' access to people in a home. There is also increasing demand for more EMI (Elderly Mental Ill) beds across all bed types in our homes.</p> <p>We have seen already existing workforce pressures exacerbated due to the impact of the pandemic. This will continue to cause challenges for providers of care and commissioners for the foreseeable future. Steps are being taken at both local and national level to improve the picture, but impact is not expected for some time. We continue to see various care homes reporting vacant beds without being able to accept new admissions due to the lack of suitably qualified and skilled staff to provide safe care.</p>
Provision	
Care Homes Services (Adults)	<p>Powys has capacity for 66 Younger adults across 8 residential Homes. Powys County Council currently only fund 22 of these placements, the remaining capacity is utilised by other placing authorities. Using only 1/3 of in county provision does create challenges in utilising Powys Provision / workforce and resulting in some instances of people leaving county as unable to provide care near the person's ordinary residence. Out of those Powys residents 50% (11) have been identified as potentially could be supported in less restricted environments i.e., Supported Housing which would free up in county provision.</p> <p>During the pandemic staffing levels in younger adult residential care homes in Powys has remained stable, although towards the end of 2021 several commissioned providers reported staff shortages due to Covid restrictions.</p>

Provision	
Residential Care Home Services (Children/Young People)	<p>Powys works with a Sufficient Supply of High-Quality Care Placements Strategy (2019-2023), which sets out Powys' aspirations for improving outcomes for Children Looked After. Placements include In-House Foster Care, Independent (commissioned) Foster Care, Residential</p>

	<p>Care, Supported Lodgings and Semi-Independent Accommodation, Short Breaks and Adoption services. There are 17 independent care homes for children in the county, the council itself owns and runs 2 Children's homes. Only 9 of 86 placements within the 19 homes are currently occupied by Powys Children Looked After. As of April 2022, there were 229 Children Looked After, 108 of which were placed out of county. (62 children/young people were placed outside of Powys but inside Wales and 46 outside of Powys and outside of Wales.)</p> <p>As the ambition is to place children no further than 30 miles from home, we are placing just over half of our children/young people (53%) within this ambition. However, we are also aware that there are some issues such as the stability of the foster carer and adopter 'market'; the cost of placements for children looked after and the lack of choice to support our ambition. Whilst we work closely with 4Cs Residential and Fostering Frameworks and have robust plans in place to improve on the above, we are also aware that some of the challenges are UK-wide and not entirely within our gift. However, campaigns based on our dedicated web presence aims to improve the picture.</p>
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Provision	
Secure Accommodation Services (Children)	<p>Secure accommodation is an extremely specialist provision, the use of which is rightly governed by a tight legal framework to ensure that children are only placed in secure environments when essential and for as short a period as possible. Secure accommodation for a child's welfare, as opposed to in criminal proceedings, can only be used, with the necessary court authorisation, to ensure the safety of the child or others.</p> <p>Sufficiency: There is only one children's secure unit in Wales: the Hillside Secure Children's Home in Neath which has a maximum of 22 places. Places at Hillside are shared between the Youth Justice Board, for placements due to offending, and Welsh local authorities for welfare purposes. Powys typically needs three or four secure placements a year</p> <p>Because there are so few secure units (there are also few in England), they tend to be used nationally and it can be difficult to find a place when they are required. This is a national commissioning issue and not something that can appropriately be addressed at a regional level.</p> <p>By their nature secure placements will usually be distant from the child's home, and will always be, if there are no vacancies in the Neath secure home.</p>

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Provision	
Residential Family Centres	<p>Residential family centres are another extremely specialist service which are required by Powys. They provide assessments and therapeutic interventions for families, usually in the context of care proceedings where it is thought there are significant risks to the child or children, requiring very close monitoring.</p> <p>There are only two registered residential family centres in the whole of Wales, one of which recently reopened after a closure. Neither is in Mid and West Wales.</p> <p>Approximately ten placements in residential family centres are required per year. In general, parent and child foster placements are often preferred and can provide an assessment in a more 'natural setting'. However, parent and child placements are scarce and are one of the priorities identified in the draft Mid and West Wales MPS for children's residential care and fostering.</p>

Provision	
Adoption Services	<p>Adoption provides permanent families for children who cannot safely live with their birth families. It is a vital service with lifelong impact but one which is only needed by a small number of children. Since 2014 adoption services in Wales have been provided on a regional basis, including by Adoption Mid and West Wales (which includes Ceredigion, Pembrokeshire, and Carmarthenshire Councils), with support from the National Adoption Service (NAS) and in partnership with local authorities and voluntary adoption agencies. There is no independent sector involvement so there is not really a market for adoption services in the same way that there is a market for other sectors e.g., residential care. However, the availability and quality of adoption services.</p> <p>We are pleased to see most adopted children have been placed within the West/Mid Wales region, in line with our ambition in our strategy. A Mid and West Wales Adoption Region Recruitment Plan is being developed. Unfortunately, we continue to experience a lack of adopters both locally and nationally. We have developed and continue to implement a recruitment drive for Adopters for Powys.</p>

Provision	
Fostering Services	<p>Powys has commissioned a charitable provider (Foster Wales Powys) to deliver high quality fostering services for children in Powys. Similarly, to the situation with adopters, we have been able to place most of our Children Looked After in the West/Mid Wales region. At the same time, there is a considerable instability in the foster (and adopters) market, which we have been and continue to tackle with ongoing</p>